

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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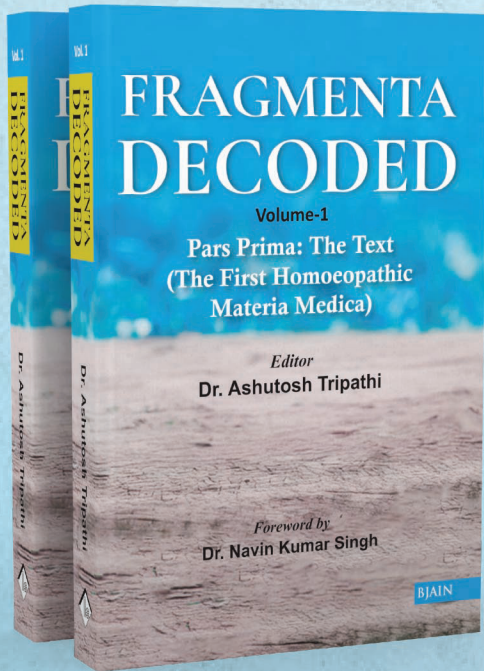


Expanding the Scope of Homeopathy in Surgical Cases

- Minimizing Surgical Need Through Individualized Homoeopathic Care: A Case Study of Cholelithiasis
- Role of Homoeopathy in Surgical Cases: An Analytical Review Based on Hahnemann's Writings



BJAIN



FRAGNEMTA DECODED

Paris Prima: The Text
(The First Homeopathic
Materia Medica)

ISBN: - 9788131999387

COMING

SOON!



*“Unlocking Fragmenta for Today’s
Homoeopathic Mind.”*

Dr. Ashutosh Tripathi

*Author's earnest attempt to decode the long overlooked Fragmenta by bridging the gap between **Dr Hahnemann's** Latin text and modern clinical understanding, connecting the readers with the roots of "Like cures Like"*

THE HOMOEOPATHIC HERITAGE

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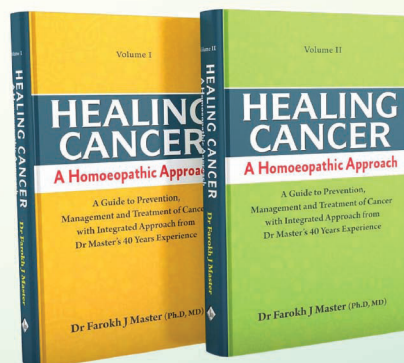
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HEALING CANCER

A Homoeopathic Approach Vol - I & II

A complete reference and handbook delineating authentic information on malignant diseases. An exceptional book by Dr Farokh J Master to understand the basic of oncology & to brush up knowledge in this growing discipline

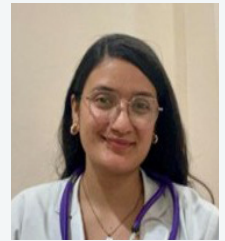


Dr. Farokh J. Master's



Dear Readers,

Numerous conditions routinely labeled as “surgical” in everyday practice—such as early gallstones, uterine fibroids, recurrent tonsillitis, fissure-in-ano, hemorrhoids, ovarian cysts, and benign prostatic enlargement—often represent the culmination of long-standing functional and constitutional disturbances. When addressed early through individualized homeopathic prescriptions based on sound principles, many such cases show remarkable clinical improvement, thereby reducing or delaying the need for operative intervention. An intriguing issue for all, this month we provide our readers with a variety of cases, illustrating how homeopathy has been successful in the management of surgical cases



The editor’s desk has been penned by **Dr S G Biju** and Stalwart section adorned by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata presenting life sketch of Dr Allen Corson Cowperthwaite (1848- 1926):A Pioneer of American Homoeopathy. In Italics written by Dr Anil Singhal presenting a case of cholelithiasis.

In contemporary healthcare, surgery is often regarded as the most decisive and life-saving intervention, while homeopathy is viewed as a gentle, non-invasive system of healing. These two disciplines are frequently presented as opposites—one forceful and mechanical, the other subtle and holistic. Such a rigid dichotomy, however, oversimplifies medical reality. In clinical practice, surgery and homeopathy are not adversaries; when applied with discernment, they function as complementary allies, each serving the patient in its own domain.

India’s Surgical Legacy: Wisdom Rooted in Antiquity

India’s contribution to surgical science predates much of the modern world. As early as the 6th century BCE, **Acharya Sushruta**, hailed as the *Father of Surgery*, described intricate surgical procedures in the *Sushruta Samhita*. Rhinoplasty, cataract extraction, fracture management, and the use of specialized instruments and anesthesia were detailed with remarkable precision. The famed “Indian method” of nasal reconstruction, using cheek flaps, remained unparalleled for centuries and laid the foundation of modern plastic surgery.

From those ancient beginnings to today’s era—where fetal cardiac surgeries, organ transplants, limb reattachments, facial reconstructions, and separation of conjoined twins are possible—surgery has evolved through millennia of observation,

innovation, and refinement.

Hahnemann’s Vision: Gentle Healing with Ethical Clarity

Against this historical backdrop, it is important to understand Dr. Samuel Hahnemann’s perspective on surgery. In Aphorism 2 of the *Organon of Medicine*, his ideal of cure is clearly stated as “*the rapid, gentle and permanent restoration of health in the shortest, most reliable, and most harmless way.*” It was this guiding principle that led him to oppose the crude, often brutal surgical practices of the 18th and early 19th centuries—not surgery itself, but its irrational and harmful application.

Hahnemann’s philosophy was rooted in minimizing suffering while maximizing healing, a principle that remains relevant even in modern integrative care.

A Lesson from Our First Year—Revisited

In the very first year of our academic journey, we encountered the topic “*Scope and Limitations of Homeopathy*”. Where we learned that homeopathy has limitations in conditions where surgical intervention is unavoidable. This teaching is essential. Yet, what deserves renewed emphasis is the equally important truth that timely, judicious, and scientifically applied homeopathy can prevent many diseases from progressing to a surgical stage. And through this issue I wish to reaffirm all my readers that we homeopaths hold the

capability to treat surgical cases without using scalpel.

The purpose of revisiting this lesson is not to deny surgery its rightful place, but to reclaim homeopathy's preventive and supportive potential.

Redefining 'Surgical' Conditions

Numerous conditions routinely labeled as "surgical" in everyday practice—such as early gallstones, uterine fibroids, recurrent tonsillitis, fissure-in-ano, hemorrhoids, ovarian cysts, and benign prostatic enlargement—often represent the culmination of long-standing functional and constitutional disturbances. When addressed early through individualized homeopathic prescriptions based on sound principles, many such cases show remarkable clinical improvement, thereby reducing or delaying the need for operative intervention.

Few Classic examples include:

1. **Fistula in ano:** Thuja, Calc Phos, Merc Sol, Phos, Nit Acid, Sil, etc
2. **Boils (Furuncles):** Bell, Graph, Psorinum, Hep sulph, Flour aci, Merc sol, sil, Ars alb, etc
3. **Breast, Tumor of:** Conium mac, Bar carb, hydras cana, Iod, Calc carb, Calc fluor, Lapis albus, etc
4. **Peritonitis:** Arnica, Bell, colocynth, laches, lyco, apis mell, etc
5. **Fibroids:** *Calcarea carb, Thuja occi, Sepia,*

Pulsatilla, and Phosphorus, etc

6. **Hernia:** Nux vom, Lyco, cal carb, sulph, nat mur, etc

A Quick word on issue Content

This issue of The Homoeopathic Heritage delineates the role of Homeopathy in surgical cases. An intriguing issue for all, this month we provide our readers with a variety of cases, illustrating how homeopathy has been successful in the management of surgical cases and subjective articles on the utility of homeopathy in such cases by young professionals of homeopathy. The editor's desk has been penned by **Dr S G Biju** and Stalwart section adorned by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata presenting lifesketch of Dr Allen Corson Cowperthwaite (1848- 1926): A Pioneer of American Homoeopathy. In Italics written by Dr Anil Singhal presenting a case of cholelithiasis. This issue is also enriched with a Book review on "My Journey Through Homoeopathic Materia Medica" by Dr Nayeemunnisa Begum

Happy Reading!

Dr Mansi Tyagi

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

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
Mar 2026	Exploring Veterinary and Agro-Homeopathy: Principles and Practice	Jan 15, 2026
Apr 2026	The dual Edge of Ai in Homeopathic Science	Feb 15, 2026
May 2026	Marine Materia Medica: Therapeutic Potentials of Sea Remedies	Mar 15, 2026



The 'S' in BHMS Stands for Surgery: Understanding Disease Deeply and Treating Without the Knife

Dr. S. G. Biju MD (Hom)

Chief Medical Officer, The Homeopathic Multi Speciality Hospital Changanacherry, Kerala, S.INDIA, 686 101 and winner of Best Private Practitioner Award, Govt. of Kerala.
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The discipline of Surgery within the BHMS curriculum has often been viewed through the narrow lens of referral knowledge. Its inclusion is frequently justified as basic literacy: recognizing when to send a patient to another specialist. But the deeper purpose of Surgery in the BHMS journey is more profound and more empowering. It is not merely to learn *about* surgical pathology, it is to *learn how to see disease* at its structural and functional depths so that, where possible, biological resolution can be sought **without the surgical scalpel**.

My own conviction of this principle was crystallized in a very early chapter of my professional life. As a young practitioner, I was invited to speak during a state-wide surgical strike in which Homeopathy's role in surgical education was being debated. The structure of that event revealed prevailing scepticism: the lion's share of time was allotted to the senior surgical faculty of a medical college, who were tasked with arguing that teaching Surgery to Homeopaths and Ayurvedic doctors posed danger and overreach. Ayurveda's representatives were curtly confined to a brief segment, and in the ensuing rhetoric the legacy of ancient surgical traditions like Sushruta's was dismissed in favour of attributing the fatherhood of modern surgery to later European figures like Joseph Lister (1827-1912).

I was given only minutes to respond. The audience, sceptical and ready to ridicule, began to howl as I stood up. I asked only for ten seconds of attention. In those ten seconds I said:

"The 'S' of BHMS stands for Surgery.

We learn it not merely to refer,

but to do it (A pause...for 3 seconds..) and we will do it without a knife."

This statement, simple in expression but profound in implication, shifted the tenor of the gathering. Instead of derision, the audience began to ask questions: "*What diseases can Homeopathy manage?*" "*Can surgical endpoints be postponed or avoided?*" "*What evidence exists?*" Those questions ushered in the beginning of a quarter-century journey, a journey of systematically approaching surgical pathology through homeopathic principles, and documenting clinical outcomes with integrity.

The central thesis of this editorial, and indeed of this issue's theme is that Surgery in the BHMS curriculum should not be an appendage but a **foundation for clinical discernment**. It is only by understanding surgical pathology that we can recognize its *functional* beginnings and address those stages biologically, before structural breakdown mandates invasive correction.

Surgery as Foundation for Clinical Insight

In the context of modern medicine, surgical training equips a clinician with the ability to distinguish functional from structural pathology. A Homeopath who learns Surgery:

- Knows when a condition is *truly beyond biological reversal*
- Appreciates when urgent referral is necessary
- Recognizes the *process of pathology* rather than just its label
- Understands anatomy, physiology, and tissue response in depth

This equips the practitioner not just to *refer*, but to intervene *earlier* and with greater precision. In many cases, surgical consultation informs choice, timing, and prognosis, but does not (by itself) dictate the endpoint of management. Understanding disease dynamics bridges the gap between mere observation and therapeutic action.

Where Homeopathy Meets Surgical Disease

The phrase “*surgery without the knife*” should not be misunderstood as anti-surgical dogma. Rather, it describes **biological modulation**, the capacity of homeopathic medicine to influence disease trajectories so that some surgical endpoints can be delayed, avoided, or rendered unnecessary.

This is especially relevant in domains such as:

- **Chronic non-healing ulcers**
- **Inflammatory and autoimmune mediated tissue damage**
- **Steroid-induced complications**
- **Post-surgical recovery and functional stagnation**
- **Selected congenital and genetic conditions with active vitality**

In these areas, pathology is not a *purely mechanical failure* but a *biological disarray*. Surgery may address the consequence; Homeopathy addresses the process.

Clinical Reflections

Allow me to illustrate with selected clinical experiences, drawn from systematic documentation over years of practice:

1. Steroid-Induced Necrotizing Tissue Damage

A patient developed severe necrotizing fasciitis following post-covid steroid therapy. Surgical opinion recommended amputation. Homeopathic management, focused on constitutional susceptibility and vascular dynamics, was initiated. Over weeks of careful observation, tissue demarcation stabilized, vascular perfusion improved, and amputation was avoided. This outcome exemplifies the value of integrating surgical understanding with homeopathic therapeutic reasoning not as opposition to surgery, but as *timely biological intervention*.

Medicines given



Lachesis 200 4 doses once in a week (sceptically doubtful and fanatically religious)

Secale Cor 30 BD for a month (Gangrenous ulcers, Sphere of action on striated muscles of tunica intima)

2. A Case Beyond Appendicitis:

Why I Chose to Do Surgery Without a Knife

This is not merely a case of acute appendicitis.

It is the story of why I chose Homeopathy, and why I continue to believe that Surgery, when understood deeply, can sometimes be performed **without a knife**.

When I was **eleven years old**, I underwent an **appendicectomy**. In those days, hospital practices were stark and symbolic. When a patient died in the operation theatre, the nurses would hand over the patient's **dress and ornaments** to the bystanders. That simple act conveyed finality more powerfully than words.

As I lay in the **pre-operative ward**, I could see my mother, but she could not see me. I watched as the nurses came out of the OT and handed over **my dress and chain** to her. My mother **wept loudly**, believing, for a moment, that she had lost her child.

I was alive.

But she did not know that yet.

At that tender age, lying on a hospital bed, I understood something that no medical textbook teaches: **the depth of a mother's fear and love.** That moment stayed with me far longer than the surgery itself.

During those years, I was also suffering from **irritable bowel symptoms**. Later, I was treated and cured through Homeopathy by **Dr. Sannan of Kochi**. That experience did more than cure my illness, it shaped my destiny. At the age of eleven, I made a quiet but firm decision: I would choose Homeopathy, not as an alternative profession, but as a calling.

More importantly, I made a promise to myself:

More importantly, I made a promise to myself:

When the Past Returned During the Pandemic

Decades later, during the **COVID-19 pandemic**, that childhood promise returned to me, unexpectedly.

A **ten-year-old girl** was brought to me with **acute appendicitis with appendicular mass**. She had been referred from a postgraduate medical college to a paediatric surgeon. However, due to the pandemic, **no paediatric surgeon was available**.



The Paediatric Surgeon
164, Kottayam

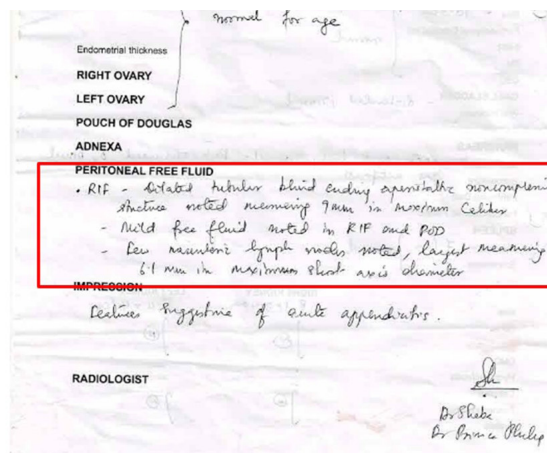
Hereby referring 10-year-old female child with vomiting, loose stools and abdominal pain - today, USG abdomen showed features suggestive of acute appendicitis. Child is being referred to your centre due to non-availability of paediatric surgeon. (Child was given one dose of Cefotaxime and Metrogyl)

Thanking you

13-10-2021
12:45 am

[Signature]

Duty Mo.
Rpt. of Paediatric
Physician



For many, this was a crisis.

For me, it was a moment of responsibility.

I looked at the child. I looked at her mother. And I saw my own past reflected in their faces.

The Prescription: Simple, Pathological, Responsible

This was **not** a constitutional exercise.

This was **pure pathological prescribing**, guided by surgical understanding and careful observation.

The prescription was deliberately simple:

- **Iris tenax** – three times daily, for one week
- **Bryonia 10M** – a single dose

The indication for Bryonia was unmistakable: **pain aggravated by the slightest motion**, compelling the child to lie still.

There was no polypharmacy.

No experimentation.

Only clarity, caution, and close monitoring.

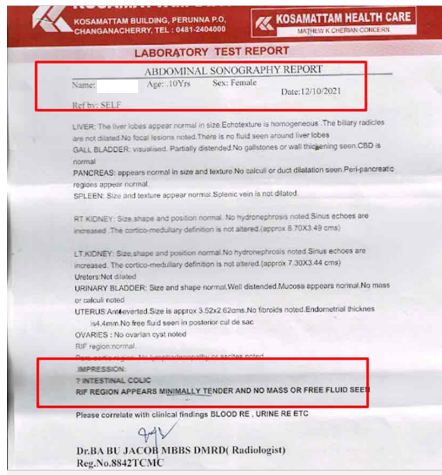
Seven Days That Changed Everything

Within seven days, the child became clinically normal.

A repeat ultrasonography showed:

- No appendicular mass
- No free fluid

- No residual tenderness



Surgery was no longer required.

But the most meaningful outcome was not captured in the report.

This Time, a Mother Did Not Weep

This time, no nurse walked out of an operation theatre carrying a child's belongings.

This time, **no mother cried in fear.**

The only tears that appeared were a few drops, **tears of relief and gratitude.**

Standing there, I realised something deeply personal:

I had finally fulfilled a promise I made as a frightened eleven-year-old boy.

Why This Case Matters

This case is not about replacing Surgery.

It is about **understanding Surgery well enough to prevent it, responsibly.**

It reinforces what I have believed throughout my career:

The 'S' in BHMS stands for Surgery.

We learn it to perform it—

and, when possible, we do it without a knife.

Some cases heal patients.

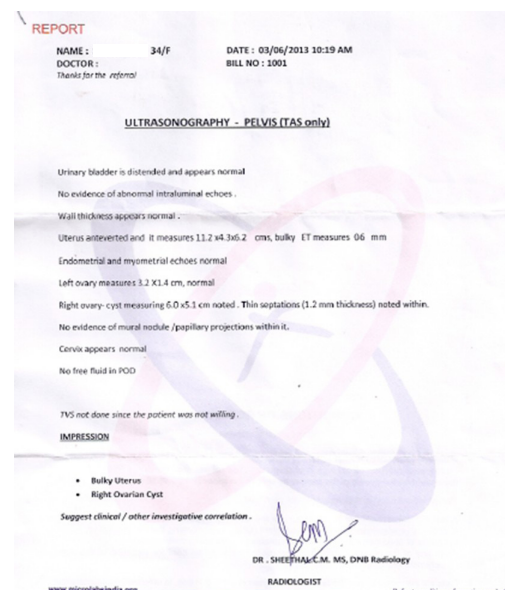
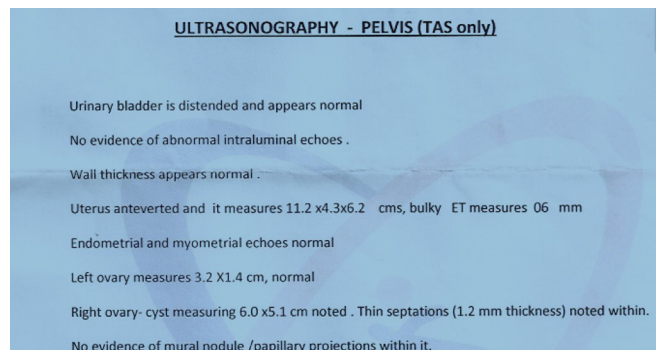
Some cases heal doctors.

This one healed a promise.

3. When Surgery Was Advised, but Biology Responded

Ovarian cysts are frequently placed in the category of "*surgical diseases*," not always because of urgency, but because of uncertainty. Once a cyst crosses a certain size, the clinical conversation often moves swiftly toward cystectomy or even oophorectomy. Yet, the central question remains: *has the pathology crossed the point of biological reversibility, or is the system still responsive?*

A young woman presented with lower abdominal discomfort and menstrual irregularity. Ultrasonography revealed a **large right ovarian cyst measuring 6.0 × 5.1 cm**, with thin septations. The uterus and left ovary were otherwise normal. From a conventional standpoint, this size alone was sufficient to justify surgical consultation.



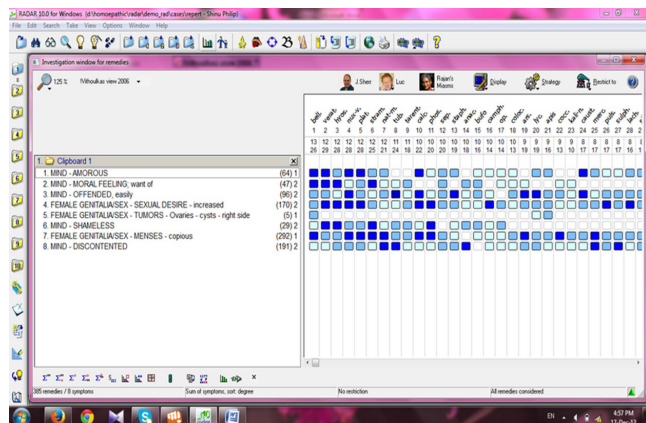
The patient's concern was not only physical discomfort, but the emotional weight of a possible surgery and loss of an ovary. At this juncture, the responsibility of the Homeopath is not to oppose Surgery, but to understand pathology deeply enough to decide whether the knife is inevitable or merely premature.

The case was initially approached from a **pathological standpoint**, recognising ovarian congestion and hormonal imbalance. Medicines classically associated with ovarian pathology such as *Apis mellifica*, *Lachesis*, *Podophyllum*, *Palladium*, and *Thuja* were considered within the broader biological context. However, as the case evolved, the patient's emotional landscape and inner conflicts became more apparent, indicating the need for a constitutional shift.

MIND - AMOROUS

FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased

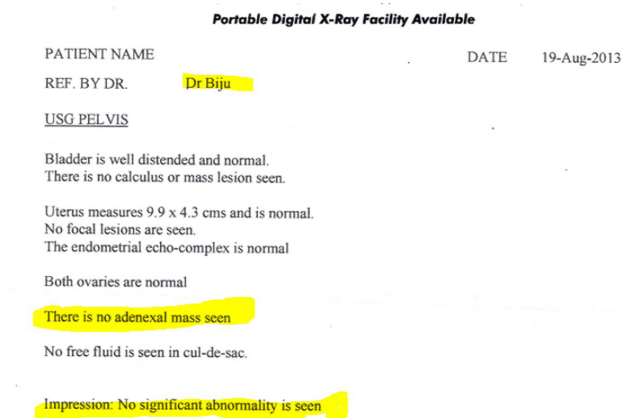
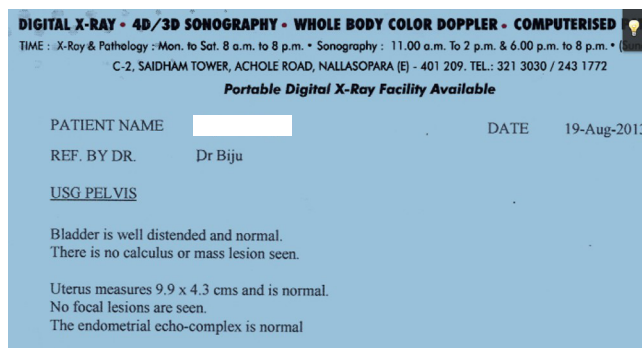
MIND – SHAMELESS were the key rubrics



Repertorial analysis and clinical judgement pointed toward **Bufo rana** as the constitutional remedy, not for the cyst alone, but for the person as a whole. The prescription was intentionally minimal: **Bufo rana 30**, two doses before each menstrual cycle, for two consecutive months (a total of four doses).

No aggressive repetition was employed, and the patient was kept under close observation.

Follow-up ultrasonography after **76 days** demonstrated a clear outcome:



no ovarian cyst, no adnexal mass, and no free fluid. The previously documented cyst had resolved completely. Surgery was no longer required, not because it was refused, but because biology had responded.

This case does not argue against Surgery. It argues for **discernment before Surgery**. It exemplifies the true meaning of Surgery within BHMS: understanding when to cut and when *not* to.

Sometimes, Surgery is avoided not by denial, but by using a sharper instrument than a knife: **the constitutional remedy**.

These clinical experiences are not presented as isolated occurrences, nor as exceptions to established surgical practice. Over time, similar outcomes have been carefully observed and documented in conditions traditionally regarded as unequivocally surgical like **membranous ventricular septal defects, congenital bile duct atresia, uterine fibroids, uterine polyps, subarachnoid haemorrhage, hepatocellular carcinoma, and optic nerve schwannoma**. In each of these conditions, surgery had been advised as the conventional course of

management; yet meaningful clinical resolution was achieved through Homeopathic intervention when biological responsiveness was still demonstrable.

It is noteworthy that some of these conditions, particularly **biliary duct atresia and ventricular septal defects**, have not been followed merely as individual clinical observations, but have also been subjected to **retrospective and prospective case-series evaluation**. While an editorial does not provide the space for detailed presentation or methodological discussion, the existence of such documentation lends depth and continuity to these observations beyond anecdotal reporting.

These cases collectively highlight the importance of **timing, clinical discernment, and restraint**. The intention has never been to negate the role of Surgery, but to understand it sufficiently well to recognise when immediate operative intervention may be deferred without compromising patient safety. When pathology responds, surgery becomes unnecessary, not by denial, but by resolution.

Ethics, Limits, and Referral

It is essential to reiterate that Homeopathy must never delay urgent surgical intervention. Acute trauma, uncontrolled haemorrhage, and rapidly deteriorating mechanical pathology demand prompt surgical care. The homeopathic clinician's responsibility is to recognize these limits with clarity and refer without hesitation.

However, discernment also requires recognizing when surgery is a *convention* rather than a *necessity*, and when early biological modulation can alter disease course. This balance (between timely referral and confident therapeutic intervention) defines responsible practice.

Vision for the Future

Looking ahead, it is imperative that international bodies involved in framing educational standards and health-care policies pause to reflect on the evolving clinical realities of Homeopathy. The

discipline has moved beyond symptomatic palliation into areas that demand deeper engagement with pathology, prognosis, and surgical decision-making. In this context, there is an urgent need to re-envision postgraduate education in Homeopathy with greater breadth and clinical responsibility.

In India, this responsibility rests with the **National Homoeopathy Commission**, and similar regulatory bodies worldwide. The time has come to consider the introduction of structured postgraduate programmes that formally integrate surgical understanding within Homeopathic practice. The concept of an **MS in Homoeopathy**, (*Master of Surgery in Homoeopathy*) is no longer aspirational rhetoric; it is a logical academic progression grounded in decades of documented clinical work.

The future Homeopath will not stand in opposition to Surgery. Rather, they will stand **alongside it**, informed by surgical knowledge, guided by ethical clarity, and empowered to offer Homeopathic modulation where it is clinically appropriate. This dual fluency enhances patient care, reduces unnecessary operative burden, and fosters genuine integrative respect across medical disciplines.

Within this continuum of care, the 'S' in BHMS is not a symbolic token. It represents **surgical wisdom**, understood deeply, applied judiciously, and masterfully integrated with Homeopathic therapeutics. To cultivate such clinicians is to invest not merely in a new qualification, but in a new generation of physicians who understand when to cut, *when to wait, and when to heal without steel*.

Let us, therefore, move forward collectively, educators, regulators, clinicians, and institutions, to shape a future where Surgery and Homeopathy are not seen as opposing forces, but as complementary dimensions of responsible medical practice. In doing so, we may indeed create a generation of **surgeons without knives**, guided not by defiance of Surgery, but by mastery over its necessity.



Dr Allen Corson Cowperthwaite (1848- 1926) A Pioneer of American Homoeopathy: The Life and Legacy

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Allen Corson Cowperthwaite was one of America's most eminent Homoeopathic physicians, educators, authors, and administrators. Born in Cape May County, New Jersey, he came from an academically accomplished family, with his father being a dentist and mathematician. His early education in Illinois, combined with work as a printer's apprentice, shaped his disciplined and inquisitive nature. Trained under Dr. Bacmeister and the legendary Dr. Constantine Hering, he completed his medical degree at Hahnemann Medical College in 1869. Rising from these strong beginnings, he went on to become a pioneering figure whose clinical, academic, and literary contributions deeply influenced American Homoeopathy.

Early Life and Background

Allen Corson Cowperthwaite, widely recognized throughout America as one of the eminent practitioners of the Homoeopathic school and as a most efficient teacher, author and college administrator, was born on 3rd May 1848, in Cape May County, New Jersey.

His father, was a dentist and mathematician by profession, and a highly educated man, graduate from the University of Pennsylvania, known for his mathematical skills. He also wrote book on calculus.

Education and Early Training

Dr. Cowperthwaite received his early education in the common district schools of Toulon, Illinois,

to which his family relocated from New Jersey. Due to a tendency to pulmonary illness, Dr. Cowperthwaite could not pursue a regular collegiate course, though he received sound preliminary education at Toulon Seminary and later at the Iowa University. Along with school, he worked as a printer's apprentice, and learnt the printing trade but he was forced to discontinue due to ill health. He eventually turned his full attention to the study of medicine, first under Dr. Bacmeister of Toulon, and later under Dr. Constantine Hering of Philadelphia.

He completed his formal medical training at the Hahnemann Medical College of Philadelphia, and earned his medical degree on 3rd March 1869.

Professional Career and Pioneering Work After completing the graduation, Dr. Cowperthwaite commenced practice in Galva, Illinois, where he remained for four years. He then settled in Nebraska City, Nebraska, and became one of the pioneers of Homoeopathy. In 1873, he played a key role in forming the Nebraska State Homoeopathic Medical Society, and served as its first secretary.

In 1877, he was invited by his Alma Mater to accept the lectureship on Diseases of the Mind and Nervous System. Although he agreed, but did not assume the position because shortly within a few weeks he was offered and accepted a more significant position of Professor of Materia Medica and Dean of the newly established Homoeopathic department at the State University of Iowa.

He lived, practiced, and taught in Iowa City from

1878 to 1892. In 1884, while still fulfilling the duties of practitioner, teacher, and dean in Iowa, he also accepted the responsibilities of Professor of Materia Medica and Therapeutics and Dean at the Homoeopathic Medical College of the University of Michigan. He resigned after one year, due to excessive workload. In 1892 he moved to Chicago and joined the Chicago Homoeopathic Medical College as a Professor of Materia Medica and Therapeutics. His leadership and academic presence led to his election as a President of the College in 1901 and continued until the institution merged with Hahnemann Medical College in 1905.

Publications and Literary Contributions

Despite his extensive professional duties, Dr. Cowperthwaite contributed steadily to medical literature for more than twenty-five years. His works include: *Insanity in its Medico-Legal Relations* (1876), first appearing as a supplement to the *American Journal of Homoeopathic Materia Medica*, later published by J. M. Stoddart & Co.

Science in Therapeutics (1877), initially delivered as an address before the Nebraska Homoeopathic Medical Association.

An Elementary Textbook of the Materia Medica (1880), noted for its analytical and comparative approach. Later expanded editions appeared under the title *A Textbook of Materia Medica and Therapeutics*, reaching its sixth edition in 1891. This work, commonly referred to as “Cowperthwaite’s *Materia Medica*”, eventually passed through nine editions and has long been regarded as a standard reference.

A Textbook of Gynecology (1888), written for students and general practitioners.

His final major contribution, *Textbook of the Practice of Medicine*, was published in 1902.

Honours and Professional Recognition Dr.

Cowperthwaite’s contributions earned him numerous academic and professional accolade.

In 1876, after delivering a series of lectures at the Central University of Iowa, he was awarded the degree of Doctor of Philosophy (Ph.D.).

In 1885, Shurtleff College conferred upon him the honorary degree of Doctor of Laws (LL.D.) in recognition of his literary achievements.

In 1887, he was elected a Fellow of the Society of Science, Literature and Arts of London.

In professional circles, he held numerous leadership roles. He served as President of the Homoeopathic medical societies of Nebraska, Iowa, and Illinois.

He became a member of the American Institute of Homoeopathy in 1875, served as its Vice-President in 1884, and became President in 1887.

Beyond medicine, he was also deeply involved in the Independent Order of Odd Fellows, holding the highest offices in the grand encampments and grand lodges of Nebraska, Iowa, and Illinois.

Personal Life and legacy

In 1870, Dr Cowperthwaite married Ida E. Erving of Oskaloosa, Iowa. They had two children - Dr J. E. Cowperthwaite of Butte, Montana and Elfleda, who became the wife of L. S. Thomas of Portland, Oregon.

He maintained an exceptionally active professional life marked by dedication, discipline, and integrity. As a physician, teacher, administrator, and author, his contributions significantly shaped homoeopathic education and practice. He continued to serve the profession with unwavering commitment until his death in 1926, leaving behind a lasting legacy as one of the influential pioneers of American homoeopathy.



From Scalpel to Remedy: Homoeopathy in Acute Appendicitis – A Surgical Perspective with Case Study

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Abstract

Appendicitis remains a common surgical emergency, traditionally managed by appendectomy. Recent interest in integrative approaches has prompted exploration of homoeopathy as an adjunct or alternative in selected cases. It's important to evaluate the clinical course and outcomes of patients with acute appendicitis treated with homoeopathic remedies within a surgical framework, and to discuss the potential role of homoeopathy in reducing surgical intervention. This case study emphasizes the value of Keynote Homoeopathic prescriptions by suggesting homoeopathic treatment as a workable adjunct or alternative therapy.

Keywords

Appendix, Homoeopathy, Surgical Perspective, Case Study, Integrative Medicine, McBurney's point.

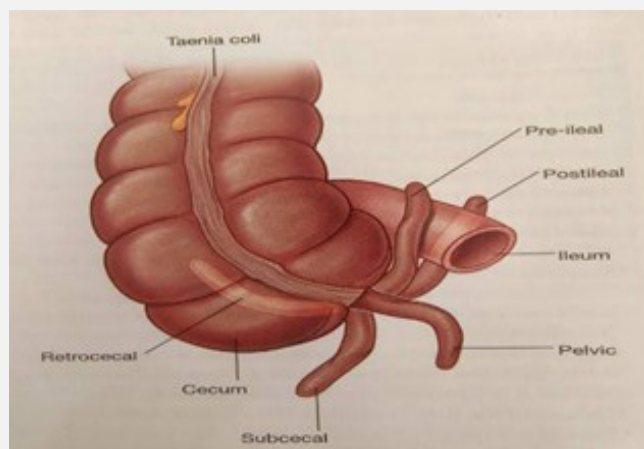
Introduction

The appendix is a fingerlike pouch attached to the large intestine or it is a narrow worm like diverticulum, which arises from the posteromedial wall of the Caecum about 2 cm below the ileocaecal junction and located in the lower right area of the abdomen. Scientists are not sure what the appendix does, if anything, but removing it does not appear to affect a person's health. The inside of the appendix is called the appendiceal lumen. Mucus secreted by the appendix travels through

the appendiceal lumen and empties into the large intestine.

Despite considerable recent expansion of knowledge concerning appendicitis, accurate diagnosis remains suboptimal, especially in children.

Positions of Appendix



Epidemiology

Appendicitis is the most common atraumatic surgical abdominal disorder in children aged 2 years or older. Appendicitis is ultimately diagnosed in 1% to 8% of children who present to pediatric EDs with acute abdominal pain. Males and females have a lifetime appendicitis risk of 8.6% and 6.7%, respectively.

Anatomy and Pathophysiology

The appendix is a long, thin diverticulum arising from the inferior tip of the caecum. The neonatal appendix averages 4.5 cm in length compared with 9.5 cm for adults. The appendix is funnel-shaped in neonates and infants, limiting its propensity to obstruct. By 1 to 2 years of age, the appendix assumes a normal adultlike conical shape. The function of the appendix is unknown although its lymphatic tissue and secretion of immunoglobulins suggest it may play a specialized role in the immune system.

Appendicitis Aetiology

There is no clear cause of appendicitis. Fecal material is thought to be one possible obstructing object. Bacteria, viruses, fungi, and parasites can be responsible agents of an infection that leads to swelling of the tissues of the appendix wall, including *Yersinia* species, adenovirus, cytomegalovirus, actinomycosis, *Mycobacteria* species, *Histoplasma* species, *Schistosoma* species, pinworms, and *Strongyloides stercoralis*. Also, swelling of the tissue from inflammatory bowel diseases such as Crohn's disease may cause appendicitis. It appears that appendicitis is not hereditary or transmittable from person to person. Appendicitis is typically precipitated by luminal obstruction from lymphoid follicle hyperplasia, fecaliths, foreign bodies, or parasites. In other cases, direct mucosal ulceration with bacterial invasion occurs without luminal obstruction.

Appendicitis Symptoms and Signs

Most people with appendicitis have classic symptoms that a doctor can easily identify. The main symptom of appendicitis is abdominal pain. The abdominal pain usually

- Occurs suddenly, often causing a person to wake up at night
- Occurs before other symptoms
- Begins near the (belly button) or umbilicus and then moves lower and to the right
- Is new and unlike any pain felt before
- Gets worse in a matter of hours
- Gets worse when moving around, taking deep breaths, coughing, or sneezing

Other symptoms of appendicitis may include

- Loss of appetite
- Nausea, Dyspepsia
- Vomiting
- Constipation or diarrhea
- Inability to pass gas
- A low-grade fever that follows other symptoms
- Abdominal swelling
- The feeling that passing stool will relieve discomfort

Symptoms vary and can mimic other sources of abdominal pain, including

- Intestinal obstruction
- Inflammatory bowel disease
- Pelvic inflammatory disease and other gynecological disorders
- Intestinal adhesions
- Constipation

Appendicitis typically begins with a vague pain in the middle of the abdomen often near the navel or "belly button" (umbilicus). The pain slowly moves to the right lower abdomen (toward the right hip) over the next 24 hours. In the classic description, abdominal pain may be accompanied by nausea, vomiting, lack of appetite, and fever. All of these symptoms, however, occur in fewer than half of people who develop appendicitis. More commonly, people with appendicitis have any combination of these symptoms.

Symptoms of appendicitis may take 4-48 hours to develop. During this time, a person developing appendicitis may have varying degrees of loss of appetite, vomiting, and abdominal pain. The person may have constipation or diarrhea, or there may be no change in bowel habits.

Physical Examination

Details about the abdominal pain are key to diagnosing appendicitis. The doctor will assess pain

by touching or applying pressure to specific areas of the abdomen. Responses that may indicate appendicitis include

- **Guarding:** Guarding occurs when a person subconsciously tenses the abdominal muscles during an examination. Voluntary guarding occurs the moment the doctor’s hand touches the abdomen. Involuntary guarding occurs before the doctor actually makes contact.
- **Rebound tenderness:** A doctor tests for rebound tenderness by applying hand pressure to a patient’s abdomen. Pain felt upon the release of the pressure indicates rebound tenderness.

SIGNS

These include localized findings in the right iliac fossa. The abdominal wall becomes very sensitive to gentle pressure (palpation). Also, there is rebound tenderness.

Rovsing’s sign

Continuous deep palpation starting from the left iliac fossa upwards (anti clockwise along the colon) may cause pain in the right iliac fossa, by pushing bowel contents towards the ileocecal valve and thus increasing pressure around the appendix. This is the Rovsing’s sign.

Psoas sign

Psoas sign or “Obraztsova’s sign” is right lower-quadrant pain that is produced with the patient extending the hip due to inflammation of the peritoneum overlying the iliopsoas muscles and inflammation of the psoas muscles themselves.

Alvarado score

A number of clinical and laboratory-based scoring systems have been devised to assist diagnosis. The most widely used is Alvarado score.

Symptoms

Migratory right iliac fossa	1 point
Anorexia	1 point
Nausea and vomiting	1 point

Sign

Right iliac fossa tenderness	2 Points
Rebound	

tenderness	1 point
Fever	1 point

Laboratory

Leukocytosis	2 points
Shift to left (segmented neutrophils)	1 point

Total score	10 points
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A score below 5 is strongly against a diagnosis of appendicitis, while a score of 7 or more is strongly predictive of acute appendicitis. In patients with an equivocal score of 5-6, CT scan is used in the USA to further reduce the rate of negative appendectomy.

Laboratory Investigations

Although a WBC count is frequently ordered in children with suspected appendicitis, it is nonspecific and insensitive for this disorder. A low WBC threshold (>10,000 to 12,000 cells/mm3) is 51% to 91% sensitive for appendicitis.

Diagnosis

In my 29 years of clinical practice and also as professor of Anatomy subject. I have observed the symptoms for diagnosis is based on patient history (symptoms) and physical examination backed by an elevation of neutrophilic white blood cells. Histories fall into two categories, typical and atypical. Typical appendicitis usually includes abdominal pain beginning in the region of the umbilicus for several hours, associated with anorexia, nausea or vomiting. The pain then “settles” into the right lower quadrant, where tenderness develops.

Ultrasound

Ultrasound image of an acute appendicitis. Ultrasonography and Doppler sonography provide useful means to detect appendicitis, especially in children.

Differential Diagnosis in Children:

- Gastroenteritis,
- Mesenteric adenitis,
- Meckel’s diverticulitis,

- Intussusception,
- Henoch-Schonlein purpura,
- Lobar pneumonia,
- Urinary tract infection (abdominal pain in the absence of other symptoms can occur in children with UTI),
- New-onset Crohn's disease or ulcerative colitis, pancreatitis, and abdominal trauma from child abuse; distal intestinal obstruction syndrome in children with cystic fibrosis.
- In girls: Menarche, dysmenorrhea, severe menstrual cramps, Mittelschmerz, pelvic inflammatory disease, ectopic pregnancy

In Adults:

- Regional enteritis,
- Colic,
- Perforated peptic ulcer,
- Pancreatitis
- Rectus sheath hematoma
- In men: Testicular torsion,
- new-onset Crohn's disease or ulcerative colitis
- In women: pelvic inflammatory disease,
- Ectopic pregnancy,
- Endometriosis
- Torsion/rupture of ovarian cyst,
- Mittelschmerz (the passing of an egg in the ovaries approximately two weeks before an expected menstruation cycle)

In Elderly:

- Diverticulitis,
- Intestinal obstruction,
- Colonic carcinoma,
- Mesenteric ischemia,
- Leaking aortic aneurysm

Complications

1. Appendicular Abscess
2. Appendicular Mass
3. Perforation
4. Malignancy
5. Intestinal Obstruction

HOMOEOPATHIC MANAGEMENT OF APPENDICITIS

Prevention

There is no proven way to prevent appendicitis, but eating a diet that includes fresh vegetables and fruit decreases your risk of developing the condition.

Using the appropriate Homoeopathic remedy along with conventional Western medicine may relieve your symptoms and help clear up appendicitis more quickly. However, no scientific literature supports the use of homoeopathy for appendicitis. An experienced Homoeopath would consider your individual case and may recommend treatments to address both your underlying condition and any current symptoms.

Belladonna and Bryonia are classic homoeopathic remedies often used for an inflamed appendix.

1. Phosphorus

Phosphorus in crude form is highly combustible it exposed to air, dangerous but when the same is potentized, it becomes one of the leading healers, Phosphorus irritate, inflame and degenerates mucous membranes, serous membrane, spinal cord and nerves causing paralysis, destroys bone, disorganizes the blood causing fatty degeneration of blood vessels and thus gives rise to hemorrhages and haematogenous jaundice. Hahnemann says acts most beneficially when patient suffer from chronic loose stool or diarrhea". Craves cold things, ice-creams, adds, refreshing things, sour things, salt and fatty food. Aversion to tobacco, sweets, tea pudding, coffee and beer. Cold water which is thrown up as soon as it gets warm in the stomach. Throws up ingesta by the mouthfuls.

Mind Great lowness of spirits, easily vexed, fearfulness, as something were creeping out of every corner, great tendency to start, oversensitive to external impression, loss of memory and brain feels fired. Restless dread of death when alone.

2. Belladonna

In the early stages of this affection where there is severe pain in the ileo-cecal region, where the slightest touch cannot be borne, and patient lies on back, this remedy will be found most useful. It corresponds to the pain, the vomiting, the paralysis of the intestine. It comes in after the chill of the Aconite stage has passed off and the inflammation has localized itself. Much pain contra-indicates Aconite. Ferrum phosphoricum and Kali muriaticum have proved themselves clinically in inflammation about the ileo-cecal region and their indications rest on clinical grounds only. Belladonna is especially useful in catarrhal and recurring cases.

3. Bryonia

As in all inflammations about serous membranes, Bryonia will here find a place. It has throbbing and sharp stitching pains confined to a limited spot and the patient is constipated. The ileo-cecal region is very sore and sensitive to touch. Any movement is painful and the patient lies perfectly still and on the painful side. The febrile disturbance of the drug will be present. Mercurius being Homoeopathic inflammation of the mucous membranes deserves consideration, especially has it hard swelling, fever, flushed face, red, dry tongue, etc.

4. Arsenicum

When the condition points to sepsis Arsenicum may be the remedy. There are chills, hectic symptoms of diarrhea and restlessness, and sudden sinking of strength. It relieves vomiting in these conditions more quickly than any other remedy. Dr. Mitchell finds it more often indicated in appendicitis than Mercurius corrosives, which may also be a useful remedy. Arnica is a remedy suiting septic cases and it should be employed after operations.

5. Rhus Toxicodendron

This remedy, with its great correspondence to septic troubles may be required, and may be indicated by its peculiar symptoms; locally, took it has extensive swelling over the ileo-cecal region and great pain, causing an incessant restlessness. Dr. Cartier, of Paris, recommends Rhus radicans 6. in appendicitis of influenza origin at the onset. Hepar has a deep-seated induration and Dioscorea has proved a valuable remedy when the pain is constant, the patient never being entirely free from pain. One observer claim. Dioscorea to be as important a remedy in appendicitis as is Bryonia in hepatitis. Its indications are bowels filled with gas and griping, twisting pains. It may be given in hot water. It is a far more inflammatory remedy than Colocynth, deeper acting, and its paroxysmal pains are an indication. Echinacea, it is claimed, has acted brilliantly in septic appendicitis; the tincture, 1X and 3x are the strengths used. No indications except septic condition; tiredness is characteristic.

6. Lachesis

This is also a valuable remedy; its great characteristics of sensitiveness all over the abdomen, and stitching from the seat of the inflammation backward and downward to the thighs, will indicate it in this disease. The patient lies on the back with knees drawn up, and other general Lachesis symptoms present. Plumbum has a tense swelling in the ileo-cecal region, painful to touch and on movement; the abdominal walls are retracted, there are eructation of gas and vomiting and both have a fecal odor. Ignatia is the remedy for the nervous symptoms of the disease, and to be used in cases where operation has been performed and no relief has resulted; also, in those who become exceedingly nervous from any abdominal pain. Undoubtedly many Cases of simple colic areas diagnosed as appendicitis and operated upon. Therefore, purely colic remedies as Colocynth and Magnesia phosphorica should be studied. The foregoing remedies will be found the most commonly indicated any may be used in both operable and non-operable cases.

A CASE REPORT

Preliminary Data

Name – Mr. ABC

Age – 30 yrs

Sex – Male

Address – Malgaon

Marital Status – Married

Religion – Hindu

D.O.I. - 24/06/2024

O.P.D. - 5550

Chief Complaint

- Nausea and vomiting in the last 2 days
- Pain in right iliac fossa 2 days

History of Chief Complaints

- Nausea and vomiting in the last 2 days
- Pain in Right iliac fossa Aggravates after eating, radiates from umbilical region

Past History

Nothing specific

Family History

4 Members in family all are apparently healthy

Personal History

Diet - Mixed

Appetite - Reduced

Desire - Spicy food

Aversion - Not specific

Thirst - Small quantity at long interval

Perspiration - Profuse and generalized

Bowel - Satisfactory

Urine - Satisfactory

Sleep - Disturbed due to pain otherwise normal

Dreams - Not specific

Habit - Smoking

Thermally - Chilly

Mind

- Fastidious
- Fear of ghost
- Anxiety future about

- Desire company

Physical General Examination

Built - Average Nourishment - Average

Conjunctiva - Pink

Sclera - White

Tongue - Pink

Nose - No D.N.S.

Clubbing - Absent

Oedema - Absent

Cyanosis - Absent

Lymphadenopathy – Not palpable

Vital Data

Temp – 99o F

Pulse Rate – 78 Beats pm

R.R. – 17 Cycles per minute

Blood Pressure – 130/90 mm of Hg

Systemic Examination

Per Abdominal

Inspection – Scaphoid shape abdomen, no scar

Palpation - Tenderness at right iliac fossae, no organomegaly

Percussion – Liver dullness present

Auscultation – Increased peristaltic sound heard

Respiratory System - NAD

Cardiovascular System - NAD

Central nervous System – NAD

Differential Diagnosis

1. Acute Appendicitis
2. Ulcerative Colitis
3. Renal Calculi

Investigation

C.B.C

Urine

U.S.G. (abdomen.)

Final Diagnosis – Acute Appendicitis

Analysis of Symptoms

Mental General -

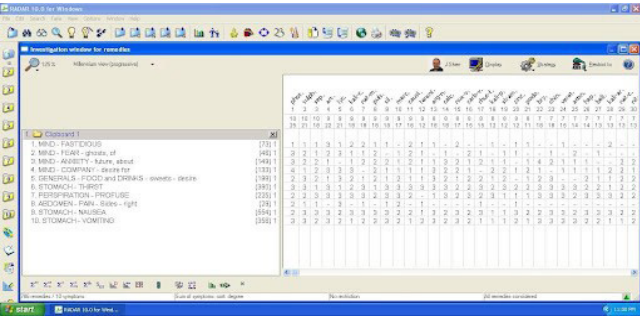
- Fastidious
- Fear of ghost
- Anxiety future about
- Desire company

Physical General –

- Desire- Sweet.
- Thirst-Thirsty
- Profuse perspiration

Particulars –

- Pain in right iliac fossa
- Nausea and vomiting



Differential Remedial Diagnosis –

1. Phosphorus
2. Arsenic Alb
3. Sulphur
4. Pulsatilla
5. Rhus tox

Final Remedy Indication - Phosphorus

PRESCRIPTION

Name - ABC

Age - 30 yrs

Rx

Phosphorus 200

TID for 2 days

Follow up After 4 Days

DATE	PROGNOSIS	REMEDY
28/06/2024	Diarrhea reduced two motions per day pain in abdo- men reduced 50 %	Placebo 4 globules B.I.D.
07/07/2024	Diarrhea stopped Completely & pain in abdomen re- duced 70%	Placebo 4 globules B.I.D.

CONCLUSION

Homoeopathic treatment appeared safe and effective for selected patients with mild-moderate acute appendicitis, potentially averting surgery and reducing healthcare costs. Larger controlled studies are warranted to validate these findings and to define appropriate patient selection criteria. I have observed and treated in my 29 years of clinical practice by applying the same principals.

1. Homoeopathic intervention can resolve uncomplicated acute appendicitis in selected patients, eliminating the immediate need for surgery.
2. The presented case showed rapid symptom relief within 48 – 72 hours and no progression to complicated appendicitis.
3. Close clinical monitoring and clear patient selection (Alvarado score 4–6, no perforation signs) are essential to ensure safety.
4. No adverse events were observed, supporting the safety profile of the homoeopathic protocol used (Arsenicum album, Belladonna, Nux vomica).
5. Integrating homoeopathy within a surgical framework offers a pragmatic, patient-centered approach that may expand treatment options for mild-moderate appendicitis.

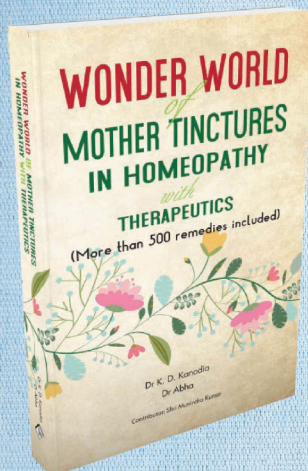
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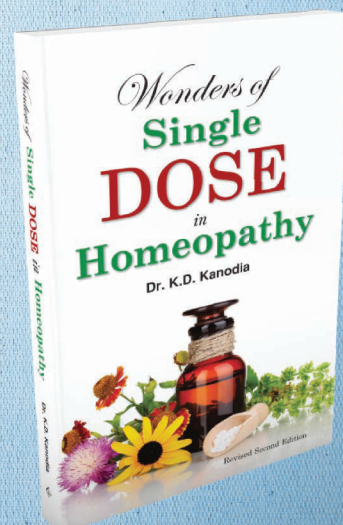
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Dr. Anil Singhal MD(Hom.)

Author: Boger's Legacy (2nd Edition)

In day to day practice in India, I have repeatedly witnessed a familiar scene. A patient goes for an ultrasound for vague abdominal discomfort, and the moment a gall bladder stone is detected, the first and almost automatic advice is, **“Get it removed by surgery at the earliest.”** The conversation is often reinforced with fearful images of impending jaundice, pancreatitis or sudden emergency, leaving the patient anxious and convinced that there is no other option except cholecystectomy.

During more than thirty six years of clinical practice, many such patients have reached my clinic, usually through the recommendation of a relative or a grateful former patient. They arrive carrying their ultrasound films in one hand and a heavy burden of fear in the other. At the same time their **expectations** from homeopathic treatment are extraordinarily high. They want to avoid surgery at any cost, and they hope that homeopathic medicines will not only relieve their pain but also dissolve the stone completely and permanently.

This situation places a special responsibility on the homeopathic physician. We must **neither** promise miracles nor join the chorus of fear. Instead, we need to assess each case carefully, explain the realistic scope and limitations of conservative management, and then treat the patient as a whole person, not merely as a diseased gall bladder. The following case is one such example, where individualized homeopathic treatment with *Calcarea carbonica*, supported by dietary regulation and careful follow up, was associated with gradual and well documented disappearance of a solitary gall bladder calculus that had initially been

advised for surgery.

Case summary

A 48 year old married woman presented with biliary colic and a solitary gall bladder stone measuring 16.4 mm on ultrasound, along with hepatomegaly and fatty liver.

She received short courses of *Calcarea carbonica* 200, followed by long periods of placebo and dietary regulation.

Serial ultrasounds over 3 years documented a steady reduction in stone size from 16.4 mm to 12.8 mm to 10.6 mm to 7.3 mm, and finally complete disappearance of the calculus, without any surgical or allopathic intervention. There has been no recurrence to date.

Case description

First consultation

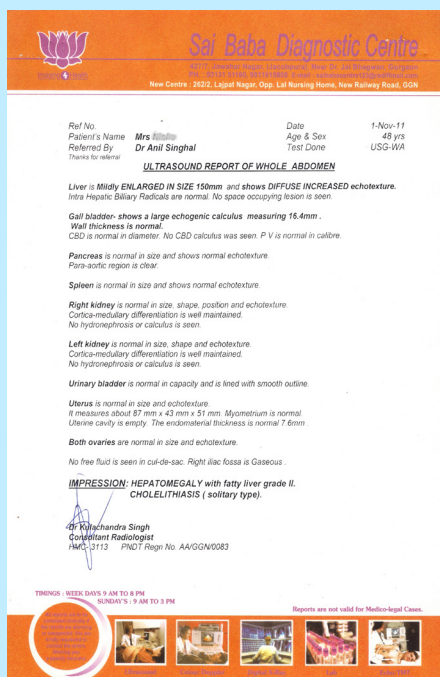
30 Oct 2011 (Day 0)

A 48 year old married woman presented with pain in the right upper abdomen of 2 months duration, increased over the last 3 to 4 days. The pain was colicky, radiating to the back and right scapular region, worse after taking rich and oily food and better by lying still and bending slightly forward. There was associated nausea without vomiting. Local tenderness was present in the right hypochondrium.

A provisional diagnosis of **biliary colic** was made. She was advised an ultrasound of the abdomen and given ***Colocynthis* 200** sos for acute

pain, with dietary advice to avoid heavy, oily and spicy food.

First ultrasound



1 Nov 2011 (Day 2)

Ultrasound whole abdomen showed:

- Liver mildly enlarged (150 mm) with fatty infiltration
- Solitary large echogenic calculus in gall bladder measuring **16.4 mm**
- No calculus in CBD, no obstruction

Impression: Hepatomegaly with grade II fatty liver and cholelithiasis (solitary type).

Second consultation - detailed case taking

2 Nov 2011 (Day 3)

The patient returned with the ultrasound report and, now that the acute pain had subsided, a full constitutional case taking was done.

She was a fair, moderately obese lady, gently spoken, anxious yet composed. She appeared physically and mentally tired, with dark circles under the eyes and slight puffiness of the face. While narrating her complaints she repeatedly said, "*Doctor, I have to remain well, my whole family depends on*

me. I cannot think of an operation."

Narrative picture as she spoke

She was a homemaker, mother of three children. Over the last 10 to 15 years she had gradually put on weight, especially around the abdomen and hips. Climbing stairs made her breathless and she would perspire profusely, especially on the head and neck. Even in moderate weather she needed a shawl and complained of being "always chilly" and sensitive to cold air and cold bathing.

Her sleep was sound but heavy. She preferred to sleep on the right side with the arms over the head. There was marked **sweat on the head**, soaking the pillow, particularly toward early morning.

Her appetite was good. She craved fried, spicy food, though such food invariably caused heaviness and discomfort in the right upper abdomen. She liked warm food and warm drinks. Milk did not suit her and caused acidity and bloating. Thirst was moderate, preferring cool water in small quantities.

On the mental plane she described herself as **very responsible and conscientious**. She worried a lot about the future of her children, about finances and about her husband's health. Any small symptom made her fear a serious illness. At the same time she had a marked **fear of surgery** and of hospitals.

She was methodical, liked to keep her home neat and well arranged, but felt she was becoming slow and easily fatigued. Menses had been regular, with a tendency to profuse bleeding in earlier years. There was a tendency to recurrent colds in childhood and a history of joint pains in knees aggravated by climbing stairs.

This totality of **chilly, obese, perspiring, over responsible, anxious, fear of illness and operation, craving fatty food that disagrees, hepatobiliary involvement and tendency to glandular enlargement** strongly suggested **Calcarea carbonica** as the constitutional remedy.

Prescription

Calcarea carbonica 200, 2 doses at 10 minute

interval, was prescribed, with *Colocynthis 200* to be taken sos for colic if needed. She was advised to avoid heavy, oily and spicy food for at least 3 months.

Follow up timeline

5 Feb 2012 (Day 98)

She reported only occasional mild discomfort if she took very oily food, otherwise felt much better. General energy was improved, perspiration on the head and breathlessness on exertion were slightly less. No acute biliary colic since the first visit.

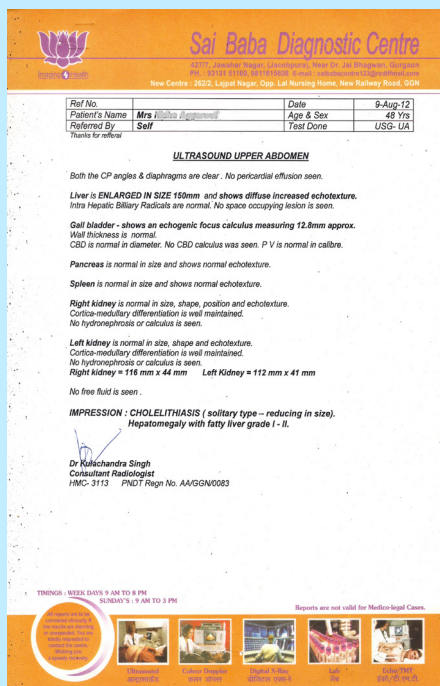
Prescription: *Calcarea carbonica 200*, 2 doses at 10 minute interval, followed by *Saccharum lactis* once daily for 1 month.

6 Aug 2012 (Day 281)

She had remained free from severe pain. Only once or twice she experienced a dragging sensation in the right hypochondrium after a wedding feast. Because she was clinically better, she had not repeated any acute medicine.

She was advised a repeat ultrasound to assess the gall bladder calculus.

9 Aug 2012 (Day 284) – Ultrasound



Ultrasound upper abdomen (same laboratory as initial scan):

- Solitary echogenic calculus in gall bladder now measuring 12.8 mm
- Liver still enlarged (150 mm) with fatty changes grade I-II

Impression: **Cholelithiasis solitary type - reducing in size. Hepatomegaly with fatty liver grade I-II.**

10 Aug 2012 (Day 285)

Patient visited with the encouraging report and was visibly happy. As she had no active complaints, only placebo was given.

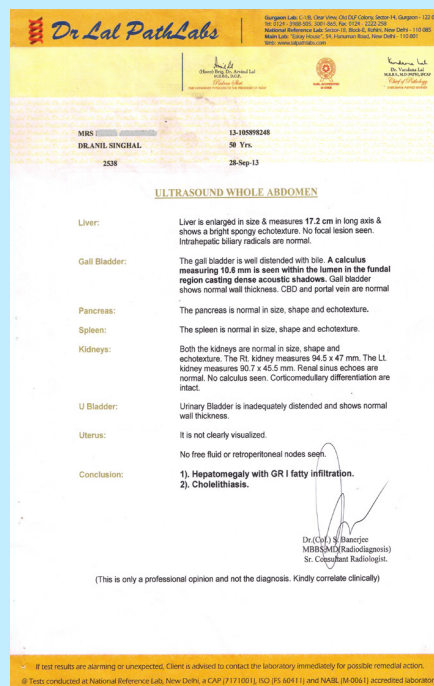
Prescription: *Saccharum lactis* for 3 months, with continued dietary restriction.

4 Apr 2013 (Day 522)

Because she remained completely comfortable and was occupied with preparations for her daughter's marriage, she came mainly for prophylactic medicines. No episode of biliary colic was reported since the previous visit. Appetite, energy and sleep were satisfactory.

Prescription: *Saccharum lactis* for 3 months.

Ultrasound 28 Sep 2013 (Day 699)



A fresh ultrasound was done at a different diagnostic center (Dr Lal PathLabs):

- Liver enlarged, 17.2 cm, with grade I fatty infiltration
- Solitary gall bladder calculus now measuring 10.6 mm
- No CBD calculus, pancreas and kidneys normal

Conclusion: **Hepatomegaly with grade I fatty infiltration, cholelithiasis.**

28 Sep 2013 (Day 699)

She brought the new report. She was reassured to see that the stone had further reduced in size. There were still no clinical complaints.

Prescription: **Saccharum lactis** for 3 months, with advice to continue reduced fatty and spicy food.

8 Jan 2014 (Day 801)

Patient telephonically requested repeat medicine as she remained well. No new symptoms.

Prescription: **Saccharum lactis** for 3 months, continuation of dietary advice.

Ultrasound 12 Apr 2014 (Day 895)

Fresh ultrasound at another center:

- Liver of normal span with mild diffuse fatty infiltration
- Gall bladder well distended with bile, showing a mobile calculus of about 7.3 mm in the lumen
- No CBD or renal calculus

Impression: **Grade I fatty infiltration of liver with solitary cholelithiasis.**

12 Apr 2014 (Day 895)

She attended clinic with this report. Clinically she was completely asymptomatic. The progressive reduction of the calculus from 16.4 mm to 7.3 mm was explained to her.

Prescription: **Saccharum lactis** for 3 months, with continued dietary regulation.

MITRAM CLINIC
a friend in need

Patient's Name : [Redacted] Age : 50yrs/F
Ref by : Dr. Anil Date : 12/04/2014

Ultrasound Whole Abdomen

- Liver : is normal in size (hepatic span approx. 14.4cm) & shows diffuse mild increased echogenicity suggestive of fatty infiltration. No IHMR dilatation seen. No focal lesion noted. PV is normal in caliber (10.3mm).
- Gall bladder : is well distended and shows a mobile calculus of size approx. 7.3mm in the lumen. However wall thickness is normal. No pericholecystic fluid seen.
- CBD : is normal in caliber (4.7mm) with clear lumen.
- Pancreas : is normal in size, shape and echotexture. No focal lesion seen. MPD is normal in caliber.
- Spleen : is normal in size, shape and echotexture. It measures 8.4cm long. No focal lesion seen.
- Kidneys : RK measures 10.2 cm long.
LK measures 9.8 cm long.
Both kidneys are normal in position, size and shape. Cortical echotexture is normal. Corticomedullary differentiation preserved bilaterally. Pelvic/ureteral systems of both the kidneys are normal. No calculus/focal lesion seen.
- Urinary bladder : is well distended and anechoic. Wall thickness is normal. No obvious calculus/growth seen.
- Uterus : is anteverted & normal in size for age. Myometrial echotexture is normal. No focal lesion seen. Endometrium is normal in thickness (4.1mm) and in midline.
- Both ovaries are not visualized per abdomen. No adnexal mass seen.
- No free fluid seen in peritoneal cavity.
- No significant retroperitoneal lymphadenopathy seen.
- Visualized bowel loops appear normal.

IMPRESSION : Grade I fatty infiltration of liver with solitary cholelithiasis.

Advised : Clinical correlation.

Dr. Goutam Agrawal
DMRD (GOLD MEDALIST)
Reg. No- HN 3117

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Ultrasound 7 Nov 2014 (Day 1104)

Repeat ultrasound whole abdomen:

- Liver slightly enlarged at 15.8 cm, shape and echotexture normal
- Gall bladder well distended, **no calculus seen**
- CBD and portal vein normal

Conclusion: **Hepatomegaly. No evidence of cholelithiasis.**

7 Nov 2014 (Day 1104)

Dr Lal PathLabs

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Main Lab : 110 085
Gen-15 : 110 085
Blood : 110 085
Tissue : 110 085
Gen-15 : 110 085
Blood : 110 085
Tissue : 110 085

MRS [Redacted] 14-10841016
DR ANIL SINGHAL 51 Yrs.
2889 7-Nov-14

ULTRASOUND WHOLE ABDOMEN

Liver: Liver is enlarged in size & measures 15.8 cm, in long axis. Shape & echotexture are normal. No focal lesion seen. Intrahepatic biliary radicals are normal.

Gall Bladder: The gall bladder is well distended with bile. No calculi seen. Gall bladder shows normal wall thickness. CBD and portal vein are normal.

Pancreas: The pancreas is normal in size, shape and echotexture.

Spleen: The spleen is normal in size, shape and echotexture.

Kidneys: Both the kidneys are normal in size, shape and echotexture. The Rt. kidney measures 97.5 x 42.7 mm. The Lt. kidney measures 85.9 x 33.8 mm. No calculus seen. Renal sinus echoes are normal. Corticomedullary differentiation are intact.

U Bladder: Urinary Bladder is inadequately distended and shows normal wall thickness.

Uterus: Anteverted and normal in size, shape and echotexture. No free fluid/retroperitoneal nodes seen.

Conclusion: **Hepatomegaly.**

Dr. (Col.) S. Parvathy
MBBS, MD (Radiodiagnosis)
Sr. Consultant Radiologist

(This is only a professional opinion and not the diagnosis. Kindly correlate clinically)

If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

The patient came in the evening with a broad smile and the latest report. She narrated that after the scan she had asked the ultrasonologist about the current size of her gall stone. The senior radiologist replied that there was **no stone at all**. Surprised, she informed him about her past history of gall bladder calculus. He rescanned her, carefully inspecting the gall bladder, and again confirmed that **no calculus was present**.

No further medicine was prescribed. She was advised to maintain her balanced diet and avoid excessive fatty, fried and spicy food.

On subsequent annual follow ups she has remained asymptomatic, with no recurrence of biliary colic. She occasionally repeats an ultrasound for her own reassurance, which has shown no reformation of gall bladder stones to date.

DISCUSSION

This case highlights the following points relevant to homeopathic practice and publication:

1. Clear baseline documentation

The presence of a solitary gall bladder calculus of 16.4 mm with fatty liver was objectively documented at the outset, with serial ultrasounds providing measurable outcomes.

2. Individualized constitutional prescription

The selection of *Calcarea carbonica* was based on a comprehensive picture: obesity, chilly disposition, profuse head perspiration, exertional dyspnea, craving for rich food that aggravated, deep sense of responsibility, anticipatory anxiety and fear of surgery. These features go beyond the local disease and reflect the person as a whole.

3. Minimal dose and placebo

Only two short courses of *Calcarea carbonica* 200 were given, separated by long intervals in which placebo and lifestyle modification were maintained. The gradual but steady reduction in stone

size over more than 3 years corresponds well with the chronic nature of the pathology and with the homeopathic principle of gentle, long term cure.

4. Objective follow up

The gall stone size reduced from 16.4 mm to 12.8 mm to 10.6 mm to 7.3 mm and finally disappeared, while the patient remained clinically well and did not require surgery. Ultrasound reports from different independent centers add strength to the observation.

5. Lifestyle and diet

Repeated counseling regarding fatty and spicy food reduction was an important supportive measure and should be mentioned explicitly in any scientific report.

CONCLUSION

A middle aged woman with documented solitary gall bladder calculus and fatty liver improved clinically and showed complete disappearance of the calculus on serial ultrasound examinations over approximately 3 years, under individualized homeopathic treatment with *Calcarea carbonica*, placebo and dietary modification.

This case suggests a possible role for constitutional homeopathic treatment in selected patients with cholelithiasis who are clinically stable and willing for conservative management, and it invites further systematic study.

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

Homoeopathy as an Adjuvant in Surgical Cases: Conceptual Insights into Perioperative Support

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Abstract

Surgery is a vital achievement of modern medicine, capable of correcting structure disorders and preserving life, yet it inevitably subjects the organism to significant physiological and psychological stress. While surgical procedures restore anatomical integrity, they do not necessarily re-establish the dynamic equilibrium required for complete recovery. Homeopathy based on the law of similia and acting through modulation of vital force provides a complimentary means of support in the Perioperative period.

Through hormetic and regulatory mechanism individualised homeopathic remedies have demonstrated potential to elevate preoperative anxiety, reduce intra-operative bleeding and inflammation, accelerate wound healing, and minimize post operative pain and analgesic dependence.

This review highlights the role of Homeopathy across the pre, intra, post operative phases of surgical care. Drawing from Hahnemannian principles, classical literature, and emerging clinical studies, it underscores the relevance of integrating homeopathy as an advent to conventional surgery facilitating recovery, reducing complications, and promoting comprehensive restoration of health.

Introduction: The rationale for Integrated Care

Surgery remains a cornerstone of modern medicine, capable of saving lives, correcting deformities, and elevating suffering. Yet the surgical

scalpel acts primarily upon the material structure rather than the dynamic essence that sustains life. From a homeopathic stand point, true recovery extend be and structural correction to the restoration of vital equilibrium the dynamic harmony governing physiological and psychological function.

Despite major advancements in surgical precision and technology, post-operative recovery is still shaped by systemic inflammation, pain, and psychological stress, all of which significantly influence complications rates and healing outcomes ^[1]. Conventional pharmacological aids such as anxiolytics, anaesthetics, and analgesics are indispensable but may induce adverse effects including sedation, post-anaesthesia nausea and vomiting (POVN), and the risk of dependence ^[2]. Management of postoperative pain and inflammation remains a critical aspect of surgical recovery, often requiring significant analgesic intervention. Emerging observational and randomized studies indicate the homoeopathic remedies, especially *Arnica Montana* may offer modest benefits in reducing pain, inflammation, and reliance on analgesics, though the evidence is limited and effect sizes are generally small. These preliminary findings suggest a potential role for homoeopathy as an adjunct in perioperative care, highlighting the need for further well designed clinical studies ^{[3] [4] [5]}.

Hahnemann recognised surgery as necessary for mechanical correction, yet emphasized that dynamic treatment must accompany it to restore

complete health ^[6]. This philosophical foundation establishes homeopathy's legitimate role throughout the surgical continuum pre operative operation, intra-operative support, and post operative recovery. By activity the organism's self-regulatory mechanisms, homeopathy provides individualised, dynamic support that compliments surgical precision, promoting optimal physiological balance and holistic convalescence.

Proposed Mechanism of Action: Signalling and Hormesis

Recent research suggests that therapeutic action of ultra-high dilutions, especially those utilized for acute trauma, is consistent with the phenomenon of hormesis ^[7]. This describes a dose-response dynamic where low, non toxic concentrations of an agent induce a positive, stimulatory effect on a biological system, contrasting with the typically negative effects observed at higher, conventional doses.

Data derived from cellular model systems support the hypothesis that therapeutic action of remedies is achieved through the modulation of Heat Shock Proteins ^[7]. Given that these stress-induced proteins are fundamental to maintaining cellular integrity and promoting survival after toxic or mechanical injury, it is significant that the homeopathic treatments, prescribed in accordance with the similia principle have been shown to augment both the synthesis and efficacy of HSPs their by bolstering the cell's inherent self-recovery mechanisms ^[8]. These findings provide a scientific rational for the observed clinical outcomes in perioperative homeopathic interventions where modulation of inflammation and improved wound recovery are consistently reported.

Applied surgically, this modulation of HSPs results in predictable clinical effects i.e. the mechanism is capable of minimizing inflammation by influencing the acute inflammatory cytokine cascade to accelerate the required shift from tissue breakdown to tissue repair, resulting in diminished edema and bruising ^[9] also it actively stabilizes cellular membrane integrity and promotes the rapid, orderly reorganization of injured tissue structures ensuing tissue remodelling.

This process employs non-chemical signaling which is vital, it confirms that homeopathic treatment does not interfere with concurrently administered conventional drugs, but rather works to support and accelerate the organism's intrinsic healing response.

Philosophical and Clinical Foundations for Homeopathic Care in Surgical Setting

Hahnemann: Vital force and Structural Intervention

Samuel Hahnemann conceived health as the balanced and harmonious activity of vital force and the physician's highest and only duty to restore the sick to health ^[10]. Within this paradigm, disease whether spontaneous or induced by external causes such as mechanical injury is viewed as a dynamic disturbance of this vital principle.

Hahnemann differentiated between dynamic diseases, arising from internal vital disturbance, and mechanical diseases, requiring external correction, yet he mentions that even mechanical lesions carry a dynamic component influencing recovery. Although he state surgery is indispensable for mechanical or structural correction, it simultaneously influences not only the physical frame but also the integrity of vital force ^[10]. The knife may remove the product, but only the similimum can remove the process. Therefore, in post surgical state, the underlying susceptibility or miasmatic predisposition often persist; hence the homeopath's role extends to stimulating the vital force through an individualized similimum, facilitating tissue repair and preventing chronic sequels ^[11].

Mind-Vital Correlation and Miasmatic continuity

James Tyler Kent emphasized that even in acute trauma the physician must perceive the patient as a whole and recognize the highest characteristics, the mental and emotional expressions that reveal the state of vital force ^[12]. The mental sphere, according to Kent, provides the most reliable guide to remedy selection, as it mirrors the constitutional response even in emergencies. His classical portrait of *Arnica Montana* goes beyond physical trauma: the patient denies injury and refuses

attention, reflecting confusion, denial, and aversion to touch, key indicators in surgical shock ^[13].

In a parallel view, Stuart closely highlighted that acute disturbances like surgical trauma must be managed swiftly and accurately to prevent chronic miasmatic disease ^[14]. For Close, successful management restores equilibrium through a complete and harmonious vital reaction, whereas inaccurate treatment may graft new disturbances onto the chronic constitution. Together Kent and Close illuminate the dynamic relationship between mind, miasm, and surgical recovery linking acute reactions to the continuity of vital force.

Roberts: Potency Selection and Tissue Affinity

H.A. Robert underscored that potency choice must correspond to the depth and nature of pathology ^[15]. In surgical and post operative cases dominated by tissue injury such as bruising, inflammation, or nerve trauma he recommended low to moderate potencies at frequent intervals to act locally without over stimulating the systemic vital force. Also remedies with strong tissue affinities, when chosen according to the totality of symptoms, become effective not as mere organ-specific agents but as true similimum acting through the dynamic plane ^[15].

Collectively Hahnemann, Kent, and Close outline a cohesive model integrating structural dynamic and constitutional principles within surgical care. Hahnemann provides the theoretical foundation of the vital force; Kent and Close bridge the mental, miasmatic, and acute dimensions; and Roberts translates these principles into practical application at the tissue level. When applied together, these insights ensure that surgery corrects structural pathology while homeopathy restores dynamic balance guiding recovery.

Homeopathic Intervention across the Surgical Timeline

Perioperative Homeopathic Care Framework :

The Perioperative period and encompassing pre, intra and post operative stages marks a continuum of physiological and psychological adaptation. While surgery addresses structural pathology, it also inflicts acute trauma upon the organism

and its dynamic regulator, the vital force. Homeopathy, by restoring dynamic balance rather than merely alleviating symptoms, can facilitate smoother recovery and reduced postoperative complications ^[10].

Pre-operative phase- Preparing Mind and Tissue

The preoperative stage aims to reduce anticipatory anxiety and strength in physiological resilience. Elevated pre-surgical anxiety is known to worsen postoperative pain; delay wound healing, and increase analgesic requirements ^[16]. Homeopathic intervention during this period helps harmonize the psycho-neuro-endocrine axis, improving readiness for surgery.

Anxiety and fear -*Aconitum Napellus* suits acute panic, restlessness, and fear of death triggered by impending surgery, while *Gelsemium sempervirens* is effective for anticipatory weakness, trembling, and mental dullness ^[17].

Tissue preparation-For elective surgeries or dental extractions, *Arnica Montana* administered before surgery can prime the organism for trauma, reduce intra-operative bleeding, and enhance tissue repair ^[18].

Intra-operative phase- Supporting vital equilibrium

During surgery, structural disruption and anaesthesia challenge the body's vitality. Homeopathic support focuses on maintaining systemic balance and reducing shock. Although direct intra-operative administration is uncommon, pre-surgical dosing and immediate post-operating intervention can buffer the physiological impact of anaesthesia and tissue trauma. Whereas *Arnica Montana* remains the first line for surgical trauma, while *Opium* is suited for collapse or stupor after anaesthesia and in nerve dense surgeries *Hypericum Perforatum* assists in mitigating neural injury ^[13].

Although direct intra-operative administration is uncommon, pre-surgical dosing and immediate postoperative intervention can buffer the physiological impact of anaesthesia and tissue trauma. This integrative model emphasizes individual response rather than procedural uniformity

complimenting modern surgical protocols.

Post-operative Phase - Healing and Preventive

Post operative recovery demands effective tissue regeneration and inflammation control. Individualised homeopathic treatment supports dynamic regulation, and improving recovery outcomes ^[19].

Inflammation and healing- *Arnica Montana* aids trauma recovery; *Belladonna* or *Hepar Sulphuris Calcarium* manage acute inflammation, while *Calendula officinalis* promotes granulation and epithelial repair ^{[20] [21]}.

Pain and nerve recovery- *Hypericum Perforatum* addresses neuralgic pain: *Staphysagria* benefits incision pain with irritability or suppressed emotion ^[22].

Chronic sequel prevention- *Silicea* promotes proper tissue organisation and expulsion of foreign material; *Sulphur* aids sluggish convalescence by reactivating vital reactivity ^[23].

Clinical studies substantiate the adjunctive use of individualized homeopathy in surgical recovery, demonstrating reduced pain scores, faster wound healing, and decreased analgesic requirements ^{[3] [4] [5]}.

CONCLUSION AND FUTURE INSIGHTS

The integration of individualized homeopathic therapeutics into surgical care represents a clinically relevant and ethically grounded model for optimizing peri-operative management. While surgery addresses the tangible, structural manifestations of disease, homeopathy acts upon the subtle dynamic plane, harmonizing the vital force and promoting recovery at the level of function and resilience.

By adhering to foundational principles articulated by Samuel Hahnemann and expanded upon by masters such as Kent, Close, and Roberts, homeopathic physicians can effectively manage the dynamic disturbances provoked by surgical trauma. Within the perioperative context, the homeopath's responsibility extends beyond pain control to strengthening vitality, stabilizing emotional balance, and ensuring post-surgical homeostasis.

Through individualised remedies selection, materia medica insight, and ethical collaboration, the homeopath emerges as an essential associate in the surgical team. As eloquently expressed "The surgeon heals the wound of the flesh; the homeopath heals the wound of the vital force". This synthesis of the mechanical and dynamic reflects a shared medical ideal: the complete restoration of health through cooperative and individualized care.

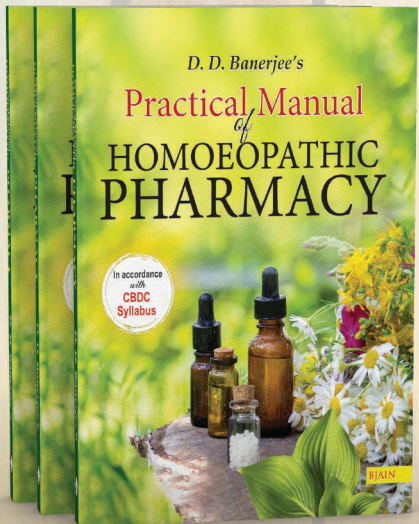
Therefore, future research should employ robust randomized and observational methodologies to evaluate endpoints such as pain reduction, wound healing, and quality-of-life indices. Strengthening this evidence base will validate homeopathy as a scientifically grounded complement in surgical medicine.

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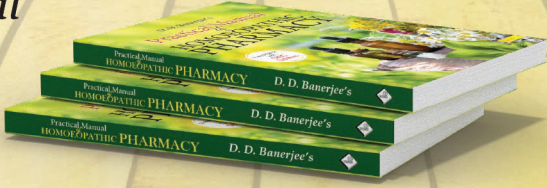
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Expanding the Scope of Homeopathy in Surgical Cases: A Review

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Abstract

Homeopathy has traditionally been associated with the management of chronic and functional disorders. However, its application in pre-operative, intra-operative, and post-operative care is increasingly being recognized. This review explores the expanding role of homeopathic therapeutics in surgical cases, focusing on symptom management, reduction of surgical complications, stimulation of healing, and avoidance of unnecessary surgical interventions. Two illustrative clinical examples demonstrate how homeopathy can complement surgical practice while following principles of individualization and holistic treatment. Although homeopathy cannot replace surgery where it is absolutely indicated, it can support patients by reducing pain, inflammation, anxiety, bleeding, and recurrence risk. More rigorous research through clinical trials is needed to standardize protocols and establish stronger evidence.

Introduction

Surgery has remained a cornerstone of modern medicine for conditions requiring mechanical correction, excision, repair, or reconstruction. However, surgical interventions often bring pain, inflammation, anxiety, delayed wound healing, post-operative infections, hemorrhage, and other complications. Homeopathy, based on the law of similars and minimum dose, has demonstrated significant value in these stages of surgical care.

Samuel Hahnemann himself emphasized in the Organon of Medicine that homeopathy can assist in surgical pathology, even though it may not

substitute surgery in mechanical derangements (fractures, obstructions, and tumours requiring removal). Homeopathic remedies can, however, reduce the morbidity of surgery and optimize recovery.

Over the past decades, research and case reports have highlighted homeopathy's usefulness in:

1. Pre-operative preparation, reducing fear and anxiety
2. Peri-operative pain control
3. Reduction of bleeding and hematoma formation
4. Acceleration of wound healing
5. Management of surgical trauma and shock
6. Minimizing post-operative infections and complications
7. Avoiding surgery in selected cases (fibroadenoma, piles, fistula, tonsillitis, uterine fibroids)

This review synthesizes published literature and clinical experience to evaluate homeopathy's expanding role in surgical cases.

Philosophical and Clinical Background

Hahnemann distinguished between surgical diseases and those that require purely internal treatment. According to Organon, aphorisms 186–193, surgery is essential when external mechanical factors impede cure. However, many conditions labelled “surgical” today also involve systemic

susceptibility, inflammation, or functional changes that respond well to internal homeopathic therapy.

Thus, homeopathy has two domains in surgical cases:

1. Non-Surgical Homeopathic Cure

When internal treatment reduces inflammation or reverses pathology sufficiently to avoid surgery.

2. Supportive Peri-Operative Homeopathic Care

Enhancing surgical outcomes, reducing complications, accelerating recovery.

The remedies act by stimulating the vital force, reducing tissue reaction, controlling bleeding, and improving immunity.

Pre-Operative Applications

1. Management of fear and anxiety

Aconite napellus for acute panic, fear of death.

Gelsemium for anticipatory anxiety, weakness, trembling.

Argentum nitricum for apprehension and fear that something will go wrong.

Studies have shown reduced pre-operative anxiety in children and adults using homeopathic remedies.¹

2. Optimization of general health

Patients with chronic conditions often tolerate surgical stress poorly. Remedies such as *Calcar-ea carbonica*, *Sulphur*, and *Lycopodium* may enhance vitality and reduce risk of complications when selected constitutionally.

Peri-Operative and Intra-Operative Support

1. Control of surgical trauma

Arnica montana remains the foremost trauma remedy for reducing bruising, shock, and hematoma formation.

Hypericum perforatum targets nerve-rich areas and

intense nerve pain during or after surgery.

Randomized controlled trials have shown improved post-operative pain control with homeopathic *Arnica*.²

2. Bleeding control

Phosphorus: bright red profuse bleeding.

Millifolium: hemorrhage from trauma or vascular fragility.

Ipecacuanha: persistent bleeding with nausea.

Some surgeons in Europe routinely use *Arnica* and *Phosphorus* to minimize intra-operative bleeding.

Post-Operative Homeopathic Management

1. Pain management

Bellis perennis: deep tissue trauma, especially after abdominal or pelvic surgery.

Staphysagria: clean incised wounds, especially after Caesarean section or laparoscopic surgery.

Rhus toxicodendron: muscular stiffness after prolonged immobilization.

2. Wound healing and infection prevention

Calendula officinalis (internal or external): reduces infection, promotes granulation.

Hepar sulphuris: suppurative tendencies with sensitivity to cold.

Silicea: assists expulsion of foreign bodies, healing of abscesses and fistula.

3. Management of post-operative complications

Nux vomica: post-anaesthetic nausea, gas trouble, constipation.

Carbo vegetabilis: collapse, weakness, flatulence.

Opium: post-operative ileus or constipation due to anesthesia.⁴

Homeopathy as an Alternative to Surgery

In selected cases, surgery may be avoided with the correct remedy. Examples include:

1. Tonsillitis and adenoid hypertrophy
2. Gallstones (non-obstructive)
3. Uterine fibroids
4. Fissure and fistula in ano
5. Piles
6. Fibroadenoma
7. Nasal polyps
8. Ovarian cysts (functional)

Case reports and small clinical trials globally have documented encouraging outcomes.^{1,3,5}

Example: 1 Homeopathic Management of a Case of Fissure-in-Ano Avoiding Surgery

Patient Details

A 28-year-old female presented with:

Severe cutting pain during and after stool

Bleeding per rectum

Spasmodic anal contraction

Chronic constipation

History of emotional suppression after marital conflict

Surgical advice recommended lateral internal sphincterotomy.

Homeopathic Analysis

Key symptoms:

Pain like “glass inside”

Bleeding

Constipation with ineffectual urging

Emotional suppression (ailments from indignation)

Rubrics considered (Synthesis):

Rectum – fissure

Rectum – pain – stool – during

Mind – indignation

Rectum – constipation – urging, ineffectual

Prescription

Staphysagria 200C, single dose, followed by Nitric acid 30C, twice daily for 10 days.

Outcome

Within 2 weeks:

Pain reduced by 60%

Bleeding stopped

Bowel movements easier

After 6 weeks:

Complete relief of pain

No bleeding

Normal stools

Surgery avoided

Discussion

This case highlights the importance of addressing emotional etiologies in ano-rectal conditions. *Staphysagria*, known for clean cut surgical-like pains and ailments from suppressed emotions, acted deeply to relieve the fissure and prevent the need for surgical intervention.

Example 2: Post-Operative Recovery After Caesarean Section Enhanced with Homeopathic Remedies

Patient Details

A 32-year-old woman underwent emergency Caesarean section. Post-surgery symptoms included:

Severe incisional pain

Slow healing of wound

Bruising and tenderness

Difficulty standing and walking

Constipation due to anesthesia

Emotional irritability

Homeopathic Approach

Acute Remedies:

1. *Staphysagria* 200C – twice daily for 3 days

For clean incised wounds, emotional sensitivity, and surgical trauma.

2. *Arnica* 30C – 4 times/day for 5 days

To reduce bruising, swelling, and soreness.

3. *Bellis perennis* 30C – twice daily for 7 days

For deep pelvic tissue trauma.

4. *Nux vomica* 30C

For anesthesia-related gastric disturbance and constipation.

Outcome

By Day 5:

Pain significantly reduced

Patient able to walk comfortably

Bruising and swelling improved visibly

By Day 12:

Wound healed well

Bowel movements normal

Improved emotional stability

Discussion of case

Homeopathy accelerated wound healing and enhanced postoperative comfort. *Staphysagria* addressed the specific surgical incision trauma, while *Bellis perennis* and *Arnica* supported deeper tissue healing.

DISCUSSION

The expanding scope of homeopathy in surgical

cases aligns with a shift toward integrative medicine, combining conventional surgical expertise with holistic therapeutic modalities. The reviewed literature and case experiences demonstrate:

1. Reduced need for analgesics
2. Quicker mobility and recovery
3. Better emotional stability
4. Lower incidence of complications
5. Enhanced wound healing
6. Avoidance of unnecessary surgery in selected patients

However, standardized protocols are lacking. Existing evidence is largely from observational studies and case reports. More high-quality randomized controlled trials are needed to solidify homeopathy's role in surgical care.

CONCLUSION

Homeopathy offers significant value in surgical practice by managing pain, reducing complications, aiding wound healing, addressing emotional distress, and avoiding surgery in appropriate cases. While surgery remains essential for structural pathologies, homeopathic medicines act as effective complementary tools, enhancing outcomes and improving patient comfort. With further research, homeopathy may become an indispensable component of peri-operative and integrative surgical care.

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Tobacco-Induced Constipation And Its Homoeopathic Approach: A Narrative Review

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Abstract

Tobacco consumption, particularly in the form of chronic smoking and chewing, is widely recognized for its detrimental impact on respiratory and cardiovascular systems; however, its influence on gastrointestinal health remains underexplored. Constipation is a frequently encountered but under-reported symptom in habitual tobacco users. Nicotine, the principal alkaloid in tobacco, alters gut motility by acting on the autonomic nervous system, disrupts the gut microbiome, and contributes to systemic dehydration—all of which promote bowel dysfunction. This narrative review investigates the pathophysiological mechanisms by which tobacco contributes to chronic constipation and explores the individualized homoeopathic approach for its management. Emphasis is placed on identifying tobacco as a maintaining cause, analyzing repertorial rubrics, and matching remedies to miasmatic tendencies and constitutional profiles. A selection of well-indicated remedies—such as *Nux vomica*, *Caladium seguinum*, and *Plumbum metallicum*—is discussed in the context of both symptomatology and psychological associations. This review aims to bridge gaps between conventional gastroenterological knowledge of tobacco-use and classical homoeopathic practice, and calls for further clinical research in this interdisciplinary domain. It highlights the need for comparative research for individualized homoeopathic prescriptions

targeting tobacco-related miasmatic tendencies in De-addiction centres.

Keywords

Tobacco, Constipation, Nicotine, Nicotina Tabacum, Homoeopathy, Gut Motility, Addiction, Chronic Constipation

Introduction

Understanding Constipation: Beyond the Numbers

Constipation is more than just an occasional inconvenience. For many, it becomes a persistent challenge that affects daily life. Clinically, it's defined by infrequent bowel movements, difficulty passing stools, and a lingering feeling of incomplete evacuation.^{1,2} But from a patient's perspective, the experience is often much richer and more nuanced. Complaints of abdominal discomfort, bloating, or the uncomfortable need to strain—sometimes even resorting to manual methods—are common themes that don't always match textbook definitions.³

The Overlooked Connection: Tobacco and Gut Health

Interestingly, while the effects of tobacco on the lungs and heart are widely recognized, its role

in digestive health—and especially in constipation—is far less discussed. Many tobacco users report changes in their bowel habits, particularly after prolonged use.^{4,10} Initially, nicotine may seem to have a laxative effect, but over time, the story changes. Chronic use can disrupt the gut's natural rhythm,^{4,12} slow down motility, and lead to long-standing constipation. However, research into this connection remains sparse, and the findings are often clouded by various lifestyle and health-related factors.^{2,10}

What Else Affects the Gut in Tobacco Users?

Influencing Factor	How It Contributes to Constipation
Poor dietary habits	Low fiber intake makes stools harder to pass
Inadequate hydration	Less water means drier, more compact stools
Sedentary lifestyle	Physical inactivity slows down intestinal movement
Medication side effects	Common drugs may impair bowel function
Stress and mental health	Psychological stress can disrupt digestive balance

This article takes a deeper look at how tobacco use could be playing a hidden role in chronic constipation—especially in individuals for whom other causes seem insufficient. It also explores how homoeopathic medicine, with its individualized and holistic approach, can be a meaningful ally in treating both the symptoms and the underlying causes. From understanding the complex ways nicotine affects gut health to selecting remedies that match the patient's full picture, this review aims to bridge the gap between conventional knowledge and homoeopathic insights.

How Tobacco Use Leads to Constipation

Tobacco use, particularly when prolonged, introduces chronic exposure to nicotine—a substance known to interfere with the autonomic nervous system.^{4,12} This interference results in disrupted nerve signals that regulate involuntary gut functions, including peristalsis. As gut motility diminishes, the movement of waste through the intestines slows down. Additionally, tobacco often contributes to dehydration due to its drying effect on the mouth and reduced overall fluid intake.

This leads to excessive water absorption in the colon, making stools harder and more difficult to pass. Simultaneously, long-term tobacco use alters the composition of gut microbiota, diminishing the population of beneficial bacteria that support healthy digestion.^{2,9} The combined effects of slowed motility, dehydration, and microbial imbalance ultimately result in the accumulation of hard stools and chronic constipation.

Systemic Impact of Disturbed Gut Function and the Gut–Microbiota Axis

The human gastrointestinal tract is more than a digestive channel—it serves as a central interface between external stimuli and internal health through a dynamic ecosystem known as the gut microbiota. This microbiota, composed of trillions of microorganisms, plays a pivotal role in maintaining immune homeostasis, nutrient absorption, metabolic function, and neurochemical signaling. When gut function is compromised—such as in chronic constipation—this delicate balance is disrupted, setting off a cascade of physiological consequences across multiple organ systems.

Constipation, especially when persistent, alters the composition and diversity of the gut microbiota. Stagnation of intestinal contents allows for excessive proliferation of pathogenic bacteria and a decline in beneficial microbial populations. This dysbiosis contributes to a chronic inflammatory state, increasing intestinal permeability—often referred to as "leaky gut syndrome." Such permeability allows endotoxins and pro-inflammatory mediators to enter systemic circulation, thereby exerting harmful effects far beyond the digestive tract.^{2,9}

The consequences of gut dysfunction are communicated through well-established physiological pathways called the microbiota–gut–organ axes:

- **Gut–Brain Axis:** Altered microbial composition affects the synthesis of neurotransmitters such as serotonin, dopamine, and GABA. This may contribute to mood disorders, cognitive impairment, and even neurodegenerative conditions. Constipation has been associated with increased rates of anxiety and depression.

- **Gut–Liver Axis:** Inflammatory signals from the gut reach the liver via the portal circulation, exacerbating hepatic inflammation and increasing the risk of non-alcoholic fatty liver disease (NAFLD) and metabolic syndrome.
- **Gut–Immune Axis:** The gut microbiota is crucial for immune system regulation. Chronic constipation can impair mucosal immunity and contribute to systemic inflammation, autoimmunity, and increased susceptibility to infections.
- **Gut–Skin Axis:** Dysbiosis and intestinal sluggishness can manifest as dermatological issues like acne, eczema, or psoriasis.
- **Gut–Endocrine Axis:** The gut flora influences hormonal signaling, insulin sensitivity, and even appetite regulation. Disruption may lead to endocrine disturbances, metabolic disorders, and weight gain.

Thus, chronic constipation is not a localized condition but a systemic disruptor. Effective treatment must not only address bowel motility but also aim to restore microbial balance, support mucosal health, and enhance systemic resilience. Homoeopathy, with its individualized approach and emphasis on the whole person, holds potential in re-establishing gut harmony and mitigating its multi-systemic consequences.

The Neurobehavioral Dynamics of Tobacco Addiction

Nicotine addiction is not an immediate consequence of tobacco use but a neurobehavioral process that unfolds progressively, particularly when exposure begins during adolescence. Epidemiological studies demonstrate that approximately 50% of individuals who initiate smoking in their teens sustain the habit for up to two decades.^{9,11} This trajectory of behavioral reinforcement is effectively conceptualized by the Transtheoretical Model (TTM) of Behaviour Change, which outlines five sequential stages:

1. **Precontemplation:** At this initial phase, individuals are not actively considering smoking; however, their perceptions and beliefs about tobacco—often negative—begin to form.
2. **Contemplation:** Increased awareness and curiosity about tobacco use emerge. Individuals may begin to weigh perceived benefits and contemplate trying it.
3. **Preparation:** Intent to initiate smoking solidifies. The individual may start associating with smokers or seek contexts where smoking is normalized.
4. **Action:** The person begins experimenting with tobacco in socially reinforcing environments such as parties. The pleasurable effects of nicotine can reinforce continued use.
5. **Maintenance:** After sustained usage, smoking becomes ingrained in daily life—during routine activities like commuting or relaxation—establishing long-term dependence.

Nicotine's high addiction potential stems from its rapid pharmacokinetics. Upon inhalation, nicotine reaches the brain within 7 seconds, binding to nicotinic acetylcholine receptors and triggering dopamine release, which reinforces compulsive use. A typical cigarette delivers approximately 1–2 mg of absorbed nicotine. Smokeless forms like bidis and snuff often contain even higher concentrations, intensifying the dependency risk.

Despite slower absorption, smokeless tobacco products are equally addictive due to prolonged exposure. For instance, dry snuff contains up to 16.8 mg/g of nicotine, followed by moist snuff and chewing tobacco. These forms remain widely used, especially in South-East Asia, driven by cultural norms and social practices.

Globally, tobacco addiction represents a critical public health concern. Over 1.1 billion adults currently smoke, with prevalence highest among men in the Western Pacific and European regions. Female smoking rates are comparatively lower in countries such as India and Egypt due to cultural and religious deterrents.^{10,11} However, second-hand smoke exposure remains pervasive. In nations like Indonesia and Pakistan, more than 80% of people encounter secondhand smoke in public venues, contributing to nearly 884,000 global deaths in 2016 alone.¹¹

The use of smokeless tobacco remains particularly endemic in South-East Asia, where it spans across

all social strata. It is frequently associated with cultural identity and communal rituals.

Certain demographics are disproportionately vulnerable to nicotine addiction. Individuals with mental health disorders, those living in poverty, and adolescents exhibit higher usage rates. Early nicotine exposure during neurodevelopment increases susceptibility to long-term dependence and impairs cognitive maturation.

Primary Determinants of Tobacco Use:

- **Psychosocial Influences:** Family history of smoking, peer influence, poor academic engagement, and low socioeconomic conditions.
- **Behavioral Conditioning:** Habitual pairing of smoking with daily activities, such as eating or socializing, strengthens behavioral reinforcement.
- **Environmental & Marketing Factors:** Aggressive tobacco marketing, societal normalization, and weak regulatory frameworks exacerbate initiation and perpetuation.

A comprehensive understanding of nicotine addiction—its psychological, neurological, and sociocultural dimensions—is essential for designing effective, individualized therapeutic strategies. In the context of homoeopathy, tailoring interventions to a patient's stage of behavioral change can optimize treatment outcomes and support long-term cessation.

Classical Homoeopathic Perspective on Constipation

In the classical homoeopathic understanding, the healthy digestive system is expected to complete its cycle within 24 hours—from ingestion to elimination. Any deviation from this rhythm, such as infrequent or difficult bowel movements, is seen as a disturbance of the organism's internal harmony. While modern definitions often emphasize frequency, homoeopathy acknowledges that some individuals may have infrequent bowel movements (even once or twice a week) and still appear outwardly healthy—indicating that constipation is not merely a mechanical issue but often a symptom of a deeper systemic imbalance.

Importantly, homoeopaths regard constipation not as a standalone disease but as an external manifestation of internal dysregulation. This distinction is crucial, as symptomatic treatments like purgatives or cathartics—commonly used in conventional practice—may offer temporary relief but can suppress or aggravate the underlying condition if misapplied. Repeated use of such methods, especially without investigating the root cause, can weaken the bowel's natural function and contribute to chronic dependency or more serious pathology.

From a homoeopathic viewpoint, identifying the *maintaining cause*—whether it be sedentary lifestyle, mental stress, dietary indiscretions, or habitual overuse of laxatives—is essential. Remedies are then selected based on the totality of symptoms, the patient's constitution, and the guiding principles laid down by Hahnemann: the law of similars, individualization, and the minimum dose.

Equally important is the understanding of patient perception and habits. One person may consider themselves constipated without a daily bowel movement, while another may feel regular with far fewer. The therapeutic approach must include patient education on normal bowel physiology, lifestyle correction, and establishing a regular rhythm for defecation. Remedies should not aim to "flush the system" but rather restore the organism's vitality and regulatory capacity through carefully selected dynamic medicines.

The Homoeopathic Perspective: Seeing Beyond the Bowels

From a homoeopathic lens, constipation in tobacco users is not merely a digestive complaint—it's often a mirror reflecting deeper imbalances within the individual. Homoeopathy encourages us to look beyond the immediate symptom and ask "*Why has the body fallen out of rhythm?*" In many cases, the habitual use of tobacco serves not just as a trigger but as a *maintaining cause*—something that continues to fuel the internal disorder unless addressed.⁶

Drawing upon Hahnemann's foundational teachings, particularly his classification of chronic diseases, such a presentation often belongs to the

realm of *psoric* or *syphilitic miasms*—or sometimes a blend of both. Psora may present itself through functional sluggishness, an overall lack of reactivity, and the tendency to accumulate toxicity in the system. The syphilitic influence may be seen in more advanced cases where tissue destruction, induration, or depression have set in. And tobacco, being a toxic habit, only deepens these tendencies over time.^{6,15}

Hahnemann emphasizes the need to differentiate between *acute* and *chronic diseases*, as well as between *true natural chronic diseases* and those *artificially maintained by lifestyle or medicinal suppression* (Organon §§ 72–80). Tobacco-induced constipation falls into the latter, where the continued use of a harmful substance perpetuates the disturbance. Thus, the approach should begin by identifying tobacco as a maintaining cause (Organon § 7 and § 206), which must be eliminated or reduced to facilitate genuine cure.

In homoeopathy, the journey of healing begins with understanding the person—not just the pathology. This means examining the patient’s mental state, lifestyle habits, food cravings, emotional triggers, and importantly, their relationship with tobacco. Is it a coping mechanism? A ritual? An addiction they’re aware of but unable to escape? All these threads are woven into the remedy selection process. A truly curative prescription doesn’t just loosen the bowels—it helps loosen the *grip* that tobacco has on the person’s vitality.

Hahnemann also reminds us that when a disease is *artificially maintained*—through habits, medications, or suppressive treatments—it cannot be cured unless the maintaining factor is addressed. Hence, in such cases, helping the patient reduce or eliminate tobacco use is not just ideal, it’s essential. Only then can a well-chosen *constitutional remedy*, or an appropriate anti-miasmatic medicine, fully restore harmony within.^{5,7,14}

Homoeopathy teaches us to treat the *whole person*, not parts in isolation. And in the case of tobacco-related constipation, that whole includes their habits, their history, their resistance, and their readiness to change. It’s a gentle, respectful process—but one that, when done correctly, can transform more than just digestion.

Repertorial Rubrics Related to Tobacco Use and Constipation

Repertory Source	Rubric	Medicines
Kent’s Repertory	Rectum – Constipation – smokers, in	Nux vomica, Sulphur, Plumbum metallicum
Murphy’s Repertory	Generalities – Tobacco – aggravates	Caladium, Nicotiana tabacum, Nux vomica
Synthesis Repertory	Mind – Craving – tobacco for	Caladium, Nux vomica, Plantago major
Boericke’s Repertory	Abdomen – Pain – tobacco after	Tabacum, Nux vomica, Lobelia inflata
Clarke’s Repertory	Rectum – Inactivity of bowels – sluggish peristalsis	Plumbum, Alumina, Opium
Synthesis Repertory	Rectum – Constipation – alternating with diarrhea	Aloe socotrina, Natrum mur, Sulphur
Kent’s Repertory	Rectum – Constipation – ineffectual urging	Nux vomica, Lycopodium, Sepia
Murphy’s Repertory	Generalities – Tobacco – ameliorates	Kali phosphoricum, Camphora

Homoeopathic Remedies and Their Key Indications in Constipation and Tobacco-Linked Disorders

Remedy	Gastrointestinal Indications	Tobacco-Related Traits	Modalities / Mental State
Nux vomica	Ineffectual urging, constipation with sedentary lifestyle	Craving for tobacco, stimulant abuse	< early morning, anger; > warmth; irritable, ambitious
Sulphur	Burning anus, early morning urging, constipation with heat	Long-standing smoker with poor hygiene	< bathing, heat; neglectful, philosophical
Plumbum metallicum	Dry, hard, dark stools, abdominal retraction, paralytic intestinal activity	Constipation worsened by cathartics	< motion, night; anxious, fearful
Caladium seguinum	Constipation with dry stool and sexual weakness	Craving and aggravation from tobacco	< tobacco, warmth; dull, mentally fatigued
Nicotiana tabacum	Deathly nausea, cold sweat, sinking feeling, slow bowel movements	Symptoms after tobacco use	< motion, smoking; confused, anxious

Aloe socotrina	Sudden urgency, gurgling in abdomen, jelly-like stools	Insecure rectum, post-tobacco dysregulation	< heat, after meals; irritable, low tolerance
Lycopodium	Flatulence, incomplete stools, right-sided complaints	Craves sweets/tobacco, weak digestion	< 4-8 pm, cold drinks; lacks confidence, bossy at home
Alumina	No desire for stool, even with soft consistency; bowel inertia	Dryness, sluggish bowels from inactivity	< morning, potatoes; melancholy, slow comprehension
Opium	Absolute inactivity of bowel, hard black stools, no urge	Elderly smokers, post-trauma constipation	< fright, heat; euphoric, unresponsive
Sepia	Bearing down in pelvis, constipation during menstruation	Hormonal imbalances in chronic smokers	< consolation, exertion; indifferent, emotionally withdrawn

CONCLUSION

Chronic tobacco use contributes significantly to functional and systemic disturbances within the gastrointestinal system, leading to constipation through mechanisms such as dysregulated peristalsis, microbial dysbiosis, dehydration, and altered dietary patterns. Despite initial stimulation, nicotine eventually suppresses bowel function and impairs neurogenetic signalling pathways. Moreover, its long-term use creates a maintaining cause that perpetuates chronic disease states in the homoeopathic sense. From a homoeopathic standpoint, the evaluation of such cases extends beyond isolated symptoms to include the individual's constitutional traits, emotional state, and environmental influences. Constipation in tobacco users often carries a psoric or syphilitic miasmatic background, and appropriate constitutional or anti-miasmatic treatment becomes essential. The individualized remedy selection—based on a synthesis of physical symptoms, modalities, mental state, and maintaining causes—offers not just symptomatic relief but also long-term restoration of health. Remedies such as *Nux vomica*, *Sulphur*, *Alumina*, and *Nicotiana tabacum* align well with the diverse presentations seen in habitual tobacco users with constipation.

Despite promising results from clinical practice

and repertorial analysis, the role of homoeopathy in tobacco-related gastrointestinal disorders remains under-researched in formal medical literature. This review is limited by the paucity of clinical trials evaluating homoeopathy in tobacco-related gastrointestinal disorders. Most observations are derived from clinical practice and theoretical insights. Further multicenter, randomized trials are required to substantiate the therapeutic claims. Therefore, further randomized controlled trials and case studies are warranted to validate and standardize homoeopathic interventions in this domain.

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Expanding The Scope of Homeopathy In Surgical Cases: A Review of Recent Evidence, Clinical Applications, And Innovative Protocols

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Abstract

In the evolving landscape of integrative medicine, homeopathy serves as a valuable adjunct to conventional surgical interventions. It addresses perioperative challenges such as preoperative anxiety, intraoperative inflammation, postoperative pain, and delayed wound healing. Based on the principle of *similia similibus curentur*, this review synthesises evidence from randomised controlled trials, meta-analyses, case reports, and systematic reviews published between 2020 and 2025. It focuses on key remedies including *Arnica montana* for bruising and oedema, *Aconitum napellus* and *Gelsemium sempervirens* for anxiety, *Hypericum perforatum* for neuropathic pain, and applications like *Hamamelis virginica* for post-surgical haematoma. Three anonymised clinical vignettes demonstrate integration in orthopaedic, general, and oncologic surgery, showing reduced analgesic use, faster recovery, and improved quality of life. A novel Triphasic Homeopathic Perioperative Protocol (THPP) is proposed, using individualised repertorisation and miasmatic evaluation alongside allopathic monitoring. Moderate-quality evidence supports symptom relief and reduced complications, but larger multicentre trials are needed. This work promotes collaborative approaches, empowering patients holistically in line with homeopathy's evidence-informed tradition.

Keywords

Homeopathy, surgical cases, perioperative care, *arnica montana*, postoperative recovery,

preoperative anxiety, clinical vignettes, integrative protocol, *hamamelis virginica*, *paeonia officinalis*

Abbreviations

VAS, Visual Analogue Scale; AOFAS, American Orthopaedic Foot and Ankle Society; CSDH, Chronic Subdural Haematoma; DSS, Defecation Strain Score; ORIDL, Outcome Related to Impact on Daily Living

Introduction

Surgery is a key part of modern medicine, effectively treating acute injuries, chronic conditions, and elective procedures with great precision. However, the perioperative period brings significant challenges: preoperative anxiety affects up to 80% of patients, leading to autonomic imbalances and increased risks; intraoperative needs include careful haemostasis and anti-inflammatory measures; and postoperative issues—such as pain, swelling, infection, and slow healing—can lead to opioid dependence, longer hospital stays, and higher costs ^[1]. These problems not only disrupt physical balance but also affect emotional well-being, highlighting the need for supportive therapies that consider the whole patient.

Homeopathy, based on the principle of *similia similibus curentur*, uses highly diluted remedies to stimulate the body's vital force and promote natural healing. As a non-invasive, personalised approach, it complements allopathic surgery by

reducing side effects without replacing standard care. This article has three aims: to review recent evidence (2020–2025) through systematic analysis; to illustrate practical use with anonymised case examples; and to introduce a new Triphasic Homeopathic Perioperative Protocol (THPP). While evidence for homeopathy in surgery is moderately strong from systematic reviews [2], more large-scale studies are required to address doubts and encourage wider use.

A. Evolving Evidence Base: Synthesis of Recent Studies (2020–2025)

The period from 2020 to 2025 has brought steady progress in homeopathic research related to surgery, moving from case reports to more rigorous studies. A 2023 systematic review of meta-analyses on individualised homeopathy (I-HOM) rated the evidence as high for symptom relief, including postoperative effects, and moderate for non-individualised methods [2]. A 2024 review in *Complementary Therapies in Medicine* noted better study designs in homeopathy research, though limited by small sample sizes [3]. This growing body of work suggests homeopathy's potential as a supportive therapy, calling for more funding in combined approaches.

1. Preoperative Applications

Preoperative anxiety is common and linked to higher stress hormones and risks. Remedies for acute fear—*Aconitum napellus* for sudden panic and *Gelsemium sempervirens* for trembling weakness—show calming effects. A 2024 case series reported 70–85% symptom improvement within 48 hours [4], and a 2025 review on anxiety management praised homeopathy's non-drowsy benefits, similar to midazolam [5]. Preventive immune support with *Echinacea angustifolia* or *Arsenicum album* may reduce infection risks by addressing underlying miasms [6], supported by classical repertoires and new insights into remedy preparation.

2. Intraoperative and Prophylactic Insights

Giving remedies 24–48 hours before surgery helps with bleeding control and reducing inflammation. A 2021 meta-analysis of 30 studies on *Arnica montana* in orthopaedic and general surgery found faster healing and less bleeding (positive

effects in 60% of cases) [7]. A 2024 systematic review confirmed *Arnica*'s pain-relieving and anti-swelling properties in injuries, especially after surgery, though potencies varied [16]. Traumeel S, a combination remedy, reduced pain by 30–40% after hallux valgus surgery, as confirmed in 2023 reviews [8]. In cancer surgery, *Arnica montana* 30C helps manage inflammation from chemotherapy [1], suggesting wider use in oncology.

3. Postoperative Recovery Dynamics

Evidence is strongest here. A 2021 meta-analysis on *Arnica montana* after caesarean sections showed clear reductions in swelling and less need for painkillers [9]. *Hypericum perforatum* 200C is effective for nerve pain in procedures involving nerves [10]; *Staphysagria* 200C helps prevent wound infections [11]. For diabetic wounds, *Silicea* 6X speeds closure [12]. Recent cases add to this: A 2024 report described *Hamamelis virginica* 200CH resolving recurrent chronic subdural haematoma after craniotomy, with full recovery in seven days and no recurrence at three months, confirmed by CT scan [17]. A 2025 study on acute anal fissures (often needing surgery) using *Paeonia officinalis* Q (daily decoction) achieved 88.2% full healing by 12 weeks, with 98% pain reduction ($p < 0.001$) and few side effects [18]. On the other hand, a 2022 review questioned *Arnica*'s small edge over placebo for bruising [13], stressing the need for standard potencies and larger groups. Overall reviews support combined use in teams [1].

Table 1: Summary of Recent studies and its outcomes

Phase	Key Remedies	Evidence Summary (2020–2025)	Outcomes
Preoperative	<i>Aconitum napellus</i> , <i>Gelsemium sempervirens</i>	70–85% anxiety resolution [4]; non-sedative benefits [5]	Reduced stress, lower risks
Intraoperative/ Prophylactic	<i>Arnica montana</i> 30C	Meta-analysis: 60% haemostatic efficacy [7]; anti-swelling in trauma [16]	Less bleeding/swelling
Postoperative	<i>Hypericum perforatum</i> , <i>Staphysagria</i> , <i>Hamamelis virginica</i> , <i>Paeonia officinalis</i>	Swelling reduction [9]; CSDH resolution [17]; fissure healing 88.2% [18]	Faster healing, less pain relief needed

B. Clinical cases: Bridging Scholarship and Practice

To connect research with real-world use, three anonymised examples from different surgical areas show homeopathy's flexibility. These are guided by full symptom assessment and ongoing monitoring. They highlight ethical support for surgery, not replacement.

1. Case 1: Orthopaedic Arthroscopy (Anterior Cruciate Ligament Reconstruction)

A 42-year-old male manual worker with an ACL tear had arthroscopic repair. Preoperative heart palpitations and restlessness improved with *Aconitum napellus* 200C (thrice daily for three days). A single dose of *Arnica montana* 30C 12 hours before surgery reduced swelling. After surgery, sharp pains eased with *Hypericum perforatum* 200C and *Ruta graveolens* 30C for bone bruising; pain scores dropped from 8/10 to 3/10 by the fifth day. He walked unaided by the second week (typical is four weeks) and needed no opioids [7]. This aligns with *Arnica* meta-analyses [16].

2. Case 2: General Surgery (Laparoscopic Appendicectomy)

A 28-year-old woman after appendicectomy for acute appendicitis had nausea and fear of wound issues. *Gelsemium sempervirens* 30C before surgery stopped vomiting; *Staphysagria* 200C and *Calendula officinalis* ointment prevented infection. The wound fully closed by day seven, faster than usual, and antibiotics were stopped early [4]. Drawing from *Paeonia officinalis* studies on anal issues [18], this shows potential for preventing deeper infections.

3. Case 3: Oncologic Mastectomy (Breast Carcinoma)

A 55-year-old woman after mastectomy dealt with lymphoedema and deep sadness. *Conium maculatum* 1M helped glandular hardness, *Ignatia amara* 200C emotional distress; *Arnica montana* and *Hamamelis virginica* managed blood pooling. At three months, swelling reduced by 40% (measured by arm circumference), and quality of life improved, matching 2024 oncology supports [1,17,18]. *Hamamelis*' strength in haematomas [17] suggests value in cancer-related vein problems.

C. Triphasic Homeopathic Perioperative Protocol (THPP)

To advance the field, we propose THPP—a structured plan based on repertories like *Synthesis Repertory* for elective surgeries. It draws from 2025 reviews [6,14] and *Homeopathy360* resources [19]. It personalises based on the patient's constitution and miasms, involving close work between surgeons and homeopaths.

Table 2: Proposed Triphasic Homeopathic Perioperative Protocol

Phase	Objectives	Remedies (Potency/Dosing)	Metrics	Evidence
Pre-Op (48–72h)	Anxiety relief / Immune support	<i>Aconitum napellus</i> / <i>Gelsemium sempervirens</i> 30C–200C (thrice daily); <i>Echinacea angustifolia</i> Q (twice daily)	STAI anxiety score; Blood count	[4,5]
Intra/Prophylaxis (24h pre)	Bleeding control/Anti-inflammation	<i>Arnica montana</i> 30C (single dose); <i>Ledum palustre</i> 200C (for punctures)	Blood loss amount; CRP levels	[7,16]
Post-Op (0–4 weeks)	Pain control/Tissue repair	<i>Hypericum perforatum</i> 200C; <i>Calendula officinalis</i> / <i>Staphysagria</i> 30C (once daily); <i>Ruta graveolens</i> / <i>Hamamelis virginica</i> (for muscle/vein issues)	VAS pain score; Wound checks; Mobility measures	[9,10,17]

DISCUSSION

Homeopathy's role in surgery appeals because it respects patients' personal stories alongside technical procedures. However, challenges like varying study results and separate medical systems remain [3]. A balanced view notes biases: supportive sources may overstate benefits, while critics overlook patient-reported outcomes [13]. Looking ahead: Run combined randomised trials through groups like the Central Council for Research in Homoeopathy; use AI for better remedy matching.

This approach values everyone involved—patients gaining control, surgeons seeing better results, and homeopaths building on tradition—as shown by successes with *Paeonia* in fissures^[18] and *Hamamelis* in brain surgery^[17].

CONCLUSION

Integrating homeopathy into surgery broadens its reach and improves care, leading to quicker recoveries and kinder experiences. Key lessons include the importance of personalising treatment and the need for team-based research to move beyond guesswork. For us Homoeopaths, this encourages sharing cases and starting studies, continuing the Master's work in knowledgeable, inspiring practice. Homeopathy thus stands as a wise partner to surgery.

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Role of Homoeopathy in Surgical Cases: An Analytical Review Based on Hahnemann's Writings

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PEER REVIEWED

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Keywords

Surgery, Homoeopathy, Organon of Medicine, The Chronic Diseases, Lesser writings.

Abstract

Surgery and Homoeopathy are often perceived as two distinct therapeutic disciplines—one concerned with manual intervention, the other with dynamic medicinal action. However, the writings of Dr Samuel Hahnemann, including the Organon of Medicine, The Chronic Diseases, and his Lesser Writings, make it clear that Homoeopathy has a definite and meaningful role in surgical cases. Homoeopathy may prevent the need for surgery, prepare the patient for safe operative procedures, and significantly enhance post-operative recovery. This article critically evaluates the principles, scope, and limitations of Homoeopathy in the surgical domain.

Introduction

Surgery is as old as human civilization. From trephination in ancient cultures to modern minimally invasive techniques, surgery has evolved into a highly specialized discipline. Homoeopathy, on the other hand, emerged in the late 18th century as a gentle, natural system based on the law of similars, minimum dose, individualization, and holistic treatment.

Historically, the relationship between Homoeopathy and surgery has often been misunderstood.

Some assume that Homoeopathy cannot contribute in surgical cases. Hahnemann, however, clarified that Homoeopathy and surgery are complementary, not competitive. In Organon of Medicine (Aphorism 186–193), he explicitly states that certain conditions require mechanical or surgical intervention, but emphasizes that the internal dynamic disturbance still requires homoeopathic treatment.

Hahnemann classified diseases into:

1. Surgical diseases – Conditions caused by purely mechanical factors.
2. Dynamic diseases – Those resulting from derangement of the vital force.

According to him, surgery is indicated when:

- There is a foreign body (stone, splinter).
- There is a mechanical obstruction needing removal.
- There is structural damage (fractures, dislocations).
- An organ or tissue needs manual correction (hernia, cataract, tumors).
- Wound care, burns, and lacerations need physical repair.

However, he asserted that mere removal of the mechanical obstacle does not cure the patient unless the vital force is also restored to harmony. Hence, Homoeopathy complements surgery by

treating the internal disturbance.

Hahnemann's View on Surgical Cases

1. From the Organon of Medicine

b. Aphorism 186–193: Diseases requiring mechanical aid

Hahnemann explicitly describes conditions where surgery is required:

- Foreign bodies
- Mechanical obstacles
- Anatomical defects
- Strangulated hernia
- Cataract
- Tumors requiring removal
- Bones requiring re-setting
- Wounds, burns, ulcers, fractures

Dr. Hahnemann says:

"The surgeon removes obstacles to the cure mechanically, and the dynamic physician then promotes the healing process."

b. Role of dynamic treatment

Even after removal of the mechanical cause, the vital force may remain deranged. Homoeopathic medicines correct this internal imbalance, preventing complications such as:

- Suppuration
- Gangrene
- Haemorrhage
- Shock
- Delayed healing

2. From The Chronic Diseases

Hahnemann stated:

"In non-venereal chronic diseases, the internal miasmatic disturbance must be cured; otherwise even surgical removal of external lesions only suppresses and complicates the case."

In chronic surgical cases—fistula, tumors, ulcers, polyps—Hahnemann emphasizes:

- Removing the local lesion without correcting internal miasm leads to recurrence.
- Constitutional treatment with anti-miasmatic medicines is essential.

Important miasmatic considerations

- Psora → non-healing ulcers, keloids, chronic suppuration
- Sycosis → Polyps, warts, cysts
- Syphilis → Deep destructive ulceration, fistulae, bone necrosis

Hence, surgery alone does not cure; Homoeopathy plays a central role.

3. From Hahnemann's Lesser Writings

Hahnemann describes the usefulness of Homoeopathic medicines in:

- Wound healing
- Suppuration control
- Burns
- Animal bites
- Haemorrhage
- Poisoning
- Post-surgical infections

He also condemns unnecessary surgery, calling it "mutilation" if carried out without addressing the internal disease.

Homoeopathy as a Complement to Surgery

1. Pre-operative Role

Preparation for surgery is crucial to ensure patient safety and optimal results. Homoeopathic medicines help by:

a. Reducing fear and anxiety

Patients often suffer from intense mental distress before surgery.

- Aconitum napellus – Fear of death, panic.
- Gelsemium – Anticipatory anxiety with weakness.
- Argentum nitricum – Fear before performance.

b. Improving vitality

Chronic patients or the elderly may have poor immunity and slow healing tendencies.

- Calcarea carbonica, Sulphur, Lycopodium – Strengthen constitutional weakness.
- China officinalis – Prevents collapse in debilitated patients.

c. Preparing patients for anaesthesia

- Phosphorus – Fear of anaesthesia, adverse effects.
- Opium – Useful in patients predisposed to shock.

d. Reducing haemorrhagic diathesis

- Millefolium, Hamamelis, Phosphorus – Reduce tendency to bleed.

Thus, Homoeopathic medicines enhance the general resistance and mental preparedness of the patient before surgery.

2. Role During Surgical Procedures

Although Homoeopathy cannot replace anaesthesia, antisepsis, or surgical skill, it can support the patient's physiology.

a. Controlling shock

- Aconite, Arnica, Camphor – Useful in collapse-like states during emergency procedures.

b. Haemorrhage control

- China – Helps prevent collapse from fluid loss.
- Ipecacuanha – Bright red bleeding with nausea.
- Crotalus horridus – Septic bleeding.

c. Trauma support

- Arnica Montana – The chief trauma remedy for bruising.
- Bellis perennis – Deeper tissue trauma.
- Staphysagria – Useful during clean, incised wounds such as surgical cuts.

These medicines do not interfere with surgical procedures but help stabilize vital functions.

3. Post-operative Management: The Major Domain of Homoeopathy

The greatest contribution of Homoeopathy in surgical cases lies in post-operative care. Hahnemann stressed that after a surgeon removes the mechanical obstacle, the dynamic physician must restore the balance of the vital force.

a. Wound Healing

Homoeopathic medicines accelerate healing and reduce infection.

- Calendula officinalis – Prevents suppuration; promotes healthy granulation.
- Hypericum perforatum – Indicated in wounds involving nerve-rich areas (fingers, spine).
- Bellis perennis – Deep tissue injuries.
- Ledum palustre – Puncture wounds.

Calendula, when used both internally and topically, has shown remarkable results in reducing postoperative infections.

b. Pain Management

Post-operative pain is often severe; Homoeopathy offers safe alternatives.

- Arnica – Bruised pain after surgical trauma.
- Staphysagria – Pain after clean surgical incisions (cesarean, laparoscopic surgery).
- Hypericum – Shooting pains in nerve-involved surgeries.

These remedies significantly reduce dependence on conventional analgesics.

c. Preventing Post-operative Infections

Infections are common complications after surgery.

- Hepar sulphuris – Tendency to suppurate; beneficial in deep abscesses.
- Silicea – For non-healing wounds, foreign body expulsion.
- Pyrogenium – Septicemia with high pulse-temperature discrepancy.

Homoeopathy often reduces the need for antibiotics by stimulating natural healing.

d. Control of Haemorrhage

Post-operative bleeding can be dangerous.

- Phosphorus – Bright red bleeding, oozing tendency.
- Lachesis – Bleeding that worsens after sleep.
- Hamamelis – Venous haemorrhage.

e. Management of Surgical Complications

1. Post-operative shock

- Aconite, Camphor, Arnica

2. Paralytic ileus after abdominal surgery

- Opium – No urge to pass stool or flatus.
- Raphanus – Gas incarcerated in abdomen.

3. Urinary retention

- Nux vomica, Cantharis

4. Adhesions and keloids

- Graphites – Tendency for unhealthy scars.
- Thiosinaminum – Softens scar tissues.

Homoeopathy Reducing the Need for Surgery

Many conditions historically treated surgically can be managed medically if treated early and constitutionally.

1. Recurrent Abscesses

Homoeopathy prevents suppuration and recurrence.

- Hepar sulph, Silicea, Merc sol, Calcarea sulph

2. Hemorrhoids

- Aesculus, Hamamelis, Nux vomica, Aloes, Thuja, Nitric acid, Sulphur

3. Renal and Gall Bladder Stones

- Berberis vulgaris, Lycopodium, Ocimum canum, Tabacum, Sarsaparilla.
- May help avoid surgical or lithotripsy procedures in selected cases.

4. Benign tumors and cysts

- Thuja, Conium, Calcarea fluorica

Used in lipomas, fibroids, polyps, and cysts where surgery may otherwise be indicated.

5. Varicose ulcers

- Arsenic album, Pulsatilla, Calc fluor

6. Tonsillitis and Adenoid hypertrophy

- Baryta carb, Tuberculinum, Calcarea carb

Can often prevent adenotonsillectomy.

Homoeopathy in Emergency Surgical Scenarios

1. Trauma and Fractures

Homoeopathy acts as an excellent adjunct.

- Arnica – Trauma and bruising.
- Symphytum – Bone healing accelerator.
- Ruta graveolens – Injured periosteum.

Homoeopathy supports faster recovery but does not replace physical reduction of fractures.

2. Burns

Burn management traditionally involves surgical debridement.

Homoeopathic medicines:

- Cantharis – Burning pains, blister formation.
- Urtica urens – First-degree burns.
- Calendula – Healing of burn wounds.

3. Snake bites and poisoning

Although anti-venom is essential, Homoeopathy helps prevent systemic damage.

- Lachesis, Crotalus, Naja tripudians, Arsenicum album

Miasmatic View in Surgical Diseases

Many surgical diseases arise due to underlying chronic miasms.

Psora (Functional Disturbance)

- Non-healing ulcers
- Keloids
- Chronic inflammatory swelling

Sycosis (Outgrowth / Condylomata)

- Polyps, cysts, warts
- Fibroids, glandular enlargements

Syphilis (Destruction)

- Fistulae
- Bone necrosis
- Deep destructive ulceration

Hahnemann explained that surgically removing a lesion without treating the miasm leads to recurrence. Hence, anti-miasmatic treatment is a key component of managing chronic surgical conditions.

Integration of Homoeopathy and Modern Surgery: The Future

A collaborative model respecting both fields is the need of the hour.

Advantages of Integration

- Reduces postoperative pain.

- Reduces dependence on antibiotics.
- Minimizes complications.
- Helps patient's intolerant to heavy medications.
- Improves psychological wellbeing.
- Reduces recurrence of surgically treated conditions.
- Cost-effective healthcare.

Homoeopathy is gentle, safe, cost-effective, and ideal for long-term follow-up after surgical procedures.

Limitations of Homoeopathy in Surgical Cases

Though powerful, Homoeopathy has its boundaries.

Homoeopathy CANNOT replace surgery in:

- Traumatic fractures requiring fixation.
- Appendicitis with perforation.
- Gangrenous limb requiring amputation.
- Obstructed hernia.
- Advanced malignancies requiring excision.
- Severe burns needing grafting.

Delayed surgery can be fatal

Hahnemann warned against mistaking surgical problems for dynamic diseases. Timely referral is the physician's duty.

DISCUSSION

Homoeopathy holds an important and scientifically consistent place in the domain of surgery. From Hahnemann's time to today's clinical practice, Homoeopathy has proven beneficial in:

- Preventing surgery in selected cases
- Preparing patients physically and mentally for surgery
- Supporting surgical procedures

- Enhancing post-operative recovery
- Preventing recurrences through deep constitutional treatment

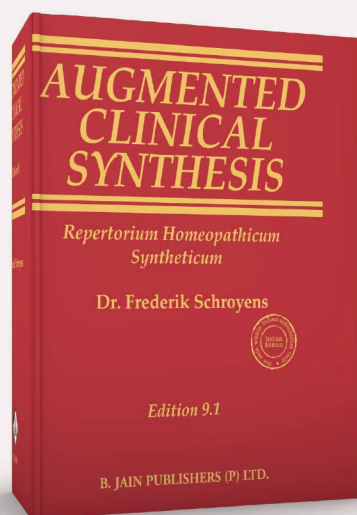
It views each surgical condition not merely as a localized disorder but as a result of systemic imbalances. Therefore, Homoeopathy treats the whole person -mind, body, and constitution— while surgery corrects mechanical defects. When integrated judiciously, both can provide superior patient care.

Homoeopathy, with its holistic approach, individualized prescription, and ability to stimulate natural healing, remains indispensable in the surgical domain, not as a replacement but as a powerfully. Hahnemann's writings clearly establish that homoeopathy is not opposed to surgery, but rather complements it by correcting the internal dynamic disturbance that surgery cannot reach. Surgical intervention is necessary in mechanical

conditions, yet the overall cure depends upon proper homoeopathic management. In non-mechanical chronic conditions, homoeopathy alone is curative and avoids unnecessary operations. Therefore, the modern integrative approach to surgical cases should incorporate Hahnemannian principles to achieve faster healing, fewer complications, and better long-term outcomes.

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

Philosophical and Practical Perspectives on Homoeopathy in Surgical Cases

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Abstract

This article explores the integration of Homoeopathy in surgical cases from both philosophical and practical viewpoints, supported through relevant literature and clinical observation. It highlights the foundational principles of Homoeopathy in complementing conventional surgical practices, emphasizes the position of essential pressure in recuperation, and discusses the benefits and limitations of combining these therapeutic modalities. The paper further elucidates practical applications of homoeopathy in preoperative and post-operative care with applicable case examples. Understanding this complementary relationship can optimize patient recovery and broaden the scope of holistic medical care.

Introduction

Homoeopathy, founded by Samuel Hahnemann in the late 18th century, represents a holistic system of medicine based on the individualization and the dynamic concept of vital force. According to homoeopathy, disease is viewed primarily as a disturbance of the vital energy that maintains the balance and integration of the body's physiological and psychological functions. In contrast, surgery deals with anatomical and pathological problems through mechanical procedures aimed at repairing or removing affected tissues and organs. Although once viewed as separate, modern integrative medicine now explores how homoeopathy and surgery can complement and another to improve patient outcomes. Thus, understanding their complimentary potential contributes to expanding the scope of homoeopathy within

surgical domains ^{[1][2]}.

Integration of Homoeopathy with surgery arises from recognising that surgery treats the local, physical expression of disease, while Homoeopathy targets the internal imbalance affecting recovery.

Homoeopathy can facilitate the patient's preparation for surgery by modulating anxiety and strengthening physiological resilience, and importantly, enhance postoperative recovery by accelerating healing, reducing pain and complications, and promoting overall wellbeing ^{[3][4]}. This philosophical and practical interplay represents a complementary approach that broadens the therapeutic reach beyond mechanical intervention alone. ^{[3][4]}

Educationally, it is imperative for Homoeopathic practitioners and students to gain familiarity with surgical conditions to optimize their role in the perioperative management of patients. Many common surgical conditions such as piles, anal fissures, renal stones, ulcers, and burns manifest symptoms amenable to Homoeopathic intervention either as a substitute for surgery or as adjunct therapy ^[1]. Recognition of surgery's role in removing irreversible pathological obstacles is harmonized with Homoeopathy's aim to restore vitality and affliction holistically, shaping a more integrated patient centric care model where both systems coexist productively ^[2].

Philosophical Foundations of Homoeopathy in Surgery Central to Homoeopathy is the concept of the vital force, an immaterial energy responsible for maintaining health and homeostasis

within the living organism. Disease, from this perspective, begins as a functional imbalance in this vital force even before structural lesions appear. Surgery, conversely, engages with the physical substratum of disease only at its gross anatomical level, performing excision or reconstruction when medicinal intervention is insufficient.

As Hahnemann himself clarified in *Organon of Medicine*, **Aphorism 186**, certain “mechanical impediments to cure” such as foreign bodies, structural defects, or destroyed tissues, require surgical removal before the dynamic healing process can proceed.^[2]

This distinction reveals a philosophical harmony rather than a conflict between Homoeopathy and surgery. The vitalistic approach views the living organism as an interconnected whole, where disturbances in any part repercuss systemically and require holistic treatment. Surgery is a necessary means to eliminate physical barriers tumours, necrotic tissue, or deformities that block cure, but it does not engage with the energetic cause of disease nor restore systemic balance [5][6]. Homoeopathy acknowledges these physical obstacles as “foreign matter” that impede healing and require surgical removal but maintains that true cure transcends mere removal of pathology and requires vital force restoration. Furthermore, Homoeopathic philosophy emphasizes individualized treatment considering the totality of symptoms, psychological disposition, and constitutional factors. This holistic framework aids in addressing peri surgical needs, for example, calming preoperative anxiety and stress, modulating inflammatory responses, and facilitating convalescence, which may not be fully addressed by surgery alone. The coalescence of homoeopathic and surgical perspectives enriches clinical practice by maintaining the integrity of life processes alongside mechanical correction [5][6][7].

Philosophical Relationship Between Homoeopathy and Surgery

Spacing From a philosophical standpoint, homoeopathy and surgery can be viewed as complementary therapies engaging different aspects of health and disease. Surgery literally removes gross pathology that cannot be corrected by medication, such as tumours, calculi, or irreparable trauma.

Homoeopathy, meanwhile, strengthens the vital force, optimizes the patient’s resilience, and addresses functional disturbances that surgery does not influence. The preparatory role of homoeopathy in surgery involves reducing anxiety, managing pain and bleeding tendencies, and improving overall vitality to ensure better surgical tolerance. Hahnemann’s teaching in **Aphorism 67** reminds practitioners that even in acute and mechanical cases, dynamic medicines assist the vital force in restoring equilibrium after the necessary external or surgical measures are completed.^[2]

Postoperatively, homoeopathic remedies like *Arnica montana* are established for limiting bruising and oedema, while other remedies may be employed for accelerating wound healing, reducing infection risk, and controlling postoperative symptoms such as nausea or neuralgia. Such an integrative approach not only expedites recovery but also diminishes dependence on conventional pharmaceuticals, which may carry side effects [7][8].

Timely coordination between homoeopathic and surgical care is essential for the best outcomes. The homoeopathic physician must recognize when surgery is essential and avoid delay of life saving procedures, while also employing Homoeopathy to prepare and support the patient throughout the surgical experience. This balanced approach underlines the evolving relationship between the two disciplines distinct but mutually supportive, both contributing to therapeutic success [2][4][7].

Practical Applications of Homoeopathy in Surgical Cases

Practically, homoeopathy finds extensive application both before and after surgery. Preoperative use entails managing psychological distress such as fear and anxiety using remedies like *Aconitum napellus* and *Gelsemium sempervirens*, which help stabilize the patient’s mental state. Homoeopathy also addresses chronic health conditions that may complicate surgery, thus improving physiological preparedness [1][3][8].

Postoperatively, homoeopathic remedies contribute to faster recovery and reduce complications. *Arnica montana* is commonly used for trauma related symptoms including bruising, oedema and pain. *Calendula officinalis* is reputed for wound healing properties, reducing inflammation and

preventing infections. Other remedies like *Hypericum perforatum* aid nerve injuries, and *Ledum palustre* assists in puncture wounds. Clinical observations and case reports demonstrate notable improvements in healing times, reduction of complications like infections, and better overall patient comfort under homoeopathic care [3][8][9]. Nevertheless, remedy selection must always follow the principle of individualization emphasized by Hahnemann **Aphorism 153**, focusing on the most characteristic symptoms of the patient rather than the surgical diagnosis alone.[2]

Furthermore, homoeopathy contributes to managing surgical side effects such as nausea, vomiting, constipation, and neuralgia, which are frequent postoperative complaints. By reducing these symptoms without added chemical toxicity, Homoeopathy enhances the quality of recovery and patient satisfaction. Its integrative use alongside conventional surgical protocols is increasingly recognized in holistic medicine frameworks [1][9]

Challenges and Limitations- Despite promising clinical benefits, the integration of homoeopathy into surgical care encounters several challenges. One of the most obstacles is the limited availability of large scale, controlled studies validating homoeopathic efficacy in surgical context. Since homoeopathy emphasizes individualized prescriptions, standardization for clinical trials becomes complex, often leading to skepticism among conventional practitioners. [5].

Moreover, in emergency or acute surgical cases involving life threatening injuries or rapid disease progression, homoeopathy alone cannot replace surgical intervention. Its role is mainly supportive as an adjunctive therapy to enhance recovery and minimizing complications after operative care. The philosophical differences regarding evidence standards and mechanistic versus vitalistic paradigms create epistemological tensions limiting wider acceptance [10].

Another limitation lies in educational gaps, many homoeopathic practitioners may lack extensive training in surgical pathology necessitating continued professional development and interdisciplinary collaboration to optimize integrated care [1][5]. In harmony with Hahnemann's view in **Aphorism 9** that health depends on the free and

harmonious activity of the vital force, integration between surgical science and homoeopathy ultimately aims to reestablish this inner balance following physical intervention [2].

CONCLUSION

Homoeopathy and surgery represent different but complementary dimensions of healing, surgery addressing concrete pathological obstacles, and homoeopathy restoring vital balance and systemic health. When integrated thoughtfully, these approaches can enhance patient outcomes by preparing patients for surgery, managing postoperative complications, and promoting holistic recovery. Recognizing the philosophical foundations and practical applications of this integration empowers practitioners to provide comprehensive care. Future directions include more robust clinical research on integrative protocols, interdisciplinary education for homoeopaths and surgeons, and development of guidelines for combined therapeutic approaches. Ultimately, embracing this synergy aligns with patient centered care philosophies and the evolving landscape of integrative medicine.

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From Organon to Operation: The Evolving Role of the Homoeopath in Surgery

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Keywords

Surgery, Homoeopathy, Dynamic, Treatment, Injury

Abstract

Homoeopathy provides a holistic approach complementary to surgery in order to speed up recovery, reduce adverse effects, and improve the patient's wellbeing as a whole. Homoeopathy and surgery are not adversaries but complementary sciences. Homoeopathy and surgery, often seen as separate disciplines, are in fact complementary. While surgery addresses structural disease and removes mechanical obstacles, homoeopathy restores dynamic balance and enhances recovery. With growing interest and research, integrating homoeopathy in surgical care offers a more complete, patient-centred path to healing.

Introduction

Homoeopathy has been identified with gentle, individualized treatment that stimulates the body's natural healing response for a very long period of time. However, one of the lesser-known but fast-growing areas is the integration of homoeopathy in surgical cases. Sushruta is the father of surgery.

Surgical diseases are fundamentally surgical in nature from their very inception. Although their origin lies in dynamic disturbances, these conditions later progress to exhibit organic and structural changes. A disease remains curable through homoeopathic intervention as long as it is confined to the dynamic sphere. Once it advances to the physical plane with tangible pathological manifestations, surgical treatment becomes necessary. Even then, homoeopathic medicines in

low potencies may be employed palliatively to support recovery and enhance the healing process. Ultimately, the choice of therapeutic system depends upon the time, context, and severity of the condition.

Purely surgical conditions—such as acute accidents and traumatic injuries—demand immediate surgical intervention. However, homoeopathic treatment can be administered alongside to accelerate recovery and improve overall outcomes. Surgery may restore structural and functional normalcy, but true cure, in its holistic sense, is attainable only through homoeopathy.

According to master Hahnemann in aphorism 186, he talks about surgical diseases and called them as local diseases. He suggested to treat these using Reduction of dislocations ('by needles' in 6th edition), By bandages to bring together the lips of wounds ('by mechanical pressure to still the flow of blood from open arteries' in 6th edition), By extracting foreign bodies that have penetrated into the living parts, By making an opening into the cavity of the body to remove an irritating substance, By reducing and fixing the fractured bones.

Significance of Surgery

Surgery is unavoidable in the cases when:

- Gross damage to the part or organ or tissue by external violence
- Where anatomical continuity is lost
- Foreign body in any part of the body
- Accumulation of things necessary or harmful to human organism

- e. Removal of the organs which have already lost their sensation and function and prone to decomposition.
- f. Anything that threatens the infection of neighbouring structure
- g. Imperfect development of the organs.
- h. Acute emergencies to save the life of the patient when the condition of a patient cannot be brought back by medication or when there is no time for the action of homoeopathic medicine.

Pre-Operative Support

- 1. Aconitum napellus- immediate fear, panic states, shock due to pain (even before catheterisation)
- 2. Arg nit - anguish before the operation (going to the toilet again and again, apprehension)
- 3. Arnica - preventive treatment to lessen the pain
- 4. Chamomilla - shock due to pain (even before catheterisation)
- 5. Gelsemium - controls anticipatory anxiety
- 6. Ignatia – fright
- 7. Opium – give courage and boldness who fear surgery

Post operative healing

- 1. abrotanum - after-effects of chest surgery for hydrothorax or empyema
- 2. Acetic Acid - Surgical shock after anaesthetics
- 3. acidum boricum - dressing for wounds and in surgical operations it is extensively used
- 4. Acidum Salicylicum - old, indolent ulcers, cold abscesses, cancer, corns, bunions, chilblains, and as a surgical dressing
- 5. Acon – incised wound, Ailments after surgical operations
- 6. Adrenalin - Some surgeons use it before an

operation to decrease the blood loss

- 7. Agaricus albus - Surgeon's agaric used externally as a styptic in hemorrhage
- 8. Allium cepa - Phlebitis after forceps delivery
- 9. ammonium carbonate - surgical shock
- 10. argentum nitricum - rejuvenator, revitalizer esp. after neuro-surgery, or cerebro vascular stroke
- 11. Arnica - trauma, bruising, and swelling, compound fracture, spinal injury, contusion, non-union of fracture, dislocation of joints
- 12. Baryta mur – spinal injury, nerve injury
- 13. Bellis perennis - deep muscular pains, injury of tendons & ligaments
- 14. bryonia - Violent pain e.g. in eyes after surgical operation
- 15. Calc carb- bone injury
- 16. Calc fl -lower jaw necrosis (Dr. e.a.farrington), Removes tendency to adhesions after surgery
- 17. Calc phos – bone injury, nonunion of fracture
- 18. Calendula – post operative bleeding, punctured wound, incised wound, lacerated wound
- 19. Cannabis Indica – dislocation of patella, Contraction of finger after sprain
- 20. Carb animalis – leads to gangrene
- 21. Carb veg – surgical shock
- 22. carnosin - Post-vaccinal or post-surgical keloids
- 23. Caulophyllum - the foetus is not positioned properly in the uterus
- 24. caust - Urine Retention: After surgery, epilepsy
- 25. Cocainum - Local anesthetic in surgery
- 26. coccus - Unbearable anguish from jarring (after abdominal surgery)
- 27. Coffea cruda- nerve injury

28. conium - Surgical injuries anywhere in general.
29. Digitalis - surgical shock
30. Echinacea - Postoperative or dissection troubles of surgeons (blood poisoning)
31. Ferrum Phos - Anemia after surgery
32. guaiacum - extraction of the tooth or the surgical removal of the tonsils
33. gutta percha (sapodilla family) - used as surgical dressing in the formation of splints, supports
34. helleborus niger - Sleepiness, dullness or stupor after brain surgery
35. Hepar sulphuris - threat of pus formation
36. Hypericum - injuries to nerves and neuralgic pain, spinal injury, punctured wound
37. Hydrastis - for pre-cancer syndromes and for troubles after surgical manipulation
38. kali carb - After abdominal surgery: Colic
39. Kali cyanatum – right tongue swelling with ulceration (Dr.E.T.Adams)
40. Kreos- post operative bleeding
41. Lach – leads to gangrene, dementia after surgery; Poisoned wounds; from dissecting, surgery, post-mortems
42. Lactuca Virosa - An acute surgical emergency like perforated gastric ulcer, strangulated hernia or ruptured appendix or incipient peritonitis or ruptured peritoneum
43. lecithin - Useful in acute emergencies, surgical or circulatory
44. Ledum – punctured wound
45. Millefolium – post operative bleeding
46. Nat carb – bone injury
47. Nat sulph – brain injury, spinal injury
48. Nux vom – vomiting
49. Pepsinum - neurasthenia, diseases of the nervous system , acute protracted diseases, surgical diseases, traumatism , gastric cancer and ulcers
50. Phos – vomiting, dislocation of joints
51. Physostigma - Eye Troubles after surgery (adhesions) , Gastric troubles after abdominal surgery
52. Pyrogen – septicemia, malignant tendency (during diphtheria, exanthems, typhoid or hectic), or after surgery
53. Raphanus - Post operative gas pain
54. Rhus tox- sprain injury, dislocation of joints
55. Ruta - promoting the healing process in bones and connective tissue, periosteum injury, non-union of fracture, dislocation of joints
56. silicea - suppurate out old wens and indurated tumors (homoeopathic surgeon – as said by Dr. Kent), Suppurative fistulae in otitis media, anal fistulae, in surgical wounds
57. spongia - surgical accessory in absorbing blood, dilating cavities, cleansing surfaces
58. Staphysagria - clean surgical incisions, promotes quick healing, incised wound, lacerated wound
59. sticta - Sleeplessness from cough, nervousness, after surgical operations, from injuries, accidents
60. Streptococcinum - Surgical removal of any organ: Mastoid, tonsils, gastrectomy, appendix, ovary, uterus; of growths (fibroid, lipoma)
61. Strontium carb - collapse & Peripheral circulatory failure, surgical shock, Eczema, fungoid, recurrent, after surgeries (It is the surgeon's Carb-v., says Kent), Collapsed states, Coldness, Prostration after surgery
62. Sulphur- surgical fever
63. Symphytum - promoting the healing process in bones and connective tissue, nonunion of fracture
64. Terebinthina - Injury to nerves (surgical or traumatic tetanus)

65. thyroidinum - Tetanus: surgical, traumatic and idiopathic
66. veratrum album - surgical shock
67. Veratrum Viride - Injuries: Knee tender, swollen, after a wrench-sprained joint. Spinal injury
68. Yohimbine hydrochloride - Prophylactic use after surgery on the genito urinary tract

Surgical cases

- a. Cataract- Phosphorous, Sulphur, Silicea.
- b. Gall Stone- Belladonna, China, Chelidonium, Berberis Vulgaris
- c. Appendicitis- Bell, Bry, China, Iris-v, silicea
- d. Piles- Aloe. Aesculus, Causticum, Hamamelis, Nit. acid
- e. Hernia: Nux vom, Lycopodium, Plumb Met
- f. Fissure in Ano - Arnica., Conium, Puls, silicea, Rhododendron
- g. Nephrolithiasis - Agaricus, Bell, Ber. vulg., Sarsaparilla, Lyc
- h. bladder calculi - Lyc. Ber. Vulg., Phos, Sabina
- i. Styes - Puls., Thuja, Staph, Apis
- j. Chalazion cyst- Graph., Thuja, Staphysagria, Hep. sulph
- k. Phimosis- Mercurius, Cannabis sativa
- l. dental surgery - Phos, Calendula, Plantago, Kreosote, Hamamelis
- m. burn – canth, urtica urens

Scope of homoeopathy in field of surgery

1. Prevent pre-surgical and post-surgical complications.
2. Lessons or reduce anesthetic effects.
3. Prevent infections.
4. Control bleeding during and after surgery.

5. Scarring of wounds
6. Stiffness of parts of body, swelling of any part, bruises, soreness of body parts, abscess, neuralgia, etc.

DISCUSSION

The remarks of Dr. Kent here are similar to Dr. J.C. Burnett who called 'Surgeons' as 'Carpentors' and eye surgeons as mere 'mechanics'. It is not a question of either homoeopathy or surgery; it is about a mutual approach to patient health. With the rise in research and more practitioners learning about its benefits, homoeopathy could become an important part of post-operative care in the years to come. Surgery removes mechanical obstacles; homoeopathy restores systemic harmony. One must carefully distinguish **when to use a remedy and when to use the knife**.

CONCLUSION

some 'Surgeons' are very much of routinists. They just cut or extirpate tumors or tissues according to what techniques are mentioned in the books. The relationship between homoeopathy and surgery has often been misunderstood, frequently perceived as two distant disciplines occupying opposite ends of medical practice. Each attends to a different plane of disease—the mechanical and the dynamic—and only when they work together can a patient be restored to complete health. Our choice of treatment should be guided by its true utility. A doctor's highest responsibility is to serve the patient's best interests, not their own.

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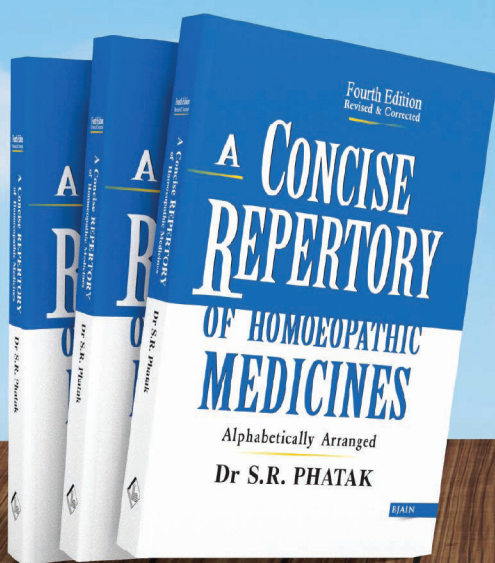
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Exploring the Potential of Homeopathy in Modern Palliative Care

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Abstract

Palliative care is all about providing comfort and helping people with serious illnesses, and their families, have the best possible quality of life. It's a way of caring for the whole person, not just their disease, especially when the focus shifts from finding a cure to making each day as good as it can be. This need is particularly pressing in developing countries, where many patients are diagnosed at advanced stages and suffer from a wide range of complex symptoms, including pain, nausea, and emotional distress. Cancer pain, in particular, is a challenging and devastating symptom that requires a multi-dimensional approach to manage effectively. While mainstream treatments like chemotherapy and radiotherapy are crucial, they have their limitations in a palliative setting. The purpose of this article is to explore the potential role of homeopathy as a valuable supportive therapy within this care model. By complementing standard oncological care, homeopathic remedies can provide relief and comfort, helping to alleviate the symptom burden and improve a patient's overall well-being. This approach focuses on enhancing the quality of life, which can help reduce a patient's fear of death and better prepare their family for bereavement. The article concludes that integrating homeopathy into a comprehensive, interdisciplinary palliative care plan is a low-cost, effective way to address the suffering of terminally ill patients, ensuring they receive the holistic

and compassionate care they deserve.

Key Words

Homoeopathy, Palliation, Cancer, Similimum, Pain

Introduction

• Challenges of conventional cancer treatment

For centuries, cancer has been a major disease affecting humanity. While surgery, chemotherapy, and radiation are still the main treatments and have greatly improved patient outcomes, they come with significant downsides. These include high costs, invasiveness, and the risk of the cancer becoming resistant to multiple drugs. Patients also experience side effects, both intended and unintended, and there is a chance the tumor could return.^{1, 2}

PHYSICIANS who have been somewhat trained along homoeopathic lines manifest more confusion in the treatment of incurable diseases than in almost any other field of medicine. When faced with incurable cases, the thought occurs to a great many physicians to administer palliative measures in an effort to alleviate suffering and to attempt to hide from the patient and from the family the real seriousness of the situation. Although they may mean well, it is an effort expended in the

wrong direction, and does more harm than can well be estimated. There is no place in the field of medicine where obliteration of symptoms will cause so much confusion, so there is no possibility of accurate prescribing, as in these incurable cases. The basis of cure is the fundamental law of similar. The law of similar is the fundamental law also in the palliation of incurable states. The administration of narcotics and sedatives suppresses symptoms and destroys the power of elimination by locking up the secretions in all states so completely that we cannot get a true picture of the condition of the vital force and energy upon which we must evaluate our symptomatology. The result of palliative treatment by the use of narcotics demands the continual increase of the drugging, for as soon as the effect seems to be subsiding, more drug must be administered. It becomes a vicious circle from which there is no escape except to be sent to the ultimate end in a confused and half-deadened condition, instead of being helped to live out as many years as possible in the easiest, quietest and most gentle manner.³

In the 21st century, the global fight against cancer remains a major challenge. Homeopathy, a 200-year-old holistic medical practice, is one of the most widely used complementary therapies worldwide. It is considered a potential supportive treatment for cancer patients when used as part of an integrated healthcare approach.^{4,5} Research into using homeopathy for cancer care, and its direct effects on cancer cells in a lab setting, is still in its early phases. Although more rigorous, evidence-based research is needed, some initial studies show promise. For instance, one randomized controlled trial found that when cancer patients received individualized homeopathic treatment alongside their conventional care, their overall health and sense of well-being improved more than those in the control group.⁶

• Homeopathic Understanding of Cancer

As already discussed in the aetiopathogenesis of cancer, the cause of cancer can be endogenous factors or environmental factors. The initiating cause of malignant change is a mutation in the gene. So that a normal gene becomes an abnormal gene. The genetic change may be a deletion or translocation of genes. So there is a deviation

from normal functioning of the gene. The cells that undergo these changes deny the rules of normal growth regulation of the body and start multiplying on its own, deriving nutrition from the body. So the abnormal cell with the tendency for excess growth corresponds with the nature of sycotic miasm. As Dr.H.A.Roberts said, “the sycotic patient is too susceptible to the available constructive elements, he seizes up on and assimilates to the point of overgrowth of tissues. It explain the reason of pathology in all parts of the body that manifest overgrowth of natural tissues and where we find malignancies with overgrowth of tissues and infiltration we are almost always able to trace the sycotic trait”.³ If there is a syphilitic trait the manifestations of the tumor will be different. Dr.H.A.Roberts says “one of the cardinal manifestations of syphilitic trait is destruction of tissues” if there is a syphilitic trait the manifestations of the tumor will be different. Dr.H.A.Roberts says “one of the cardinal manifestations of syphilitic traits is destruction of tissues”.³ Khuda-Bukhsh was among the first to propose a hypothesis explaining how potentized homeopathic medicines (HMs) might work. His model suggests that these remedies regulate gene expression. This idea is supported by his own research, which showed that certain homeopathic drugs could repair chromosomal damage in mice exposed to radiation or toxic chemicals. The hypothesis proposes that HMs influence gene expression through pathways like the Britten and Davidson model or the Jacob and Monod model, among others. These detailed, though partly speculative, pathways were suggested to encourage further research to either prove or disprove the theory.⁷ According to several studies supporting the theory, Saha et al. showed that the homeopathic remedies *Condurango 30c* and *Hydrastis canadensis 30c* could alter the gene expression of more than 100 HeLa cancer cells, producing a pattern distinctly different from that of the control group. This suggests these remedies may work by modulating genes.⁸

Scientific Evidence and Promising Research

One area of promising research is using homeopathic medicines (HMs) to modify oncogenes. Many factors, including environmental exposures and lifestyle choices, contribute to cancer

development. These factors can interact with an individual's genetic makeup, significantly impacting their epigenome. This can disrupt normal gene expression patterns, potentially triggering the process of cancer.⁹ When a low dose of the homeopathic mother tincture of *Peumus boldus* (*ø*) was used with the chemotherapy drug cisplatin, it was found to significantly decrease the liver damage caused by cisplatin. Importantly, this combination didn't lessen the effectiveness of cisplatin in fighting hepatocarcinoma cells (liver cancer).¹⁰ The homeopathic drug Hep C 30 has shown significant anti-cancer effects on liver cancer cells in a lab setting. It works by causing programmed cell death, or apoptosis, a process where it distorts cell shape, increases damaging reactive oxygen species, and creates DNA nicks. The drug also boosts pro-apoptotic proteins like Bax and cytochrome c, while simultaneously inhibiting anti-apoptotic proteins like Bcl-2 and caspase-3. Furthermore, it alters the cell's mitochondrial function and reduces the expression of cancer biomarkers Top II and telomerase, all of which support its anti-cancer properties.¹¹ A study conducted between August 2003 and February 2005 on 30 patients, predominantly Hindus aged 60-69, evaluated the effectiveness of homeopathic treatment for cancer pain. The findings indicated that homeopathic medicines were highly effective in managing pain and distress, with statistically significant results ($P < 0.01$). However, the treatment did not improve the patients' overall performance status. The most effective remedies identified were *Lycopodium*, which helped 7 patients, followed by Sulphur and Phosphorus, each effective for 6 patients. Other remedies like *Arsenicum album* and *Lachesis* were also found to be beneficial for some patients.¹² Homeopathic treatment using *Thuja occidentalis*, *Conium maculatum*, *Sabal serrulata*, and a MAT-LyLu cell Carcinisin was shown in a recent study to be effective in treating prostate cancer in Copenhagen rats. Compared to the control group, the treated rats had a significant reduction in tumor incidence (23%), tumor volume (45%), and tumor weight (33%).¹³ Homeopathy is distinct because it focuses on treating the individual patient. When starting treatment, the homeopath and patient work together to make a shared decision, discussing potential benefits, risks, and the patient's concerns. Because highly-diluted

homeopathic medicines have no significant side effects or drug interactions, they are a promising option for supportive care in cancer patients.⁵

Many substances are used medically in such form, in such doses, by such methods and upon such principles as to be distinctly depressive or destructive of normal reactivity. They are forced upon or into the suffering organism empirically without regard to nature's laws. So far as their effect upon disease is concerned they are in no wise curative, but only palliative or suppressive and the ultimate result, if it be not death, is to leave the patient in a worse state than he was before. Existing disease symptoms are transformed into the symptoms of an artificial drug disease. The organism is overwhelmed by a more powerful enemy which invades its territory, takes violent possession and sets up its own kingdom. Such victories over disease are a hollow mockery from the standpoint of a true therapeutics. When we are facing these incurable conditions the administration of the similar remedy almost always ameliorates the situation, at least for three or four days, and usually for a longer period. Then we may have a return of the symptoms, when the indicated remedy will be called into use again. These conditions of impending fatality are usually accompanied by a great many symptoms, because the whole organism is involved and a gradual dissolution is taking place in every part of the economy and the vital energy is so nearly overcome as to be unable to throw off these manifestations. Sometimes one symptom or set of symptoms predominates and becomes the annoying, troublesome, disagreeable symptom-complex. In these conditions we must retake the case and re-examine the remedy that we have been using, to see if it corresponds with the disease condition. If the similarity exists in these especially troublesome manifestations, these patients can be made much more comfortable.¹⁴

Homeopathy in Palliative Care Practice

Hahnemann in §80, while describing the nature of psoric miasm says, the monstrous internal chronic miasm - the psora, the only real fundamental cause and producer of all the other numerous, I may say innumerable, forms of disease, which, under the names of nervous debility, hysteria,

hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, softening of the bones (rachitis), scoliosis and hypnosis, caries, cancer, fungus haematodes, neoplasms, gout, hemorrhoids, jaundice, cyanosis, dropsy, amenorrhea, hemorrhage from the stomach, nose, lungs, bladder and womb, of asthma and ulceration of the lungs, of impotence and barrenness, of megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of thousands of kinds, &c., figure in systematic works on pathology as peculiar, independent diseases.¹⁵

As Dr. Stuart close says, the gross tissue changes, organic lesions, morphological disproportion and the physical effect of mechanical causes are not primarily with in the domain of similia and therefore are not the object of homoeopathic treatment, the morbid process from which they arise, or to which they lead are amenable to homoeopathic medications. Homoeopathic remedies by virtue of their power to control vital function and increase resistance often exercise a favorable influence upon the physical development as well as up on the tangible products of disease or accident .Thus the growth of the tumor may be retarded or arrested .So the conditions like cancer with gross tissue changes we can't expect a cure and the only thing a homoeopath can do is to palliate the suffering.¹⁶

In incurable cases or seemingly incurable cases we must not put a limitation on the possibilities of the similar remedy, for in many seemingly incurable conditions, the similitum will so completely meet the situation as to obliterate the symptomatology of disease and pathology and will restore the patient to health. Pain is one of the experiences from which human life has ever strived to free itself. Pain in itself is a part of symptom, but for the physician, he must take into consideration the location, the kind of pain-whether steady or intermittent and if intermittent, whether at regular interval or up on motion, or is it dull, cutting, blunt, sharp, pressing or cramping, the time and circumstances of aggravation and amelioration, the reaction to thermic condition, and all the concomitant symptoms that can be found. When the symptom of the pain itself is complete with the location, type, aggravation and amelioration and

concomitant the picture is almost complete and we have a sound basis for the selection of a remedy which will relieve the pain promptly and the patient will be much more comfortable and happy in general than with any narcotics.³

Dr. Kent in his lesser writings discuss why cancer is incurable. He tells that in most cases there is paucity of symptoms ,and there is nothing discoverable but the malignant growth and its associated features of hardness ,stinging pain ulceration ,enlarged glands and the tendency to involve the surrounding parts in its own development .If the child's mental symptoms could be fully ascertained and the symptom from childhood to the adult age ,something might be done .Cancer generally comes on in later life ,when childhood, action have forgotten .If the symptoms that have appeared from birth to the present date are undiscovered ,it is no wonder that cancer is incurable. Hahnemann says all curable diseases make themselves known to the intelligent physician in signs and symptoms Pathological conditions as also the patient are incurable when there are no signs and symptoms .In proportion as the pathology progress signs and symptoms decrease. This is true in cancer cases. In terminal cancer cases there are paucity of symptoms and even if there are any that are mainly the common symptoms or pathological symptoms.¹⁷

When we are facing an incurable condition, the administration of a similar remedy almost always ameliorates the situation, at least for three or four days and usually for a longer period. Then we may have a return of the symptom, when the indicated remedy will be called in to use again. Sometimes one symptom or a set of symptoms predominates and becomes the annoying, troublesome, disagreeable symptom complex. In these conditions we must retake the case and re-examine the remedy that we have been using, to see if it corresponds with the disease condition. If the similarity exists in these especially troublesome manifestations, these patients can be made much more comfortable³. The physician who applies the single remedy in potentized form under the law of cure any length of time will easily be convinced that there is no other way of palliation that holds out any permanent hope for the patient. 18. When faced with incurable disease, the thought occurs

to great many physician to administer palliative medicines (antipathy) in an effort to alleviate the suffering and to attempt to hide from the patient and from the family the real seriousness of the situation. Although they may mean well, it is an effort explained in the wrong direction, and does more harm than can well be estimated.³

Homeopathy as a complementary therapy

Homeopathy, a 200-year-old holistic medical practice, is one of the most widely used complementary therapies worldwide. It is considered a potential supportive treatment for cancer patients when used as part of an integrated healthcare approach.

- **Enhances Quality of Life:** This approach focuses on enhancing the quality of life, which can help reduce a patient's fear of death and better prepare their family for bereavement.
- **Promising Initial Studies:** Although more rigorous, evidence-based research is needed, one randomized controlled trial found that patients receiving **individualized homeopathic treatment** alongside their conventional care reported improved overall health and well-being.

DISCUSSION

The studies shows that conventional palliative care, which often relies on narcotics and sedatives, is a fundamentally flawed approach. This approach is problematic because it merely suppresses symptoms, which not only conceals the true condition of the patient's "vital force," but also locks them into a cycle of escalating drug dosages. This, in turn, prevents the patient from living out their remaining time peacefully and gently. The Homeopathic Law of Similars: In contrast, homeopathy's core principle of "similia similibus curentur" -let likes be cured by likes is presented as the proper way to palliate. By using a remedy that causes symptoms similar to the patient's disease, the homeopath aims to stimulate the body's self-healing mechanisms, providing relief without suppression. This approach makes the patient more comfortable and happier than traditional methods. Also the homeopathic concept of

miasms, or inherited disease predispositions explains the root cause of cancer. It specifically links cancer's abnormal cell growth to the "sycotic miasm" and tissue destruction to the "syphilitic miasm." This theory offers a deeper, individualized understanding of the patient's condition, which helps us in the selection of a remedy.

According to Dr. Kent, homeopathy faces a major challenge in treating cancer, particularly in later stages. The paucity of symptoms in advanced disease makes it difficult to find a suitable similimum -the most similar remedy, which is essential for accurate prescribing in homeopathy. The text notes that as pathology progresses, the signs and symptoms decrease, making the patient and the condition "incurable" from a homeopathic perspective. It can be used alongside conventional treatments to manage side effects, improve a patient's quality of life, and increase overall well-being. The text cites several studies showing that certain homeopathic medicines can reduce tumor size, inhibit cancer cell growth (apoptosis), and protect against the harmful side effects of chemotherapy, such as liver damage.

CONCLUSION

The conclusion would assert that while homeopathy may not be a definitive cure for all incurable conditions, it offers a more humane and effective method of palliation compared to conventional suppressive treatments. The evidence presented, emphasizing that homeopathic medicines, guided by the principle of similars, can significantly improve a patient's quality of life by alleviating pain and other distressing symptoms without causing harmful side effects or drug interactions. The conclusion would also acknowledge that more rigorous, evidence-based research is needed to fully understand and validate homeopathy's role in cancer care. It would ultimately position homeopathy as a valuable supportive or adjunctive therapy that can help patients with incurable diseases live out their remaining time in a more comfortable and dignified manner. Based on the text, it states that while initial studies are promising, more rigorous, evidence-based research is needed. This implies that the scientific validation for homeopathy's effectiveness, particularly in cancer care, is still in its early phases and not yet fully

established.

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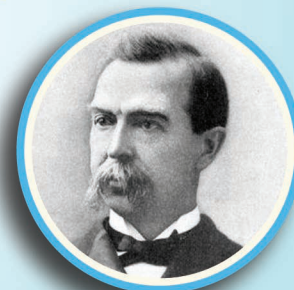
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T F Allen

Expanding The Scope of Homoeopathy In Surgical Cases: Avoiding Surgical Intervention In A Cauliflower-Type Nasal Verruca Through Individualized Treatment with Thuja Occidentalis



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Abstract

Warts are benign epithelial proliferations caused by Human Papillomavirus (HPV). When located on the face, especially the nose, they may cause significant cosmetic and psychological impact. Conventional management often involves minor surgical or destructive procedures such as cautery or cryotherapy, which may lead to pain, scarring, or recurrence. This case study presents the successful non-surgical management of nasal verruca in a child through individualized homoeopathic medicine *Thuja occidentalis* 200C, selected on the basis of totality and miasmatic background. The complete resolution of the lesion without invasive intervention demonstrates the potential of homoeopathy to expand its scope into conditions conventionally requiring surgical management, highlighting its holistic and minimally invasive therapeutic value.

Key Words

Thuja occidentalis, Homeopathy, Verruca, Cauliflower verruca, Individualized.

Introduction

Verruca are viral growths of the skin and mucosa resulting from infection with HPV. Conventional treatment includes topical cautery, cryotherapy, or surgical excision, which may result in

recurrence or scarring. Homeopathy offers a non-invasive and holistic approach. *Thuja occidentalis* is one of the most frequently indicated remedies in cases of verruca, especially when symptoms align with the sycotic miasm.^[1] This case demonstrates the constitutional response to *Thuja occidentalis* in a young child with a cauliflower verruca on the nose.

Cutaneous verruca is a common viral skin disorder in the paediatric population. According to Indian studies, the prevalence of verruca in children ranges from 5% to 8.4% in dermatology outpatient departments, with the highest incidence reported in the 10–14-year age group, and a male predominance.^[3,4] Verruca vulgaris and verruca plana are the most frequently observed types. Globally, the prevalence of verruca in children is estimated between 3% and 20%.^[6]

Conventional treatments such as cryotherapy, electrocautery, chemical cauterization, or laser ablation may be effective but are often painful, invasive, and carry a high recurrence rate—posing challenges especially in paediatric cases.^[8] Such lesions are often managed surgically or by destructive measures in conventional medicine. Homoeopathy, through its holistic and individualized approach, offers a non-invasive alternative, thereby expanding its therapeutic scope into cases traditionally treated surgically.

Case History

A 5 year old, male child visited paediatric OPD of Govt. Homoeopathic Medical College and Hospital, Bhopal, on 09 may 2023 (**Registration No. 5902/598684**) with following complaint for 6 months.

Chief complaint of patient

- A single, large, cauliflower-like growth on the tip of the nose for 6 months,
- mild itching
- occasional bleeding on touch.
- Sometime tender to touch

History of present complaints

The verruca started as a small papule and slowly increased in size. No pain, occasional itching, bleeding only on vigorous rubbing. Cosmetic concern was high; patient avoided social situations. Psychological distress and embarrassment were prominent.

On examination

- Location: Tip of the nose
- Size: ~1-2 cm
- Shape: Irregular, lobulated, cauliflower-like
- Surface: Dry, rough, elevated
- Colour: Slightly yellowish
- Tenderness: Absent, occasionally tender to touch
- Bleeding: Occasional, on scratching
- No other verruca elsewhere

Modalities: Itching < Night, perspiration,

- **F/H/O-** Father- Eczema
- **Treatment history-** Allopathic, not improved

Mental Generals

- Emotionally sensitive,
- Avoid interaction with peers
- Feels inferior and judged due to visible

disfigurement.

Physical Generals

- Thermals: Chilly
- Appetite: Adequate
- Thirst: regular
- Desires: Onions, sweets
- Sweat: Profuse, oily, mainly on covered parts
- Stool, Urine, Sleep: Normal

Observations: Lean, slender, tall child with dusky complexion.

Dark black hair. Dirty look of skin.

Provisional Diagnosis: ICD-10-B07.9- Cutaneous verruca (Verruca vulgaris)

Differential diagnosis

- Seborrheic keratosis
- Milia
- Molluscum contagiosum
- Corn (clavus)
- Callus

Figure 1: Before treatment

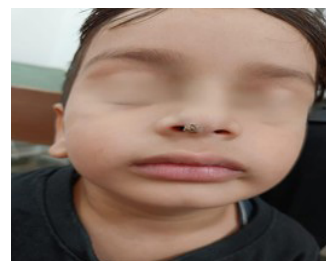
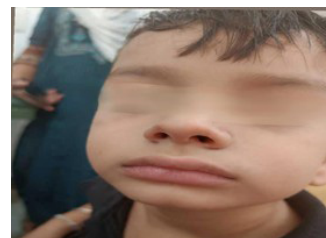


Figure 2: After treatment



Analysis Of The Case: After thorough analysis and evaluation of symptoms of this case, Totality

of Symptoms was formed with notable symptoms i.e. A single, large, cauliflower-like growth on the tip of the nose, mild itching, occasional bleeding on touch. Perspiration only on covered parts. Desire for sweets and onion. Patient was emotionally sensitive, avoid interaction with peers and feels inferior and judged due to visible disfigurement Patients' thermal is hot.

Selection of Remedy was based on Synthesis 2.0 [v.202] Repertory. The repertorisation chart is shown in table:2. *thuja occidentalis 200C* was prescribed after consulting Boericke materia medica.^[7]

Verruca are classified under one-sided disease, i.e., diseases which have very few symptoms. They are further categorized as external-local maladies, i.e., changes and ailments that appear on the external parts of the body.^[7]

According to Boericke main action of Thuja is on the skin and genito-urinary organs, producing conditions that correspond with Hahnemann's sycotic dyscrasia, whose chief manifestation is the formation of wart-like excrescences upon mucous and cutaneous surfaces-fig-warts and condylomata.^[1] "Warts, especially large, seedy, pedunculated, cauliflower-like; on covered parts; moist, bleeding easily".^[1]

Key Mental generals: Sensitive to opinions of others, low self-worth, fixed ideas, and emotional suppression — common in Thuja patients.^[2] Thuja is the main anti-sycotic remedy. The sycotic miasm is characterized by overgrowth, excess tissue formation, chronicity, and tendency to suppressions. Warts, condylomata, and tumors fall under its influence.^[3]

Repetition of dose was done according to Organon of Medicine, mentioned in following aphorisms:

Aphorism no. 246: under 3 conditions: firstly, if the medicine selected with the outmost care was perfectly homoeopathic; secondly, if it was given in the minutest dose, so as to produce the least possible excitation of the vital force, and yet sufficient to affect the necessary changes in it; and thirdly, if this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals,

which experience shall have pronounced to be the best adapted for accelerating the cure to the utmost extent, yet without the vital force, which it is sought to influence to the production of a similar medicinal disease, being able to feel itself excited and roused to adverse reactions.^[9]

DATE	INDICATION OF PRESCRIPTION	MEDICINE AND DOSES
1 ST Visit 09/05/2023	<ul style="list-style-type: none"> ▪ A single, large, cauliflower-like growth on the tip of the nose for 6 months, ▪ mild itching ▪ occasional bleeding on touch. ▪ Sometime tender to touch, 	1) <i>Thuja occidentalis 200C</i> / OD /4globule /1 day 2) <i>Sac lac</i> / OD/4 globule/ 7 days
15/05/2023	▪ Mild aggravation; slight increase in itching	1) <i>Saclac</i> / OD/4globule/2weeks
10/06 /023	▪ Wart began drying and shrinking, no new complaints	1) <i>Saclac</i> / OD/4globule/ 2 30days
9/07/2023	▪ Complete disappearance of wart; slight pigmentation	1) <i>Saclac</i> / OD/4globule/ 30days
30/08/2023	▪ No recurrence or new warts	1) <i>Sac lac</i> / OD/4globule/ 30days

Reportorial totality

1. NOSE-WARTS- Tips of nose
2. PERSPIRATION- PROFUSE- Covered parts, on
3. SKIN- EXCRESCENCES
4. SKIN- WARTS- isolated
5. GENERALS- CONSTITUTION- sycotic
6. GENERALS- FOODS AND DRINKS -sweets-desire
7. GENERALS- FOODS AND DRINKS -onion-desire

Table 2: Repertorial chart

REMEDIES	SUM SYM	SUM DEG	SYMPTOMS
thuja.	6	12	2,3,4,5,6,7
Nit-a.	4	8	2,3,5,7

caust.	4	6	1,3,5,7
med.	4	5	3,5,6,7
lyc.	3	8	3,4,7
calc.	3	6	3,5,7
graph.	3	6	3,5,7
staph.	3	6	3,6,7
arb-v.	3	5	1,3,7
nat-s.	3	5	3,5,7

Acknowledgement: I gratefully acknowledge the active participation and cooperation of the patient's guardian throughout the course of treatment, which significantly contributed to the successful management of the case.

Declaration of patients consent: I hereby acknowledge the patient's guardian's informed consent to publish this case report, which includes a detailed account of their medical history, diagnosis, treatment, and outcomes.

Conflicts of interest: None declared.

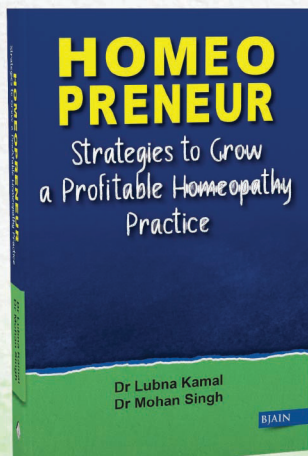
CONCLUSION


This case demonstrates the effectiveness of *Thuja occidentalis* in the individualized management

of nasal verruca, leading to complete recovery without invasive measures. The miasmatic background, physical generals, and mental symptoms guided the remedy selection. The outcome highlights the widening scope of homoeopathy in cases traditionally treated surgically, reflecting its gentle and comprehensive healing approach

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Dr. Lubna Kamal

Enhancing The Role of Homoeopathy In Surgical Case Management

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R.B.T.S.GOV.T.HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL MUZAFFARPUR

Abstract

A large percentage of clinical practice still involves surgical conditions, which call for precision management and carefully thought-out post-operative care. While surgery deals with the elimination or correction of diseased problems, homoeopathy's function as an adjunctive therapeutic approach provides important assistance in enhancing patient results. Pre-operative anxiety is reduced, post-operative pain is controlled, surgical shock is minimized, wound healing is improved, and complications like infection and bleeding are avoided with the help of homoeopathic medications chosen based on each patient's unique symptomatology and constitutional traits.

Additionally, homoeopathy is crucial in treating diseases where surgery is necessary but may be postponed for socioeconomic, psychological, or medical reasons. By guaranteeing a safer recovery, improved patient comfort, and holistic well-being, this integrative method expands the scope of healing. Therefore, expanding the use of homoeopathy in surgical case management shows how traditional surgical methods and customized homoeopathic treatment work together to promote a more all-encompassing and patient-centered approach to healthcare.

Keywords

Wound healing, complementary medicine, post-operative care, homoeopathy, surgical case management, and integrative healthcare.

Introduction

Surgical intervention has long formed an essential component of medical practice, providing direct mechanical correction and life-saving treatment in a wide range of pathological conditions. From minor excisions to major organ surgeries, operative procedures are often indispensable for restoring anatomical and functional integrity. However, the success of surgery does not depend solely on the technical proficiency of the surgeon. The pre-operative and post-operative phases significantly influence the overall outcome, patient comfort, and long-term recovery.

Based on the idea of promoting the body's natural healing processes, homoeopathy is a useful adjunct in surgical case care. It does not assert that it can take the place of surgical operations when necessary, nor does it serve as a substitute when surgical intervention is the main requirement. Rather, homoeopathy helps minimize problems, improve wound healing, reduce surgical shock, relieve pain, and boost emotional resilience during the perioperative phase.

Patients frequently experience pain, bleeding, shock, and inflammatory reactions during and right after surgery. Arnica montana is still a traditional treatment that is well known for its ability to reduce bruising, acute shock, and tissue pain. While Hypericum perforatum is useful for injuries involving nerve-rich areas and effectively reduces neuralgic pain, Staphysagria is especially helpful when the surgical wound involves incisions or soft tissue lacerations.

Hepar sulfuris and Silicea help with delayed healing, pus formation, or foreign body reaction, while Calendula officinalis promotes granulation and prevents suppuration. Additionally, homoeopathy improves both functional and aesthetic results by preventing or reducing keloid inclination and scar induration.

Homoeopathy has a significant role in post-surgical problems, including nausea, edema, constipation following anesthesia, urine retention, and a delayed return of strength. A customized therapeutic response is ensured by choosing remedies based on each patient's unique symptomatology. This all-encompassing view of the patient as a single, cohesive physical and emotional entity fits in nicely with contemporary patient-centered healthcare practices.

It is crucial to stress that homoeopathy neither opposes nor replaces surgery. Rather, it provides a supporting integrative strategy that guarantees the patient's recovery with less pain, fewer problems, and improved general health. Thus, cooperative practice between homoeopathic doctors and surgeons can improve care standards, particularly in pre-operative planning and post-operative recovery.

Scope Of Homoeopathy In Field Of Surgery

1. Avoid difficulties before and after surgery.
2. In certain situations, it might avoid surgery.
3. Diminishes the effects of anesthesia.
4. Avoid getting sick.
5. Manage bleeding both during and following surgery.
6. Wound scarring.
7. Disorders of the digestive system, including nausea, vomiting, diarrhea, constipation, reflux, etc.
8. Body parts that are stiff, swollen, bruised, painful, abscessed, neuralgia, etc.
9. Excellent performance in gynecological instances as well.

Homoeopathic Remedy With Its Indication In Surgical Cases

CLINICAL PHASE/ CONDITION	REMEDY	INDICATION	MODALITIES
Pre-operation Anxiety & Fear	Aconite	severe anxiety prior to operation, agitation, and a sense of approaching peril. palpitations accompanied by worry. Hearing about surgery causes a sudden, severe mental shock.	The patient desires immediate relief; it is worst at night and has a fast onset.
	Gelsemium sempervirens	trembling, weakness, and a lack of bravery due to anticipatory anxiousness. believes the surgery won't go well. drowsy, uninteresting, and lonely	Better from relaxation and a calm environment; worse from emotional exhilaration
	Arsenicum album	Extreme restlessness, physical weakness yet mental anxiety, and fear of dying during operation. The patient wants assurance all the time.	Warmth and warm beverages make it better; it gets worse around midnight.
Before Surgery	Ferrum phosphoricum	Low haemoglobin, low-grade inflammatory propensity, and mild fever prior to surgery	helps people who are weak, anemic, and easily fatigued.
	Calcarea phosphorica	Low tissue nourishment, a weak constitution, and a tendency toward delayed recovery all enhance resilience before major surgery.	Children or adults with low nutrient absorption who are cold, feeble, and exhausted.
	Arnica montana	first treatment for shock and surgical trauma. avoids hematomas, bruises, and post-handling pain. beneficial as a preventative measure even prior to surgery.	

	Millefolium	a propensity for bright red bleeding during surgery.	beneficial for gum, nose, or wound edge bleeding.
	China officinalis	collapse due to blood loss. weakness following bleeding during surgery. vertigo and a constant want to take tiny sips of alcohol.	Periodic weakness, flatulence, and a sense of emptiness.
Post-operative Pain Management	Staphysagria	discomfort from neatly cut wounds. pain at the surgical suture site that is burning or stinging. notably helpful for urological, gynecological, and abdominal operations.	Ideal for mild, sensitive patients who repress their feelings.
	Hypericum perforatum	severe neuralgic pain originating in places rich in nerves, such as the mouth, anus, fingers, and spine. Following surgery, pain shoots along nerves.	acute nerve discomfort that stops the development of neuromas.
	Magnesium phosphoricum	cramping, spasmodic discomfort during surgery; reduces cramping in the abdomen following gynecological or laparoscopic procedures.	Warmth and pressure work well.
Wound Healing & Prevention of Infection	Calendula officinalis	encourages the development of granulation tissue. keeps sepsis and suppuration at bay. Apply as an ointment or lotion both internally and externally.	"Wound refuses to heal" is a lovely response.
	Hepar sulph	surgical wounds that are sensitive to touch, have pus production, and throbbing pain. The patient wants heat and feels cold.	Better warmth, worse uncovering.
	Silicea terra	wounds that heal slowly or not at all; the presence of foreign objects like splinters or sutures that have been retained. aids in the removal of foreign objects and pus.	Wet feet; cold; little endurance.

Keloid / Scar Tissue Management	Graphites	Sticky leaking from wounds; hard, thick scar tissue; propensity to produce keloids.	Patients with slow metabolisms, obesity, and cold temperatures.
	Thiosinaminum	eventually dissolves scar tissue and lessens fibrosis. used in adhesions and hypertrophic scars following surgery.	administered for an extended period of time with medium to high potency.
Post-operative Digestive Complaints	Nux vomica	agitation, nausea, and retching following anesthesia or medication. ineffective stool-seeking.	Type-A, nervous, and medication-sensitive.
	Carbo vegetabilis	gas and distension following abdominal surgery. The patient wants to be fanned since they feel weak.	"The patient wants moving air but appears to be near death."
	Opium	constipation following anesthesia; inactivity of the bowel and no desire to pass stool.	slow, heavy, and sleepy.
Urinary or Catheter-related Complications	Cantharis	severe burning before, during, and after urinating. irritation of the catheter.	Pain and burning are out of proportion to the physical results.
	Staphysagria	heat and pain during prostate surgery, urethral manipulation, and catheter placement.	Very helpful following urethrotomy and TURP.
Emotional Recovery	Ignatia amara	abrupt mood changes, repressed sadness, and emotional shock following surgery.	Sighing a lot; feeling a knot in the throat.
	Phosphorus	Fearful, sensitive to anesthetic, and in need of continual reassurance.	bleeding propensity and a need for cold water.

ORGANON REFERENCES SUPPORTING SURGERY WITH HOMOEOPATHY

Organon Aphorism	Core Message	Meaning in Surgical Context
------------------	--------------	-----------------------------

Aphorism 186, 187, 189	The initial step in treating purely mechanical disorders is mechanical intervention, or surgery.	When tissues are injured, blocked, or malformed, surgery is necessary.
Aphorism 176, 177	After mechanical rectification, homoeopathy resolves the dynamic disruption.	Homoeopathy promotes healing, lowers pain, prevents infection, and restores vigor following surgery.
Aphorism 67	Fast-acting medications are required in cases of abrupt acute pain.	In shock, pain, and injury, remedies like Arnica, Aconite, and Hypericum operate quickly.
Aphorism 3 & 4	A doctor must take both uniqueness and wholeness into account.	The choice of remedy is based on each patient's response to surgery, not just the procedure itself.

Role Of Homoeopathy In Surgical Case Management – Repertory Perspective

Pre-Operative Fear & Anxiety

Mind – Fear – surgery, of -Aconitum napellus, Gelsemium sempervirens, Arsenicum album, Phosphorus, Lycopodium, Silicea.

Mind – Anxiety – anticipation, from-Gelsemium (weakness + trembling), Argentum nitricum (hurried, impulsive), Aconitum (panic), Calcarea carb (fear of misfortune).

Mind – Sleeplessness – anxiety, from- Coffea cruda, Aconitum, Arsenicum album, Nux vomica.

Trauma of Operation / Shock

Generalities – Injuries – surgical-Arnica montana (first remedy always considered), Staphysagria (incised wounds), Ledum (puncture wounds), Hypericum (nerve-rich areas).

Generalities – Shock – operations, after-Arnica, Opium, Carbo vegetabilis, China officinalis, Aconitum.

Pain After Surgery

Generalities – Pain – incised wounds-Staphysagria

Extremities – Pain – nerves – along-Hypericum

perforatum (Sharp, shooting, nerve injury pains)

Generalities – Pain – bruise-Arnica Montana

Abdomen – Pain – colic – postoperative-Magnesium phosphoricum (spasmodic pain), Colocynthis (better bending double), Nux vomica (irritable, tense).

Hemorrhage & Blood Loss

Generalities – Hemorrhage – wounds, from-Millefolium (bright red bleeding), Arnica (traumatic bleeding), Phosphorus (bleeding from slightest touch), Hamamelis (venous bleeding).

Generalities – Weakness – loss of fluids, from-China officinalis (Exhaustion, faintness after bleeding)

Wound Healing and Suppuration

Skin – Wounds – healing, slow-Calendula officinalis (improves granulation), Silicea (delayed healing), Graphites (thick scarring tendency).

Skin – Suppuration – tendency to-Hepar sulphuris (pus forming, sensitive to slightest touch), Silicea (slow, incomplete suppuration), Mercurius (offensive, moist wounds).

Skin – Scars – hard, thick, keloid-Graphites, Thiosinaminum, Fluoric acid, Calcarea fluorica.

Effects of Anesthesia & Medicines

Stomach – Nausea – anesthesia, after-Nux vomica, Cocculus, Ipecac, Phosphorus.

Rectum – Constipation – inactivity of rectum (after anesthesia)-Opium (no urge at all), Alumina (dryness), Nux vomica (ineffectual urging).

Abdomen – Distension – surgery, after-Carbo vegetabilis (gas + collapse), China (gas + weakness), Lycopodium (rumbles, evening aggravation)

Urinary Discomfort After Catheterization

Urinary – Pain – after catheterization-Staphysagria (burning after catheter use), Cantharis (burning before, during, after urine), Sarsaparilla (pain at end of urination).

CONCLUSION

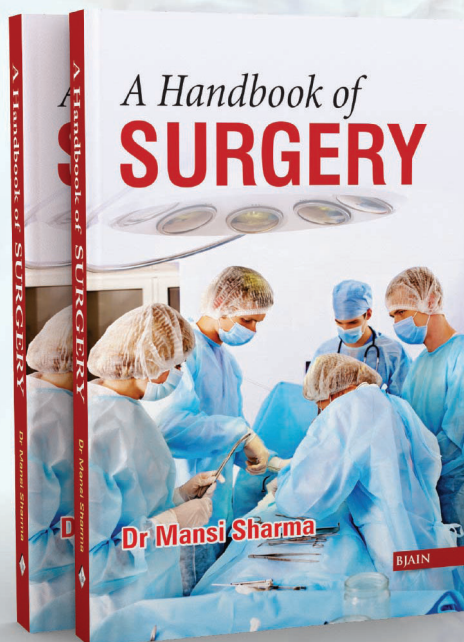
As a mechanical art, surgery is essential when structural alterations need to be fixed, eliminated, or restored. Thus, allopathic surgical science continues to be the main operative management technique. However, the patient's vital reactive power—an area where homoeopathy plays a major role—is crucial to the healing process following surgery. Surgical shock, pain, tissue repair, suppuration, hemorrhage management, granulation, and smooth scar formation are all aided by homoeopathic drugs, which are chosen based on totality and individual response.

Therefore, homoeopathy enhances natural recovery, lowers complications, and improves overall quality of surgical outcomes rather than taking the place of surgery. Combining homoeopathy with surgery is a patient-centered, holistic strategy that promotes better recovery, less reliance on

antibiotics and analgesics, and a more balanced return to health.

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Piles and Homoeopathy: A Gentle Healing Approach



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Abstract

Homoeopathy plays a significant role in the management and cure of piles by addressing the internal, constitutional, and dynamic origin of the disease rather than focusing merely on local symptoms. According to homoeopathic philosophy, piles are the external manifestation of internal derangement of the vital force, faulty diet, sedentary habits, or portal congestion. A constitutional remedy based on the totality of symptoms helps restore the balance of the vital force, thereby curing the disease from its root and preventing recurrence. Repertories such as **Phatak**, **Murphy**, and **Boericke** are essential tools for case analysis and repertorisation, guiding the physician toward the similimum remedy. Through repertorial totality and reference to materia medica, individualized medicines such as **Sulphur 200** (often as a first prescription to open the case and stimulate reaction) can remove the tendency for piles and avoid the need for surgery. Remedies like **Nuxvomica**, **Aesculus hippocastanum**, **Hamamelis**, and **Ratanhia** are often indicated based on symptom similarity. By addressing the constitutional cause, improving circulation, and promoting natural healing, homoeopathy offers a gentle, non-invasive, and permanent solution for surgical cases of piles, thereby restoring health without operative intervention.

Keywords

Piles, Homoeopathy, Individualised Treatment

Introduction

- Piles = a ball or mass, Haemorrhoids = blood to ooze. The word 'Haemorrhoids' is derived from the Greek word Haima (bleed) + Rhoos (flowering), which means bleeding.^[1] The pile is derived from the Latin word 'Pila' which means Ball. It is downward sliding of anal cushions abnormally due to straining or other causes.^[1] Anal cushions (Thomson, 1975) are aggregation of blood vessels (arterioles, venules), smooth muscles and elastic connective tissue in the submucosa that normally reside in left lateral, right posterolateral and right anterolateral anal canal. Piles can be mucosal or vascular. Vascular type is seen in young; mucosal is seen in old.^[1] Present concept is weakening of Park's ligament which is the lower end of the external sphincter.^[1]

Types

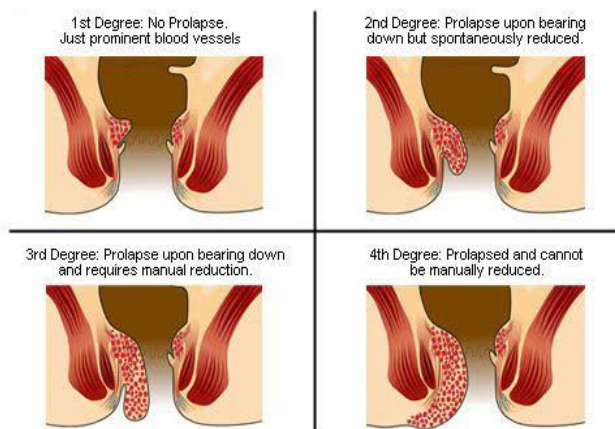
- Internal—above the dentate line, covered with mucous membrane.^[1]
- External—below the dentate line, covered

with skin.^[1]

- Interno-external—together occurs.^[1]

Classification II

1. First degree haemorrhoids within that may bleed but does not come out
2. Second degree haemorrhoids that prolapse during defaecation, but returns back spontaneously.^[1]
3. Third degree haemorrhoids prolapsed during defaecation, can be replaced back only by manual help.^[1]
4. Fourth degree haemorrhoids that are permanently prolapsed.^[1]



Differential Diagnosis

- Carcinoma^[1]
- Rectal prolapse^[1]
- Perianal warts^[1]

Role of Homoeopathy

- This is the second group of local maladies where the physician cannot notice any type of external cause like injury and accident. (Apho-186)^[2]
- Such local disease where external cause could not be traced out, must be treated with internal remedies to achieve a judicious, sure, efficient and radical cure. (Apho-190)^[2]

- A suitable homoeopathic medicine in such cases will not only cure the local maladies but also improve the general health of patients. (Apho-191)^[2]
- Based on the totality of symptoms when the selected dynamic medicine is administered, it will radically cure the local malady as well as improve the general condition of the patient. (Apho-193)^[2]

Role Of Medicine

MEDICINE	INDICATION
<i>AESCULUS HIPPOCASTANUM</i>	feels as if rectum is full of small sticks, knife like pains shoot up the rectum. large, hard, dry stool ^[3]
<i>ALOE SOCOTRINA</i>	Haemorrhoids are like bunch of grapes; constant bearing down in rectum; bleeding, sore, tender, hot, relieved by cold water. ^[3]
<i>CAPSICUM</i>	bleeding with soreness of anus, bloody mucus with burning ^[3]
<i>COLLINSONIA CANADENSIS</i>	painful bleeding piles, sensation as if sharp sticks in rectum; haemorrhoidal dysentery with tenesmus; after heart is relieved old piles reappear; in heart disease is complicated with haemorrhoids when other remedies failed. ^[3]
<i>HAMAMELIS VIRGINIANA</i>	Piles bleeding profusely; with burning, soreness anus feels sore and raw. ^[3]
<i>IGNATIA AMARA</i>	
<i>NUX VOMICA</i>	Itching, blind haemorrhoids with ineffectual urging to stool; very painful. ^[3]
<i>PAEONIA</i>	haemorrhoids, fissures, ulceration of anus and perineum, purple, covered with crusts; atrocious pains with and after each stool. ^[3]
<i>PHOSPHORUS</i>	Bleeding haemorrhoids. ^[3]
<i>RATANHIA</i>	Protrusion of haemorrhoids stool burn; burning pain before and after stool. burning in anus. aches, as if full of broken glass. ^[3]
<i>SULPHUR</i>	sensation of burning in rectum; in anus, and itching piles; haemorrhoids oozing. ^[3]
<i>SULPHURIC ACID</i>	piles oozing. Rectum feels as if it had a big ball. ^[3]

GRAPHITIS	burning hemorrhoids. smarting sore anus, itching. large difficult hard stool. Fissure in anus. ^[3]
VERBASCUM THASUS	inflamed and very painful piles. Haemorrhoids with obstructed hard stool. ^[3]
PETROSELINIUM	piles with severe itching. ^[3]

Role Of Repertory

BOERICKE ^[3]	PHATAK ^[4]	MURPHY ^[5]
Chapter – ABDOMEN 1 HAEMORRHOIDS (piles) 2Bleeding 2Inflamed 2Itching 2White piles • CONCOMITANTS • With Abdominal plethora • With Backache • With Pelvic congestion • With vicarious bleeding • AGGRAVATION • After Confinement • After Stool for hours • During Climacteric • From Leukorrhea suppressed • From Walking • AMELIORATIONS • From cold water • From hot water • From walking	1PILES, HAEMORRHOIDS: 2Alternating, with: 2Bathing cool: 3Amel.: 3Warm, or, Agg.: 2Bleeding: 3Amel.: 3Flatus, passing, while: 3Menses, during: 3Removal, after: 3Slight, exhausts: 3Stools:	Chapter- rectum 1HAEMORRHOIDS general 2Abdominal, plethora, with: 2 Ailments, from suppressed, (see Rectum, Haemorrhoids): 2Alcoholics, in: 2 Alcohol, abuse, in sedentary persons agg.: 2Alternating, with

CASE

- On 16/07/2025, a patient came to the OPD with complaints of itching+++ in the rectal region for the past week. There was no history of bleeding per rectum, but the patient complained of a sensation of swelling in the anal area. Patient

having also desire to eat sweet+++ , bowel: watery stool. Per rectal examination as inspection swelling on rectum. Patient is lean and thin.

Analysis And Evaluation Of Symptoms

symptoms	analysis
Constitution lean thin	Observative symptoms
Desire-sweet+++	Physical general (uncommon)
Stool watery	Physical particular (uncommon)
Itching rectum+++	Physical particular (uncommon)
Haemorrhoids external	Physical particular (uncommon)

Reportorial Chart

Type keywords for Quick Repertorisation

Record

Clear

Alternate Symptoms

Remedy Count

Strategies/Filters Applied

Record from Favorite Repertories

Normal

Symptoms: 5

Remedies: 425

Show Repertorisation Tools

Prescribe

Remedy List

Record

Replace

Search/State	Sulph	Phos	Calc	Ars	Calc-p	Iyc	Net-ac	Puls	Graph
Totals	15	14	12	11	11	11	11	11	10
Searches/Counted	5	5	5	5	5	5	5	5	5
Kingdom									
[Murphy] [Constitutions] LEAN, thin constitutions: (35)	3	4	2	3	4	2	2	1	1
[Murphy] [Food/Sweets, general, (See Sugar) Desires: (347)	3	2	2	3	1	3	2	2	2
[Murphy] [Stool] Watery stools: (346)	3	3	3	2	2	1	2	3	2
[Murphy] [Rectum] Itching, anus, rectum: (237)	3	3	3	2	2	3	3	3	3
[Murphy] [Rectum] HAEMORRHOIDS, general/External: (34)	3	2	2	1	2	2	2	2	2

Justification Of Medicine

- Sulphur* 200 1 single dose prescribed after repertorisation, after consulting different materia medica.
- Sulphur* 200 cover following symptoms.
 - Sulphur great anti psoric medicine. ^[4]
 - Sweet desire ^[3,4]
 - Itching anus ^[3,5]
 - Hemorrhoid ^[5]
 - Thin, watery diarrhoea ^[6]

Follow Up

FOLLOW UP	PRESCRIPTION
<ul style="list-style-type: none"> 23/7/25 - After 1 week, patient having not itching on rectum. Haemorrhoids gone No new complain Patient feels better 	S.L.B. D 7 DAYS




CONCLUSION

After administering a single dose of *Sulphur 200*, the patient showed marked improvement within a week. The itching of the rectum completely subsided, and haemorrhoids disappeared. There were no new complaints, and the patient reported a general sense of well-being and relief. This positive response confirms the accurate selection of the remedy based on the totality of symptoms and repertorisation. The follow-up management with S.L. (Sac. Lac.) twice daily for 7 days

was appropriate for maintaining improvement. In conclusion, *Sulphur 200* proved effective in addressing the patient's psoric manifestations and restoring overall health.

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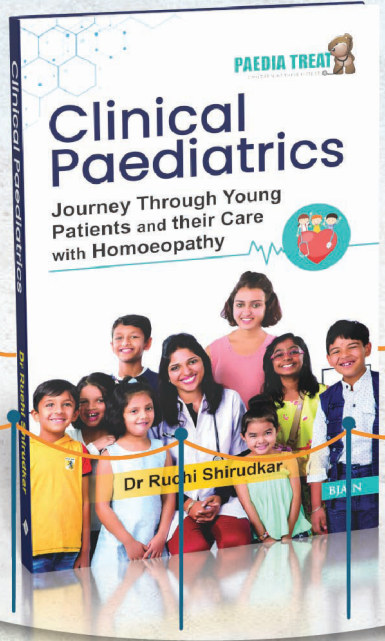
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Dr Ruchi Shirudkar

Expanding the Scope of Homoeopathy in the Management of Nasal Polyps: A Non-Surgical Perspective

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Abstract

Nasal polyps are benign, chronic inflammatory growths of the nasal and sinus mucosa that cause persistent nasal obstruction, loss of smell, and recurrent sinus infections. Conventional treatment involving corticosteroids and surgery often provides only temporary relief, with high recurrence rates and adverse effects ^(1,2). This study emphasises the significance of individualised homoeopathic management as a non-surgical, holistic alternative aimed at correcting underlying constitutional and miasmatic imbalances. The clinical assessment incorporates the Sino-Nasal Outcome Test (SNOT-22) for objective evaluation of symptom severity and treatment response ⁽³⁾. Considering the increasing prevalence of eosinophilic rhinosinusitis and allergic tendencies in polluted urban areas like Delhi, homoeopathy offers a sustainable and patient-centric approach by addressing both local pathology and systemic susceptibility, thereby reducing recurrence and enhancing quality of life ⁽⁴⁾.

Introduction

Nasal polyps are chronic inflammatory outgrowths of the nasal mucosa, commonly located in the middle meatus, affecting approximately 4% of the general population worldwide ⁽¹⁾. The prevalence is notably high in urban areas with increased air pollution, such as Delhi, where particulate matter and allergen exposure contribute significantly to chronic rhinosinusitis and nasal polyposis ⁽⁴⁾. It is covered by respiratory epithelium and composed of loose connective tissue infiltrated with inflammatory cells, predominantly eosinophils ⁽²⁾.

Clinically, patients present with nasal obstruction, anosmia, rhinorrhoea, postnasal drip, and facial pressure ⁽¹⁾. Despite medical and surgical interventions, recurrence remains a significant challenge, underscoring the need for a holistic, constitutional approach to treatment.

Etiology

Nasal polyps are multifactorial in origin, resulting from chronic inflammation due to:

- **Allergic reactions** to dust, pollen, fungi, and environmental pollutants.
- **Chronic rhinosinusitis** causing prolonged mucosal oedema.
- **Infective agents** (bacterial and fungal).
- **Anatomical obstruction** of sinus ostia and septal deviation.
- **Aspirin sensitivity and asthma (Samter's triad)**.
- **Environmental toxins and air pollution**, particularly prominent along the Delhi-Yamuna belt, aggravate oxidative stress in mucosal tissues ^(1,2,4,5).

Physiology

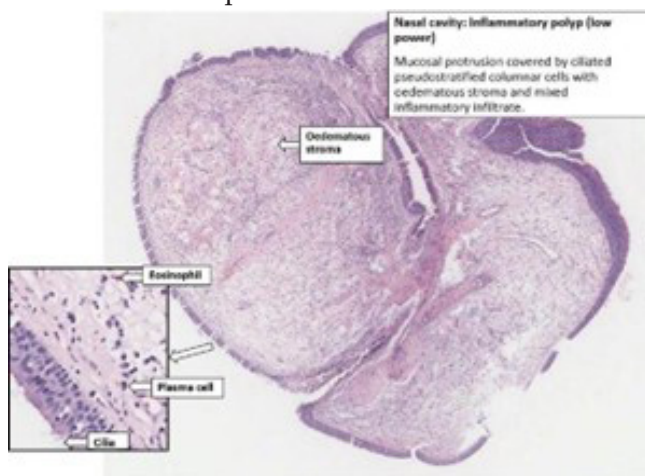
The normal nasal mucosa maintains mucociliary clearance, humidification, and filtration of inspired air. Chronic irritation disturbs these physiological functions, leading to impaired drainage, retention of secretions, and development of polypoid projections ⁽¹⁾.

Pathology

Histologically, nasal polyps consist of oedematous stroma with inflammatory infiltrate, dilated glands, and thickened basement membranes. The predominant cells include **eosinophils, mast cells, and lymphocytes**. The chronic inflammation leads to irreversible mucosal hypertrophy ⁽²⁾.

Signs and Symptoms

- Persistent nasal obstruction
- Watery or mucoid discharge
- Postnasal drip



- Sneezing, itching, and facial heaviness
- Hyposmia or anosmia
- Mouth breathing, disturbed sleep, and fatigue
- Headache at the frontal sinuses ⁽³⁾.

These correlate closely with the **Sino-Nasal Outcome Test (SNOT-22)**, a validated clinical tool for assessing disease burden.

SNOT-22 Criteria and its Significance



This fig. shows a case presentation of nasal polyps in the middle meatus of both nostrils. (Patients' consent was taken before publishing the image.)

The **SNOT-22 questionnaire** comprises 22 items rated 0 – 5, covering nasal, sleep, and emotional domains ⁽³⁾. Common items include the need to blow the nose, nasal blockage, loss of smell/taste, facial pain, disturbed sleep, and fatigue.

The **SNOT-22 acts as a quantitative extension of symptomatology**—it translates subjective complaints into measurable indices, facilitating both case analysis and treatment evaluation without deviating from individualisation.

CONVENTIONAL MANAGEMENT AND SURGICAL TREATMENT APPROACH AND ITS LIMITATIONS

- **Topical and systemic corticosteroids**
- **Endoscopic sinus surgery (FESS)** to remove polyps and restore ventilation.

However, despite advances, recurrence rates vary from 20 to 60 %, often requiring repeated surgeries. Surgery targets the symptom, not the root cause, and prolonged steroid use can cause systemic side effects such as mucosal atrophy, immunosuppression, and rebound congestion. Therefore, the surgical approach, though temporarily helpful, remains problematic due to recurrence and lack of structural correction.

Homoeopathic Approach: A Non-Surgical Boon

Homoeopathy treats the individual as a whole, considering both miasmatic background and totality of symptoms.

In nasal polyps, the **Sycotic miasm** predominates, characterised by overgrowth and chronic catarrhal tendencies ⁽⁶⁾. Through individualisation, remedies are prescribed based on peculiar sensations, modalities, concomitants, and mental state.

Homoeopathic medicines promote mucosal healing, immune modulation, and reduction of inflammatory proliferation, thus preventing recurrence. The approach is non-invasive, cost-effective, and patient-friendly.

Scope of Homoeopathy in Nasal Polyps

Homoeopathy offers significant advantages:

1. **Non-invasive treatment** avoiding surgical trauma and recurrence.
2. **Constitutional correction** targeting the root cause and miasmatic background.
3. **Improved quality of life** with restoration of olfaction and respiration.
4. **Minimal side effects** and safe for long-term management.

Clinical trials and observational studies have shown significant improvement in nasal patency and SNOT-22 scores with homoeopathic medicines such as *Teucrium marum verum*, *Lemna minor*, and *Kali bichromicum* ^(7,8,9).

Miasmatic Interpretation

Nasal polyps reflect the **sycotic miasm**, characterised by overgrowth, mucosal hypertrophy, and recurrent catarrhal tendencies. However, mixed miasmatic expressions are often seen, with:

- **Psoric background** – hypersensitivity and allergic manifestations
- **Sycotic element** – mucosal overgrowth and recurrence
- **Syphilitic tendencies** – ulceration or degeneration of mucosa ⁽⁶⁾

Homoeopathic management must therefore consider this miasmatic interplay, guiding remedy selection and constitutional treatment.

Frequently used Rubrics related to Nasal Polyps and some high-grade medicines from Kent's Repertory ⁽¹⁰⁾

CHAPTER: NOSE

- Polypus: **Teucrium marum verum**, *Lemna minor*, **Sanguinaria can**, *Kali bichromicum*, **Calcarea carb**, *Thuja*, *Phosphorus*, *Graphitis*, *Sulphur*, *Sepia*, *Calcarea phos*.

Right: *Kali nitricum*

Bleeds easily: *Phosphorus*, *Thuja*, *Calcarea carb*.

Posterior nares: *Teucrium*.

- Obstruction

Morning, fluent during day: *Silicea*.

Air, in the open, amel: *Phosphorus*, *sulphur*, *Rhododendron*, *Argentum nitricum*.

Chronic: **Calcarea carb**, *Conium mac*, *Silicea*, *Sulphur*, *Bryonia*.

Cold, after every: *Silicea*

One-sided: *Nux v*, *Rhododendron*, *Staph*, *Phos*, *Sulphur*, *Mez*.

lying, while: *Nux moschata*, *Causticum*.

Headache, with: *Sanguinaria can*, *Thuja*, *Lachesis*, *calcarea carb*.

- Smell, lost (Anosmia): **Calcarea carb**, **Belladonna**, **Hepar sulph**, **Merc**, **Phos**, **Plb**, **Natrum mur**, **pulsatilla**, **Sepia**, **Silicea**, *Kali bichromicum*, *Teucrium*, *Arsenicum album*, *Antim tart*, *Ammonium mur*, *Aurum met*, *Cuprum met*, *Causticum*, *Capsicum*, *Hyoscyamus*, *Kali sulph*, *Lycopodium*, *Rhus tox*, *Psorinum*.
- Discharge, thick: **Kali bichromicum**, **Calc sulph**, **Lac can**, **Puls**, **Silicea**, **Tuberculinum**, **Ars alb**, *Arum t*, *Hepar sulph*, *Hippoz*, *Merc*, *Rhus tox*, *Stannum met*, *Staph*, *Sulphur*, *Thuja*.
- Discharge, offensive: **Calcarea carb**, *Lemna minor*, **Hepar sulph**, **Pulsatilla**, **Silicea**, **Sulphur**, **Psorinum**.
- Discharge, viscid, tough: **Bov**, **Cham**, **Hydr**, **Kali bi**, **Kali I**, **Kali sulph**, **Stannum met**.
- Sneezing, frequent: **Am m**, **Ars alb**, **Carb-s**, **Carbo veg**, **Merc**, **Nux vom**, **Sulphur**
- Sneezing, prolonged paroxysms: *Nux vom*.
- Sneezing, tickling in the trachea, from: *Caps*.
- Sneezing, lasting 5 minutes: *Senega*
- Sneezing, uncovering from: **Hepar sulph**, *merc*, *Rhus t*

CHAPTER: HEAD

- Pain, forehead, middle between: **Cuprum met**, *Hepar sulph*, *Lachesis*.

- Pain, forehead middle, frontal Sinuses from chronic coryza: **Silicea**, *Ars alb*, *Kali bi*, *Sang*, *Thuja*
- Pain, nose, above root of: **Cuprum met**, **Kali bi**, **Staph**, *Ars alb*, *Ars-i*, *Belladonna*, *Calc*, *Kali carb*, *Merc-i-f*, *Ignatia*, *Hepar sulph*.

CHAPTER: RESPIRATION

- Breathing, difficult sleep during: **Lach**, *Carbo veg*, *opium*, *Kali-bi*, *kali-c*, *Lact*, *Lycopodium*, *Sulphur*
- Breathing, difficult, air in open: **Psor**, *Borax*, *Senega*, *rhus t*.

Common Homoeopathic Therapeutics from Boericke's Materia Medica

Medicine	Key Indications & their Modalities
Teucrium marum verum	Right-sided polyp, obstruction, crawling sensation, anosmia; worse evening & lying down.
Lemna minor	Polyp with putrid smell, nasal blockage in damp weather; better in dry climate.
Kali bichromicum	Thick, stringy mucus; frontal sinus pain; one-spot headache; better heat, worse morning.
Sanguinaria canadensis	Right-sided blockage with periodic frontal headache; burning; better sleep.
Calcarea carbonica	Large recurrent polyps, thick discharge; worse cold/damp; chilly, sweaty patient.
Pulsatilla	Bland yellow-green discharge; shifting obstruction; worse warm rooms, better open air.
Phosphorus	Bleeding polyps; dryness, crusts; sensitive; better cold food/drinks.
Silicea	Chronic polyps with foul discharge; recurrent sinusitis; chilly; better warmth.
Thuja occidentalis	Polypoid overgrowth; left-sided obstruction; oily skin; worse damp cold.
Hydrastis canadensis	Thick ropy mucus; postnasal drip; raw sensation; worse damp, better open air.

These medicines not only relieve obstruction and restore olfaction but also act on the constitutional level to prevent recurrence.

Future Recommendations and Preventive Strategies

1. **Environmental Control:** Reducing air pollution, allergen exposure, and smoking can decrease recurrence risk.
2. **Lifestyle Modifications:** Adequate hydration, nasal hygiene, and balanced diet support mucosal health.
3. **Constitutional Treatment:** Regular follow-up with individualised homoeopathic medicines can prevent recurrence.
4. **Integrative Research:** Collaborative studies between otorhinolaryngologists and homoeopaths are needed to validate outcomes with radiological and endoscopic assessments.

CONCLUSION

Nasal polyps represent a chronic inflammatory manifestation often aggravated by urban pollution and allergic diathesis. Nasal polyps represent a borderline-surgical condition with a high potential for homoeopathic intervention. Conventional management focuses on excision, yet recurrence persists. Homoeopathy offers a holistic, curative, sustainable, and non-surgical alternative, restoring mucosal health through constitutional therapy. Integrating tools like SNOT-22 enhances objective evaluation, strengthening the scientific credibility of homoeopathic practice.

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Management of Mucocele with Individualized Homoeopathic Medicine- A Case Report

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Abstract

Homoeopathy approaches the management of a mucocele (a benign, mucus-containing cyst often found in the oral cavity) through an individualised constitutional approach. This means that the treatment is not based solely on the mucocele itself, but on the unique totality of the patient's symptoms—including physical, mental, and emotional characteristics, as well as the local symptoms of the cyst.

The goal of individualised homoeopathic medicine is to stimulate the body's natural healing response and address the underlying predisposition, which may prevent recurrence.

Keywords

Mucocele, cyst, individualised medicine

Introduction

A mucocele is a benign cystic lesion of the minor salivary gland that contains mucus¹. The term "mucocele" comes from the Latin words 'Mucus,' meaning mucus, and 'cocele,' which means cavity². Oral mucoceles (OMs) are soft tissue masses that are benign and typically present as single or multiple, painless, smooth, shiny, spherical, translucent, and fluctuant nodules, often without symptoms. Mucoceles are described as cavities filled with mucus and can be found in various locations, including the oral cavity, appendix,

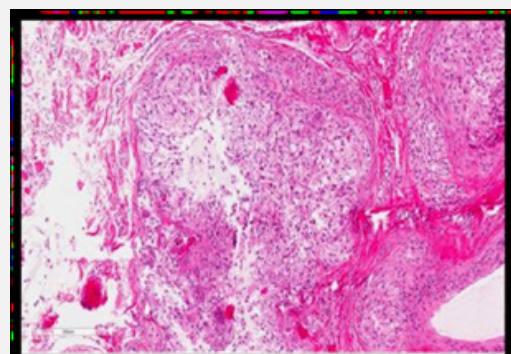
gallbladder, paranasal sinuses, and lacrimal sac². They are generally classified into two types:

- Mucus Retention Cyst¹
- Mucus Extravasation Cyst¹

Risk Factors: ¹

- They occur equally in both genders and are most common in extreme age groups, namely, children and the elderly.
- Trauma
- Caused by habits such as biting the lips or cheeks
- When an upper wisdom tooth erupts buccally
- Pinching of the lip
- Use of extraction forceps
- Idiopathic causes

Pathology³



A high-power micrograph (H&E 11.6x) reveals a mucus extravasated cyst characterised by clear spaces.

Clinical Features

- Generally found on the lower lip's slight inner surface (predominantly) o Inside the cheek o Anteroventral tongue ²
- It is not a true cyst since there is no epithelial lining, typically presenting as a papule.³
- Sizes can range from 1 mm to several centimetres. ³
- Painless, soft, smooth, and spherical in shape.
- Translucent In Appearance.

Differential Diagnosis^{1,2,3}

- Venous lake
- Fibroepithelial polyp
- Ranula
- Epulis

Management ⁹

- Some mucocoeles may resolve spontaneously after a brief period.
- Others may become chronic and necessitate surgical excision.
- Surgical removal of the adjacent salivary gland is recommended as a preventive measure.
- Treatment options include:
 - Laser surgery
 - Minimally invasive methods
- Treatment must address not only the cyst but also the underlying minor gland, which should be excised under local anaesthesia.
- Smaller cysts can often be treated with laser surgery, whereas larger ones may require a more extensive operation.
- A non-surgical approach that might help a

small, recently identified mucocoele is to thoroughly rinse the mouth with salt water.

Homoeopathic Approach To Mucocoele

- In aphorism 259 - Given the small sizes of doses required in homoeopathic therapy, it becomes clear that anything in the diet or life-style that could exert a medicinal effect must be eliminated during treatment, so that the diminutive dose is not overwhelmed, extinguished, or interfered with by any external medicinal irritants.
- In aphorism 260 - Therefore, it is especially crucial to thoroughly investigate potential barriers to healing in patients with chronic illnesses, as their conditions can often worsen due to harmful influences and dietary mistakes that may go unnoticed.
- Footnote 140 - A life characterised by inactivity in cramped living spaces, frequent reliance on merely passive activities (such as riding, driving, or swinging), staying up late, and excessive mental and physical exertion should be minimised or avoided as much as possible to prevent hindrance to the healing process.
- In aphorism 261 - The most suitable regimen while administering treatment for chronic illnesses entails eliminating such barriers to recovery and, where necessary, introducing beneficial elements: harmless moral and intellectual recreation, active outdoor exercise in nearly all weather conditions (including daily walks and light manual labour), along with appropriate, nourishing, and non-medicinal food and beverages.

Various Recommendations By Different Stalwarts

- Dr G.H.G. Jahr highlighted the use of Mercurius for treating ranula. In one instance where Mercurius did not produce a cure, he had to conclude the treatment with Thuja. In a different case, where Thuja initiated some improvement, he finished the treatment with Nitric acid and Mercurius.
- Dr J.H. Clarke indicated that Natrum

muriaticum is appropriate for swelling under the tongue with stinging pain, as well as for a ranula; he suggested Staphysagria for swelling of glands beneath the tongue, cysts associated with salivary ducts, and a ranula.

- Dr Schussler has also indicated Natrum muriaticum for a ranula.
- Dr Robin Murphy recommended Calcarea carbonica for treating a ranula located under the tongue.
- Dr Rai Bahadur Biswamber Das advised starting with Staphysagria for soft cystic lesions on the lip, while for hard cystic lesions, it is preferable to begin with Conium mac.

CASE REPORT

A 32-year-old man reported to the outpatient department (OPD) of R.B.T.S. Govt. Homoeopathic Medical College & Hospital Muzaffarpur with Reg. no A19190/19122 on 16th may 2023 with Cystic growth on the lateral rt side of lower lip Red⁺⁺, Sore ⁺and eruption, itching at the margin of nape of neck < Summer, peeling of skin of sole of foot, Itching of sole < Scratching

History of Presenting Complaint

The patient is well before February 2023. Suddenly about 104⁰ fever arises. Then it is treated with homoeopathic medicine. After fever subsides the patient grows a soft small swelling at rt lateral side of the lower lip.

Past History- Chicken pox

Family History- Grandfather- Joint pain

Physical General-

Rhc : Hot Pt; Catches Cold Easily

Desire: Salty +++, Spicy Food +++, Coffee++

Aversion: Milk

Thirst: Increased / 4-5 Lts /Day

Appetite: Less

Stool: Ineffectual Urging

Tongue: Dry Tongue, Thick Coated Tongue

Perspiration: Normal

General Physical Examination-

Height- 6 feet 1 inch

Appearance- Fair complexion, dark hair.

Anaemia- absent

Oedema - absent

Blood pressure – 120/76 mm of Hg

Pulse- 78 bpm

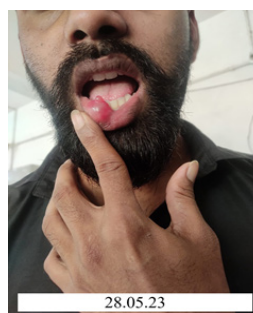
Temperature- 98⁰F

Cyanosis- absent

Clubbing- absent.

Mental General:

- Desire to be alone
- Anger +++
- Consolation aggravates
- Sympathy for others
- Anxious for future



Provisional diagnosis: Mucocoele

Totality of symptoms

1. Anguish about Future
2. Solitude Prefers
3. Craves Salt
4. Ineffectual of stool desire
5. Lips thick
6. Skin cysts

7. Itching burning with

8. Desquamating, Dry scales

Analysis And Evaluation of Symptoms with Miasmatic Analysis

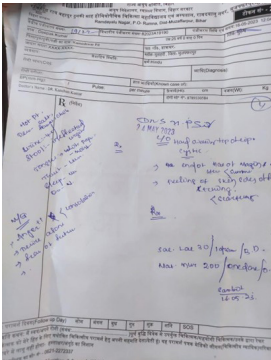
S. NO	SYMPTOMS	ANALYSIS	EVALUATION	MIASMATIC ANALYSIS ⁶
1.	Anguish about Future	Mental general	++	Psora Sycotic
2.	Solitude Prefers	Mental general	+++	sycosis
3.	Craves Salt	Physical general	++++	Tubercular
4.	Ineffectual of stool desire	Physical general	++	psora
5.	Lips thick	Particular general	+++	Syco Psoric
6.	Skin cysts	Particular general	++	Sycosis
7.	Itching burning with	Particular general	++	Psora Syphilitic
8.	Desquamating ,Dry scales	Particular general	++	Psora

Repertorization Sheet

	nat.m	sep.	phos.	sulph.	calc.	caust.	nat.c.	ph.ac.	calc.	ars.	con.	phos.	staph.	lym.	thyr.	verat.	kal.c.	merc.
1. MIND - ANXIETY - futur... (201) 1	2	2	3	2	3	2	2	2	2	2	2	2	2	2	1	1	1	1
2. MIND - COMPANY - ave... (297) 1	3	1	2	1	1	2	1	1	3	2	2	3	3	2	1	1	1	1
3. MIND - ANGER - consol... (9) 1	2								1									1
4. FACE - ERUPTIONS - U... (19) 1	2	3	1	2	2	1	2	2				1	2					
5. RECTUM - CONSTIPATI... (256) 1	3	3	2	3	2	3	2	1	1	3	3	3	2	2	3	2	3	2
6. SKIN - ERUPTIONS - de... (109) 1	1	3	2	2	1	1	1	2	2	1	1	2	1	1	1	3	2	2
7. GENERALS - FOOD AND ... (161) 1	1	1	1	2	2	1	1	1	1	2		1	1	2	1	1	1	

Prescription –

- 1. Natrum Mur 200/ one dose/OD (morning)
- 2. Sac Lac 30/drammach / 5glb BD



Repertorial Analysis: -

- 1. Nat m – 18/7
- 2. Sep- 15/6
- 3. Phos - 13/6
- 4. Sulph -12/6
- 5. Calc -10/6

Therapeutic Intervention: -

Following thorough case analysis, the comprehensive symptom picture was established based on mental and physical generalities, constitution, miasm history, and past medical history, in accordance with homoeopathic principles. After a diligent examination of the patient's mental and physical generalities and evaluating the repertorial findings, referencing the homoeopathic Materia Medica, a simillimum was chosen. The potency was determined based on the patient's level of susceptibility. An individualised homoeopathic treatment plan was initiated.

Follow Ups

DATE OF VISIT	CHANGE OF SYMPTOMS	MEDICINE/ DOSE/ POTENCY
28.05.23	• Soft cystic swelling in the tip of lip persists with increase in size with another bump growing there All other symptom cured	Natrum Mur 200 / one dose /O. D
03.06.23	The swelling vanishes totally	Sac.lac 30 / 1 dramch /B. D
21.06.23	No relapse	No medicine

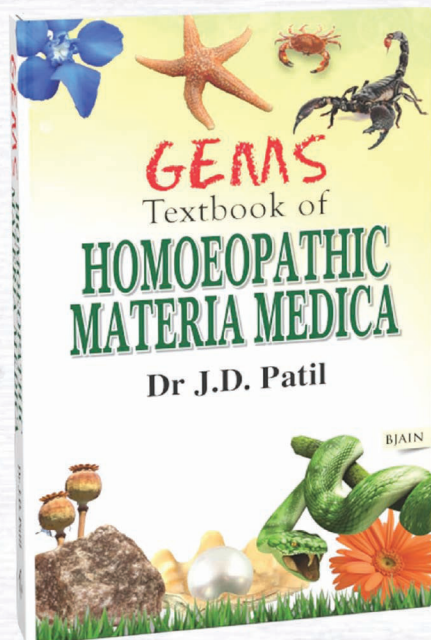
CONCLUSION

From this case, I concluded the efficacy of individualised homoeopathic medicine as a holistic treatment in the case of Mucocoele. Mucocoeles are one of the most common soft tissue lesions of the oral cavity, which are mainly benign and self-limiting in nature, easily diagnosed based on clinical

appearance and accurate history. Standardisation in Homoeopathic prescribing is possible by proceeding in a systematic way from case taking to building of totality and repertorisation. Homoeopathic medicine may bring back the reversed pathology to normal. The scope of homoeopathy in surgical cases is generally understood to be complementary and supportive, rather than a replacement for necessary surgical procedures

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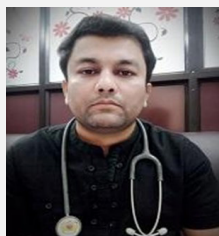
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Expanding the Scope of Homeopathy in Surgical Cases: 2 large gallstones treated by homoeopathy without surgery

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GWR-CHALLENGE, Limca Book of Records - For Treating Congestive Heart Failure by Homoeopathy Medicine (MEDICAL SCIENCES) Nominated for Right Livelihood Award 2024,Stockholm. Awardee DR.S.K.J.Memorail Prize(Medicine) Awardee Bharat Shri National Prize (Medicine) Consulting Physician, Dietician, Health Care Administrator, Columnist, Author

Abstract

This abstract describes the successful homeopathic treatment of a patient with gallstones. This 70-year-old woman complained of recurrent Abdominal pain, Abdominal Bloating , and discomfort in the upper right quadrant of her abdomen. The patient was asked to undergo ultra-sonography (whole abdomen)The initial ultrasound report confirmed the presence of two large gallstones in her gallbladder, clearly visible in the report by the radiologist.

During the homeopathic case-taking, the patient's physical and mental symptoms were thoroughly analysed. Based on the totality of the symptoms and present symptom , the individualized homeopathic remedy Natrium Muriaticum was prescribed, along with necessary dietary and lifestyle changes.

The patient experienced significant improvement in her symptoms. A follow-up ultrasound scan was performed to confirm this improvement. In the second report, only one stone, measuring 8.8 mm, remained. The medication was administered based on homeopathic principles, and the patient no longer experienced any pain or discomfort. After 3-4 months, a follow-up ultrasound scan was performed to confirm the improvement. The radiologist's report declared the gallbladder "stone-free." (no calculus in gall bladder). This case study demonstrates that homeopathy can be a safe and

effective treatment method, not only alleviating symptoms but also addressing the root cause of the disease, helping the body heal naturally. In this case, the complete dissolution of a large stone due to homeopathic medicine is a strong testimony to the therapeutic efficacy of homeopathy.

Introduction

Gallstones (cholelithiasis) are hard pieces of bile that form in gallbladder or bile ducts. They can cause problems if the stones get stuck in your biliary tract and block your bile flow. The biliary tract is located in the upper right part of your abdomen, just below your right ribs. Most people feel gallstone pain in this area. But sometimes, the pain can spread to other areas. Some people feel pain in their right arm or shoulder or in the back between the shoulder blades. When cholelithiasis with cholecystitis , cholecystectomy is the only treatment as per Morden science. Some people feel gallstone pain in the middle of the abdomen or chest. Gallstones form when there is too much of one of the main elements in the bile. This excess element turns into sediment in the lower part of your gallbladder or bile ducts, and the sediment gradually hardens and forms stones. Cholesterol stones are the most common type. Pigment (bilirubin) stones are another type.

Complications

If gallstones block the flow of bile in your biliary

system, the biliary duct can become severely inflamed and develop, leading to infections. If severe, these conditions can be life-threatening.

- a. Cholecystitis (inflammation of the gallbladder).
- b. Pancreatitis (inflammation of the pancreas).
- c. Hepatitis (inflammation of the liver).
- d. Septicaemia (infection in your bloodstream)

Cholecystitis (inflammation of the gallbladder)

Cholecystitis is inflammation in your gallbladder, an organ located in the upper right part of the abdomen. Gallbladder stores bile and distributes it through the bile ducts. When a gallstone gets stuck in bile duct, it can cause bile to back up in your gallbladder. This can cause inflammation, pain, and other complications.

Types :

- **Acute Cholecystitis:** Pain in the upper abdomen, especially on the right side. It may also spread to your right shoulder or back. Gallbladder stone pain often peaks quickly and can be severe. It may feel sharp, dull, or cramping, and may worsen with deep breathing. Some people mistake it for chest pain or a heart attack
- **Chronic Cholecystitis:** Symptoms of chronic cholecystitis are usually less severe and tend to come and go. You may experience biliary colic (stomach pain and nausea) after eating a large or heavy meal. & bloating, indigestion, nausea.

Investigation :

1. MRCP- Magnetic Resonance Cholangiopancreatography
2. CT- SCAN - (Computed Tomography) of the abdomen \
3. CBC- Complete Blood Count
4. ESR- Erythrocyte Sedimentation Rate
5. CRP- C-Reactive Protein.
6. AMYLASE/ LIPASE
7. URINE-R

8. USG-W/A
9. LFT- liver function test
10. RFT- renal function test

Treatment As Per Modern Medicine :

Treatment of gallstones depends on the stage of the disease. Ideally, intervention at the lithogenic stage can prevent gallstone formation, however, currently, this option is limited to certain circumstances. Asymptomatic gallstones can be managed expectantly. When gallstones become symptomatic, definitive surgical intervention with cholecystectomy is usually indicated. Generally, laparoscopic cholecystectomy is the first-line treatment in centres experienced in this procedure.

Careful Selection Of Patients Is Essential And They Must Meet The Following Criteria:

Small stone size (<0.5 to 1 cm)

Good gallbladder function (e.g., normal filling and emptying)

Minimal or no calcification

When concomitant gallbladder cancer is present, open surgery may be indicated.

In patients with uncomplicated cholecystitis, gallbladder drainage may be considered after stabilizing the patient and draining the gallbladder.

The role of medical management of gallstones has diminished in recent years. However, in select patients, especially those who are not suitable for surgery or who are unwilling to undergo surgery, medical treatment may be a useful alternative to cholecystectomy. Beyond pain control, medical treatment is not initiated in the emergency department.

Medical Treatments For Gallstones, Alone Or In Combination, Include The Following:

1. Oral bile salt therapy (ursodeoxycholic acid) (particularly for x-ray-negative cholesterol gallstones in patients with normal gallbladder function)
2. Extracorporeal shockwave lithotripsy (especially for non-calcified cholesterol gallstones)

in patients with normal gallbladder function) Medical management is more effective in patients with good gallbladder function, those with small stones (<1 cm) and high cholesterol content. Bile salt therapy may be required for more than 6 months and has a success rate of less than 50%.

Case Objective

The purpose of presenting this case report is to demonstrate that 8mm and 7mm stones can be successfully dissolved by appropriate individualized homeopathic medicine.

Materials and Methodology

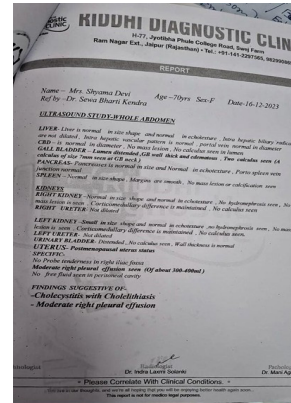
1. Patient Identification: Smt. Shyama Sharma, Age 70yrs, Gender- Female, Occupation: House Wife
2. Diagnosis: Cholecystitis & Cholelithiasis on dated 16-12-2023 (2 Gall Bladder Stones).

CASE HISTORY

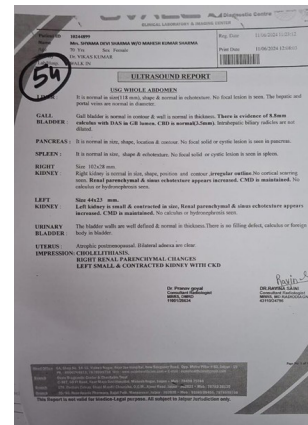
“A 70-year-old female patient visited OPD of Babu G .Ram Homoeopathic Clinic, Jaipur, Rajasthan on dated 16-10-2023 with the Following complaint like recurrent abdominal pain , Recurrent Fever, vomiting, nausea, weight loss, Anorexia for few days”

DATE OF TREATMENT	16-12-23 to 16-10-24
Observation study: 1 - Recurrent episodes of abdominal pain, recurrent fever, vomiting, nausea, weight loss, loss of appetite, constipation, bloating, when USG was done on 16-12-23, the result was very serious - two large stones in the gall bladder and cholecystitis was also found	
Observation study : 2 - Slight better in condition but Fever reduced & abdominal pain – slight decreased	
Observation study : 3 - Better in condition / constipation / bloating	
Observation study : 4: Bloating / dyspepsia (The USG report is mentioned with proof in the next section of the article.)	
Observation study : 5: No specific abnormal symptoms mentioned above were observed	
Observation study : 6: No medication was given during this period	
Observation study : 7: (Now USG -W/A was done again on 16-10-24) USG shown - Both two large Gall Bladder stones were not visible in the USG report (No evidence of Cholecystitis or Cholelithiasis is seen , CBD normal in course (The USG report is mentioned with proof in the next section of the article.)	

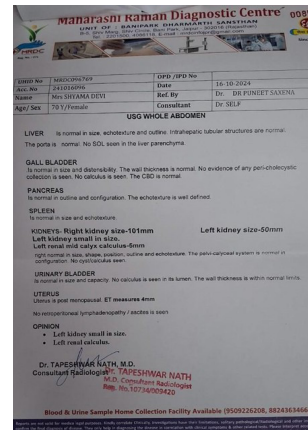
Before USG Report - (Date 16-12-2023) – Shows Two Calculus Seen With Cholecystitis



Usg Report 2 (Date 11-6-2024) – Shows One Calculus Only Seen (Size- 8.8mm) With Cholecystitis



Final USG Report 3 - (Date 16-10-2024) – Shows No Calculus, No Any Peri-Cholecystic Collection Is Seen



Analysis And Evaluations

Mental Generals:

Consol aggravation, want to alone to cry, irritable

Physical Generals:

Thirst: Thirsty

Thermal State : Hot

Stool- Constipation ,pain after stool sometime

Urine- N/p

Desire : salty, table salt; ++

Modalities: <noise, consolation / >open air

Sweat: Offensive

Appetite: Increased

Repertorial Charts :

Repertorisation						
Symptoms: 5 Remedies: 89 Applied Filter						
Remedy Name	Nat-m	Sil	Ign	Kali-c	Nit-ac	Sep
Totality / Symptom Covered	14 / 5	9 / 4	9 / 3	7 / 4	7 / 3	7 / 3
[Kent] [Stomach]Desires:Salt things: (30)	3				2	
[Kent] [Mind]Consolation :Agg: (23)	3	3	3	1	1	3
[Kent] [Rectum]Pain:Burning:Stool:After a hard: (23)	2	3		1		
[Kent] [Mind]Conversation agg (see talking): (35)	3	2	3	1		1
[Boenning] [Sweat]Aggravation:Eating:While:						

Follow Up:

Nat.mur 6 - TDS for 4 days, then *Sac. Lac.*-tds and diet management for next 15 days, then *nat.mur 30* for 4 days and *Sac. Lac.*-tds and diet management for 15 days, after 2 months *Sac. Lac.* tds for 15 days & A single dose of *nat.mur 200* and. After 1 month only *Sac. Lac.* was given for 15 days.& continue with *sac. Lac.* Then another 1 dose of *nat.mur 200* given .

DISCUSSION

In the present case, the patient's response was based on the treatment of symptoms of abdominal pain, recurrent fever, vomiting, nausea, weight loss and increasing potencies (6c, 30c, and 200c) of homeopathic medicine. No adverse events occurred during the treatment period. Based on the totality of symptoms, the homeopathic medicine *Nat. Mur* was found to be the most appropriate remedy for this particular case and was selected based on the totality of symptoms arising from

the condition after consulting the *Materia Medica* book.

CONCLUSION

After this, started the homeopathic treatment and the patient started seeing improvement in the symptoms. This whole matter shows the wonderful role of homeopathic medicine. Homeopathy has once again proved that it is a wonderful scientific medicine. Apart from this, it is also proved here that if a homeopathic doctor has the right knowledge of proper treatment method and homeopathic principle and he can treat the most complex disease by selecting the right medicine based on the symptoms, then I would like to advise the new homeopathic doctors that if they work hard in homeopathy science with true honesty, then the whole world will praise homeopathy medicine and the whole world will praise and congratulate our Sir Dr. Hahnemann and this wonderful treatment method given by him.

Acknowledgement

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Conflict of interest

Nil

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Minimizing Surgical Need Through Individualized Homoeopathic Care: A Case Study of Cholelithiasis



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PEER REVIEWED

Abstract

Cholelithiasis or Gallstone disease, is the most prevalent gastrointestinal disorder worldwide. Conventional medicine often recommends cholecystectomy as treatment of choice. However, not all cases require immediate surgery. Homoeopathy, with its individualized and holistic approach, offers a safe and an alternative route to manage patients symptomatically and constitutionally by stimulating the body's own healing mechanism. This article highlights the scope of homoeopathic treatment in surgical cases and presents a case demonstrating how individualized homoeopathic treatment can provide symptomatic relief, reduction in inflammatory episodes, and improved quality of life, thereby preventing surgical intervention.

Keywords

Homoeopathy, Cholelithiasis, Individualized Treatment, Surgical Avoidance, Case Study

Introduction

The word "cholelithiasis" comes from Greek roots: "chole" meaning "bile", "lithos" meaning "stone", and "iasis" meaning "a condition" or "process".

Together, they literally mean the "condition of bile stones". Gallstone formation is the most common disorder of the biliary tree and it is unusual for the gallbladder to be diseased in the absence of gallstone. ⁽¹⁾ Gallstone are conveniently classified into cholesterol or pigment stone. Cholesterol stones are most common in industrialised countries whereas pigment stones are most frequent in developing countries. In the United States, the prevalence of gallstones is 7.9% in men and 16.6% in women. Approximately 10% of individuals with gallstones develop symptoms within 5 years of diagnosis, 20% within 20 years, at a rate of 1% to 2% per year. ⁽¹⁾⁽²⁾ Of those with symptomatic gallstones, 1% to 2% experience complications, often due to common duct stones. Conventional medical practice frequently recommends Cholecystectomy as a definitive treatment. While surgery effectively eliminates the gallbladder, it doesn't necessarily address metabolic or constitutional tendencies; and even after surgery post operative digestive complications may still persist.

Homoeopathy offers an alternative by addressing the root cause of stone formation, not merely its result. Hahnemann's organon of medicine emphasizes the importance of treating the dynamic cause rather than the structure manifestation. Hahanemann, Kent and later stalwarts emphasize

that homoeopathy can reduce the necessity of surgery when pathological changes are still reversible. The objective is not to oppose surgery but to avoid unnecessary invasive procedures when holistic healing is possible. Through individualized remedy selection based on totality of symptoms, homoeopathy can reduce inflammation, improve bile metabolism, and enhance constitutional vitality – thereby minimizing the need for surgical intervention.

Preliminary Data -

Patient name - X.Y.Z.	Date - 11/03/2024
Age/Sex - 22yrs/female	Marital status - Unmarried
Qualification - B.B.A. (3 rd yr)	Occupation - Student
Address - Surat	Religion - Hindu

Location	Sensation	Modalities	Concomitant
GIT	Colicky type of pain +++ even she can't take a deep breath;	< outside food, over eating	Irritability during pain ++
Abdomen-Gall bladder	Pain Frequency-2 to 3 times per month	>pressure – gives mild relief	
Right hypochondrium	Nausea ++	>injection (painkiller)	
Since – 4-5 years	Vomiting occasionally		
GENERALITIES	Pain start at morning then up to night pain increase (but not confirm)		
Sleeps	At present no pain		
Since 4 to 5 years	Flatulence – non offensive,		
	Abdomen feels bloated		
	Sleeplessness		
	Sleep disturb - suddenly wake up		
	Sleep disturb while pain present		

Physical Generals

- Appetite: Decreased while pain; in General Hunger can't tolerate
- Thirst: Thirstless (3-4 glasses / day)
- Desire: Cold food or cold things++ (like chocolate, ice creams, cold water); in childhood desire for chalk & pen
- Stool: Normal in consistency, no complain before, during & after stool

CHIEF COMPLAINTS

History of present illness: The patient was well before 4 to 5 years. Suddenly started pain in right hypochondrium with nausea and vomiting occasionally. Taking allopathic treatment for this complaints. Now, she came with complaints of colicky type of pain 2 to 3 times per month. Even she can't take a deep breath at that time. The last episode of pain occurred 5 days ago. Pain < outside food, over eating.

Pain start at morning then up to night pain increase (but not confirm) and pressure – gives mild relief, injection(painkiller). Whenever pain started she became very irritable++.

- Urine: NAD, slight yellowish, no burning
- Thermal: Chilly
- Perspiration: Moderate on Axilla, no smell
- Sleep: Disturb while pain present

Menstrual History

- Menarche – at the age of 14 years
- Cycle - regular, every 28-30 days,

Case Report

- Duration – 3-4 days; flow - moderate
- Colour – Red, non-offensive, liquid

Past History - Dengue – 2017, allopathic treatment taken.

Family History - No any illness present in family history

Physical Examination -

General examination

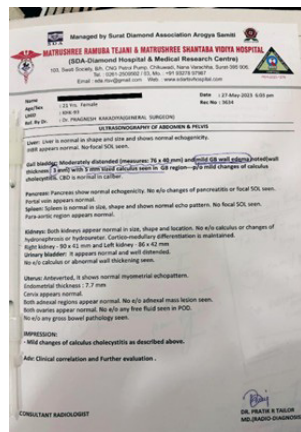
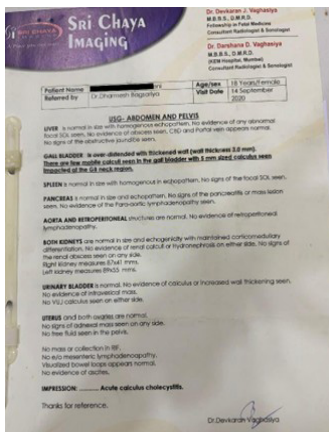
- Built- lean-thin
- Hair- black
- Nails- pink
- Tongue- moist & clean
- Eyes – conjunctiva - pinkish; Sclera – white

Systemic Examination

- R.S-Air entry bilateral equal, clear
- G.I.T- P/A soft, mild tenderness present at deep palpation at right hypochondriac region
- C.V.S- Normal S1 S2 Sound present
- C.N.S- Conscious, Well-oriented regarding time, space and person, no any abnormality detected

Diagnosis: Cholelithiasis

Investigation – USG- Abdomen/ pelvis - done.



Life Space & Disposition

The patient is very fastidious+++ by nature; she wants everything neat, clean, and properly arranged. She has been obstinate++ since childhood—if she wants something, she will get it, even if no one accompanies her. She is impatient and wants everything to happen quickly. She is possessive about her belongings and cannot share them with anyone. Even with her best friend or close ones, she cannot share that person with others. She puts 100% effort into maintaining any relationship, but she dislikes it if someone close to her becomes close with another person.

Artistic (her mehandi, crafting, Painting is too good).

Hobbies - playing garba, Mehandi, Crafting, Painting

Affectionate. Fear of ghost

Since childhood- her brother has been so possessive for her. He always keeps an eye on her. She has no feelings for him at all. She didn't feel even a single day that this family was her. In her family always says to her you are not our family member. you will get married and you'll be going to your in-law's house. She feels no one loves her as compared to her brother. Her brother's wishes are fulfilling but not even a single wish is fulfilling for her. She does mehndi to fully fill her needs (Good clothes, jewellery etc.). She feels no one supports her in her family.

On Observation – Patient was lean thin and good-looking and weeping while telling her family matters.

CASE ANALYSIS

Analysis And Evaluation Of Symptoms

Mental generals

- Fastidious+++
- Obstinate++
- Irritable++ during pain
- Forsaken feeling
- Jealousy

- Fear of ghost
- Affectionate
- Artistic

Physical generals

- Desire for Cold food or cold things++ (like chocolate, ice creams, cold water)
- Thermal: Chilly
- Sleep disturbs while pain

Physical particular

- Colicky type of pain +++
- Pain < outside food, over eating
- Pain > pressure – gives mild relief
- Nausea ++
- Vomiting occasionally

Totality of Symptoms

- Fastidious+++
- Obstinate++
- Irritable++ during pain
- Forsaken feeling
- Artistic
- Desire for Cold food or cold things++ (like chocolate, ice creams, cold water)
- Thermal: Chilly
- Sleep disturbs while pain
- Colicky type of pain +++

Repertorization

Symptom	phosph.	art.	calc.	rhus.	cham.	nux-k.	puls.	alumn.	aig.	calc.	ign.	chin.	lach.	lyc.
1. MIND - FORSAKEN FEELING (192)	2	2	1	1	2		3	1	3	1	2		2	1
2. MIND - FASTIDIOUS (77)	1	3	2	1		2	1	1	1	1	1		1	1
3. MIND - OBSTINATE (159)	1	2	1	2	3	3	1	3	1	3	2	2	1	2
4. MIND - ART - ability for (16)	1		1	1								1		
5. MIND - IRRITABILITY - pain, during (33)	2	1	1		2	2	2	1			1	1		
6. ABDOMEN - GALLSTONES (60)	2	3		1	2	1			1	1	1	1	1	1

Reportorial Analysis & Remedy Selection

After repertorization from Synthesis Repertory (Radar opus software) Phosphorus was first position (9/6) and in second position was Arsenicum album (11/5). After analysing the totality of symptoms together with Materia Medica, Phosphorus was selected as the Similimum.

PRESCRIPTION: - On 11th March, 2024

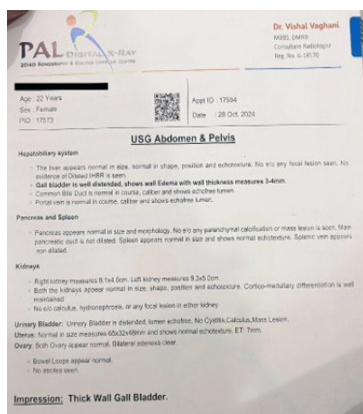
1. PHOSPHORUS 200/3 DOSE/ OD FOR 3 DAYS
2. SAC LAC 1M/4 GLOBULES BD FOR 15 DAYS

Follow Up

DATE	OBSERVATION	PRESCRIPTION
27/03/24	Flatulence decreased Colicky+ type of pain occurs 2 times within 15 days Bloating of abdomen 10% decreased Sleep improved as compared to above	Rubrum 200/4 globules bd for 15 days
13/04/24	Pain++ in hypochondriac occurs yesterday Nausea++ and vomiting 1 times On examination tenderness++ present Flatulence 10% decreased Sleeplessness occurs since 3-4 days Bloating of abdomen as it is	Phosphorus 200/1dose / stat Sac lac 200/4 globules bd for 15 days
01/05/2024	No episode of pain occurs last 15 days Sleep improved as compared to above Flatulence 30-40% better Bloating of abdomen decreased	Rubrum 30 /4 globules bd for 1month
03/06/2024	2 episode of pain occurs within 1 months but intensity of pain reduced as compare to above Sleep improved, disturb sometimes only Flatulence reduced Bloating of abdomen decreased Advice USG abdomen & pelvis in next follow up	Phytum 200/4 globules bd for 1month

10/07/2024	Right side hypochondriac pain occurs yesterday Colicky pain+++ On examination tenderness++ present < eating out side food Bloating of abdomen increased Sleep disturbed due to pain In usg – stone size 3mm	Phosphorus 1m / 1dose/stat Sac lac 30/4 globules bd for 1 month
15/08/2024	No abdominal pain within month Bloating abdomen better Flatulence decreased Sleep improved No new complaints	Rubrum 200 /4 globules bd for 1month
20/09/2024	No abdominal pain still now Sleep improved Flatulence 90% better Bloating of abdomen better	Phytum 200/4 globules bd for 1month
23/10/2024	Episode of pain not occurs Sleep complaints better Flatulence better Bloating of abdomen better Advice to Usg Abdomen & Pelvis	Phytum 200/4 globules bd for 15 days
07/11/2024	No episode of pain occurs still now Sleep improved No any new complaints	Sac lac 200/4 globules bd for 15 days
18/12/24	All complaints better Sleep better No any new complaints occur	Rubrum 30 /4 globules bd for 15 days

Investigation after treatment: No any complaint regarding this after withdraw her medicine.



DISCUSSION

This case study demonstrates the efficacy of homoeopathic medicine in the successful management of gallstone. In this case, condition improved quickly and smoothly with a remedy selected based on individualization, illustrating the effectiveness of personalized homoeopathic care. Remedies such as phosphorous played a crucial role not only resolution of gallstone but also in preventing their recurrence.

CONCLUSION

This single case study illustrates the potential of individualized homoeopathic treatment in managing cholelithiasis and reducing the need for surgical intervention. Through a detailed assessment of the patient's physical, emotional, and constitutional characteristics, an accurately selected remedy provided significant symptomatic relief and decreased recurrent painful episodes. The positive clinical response observed in this case, exemplifies how a constitutional approach can avoid unnecessary surgery, restore health and improved patient general well-being. This case supports the understanding that homoeopathy can aid in stabilizing gallbladder inflammation and enhancing the patient's vitality, allowing the condition to be managed conservatively without immediate surgery.

Homoeopathy does not reject surgery but reserves it for conditions where it is truly necessary. While cholecystectomy remains a necessary option in cases of complications or advanced pathology, this case highlights that carefully monitored homoeopathic care can serve as a safe, gentle, and effective alternative for selected patients. Homoeopathy, when practiced on its fundamental principles, its serves as a bridge between conservative and surgical medicine-offering a gentle healing path. Thus, homoeopathy stands as most worthy preventive and curative system capable of reducing surgical dependency in selected cases of cholelithiasis and other potentially surgical pathologies.

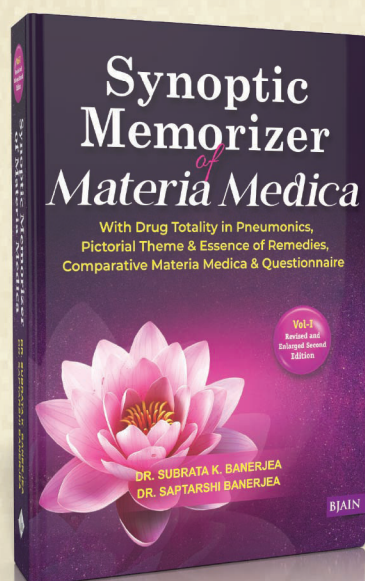
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Conservative Management of Chronic Subdural Hematoma with *Azadirachta indica*: A Case Report.

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Abstract

Chronic subdural hematoma (CSDH) is a slowly developing intracranial bleed, most commonly occurring in elderly patients after minor head trauma. Standard treatment involves surgical evacuation, particularly in symptomatic cases, though spontaneous resolution has been reported in selected patients. This case report describes a 71-year-old male with CSDH who experienced clinical and radiological improvement while receiving homeopathic therapy with *Azadirachta indica*. Imaging showed a reduction in hematoma thickness and resolution of midline shift over two months. The report discusses homeopathic rationale based on symptom totality, miasmatic evaluation, and Hahnemannian philosophy, while acknowledging the role of natural spontaneous resolution.

Keywords

Chronic subdural hematoma, *Azadirachta indica*, Homeopathy, Conservative management, Spontaneous resolution, Hahnemannian philosophy

Introduction

Chronic subdural hematoma is caused by slow venous bleeding between the dura mater and the arachnoid. Patients may present with headache, confusion, cognitive decline, or focal neurological deficits. Neurosurgical intervention is the standard treatment for symptomatic or large hematomas to prevent neurological deterioration.

Spontaneous resolution of CSDH, though less common, is documented in the literature, particularly in small to moderate hematomas with

minimal mass effect. Homeopathy, from a Hahnemannian perspective, aims to support the patient's vital force and restore physiological balance. This case explores the conservative management of CSDH in a patient who declined surgical intervention, documenting symptom progression and radiological changes during homeopathic therapy.

Case Report

Patient: Male, 71 years old

History: Minor head injury three months prior

Symptoms:

- Persistent dull occipital-frontal headache
- Giddiness and occasional slurred speech
- Weakness of the right upper limb
- Irritability, bitter taste, loss of appetite
- Modalities: < heat, > cold

Investigations:

- Initial CT scan: Left fronto-parietal chronic subdural hematoma, thickness 1.2 cm, mild midline shift (4 mm)
- Follow-up CT after 2 months: Hematoma reduced to 0.3 cm, midline shift resolved

Diagnosis: Chronic subdural hematoma (patient refused surgical evacuation)

Repertorial Analysis:

- **Rubrics Selected:** Chronic head injury effects, confusion from cerebral congestion, bitter taste, heat aggravation

- **Remedies Considered:** Arnica montana, Hypericum perforatum, Phosphorus, Nux vomica, Pulsatilla
- **Selected Remedy:** Azadirachta indica — chosen for symptom coverage, characteristic modalities (< heat, > cold), and historical use in post-traumatic states

Fig. 1. MRI scan on the first instance showing CSDH with compression of brain parenchyma (arrows showing subdural hematoma).

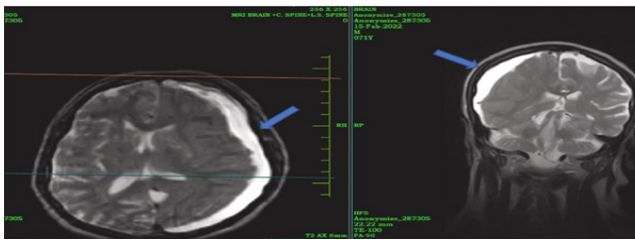
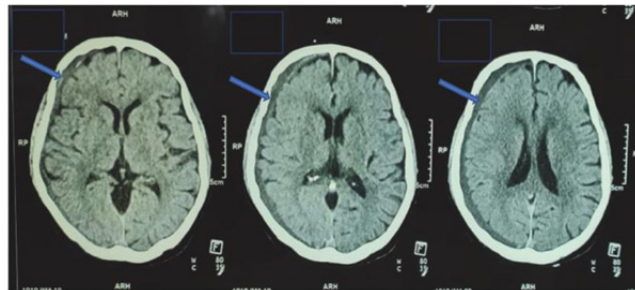


Fig.2. CT scan after four weeks of homeopathic treatment showing only a rim of hemorrhage without compression of brain parenchyma (arrow demonstrating the hemorrhagic rim).



Miasmatic Diagnosis: Syco-syphilitic – destructive vascular pathology with irritability and chronic tendency.

Prescription and Follow-Up

Day	Prescription	Observation
Day 1	Azadirachta indica 30C twice daily for 3 days	Marked reduction in headache; improved appetite
Day 7	Placebo	Dizziness subsided; clarity of thought improved
Day 21	Azadirachta indica 200C, one dose	Right limb strength improving; sleep is normal
Day 45	Placebo	No headache or vomiting
Day 60	CT Brain: Hematoma reduced to 0.3 cm, midline shift resolved	Continued placebo

3 months	Sulphur 200C (anti-miasmatic)	Stable neurological state; no recurrence
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Philosophical Background and Interpretation

Hahnemann's teachings in **Aphorism 1** remind us: **"The physician's highest and only mission is to restore the sick to health."** Even in conditions demanding surgical consideration, Homoeopathy acts dynamically by harmonizing the vital force disturbed after trauma.

In Aphorism 203, Hahnemann warns that in local injuries, the disease process may persist internally if not treated holistically. Here, Azadirachta indica acted as the similimum to resolve the dynamic and vascular imbalance, promoting natural resorption of the hematoma.

The case also highlights a philosophical mismatch often seen in modern medicine—where structural pathology is managed mechanically, ignoring the dynamic post-traumatic state. Homoeopathy bridges this gap by addressing both aspects synergistically.

DISCUSSION

- **Homeopathic Perspective:** Remedies such as Azadirachta indica, Arnica montana, and Hypericum perforatum are historically used in trauma and post-injury states, aiming to support recovery of the vital force according to Hahnemannian principles.
- **Medical Perspective:**
 - Spontaneous resolution of small to moderate chronic subdural hematomas is well-documented in the literature.
 - Symptomatic improvement and radiological reduction may occur naturally over weeks to months.
 - Conservative observation is only recommended when patients are neurologically stable and the hematoma size is moderate.
- **Ethical Consideration:** The patient declined surgical intervention. Homeopathic treatment was provided under careful observation, with serial imaging to monitor neurological safety.

- **Imaging Evidence:** CT scans demonstrated a reduction in hematoma size and resolution of midline shift. These changes are consistent with spontaneous resolution, although temporal association with homeopathic therapy was noted.

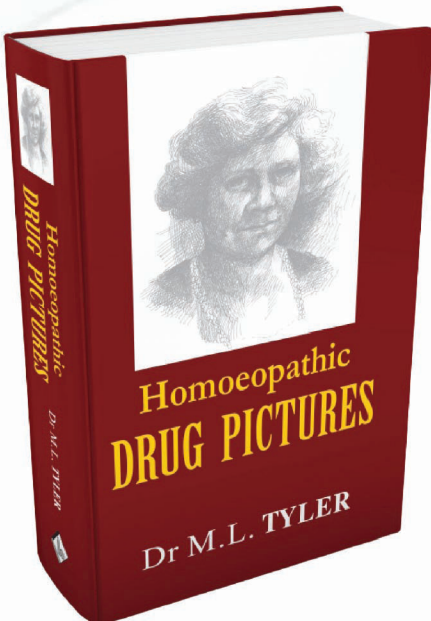
CONCLUSION


This case demonstrates clinical and radiological improvement of a chronic subdural hematoma in a patient who received homeopathic therapy and declined surgical intervention. While *Azadirachta indica* was administered, causality cannot be established, and spontaneous resolution likely contributed to recovery. Standard neurosurgical management remains the recommended approach for most patients with symptomatic

CSDH. This report highlights the need for careful monitoring when opting for conservative or alternative therapies in neurovascular pathology.

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Expanding Scope of Homeopathy in Surgical Cases- A Case Report



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Abstract

This article aims to explore the scope of Homeopathy in managing surgical cases and to present a verified case of a carbuncle that was effectively healed with individualized homeopathic treatment, thereby avoiding surgical intervention. Carbuncles are deep-seated pyogenic infections of the skin and subcutaneous tissues, often considered "surgical" conditions requiring incision and drainage. Homeopathy possesses the scope to help in effective ways in such pathological conditions or disease products thereby reducing the need for surgical intervention in certain conditions and scenarios.

Keywords

Carbuncle, Case Report, Individualized Homeopathy, Boger, Hepar sulph., Aphorism.

Introduction

In the Homeopathic system of medicine, diseases are believed to be of dynamic origin and recommended broadly to be treated as such, however Dr Hahnemann also respected the need for surgical measures in certain cases.

Surgery is that branch of medicine that is

concerned with repairing, removing or replacing the diseased tissue by manual and instrumental means.

As we know that there are a number of diseases which are said to be treated by surgical means but Homeopathy can work very effectively in many of those.

Importance of Surgery in Homeopathy as stated in Organon of Medicine by Dr. Samuel Hahnemann

According to Aphorism 186, Hahnemann explains that some conditions appear to be local but actually affect the whole organism. These cases may need surgical or mechanical aid when an external, physical obstacle prevents natural healing. Surgery does not cure the internal vital force—it simply removes the obstruction. Examples include:

- Reducing dislocations
- Setting fractures
- Extracting foreign bodies
- Stopping bleeding with pressure or ligatures
- Draining irritating fluids or opening cavities

Even after such interventions, the vital force

Aphorism 7 emphasizes removing the exciting or maintaining cause (causa occasionalis) before attempting any internal treatment. When the cause is mechanical, its removal alone can often restore health. Examples include:

- Removing a foreign body from the eye
- Loosening a tight bandage threatening gangrene
- Tying a bleeding artery
- Extracting obstructing substances from bodily openings
- Surgically opening an imperforate anus

The Need for Surgery (Mechanical Fixes) Surgery is for mechanical problems:

In this case, there was no mechanical obstruction hence, surgical intervention was unnecessary. However in certain cases of extensive suppurative pathology drainage is necessary and helping the cure. The pathology was dynamic rather than mechanical, allowing homeopathic management to act curatively.

According to Hahnemann's doctrine that no external manifestation can exist without internal participation of the vital force, the remedy was chosen on the basis of totality. By addressing the disturbed vital force, the internal imbalance was corrected, leading to complete resolution of the

Case Report

Preliminary data: -

Age: - 55 Marital status: - Married

Sex: - Female

Chief Complain

LOCATION	SENSATION	MODALITY	CONCOMITANT
Skin	Itching++	< uncovering, at night, by touch	
Subcutaneous Tissue	Pain+++		
Lateral surface of right thigh		> warmth ap- plication	
Since 15 days			
Rapid pro- gression			

F/H: Father: Hypertension and Ischemic Heart Disease

Local Examination:

- On Inspection: -Multiple openings were observed over the eruption.
- Purulent (pus) discharge was oozing from all the openings.
- The eruption appeared red and dusky in colour.

DISCUSSION

As observed in this case, only pathological

symptoms and limited modalities were present such as aggravation from uncovering, at night, and amelioration by warmth.

The patient's thermal state was utilized as a key differentiating factor, ultimately guiding the selection of the simillimum.

Diagnosis

ICD-11 Diagnosis: Carbuncle (of lateral surface of right thigh)

ICD CODE: 1B75.1,XK9K,XA8RH9

Totality of symptoms: -

1. Pathology: deep seated abscess / carbuncle :multiple opening and purulent discharge.
2. Oversensitive to pain and touch
3. < Night
4. >warmth

Repertorization

	Hep	Sil	Rhus	Con	Ats
Covered	15	14	13	11	11
	4	4	4	4	3
[Aggravation and Amelioration]UNCOVERING:When/Agg.: (61)	4	4	4	3	4
Modalities]AGGRAVATION:Night: (68)	3	3	3	3	3
[Aggravation and Amelioration]COLD:In general, agg.: (101)	4	3	4	3	4
[Skin and exterior body]UNHEALTHY SUPPURATIONS,DIFFICULT HEALING ETC....	4	4	2	2	

Differentiation and selection:

After repertorization, two remedies— *Hepar sulph.* and *Silicea*—emerged prominently. Hepar sulph. was ultimately selected due to the patient's marked sensitivity to pain and touch, along with the rapid progression of the disease. These features aligned more closely with the Hepar sulphuris picture, distinguishing it from Silicea, which is better suited to slower progress, less sensitive, and more indolent suppurative processes.

Prescription and advice:

Based on the totality of symptoms, Hepar sulph. was prescribed on 9/03/2023

As Per the disease pathology and patient susceptibility 30th potency was selected.

All the other topical applications which the patient

was using before the commencement of treatment has been stopped.

Only homeopathic medicine was given. The patient was advised to maintain hygiene and wash the part with warm water.

FOLLOW UP

DATE	SYMPTOMS/COM-PLAINTS	PRESCRIPTION
15/3/2023	Reduction in size of eruption. Itching as it is. Discharge from the lesion as it is	Rx: SL BD FOR 7 Days Hepar Sulph 30 OD for 3 days.
23/3/2023	Mark reduction in size. Itching Decreased+. Discharge reduced then before.	Rx: SL BD For 7 days
29/3/2023	Mark reduction in size. Itching not present Discharge not present	Rx: SL BD For 7 days



9/3/23

15/3/23

23/3/23

29/3/23

CONCLUSION

This case report highlights the scope of individualized homeopathic treatment in resolving carbuncle. It validates the selection of Hepar sulph based on Pathology and Modalities of the case. Moreover, it also demonstrates that Homeopathy can serve as a safe, affordable, and effective primary therapeutic option for such pathological conditions. It also highlights utility of Boger approach in cases where symptoms are limited.

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Healing Beyond The Scalpel: Role of Homoeopathy In Treating Ganglion Cyst- A Case Report

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Abstract

Ganglion cysts are the commonest cause of a swelling in the hand and they are found most often on the dorsal and volar surfaces of the wrist^[1]. Other sites include the carpometacarpal (CMC) joint, the extensor tendons (especially associated with the 1st dorsal compartment), the carpal tunnel, and the Guyon canal. Ganglions may also arise within bone; these are called intraosseous ganglion cysts. Ganglions are usually minimally symptomatic. However, depending on the location of the cyst, patients may present with a myriad of symptoms, such as dull aching pain, change in size, spontaneous drainage, and sensory nerve dysfunction. Ganglion cyst more frequently in people who repeatedly stress their wrists, such as gymnasts. This article deals with one such case of Ganglion cyst healed with Homoeopathic remedy.

Keywords

Homeopathy, Ganglion, Wrist ganglion, Ganglion cyst

Introduction

Ganglion cysts are small, up to 1.5 cm, and nearly always located near a joint capsule or tendon sheath^[2]. A Ganglion cyst is a small sac of fluid that is commonly located around the joints of the wrist. The most common sites for ganglions are the dorsal aspect of the wrist near the Scapholunate (SL) joint (60-70%), the volar wrist near the radioscaphoid joint or the pisotriquetral joint (18-20%), and the volar retinaculum between the A1 and A2 pulleys (10-12%). Dorsal and volar wrist ganglions can cause discomfort. The cysts appear

as firm, fluctuant, pea-sized translucent nodules. The fluid that fills ganglion cysts is similar to synovial fluid, but there is no communication with the joint space.

Risk Factors

- Injury to the wrist and finger
- Inflammation in a joint or tendon
- Repetitive wrist or fingers activities
- Chronic conditions like arthritis
- Sex(female)
- Age (20-40 years)

Sign and Symptoms

- Swelling that may appear over time or suddenly
- A soft mass that changes size but doesn't move.
- Weakness when it is connected to a tendon
- Pain if the cyst presses on a nerve
- Limited range of motion.

Differential Diagnosis

- Tenosynovitis
- Lipoma
- Osteoarthritis
- Sarcoma
- Giant cell tumor of tendon sheath

Diagnosis

- Investigations
- Most ganglion cysts are diagnosed clinically
- A plain x-ray film may assist ruling out osteoarthritis or bone malignancies
- ultrasound and MRI is done in order to assess the shape, size and depth of the cyst.
- Aspiration for microscopy
- CT scan to rule out malignancies

Management

- If the cyst does not cause any pain, the usual recommended treatment is to simply monitor, as cysts often disappear spontaneously without further interventions.
- If the cyst causes pain or severely limits range of motion, then interventions that can be performed.

CASE REPORT

Mrs. XX, of 16 years old presented to an outpatient department of R.B.T.S Govt. Homoeopathic Medical College and Hospital on 08.01.2025. She presented with complaints of painful cystic growth over left wrist since 2 years. Complaints aggravated after physical exertion.

Chief complaints

A cystic growth over the left wrist joint, which is firm and spongy in texture. The nodule becomes painful after physical exertion.

Modalities- pain aggravated by physical exertion

Concomitants- vertigo when rising in the morning.

Past History

Typhoid 5 years ago, treated by allopathic medicine

Family History- N/S

Personal History

Addiction-N/S

Physical General

Outlook- Fair and lean thin

Thermal- Chilly patient

Bathing- desires bathing

Desire- cold drink and cold water

Aversion- N/S

Intolerance- nothing specific

Thirst- 2-3 litre per day

Appetite- Good

Tongue- moist and clear

Urine- clear

Bowel- Regular and satisfactory

Perspiration- Normal

Mental General

She is always angry at trifling matters.

She wants many times confirmation that the disease will be cured. And asks many times in a repeated manner.

She was underconfident and little curious about disease

General Physical Examination

Height- 160 cm

Weight- 43 KG

No Signs of pallor, Icterus, clubbing, cyanosis, and lymphadenopathy.

Vital Signs

Blood pressure- 110/80mmHg

Pulse Rate- 78 beats per minute

Temperature- afebrile

Respiratory rate- 18 cycles per minute

Systemic Examination

Respiratory System- NVBS heard and no abnormal sounds

Cardiovascular System- S1 and S2 heard

Gastrointestinal System- Normal Bowel sound heard

Locomotor System- On examination of left wrist joint- A firm and spongy cystic like growth was marked.

Provisional Diagnosis- Ganglion, left wrist

ICD-10 Code- M67.432

Evaluation of The Case

Mental Generals	Physical Gen-erals	Characteristic Particular
Anger at trifle matter Wants confirma-tion from doctor that the disease will be cured. Lack of confidence curious	Desire for cold drinks and cold water Chilly patient	Painful Cystic growth on dorsum surface of left wrist joint, Aggravated by exertion Vertigo when rising in morning

Repertorial Totality

Mind- Anger

Mind- Confidence- want of self- confidence

Mind- Light-desire for

Vertigo- Morning-rising-agg

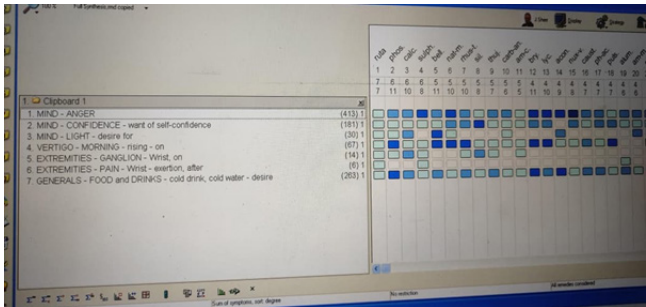
Extremities- Ganglion- wrist, on

Extremities- pain-wrists-left

Extremities- pain-wrists-exertion after

Generals- Food and Drinks- cold drinks and cold water

Repertorial Analysis



Prescription

After case taking, based on repertorial totality and consultation of homoeopathic Materia Medica *Ruta* 200C /1 DOSE / 4 GLOBULES was pre-scribed on date 08/01/2025.

Justification

In repertorial analysis Ruta covers all rubric, based on the repertorial totality and consultation of text books of Materia medica, Ruta.G seemed to be the most suitable drug in this case and thus prescribed in 200C, single dose. The potency selection and repetition was based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

Follow up

Date of visit	Change of symptoms	Medicine/dose/po-tency	Justification
17/02/25	Slight change in size of gan-glion cyst and slight de-crease in pain	Nihilinum30/1 dr 4 glb x BD	To wait and al-low the medi-cine to act
19/05/25	Pain subside & no signifi-cant changes in size of gan-glion cyst	Ruta1M/1dose Rubrum200/1 dr 4 glb x BD	Condition of patient re-mained stand-still, same medicine re-peated with increased po-tency
07/08/25	No further improvement	Sulphur10M/1Dose	Condition of patient re-mained stand-still, no further improvement, so this medi-cine given as an intercur-rent remedy to stimulate the body's reactive energy and pave the way for the primary remedy to act
25/09/25	Significant changes seen	Phytum200/1 dr 4glb x BD	Just wait and allow the medi-cine to act
12/11/25	Overall im-provement	Rubrum200/1dr 4 glb x BD	No new com-plaint

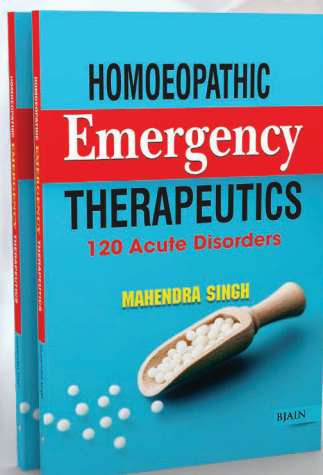
Before Treatment**After treatment****CONCLUSION**

Homoeopathy plays a significant role in reducing ongoing surgery through curative, gentle,

and comprehensive treatment for many conditions traditionally treated with surgery. Ganglion cyst and some other surgical conditions can be resolved successfully through miasmatic understanding, prescription based on individualisation and comprehensive case taking. By addressing the underlying susceptibility of the patient rather than merely the local pathology, homoeopathy offers a safer and more comprehensive alternative or complement to surgical intervention. Clinical experiences and documented case studies show that conditions like ganglion cysts can be effectively managed without operative procedures.

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Integrative Management of Thyroid Disorders with *Ambra Grisea*: An Inspiring Clinical Case Study.

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Abstract

Ambra Grisea, a homeopathic nosode, is recognized for its efficacy in addressing various health complaints that develop gradually over extended periods. In the context of hypothyroidism, *Ambra Grisea* is recognized in homeopathy for its potential to address symptoms associated with thyroid. It is help to restore the balance of the body's energy utilization and alleviate manifestations of sluggishness, weakness, and cold sensitivity often associated with hypothyroidism. In this case we found a complete cure of hypothyroid from *Ambra Grisea* but further we need more such cases of hypothyroidism cure by *Ambra Grisea* to prove its efficacy.

Case summary

A male of 23 years of age came to Surgery deptt. on 05 January 2024 complaining the swelling of neck with fatigue, lethargy and not feeling energetic with sensitivity to cold for 5 months. He was already taken allopathic along with Homoeopathic medicine, *Thyroidinum* and *Thuja* in 200 potency but still he is not feeling well. The constitutional homeopathic remedy *Ambra Grisea* 1M was prescribed based on the totality of symptoms. Subsequent follow-up appointments showed a decrease in intensity of different previous symptoms gradually. Thyroid profile test before and after treatment, and evaluate it with **Zulewski's score** (7-before treatment, 2-after treatment) serve as evidence of the effectiveness of Homeopathic medicine in treating hypothyroidism.

Keyword

Homoeopathy, Thyroid, Nosodes, Zulewski's score.

Introduction^[1,2,3]

Hypothyroidism (**ICD 11 Code: 5A00**) is an endocrine disorder characterized by insufficient production of thyroid hormones by the thyroid gland. This gland, shaped like a butterfly, is located at the front of the neck, resting on the cricoid cartilage. The primary hormones produced by the thyroid are thyroxine (T4) and tri-iodothyronine (T3), which play crucial roles in regulating various metabolic processes in the body. When the thyroid gland is underactive and fails to produce enough of these hormones, it can lead to hypothyroidism, a condition that affects the body's overall functioning. Women are statistically more likely than men to experience this condition, emphasizing the importance of monitoring thyroid health, particularly for females. The disease is also more common among people older than age above 60. Hypothyroidism is a common endocrine disorder with the prevalence of approximately 10.95% in India^[5].

Commonly Considered Homeopathic Remedies for Thyroid:^[6-11]

Conventional medicine relies on lifelong synthetic thyroid hormone therapy for hypothyroidism, while homeopathy aims for a complete cure by addressing the root cause and stimulating thyroid function. Homoeopathy follows an

individualized approach, considering each patient's unique symptoms and susceptibilities. Remedies like Thuja, Lycopodium, Calcarea carb, Sepia, Iodum, Natrum mur, and Pulsatilla are noted for their role in hormonal regulation. This case study highlights the effectiveness of Ambra grisea in restoring thyroid function, as demonstrated by thyroid function tests and Zulewski's clinical score method.

Important Considerations

- **Individualization:** Remedy selection is based on the totality of symptoms, including physical, mental, and emotional aspects.
- **Potency and Dosage:** The choice of potency and frequency of administration should be tailored to the individual's condition and response to treatment.

Case

A male of 23 years of age came to the Surgery department of R.B.T.S. GHMCH, Muzaffarpur, on 05 January 2024, complaining of swelling of the neck with fatigue, lethargy, and not feeling energetic, with sensitivity to cold also present for 5 months. All complaints are aggravated by cold, especially in the evening, and ameliorated by lying down. He was already taken allopathic along with Homoeopathic medicine Thyroidinum and Thuja in 200 potency, but still he is not feeling well.

Past History

The patient has a history of urticaria treated with conventional medicine.

Family History

Paternal side: Uncle died due to COVID.

Father died due to lung cancer.

Own Child's death 5 days after birth

Maternal side:- grandmother Suffering from hypothyroidism.

Physical General

T/R - chilly, aversion to open air and cold air.

Desire - sweets, egg and lukewarm food.

Appetite- good, can tolerate hunger.

Thirst - very low with a small quantity of water.

Urine - pale straw coloured and bloody seminal emissions during ejaculation, seen one time.

Stool- ineffectual bowel movements, hard stool.

Perspiration- profuse, mainly on the back. Offensive

Tongue – Grayish-yellowish coating on the tongue.

Sleep is disturbed and sleeplessness occurs due to thinking about diseases.

Dreams -of dead relatives

Mental Generals

Anger easily

Thinking about the diseases aggravating.

Thinking about the death of father, uncle and own child.

Fear- of disease and hopelessness for recovery.

On Observation During Case Taking

He takes more time to give answers and ask for repetition of questions.

For Confirming The Medicine

I asked the patient about his passing stool in the presence of others. He answered no. Then, the patient said, "I have a fruitless urge in the presence of others."

Physical General Examination

On examination, the patient was lean and thin.

Appearance-premature old age

Decubitus – sitting

Nutrition – adequate

Anaemia – slight pallor

B.P. – 110/76

Pulse rate – 66 bpm

Systemic Examination

On examination, there was no glandular swelling around the neck cervical region and axilla but on palpation, there was diffuse swelling in the neck region of the patient.

On Observation

Patient shows slowness in activity, cold skin and rough to the touch.

Diagnosis

Known case of Hypothyroidism ICD-11 Code: 5A00

Investigation Advised On 05.01. 2024

1. CBC
2. Thyroid profile -T3, T4 and TSH
3. Lipid profile

Confirmatory Diagnosis With Reports On 29.02.2024

Hypothyroidism

Analysis And Evaluation Of Symptoms ⁽¹⁰⁾

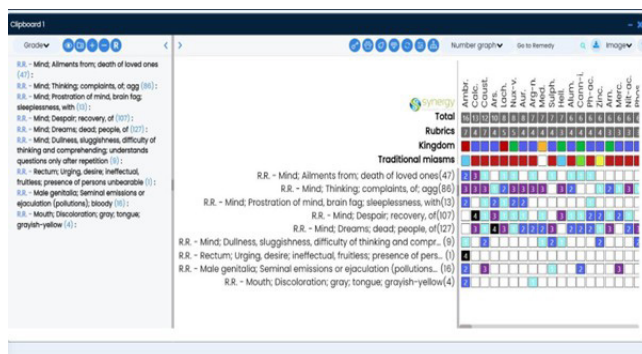
SYMPTOMS	ANALYSIS	EVALUATION	MIASMATIC ANALYSIS
Hopeless for recovery	MENTAL GENERAL	+++	Tubercular
Thinking about the diseases aggravate	MENTAL GENERAL	+++	Psora
Thinking about the death of relative	MENTAL GENERAL	++	Psora
Dreams of dead relatives	MENTAL GENERAL	+++	Syphilis
Sluggishness of mind ,takes time to thinks	MENTAL GENERAL	++	Syphilis
Tongue-Grayish-yellowish coating	PHYSICAL GENERAL	+	Sycosis

STOOL – fruitless urging in the presence of others.	PHYSICAL GENERAL	+++	Psora
Bloody seminal emission during ejaculation.	PARTICULAR	++	Tubercular

Totality Of Symptoms

- Anger easily.
- Thinking about the diseases aggravate.
- Thinking about the death of father, huncle and own child.
- Fear- of disease and hopelessness for recovery.
- He takes more time to give answers and ask for repetition of questions.
- Fruitless urging in the presence of others.
- Tongue – Greyish-yellowish coating on the tongue.
- Sleep – disturbed and sleeplessness due to thinking of diseases.
- Dreams -of dead relatives
- Urine - pale straw coloured and bloody seminal emissions during ejaculation, seen one time.

Repertorisation⁽¹¹⁾



Repertorial Analysis

AMBRA GRISEA – 16/7

CALC CARB – 13/4

CAUSTICUM – 12/7

After repertorisation, the top medicines were *ambra grisea*, *calc carb*, and *causticum*. After carefully analysing the mental and physical generals of the patient, considering the repertorial result, and referring to homoeopathic Materia medica, simillimum *Ambra grisea* 1M/3 dose was prescribed. Individualised homoeopathic treatment was started with once per day for three days dose of *Ambra grisea* 1M followed by placebo. Medicine was not repeated as long as the improvement in symptoms of the patient continued. Placebo was continued for further three months and reported after 15 days.

First prescription (05/01/2024): *Ambra grisea* 1M,3 doses was prescribed on the basis of repertorial analysis and totality of symptoms.

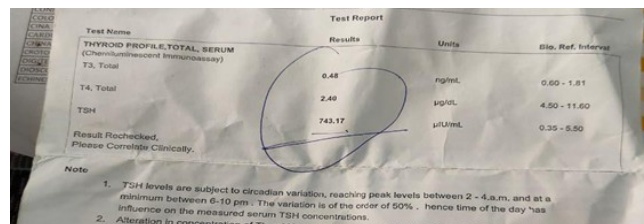
Follow Up

S. NO.	Date	OBSERVATION	REMEDY
1	20/01/2024	Physical general especially bowel movement show improvement and appearance of urticarial eruption appear i.e old symptoms reappear	advised for diet management with yoga for 30 mins regularly Placebo 200/1 drachm /BD
2	04/02/2024	Most of the mental symptoms are not seen and appetite become good.	Placebo 30/1 drachm /BD
3	18/02/2024	Lethargy seen but improvement of remaining mental symptoms	<i>Ambra grisea</i> 1M/2dose OD Placebo 30/1drachm/BD
4	29/02/2024	patient mentally good and sleep is sound	Placebo 200/1 drachm/BD
5	04/03/2024	All symptoms are subsided. Mentally and physically good. activity of patient shows much improvement	Placebo 200/1 drachm/BD
6	19/03/2024	All symptoms are improved, No re-appearance of symptoms. Patients doing well	Placebo 200/1 drachm/BD
7	10/04/2024	All symptoms are subsided and no any re-appearance of symptoms	Placebo 200/1 drachm/BD

Result And Discussion

Through this case study we can clearly appreciate homoeopathic medicine *Ambra grisea* in cases of Hypothyroidism. In Kent materia medica in *ambra grisea* there is mentioned frequent bad effects of family member death. The remedy was selected on the basis of Characteristics symptoms after proper repertorisation and potency and dose were followed on the basis of homoeopathic principle. A marked improvement of the symptoms was noted gradually in subsequent visits, marked improvement was seen after the complete course of treatment. Thyroid profile for assessment of causal attribution of homoeopathic medicine which showed the efficacy of homoeopathic medicine *Ambra grisea* in the treatment of Hypothyroidism. No complication or recurrence was observed for another 3 months follow up. According to homoeopathic principles if a medicine is chosen based on individuality and totality of symptoms of the patient, it leads to complete cure of the patient.

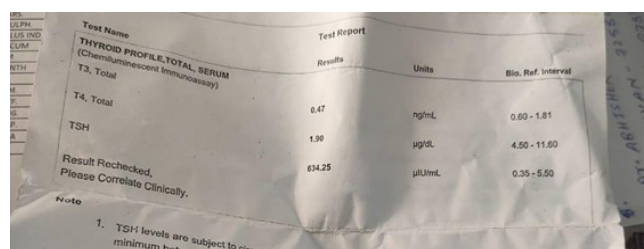
Report before treatment



Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE TOTAL SERUM (Chemoluminescent Immunoassay)			
T3, Total	0.48	ng/mL	0.60 - 1.81
T4, Total	2.40	µg/dL	4.50 - 11.60
TSH	743.17	µIU/mL	0.35 - 5.50

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% - hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone function results can occur.

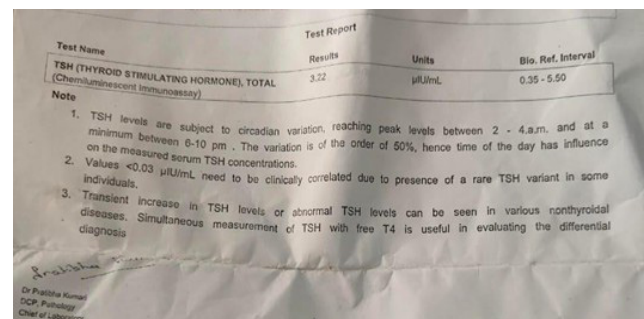
Report During Treatment



Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE TOTAL SERUM (Chemoluminescent Immunoassay)			
T3, Total	0.47	ng/mL	0.60 - 1.81
T4, Total	1.99	µg/dL	4.50 - 11.60
TSH	634.25	µIU/mL	0.35 - 5.50

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% - hence time of the day has influence on the measured serum TSH concentrations.

Report -After Treatment



Test Name	Results	Units	Bio. Ref. Interval
TSH (THYROID STIMULATING HORMONE) TOTAL (Chemoluminescent Immunoassay)	3.22	µIU/mL	0.35 - 5.50

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% - hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis.

Zulewski's score Before Treatment

Sign	Identified on the basis of	Point given if present
Slowness movement	Observing patient walking and sitting in the OPD room, also getting ready for examination process	1
Ankle reflex	Observing relaxation	0
Coarse skin	Dermatologist finding on examining skin of the hand, forearm, and elbow for thickness and roughness	1
Periorbital puffiness	Observing periorbital swelling	0
Cold skin	Comparing temperature of hand with examiners	1

Symptoms

Diminished sweating	Questioning regarding sweating in normal or warm room	0
Hoarseness of voice	Questioning regarding change in speaking or singing voice	1
Paraesthesia	Questioning regarding subjective sensations	0
Dry skin	Questioning regarding dryness of skin and requiring treatment inform of moisturizing agent	1
Constipation	Questioning regarding bowel habit and use of laxatives	1
Hearing impairment	Questioning regarding difficulty in hearing	0
Weight Increase	Questioning regarding increase in weight	1
		Total Zulewski's score on 05.01.2024. was 7

Zulewski's score After Treatment

Sign	Identified on the basis of	Point given if present
Slowness movement	Observing patient walking and sitting in the OPD room, also getting ready for examination process	1
Ankle reflex	Observing relaxation	0
Coarse skin	Dermatologist finding on examining skin of the hand, forearm, and elbow for thickness and roughness	0
Periorbital puffiness	Observing periorbital swelling	0
Cold skin	Comparing temperature of hand with examiners	0

Symptoms

Diminished sweating	Questioning regarding sweating in normal or warm room	0
Hoarseness of voice	Questioning regarding change in speaking or singing voice	0
Paraesthesia	Questioning regarding subjective sensations	0
Dry skin	Questioning regarding dryness of skin and requiring treatment inform of moisturizing agent	0
Constipation	Questioning regarding bowel habit and use of laxatives	0
Hearing impairment	Questioning regarding difficulty in hearing	0
Weight Increase	Questioning regarding increase in weight	1
		Total Zulewski's Score on 29.02.2024. was 2

CONCLUSION

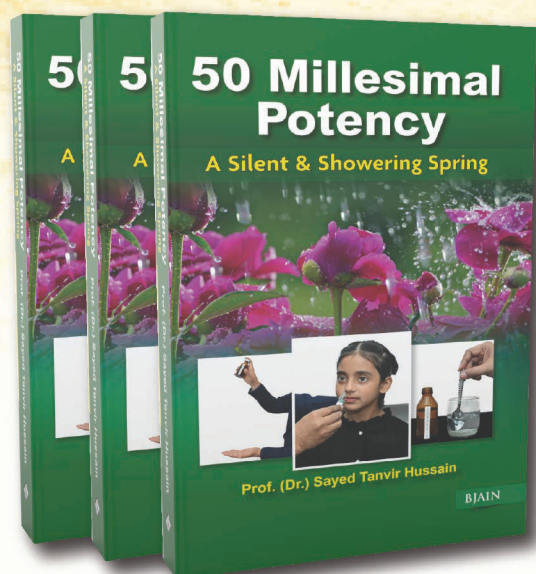
In conclusion, homeopathy offers a personalized approach to managing the ailments like Hypothyroidism by considering the individual's unique symptomatology and promoting the body's innate healing mechanisms. However, due to the

severity of Hypothyroidism, it is essential to seek professional medical attention and use homeopathic remedies as supportive care under the guidance of a qualified practitioner. Homoeopathic treatment based on the totality of symptoms of the patient provides rapid, gentle and permanent cure in this case report. Thus, it shows

that the curing power of homoeopathic medicine *Ambra grisea* in case of Hypothyroidism. Further study in future is needed to prove its efficacy to cure Hypothyroidism.

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Dr. M. A. Rao



Conservative Management of a Partial-Thickness Thermal Burn Through Internal and External Use of *Calendula officinalis*: A Homoeopathic Case Report

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Abstract

Background & justification: In clinical practice, burn injuries are among the most excruciating and function-limiting presentations that frequently call for multidisciplinary care. When further skin involvement is detected, partial-thickness (second-degree) burns are often treated with wound care, analgesics, and surgical referral. The case of a 30-year-old man with a second-degree thermal burn who was referred for surgery but chose conservative treatment is described in this paper. *Calendula officinalis* was used both internally and externally to treat him, in addition to regular sanitary practices. **Result:** Over the course of the follow-up period without surgical intervention, progressive epithelialization, pain reduction, and function restoration were noted. This case shows how homoeopathic medicine *Calendula officinalis* 30 and *Calendula officinalis* Q, may aid in tissue healing in partial-thickness burns. It also underlines the importance of customized homoeopathic treatment in certain situations.

Keywords

Second degree burn, *Calendula officinalis*, Homoeopathy, Surgery

Introduction

When heat, radiation, electricity, or chemical

exposure produce tissue damage that results in coagulative necrosis of the skin or underlying structures, it is referred to as a burn. First-degree burns are restricted to the epidermis; second-degree burns extend into the dermis to varying depths; third-degree burns destroy the epidermis and dermis and extend into the subcutaneous layer; and fourth-degree burns penetrate deeper structures like fascia, muscle, or bone.¹

In the treatment of burn injuries, Homoeopathy is important, especially when it comes to encouraging natural wound healing, lowering pain, and averting subsequent infections. It has long been known that remedies like *Calendula officinalis*, *Cantharis*, *Urtica urens*, and *Arsenicum album* are good for inflamed tissues and damaged skin. In certain burn instances, Homoeopathy provides a conservative approach that may help tissue restoration and symptom relief when used carefully and in conjunction with proper external care.²

Case History

Chief Complaint

A 30 years old male patient came to the OPD of Dr. Girendra Pal Homoeopathic Medical Hospital and Research Centre, Jaipur, Rajasthan on 24/10/2025 with the severe burn injury on the dorsal aspect of the left hand and thumb region, following firecracker explosion on Diwali night.

History of Present Complaint

The patient sustained the injury while lighting a cracker. A sudden flare caused superficial-to-partial thickness of skin loss over the dorsum of the thumb and hand. Initially, he visited a dermatologist, who advised **plastic surgery** due to the raw exposed dermal surface and significant tissue destruction. Patient was apprehensive about the surgery, then patient reported to our OPD within 24 hours of injury.

Symptoms Reported

- Intense burning pain on slightest movement
- Fear of worsening wound due to exposed raw surface
- Tightness of surrounding skin
- Slight serous discharge from the edge of the lesion
- No fever or systemic symptoms

Physical generals

- Thermal reaction: Hot
- Appetite: 2–3 meals per day
- Thirst: 4–5 litres per day
- Desire: Nothing specific
- Aversion: Nothing specific
- Urine: D 5–6, N 0–1; colour: pale yellow, no specific odour
- Stool: D 1–2, N 0; character: semi-solid, normal odour
- Sleep: 6–7 hours, refreshing earlier; currently disturbed due to pain
- Dreams: Nothing specific
- Perspiration: Whole body; normal odour; no stains

Mental generals

- No major stressor except anxiety about possible surgery

Past History

- No previous major illness
- No known drug allergies

Family History

- Nothing specific

Physical Examination and Observations

On examination, the wound showed:

- A large raw, red, moist area with exposed dermis on the dorsum of thumb and hand
- Surrounding epithelium peeled
- Mild bluish-red discoloration around the affected zone
- Movements painful but preserved

The patient appeared anxious but cooperative. His verbal expression was:

“Doctor, please save my hand from surgery. I don’t want stitches or grafting.”

Differential Diagnosis

- Deep dermal burn (excluded as capillary refill and sensations were intact)
- Chemical burn (history absent)
- Infective ulcer (excluded due to acute onset and clear traumatic cause)

Diagnosis

Thermal burn – partial thickness (2nd degree) involving the dorsum of hand and thumb.

(ICD-10 Code T23.2 – Burn of second degree of wrist and hand)

Diagnostic Reasoning

The presence of- Raw, moist, red area with partial dermal exposure, pain with burning sensation, blister remnants and peeling epithelium confirms a second-degree (partial thickness) burn.

Prognostic Features

- Good perfusion and preserved pain sensation indicate favourable healing potential.
- Location (hand) demands careful monitoring to prevent contractures.

Investigation Reports

High-resolution clinical photographs from OPD

were taken as mandatory documentation (attached). No further laboratory investigations were required at initial visit since systemic signs were absent.

Case Analysis

Common symptoms	Uncommon symptoms
<ul style="list-style-type: none"> Raw, red, exposed wound at the dorsal aspect of the left hand and thumb region Intense burning pain Moist wound bed with serous ooze 	<ul style="list-style-type: none"> Fear of surgical intervention

Totality of Symptoms

- Fear of surgical intervention
- Raw, red, exposed wound at the dorsal aspect of the left hand and thumb region
- Intense burning pain
- Moist wound bed with serous ooze

Remedy Consideration

Common remedies for burns considered in Homoeopathy- *Cantharis* for blistering burns with burning pains, *Urtica urens* for superficial burns, stinging pains, *Arnica montana* for trauma with bruising, *Calendula officinalis* for clean, raw wounds; promotes granulation; prevents suppuration.

Calendula is indicated as the most appropriate remedy with due confirmation from different Materia Medica- J H CLARKE in the DICTIONARY OF PRACTICAL MATERIA MEDICA said *Calendula* is the homoeopathic antiseptic- it restores the vitality of an injured part, making it impregnable against the forces of putrefaction.³

W. Boericke in the Pocket Manual of Homoeopathic Materia Medica and Repertory said it promotes healthy granulations and rapid healing by first intention. Burns and scalds (use topically).⁴

H. Allen in Keynotes and characteristics with comparisons said *Calendula* acts as well in potency as in tincture applied locally and may be administered internally at the same time. External wounds

with or without loss of substance; torn and jagged looking wounds; post-surgical wounds; to promote healthy granulations and prevent excessive suppuration and disfiguring scars.⁵

Remedy prescribed on the basis of acute totality and picture presentation of the case (Key-note prescription). Key characteristic symptom guiding remedy selection:

“Wounds that are raw, inflamed, very painful, with a tendency to heal by first intention.”

Prescription on 24/10/2025

Calendula officinalis 30C/QID, for 3 days.

Calendula officinalis Q applied locally for wound cleaning twice daily.

Adjunctive Therapy Justification

Adjunctive external therapy was used:

- Calendula officinalis* Mother Tincture**, diluted with sterile water, applied for wound cleaning twice daily.

This was done strictly to maintain local anti-sepsis and enhance granulation.

- Advice to avoid contamination, maintain mobility but avoid strain, and report immediately for signs of infection.

Date	Follow up	Prescription
27/10/2025	<ul style="list-style-type: none"> Pain markedly reduced Healthy granulation tissue beginning to appear Edges less congested Patient calmer and more hopeful Continued same treatment 	<i>Calendula</i> 30/ TDS for 7 days <i>Calendula</i> Q for wound cleaning
03/11/2025	<ul style="list-style-type: none"> Significant epithelialization observed Wound size reduced Surrounding skin softening Movement improved 	<i>Calendula</i> 30/ TDS for 7 days <i>Calendula</i> Q for wound cleaning
10/11/2025	<ul style="list-style-type: none"> Wound almost completely covered with new epithelium No signs of infection or hypertrophic scarring Patient expressed gratitude: “I really did not expect it to heal without surgery.” 	<i>Calendula</i> 30/ TDS for 7 days

17/11/2025	<ul style="list-style-type: none"> • Healed lesion with minimal pigmentation • Full mobility of thumb and hand restored • No contracture • Patient discharged from active care 	Placebo 30/TDS for 14 days (Advised patient to visit clinic if any kind of pain, discharge or itching occurs at the site of injury)
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Consent

Patient's consent had been duly obtained for photographs and other related clinical information to be reported in the journal. He was assured that it would be used only for medical learning purpose and his name along with other personal details will be kept concealed.

Financial support and sponsorship: Nil

Conflicts of interest: None

Images showing Burn Before, during and after the treatment:

24/10/2025



27/10/2025



17/11/2025



DISCUSSION & CONCLUSION

This case demonstrates the effective management of a partial-thickness thermal burn using *Calendula officinalis* both internally and externally. The patient, initially recommended for plastic surgery, recovered without surgical intervention and regained full functional mobility. The remedy played a pivotal role in rapid tissue repair, pain reduction, and prevention of suppuration.

This case reiterates the importance of:

- Judicious remedy selection based on local tissue quality
- Understanding the scope and limitations of homoeopathy in acute injuries
- Integrating safe adjunctive measures without compromising homoeopathic principles
- Maintaining careful follow-up in injuries involving functional areas like the hand

This case is an example of the gentle yet effective action of homoeopathic therapeutics in acute trauma when applied with clinical clarity and rationality.

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A Classical Homoeopathic approach in the Management of Tinea Pedis: A Case Report

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Keywords

Homoeopathy, Classical, Tinea Pedis, Individualized remedy, Athlete's foot, Case study, Argentum Nitricum.

Abstract

The infection of the foot's skin by dermatophytes causes tinea pedis, commonly referred to as athlete's foot. Walking barefoot and coming into direct contact with the organism is how patients get infected.

Significant morbidity, such as cellulitis, osteomyelitis, and lymphangitis, can occur from improperly treated tinea pedis.

This clinical case study explores the effectiveness of the individualised homoeopathic medicines in the case of tinea pedis. A 30 year old male patient has been presenting with tinea pedis for 8 years, and taking allopathic medicines from many Physicians but the patient shows no recovery. He started homoeopathic medicine and within 7 Month tinea pedis was cured. The whole case was repertorized and Argentum Nitricum was given along with some acute and complementary medicine in the follow up stage. The study highlighted the potential of homoeopathy as an effective individualised treatment for tinea pedis addressing both the physical as well as psychological aspect.

Introduction

Tinea pedis, also referred to as "athlete's foot," is a superficial fungal infection of the foot's epidermis that is mostly brought on by dermatophytes.

It is believed that 3% of people worldwide suffer

from tinea pedis. Adults and teenagers are more likely to have it than children. The incidence is at its highest at the age between 16-45 year.

Males experience tinea pedis more frequently than females. The most frequent way is through family members, but indirect contact with the contaminated patient's possessions can also spread the Infection.

Foot mycosis-related conditions, such as tinea pedis, are the most prevalent superficial infections and a global public health concern. Infection recurrence lowers quality of life, and treatment takes a long time.

particularly environmental, climatic, and lifestyle factors, and can be impacted by personal characteristics including age and host Defenses. In addition to the objective indicators (physical symptoms), each person can be recognized by the subtle changes in their desires, aversions, Thermal Reactions, appetite, thirst, excretions, and mental state.

The goal of homeopathic medicine is to find a medication from the list of Materia Medica, which addresses both the pathological illness state and those changes in an individual.

Causes of Tinea Pedis

In certain parts of the world, such as Asia and Africa, this fungus is endemic. The weather, footwear and clothing choices, the body's reaction to various organisms, past medical history, family history, and endemic geographic regions are some of the variables that influence the mechanism of transmission and risk factors.

The literature found that higher temperatures and humidity were linked to higher incidence and

prevalence of tinea pedis compared to areas with lower temperatures. Additionally, wearing certain types of clothing or shoes may increase the risk of infection, particularly if they are occlusive and adherent to the foot. Prolonged exposure to water and humidity was also found to be a contributing factor in tinea pedis infections.

Human skin infections are caused by molds belonging to the genera *Trichophyton*, *Microsporum*, and *Epidermophyton*. Dermatophytes are organisms that can live inside the keratinized structures of the skin; they are not part of the regular skin microbiota. Worldwide, dermatophytes are found, and infections with these organisms are very frequent.

Only humans are susceptible to some organisms that are spread through direct touch between people as well as through contaminated objects like hairbrushes or damp flooring. Athlete's foot, or tinea pedis, is a fungal infection brought on by dermatophytes such as *Trichophyton rubrum*, *T mentagrophytes*, *T interdigitale*, and *Epidermophyton floccosum* on the skin of the feet. Direct contact with the organism while barefoot in showers, swimming pools, and locker rooms is usually how this infection is contracted.

People with diabetes and those who wear shoes that cover their feet are more likely to get tinea pedis. Tinea pedis is more common in adult males than females. Patients who wear occlusive shoes for long periods of time are at risk for dermatophyte infections. Due to the higher incidence of tinea pedis among users of public baths, showers, and pools, communal facilities that involve water are likely to increase the risk of infection.

Clinical Feature

Tinea pedis, the most prevalent dermatophyte infection, is characterized by varied erythema, edema, scaling, pruritus, and sometimes Vesiculation. The web region between the fourth and fifth toes is typically affected, though the infection can be localized or extensive. Many people with tinea pedis develop onychomycosis, also known as tinea unguium, an infection of the nails that is characterized by thicker, opacified nails and subungual debris. Men are also more likely than women to get tinea pedis. Usually, it begins in the toe web

spaces. A scaly, itchy rash develops along the lateral and plantar regions of the feet after peeling, maceration, and pruritus.

Diagnosis

Skin scrapings, hair pluckings, or nail clippings must be obtained from disease-active locations; they are usually the subungual hyperkeratosis for skin involvement, the crumbling dystrophic nail.

In order to confirm the diagnosis using microscopy and culture, nail involvement and hair samples from the scalp or other afflicted hair-bearing areas were taken.

Treatment

Dermatophyte infections can be treated with topical or systemic medications. In most cases, topical treatment works well for limited tinea pedis, tinea cruris, and uncomplicated tinea corporis. Relapses are common with tinea pedis, and treatment periods are often longer. Terbinafine, miconazole, and clotrimazole creams applied twice a day for four to six weeks work well.

Complications

Secondary bacterial infection, Impetigo, Cellulitis, Allergic contact dermatitis



Case Presentation

Chief complain

A 30 year old male patient present with complain of red small circular eruptions with severe itching on both lower extremities with eruption and severe itching around scrotum and in between

thighs since 8 years. Patients complaining of small eruptions on both hands, back only in summer since 1 year. The patient had taken allopathic medicine since long time but had no improvement.

Physical General

Appetite- 5 chapati/day

Desire- Sweet+3

Thirst- Thirsty, 8 bottle/day

Thermal- chilly

Stool- once a day

Urine- 5-3 D/N

Perspiration- Profuse, stain on clothes with offensive smell.

Sleep- Disturbed due to itching.

Position- on side right side.

Past History

Covid- +ve

Jaundice

Varicocele – Operated

Family History

Cancer- PGF

Myocardial infarction- PU

Mental General

Fear of high places.

Indecisive, can't take any decision, very confused.

Hurried speech and action.

Stage fear, nervous with restlessness during performance, constantly move his leg during nervousness.

Time punctuality.

Reserved, not share anything to anyone.

Miasmatic Analysis

- **Psora** → Itching, functional disturbances, nervousness.
- **Sycosis** → Chronicity, recurrent eruptions, history of varicocele.
- **Syphilis** → Family history of cancer & myocardial infarction.

Totality of symptoms.

Time punctuality

Fear of height

Nervousness, restlessness.

Hurried

Reserved

Indecisive

Desire for sweet

Remedy	Argem	Sulph	Ict	Nat-m	Puls	Calc	Aur	Merc	Sil	Thuj	Ign	Kal-c
Argem	3	3	1	1	1	3	3	1	1	1	1	1
Sulph	1	1	1	3	3	3	3	1	3	3	3	3
Ict	4	4	4	4	4	4	4	4	4	4	4	4
Nat-m	4	4	4	4	3	1	4	4	4	4	4	3
Puls	4	4	4	4	4	4	4	4	4	4	4	4
Calc	3	3	4	4	4	3	3	3	3	3	4	3
Aur	4	4	4	2	3	3	1	3	1	3	1	4

Reportorial Analysis

After repertorization using a computer repertory (complete repertory) following medicines are highlighted.

Argentum Nitricum- 23/7

Sulphur- 23/7

Lycopodium- 22/7

Natrum muriaticum- 22/7

Pulsatilla- 22/7

Justification

Nervousness, impulsive and hurried. Time passes slowly, time seems short, wants to do things in a hurry, and must walk fast.

Skin brown, tense and hard. Drawing in skin

as from a spider web, or dried albuminous substance, withered and dried up. Irregular blotches.

< warmth, at night

>Cold.

Prescription

Argentum nitricum 1m 1dose

Rubrum 200 5-0-5 for 15 days.

Treatment and Follow up

20-05-2024- Better sleep, no improvement in eruption.

Rx Rubrum 200 5-0-5 for 15 days.

06-06-2024- Slight better in itching, area of ringworm as it is, refreshing sleep.

Rx- *Argentum nitricum* 1m 1 dose.
rubrum 200 5-0-5 for 15 days.

12-06-2024- Fever, cough, coryza. A/F- Bathing in the rain

Rx *Rhus tox* 1m 1 dose in water.

22-06-2024- Better in itching, area of eruptions decreases on both foot and around Thigh.

Rx- Rubrum 200 5-0-5 for 15 days.

23-07-2024- Itching increased, area of eruptions as it is.

Rx- *Sulphur 200c* 1 dose.

Rubrum 200 5-0-5 for 15 days.

25-08-2024- better in itching and in eruptions.

Rx- Rubrum 200 5-0-5 for 15 days.

25-09-2024- No itching, better in eruptions.

Rx- Rubrum 200 5-0-5 for 15 days.

27-10-2024- No eruptions on foot and around thigh.

Rx- Rubrum 200 5-0-5 for 15 days.

CONCLUSION

I prescribed constitutional medicine *argentum nitricum* on the basis of physical and mental symptoms. The patient marks remarkable improvement. Anti-miasmatic medicine and acute

medicine given in between the case. This case Demonstrate that though careful case taking, repertorization and follow up, homoeopathy can provide Substantial relief.

Before



After



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Understanding Management of Migraine with Dysmenorrhea Through a Miasmatic Lens: A Constitutional Homeopathic Case Report

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Abstract

A 31-year-old female presented with chronic right-sided migraine since adolescence, markedly worsened after marriage, along with severe primary dysmenorrhea. The headaches were intense, hammering, intolerable, and accompanied by nausea and vomiting. The patient exhibited marked emotional hypersensitivity, intolerance to criticism, intense anger, jealousy, money-orientation, and superiority feelings. Based on detailed constitutional and miasmatic assessment, Platina was prescribed as the constitutional remedy with appropriate acute prescriptions when required. A significant reduction in frequency and intensity of migraine episodes and complete relief from dysmenorrhea were achieved within four months. This case highlights the importance of understanding the patient’s mental state, syphilitic miasm, and individual sensitivity in chronic migraine management.

Introduction

Migraine is a chronic neurological disorder characterized by recurrent moderate to severe headache episodes associated with nausea, vomiting, photophobia, phonophobia, and functional disability. Homeopathy emphasises individualized, holistic treatment, considering not only physical symptoms but also mental-emotional attributes and miasmatic background. This case

demonstrates the classical homeopathic approach in managing a long-standing migraine with dysmenorrhea in a highly sensitive, hysterical, and syphilitic-miasmatic patient.

Patient Information:

Name: XYZ (identity masked)

Age/Sex: 31 years / Female

Education: B.E. Civil

Marital Status: Married for 7 years

Occupation: Homemaker

Family: Joint family with in-laws, husband (CA), one daughter (7 years)

Address: Nagpur.

Chief Complaints

Sr. No.	LOCATION	SENSATION & PATHOLOGY	MODALITY	CONCOMITANT
1.	HEAD Right side Once/ 1-2 wks. Since 14 yrs. of Age. Gradually increase in Intensity and Frequency Increase after Marriage	Severe Intolerable Pain Hammering type of pain With Nausea, induced vomiting Desire to lie down quietly	<Lying down <Summer, Sunheat <After Marriage <Lack of sleep <Light, Noise	

2.	FGO	Menses – Regular Flow – Scanty 1-2 days Clotted large++, Offensive Nausea, vomiting Frequent urging for stool Very painful, must take Pain killer. Cannot tolerate pain, Weeping, shrieking pain with	>Lying down	Fees very Sad Weeping
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Physical General

Appetite – Normal. Thirst – Thirsty, Dryness

Hunger – Intolerance (causes headache)

Craving – Fried food, chocolate++

Aversion – Cheese, Butter

Sleep – Sound, for long time, can't wake up early.

Sun - Intolerance +++, Causes Irritability, Severe headache

Noise - Much Sensitive to Noise (causes headache)

Thermals:

Sensitive to warmth, can't tolerate heat. Require AC most of time.

Covering – Require in Winter. Fanning – all time. Bathing – Lukewarm water

Sun heat: Can't tolerate Sunheat. < Headache3

Interpretation – HOT

Life Space:

After marriage, the patient frequently faced criticism from her mother-in-law. She felt constantly

interrupted and criticized in every matter. This made her feel deeply hurt and offended. Frequent quarrels occurred with her mother-in-law and even with her husband. Whenever tension increased, she would fall ill. Even small comments caused stress.

She has intense anger. She reacts immediately, which often leads to arguments. If she does not express her anger, she keeps thinking about it the whole day "Why did this person say this?" She broods continuously, becomes irritable, and sometimes cries. She feels she cannot even look at the person who offended her. Her anger includes shouting, screaming, and loss of control. Although she is friendly with everyone, if someone provokes her, she becomes very angry.

If her husband shouts at her, she cries a lot, sometimes the whole night. She finds it unbearable and even gets thoughts of harming herself.

Childhood History: Since childhood she had a lot of anger and stubbornness. She was a pampered child and highly sensitive. Even then, excessive work or pressure would affect her health. She is friendly, enjoys fun, jokes, travelling, and outings. But she is easily offended. She gets upset if expectations break. She performed very well academically, securing a Gold Medal in 8th and 9th standard.

Family Dynamics: She has one younger brother. There was sibling jealousy.

Jealousy continues even now for material things like jewellery, foreign trips, etc. She feels, "If others have it, I should also have it." She cries alone and secretly, never in front of others, As She feels people will judge her as weak and may take advantage.

She had a relationship for 6–7 years before marriage. The boy pursued her. Over time, she realized there was no future as lack of financial stability, and she believed life cannot run without money. She gradually withdrew and ended the relationship.

Career: After completing B.E., she received a job offer from Ambuja Cement, but her father said the work was too much for the salary (Rs. 10–12k). So, she left the opportunity.

After Marriage: She feels upset when her husband gives less money. She admits she likes showing status, foreign travel, gold and diamond jewelry, and living a standard life. She compares herself with cousins and always wants to be above them. If she cannot buy something she desires, she becomes irritable.

She enjoys wearing good clothes and maintaining standard during functions. She saves the money given by her parents but tries to reduce her husband's expenses.

She openly admits she is money-oriented — "If there is money, there is comfort and a good life. Without money, nothing works." She needs domestic help and certain comforts.

She having Intense fear of lizards and rats. Fear of staying alone. When someone becomes ill (especially her husband), she feels helpless and cries a lot.

She loves music and dancing. When she desires intimacy and her husband refuses, she becomes very angry and then avoids sexual relations for 2–3 weeks.

If someone speaks rudely, she feels insulted and humiliated easily. She may break the relationship or stop communicating with that person.

CASE ANALYSIS: What We need to Understand in Case

1. Disease in Person,
2. Person in Disease (Reaction during illness),
3. Person as whole

DIAGNOSIS

1. Disease Diagnosis
2. Person Diagnosis
3. Miasmatic Diagnosis

Disease Diagnosis – Chronic Migraine + Primary Dysmenorrhea

PERSON DIAGNOSIS:

Mental Symptoms -

Sensitive to Criticism, Reprimands, Humiliation, Insult

Offended Easily, Brooding

Hysterical behavior

Angry - Anger Violent, Hatred of person who offended. Hatred, Cast Off

Quarrelsome, Indolence

LIBERTINISM

Jealousy. Luxury life desire

Egoistic, Superiority Feeling, HAUGHTY

Money Oriented, Show Off

Contemptuous, Family Member, Relatives, for everything

Deceitful

Delusions: Things appear small, she is very tall, she is of royal blood, of superiority,

Affectation words & expression in*

Delusion, does not belong to her own family.

Hight Sex Drive

Miasmatic Analysis

PSORA	SYCOSIS	SYPHILIS
Sensitive to Criticism, Reprimands	Quarrelsome Brooding Anger – Irritability	Hysterical Angry - Anger Violent Anger – Hatred, Cast Off
Sensitive to Humiliation, Insult Offended Easily	Indolence Deceitful Show Off Jealousy Luxury life desire Money Oriented Hight Sex Drive	Egoistic, Superiority Feeling, HAUGHTY Contemptuous, Family Member, Relatives, for everything Libertinism Delusions: Things appear small, she is very tall, she is of royal blood, of superiority, Delusion, does not belong to her own family.

Sensitive to Noise		Pain – Maddening, Intolerable Shrieking Pain with Hunger – Intolerance <Sunheat
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Miasmatic Diagnosis: SYPHILIS

As We are dealing with Syphilitic disease, taking all symptoms into consideration for totality leads to common remedies, that's why we need to evaluate the all Symptomatology and consider only Syphilitic Symptoms for totality along with sensitivity of patient.

Miasmatic Totality

Sensitive to Criticism, Reprimands, Humiliation + Anger - Hatred, Cast Off

Hysterical + HAUGHTY + Contemptuous, Family Member, Relatives, for everything

Delusions: Things appear small, she is very tall, she is of royal blood, of superiority,

Delusion, does not belong to her own family. + Libertinism

Pain – Maddening, Intolerable + Shrieking Pain with

HOT, Hunger – Intolerance, <Sunheat

The screenshot shows the Repertory software interface. The search bar contains 'Mind(Sensitive, oversensitive)'. The results table shows various remedies with their corresponding counts. The remedies listed include Plat, Stram, Puls, Sulph, Chin, Ipc, Nux-v, Aur, Verat, and Calc. The counts for each remedy are: Plat (11), Stram (11), Puls (10), Sulph (9), Chin (9), Ipc (9), Nux-v (9), Aur (9), Verat (9), and Calc (9). The table also shows the 'Remedy List' and 'Record' columns.

Emerging Remedies: Platina, Stramonium, Pulsatilla, China

Final Prescription: Platina selected as the

constitutional remedy Based on:

Haughtiness, Contempt for family, Offended easily, Sexual excess, Delusions of superiority

Syphilitic miasm, Violent anger and shrieking pain

DATE	Observation & Follow-up	Prescription
25/5/23	1st Prescription	Rx: Platina 200 Drop Stat Sac lac tds for 2 wks. SOS Nux-vomica 1M, Bryonia 1M
9/6/23	One Episode of headache better with Bryonia 1M Intensity and Frequency are reduced	Rx: Platina 200 3P Daily Sac lac tds for 2 wks.
22/6/23	No Episode of headache Dysmenorrhea Better	Rx: Platina 200 3 doses Sac lac tds for 2 wks.
5/7/23	Acute Episode in Family marriage, Working and staying in hotel in the last 2 days. Start right sided headache with nausea & vomiting. Hammering type of headache <Hunger Fast, <Lying down.	Acute Rx: Sanguinaria 200 1 hrly and 2 hrly Sac Lac tds for 2 wks.
20/7/23	Was better with sanguinaria. No Episode of headache after that. No Menstrual Pain	Rx: Platina 200 3P daily for 3 days. Sac lac tds for 2 wks.
3/8/23	No episode of headache in 1 month in spite of dancing and enjoy in function which is unbelievable for patient.	Rx: SBR BD for 1 wk. Sac lac tds for 2 wks.
13/09/23	One mild episode of headache which relieve in its own after some time. First time seen Movies in the theatre without pain though fasting.	Rx: SBR BD for 1 wk. Sac lac tds for 2 wks.
7/10/23	No episode of headache. Experience Mild heaviness in the morning as after seen full movie at night. LMP – No pain. Flow – Normal 3 days.	Rx: Platina 1M drop stat SNR TDS for 4 wks.
10/11/23	Feels better. No Episode of headache. No Menstrual pain.	Rx: SBR BD for 1 wk. Sac lac tds for 4 wks

OUTCOME

Need to understand Episode and Mental and Physical Expression during episode (Patient during disease) Most of time Need to Prescribe acute Remedy for Episode as per Acute Totality.

By Constitutional Medicine - Intensity and Frequency of episode get reduced gradually.

Increased doses or potency of GCS whenever required.

GCS Correct the Sensitivity of Person. Complete disappearance of migraine episodes over 3–4 months. No analgesics required. Severe dysmenorrhea fully cured. Increased stress tolerance

Improved emotional stability. Improved general well-being and confidence

DISCUSSION

This case highlights the value of -

Constitutional remedy selection

Miasmatic assessment (Syphilitic dominance)

Understanding mental–emotional pathology behind migraine

Appropriate use of acute remedies (Sanguinaria, Bryonia, Nux-vomica)

Gradual reduction in intensity and frequency

with Platina

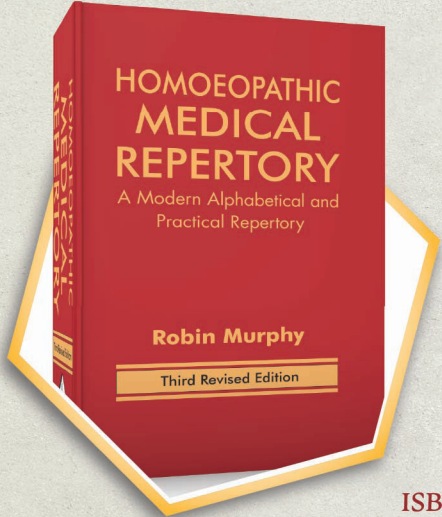
Platina covered both the mental picture and physical pathology, especially violent anger, haughtiness, hypersensitivity, maddening pains, and intolerance to contradiction.

CONCLUSION

Classical individualized homeopathic treatment based on miasmatic and constitutional analysis proved highly effective in this chronic migraine case. Proper understanding of the patient's emotional sensitivity and syphilitic tendencies guided successful remedy selection. The patient achieved sustained relief without recurrence and marked improvement in menstrual health and psychological well-being.

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Dr Robin Murphy

Case Report: Homoeopathic Management of Post-Traumatic Spinal Paralysis with *Hypericum perforatum*



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Abstract

A 17-year-old male sustained a severe spinal injury following a traumatic fall, resulting in burst fracture of the L1 vertebra with spinal cord compression and subsequent paralysis of both lower limbs accompanied by loss of sensation. MRI findings concluded cord contusion extending from D10 to L1, indicating significant neurological involvement and guarded prognosis. In such spinal trauma cases, where complete neurological recovery is often limited, Homoeopathy can play a valuable palliative and restorative role. The indicated remedy, *Hypericum perforatum*, is renowned for its deep action on the nervous system, particularly in injuries involving the spinal cord and peripheral nerves. Its use helps reduce nerve inflammation, promotes regenerative response, and alleviates neuropathic pain and hypersensitivity.

Although structural repair may remain limited in severe cord injury, the palliative scope of homoeopathy—centered on *Hypericum*'s nerve affinity—offers comfort, improved vitality, and better adaptation to disability. Thus, this case underscores the complementary role of Homoeopathy alongside modern neurorehabilitative management in improving the quality of life for patients

with post-traumatic spinal paralysis.

Introduction

Spinal cord injury (SCI) is a catastrophic neurological event often resulting in permanent disability. The degree of functional impairment depends on the level and severity of the cord lesion. While modern medicine provides structural stabilization, Homoeopathy offers a holistic and individualized approach focusing on the restoration of the vital force. Among its remedies, *Hypericum perforatum*, known as the “Arnica of the nerves,” has a strong affinity for the spinal cord and peripheral nerves, making it highly effective in managing neuralgic pain, sensory loss, and traumatic paralysis.

Case Presentation

A 17-year-old male presented after a traumatic fall from height, leading to severe pain and inability to move both lower limbs. MRI of the spine concluded an acute burst fracture of L1 vertebral body with repulsion and compression of the conus medullaris, accompanied by cord contusion from D10–L1. The patient developed fear of never recovering, complete paralysis of both lower limbs with loss of sensation and numbness,

Case Report

indicating significant neurological deficit secondary to spinal cord compression.

Physical General symptoms

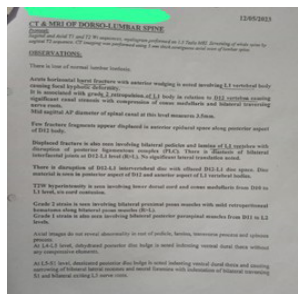
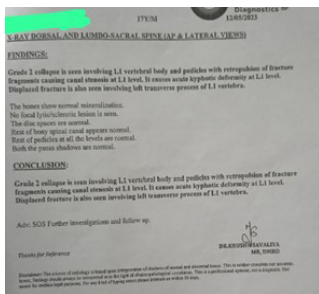
- Appetite- good 3 meal/ day
- Thirst-1-2 lit/day
- Sleep- sound hrs
- Thermal-ambi-thermal
- Desire- not specific
- Perspiration- scanty-whole body
- Stool- passed once/day,satisfied morning night
- Urine- SPC in situ full form

Mental generals- Patient avoids discussing emotional matters,he is having constant fear of not being recovered of his illness,thinks his legs will not be functioning again.

Miasmatic Analysis

The miasmatic evolution of this case shows a **syco-syphilitic** predominance. The syctic miasm reflects the proliferative and structural changes following injury — fibrosis, induration, and faulty repair.The syphilitic miasm represents the destructive and degenerative pathology of the spinal cord and nerves, leading to paralysis and loss of sensation.Homoeopathic management in such structural-degenerative conditions aims to palliate suffering, reduce pain, and enhance vitality by addressing the underlying miasmatic dyscrasia.

Diagnosis: Post-traumatic spinal cord injury with paraplegia.(BASED ON X RAY OF DORSAL AND LUMBO-SACRAL SPINE(AP LATERAL),CT MRI OF DORSUM-LUMBAR SPINE)



Prognosis: Guarded due to cord involvement and severe neural compression. Highlight the sub headings

Case Analysis (According to DR.J.T KENT'S AP-PRAOCH)

- Totality of symptoms:
- Fear of not will recover+3
- Paralysis of lower limbs injury after+3
- Back pain after injury to spine+3
- Back pain extending to hip and groin+3
- Back pain extending to lower extremities+3
- Numbness+2 in both lower limbs
- Repertorization(Synthesis Repertory),

MIND				
1 MIND - FEAR - recover, he will not				
SPINE				
2 BACK - INJURIES - Spine				
3 BACK - PAIN - injuries; after				
4 BACK - PAIN - Spine - extending to - Downward				
5 BACK - PAIN - Spine - extending to - Lower extremities				
EXTREMITIES				
6 EXTREMITIES - NUMBNESS				
GENERAL				
7 GENERALS - PARALYSIS - injuries; after				
Remedies	ΣSym	ΣDeg	Symptoms	
hyper.	3	8	2, 3, 6	
con.	3	6	2, 3, 6	
nat-s.	3	6	2, 3, 6	
rhus-t.	3	6	2, 3, 6	
arn.	3	5	2, 6, 7	
calc.	3	5	2, 3, 6	
sil.	3	5	2, 3, 6	
thuj.	3	5	2, 3, 6	
kali-c.	3	4	2, 3, 6	
nit-ac.	3	4	2, 3, 6	
ruta	3	4	1, 2, 6	
graph.	2	6	2, 6	
lyc.	2	6	2, 6	
sep.	2	5	2, 6	
agar.	2	4	5, 6	

Remedy Justification

The totality included spinal injury with nerve compression, paralysis and numbness after trauma, sharp pain extending down the spine, and fear of never recovering. Hypericum perforatum ranked highest in the Synthesis repertorization, addressing both physical and mental symptomatology. Its deep nerve action and miasmatic correlation with the syco-syphilitic sphere justified its prescription.

Follow-Up Summary

Here every 15 days, follow up is taken and medicine has been prescribed, very few follow ups will be mentioned, up-to the 1 year follow up chart will

be mentioned below:

Follow-Up	Duration	Medicine & Dose	Response
1st	Baseline	Hypericum perforatum 30C BD for 15 days	Relief in pain and slight improvement in balance
2nd	3 Weeks	Hypericum perforatum 30C BD for 15 days	Further reduction in pain, improved general weakness
3rd	6 Weeks	Hypericum perforatum 30c 15 days	Improved comfort and emotional stability
4th	3 Months	Hypericum perforatum 200C BD for 15 days	Pain largely controlled, improved sitting balance
5th	6 Months	Hypericum perforatum 200C BD for 15 days	neuralgic pain decrease 30-40% better steadiness and stamina
6th	1 Year	Hypericum perforatum 200C BD for 15 days	Pain-decrease 40%, good balance and emotional well-being

CONCLUSION

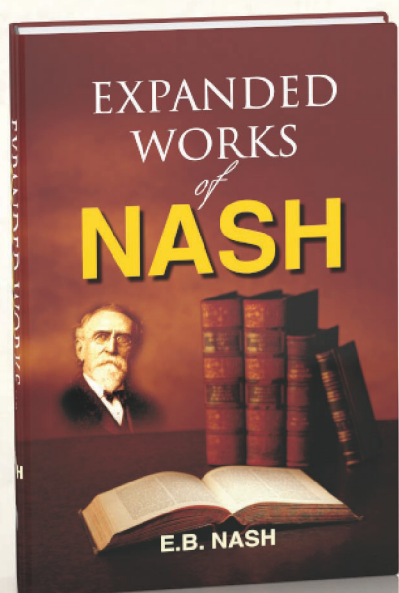
This case demonstrates the effective palliative and

restorative role of Homoeopathy in traumatic spinal cord injury with paralysis. Hypericum perforatum provided significant relief in pain, weakness, and overall vitality. The case also illustrates the importance of individualization, repertorial analysis, and the synergy of Homoeopathy with rehabilitative measures in chronic neurological trauma. The miasmatic evolution corresponds to the syco-syphilitic sphere, showing structural degeneration with limited reparability yet functional adaptation under the holistic approach of Homoeopathy.

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Successful Homoeopathic Management of A Middle Phalanx Fracture Recommended For Surgery: A Case Report

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Abstract

Fractures of phalanges are common hand injuries and may require surgical correction depending on displacement and stability. Homoeopathic remedies having specific action on bones with properties for callus formation can heal such conditions recommended for surgery in conventional methods of treatment. This is a case report of a 65-year-old man sustained a fracture at the base and body of the middle phalanx of the left middle finger following a transport bus accident. Although surgical correction was advised, he refused and opted for Homoeopathic management. He was treated with *Bellis perennis* 200C and *Symphytum officinale* 200C alongside immobilization with a splint. Radiographic images showed progressive callus formation and eventual complete union of the fracture. Homoeopathic medicines when used based on homoeopathic principles laid down in the Organon of Medicine can effectively cure surgical cases like fracture.

Keywords

Symphytum officinale, *Bellis perennis*, Phalanx fracture, Homoeopathy.

Introduction

Fractures of the phalanges constitute a significant proportion of upper-limb injuries and typically result from crush, torsional or blunt trauma.

These fractures are classified by its anatomical location namely proximal, middle or distal phalanx and by fracture pattern (transverse, oblique, spiral, comminuted), displacement and articular involvement. These characteristics determine the need for operative versus conservative management. Clinical presentation usually includes acute localised pain, swelling, deformity, decreased active motion and tenderness. Standard radiography confirms the diagnosis and helps assess displacement and subsequent callus formation.^[1, 2, 3] According to ICD-11, the injury described in this case corresponds to NC53.61 – Fracture of middle finger.^[5] Phalangeal fractures may heal well with splinting when alignment is acceptable; however, displaced fractures may require reduction or internal fixation.^[2, 15] In instances where surgical management is declined, conservative approaches require careful monitoring to prevent malunion or persistent stiffness.^[4] Homoeopathic literature contains extensive references to remedies used after mechanical trauma. *Symphytum officinale*, known as “knightbone” has been reported to promote callus formation and was traditionally used by bone-setters for many years for managing compound fractures.^[7] Additional remedies such as *Bellis perennis*, *Arnica*, *Hypericum* and *Calcarea phosphorica* are frequently used to address trauma-related pain, soft-tissue damage and delayed bone repair.^[6, 7, 8]

Case Report

Patient Information

A 65-year-old male presented with pain, swelling, and stiffness of the left middle finger after a bus accident on 20 July 2024. During the rescue process, the finger was noted to be bent, and the patient reflexively straightened it, which caused severe pain and pronounced swelling. Initial first-aid with an ice pack was administered to control inflammation. Orthopaedic evaluation, including an X-ray, confirmed a fracture involving the base and shaft of the middle phalanx of the left middle finger (Figure 1). Surgical management was advised; however, the patient refused and was instead given analgesics for three days along with temporary compression wrapping of the digits. (Figure 2). He subsequently approached for Homoeopathic care. Examination revealed edema, local warmth, tenderness, and restricted mobility of the affected finger. His past medical history included coronary artery disease for which he was on allopathic treatment.

Diagnosis

A provisional diagnosis of a fracture of the left middle finger was made based on the presenting symptoms and history. This was subsequently confirmed as a fracture of the middle phalanx of the left middle finger through radiographic evaluation.

Case analysis

Ailment from - Trauma / Injury

Pain in left middle finger

Swelling of left middle finger

Fracture of bone

Stiffness with restricted movements in the affected finger.

Physical Generals

Thermal reaction- : Ambi towards Hot

Appetite: Good; three meals per days

Thirst- 2 to 3 L per day,

Desire vegetables, sweets.

Aversion fried food.

Urine: Normal output,

Stool: Regular,

Sleep: 6-7 hours, sometimes unrefreshing

Dreams: Not mentioned

Perspiration: Generalized all over body on exertion, odorless.

Repertorisation

After detailed case analysis and evaluation, the symptoms were repertorized using Zomeo 3.0 software. The final prescription was made by correlating the repertorial results with materia medica references to ensure accurate remedy selection (Figure 1).

Figure 1. Repertorial result of the case

Remedy	Symph	Arn	Ruta	Puls	Bry	Rhus-t	Bell-p	Hyper	Mez	Calen
Totally	11	9	9	8	6	6	5	7	6	5
Symptoms Covered	3	3	3	3	3	3	3	2	2	2
[Complete] [Generalities]Injuries, blows, falls and bruises:Fractures etc., bones:	4	4	4	4	1	1	1	3	3	4
[Complete] [Generalities]Swelling:Edematous:Injuries, after:	0	1	2	1	1	1	3	0	0	0
[Complete] [Generalities]Pain:Injuries, after:	4	4	3	3	4	4	1	4	3	1
[Complete] [Generalities]Callus formation, stimulates:	3	0	0	0	0	0	0	0	0	0

Therapeutic Intervention

First Prescription:

Rx,

1. *Bellis perennis* 200C, One dose in 10 ml aqua; 10 drops every 3 hours for 1 week.
2. *Symphytum officinale* 200C, One dose every night for 2 weeks

Justification

Bellis perennis is the first remedy in injuries to the deeper tissues.^[6] It is a pre-eminently left-side medicine; it has characteristics of exudations and swellings of many kinds. Clinically indicated in Traumatism.^[7] *Symphytum* is used in traumatic injuries of bone or periosteum; facilitates union of fractured bone; lessens peculiar pricking pain; favors production of callous. ^[7,8] These two remedies were selected based on Dr. Richard Hughes's concept of pathological simile, where he insists choosing remedies corresponding to the seat and kind of action.^[9]

Treatment plan and Prognosis:

In addition to the Homoeopathic treatment, the patient was advised to keep the left hand elevated

to facilitate lymphatic drainage and to apply ice packs for the first 3–5 days. A finger splint was recommended as part of conservative management to maintain anatomical alignment and provide sufficient stability. After an immobilization period of 2–3 weeks, early controlled active movements were initiated to avoid stiffness and prevent tendon adhesions which includes gentle flexion and extension of the finger. Once radiographs at two months indicated satisfactory fracture union, the patient was instructed to begin muscle-strengthening exercises.

Follow up

The patients acute symptoms gradually started subsiding. *Bellis perennis* 200C was stopped after one week. (Table 1) After 3 months the medicines and finger splint were discontinued while regular strengthening exercises continued. The patient was improved. Subsequent X- rays showed the progress of fracture healing in three months time. (Figure 4, 5, 6,)

DISCUSSION

This case illustrates successful conservative healing of a middle phalanx fracture through Homoeopathic intervention combined with appropriate immobilization. The favourable outcome aligns with Hahnemann's guidance in aphorism 186 of the Organon of Medicine, wherein he emphasizes to manage surgical diseases with both mechanical and dynamic aid. The former was advised in order to fix the fracture in place and the latter to combat the effects produced on the body as a result of the injury.^[10] *Bellis perennis* is commonly recommended for injuries involving deeper tissues and has been reported to exhibit osteogenic activity.^[11] Its early administration in this case helped alleviate the deep soreness that followed the traumatic bending of the finger. *Symphytum* likewise possesses bone-healing properties.^[12,13] A published case series of four patients demonstrated accelerated callus formation on follow-up radiographs after treatment with *Symphytum*, supporting a protocol comparable to that used in the present case.^[14] Additionally, *Symphytum* has shown usefulness in other bone-related conditions, including fibrous dysplasia.^[16] Phalangeal fractures are common hand injuries that significantly affect hand function because even minor

deformities can alter tendon mechanics and joint mobility.^[4] A balanced approach of stability, protection of soft tissues, and timely rehabilitation, is essential for optimal healing. Homoeopathy is not a replacement for surgical management when indicated but may serve as an effective complementary therapy.

Figure 2: X-ray taken on the day of the accident



Figure 3. Temporary compression wrapping



Figure 4. X-ray after 2 weeks of treatment



Figure 5. X-ray after 8 weeks of treatment



Figure 6. X-ray after 12 weeks shows complete union



Table 1. Follow-Up Timeline

Date	Symptoms	Imaging	Inference	Prescription & Management
28.07.2024	Severe pain, swelling, stiffness O/E: tenderness present	Fracture of base & body of left middle phalanx	Acute traumatic fracture	Rx, 3. <i>Bellis perennis</i> 200C / 7 D (1 dose in 10 ml aqua, 10 gtt, 3 hourly) for one week only. 4. <i>Symphytum</i> 200C/ 1D daily night for 2 weeks Management: Ice pack applied. Finger splint.
11.08.2024	Pain reduced. swelling decreased slightly but persists. Stiffness persists O/E: moderate tenderness present	X- ray shows early callus formation	Healing initiated	Rx, <i>Symphytum</i> 200C/ 14 D (daily night for 2 weeks) Management: Ice pack & Finger splint applied. Gentle finger mobilization once a day for few minutes.
25.08.2024	Moderate pain; Swelling reduced than before. Mild stiffness present O/E: moderate tenderness present	Not repeated	Continued healing	Rx, 1. <i>Symphytum</i> 200C/ 14 D (daily night for 2 weeks) Management: Finger splint applied. Gentle finger mobilization twice a day for few minutes.
08.09.2024	Mild pain; Mild swelling noted Mild stiffness only O/E: moderate tenderness present	X- ray shows good callus and partial union of fracture.	Near-complete clinical healing	Rx, 1. <i>Symphytum</i> 200C / 7 D (Alternate night for 2 weeks) Management: Finger splint applied. Gentle finger mobilization atleast 5 times a day for few minutes.
22.09.2024	Mild pain & tenderness occasionally present Swelling reduced markedly Movements possible	Not repeated	Advanced healing	Rx, 1. <i>Symphytum</i> 200C / 7 D (Alternate night for 2 weeks) Management: Finger splint applied. Gentle finger mobilization atleast 5 times a day for few minutes.
06.10.2024	No pain Swelling decreased Movements possible O/E: tenderness only on pressure	Not repeated	Advanced healing	Rx, 1. <i>Symphytum</i> 200C / 4 D (1D once in 3 days night for 2 weeks) Management: Finger splint applied. Finger mobilization with moderate strengthening exercises
20.10.2024	No pain. Swelling mildly present. Full mobility possible O/E: mild tenderness only on pressure	X-ray shows no clear fracture line; mature callus seen.	Complete union of fracture	Rx, 1. <i>Symphytum</i> 200C / 2 D (1D weekly once night for 2 weeks) Management: Finger splint discontinued. Regular strengthening exercises continued.
04.11.24	No pain. No swelling Full mobility possible O/E: No tenderness	Not repeated	Improved	Rx, 1. SAC LAC / 4 D (1D weekly once night for 4 weeks) Management: Regular strengthening exercises continued

CONCLUSION

This case report demonstrates the role of Homoeopathic remedies *Bellis perennis* and *Symphytum*

officinale in the management of a non-operatively treated phalangeal fracture. In patients who decline or are unsuitable for surgical intervention, homoeopathic remedies, particularly *Symphytum*

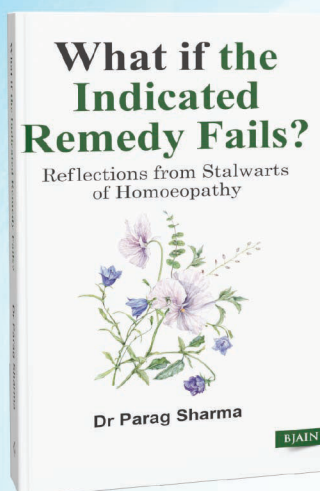
officinale may serve as a useful remedy for union of fracture when combined with proper conservative management measures.

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Dr Parag Sharma

A Case of Palmar Warts Treated With Individualized Homoeopathic Medicine *Calcarea Carbonica* 200c - An Evidence-Based Case Report

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Abstract

Introduction: Palmar warts (ICD11-1E80.Z) are benign hyperkeratotic protrusions over the skin and mucous membrane, caused by human papilloma virus (HPV) infection. This disease needs to be treated because it may result in a significant negative impact on the patient's quality of life through developing disillusionment due to the disease's chronicity or relapsing nature, as well as creating feelings of shame, fear, and anxiety about establishing a negative attitude in other people.

Case Summary: This is a case of Palmar warts in a 21-year-old-male, presented with multiple, warty growths of varying size on palmar and dorsal surfaces of both hands for last 2 years. Individualised homoeopathic medicine, *Calcarea carbonica* 200C, was prescribed after thorough case-taking, which led to improvement in both subjective and objective symptoms. Outcome related to impact on daily living (ORIDL) scale was used to evaluate the patient-reported outcome measure subjectively, and the improvement was assessed on the ORIDL scale (score +4). Photographs are presented as objective evidence. The Modified Naranjo Criteria for Homeopathy (MONARCH) was used to assess potential causal attribution. The MONARCH score was +9 following the homoeopathic treatment, which shows positive causal attribution of the individualised homoeopathic medicine *Calcarea carbonica* in this case. In this instance, the case was successfully resolved with *Calcarea carbonica* 200C within 11 months, with no further recurrence. **Conclusion:** More in-depth research is

necessary, to validate the role of classical Homoeopathy in the management of palmar warts.

Keywords

Individualized homoeopathy, Palmar warts, MONARCH, ORIDL, *Calcarea carbonica*.

Introduction

Palmar warts are benign epithelial hyperkeratotic lesions produced by the human papillomavirus (HPV). They are mostly asymptomatic, but in certain instances, particularly in the case of palmar and plantar warts, they have been known to produce psychological impact or physical discomfort in patients, including cosmetic concerns or even pain^[1,2]. These are one of the most commonly encountered skin disease in practice. Earlier studies have estimated that 2–30% of children and young adults presented with warts although they can manifest at any age.^[3,4,5]

Certain strains of the human papillomavirus (HPV), specifically HPV types 1, 2, 4, and 63, are most frequently associated with palmar warts. Typically, palmar warts appear as flat, marginally raised growths and are generally skin-coloured or greyish-yellow but may be pigmented and have a coarse texture^[6,7]. These growths are usually seen in those areas that have encountered some sort of physical trauma, such as on the hands, around the nails because of nail-biting habits, and on the soles of the feet. Often times, these warts can

cause pain or tenderness, especially when under pressure, as occurs during gripping or squeezing activities^[8]. Most of the times warts are diagnosed clinically on physical examination, although sub-clinical dysplastic protrusions may require a microscopic examination of HPV including histopathology and PCR for confirmation^[9]. Its treatment includes topical applications like keratolytic agents such as salicylic acid, acetic acid, tretinoin, or 20%-50% trichloroacetic acid, cytostatic like 1% podophyllotoxin or 5-fluorouracil, and immune-response modifiers like imiquimod and Polyphenol E, a commercial extract derived from green tea leaves; however, the clinical lesions recur after discontinuation of the external applications. Other approaches encompass cryotherapy and electrocauterization, surgical removal with curettage, laser ablation using CO2 or dye lasers etc; but these methods can be painful, may leave scars, and have relatively high rates of treatment failure and recurrence^[8].

Even though warts are local diseases but they should be treated with internal medicine based on the individualisation of the case^[10]. This case report aims to express the effectiveness of individualized homoeopathic treatment for palmar warts, demonstrating the gentle yet effective potentiality of classical homeopathy in dermatological care. Case reporting is done following the HOM-CASE guideline^[11]. (a supplement to the CARE^[12] guideline).

Patient Information

A 21years Male patient came to the OPD of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital (MBHMC&H) with complaints of multiple warty growth on both hands (palm and dorsum) for last 2 years.

The patient had not taken any treatment for the above-mentioned complaints. There was no significant past and family history. The patient worked in iron factory and had addiction for tobacco.

Clinical findings

On examination, multiple blackish warty growths of varying size were seen on palmar surface and dorsal surface both hands [Figure 1a-b]. The skin surface of these growths was rough but both

palms were soft to touch.

The patient was obese and had fair complexion. He was thermally chilly with a good appetite and thirst. He had desire for boiled egg, pungent food, cold food; and had aversion to meat. He was sensitive to weather changes and had overall aggravation from cold, wet weather. he had profuse perspiration on head and back side; his palms were cold to touch. Patient had no problems in urination but had difficulty in passing stool. His sleep was good, and refreshing. He was mentally confused, could not take decisions easily. He was sluggish in his daily activities.

Diagnostic Assessment

Clinical presentation of the patient looked typical of cutaneous palmar warts. The case was diagnosed on the basis of clinical examination.

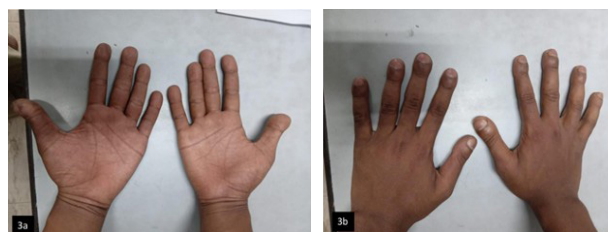
Figure 1a showing palmar surface of both hands before treatment

Figure 1b showing dorsal surface of both hands before treatment



Figure 3a showing palmar surface of both hands after treatment

Figure 3b showing dorsal surface of both hands after treatment



Therapeutic intervention

Totality of symptoms

- Confused state of mind. Dullness, unable to take decisions easily.
- Sluggishness in activities.

- Profuse perspiration over the head and back.
- General aggravation from damp, cold weather.
- Desire for boiled eggs.
- Aversion to meat.
- Hard stool, difficulty in passing stool.

Analysis and Evaluation of Symptoms with Miasmatic Analysis is given in Table 1.

Table 1 showing Analysis and Evaluation of Symptoms with Miasmatic Analysis

S. No.	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1.	Confused state of mind. Dullness, unable to take decisions easily	Mental general	+++	Pseudo Psora
2.	Sluggishness in activities	Physical general	+++	Sycosis
3.	Profuse perspiration over the head and back	Physical general	+++	Psora
4.	General aggravation from damp, cold weather	Physical general	+++	Sycosis
5.	Desire for boiled eggs	Physical general	+++	Psora
6.	Aversion to meat	Physical general	++	Syphilis
7.	Hard stool with difficulty in passing stool	Physical general	+++	Psora

After considering the totality of symptoms and repertorisation using Kent's repertory by HOM-PATH Classic software, *Calcarea carbonica* obtained the highest score (18/6) among the listed drugs [Figure 2]. Finally, after consultation with

Materia Medica [13,14] and miasmatic analysis, *Calcarea carbonica* 200C was selected and prescribed. The selection of potency and dosage was done following the guidelines of the Organon of Medicine [15].

The first prescription, *Calcarea carbonica* 200C, two doses were prescribed on 18 April 2024. The patient was advised not to apply any ointment.

Follow-up and outcome

The details of the follow-ups are given in Table 2.

Table 2 showing Timeline including, Follow-up of the case

Date	Sign and Symptom	Prescription	Justification
18 April 2024	Initial visit: Multiple blackish warty growths of varying size were seen on palmar and dorsal surfaces of both hands [Figure 1 a-b]. The skin surface of these growths was rough but both palms were soft to touch.	<i>Calcarea carbonica</i> 200C / 2 Doses (in sac. lac.) Once in the morning on an empty stomach for 2 days.	1 st prescription as per the totality of symptoms and repertorisation.
6 June 2024	General symptoms of the patient observed to improve as well as warty growths were gradually becoming smaller in size.	Placebo	The patient was improving hence placebo was prescribed.
8 August 2024	Warty lesions were still present on the palm and dorsum of both hands but few of them had disappeared from the palmar surface of both hands.	Placebo	The patient was improving hence placebo was prescribed again.
24 October 2024	Remaining warty lesions on both the palms gradually became smaller in size.	Placebo	The patient was improving hence placebo was prescribed again.
12 December 2024	A few warty growths were still evident; the case reached in a standstill state, and no further improvement was observed.	<i>Calcarea carbonica</i> 200C / 2 Doses were repeated	As there was no change, the same medicine was prescribed in same potency.

16 January 2025	Warty growths were gradually disappearing, no new symptoms appeared, and overall symptoms also improved.	Placebo	The patient was improving hence placebo was prescribed again.
6 March 2025	Warts on all locations disappeared [Figure 3 a-b].	Placebo	Complete restoration of health in approximately 11 months, healthy skin restored.
17 April 2025	There was no recurrence of old complaints; the generals were normal, and the physician also advised the patient to visit at the OPD in every month to check for recurrence of palmar warts. The patient followed up for 6 months and did not report any recurrence of old complaints and the general symptoms were also normal.		

Response to the course of treatment

The patient was followed up regularly for one year. After taking *Calcarea carbonica* 200C, initially, the warty growths over the palmar and dorsal surfaces of both hands remained the same, but the other general symptoms like difficulty in passing the stool and tendency to catch cold easily somewhat reduced. An identical looking placebo was prescribed as the patient was partially better. In subsequent visits, it was observed that, the warty growths on palm and dorsum of both hands gradually reduced in size. After 8 months of the initial prescription, the medicine was prescribed at the same potency and dosage because few warty growths were still remained and no further improvement was noted. Following the medicine, the warts on both the hands started to recover, and other complaints also improved. The affected areas of the skin gradually returned to their normal state within 3 months of repetition of the medicine [Figure 3 a-b]. Further, bowel habits also improved, with passing of semisolid stools every day. The patient was further followed up for almost 6 months and did not report any episodes of relapse or any other new warty lesions anywhere in the body. The medicines were prescribed for a limited duration as per the need and were followed by placebo pills for the rest of the period.

The outcome in relation to impact on daily living (ORIDL) instruments was used to measure the patient-reported outcome. The ORIDL scores

steadily improved and were confirmed as much better after using the prescribed homoeopathic medications. The ORIDL scores [Table 3] gradually turned positive (+4), and noticeably improved after using the individualised homoeopathic medicine, showing improvement in the patient's quality of life. The patient reported timely and take medicines as per the specified dosage and complied with other restrictions at every follow-up visits. He had not complained about the tolerance of the intervention. The signs of improvement were documented through photographs. No undesirable adverse events were observed during treatment that might be classified as adverse drug reactions.

Table 3 showing outcome in relation to impact on daily living (ORIDL) score of the case

Date of visits	ORDIL scores	
	Main complaints	Overall well-being
Initial visit (18 April 2024)	Not applicable	Not applicable
6 June 2024	0	+1
8 August 2024	+1	+2
24 October 2024	+2	+3
12 December 2024	+2	+3
16 January 2025	+3	+4
6 March 2025	+4	+4
17 April 2025	+4	+4

Table 4 showing Modified Naranjo Criteria for Homeopathy (MONARCH) of the Case

Items	Yes	No	Not Sure
1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there a homoeopathic aggravation of symptoms? (need to define in glossary)			0
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		

5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6: (A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6: B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: <ul style="list-style-type: none"> From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward? 		0	
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total score = +9 (Maximum score = +13, minimum score = -6)			

DISCUSSION

This case study illustrates how homeopathic medication can be effective in the successful management of warts. In this case, patient presented with typical features of palmar warts and was treated for 11 months with the single individualized homeopathic medicine *Calcarea carbonica*, and the condition was not recurred in the next 6 months of follow up visits. The potency selection and the

repetition of the medicine was done based on homeopathic principles, the susceptibility of the individual and the guidelines about the second prescription of Kent's philosophy ^[16]. The patient's progress was monitored in follow-up using the ORIDL scale ^[17] (at the end of treatment +4). MON-ARCH inventory ^[18] was used to evaluate the curative response of a homeopathic drug [Table 4]. The final score was +9 (with a maximum possible score of +13 and a minimum of -6), indicating a likely correlation between medicine and the result. Although there are some published case studies in the management of warts with the homeopathic treatment but in future, more case series or observational studies should be conducted in larger sample sizes to determine a larger spectrum of homeopathic remedies in treating such difficult cases.

CONCLUSION

This was an obstinate case of palmar warts where the patient was suffering from the condition for a prolonged period. A single homeopathically selected medicine, *Calcarea carbonica* resulted in gentle and speedy improvement of the patient, without any recurrence. Further rigorous studies are warranted to generalise the efficacy of homeopathic treatment in the cases of palmar warts.

Declaration of patient consent

Written informed consent has been obtained from the patient to use the data including photographs (with hidden identity) for publication of the case report in the medical journal.

Financial support and sponsorship

Nil.

Conflicts of interest

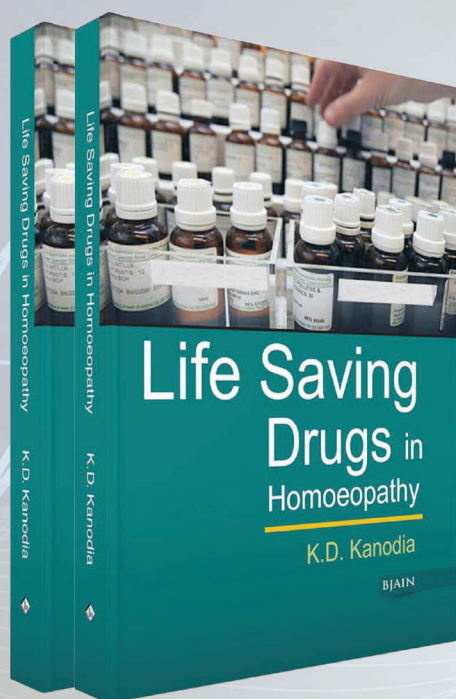
None declared.

Authors contribution –

The case taking and clinical analysis were carried out by Dr. Subhash Biswas. The manuscript was written and compiled by Dr. Shankhadeep Pal. All authors reviewed and approved the final version of the article.

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Dr. K.D. Kanodia

Plantar Keratotic Lesions: A Case Illustrating The Surgical Potential of Homoeopathic Treatment in A Corn–Wart Diagnostic Dilemma



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Abstract

Plantar keratotic lesions often pose a diagnostic challenge, frequently being misinterpreted as corns when, in fact, they represent viral warts (verrucae) requiring alternate therapeutic strategies. *Materials and Methods:* A 24-year-old male with painful multiple lesions on the right sole, initially slated for surgical removal of presumed corns, was treated exclusively with individualized homoeopathic prescriptions—*Antimonium Crudum 30 CH* followed by *Saccharum Lactis 30 CH* and adjunct *Gunpowder 3X*. *Results:* The patient reported marked pain reduction by second follow-up and resumed normal activities, and achieved complete healing by third follow-up without surgical intervention. *Conclusion:* This case underscores the potential of homoeopathic management in lesions traditionally deemed surgical yet yielding to a non-surgical pathway in the domain of keratotic plantar lesions.

Introduction

Plantar warts and palmar warts are noncancerous skin growths caused by a viral infection in the top layer of the skin. The culprit is a strain of virus called human papillomavirus (HPV). Sometimes, plantar warts can grow in clusters; those are

called mosaic warts, usually attributed to Type 2 and 4 strains of HPV. Sometimes, **corns or calluses** are mistaken for a palmar or plantar wart. In some warts, little black dots appear, leading people to call them "seed" warts. Actually, the black dots are little blood vessels that have grown up into the wart.^[1]

Cryotherapy, electrocautery, laser ablation, surgical excision are some common methods of treatment ^[1] prevalent in today's fast paced world, but homoeopathy has always been a flag-bearer for non-surgical treatment of warts, which is looked onto as an exclusively surgical disease by the modern medicine.

Case History

Presenting Complaints: A male patient, 24 years of age visited us on 08/08/24 two weeks prior to his corn removal surgery and complained of pain in his corns (as per the patient) on the right sole aggravated from standing or walking. Slightest touch or contact from even the bedsheet was problematic for the patient and he was not going to his



college as well due to this problem.

History of presenting illness: He complained that five months back he had started using a long-lost pair of leather shoes which were slightly ill-fitting for him and that's when one corn (as per the patient) had developed whose pain was bearable. Only when they multiplied in number and the pain became unbearable, he decided to visit a doctor. The patient wanted to keep surgery as the last resort and was hence trying Homoeopathy on the recommendation of his father. He had been taking various medicines from YouTube and other homoeopathic doctors for the past two months without any relief.

Physical Generals

Thermal reaction : Ambithermal

Appetite: 3-4 meals per days

Thirst: 2-3 glasses per day

Desire : Nothing specific

Aversion : Nothing specific

Urine: D3-4 N0-1 , colour: straw coloured

Stool: D1-3 N0, Character : Soft, sometimes loose but satisfactory.

Sleep: 5-6 hours , Unrefreshing, but adjusts as he has to go to college in the morning

Dreams: Nothing specific

Perspiration: More in the armpits, Odour- Offensive

Diagnosis

Provisional Diagnosis: **Plantar Wart** (Verruca Plantaris) – ICD-10 Code: **B07.0.** ^[2]

- Multiple lesions in a cluster ("mosaic" pattern)
- Rough, keratotic surface with central black/brown dots (thrombosed capillaries)
- Pain while walking or standing, especially on pressure
- Disruption of normal skin lines (dermatoglyphics) over lesions ^[3]

Differential Diagnosis: **Corns (Clavus):** Have a

central core, but skin lines continue over the lesion, usually single and directly over pressure points. **Callosity:** Diffuse thickening without discrete borders or pain on lateral pressure.

Palmoplantar keratoderma: Usually symmetric and chronic, often genetic.

Case Analysis

	antr-c	spig	cin	lact	chin	hep	led	flu-v	tub	pho
1. Clipboard 1	1	2	3	4	5	6	7	8	9	10
1. MIND - FRIGHTENED easily - waking, on	3	2	2	2	2	2	2	2	2	1
2. SKIN - SENSITIVENESS - touch; to	3	4	3	3	2	2	2	2	2	3
3. EXTREMITIES - WARTS - Feet - Soles - horny	1	1								

Remedy: **Antimonium Crudum 30CH** - 4 pills solid globules × Thrice daily × 7 days

Adjunct Remedy: **Gunpowder 3X** – 1 solid tablet × Once daily × 7 days

Reasoning of Remedy

MIND – FRIGHTENED EASILY – waking, on: “Only when they multiplied in number and the pain became unbearable, he decided to visit a doctor” – Until he was suffering from one or two warts he was taking it very casually but as and when they increased in number and the pain also became unbearable, he “woke up” and was frightened of the consequences regarding its severity and hence visited a doctor for treatment who suggested surgery as the only treatment option and now to avoid surgery he is visiting multiple homoeopathic doctors.

SKIN – SENSITIVENESS – touch; to: Can be elicited by the sensitiveness to the touch of even the bedsheet on the plantar surface was unbearable for the patient.

EXTREMITIES – WARTS – Feet – Soles – horny: The hard, thickened skin around the warts and the cauliflower like appearance around the tiny black spot, which are blood vessels, led to the choice of ‘horny’ warts over simple verruca.

Gunpowder 3X was used due to – “But Gunpowder may also be used as a prophylactic. That is to say, it will not only cure septic suppuration when present, but it will afford such protection to the organism against harmful germs, that wounds will

be less likely to become septic in one who is under its influence. For this purpose, I recommend - *As a prophylactic one tablet to be taken once a day.*"^[4]

Follow-Up

First follow-up, 17/08/24: Patient reported slight relief in his pain and condition of his warts, hence postponed the surgery to continue with Homoeopathic treatment.

Patient was prescribed with *Antimonium Crudum 30CH* - 4 pills solid globules × Thrice daily × 7 days and *Gunpowder 3X* - 1 solid tablet × Once daily × 7 days.



FIRST FOLLOW-UP SECOND FOLLOW-UP THIRD FOLLOW-UP

Second follow-up, 27/08/24: Patient reported diminution in pain and size of the warts, and had resumed his normal life. Patient was prescribed *Saccharum Lactis 30CH* - 4 pills solid globules × Thrice daily × 7 days and was advised to apply coconut oil.

Third follow-up, 07/09/24: The warts had healed well without any surgical intervention and had achieved a pre-morbid state. Patient was prescribed *Saccharum Lactis 30CH* - 4 pills solid globules × Thrice daily × 7 days and was advised

to apply coconut oil.

Till now the patient hasn't reported any further episode.

CONCLUSION

This case demonstrates the remarkable **surgical potential of Homoeopathy** in managing plantar keratotic lesions where surgery was advised but ultimately avoided. Through a precise individualized prescription based on characteristic symptoms, **Antimonium Crudum** aided in complete resolution of warts with restoration to a pre-morbid state—highlighting the efficacy of Homoeopathy in conditions conventionally labelled as surgical. The use of **Gunpowder 3X** as an adjunct not only supported tissue healing but also acted prophylactically against suppuration, as emphasized by Clarke. This case underlines the importance of **accurate diagnosis, individualized remedy selection, and clinical observation**—offering a unique insight into how Homoeopathy can **expand its scope into surgical domains** through non-invasive, gentle, and curative means.

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A Brief Study To Assess The Utility Of Nash Trios In Community Health



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Abstract

Homoeopathy emphasizes individualized prescribing based on characteristic symptoms. Dr. E.B. Nash's concept of Nash Trios, comprising three keynote symptoms that distinctly characterize a remedy, is valued for its simplicity and clinical applicability. In community health practice, where large populations are managed with limited time and resources, Nash Trios may serve as a practical aid for rapid and reliable remedy selection. This study evaluates the utility of Nash Trios in community-based settings through selected case analyses, focusing on remedy differentiation, case management, and treatment outcomes, while also assessing feasibility and limitations. The study highlights the potential of integrating this classical prescribing approach into community health programs to enhance efficiency without compromising individualization, thereby supporting accessible, cost-effective, and holistic healthcare delivery.

Introduction

Homoeopathy, founded by Dr. Samuel Hahnemann on the principle of Similia Similibus

Curentur, emphasizes individualized prescribing based on the totality of symptoms rather than diagnosis alone. Among the contributors who refined homoeopathic therapeutics, Dr.E.B. Nash is noted for his practical clinical observations, particularly the concept of Nash Trios. In Leaders in Homoeopathic Therapeutics, Nash classified remedies under disease conditions, identifying groups of effective medicines, with those comprising three characteristic remedies termed as Trios. These trios represent three keynote symptoms that distinctly characterize a remedy and facilitate rapid and accurate differentiation, especially in time-limited clinical situations. In community health practice, where large populations are managed with limited resources, Nash Trios provide a practical tool for efficient remedy selection without compromising individualization. Despite frequent reference in homoeopathic literature, systematic evaluation of their application in community health settings remain limited; hence, this study aims to assess the relevance, scope, and limitations of Nash Trios in modern community health practice.

Aim And Objectives

1. To evaluate the clinical utility of Nash's Trios in a community health setup.
2. To document the effectiveness of these trios in 30 real-life cases.
3. To assess how often Nash's trios are sufficient for remedy selection without full repertorization.

Review Of Literature

Trios are a group of three. They have been used by our pioneers in different contexts. Dr. Nash. E. B. was one of the pioneers known for his Trio remedies, he mentioned them as **regional trios** which means three best medicines prominently used or useful in certain region of sickness, e.g., trios of digestion, trios of restlessness, trios of pain, etc. It is Dr. Nash who gave much importance to trio remedies. It's because he gave much importance to therapeutic study of Materia Medica based on his clinical experience. ⁽⁵⁾

Trios According To Dr Nash E B ⁽²⁾

ASTHMA: Arsenicum Album, Ipecacuanha, Natrium Sulphuricum

BRAIN TYPHUS: Apis Mellifica, Helleborus Niger, Zincum Metallicum

BURNING: Arsenicum Album, Sulphur, Phosphorus

CONVULSIONS: Causticum, Cicuta Virosa, Cuprum Metallicum

CONDYLAMATA: Thuja Occidentalis, Staphysagria, Nitricum Acidum

DELIRIUM: Belladonna, Stramonium, Hyoscyamus Niger

EXHAUSTION: Arsenicum Album, Muriaticum Acidum, Carbo Vegetabilis.

FIDGETY: Kalium Bromatum, Zincum Metallicum, Phosphorus

FLATULENT: Lycopodium Clavatum, Carbo Vegetabilis, China Officinalis

FLUENT CORYZA: Arsenicum Album, Allium

Cepa, Mercurius

GLANDULAR: Conium Maculatum, Bromium, Carbo Animalis

OFFENSIVE URINE: Sepia Officinalis, Nitricum Acidum, Benzoicum Acidum

PAIN: Aconitum Napellus, Chamomilla, Coffea Cruda.

PNEUMONIA: Mercurius, Chelidonium Majus, Kalium Carbonicum.

PROFUSE EXPECTORATION: Sanguinaria Canadensis, Kalium hydrodicum, Stannum Metallicum

PROFUSE AND PURULENT EXPECTORATION: Hepar Sulphur, Silicea, Tuberculinum

PROFUSE STRINGY EXPECTORATION: Kalium Bichromicum, Hydrastis Canadensis, Coccus Cacti

PROLAPSE OF UTERUS: Lilium Tigrinum, Murex Purpurea, Sepia officinalis.

PTOSIS: Gelsemium Sempervirans, Causticum, Sepia officinalis

RESTLESS IN TYPHOID FEVER: Arnica Montana, Baptisia Tinctoria, Rhus Toxicodendron.

RESTLESSNESS: Aconitum Napellus, Arsenicum Album, Rhus Toxicodendron.

SLEEPINESS: Opium, Antimonium Tartaricum, Nux moschata

SPASMODIC COUGH: Drosera Rotundifolia, Ipecacuanha, Cuprum Metallicum.

WEAKENED CONSTITUTIONS: Ammonium Carbonicum, Cinchona Officinalis,

Carbo vegetabilis.

URGING AND COLIC: Rheum Palamatum, Colocynthinum, Jalapa

The other important pioneers who talked about TRIOS in Homoeopathic Materia Medica are:

Dr. SAMUEL HAHNEMANN ⁽⁶⁾

ANTIPSORIC: Sulphur, Calcarea carbonicum, Lycopodium Clavatum

CHOLERA: Camphora, Veratrum album, Cuprum

Metallicum

CROUP: Aconite Napellus, Spongia Toasta, Hepar sulphur

Dr. FARRINGTON ⁽⁷⁾

CHRONIC RHEUMATISM AND PARALYSIS: Causticum, Rhus Toxicodendron, Sulphur

MASTURBATION AND EXCESSIVE VENERY: Nux vomica, Sulphur, Calcareo Carbonicum

Dr. TYLER ⁽⁸⁾

SCAR TISSUE: Drosera Rotundifolia, Graphites, Silicea

OFFENSIVENESS: Baptisia Tinctoria, Kreosotum, Mercurius

Dr. J H CLARKE ⁽⁹⁾

CLIMATRIC: Lachesis Mutus, Sepia Officinalis, Sulphur

Dr. J.D. PATIL ⁽¹⁰⁾

He has mentioned the following TRIOS in his "GEMS OF HOMOEOPATHIC MATERIA MEDICA."

ABDOMINAL COLIC: Magnesium Phosphoricum, Colocynthis, Dioscorea Villosa

ANTI-PSORIC: Sulphur, Lycopodium, Calcareo Carbonica

ANTI-SYCOTIC: Medorrhinum, Causticum, Thuja Occidentalis

ANTI-SYPHILITIC: Mercurius Solibus, Acid Nitricum, Lachesis Mutus

ANXIETY: Aconitum Napellus, Argentum Nitricum, Arsenicum Album

BURNING: Arsenicum Album, Sulphur, Phosphorus

CONSTIPATION: Nux Vomica, Anacardium Orientale, Alumina

CORNS: Antimonium Crudum, Nitric Acid, Thuja Occidentalis

CROUP: Spongia Tosta, Hepar Sulphur, Aconitum Napellus

DIARRHOEA: Podophyllum, Croton Tiglium,

Aloe Socotrina

DELIRIUM: Hyoscyamus Niger, Belladonna, Stramonium

DYSENTERY: Mercurius Solibus, Mercurius Corrosivus, Nux Vomica

EPISTAXIS: Carbo Vegetabilis, Ammonium Carbonica, Phosphorus

FLATULENCE: China Officinalis, Carbo Vegetabilis, Lycopodium Clavatum

HOME-SICKNESS: Phosphoricum Acidum, Capsicum Annuum, Bryonia Alba
HYSTERIA: Platina, Ignatia Amara, Natrium Muriaticum

INJURY: Rhus Toxicodendron, Arnica Montana, Hypericum Perforatum

INTERMITTENT FEVER: Arsenicum Album, China Officinalis, Natrum Muriaticum

LOVE FAILURE: Natrium Muriatica, Hyoscyamus Niger, Ignatia Amara

MARASMUS: Abrotanum, Iodine, Natrium Muriaticum

MORTIFICATION: Staphysagria, Natrium Muriaticum, Palladium Metallicum

OFFENSIVENESS: Kreosotum, Mercurius, Asafoetida

PAIN: Belladonna, Aconitum Napellus, Coffea Cruda

PAINLESSNESS: Nux Moschata, Opium, Stramonium

PILES: Aloe Socotrina, Hamamelis Virginiana, Aesculus Hippocastanum

PTOSIS: Causticum, Gelsemium Sempervirens, Sepia Officinalis

REMITTENT FEVER: Aconitum Napellus, Belladonna, Gelsemium Sempervirens

RESTLESSNESS: Aconitum Napellus, Rhus Toxicodendron, Arsenicum Album

STYES: Pulsatilla Nigricans, Thuja Occidentalis, Silicea

THIRST: Aconitum Napellus, Arsenicum Album, Bryonia Alba

THIRSTLESSNESS: Apis Mellifica, Belladonna, Pulsatilla Nigricans

TREMBLING: Lachesis Mutus, Phosphorus, Gelsimium Sempervirens

TROUBLES OF BONES: Ruta Graveolens, Symptum Officinale, Eupatorium Perfoliatum

TYPHOID: Baptisia Tinctoria, Hyoscyamus Niger, Pyrogenium

URINE RETENSION: Cantharis Vesicatoria, Apis Mellifica, Mercurius Corrosivus

URTICARIA: Rhus Toxicodendron, Apis Mellifica, Dulcamara

VOMITING: Ipecacuanah, Aethusa Cynapium, Arsenicum Album

WARTS: Nitricum Acidum, Antimonium Crudum, Thuja Occidentalis

WOMEN REMEDIES: Sepia Officinalis, Murex Purpurea, Lilium Tigrinum

WORMS: Cina Maritima, Cuprum Metallicum, Santoninum

OTHER KNOWN TRIOS ⁽¹¹⁾

EXCESS HYPERAESTHESIA: Capsicum Annum, Cinchonna, Plumbum Metallicum

HOMOEOPATHIC LAST AID: Arsenicum Album, Carbo Vegetabilis, Muriatic Acid

PARALYSIS: Causticum, Rhus-toxicodendron, Sepia officinalis

SEQUENCE TRIOS ⁽⁵⁾

Dr. J.T. Kent has mentioned these **trios** for groups of three medicines - in the **sequence** in which they are useful. He has given eleven such **Trios**.

Aconitum Napellus, Pulsatilla Nigricans, Silicea

Colocynthis, Causticum, Staphysagria

Causticum, Colocynthis, Staphysagria

Mercurius Solubilis, Hepar Sulphur, Silicea

Pulsatilla Nigricans, Silicea, Kalis

Sulphur, Calcarea Carbonica, Lycopodium Clavatum

Sulphur, Sarasaparilla Officinalis, Sepia Officinalis

Arnica Montana, Rhus Toxicodendron, Calcarea Carbonicum

Aconitum Napelles, Hepar sulphur, Spongia Tosta

Sulphur, Arsenicum Album, Sulphur

Pulsatilla Nigricans, Silicea, Flouricum Acidum

SYMPTOM TRIOS ⁽⁵⁾

Dr. J.H. CLARKE (others including Dr.E.B. Nash, Dr.E.A. Farrington, Dr.M.L. Tyler and Dr.J.T. Kent) has applied to the group of three for symptoms of particular medicines i.e; three important **symptoms** for a drug have been selected to form a **trio**. ⁹

ARSENICUM ALBUM: Restless, Burning >heat, Prostration.

ACIDUM NITRICUM: Chilly, Irritable, Sweating

BRYONIA ALBA: Thirst, < More, >Pressure

BELLADONNA: < Head, <Sudden, Convulsive

CALCAREA CARBONICUM: Fair, Fatty, Flabby

CAPSICUM: Stool - Drink - Chill

KALIUM CARBONICUM: Backache, Sweets and Weakness

KALIUM BICHROMICUM: Stringiness, Spottiness, Yellow secretion.

KREOSOTUM: Acrid discharge, Pulsation, Bleeding.

NUX VOMICA: Spasm, Nervous, Chilly

NUX MOSCHATA: Drowsy, Dry, Chilly.

PULSATILLA NIGRICANS: Weepy, No thirst - hunger, >Open air

PLUMBUM METALLICUM: Abdomen hard boat shaped, Muscular atrophy, No sweat

RHUS TOXICODENDRON: Restless, Aching >More <Cold wet

SULPHUR: Vertex hot, Hunger 11 am, Feet cold

NASH TRIOS ⁽²⁾

Table 1. Trios of asthma





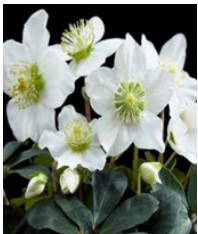

TRIOS OF ASTHMA		
ARSENICUM ALBUM (ARSENIC TRIOXIDE)	IPECACUANHA (IPECAC-ROOT)	NATRIUM SULPHURICUM (SODIUM SULPHATE)
Figure 1	Figure 2	Figure 3
		
<p>Periodical asthma of senility. Loss of breath immediately on lying down with whistling and constriction in chest. Must incline chest forward. Must spring out of bed in mid night in order to breathe. Increasing dyspnoea, anxious sweat all over. Asthma from fatigue, emotions, suppressed itch. Expectoration frothy saliva, thick mucus or with streaked blood.</p> <p>< motion, from coughing, midnight, cold things</p> <p>> warmth, warm food</p>	<p>Asthma in stout persons of lax muscles. Sensation of constriction in chest. Cough and rattling of mucus in chest. Peculiar panting sound. Difficult expiration. Grasp the air at the open window. Nightly suffocation fits. Pale face, tetanic rigidity of body with bluish redness of face. Cold extremities, cold perspiration. Cough followed by vomiting. No expectoration.</p> <p>< from least motion.</p>	<p>Asthma on a scyotic basis, often inherited.</p> <p>Hydrogenoid constitution. Chest filling up of rattling mucus. Asthmatic breathing in children or young subjects. Vomiting after eating.</p> <p>Expectoration of large quantities of white or greenish, tenacious mucus.</p> <p>< 4-5 AM, damp or rainy weather, living in basement or cellars</p>

Table 2. Trios of brain typhus

TRIOS OF BRAIN TYPHUS		
APIS MELLIFICA (THE HONEYBEE)	HELLEBORUS NIGER (SNOW ROSE)	ZINCUM METALLICUM (ZINC)
Figure 4	Figure 5	Figure 6
		

<p>Typhus in the serous membranes or the brain covering. The whole brain feels very tired. Vertigo with sneezing. Heat, throbbing, distensive pains. Sudden stabbing pains. Bores head into pillow and scream out. Indicated in cerebrospinal meningitis, hydrocephalus.</p> <p>< lying or closing eyes,</p> <p>motion > pressure</p>	<p>Head rolling from side to side on the pillow with screams, great stupidity or soporous sleep, wrinkled forehead with cold sweat, motion of jaws, as chewing something; dilated pupils and often cannot be made to see or hear or be made to sense anything at all. Continued motion of one arm and leg, while the other lies as if paralyzed.</p> <p>< from evening until morning, uncovering.</p>	<p>Rolls head from side to side. Bores head into pillow. Automatic motion of head and hands, roaring in head. Brain fag; occipital pain with weight on vertex. Feels as if he will fall to the left side. Indicated in hydrocephalus.</p> <p>< between 5-7 P.M, after dinner</p> <p>> while eating, discharges</p>
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Table 3. Trios of burning

TRIOS OF BURNING		
SULPHUR (SUBLIMATED SULPHUR)	ARSENICUM ALBUM (ARSENIC TRIOXIDE)	PHOSPHOROUS (WHITE PHOSPHOROUS)
Figure 7	Figure 8	Figure 9
		
<p>External burning; all over the skin in the parts on which he lies. Chronic local congestion in many parts with burning sensations. Burning anywhere and everywhere of the body, general or local. Burning in the soles, palms, vertex, eyes, nose, mouth, stomach.</p> <p>< from heat of bed, night, covering, washing, bathing, morning, 11 A.M</p> <p>> dry, warm weather.</p>	<p>Violent and acutely relieved by heat, except in head which is relieved by cold. Burning with marked prostration and restlessness. Burning especially in acute disease and is afraid of death.</p> <p>< mid - day, mid-night.</p>	<p>Internal burning; anywhere and everywhere all over the body. Burning in spots along the spine between scapula, of the palm, hands, soles, in chest, lungs etc.</p> <p>< evening.</p>

Table 4. Trios of Condylomata







TRIOS OF CONDYLOMATA		
THUJA OCCIDENTALIS (ARBOR VITAE)	STAPHYSAGRIA (STAVESACRE)	NITRICUM ACIDUM (NITRIC ACID)
Figure 10	Figure 11	Figure 12
		
<p>A/F bad effect of vaccination, from suppressed or mal-treated gonorrhoea.</p> <p>Warts are situated on the back, upper limb, face. They are broad, conical, flat pedunculated, indented, fan shaped, reddish and bleed easily, tendency to split from their edge or from the surface.</p> <p>< night, from heat of bed, cold, at 3A.M, 3P.M</p> <p>> left side</p>	<p>A/F abuse of mercury and suppressed eruptions. Warts in syphilitic individuals.</p> <p>Warts are situated on iris, on tongue, on male genitalia. They are moist pedunculated and are extremely sensitive to touch.</p> <p>< least touch</p> <p>> better warmth, rest at night.</p>	<p>A/F abuse of mercury.</p> <p>The warts appear on female genitals, anus, cervical region etc. They are moist cauliflower like hard, rhagadic, large, intended, inflamed, pricking pains, emits foetid discharge, bleed on touch.</p> <p>< night, touch, jar, cold at night.</p>

Table 5. Trios of convulsions

TRIOS OF CONVULSIONS		
CAUSTICUM (POTASSIUM HYDRATE)	CICUTA VIROSA (WATER HEMLOCK)	CUPRUM METALLICUM (COPPER)
Figure 13	Figure 14	Figure 15
		

<p>Attacks with cries, violent movement of the limbs, grinding of the teeth, smiles or tears, eyes half closed, fixed look, involuntary emission of urine, fits reproduced by cold water, preceded by pain in the abdomen and in the head, frequent emission of urine, irritability, and tears; after the fit the eyes are closed. Epileptic convulsion during sleep.</p> <p>< cold water, evening, open air, coffee</p> <p>> in room</p>	<p>A/F head injury, dentition, women during and after delivery, worms. Recurring first at short, then at long intervals, frequent during night. Attack marked by violent, frightful distorted body shape - spine bends backwards and heels touching the ground. Unconscious, blue face, locked jaw.</p> <p>< slightest touch, jar, noise.</p>	<p>A/F frightened anger, during and after pregnancy, around menstrual period.</p> <p>Seizure attack is preceded by aura in the knee. Attack begins with clonic spasms of fingers or toes soon covering the entire body with jerking of muscles.</p> <p>< night, during full moon and new moon</p>
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Table 6. Trios of delirium

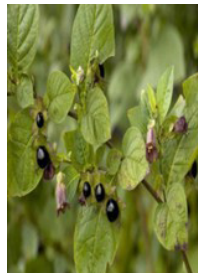





TRIOS OF DELIRIUM		
BELLADONA (DEADLY NIGHTSHADE)	HYOCYMUS NIGER (HEN BANE)	STRAMONIUM (THORN - APPLE)
Figure 16	Figure 17	Figure 18
		
<p>Delirium with the throbbing of carotids, the heat, redness, congestion of face and conjunctiva; when it passes away the delirium subsides. In proportion great violent and excitement. Flood of subjective visual impressions and fantastic illusions. Hallucinations; sees monsters, hideous face.</p> <p>< jar, noise, after noon</p>	<p>Non inflammatory type of increased cerebral activity.</p> <p>Ridiculous gesture, horrible lascivious mania and desire to remain uncover.</p> <p>< at night, during menses, lying down</p> <p>> stooping</p>	<p>During delirium, patient gets up and wants to escape; difficult to be located.</p> <p>Loquacious, furious delirium but not much inflammation found. Religious mania, strange illusion about his own identity.</p> <p>< dark room, alone, bright or shining object, after sleep</p>

Table 7. Trios of exhaustion

TRIOS OF EXHAUSTION		
ARESENICUM ALBUM (ARSENIC TRIOXIDE)	MURIATICUM ACIDUM (MURIATIC ACID)	CARBO VEGETABILIS (VEGETABLE CHARCOAL)
Figure 19	Figure 20	Figure 21
		
<p>Feel like lying down all the time due to excessive fatigue. Standing, walking, and slightest exertion result in fatigue.</p> <p>little exertion leads to almost lack of strength and weakness. So, fear and hesitation of exerting themselves. Increased anxiety.</p> <p><after midnight, from cold and cold drinks</p> <p>>from heat, warm drinks</p>	<p>Great debility, as soon as he sits down his eyes close, lower jaw hangs down; slides down in bed from excessive weakness. Tongue dry, leathery and shrunken to a third of its natural size and paralyzed. Pulse weak and intermittent.</p> <p><damp weather, before midnight</p> <p>>lying on left side</p>	<p>Vital forces nearly exhausted, cold surface, especially knee down to feet; lies motionless, as if dead, breath cold, pulse intermittent, thread; cold sweat on limbs, blood stagnates in capillaries causing blueness, coldness, ecchymosis. So weak, he cannot breathe, being constantly fanned.</p> <p><evening, night and open air</p> <p>>fanning, cold</p>

Table 8. Trios of fidgety

TRIOS OF FIDGETY		
KALIUM BROMATUM (BROMIDE OF POTASH)	ZINCUM METALLICUM (ZINC)	PHOSPHOROUS (PHOSPHOROUS)
Figure 22	Figure 23	Figure 24
		

<p>Fidgety of hands, one must work or play with them continually even sleeplessness relieved by moving the fingers over the bed clothes, one should play with watch, chain or the head of the cane, anything to work off the excess of nervousness.</p> <p>>occupied mentally or physically.</p>	<p>All symptoms are connected with general nervous weakness - an incessant violent fidgety feeling in the feet or lower limbs, must move them constantly.</p> <p><between 5-7 P.M, after dinner, menses during</p> <p>>While eating</p>	<p>Fidgety all over the body or uneasiness, can't sit or stand, still a movement, but moves continuously.</p> <p><physical or mental exertion, warm food or drinks, lying on the left</p> <p>>sleep, open air, lying on right</p>
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Table 9. Trios of flatulence







TRIOS OF FLATULENCE		
LYCOPodium CLAVATUM (CLUB MOSS)	CARBO VEGETABILIS (VEGETABLE CHARCOAL)	CHINA OFFICINALIS (PERUVIAN BARK)
Figure 25	Figure 26	Figure 27
		
<p>Accumulation of gas and flatulence in lower abdomen with loud grumbling, croaking. Rolling of flatus as through fermentation was going on.</p> <p>> by passing flatus and eructation, belching always sour and acrid.</p>	<p>Simple food disagree, causing excessive flatulence; weak digestion. Abdomen is full to bursting point especially on upper part.</p> <p>< from least food</p> <p>> eructation, on passing flatus</p>	<p>Tympanitic abdomen with much flatulence and belching which gives no relief. Great distension of entire abdomen; sensation as if abdomen is full of gas. Each food particles seems to have turned into gas.</p> <p><after eating, bending over</p> <p>>bending double, open air, warmth</p>

Table 10. Trios of fluent coryza

TRIOS OF FLUENT CORYZA		
ARESENICUM ALBUM (ARSENIC TRIOXIDE)	ALLIUM CEPA (RED ONION)	MERCURIUS (MERCURY)
Figure 28	Figure 29	Figure 30
		

Fluent coryza with frequent sneezing without relief. Hoarseness with swollen nose; stoppage of the nose. Copious discharge of watery mucus, burning in the nose, soreness of the adjacent parts. > warmth < cold air	Coryza with constant and frequent sneezing. Profuse acrid discharge, corroding upper lip and nose, lachrymation profuse, blunt. < evening, indoor > open air	Ordinary catarrh, frequent sneezing, copious discharge of watery saliva, swelling, redness and rough, scraping soreness of the nose with itching and pain in the nasal bones on pressing upon them, foetid smell of the nasal mucus. < warmth or cold, dampness.
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Table 11. Trios of glandular remedies




TRIOS OF GLANDULAR REMEDIES		
CONIUM MACULATUM (POISON HEMLOCK)	BROMIUM (BROMINE)	CARBO ANIMALIS (ANIMAL CHARCOAL)
Figure 31	Figure 32	Figure 33
		
Glands are enlarged and are of a stony hardness, mammae, testicles, uterus; usually painless sometimes darting pain in the beginning of carcinoma; indurated and swollen cervical glands in scrofulous children; induration and swelling of external glands with a sense of numbness; after contusions or bruises; sebaceous cysts; herpetic eruptions; foul ulcers. < lying down, taking cold, before and during menses > motion, pressure, letting limbs hang down.	Scrofulous enlargement and induration of glands, especially parotids; tendency to supuration with excreting discharge and persistent hardness of the gland around the opening and great amount of heat in the gland; enlargement of thyroid in children with light hair. blue eyes and fair skin; swelling and induration of testes, mammae, submaxillary. < evening, until midnight, damp weather, lying left side > Any motion	Induration of axillary and inguinal gland, particularly in syphilitic and Gonorrhoeal patients; buboes are hard as stone, were open too early, leaving surrounding tissue of stony hardness; mammary cancer, glands indurated in little nodes, small portion of it hard as stone, with burning drawing pain through breast. < loss of fluids, shaving, slightest touch

Table 12. Trios of offensive urine


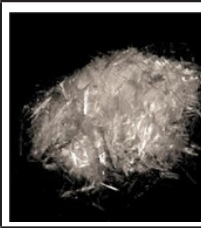

TRIOS OF OFFENSIVE URINE		
NITRICUM ACIDUM (NITRIC ACID)	BENZOICUM ACIDUM (BENZOIC ACID)	SEPIA OFFICINALIS
Figure 34	Figure 35	Figure 36
		
Scanty, dark offensive urine smells like horse's urine. Cold on passing. Burning and stinging. Urine bloody and albuminous. Alteration of cloudy, phosphatic urine with profuse urinary secretion in old prostatic cases. < evening, night cold climate, hot weather.	Urine dark, brown, scanty and urinous odor. Highly intensified. Nocturnal enuresis. Repulsive odor, changeable color. Cystitis. < open air, night	Red, adhesive, sand in urine, involuntary urination, during 1st sleep. Chronic cystitis. Slow micturition with beating down sensation above pubis. < forenoons, evening, after sweat, cold air > after sleep

Table 13. Trios of pain

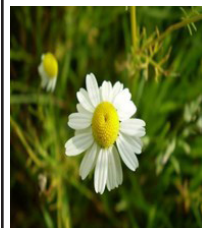
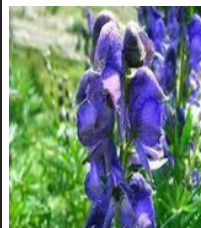

TRIOS OF PAIN		
CHAMOMILLA (GERMAN CHAMOLILE)	ACONITUM NAPPELLUS (MONKSHOOD)	COFFEA CRUDA (UNROASTED COFFEE)
Figure 37	Figure 38	Figure 39
		
Intolerable pain with numbness of affected parts. Over sensitiveness, great debility as soon as pain begins. < from heat, touch, night > cold application, being carried	Acute sudden and violent invasion scream with pain, intolerable, drive him crazy with restlessness. < night in bed, lying on side, pressure, touch > open air, warmth.	Great sensitivity to pain and pain seems almost insupportable, driving patient to despair. Pain with insomnia. < noise, touch, strong smell, mental exertion > lying, sleep, warmth

Table 14. Trios of pneumonia


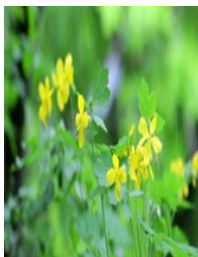




TRIOS OF PNEUMONIA		
MERCURIUS (MERCURY)	CHELIDONIUM MAJUS (CELANDINE)	KALIUM CARBONICUM (CARBONATE OF POTASSIUM)
Figure 40	Figure 41	Figure 42
		
Bilious pneumonia, with blood-streaked expectoration and sharp pains shooting through lower portion of right lung to back, cannot lie on right side. Asthenic pneumonia with feeling of weight in lungs. Epidemic bronchopneumonia, nose trachea and larynx become dry, spasmodic cough. Infantile lobular pneumonia. < walking or ascending at night.	Infantile pneumonia and capillary bronchitis with hepatic symptoms: pneumonia biliosa. Face deep red great oppression of chest, fan like expansion of alae nasi. Hollow short exhausting racking cough with forcible ejections of small lumps of mucus or inability to raise or dislodge. Violent stitches in right lung going to lower edge of the right shoulder blade. < morning.	Pneumonia infantilis, capillary bronchitis, intense dyspnoea. Stitching pains, chiefly in the walls of chest especially in lower third of right lung going through the chest to back. Later stages of pneumonia with copious exudation in lungs and rattling of mucus during cough. Expectoration contains little globules of pus or blood. < motion, 3pm

Table 15. Trios of profuse and purulent expectoration

TRIOS OF PROFUSE AND PURULENT EXPECTORATION		
HEPAR SULPHUR (HEPAR SULPHURIS CALCAREUM)	SILICEA (SILICA)	TUBERCULINUM (NOSODE FROM TUBERCULAR ABSCESS)
Figure 43	Figure 44	Figure 45
		

Chronic pneumonia with profuse purulent expectoration. Empyema: sputum varies from scanty tenacious mucopurulent. Sputum pus like and bloody, tubercular masses or small balls, when crushed emits a carrion like odor. <dry cold winds, cool air, slightest draught >warmth, damp weather.	Colds fail to yield; sputum persistently mucopurulent and profuse. Cough with expectoration in day, bloody or purulent. Cough with yellow expectoration, thick, yellow lumpy, purulent, profuse and greenish <morning, new moon, damp, lying down >warmth, summer, wet or humid weather.	Expectoration thick, easy, profuse, bronchorrhoea. Severe cough with mucopurulent secretion in the morning. <early morning, after sleep, dampness >open air.
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Table 16. Trios of profuse stringy expectoration




TRIOS OF PROFUSE STRINGY EXPECTORATION		
KALIUM BICHROMICUM (BICHROMATE OF POTASH)	HYDRASTIS CANADENSIS (GOLDEN SEAL)	COCCUS CACTI (COCHINEAL)
Figure 46	Figure 47	Figure 48
		
Metallic hacking cough, profuse yellow expectoration. Very glutinous and sticky, coming out in long stringy and very tenacious mass. Diphtheria with profound prostration and soft pulse. Discharge from mouth and throat, tough, stringy. <morning, hot weather >Heat.	Affections of the mucus membranes where there is viscid stringy discharge; stomach, bronchi, uterine etc. Bronchitis of old, exhausted people; thick, yellow, tenacious, stringy sputa. <cold air, dry winds, open air, inhaling air >pressure.	Whooping cough; nightly, periodical attack of cough from tickling in the larynx, ending with expectoration of a large quantity of viscid, stringy mucus. Cough with expectoration of viscid, stringy, yellow, sour tasting or reddish mucus. < warm room > cold room

Table 17. Trios of prolapse of uterus


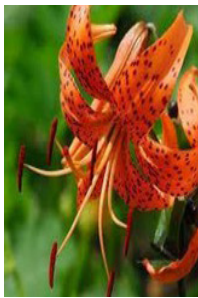




TRIOS OF PROLAPSE OF UTERUS		
SEPIA OFFICINALIS (INKY JUICE OF CUTTLE FISH)	LILIUM TIGRINUM (TIGER- LILLY)	MUREX PURPUREA (PURPLE FISH)
Figure 49	Figure 50	Figure 51
		
Bearing down pressure from back of abdomen. Must cross her legs to prevent protrusion of parts. Mentally patients are very different and apathetic with complete absence of sexual desire. <evenings, dampness, before thunderstorm >warmth of bed, pressure, drawing limbs up.	Bearing down, everything forcing down, as if contents of pelvis were being pushed down through a funnel, the outlet being vagina. Must support vagina with her hands. Mentally patients are hurried and worried. Sexual desire is much more marked. <warm room, right side >pressing hands on vulva, pressure.	Prolapse of uterus with sore pain. Profuse and excessive hemorrhage must keep her legs tightly crossed. Intense sexual desire. Pain from right side of womb to right / left breast. Nymphomania. <least touch, sitting, lying down > crossing legs.

Table 18. Trios of ptosis

TRIOS OF PTOSIS		
CAUSTICUM (TINCTURE ACRIS SINE KALI)	GELSIMUM SEMPERVIRANS (YELLOW JASMINE)	SEPIA OFFICINALIS (INKY JUICE OF CUTTLE FISH)
Figure 52	Figure 53	Figure 54
		
Ptosis, vision impaired as if film were before eyes.	Heavy eyelids, ptosis. Patients can hardly open them,	Muscular asthenopia. Black spots in field of vision. Tar

Paralysis of ocular muscles after exposure to cold. Inflammation of eyelids. Ptosis of rheumatic origin, inclination to close eyes, sensation of heaviness in upper lid as if he could not raise it easily. <touch, cold air >warmth, wet weather.	double vision, blur, smoky, dim slighted, pupils dilated and insensible to light. Orbital neuralgia with contraction and twitching of muscles. Ptosis is associated with thick speech and suffused redness of face; eyeballs feel sore. < opening eyes.	sal tumor; Ptosis ciliary irritation. Venous congestion of fetus. Ptosis associated with menstrual irregularities. <evening >on lying down
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Table 19. Trios of restless in typhoid fever



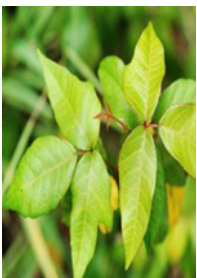
TRIOS OF RESTLESS IN TYPHOID FEVER		
ARNICA MONTANA (LEOPARD'S BANE)	BAPTISIA TINCTORIA (WILD INDIGO)	RHUS TOXICODENDRON (POISON-IVY)
Figure 55	Figure 56	Figure 57
		
Typhoid fever with great indifference. Stupor, or muttering delirium with involuntary discharges of stool and urine in a low type of fever. Uneasiness in the painful parts; has to change position often, every place seems too hard. <least touch, motion, rest, damp cold >lying down, lying with low head.	Beginning typhoid; stupid, besotted, drunken expression; falls asleep being spoken to, cannot sleep; feels scattered about, tosses around to get herself together; later all exhalations and excretions become. <humid heat, indoor >sweating fetid.	Typhoid fever or acute diseases putting on typhoid symptoms, with great restlessness, tossing from side to side and triangular tip of tongue. Restless at night as to change position frequently. <midnight, rest, getting wet >warm wrapping, continued motion

Table 20. Trios of restlessness

TRIOS OF RESTLESSNESS		
ARSENICUM ALBUM (ARSENIC TRIOXIDE)	ACONITUM NAPPELLUS (MONK'S HOOD)	RHUS TOXICODENDRON (POISON IVY)
Figure 58	Figure 59	Figure 60



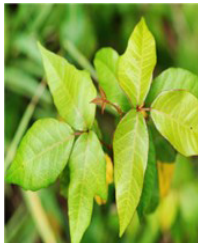
		
<p>Mental restlessness but physically too weak and exhausted to move about. Restlessness with great prostration. Sinking of strength out of proportion to degree of illness.</p> <p>< exertion, midnight, after 2 AM</p> <p>> company</p>	<p>Restless with intense nervousness; can't remain in one place. He is full of energy, vigor and strength, as such moves frequently.</p> <p>< violent emotions, fright, shock vexation, night, in bed, dentition, during menses.</p>	<p>Can't stay in one place. Must change position frequently to obtain relief from pain. Great rigidity, stiffness and lameness.</p> <p>Pain on moving the joint after rest or on waking up in the morning.</p> <p>< rest, beginning of motion, riding, before storms, over-exertion after midnight</p> <p>> by walking/continued motion, change of position</p>

Table 21. Trios of sleepiness


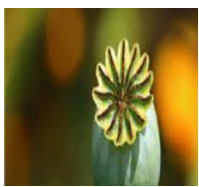

TRIOS OF SLEEPINESS		
ANTIMONIUM TARTARICUM (TARTAR EMETIC)	OPIUM (DRIED LATEX OF POPPY)	NUX MOSCHATA (NUTMEG)
Figure 61	Figure 62	Figure 63
		
<p>Irresistible desire to sleep nearly with all complaints. Great drowsiness. On falling asleep falls electric like shocks.</p> <p>< warmth, sickness/ill health</p> <p>> sitting erect, motion.</p>	<p>Sleepiness from nervous irritation. Great drowsiness; falls into heavy stupid sleep. Profound coma; loss of breath on falling sleep.</p> <p>Picking at bed clothes.</p> <p>Very sleepy but can't go to sleep. sleeps with half eye opened.</p> <p>< alcohol</p> <p>> constant walking.</p>	<p>Drowsiness and sleepiness which accompany all ailments, particularly with pains, lies in stupid slumber.</p> <p>Coma</p> <p>< sickness/ill health, cold moist wind</p> <p>> warm room</p>

Table 22. Trios of spasmodic cough





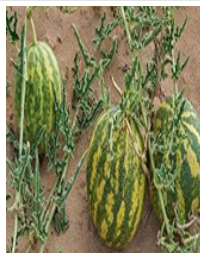




TRIOS OF SPASMODIC COUGH		
DROSERA ROTUNDIFOLIA (SUNDEW)	IPECACUANHA (IPECAC ROOT)	CUPRUM METALLICUM (COPPER)
Figure 64	Figure 65	Figure 66
		
<p>Spasmodic, nervous and sympathetic cough, deep sounding, hoarse and barking; cough in fits at long intervals, harassing and titillating cough in children immediately after lying down, nocturnal cough of phthisical patients. Cough sounds loose. expectoration yellow, bitter, offensive pus like, salty as to be swallowed.</p> <p>< by warmth, midnight, lying down, laughing, tobacco smoke, drinking.</p>	<p>Cough rough, shaking; dry from titillation in upper part of larynx; severe suffocative cough with sweat on forehead in the room.</p> <p>5Coughing is so rapid that one gets hardly a chance to breathe. Convulsive evening cough, the chest is full of phlegm but doesn't yield to coughing, with rigidity and blueness of face.</p> <p>< least motion, in a room</p> <p>> open air</p>	<p>Nervous and spasmodic cough, dry and suffocative. In the morning slight expectoration of phlegm with dark blood of putrid taste and smell.</p> <p>Uninterrupted cough cannot speak a word, with discharge of bloody mucus from nose.</p> <p>< night, eating solid food, cold air, laughing, taking deep breath</p> <p>> drinking cold water</p>

Table 23. Table of urging and colic

TRIOS OF URGING AND COLIC		
RHEUM PALMATUM (RHUBARB)	COLOCYNTHIS (BITTER CUCUMBER)	JALAPA (JALAP)
Figure 64	Figure 65	Figure 66
		
<p>Spasmodic, nervous and sympathetic cough, deep sounding, hoarse and barking; cough in fits at long intervals, harassing and</p>	<p>Cough rough, shaking; dry from titillation in upper part of larynx; severe suffocative cough with sweat on forehead in the room.</p>	<p>Nervous and spasmodic cough, dry and suffocative. In the morning slight expectoration of phlegm with dark blood of putrid taste</p>

titillating cough in children immediately after lying down, nocturnal cough of phthisical patients. Cough sounds loose. expectoration yellow, bitter, offensive pus like, salty as to be swallowed. <by warmth, midnight, lying down, laughing, tobacco smoke, drinking.	5Coughing is so rapid that one gets hardly a chance to breathe. Convulsive evening cough, the chest is full of phlegm but doesn't yield to coughing, with rigidity and blueness of face. < least motion, in a room > open air	and smell. Uninterrupted cough cannot speak a word, with discharge of bloody mucus from nose. < night, eating solid food, cold air, laughing, taking deep breath >drinking cold water
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Table 24. Trios of weakened constitutions

TRIOS OF WEAKENED CONSTITUTIONS		
AMMONIUM CARBONICUM (CARBONATE OF AMMONIA)	CINCHONA OFFICINALIS (PERUVIAN BARK)	CARBO VEGETABILIS (VEGETABLE CHARCOAL)
Figure 70	Figure 71	Figure 72
		
Useful in constitutionally delicate women who is weak anaemic, flabby and faint easily and want some kind of smelling salts around them. They are weak with deficient recent reaction. They especially want stimulants that act through the olfactory nerves like spirits of ammonia, camphor, musk, alcohol. <during menses >lying on abdomen /right side	Debility and dropsy following excessive loss of fluids; great debility, trembling, aversion to exercise; nervous; nervous; sensitive to touch, to pain; unrefreshing sleep after 3am. Face pale, hippocratic; eyes sunken and surrounded by blue margins; pale, sickly expression. <vital losses, mental exertion >hard pressure, bending double, loose cloths	Vital force nearly exhausted, complete collapse. Hunger for oxygen. Anaemic especially after acute disease. Person who have never recovered from previous illness or injury, weak digestion, simplest food disagrees. In the last stage of disease, with copious cold sweat, cold breath, cold tongue and voice lost. <old age, depletions, exhausting diseases >elevating feet, fanning, cool air

MATERIALS AND METHODS

Study Design: Clinical observation study

A descriptive and observational study was undertaken to assess the utility of Nash Trios in remedy selection and their application in community

health settings.

Study Setting

The study was conducted in selected **community health camps and outpatient clinics**, where homoeopathic treatment was provided to patients presenting acute and chronic conditions.

Study Population

- **Inclusion criteria:**
 - Patients of all age groups and genders who present characteristic symptoms corresponding to **Nash Trios** of well-known remedies.
 - Cases where symptom-totality matched at least one Nash Trio described in classical homoeopathic literature.
- **Exclusion criteria:**
 - Patients require emergency medical or surgical intervention.
 - Cases lacking clearly defined characteristic symptoms or where constitutional analysis was essential for remedy selection.

Materials

1. Books and Literature:

- *Leaders in Homoeopathic Therapeutics with Grouping and Classification* by E.B. Nash.
- Standard Materia Medica and repertoires for cross-verification (Boericke, Allen, Clarke).

2. Case Records:

- Patient case sheets documenting presenting complaints, symptoms, remedy prescribed, and follow-up.

3. Community Health Records:

- Reports from health camps and outpatient departments where Nash Trios were used as a prescribing tool.

Methodology

1. Case taking was done as per standard homoeopathic principles, with emphasis on identifying **keynote symptoms** and verifying the presence of **Nash Trios**.
2. When a Nash Trio was clearly identifiable, the corresponding remedy was prescribed.
3. Prescriptions were made in centesimal potencies (30C, 200C) according to the intensity and acuteness of symptoms.
4. Patients were followed up over a defined period, either weekly or once every two weeks, to assess clinical response, improvement, or need for change of remedy.
5. Outcomes were categorized as:
 - Marked improvement
 - Moderate improvement
 - No improvement/relapse
6. Data collected were analyzed to assess the **clinical applicability, reliability, and utility** of Nash Trios in community health practice.

OBSERVATION AND RESULT

A total 30 cases were studied in community health settings, where Nash trios were applied as the primary tool for remedy selection. Patients belong to a wide age group ie 10-50, with both males and females included.

Table 25. Distribution of cases by age and sex

AGE GROUP	MALE	FEMALE	TOTAL
10-20	2	4	6
21-30	5	5	10
31-40	7	2	9
41-50	3	2	5
TOTAL	17	13	30

Table 26. Remedies prescribed using Nash trios

REMEDY	NO. OF CASES
Kali bichromicum	2
Euphrasia	1
Arsenicum Album	3
Hepar Sulp	4

Antimonium tartaricum	2
Cantharis	1
Sanguinaria	1
Rhus toxicodendrom	2
Merc sol	2
Glonine	1
Arnica montana	1
Lycopodium	1
Sepia	1
Sulphur	1
Drosera	1
Allium cepa	1
Silicea	1
Merc cor	2
Bryonia	1
Veratrum album	1
TOTAL	30

Table 27. Outcome assessment table

OUTCOME	NO. OF CASES	PERCENTAGE
Marked improvement	23	77%
Moderate improvement	4	13%
Relapse/No improvement	3	10%
TOTAL	30	100%

Figure 73 Bar graph representing treatment outcome.

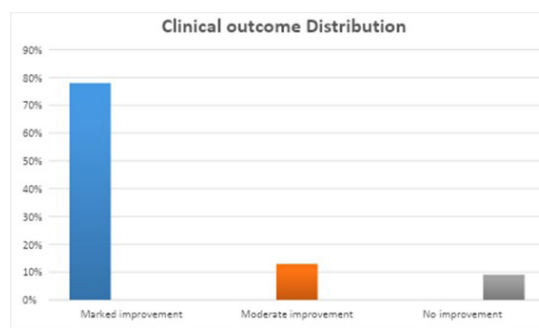
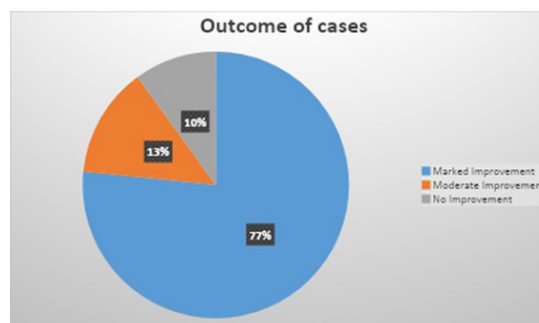


Figure 74 Pie chart representing treatment outcome.



This shows Nash trios provide a broad spectrum of clinically useful remedies across various conditions.

DISCUSSION

The Study demonstrates that Nash Trios are a valuable clinical tool for remedy selection in community health practice.

Instead of going through exhaustive, repertorization, Nash trios help the physician focus on a group of key remedies related to a particular condition, making prescription faster and more practical.

Most remedies prescribed belonged to the polycrest group, showing that Nash trios often point towards remedies with wide applicability.

Most remedies prescribed in this study, such as Hepar sulph, Ars alb and Kali bich, are not only clinically reliable but also frequently encountered in community settings. Their repeated emergence through Nash trios confirms the practical accuracy of the method.

The study also shows that Nash trios are not limited to acute prescribing alone; they guided the physician toward remedies of deep constitutional importance, highlighting their role in both short-term relief and long-term relief.

Importantly, Nash trios bridge the gap between theoretical materia medica knowledge and real-world clinical application, offering a systematic yet flexible approach to remedy selection. This makes them a valuable addition in both community health practice and institutional homoeopathic education.

A total of 30 cases were analyzed, each treated with individualized homeopathic prescriptions derived from the appropriate Nash trios according to the totality of symptoms. Out of these, 23 cases showed marked improvement, 4 cases showed moderate improvement, and 3 cases showed no improvement/relapse.

The high percentage of marked improvement highlights the practical applicability of Nash's remedy trios in community-level health management. These results reaffirm that when prescriptions

are made based on accurate symptom similarity, modalities and characteristic indications, the curative response is both rapid and sustained. Furthermore, the findings support Nash's clinical insights as a valuable guide for modern practitioners in simplifying remedy selection without compromising individualization.

CONCLUSION

This study sets out to explore whether Nash trios could truly guide a physician in treating acute cases at the community level. Through the observation of 30 patients, it became clear that these trios are not just theoretical grouping in materia medica, but in living tools that can be applied effectively in day-to-day practice.

The majority of remedies prescribed such as Hepar sulph, Arsenicum album and Kali bichromicum, were not surprising in their frequency, but rather reassuring. Their repeated appearance across various acute conditions highlighted that Nash's method does not mislead; instead, it directs the physician's attention towards remedies that have repeatedly stood the test of clinical experience.

One of the most striking outcomes of this study is the way Nash trios allowed for quick, confident prescription without sacrificing accuracy. In acute conditions, where every minute often counts, this approach provided both clarity and efficiency. The cases showed that

While the sample size was small, the experiences gathered underline an important truth: Nash trios retain their clinical relevance even today. They simplify decision making, especially in acute prescribing, while still respecting the spirit of individualization that stands on.

In conclusion, this brief study reaffirms that Nash trios are more than historical notes in our literature; they are practical companions to physicians. In the community health sphere, where acute cases are frequent and time is limited, their utility becomes even more evident. With larger studies and continued application, Nash trios can continue to strengthen the bond between homoeopathic philosophy and its clinical practice.

Clinical Insights And Practical Application

Clinical Insights

Working with Nash trios in this study gave a glimpse into how theory can step down from the books and walk into the consulting room. Each case taught a quite lesson. In acute conditions whether it was a sudden respiratory complaint, gastric complaint or inflammatory episode, the trios served as readymade, guiding the physician quickly toward a small group of likely remedies.

Instead of wading through hundreds of remedies, the process became focused and confident. For example, when Hepar sulph kept reappearing across several acute cases, it was not only an academic validation but also a reminder of how often this remedy truly belongs in this field. Similarly, the presence of Arsenicum album and Kali bi in multiple cases revealed how Nash trios still resonate with the realities of community practice today.

Another important clinical lesson was that speed and accuracy can co-exist. Acute prescribing does not always allow time for long case taking or repertorization. Yet with Nash trios, prescriptions could still remain individualized, because the trios are not mechanical shortcuts, they are condensed clinical wisdom handed down by an experienced physician. This study reinforced that insight powerfully.

Practical Application

The strength of Nash trios lies in their everyday usefulness. In a community health setting, where patients often come in with urgent complaints and physicians face limited time, in these situations the trios act as a clinical compass. They allow the homoeopath to move quickly from observation to prescription, without losing the essence of individualization.

For the physician: They become a time saving but reliable tool. Instead of feeling overwhelmed by the vast materia medica, the physician has narrowed the path to walk on yet one that still leads to accurate remedies.

For the patient: The benefit is equally real. Acute suffering is addressed swiftly, instilling confidence

in homoeopathic treatment and strengthening trust in the physician.

For the student of : Nash trios can serve as a bridge between book knowledge and clinical application. They give students a practical starting point that grows into deeper understanding with experience.

For the community health system: They offer a way to manage high patient loads effectively while maintaining the integrity of homoeopathic prescribing.

In essence, Nash trios are not just a clinical aid, but a practical companion in the physician's journey, helping to balance efficacy with the philosophy of "treating the patient as a whole".

Scope And Limitations

Scope

1. The study focuses on assessing the **utility of Nash Trios** as a practical tool for remedy selection in acute cases within **community health settings**.
2. It emphasizes the role of Nash Trios in **differentiating remedies quickly and effectively**, especially in situations where time and resources are limited.
3. The study evaluates how Nash Trios can be applied in **group consultations, health camps and community-based clinics**, where large numbers of patients with acute complaints are commonly seen.
4. It aims to highlight the **feasibility, adaptability and clinical usefulness** of Nash Trios without compromising the fundamental principle of individualization in .
5. The findings may provide insights into integrating **classical homoeopathic tools** with **modern community health approaches**, thereby promoting cost-effective and accessible healthcare delivery.

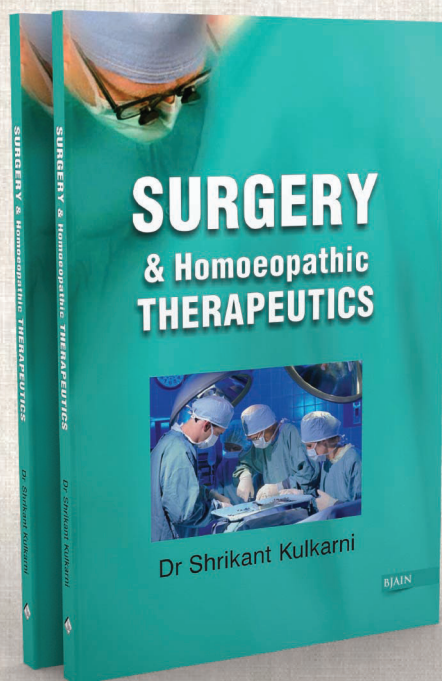
Limitations

1. The study is limited in size (30 cases); hence it does not cover an exhaustive range of cases or remedies.

2. Nash Trios are **limited in scope** and may not be sufficient in cases requiring deeper analysis or in chronic, complex pathologies where complete totality is essential.
3. The outcomes depend largely on the **accuracy of symptom interpretation** and the **clinical judgment** of the physician, which may vary between practitioners.
4. Since the study is confined to **selected cases in community health settings**, the results may not be generalized to hospital-based or individualized long-term treatment scenarios.
5. The assessment focuses on the **practical applicability** of Nash Trios and does not attempt to compare their efficacy with other prescribing methods in a statistically controlled manner.

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Understanding Migraine Through Homoeopathy: A Clinical Overview

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Abstract

Migraine is a long-standing neurovascular disorder characterised by headaches occurring recurrently, often associated with nausea, photophobia, and phonophobia. It substantially affects well-being and work efficiency. Globally, about 12–15% of people experience migraine, with women being more frequently affected, making it the second leading cause of disability worldwide. Conventional management employs analgesics and prophylactic medications; however, many patients turn to homoeopathy for long-term relief. ICHD-3 diagnostic criteria and the totality of symptoms can guide Homoeopathic prescriptions. This review presents a concise and current understanding of migraine's epidemiology, pathophysiology, clinical features, diagnostic standards, and therapeutic strategies and homoeopathic perspectives. Most frequently used Homoeopathic remedies and repertorial rubrics are mentioned. While many randomised controlled trial findings remain variable, observational and case report findings indicate clinical benefits. Greater research uniformity through standardised outcomes using transparent documentation, and prospective registration could enhance the evidence base for homoeopathic management of migraine.

Keywords

Migraine; Homoeopathy; Headache; ICHD-3; Chronic Disease; Miasm; Materia Medica; Rare Remedies; Repertory; Rubrics.

Introduction

Migraine is a common, disabling neurovascular disorder characterised by recurrent unilateral pulsating headaches with nausea, photophobia, or phonophobia.^{1,2,3} It is a chronic episodic disorder with genetic predisposition, neurochemical and involving neuro-vascular mechanisms which are complex.^[3] Recognised by WHO as one of the leading causes of neurological disability, migraine's personal and economic impact is profound. It affects about 12–15% of the global population, with higher prevalence in women due to hormonal influences ^[4,5,6]. The underlying pathophysiology involves trigemino vascular activation, cortical spreading depression, and altered neurotransmitters such as serotonin and CGRP ^[3,7,8,9].

Conventional therapy using triptans, NSAIDs, or prophylactics may often offer incomplete or temporary relief [7,9]. But, Homoeopathy, which is based on Samuel Hahnemann's principle of 'Similia Similibus Curentur' projects migraine as a dynamic disturbance of the vital force, requiring individualised remedy selection [10]. Remedies such as Belladonna, Glonoine, Sanguinaria, Natrium muriaticum, and Iris versicolor are commonly indicated according to specific modalities, based on symptom similarity through a thorough case taking. [11,12,13]

Integrating homoeopathic principles with modern neurobiological insights offers a holistic, patient-centred approach aligning with current trends in personalised medicine [1,10,11]

Prevalence and Epidemiology:

Migraine remains one of the leading causes of years lived with disability (YLDs) worldwide, according to the Global Burden of Disease 2024 study. [4,14]. Women are affected thrice as frequently as men due to hormonal influences, particularly fluctuations in estrogen levels [6,15]. The global burden of migraine has increased substantially from 1990 to 2021, disproportionately affecting females, although male individuals showing a faster growth rate. Additionally, adolescents are experiencing a rapidly rising prevalence of migraine episodes. [5]

Pathophysiology:[1,2,6]

Migraine development involves a complex interplay of various factors. Some of which are:

1. Cortical Spreading Depression (CSD): Neuronal depolarisation leading to aura and trigeminal activation.
2. Trigeminovascular Activation: Release of pain-causing chemicals (CGRP, substance P, neurokinin A) resulting in vasodilation, plasma extravasation, and neurogenic inflammation.
3. Central Sensitisation: Repeated attacks induce heightened responsiveness in the trigeminal nucleus caudalis and thalamus, explaining increased pain sensitivity and chronicity.
4. Neurotransmitter and hormonal changes: Fluctuations in serotonin(5-HT) and estrogen levels, and increased dopamine sensitivity.
5. Genetic factors: Variations affecting ion channels and neuronal excitability.

These factors combine to cause migraine attacks.

Clinical Features

Migraine commonly exhibits a prodrome (mood change, yawning, cravings), potential aura (visual scintillations, fortification spectra, sensory symptoms), a headache phase (4–72 hours, unilateral, pulsatile, moderate-to-severe, aggravated by routine activity) and postdrome (lethargy or euphoria)[]. Associated features include nausea,

vomiting, photophobia, phonophobia, and osmophobia. Examination between attacks is often normal though neck tenderness and autonomic signs (flushed face, tearing, ptosis) may be present during attacks [7,9,16].

[Phases of a Migraine Attack- Prodrome (mood change, fatigue) → Aura (visual/sensory) → Headache (pain, nausea) → Postdrome (exhaustion)]

Diagnostic Criteria

Migraine diagnosis is based on clinical evaluation, using the International Headache Society's ICHD-3 criteria: 16

1. Migraine without aura is diagnosed when a person experiences at least 5 attacks lasting 4-72 hours, with at least two out of four specific pain characteristics: unilateral, pulsating, moderate/severe pain, aggravation by activities, and also associated with symptoms like nausea or sensitivity to light and sound.
2. Migraine with aura: At least 2 attacks with reversible symptoms developing gradually over ≤60 minutes.
3. Chronic migraine: ≥15 headache days/month for >3 months, with ≥8 days/month meeting migraine criteria.
4. Hemiplegic migraine, vestibular migraine, Menstrual migraine and probable migraine variants also may occur. The ICHD-3 diagnostic criteria remain the gold standard in clinical research and journal reporting. [13]-[1,3,7,9]

Diagnosing migraine involves ruling out other headaches (tension-type, cluster headache) and secondary causes (sinusitis, lesions, hypertension).

Neuroimaging is only needed if red flags (new persistent severe headache, abnormal examination, thunderclap onset, systemic signs, focal deficits or change in pattern) or atypical features are present.

Outcomes vary, with some experiencing episodic

migraines with normal functioning between migraine episodes and others progressing to chronic migraines with persistent disability and reduced quality of life.

Risk factors for chronification include medication overuse, obesity, sleep disorders, psychiatric issues, and female sex.

Diagnosis in Homoeopathic Clinical Practice

Homoeopathic case-taking emphasises the ‘totality of symptoms’: modalities, concomitant symptoms (nausea, aura, visual disturbances), mental and emotional features, sleep and appetite, constitutional tendencies and family history[11].

To track progress, healthcare providers can ask the patients to keep a baseline record of:

- Headache frequency, duration, and severity (using VAS/NRS) [16]
- Impact on daily life (MIDAS/HIT-6) [17]
- Rescue medication use.

This will help ensure consistent and accurate tracking. [18,19]. Homoeopathy approaches migraine from an individualised and constitutional standpoint. Remedies are selected based on peculiar symptom expressions and modalities rather than any disease nomenclature. [18,19,20] Repertorial documentation and extensive Homoeopathic remedies including rare remedies are listed in the tables 2, 3,4 and 5.

Supportive care **and** non-pharmacological interventions

Patient education, headache diaries, behavioural interventions (CBT, stress management), sleep hygiene, regular aerobic exercise, Yoga and avoidance of common triggers (irregular sleep, dehydration, excessive caffeine, alcohol, fasting) are important supportive measures. Nutritional and lifestyle optimisation should be actively incorporated in treatment plans. Neuromodulation, physical and Relaxation therapy may be helpful adjuncts. [1,2,7,9]. Homoeopathy interventions offer holistic care which can serve as the best alternative therapy.

Outcomes and prognosis

Most patients experience significant improvement when properly treated and taking preventive measures. However, some may develop chronic migraine, which can be disabling. Detecting the risk factors and managing them early can improve outcomes. Migraine's impact is far-reaching, affecting individuals, society, and the economy requiring comprehensive care and public health attention.. [7,15]

Miasmatic Interpretation (Organon & Chronic Diseases)[22,23,24]

According to Hahnemann's theory in the Organon of Medicine and Chronic Diseases, chronic ailments like migraine are expressions of underlying miasms (chronic predispositions).

- The psoric miasm contributes to functional disturbances such as sensitivity to light, noise, and periodic neuralgic pain. Psoric migraine may worsen in sunlight and improve with rest or warmth
- The sycotic element manifests through congestion, fullness, and aggravation by damp weather, or is excessively periodic (e.g. every full moon, monthly); such patients often find movement or moderate exercise relieves their headache
- The syphilitic miasm may be reflected in destructive or vascular complications. Syphilitic elements are suggested by extremely severe, deep-seated pain (as if skull is crushed) that improves only in early morning
- Chronicity of headache and partial suppression by conventional drugs also point to underlying miasmatic factors.

In classical homoeopathy, recognising miasms helps guide the treatment strategy, determine its depth, and anticipate the likely prognosis. Successful therapy works by restoring balance to the body's vital force, reducing the likelihood of symptom recurrence.

Common Remedies For Migraine:

Belladonna (Hahnemann, Boericke, Kent)

typically causes sudden, violent, throbbing headaches with a sense of fullness, especially in the temporal or frontal regions, often accompanied by flushed face and dilated pupils. The headache is aggravated by light, noise, jarring, and sun exposure, and relieved by pressure, rest, or being in a dark room. Associated symptoms include congested eyes, dry burning skin, and delirium. This remedy is particularly useful in congestive, vascular migraines with sudden onset and heat of the head [Boericke; Kent; Tyler].

Glonoinum (Allen, Boericke, Farrington) presents as an intense, throbbing headache as if the head would burst, often with a rush of blood to the head, typical of sun headaches. Aggravations include sun exposure and motion, while relief comes from cold applications and lying in a dark room. Patients may have a red face, throbbing carotids, confusion, and vertigo. This remedy is classic for sunstroke headaches and congestive migraines [Allen; Farrington].

Natrium muriaticum (Kent, Lippe, Hahnemann) manifests as periodic, usually right-sided migraines, often beginning with blindness or aura, with bursting pain as if hammers are beating inside the head. Headaches worsen with grief, sun exposure, reading, or noise, and improve with pressure, a tight bandage, or lying in a dark room. Patients may crave salt, have dry lips, experience sadness, and display a reserved disposition. It is most often indicated in women with catamenial or emotional migraines [Kent; Lippe; Boericke].

Sanguinaria canadensis (Hering, Allen, Boericke) produces right-sided headaches starting from the occiput and rising to the eye, often recurring every seventh day. Motion, floral smells, and noise aggravate the pain, while lying down, sleep, or vomiting provide relief. Flushing, facial burning, and nausea are common concomitants. This remedy is suited to climacteric or gastric migraines [Boericke; Allen].

Spigelia anthelmia (Hahnemann, Kent, Farrington) is characterized by left-sided, neuralgic headaches with stitching or stabbing pain, beginning in the occiput and radiating to the left eye and temple. The pain worsens with motion, noise, touch, or cold, and improves by lying with the head elevated and warmth. Associated features

include sensitive scalp, eyeball pain, and nausea. This remedy is noted for marked left-sided headaches with eye involvement [Kent; Farrington].

Iris versicolor (Boericke, Allen, Tyler) causes periodic migraines starting with blurred vision or nausea, with intense pain over the eyes and temples, often followed by vomiting of sour or bilious fluid. Exertion and premenstrual periods aggravate the headache, while vomiting or quiet rest bring relief. Patients may experience burning in the epigastrium and sour belching. It is a classic remedy for bilious migraines with gastric disturbances [Boericke; Tyler].

Gelsemium sempervirens (Hering, Kent, Boericke) produces dull, heavy headaches with a band-like sensation around the head, beginning in the occiput and extending to the forehead, often triggered by mental exertion or anticipation. Aggravating factors include emotion, sun, and smoking, while urination, sleep, or profuse watery discharge provide relief. Associated symptoms include trembling, heaviness of eyelids, and weakness. It is suited to nervous, anticipatory, or post-viral headaches [Kent; Boericke].

Bryonia alba (Hahnemann, Boenninghausen, Kent) manifests as bursting, splitting headaches that worsen with the slightest motion, often accompanied by constipation. The headache aggravates with movement, warmth, or in the morning, and improves with pressure, rest, or lying quietly. Dry lips and thirst for large quantities of water are common concomitants. It is effective for rheumatic or congestive headaches [Boericke; Kent].

Nux vomica (Hahnemann, Kent, Boericke) produces frontal headaches, commonly after mental strain, alcohol, or sleep deprivation. The pain worsens with noise, light, morning, or coffee, and improves with short naps or warmth. Concomitant symptoms include irritability, dyspepsia, and constipation. This remedy is indicated for migraines related to lifestyle excess, stimulants, or overwork [Kent; Boericke].

Table No 1: Summary Of Clinical Studies And Systematic Reviews On Homeopathy In Migraine/Headache Disorders.

Author (Year)	Study Design / Setting	Sample Size (n)	Intervention / Comparator	Duration / Outcome Measure	Main Findings
Whitmarsh TE et al., 1997 (UK) (1)	Double-blind RCT, individualised homeopathy vs placebo	60 adults with migraine	Individualised homeopathic remedy vs indistinguishable placebo	4 months; diary of headache frequency & intensity	Both groups improved; the between-group difference was not statistically significant.
Straumsheim PA et al., 2000 (Norway) (2)	Randomised double-blind trial	68	Individualised homeopathy vs placebo	12 weeks; headache frequency & analgesic use	Decrease in attack frequency in both groups; inter-group difference non-significant.
Claudia M. Witt et al., 2010(3)	A Prospective Multi-center Observational Study.	212	Individualised homeopathic prescriptions for migraine	2-Year Follow-Up Period	Marked improvement with a large effect size (Cohen's d = 1.48 after 3 months and 2.28 after 24 months. QoL improved accordingly (Mental Component Score and Physical Component Score after 24 months: 0.42 and 0.45).
Danno K et.al (2013); 12 countries worldwide (4)	A large multi-country observational study in children	168 children, aged 5-15 years	Prescriptions were individualised for each patient.	3 months	The frequency, severity, and duration of migraine attacks decreased significantly during the 3-month follow-up period (all p<0.001).
Glas et.al, 2023(5)	A Case Report	01	Classical Individualised Homoeopathy:	Span of 5 Years	Effectively managed the case of migraine in an adolescent, with complete regression of the Pineal Cyst during the period of treatment.

Table No. 2: Rare / Less Common Remedies For Migraine.

S. No	Remedy	Key Migraine Symptom Indications	Source / Reference
1.	Anacardium orientale	Throbbing frontal headache; sensation of a nail driven into the head; headache with memory lapses or mental confusion	Kent, Boericke, Phatak
2.	Carduus marianus	Left-sided occipital headache; aggravated by motion; feeling of heaviness in head	Kent, Clarke
3.	Chelidonium majus	Pain starts in occiput, extends to right eye; hepatic-related migraine; amelioration by pressure	Boericke, Phatak
4.	Cimicifuga racemosa	Frontal or temporal headache; worse at night; tension with restlessness and anxiety; worse before menses	Kent, Murphy
5.	Cyclamen europaeum	Migraines with nausea, vomiting, and visual disturbances; often hormonal or menstrual origin	Synthesis Repertory
6.	Iris versicolor	Right-sided frontal/occipital migraine; bilious vomiting, sensation of brain turning; worse in morning	Kent, Murphy, Boericke
7.	Spigelia anthelmia	Left-sided, occipito-frontal headache; throbbing pain; better lying on painful side; aggravated by motion	Kent, Synthesis

8.	Glonoinum	Congestive headaches; sudden onset; hot face and head; worse sun exposure; throbbing with pulse	Boericke, Kent
9.	Sanguinaria canadensis	Right-sided occipito-frontal headache; worse in the morning; neuralgic, burning pain; nausea present	Kent, Murphy
10.	Valeriana officinalis	Migraine with vertigo and nausea; aggravated by noise; dull, aching headache	Phatak, Boericke
11.	Veratrum album	Severe migraine with vomiting; collapse-like sensation; worse with heat and motion	Kent, Clarke
12.	Actaea racemosa	Temporal headache; worse on right; associated with irritability or sensitivity; often in hormonal contexts	Boericke, Phatak
13.	Cyclamen europaeum	Migraine with severe nausea and vomiting; often periodic and menstrual-related	Synthesis, Ken

Table 3: Common Remedies For Migraine With Most Indicated Miasms

S. No	Remedy	Key Migraine Symptom Indications	Miasmatic Classification
1.	Anacardium orientale	Throbbing frontal headache; nail-driven sensation; mental confusion; worse anger/frustration	Psoric
2.	Carduus marianus	Left occipital heaviness; worse motion	Sycotic
3.	Chelidonium majus	Pain starts occiput to right eye; hepatic-related migraine; ameliorated by pressure	Sycotic
4.	Cimicifuga racemosa	Frontal/temporal headache; worse at night; anxiety; worse premenstrual	Psoric-Sycotic
5.	Cyclamen europaeum	Migraine with nausea, vomiting; menstrual-related; visual disturbances	Psoric
6.	Iris versicolor	Right frontal/occipital migraine; bilious vomiting; morning onset	Psoric-Sycotic
7.	Spigelia anthelmia	Left occipito-frontal throbbing; better lying on painful side; motion aggravates	Psoric
8.	Glonoinum	Congestive headache; sudden onset; hot face; worse sun exposure; throbbing pulse	Sycotic
9.	Sanguinaria canadensis	Right occipito-frontal burning; morning headaches; nausea	Psoric
10.	Valeriana officinalis	Migraine with vertigo and nausea; worse noise; dull aching	Psoric
11.	Veratrum album	Severe migraine with vomiting; collapse-like sensation; worse heat/motion	Syphilitic
12.	Actaea racemosa	Temporal headache; right-sided; irritability; often hormonal context	Psoric
13.	Aconitum napellus	Sudden, intense, right-sided headache; post-sun exposure; fear/anxiety	Psoric-Syphilitic
14.	Arsenicum album	Right-sided, burning, restless headache; worse at night; anxiety and weakness	Syphilitic
15.	Baryta carbonica	Frontal migraine with heaviness; intellectual strain; worse mental exertion	Psoric
16.	Calcarea carbonica	Migraine with dull, pressing frontal pain; worse exertion; chilly individuals	Psoric
17.	Coffea cruda	Pulsating headache with excitement, hypersensitivity; insomnia-related	Psoric
18..	Fagus sylvatica	Right-sided frontal or temporal migraine; congestive, pressure feeling	Psoric
19.	Gelsemium sempervirens	Heavy, dull headache; drooping eyes; fatigue; anticipatory anxiety	Psoric-Sycotic
20.	Helleborus niger	Occipital dull headache; mental confusion; worse night	Syphilitic

21.	Hydrastis canadensis	Occipital/temporal throbbing; nausea; bitter taste	Sycotic
22.	Hypericum perforatum	Occipital headache with neuralgic character; post-injury	Syphilitic
23.	Ignatia amara	Migraine from grief; left-sided; shifting pains; emotional triggers	Psoric
24.	Lachesis mutus	Left-sided temporal headache; hot, congestive; hormonal influence; left-sided phenomena	Sycotic
25.	Lilium tigrinum	Right-sided occipital-temporal headache; hormonal influence; menstrual migraine	Psoric-Sycotic
26.	Lycopodium clavatum	Right-sided frontal/temporal; bloating; digestive triggers; irritability	Psoric-Sycotic
27.	Magnesia phosphorica	Tensive, neuralgic, spasmodic headaches; better warmth, pressure; menstrual-related	Psoric
28.	Natrum sulphuricum	Migraine after damp weather; worse mornings; bilious tendency	Sycotic
29.	Phosphorus	Right-sided, throbbing; visual aura; sensitive to light/noise; exhaustion	Psoric
30.	Picricum acidum	Frontal/temporal migraines; burning, nervous tension; anxiety	Syphilitic
31.	Platina	Right-sided temporal migraine; hot, congestive; hormonal origin; sexual excitability	Sycotic
32.	Rhus toxicodendron	Occipital/temporal headache; worse at rest, better motion; neuralgic	Psoric
33.	Ruta graveolens	Occipital headache; worse on eye strain; stiffness in neck/eyes	Psoric
34.	Sepia officinalis	Hormonal migraine; bearing-down sensation; indifference; worse menstruation	Psoric-Sycotic
35.	Silicea	Headache with chronic weakness; better in open air; suppressed eruptions	Psoric
36.	Staphysagria	Migraine from suppressed emotions; irritability; left-sided temporal	Psoric
37.	Stannum metallicum	Frontal migraine; worse mental exertion; fatigue; digestive involvement	Psoric
38.	Sulphur	Chronic, burning headaches; heat aggravation; psoric constitution	Psoric
39.	Thuja occidentalis	Migraine with mental dullness; past vaccinations; congestive	Sycotic
40.	Xanthoxylum fraxineum	Left temporal neuralgic headache; better by pressure	Psoric
41.	Zingiber officinale	Migraine with nausea, vomiting; worse mornings; spicy foods trigger	Psoric

For The Repertorial Approach in The Management of Migraine In Different Repertories you can go through the following repertories:

1. Repertory of Homoeopathic Materia Medica – Dr. James Tyler Kent.
2. Boenninghausen's Characteristic Repertory by Cyrus Maxwell Boger.
3. A Concise Repertory of Homoeopathic Medicines – Dr. S R Phatak
4. Homoeopathic Medical Repertory by Robin Murphy

5. Complete Repertory by Dr. Roger Van Zandvoort
6. Index to Encyclopedia of Pure Materia Medica by T F Allen.
7. Boericke's New Manual of Homoeopathic Materia Medica with Repertory

CONCLUSION

Migraine represents a multifactorial condition arising from the interplay of neurovascular and psychosomatic mechanisms. The individualised

and holistic framework of homoeopathy corresponds with the contemporary paradigm of personalised medicine, emphasising comprehensive healing through the evaluation of underlying chronic diatheses via miasmatic analysis. By integrating the understanding of miasmatic predispositions with the total symptom expression through repertorial assessment, homoeopathy endeavours to achieve sustained therapeutic outcomes and minimise disease recurrence. To strengthen its scientific foundation, future research in homoeopathy should integrate ICHD-3 diagnostic criteria, use standardised outcome measures such as monthly migraine days, MIDAS/HIT-6, and VAS, ensure prospective trial registration, maintain transparent repertorial documentation, apply blinding where appropriate, and include adequately powered sample sizes. Rigorous studies and integrative clinical approaches can further validate homoeopathy's contribution to evidence-based migraine management.

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Author Contribution:

The author conceptualised, researched, and prepared the manuscript and co-author prepared the repertorial table.

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The Scope of Homoeopathy in Modern Surgical Practice

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Abstract

Homeopathy has gained attention as a supportive therapy in surgical care. While surgery remains essential for mechanical pathology, evidence shows individualized homeopathic remedies can enhance surgical outcomes with conventional treatment. This review explores principles, evidence and perioperative applications of homeopathy in surgical cases. Classical references show surgery and homeopathy complement each other: surgery removes mechanical obstacles, while homeopathy supports healing. Studies demonstrate benefits in postoperative pain, swelling, bleeding control, wound healing and anxiety management. Remedies like *Arnica montana*, *Hypericum perforatum* and *Calendula officinalis* are documented. Case reports support homeopathic care in pseudo-surgical conditions like urinary calculus and selected appendicitis cases, when monitored. Despite promising results, homeopathy cannot replace surgery in emergencies, anomalies or mechanical obstructions. Integrative perioperative care with guidelines, patient selection and evidence-based remedy use offers an effective approach. Future research should focus on clinical trials and protocols to establish best practices in surgical support.

Keywords

Homeopathy, Surgery; Perioperative care; *Arnica montana*, Wound healing; Postoperative recovery; Integrative medicine; Urinary calculus; Appendicitis

Introduction

Surgery has traditionally been considered outside the scope of homeopathic treatment, which

is primarily associated with chronic disease management. However, the evolving field of integrative medicine and accumulating clinical evidence have broadened the role of homeopathy within surgical care. Rooted in classical principles from Hahnemann's *Organon* and supported by contemporary research, homeopathy is increasingly recognized as a complementary approach that can enhance patient outcomes throughout the surgical process. While surgical intervention addresses the mechanical aspects of disease, homeopathy aims to strengthen the vital force, alleviate symptoms, and promote holistic healing before, during, and after surgery.

This article examines the theoretical underpinnings, clinical evidence, and practical applications of homeopathy in perioperative care. It advocates for an integrative model that respects the distinct contributions of both conventional surgery and homeopathic medicine, highlighting how their combined use can optimize patient recovery and reduce postoperative complications..^{[1][2][3][4]}

Historical Foundations and Theoretical Framework: In Aphorism 186 of the fifth and sixth editions of the *Organon of Medicine*, Samuel Hahnemann recognizes that homeopathy can play a supportive role in surgical cases by aiding the body's vital force in healing and recovery. He emphasizes that while homeopathy does not replace surgical intervention, it can complement it by preparing the patient for surgery, managing symptoms, and promoting post-operative healing through individualized remedies aligned with the patient's overall health and vital energy. This aphorism recognizes that when external injuries or structural abnormalities create mechanical

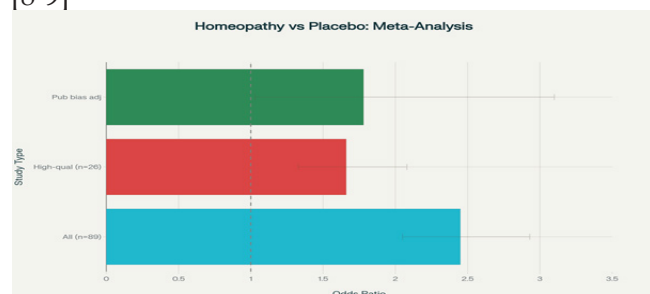
obstacles to healing, surgical procedures become necessary to remove these barriers and allow the vital force to restore health.^{[5][6][7]}

Hahnemann elaborated in Aphorism 7 that when the exciting cause (*causa occasionalis*) is mechanical, it must be removed through surgery. However, he emphasized that homeopathic medicines remain crucial for addressing constitutional susceptibility and supporting the organism's response to trauma. The vital force, though capable of self-regulation as described in Aphorism 9, may require both mechanical correction and dynamic stimulation through homeopathic remedies to achieve complete restoration.

This dual recognition—that surgery addresses mechanical obstacles while homeopathy supports constitutional healing—established a framework that modern practitioners continue to apply. Early homeopathic surgeons like James Grant Gilchrist (1842-1906) expanded upon these principles in his seminal work "Homoeopathic Treatment of Surgical Diseases" (1873), which detailed specific remedy indications for pre- and postoperative care, wound management, and surgical complications. Gilchrist's work demonstrated that homeopathic remedies could reduce surgical morbidity, prevent suppuration, control bleeding, and promote tissue regeneration, establishing protocols that remain relevant in contemporary integrative surgical practice.^[5-7]

Evidence Base for Homeopathy in Surgical Applications

Systematic Reviews and Meta-Analyses: Linde et al.'s meta-analysis in *The Lancet* (1997) provided key evidence for homeopathy's effectiveness. Their review of 89 trials showed an odds ratio of 2.45 (95% CI: 2.05-2.93) favoring homeopathy over placebo. Analysis of high-quality studies yielded 1.66 (95% CI: 1.33-2.08), with post-bias correction remaining significant at 1.78 (95% CI: 1.03-3.10).^[8-9]



Meta-analysis across 89 trials showed odds ratios favoring homeopathy over placebo. In surgery, homeopathy improved return of flatus (-0.22 SD, 95% CI: -0.36, -0.09) and stool (-0.18 SD, 95% CI: -0.33, -0.03).^[8]

Arnica Montana in Surgical Settings: Arnica montana is the most studied homeopathic remedy for surgery, with 30 clinical trials examining postoperative outcomes. A review by Gaertner et al. (2021) evaluated studies comparing homeopathic Arnica to placebo, showing an effect size of Hedge's $g = 0.18$ (95% CI: -0.007/0.373; $p = 0.059$).^[10-11]

Therapeutic Arnica showed higher effect ($g = 0.35$) than preventive ($g = 0.23$), both non-significant. Arnica matched anti-inflammatory controls without side effects, showing small effects over placebo.^[10-11]

Arnica reduced knee circumference in cruciate ligament patients. Studies on breast and microsurgical procedures showed mixed swelling results.^[10-14]

Calendula Officinalis for Wound Healing^[15-18]

Calendula officinalis accelerates wound healing and prevents infection. Clinical trials showed reduced epithelialization time (8.6 ± 4.7 vs 13.2 ± 7.4 days) and increased healing speed ($9.5 \pm 5.8\%/day$ vs $6.2 \pm 2.9\%/day$, $p < 0.05$).

Calendula ointment (20%) outperformed petroleum jelly ($p = 0.05$) in preventing infection among 156 burn patients. For venous ulcers, 7.5% *Calendula* reduced wound area 42% versus 15% in controls.

Calendula promotes wound healing through angiogenesis, collagen synthesis and antimicrobial effects. Studies show improved healing genes and fibroblast growth. A 2025 IJRH study found *Calendula* 30C achieved highest wound closure ($p < 0.01$).

Clinical Applications Across the Perioperative Continuum^[2, 19-22]

Preoperative Optimization: Homeopathic interventions in the preoperative phase prepare patients for surgery. Preoperative anxiety affects

many surgical patients, leading to physiological stress that complicates anesthesia and increases postoperative morbidity.

Anxiety Management: *Aconitum napellus* treats panic with anxiety and palpitations, given in 30C potency every 1-4 hours for four doses pre-surgery. *Gelsemium sempervirens* treats anticipatory anxiety. *Argentum nitricum* addresses anxiety with hurried feelings..

Bleeding risk reduction: *Arnica montana* pre-operatively reduces capillary fragility and bleeding. A study with *Arnica montana* 15CH and *Apis mellifica* 15CH plus electro-acupuncture reduced bleeding in breast surgery patients with liver disease.

Constitutional Preparation: Constitutional homeopathic treatment before surgery can optimize vitality, immune function and stress resilience, recognizing that individual predispositions influence surgical outcomes and recovery.

Intraoperative Support^[14,22]

Case reports describe integrative approaches using homeopathic medicines with conventional anesthesia during surgery. Bosco et al. (2018) reported using *Arnica montana* 15CH and *Apis mellifica* 15CH in elderly breast cancer patients with liver disease during procedures..

The approach combined pre-surgery remedies, electro-acupuncture and minimal conventional agents. Patients experienced rapid awakening and shorter hospitalization. Pain assessment showed comfort without medications, requiring experienced practitioners.

Postoperative Recovery and Complication Management^[10,11,23,24]

Homeopathy in surgical contexts is best documented postoperatively, supporting pain control, edema reduction, wound healing, and complication prevention.

Pain Management: *Arnica montana* treats postoperative pain and tissue trauma in 30C or 200C potency, with decreasing frequency as symptoms improve. *Hypericum perforatum* targets nerve

pain in surgical incisions. A trial studying *Hypericum C200* post-spinal microdiscectomy evaluates its effect on radicular pain from neural damage.

Staphysagria treats pain from clean-cut incisions, with sharp sensations along surgical wounds, particularly after genitourinary and mucosal procedures.

Calendula officinalis promotes wound healing through granulation and epithelialization when used internally and topically. A case report showed that *Calendula* treatment led to healthy tissue formation and complete healing within days without antibiotics.

Phosphorus treats bright red, free-flowing post-operative bleeding. *Cinchona officinalis* addresses bleeding with weakness, while *Ipecacuanha* and *Secale* target specific patterns.

Apis mellifica reduces swelling with edematous, rosy appearance, improving with cold. *Ledum palusale* treats bruising and swelling in puncture wounds.

Integration with Conventional Perioperative Care^[25-26]

The most promising model integrates conventional surgical excellence with homeopathic support. This approach requires:

Interprofessional Collaboration: Communication between surgeons and practitioners ensures coordinated care. Patients need informed consent for both conventional and complementary approaches.

Evidence-Based Remedy Selection: Practitioners must employ case-taking and repertorization based on totality of symptoms rather than diagnosis alone for successful prescribing.

Integrative surgical approaches suit stable elective patients, those with contraindications to standard medications, or patients requesting complementary support. Emergencies, unstable patients, and high-risk conditions require standard protocols.

Outcome: Systematic case documentation using the Modified Naranjo Criteria for Homeopathy strengthens causal attribution. Rigorous reporting

identifies surgical conditions responding best to homeopathic intervention.

Future Research Directions and Policy Implications^[27-28]

Despite encouraging evidence, significant research gaps remain. Future investigations should prioritize:

- **More rigorous trials are needed:** Large, well-designed clinical studies should evaluate homeopathy in surgical settings and measure real-world outcomes.
- **Study mechanisms of action:** Research should explore how ultra-dilute remedies may affect inflammation, immunity, and pain pathways at biological levels.
- **Compare treatment strategies:** Direct comparisons between homeopathic, conventional, and integrative approaches can help assess effectiveness and cost value.
- **Strengthen safety monitoring:** Systems should track adverse effects, interactions, and risks of delaying necessary surgery, with clear guidance to prevent misuse.
- **Improve education and training:** Structured programs for surgeons and homeopaths can support safe and coordinated integrative practice.
- **Support perioperative use where evidence exists:** Homeopathy may be used alongside surgery, especially for pre-surgical preparation and post-operative pain and wound healing.^[16-18, 66-69]

CONCLUSION

Homeopathy is gaining attention in surgical care as a supportive therapy. Research, including the Linde meta-analysis and studies on remedies like Arnica and Calendula, suggests it can help with recovery, wound healing, and postoperative comfort. Clinical cases also point to benefits in conditions like urinary stones and appendicitis when managed early and appropriately.

Even with promising evidence, homeopathy has

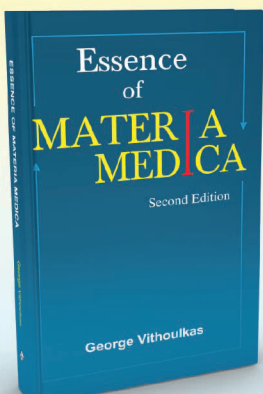
limits. It cannot replace surgery for emergencies, congenital defects, or serious mechanical issues. Its role is strongest as a complementary approach — helping prepare patients before surgery, supporting recovery afterward, and assisting in complex cases where healing needs additional support.

To move forward, the field needs stronger research with clear methods, larger samples, and transparent reporting. Practitioners should be trained to recognize when homeopathy is useful and when surgical intervention is essential. With careful patient selection and sound clinical judgment, integrating homeopathy into surgical care may widen treatment choices and improve outcomes while keeping patient safety at the center.

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Neurological Diseases in the Light of Homoeopathy: Bridging Vital Force and Miasms with Neurophysiology

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Abstract

Part1

Neurological disorders pose significant challenges due to their complex pathophysiology and limited treatment options. Homoeopathy, with its individualized and miasmatic approach, offers a complementary perspective aimed at restoring systemic balance. Emerging evidence suggests potential interactions of homoeopathic remedies with neurophysiological processes, including neurotransmitter modulation, neuroinflammation reduction, and enhancement of neuroplasticity. Integrating homoeopathic principles with modern neuroscience may provide a holistic framework for managing neurological disorders, supporting both symptom relief and functional restoration. This narrative review examines current insights on the convergence of homoeopathy and neuroscience, highlighting its relevance in contemporary neurotherapeutics. Here in this article, we present a case of neuropsychic disorder.

Part2

Case report- An 8-year-old male child came to our O.P.D of R.B.T.S Muzaffarpur with their parents, complaining Hyperactivity, inattention, abusive, strike others and impulsive behaviour noticed since early school age, assess with Child Behaviour rating Scale (CBRS) getting 49 score before

treatment as at-risk range. On the basis of totality of symptoms and repertorisation, Stramonium-200 was prescribed and assess with Child Behaviour rating Scale (CBRS) after treatment 96score which shows effectiveness of homoeopathic medicine in Attention Deficit and Hyperactive Disorder (ADHD).

Keywords

Neurology, Vital Force, Miasm, Attention Deficit and Hyperactivity Disorder, Homoeopathy.

Introduction

Neurological disorders, including neurodegenerative, neurodevelopmental, and neurometabolic conditions, remain a significant global health challenge due to their chronicity, complex pathophysiology, and limited effective treatments. Advances in neuroscience have clarified mechanisms such as neurotransmitter imbalance, neuroinflammation, oxidative stress, and synaptic dysfunction; however, conventional therapies largely provide symptomatic relief and do not address systemic imbalances that may contribute to disease progression.

Homoeopathy, founded by Dr. Samuel Hahnemann¹ (1755–1843), emphasizes a patient-centered approach, considering constitutional

type, totality of symptoms, and miasmatic context. Although robust clinical evidence is limited, observational studies suggest that homeopathic remedies may subtly influence neural function, including neurotransmission, neuroplasticity, and stress-response pathways.⁹

Integrating homeopathic principles with modern neuroscience offers a conceptual framework for complementary approaches in neurological care. While the evidence remains preliminary, such integration may support functional recovery, enhance therapeutic outcomes, and improve quality of life. This article illustrates the potential of this approach through the example of Attention Deficit Hyperactivity Disorder (ADHD).

Historical Perspective: The Greek and Ancient Era of Neurological Diseases

Throughout history, neurological diseases have been studied by pioneering physicians who shaped understanding of the nervous system.

Hippocrates (c. 460–370 BCE) observed epilepsy, paralysis, tremors (which he called "sacred disease"), and other neurological disorders, and how they affected both the body and the mind, attributing them to humoral imbalance, and treated patients with **dietary regulation, lifestyle changes, and natural remedies**, emphasizing holistic clinical observation.

Galen (c. 129–216 CE) linked cranial and spinal injuries to functional deficits, combining humoral theory with anatomical correlation, and advocated **bloodletting, purgatives, and herbal remedies**.

Avicenna (980–1037 CE) described epilepsy, stroke, tremors, and paralysis, highlighting humoral, emotional, and lifestyle influences, and recommended **herbal medicines, dietary management, and early rehabilitative measures**.

Paracelsus (1493–1541) focused on chemical and spiritual imbalances, emphasizing **individualized dosing of mineral and herbal remedies**.

Dr. Samuel Hahnemann¹¹ (1755–1843) formalized homeopathy, considering tremors, convulsions, neuralgia, headaches, and mental-emotional disturbances as expressions of **vital force**

imbalance and miasms (Psora, Sycosis, Syphilis). He advocated **individualized homeopathic remedies based on the totality of symptoms**, integrating mental, emotional, and neurological aspects for holistic treatment

In ancient times, people thought that neurological diseases were caused by imbalances in the four humors: blood, phlegm, yellow bile, and black bile. Most treatments were based on symptoms and included herbs, diet, and physical therapy. Even though they couldn't do much about it, the Greeks knew that mental and physical health were linked. This is similar to how homeopathy works today.

Homeopathy Through the Lens of Modern Neurobiology

1. Common Foundation – Dynamic Regulation

Both Homeopathy and Neuroscience view disease as *dysregulation of function* rather than mere tissue damage.

- **Vital Force (Homeopathy)** = dynamic life energy maintaining harmony.
- **Neural Homeostasis (Neuroscience)** = balance between excitatory–inhibitory signals.

The *similimum* restores this equilibrium, much like neurochemical feedback does in the brain.

2. Vital Force and Neural Energy

Hahnemann¹¹'s vital force is similar to modern ideas about bioelectrical and ¹neuroenergetic fields. Homeopathic remedies may function by altering subtle electromagnetic or informational patterns that affect neuronal communication. Studies indicate that potentized medicines can affect gene expression and neurotransmitter pathways, thereby providing a biological foundation for homeopathic efficacy.

3. The Law of Similars and Neuroplasticity

The idea that "like cures like" is similar to neuroplastic adaptation. A mild, similar stimulus can retrain the nervous system to get back to normal activity patterns. So, the *similimum* works as a dynamic re-tuning signal for neural circuits.

4. Psychoneuroimmunology and the Mind-Body Axis

Homoeopathy regards mental and emotional conditions as fundamental to physical ailments. The psychoneuroimmuno-endocrine network shows that emotions, immunity, and neural function are all connected. This is supported by modern neuroscience. Medications that alleviate grief or anxiety (Ignatia, Causticum) also regulate neuro-immune responses.

5. Quantum and Nonlinear Resonance-

The brain functions as a nonlinear dynamic system; minor stimuli can induce significant reorganizations. Homoeopathic potencies, functioning through resonance and information transfer, may catalyze self-organizing recovery.

6. Clinical Parallel

Disorder	Neuroscience View	Homoeopathic Insight
Migraine	Neurovascular instability	Functional psoric state
Epilepsy	Cortical hyperexcitability	Sycotic suppression
Parkinsonism	Dopamine deficiency	Syco-syphilitic degeneration

Clinical Dimensions of Homoeopathy in Neurological Diseases

1. Functional Nervous Disorders

Conditions like neuralgia, migraine, and sleep disturbances often arise without visible structural pathology. Homoeopathy mentions the cause as derangement of dynamic state. Restoring the dynamic equilibrium, these remedies reduce hypersensitivity and promote relaxation through individualized prescriptions based on peculiar modalities and emotional states.

- *Coffea cruda* – Nervous overactivity, sleeplessness due to excitement or joy
- *Ignatia amara* – Symptoms following grief or suppressed emotions
- *Magnesia phosphorica* – Neuralgic pains better by warmth and pressure
- *Nux vomica* – Irritable, overstressed

constitutions with tension headaches

2. Epilepsy and Seizure Disorders

Epilepsy represents periodic derangement of cerebral activity. In homoeopathy, it is viewed as a deep-seated dynamic disorder involving both psoric excitability and syphilitic degeneration. Remedies such as *Cuprum metallicum*, *Cicutavivrosa*, *Hyoscyamus niger*, and *Bufo rana* are prescribed according to the seizure pattern and mental disposition.

3. Peripheral Neuropathies

Peripheral nerve disorders are common in diabetes, nutritional deficiencies, or post-infectious conditions. Homeopathic medicines have alleviated paresthesia, burning, and weakness by augmenting nerve vitality and comfort without inducing toxicity or sedation.

- *Hypericum perforatum* – Shooting pains following nerve trauma
- *Plumbum metallicum* – Progressive motor paralysis, especially in extensor muscles
- *Arsenicum album* – Burning pain with restlessness and exhaustion
- *Causticum* – Paresis with contracture, stiffness, and emotional sensitivity

4. Neuroinflammatory Disorders

In autoimmune neuropathies like Guillain-Barré syndrome or multiple sclerosis, homoeopathy complements conventional therapy by improving recovery and minimizing relapse. *Causticum*, *Plumbum met.*, and *Gelsemium* are frequently indicated if weakness, heaviness, or tremors are present.

5. Neurodegenerative Conditions

Progressive disorders such as Parkinson's disease, Alzheimer's, and motor neuron disease involve irreversible neuronal loss. Homoeopathic remedies aim to slow progression, enhance neuroplasticity, and improve mental and emotional stability.⁹

- *Agaricus muscarius* – Trembling, unsteady gait, clumsy movements

- *Lathyrus sativus* – Spastic paralysis, exaggerated reflexes
- *Gelsemium sempervirens* – Fatigue, heaviness, lack of coordination
- *Baryta carbonica* – Early senility, poor memory, confusion

Constitutional treatment with anti-syphilitic remedies like *Syphilinum* or *Mercurius solubilis* may help arrest further deterioration.

6. Neurodevelopmental and Behavioral Disorders

Children with conditions like autism spectrum disorder (ASD) or attention-deficit hyperactivity disorder (ADHD) often exhibit intense sensitivity, restlessness, and cognitive delay. Homoeopathic medicines such as *Tuberculinum*, *Stramonium*, *Lycopodium*, and *Tarentula hisp.* have been found beneficial in improving behavior, attention, and sleep, reflecting the holistic reach of individualized prescribing in pediatric neurology.

Neurological and Emotional Manifestations of the Miasms

Psoric Miasm:

Patients with psoric tendencies typically present with **functional neurological disturbances** such as mild tremors, tension headaches, or fatigue. Emotionally, they exhibit **anxiety, restlessness, and hypersensitivity**, reacting intensely to stress or minor stimuli. Sleep and dreams are often **restless or vivid**, featuring scenarios of falling, being chased, or failure. Behaviorally, these patients are expressive about their discomfort and often over-react to minor neurological or emotional challenges, indicating an early, reversible stage of imbalance.

Psoric children that are very sensitive, restless and emotional might quickly be driven to tears, wrath, or any other emotion. Children have abrupt outbursts of anger that pass quickly unless the situation is resolved or communicated.

Sycotic Miasm:

The sycotic patient demonstrates **chronic, recurrent, or suppressed neurological symptoms**,

including neuralgia, spasticity, or early demyelinating signs. Emotionally, they tend to be **secretive, perfectionistic, and repressed**, with guilt or obsessive tendencies shaping their responses. Dreams often reveal **symbolic or recurring themes of hiding, accumulation, or unresolved conflict**, reflecting underlying compensatory mechanisms. Behaviorally, these individuals appear reserved, cautious, and emotionally constrained, representing the chronic or adaptive stage of neurological disturbance.

In children unfavourable feelings such as hurt, jealousy, rage, frustration, and suspicion. A prominent characteristic of children are their anger and irritability. The school gets a lot of complaints about children's conduct, play, attentiveness, and academic performance.

Syphilitic Miasm:

Patients dominated by syphilitic miasm usually exhibit **progressive neurodegenerative changes** such as Parkinsonism, cognitive decline, or severe paralysis. Emotionally, they show **apathy, despair, or nihilism**, with limited emotional expression and sometimes antisocial tendencies. Sleep and dreams are violent, **destructive, or premonitory**, often involving death, mutilation, or catastrophic imagery. These patients appear withdrawn, indifferent, or occasionally aggressive, indicating advanced, often irreversible neurological pathology. Strong suicidal tendency, loathing of life; always seeks the opportunity for committing suicide. Memory and retention power are extremely diminished. Fixed ideas and **Introvert**, wants to be alone, and does not like company.

Syphilitic child has a vivid imagination that is full of bad things. They show a lack of interest, or indifference in everything, including hobbies, studies, and play. Depression of mind, melancholia, Weak perception and suspiciousness. Suppressive, wants to conceal everything; even does not want to express his own suffering.

Emphasis on Neurological Symptoms in Homoeopathy

Dr. Samuel Hahnemann¹, in the ¹*Organon of Medicine* (§86–§90), emphasized that the totality of symptoms—including tremors, convulsions,

paralysis, and other neurological expressions—reflects the dynamic disturbance of the vital force and must be observed as an integrated whole. Building upon this principle, Dr. James Tyler Kent² expanded the scope of case analysis by giving prominence to ²neurological generals as key indicators of the patient's constitutional state. Dr. Robert Ellis Dudgeon³ contributed to the clinical application of these ideas through practical rubrics that correlated nervous manifestations with precise remedy indications. In modern times, Dr. Rajan Sankaran⁴ has further synthesized these classical foundations with contemporary insight, integrating neurological symptoms into the broader ³⁴miasmatic and constitutional framework. He emphasizes that changes in neurological expressions can serve not only as guides for remedy selection but also as sensitive markers of therapeutic response and the evolving state of the patient's inner economy.

Brain Wave Oscillations as Biomarkers of Homeopathic Well-Being

Teixeira⁷ (2025) explored the relationship between ⁷*subjective well-being* and *neurophysiological changes following* individualized homeopathic treatment. Drawing from Hahnemann's emphasis on "improvement in the disposition and mind" (Organon §§252–255) as the most certain sign of cure, the paper connects these subjective effects to measurable changes in brain activity. Studies in neuroscience and positive psychology have shown that enhanced well-being corresponds to increased activation in the prefrontal cortex and higher alpha and theta brain wave activity, reflecting calmness, balance, and mental clarity. Similar EEG findings have been observed in subjects after taking correctly matched homeopathic medicines, suggesting that brain wave oscillations could serve as ¹**objective biomarkers of homeopathic action**.

Teixeira⁷ proposes that quantitative EEG (⁷qEEG) and fMRI may be used to record these patterns, especially increases in alpha and theta and decreases in beta activity, as indicators of the vital response.

Other recent investigations into potentized medicines suggest measurable biological activity at the nano-scale. Studies described innovations such

as ⁸**transdermal microneedle patches** for homeopathic drug delivery and **in-vitro bioactivity of *Arsenicum album***, implying that ultra-dilutions may modulate immune and neurochemical responses.

Case Presentation: ADHD in a Child with Maternal Mental Suppression History

Patient: 8-year-old male first and single child came to our O.P.D of R.B.T.S Muzaffarpur with their parents.

Chief Complaint:

- Hyperactivity, inattention, abusive, strike others and impulsive behavior noticed since early school age.
- The child exhibits constant restlessness, difficulty in focusing on school tasks, frequent interruption of peers and teachers, and inability to follow instructions for extended periods.
- Emotional lability noted: sudden outbursts of anger or frustration.
- Sleep disturbances: restless sleep with frequent tossing and turning.
- Handling genitals constantly.

Birth and Maternal History:

- Full-term normal delivery; uneventful neonatal period.
- Mother reported **emotional suppression and high stress during pregnancy** due to family and occupational pressures; she often hid her anxieties and did not express emotional needs.
- No history of maternal substance abuse or infections during pregnancy.

Family and Past History:

- No significant family history of ADHD or psychiatric disorders but grand mother died due to some mental problems.
- Milestones achieved normally, though mild delay in speech and motor coordination noted.

Physical generals:

Thermal reaction : chilly patient , can not tolerate cold weathers.

Appetite: good , eats 4-5 times/day

Desire : salt , meat

Bowel : 2 times / day , normal consistency .

Urine : clear , go to toilet own

Sweat : profuse , mostly on face.

Sleep : disturbed and want to play and restless.

Mental & Behavioral Examination:

- Child is distractible, fidgety, impulsive in responses, and shows difficulty in sustaining attention.
- Emotional sensitivity: reacts intensely to minor provocations.
- Learning issues: struggles with reading comprehension and homework completion.
- Very much fearful especially to dark environment.

Constitutional Assessment (Homoeopathic):

- **Temperament:** Active, restless, highly sensitive to stimuli.
- **Physical traits:** Thin, long-limbed, restless movements.
- **Emotional traits:** Easily offended, desires attention, mood swings.
- **Miasmatic background:** Strongly **Psoric tendencies** (anxious, hypersensitive) with possible **Syco-syphilitic influence** (behavioral disruptions, impulsivity, suppressed emotions inherited from maternal stress)

Totality of Symptoms:

- **Mental General:** Inattention, hyperactivity, impulsivity, emotional lability. Restless sleep, hyperactivity. Very much fearful especially to dark environment and sensitive to noise and stimuli. Handling genitals constantly.

- **Physical General:** Thermal reaction : chilly patient , can not tolerate cold weathers.

Desire : salt , meat.

Sweat : profuse , mostly on face.

Remedy Selection Rationale (Constitutional Approach):

- Considering the child's **Psoro-syco-syphilitic constitution**, mental suppression during maternal pregnancy, and core behavioral symptoms, a constitutional remedy was selected.
- **Primary remedies considered:**
 - **Stramonium:** for impulsivity, hyperactivity, sudden outbursts, fearfulness, and emotional volatility.
 - **Medorrhinum** — For impulsive, restless, and precocious children who are forgetful, hurried, and disobedient..
 - **Tarentula Hispanica:** for excessive fidgetiness, hyperactivity, and desire for constant motion.

Figure 1 Repertorial sheet synthesis English version2.0

MIND			
1 MIND - FEAR - dark; of - children; in			⊗
2 MIND - PLAYING - desire to play hide and seek, at			⊗
3 MIND - RESTLESSNESS - children, in			⊗
MALE AND FEMALE GENITALIA/SEX			
4 MALE AND FEMALE GENITALIA/ HANDLING GENITALS			⊗
GENERALS			
5 GENERALS - COLD - agg.			⊗
6 GENERALS - ENERGY - excess of children; in			⊗
7 GENERALS - FOOD and DRINKS desire			⊗
Remedies	ΣSym	ΣDeg	Symptoms
stram.	6	8	1, 2, 3, 4, 5, 6
med.	5	8	1, 3, 5, 6, 7
tarent.	5	8	2, 3, 5, 6, 7
carc.	5	7	1, 3, 5, 6, 7
bell.	5	6	1, 2, 3, 4, 5
hyos.	5	6	1, 3, 4, 5, 6
phos.	4	9	3, 5, 6, 7

Prescription:

- **Stramonium 200C**, single dose, followed by placebo.
- Follow-up planned every 3–4 weeks with monitoring of behavioral and academic performance.

Follow-Up & Response

Follow-Up	Interval	Potency	Observations
1st	3 weeks	200C (single dose) OD morning in empty stomach	Initial calming; better sleep & Significant improvement in attention span and impulse control.
2nd	3 weeks	placebo 1 drachm OD morning	Handling genital & fear for darkness decreases
3rd	10 weeks	Placebo 1 drachm OD	Improvement not satisfactory
4th	14 weeks	1M (single dose) OD Morning in empty stomach	Deeper stabilization & improvement in school performance
5th	20 weeks	Placebo 1 drachm	Marked improvement; emotional steadiness
6th	26 weeks	Placebo 1 drachm	Mild improvement
7th	5 months	Placebo 1 drachm	Sustained progress; under observationW

Before treatment – Total Score -49

Before Treatment (Total Score = 49)

	Never	Rarely	Sometimes	Frequently	Always
1. Observes rules and follows directions without requiring repeated reminders.	1	2	3	4	5
2. Completes learning tasks involving two or more steps (e.g., cutting and pasting) in organized way.	1	2	3	4	5
3. Completes tasks successfully.	1	2	3	4	5
4. Attempts new challenging tasks.	1	2	3	4	5
5. Concentrates when working on a task; is not easily distracted by surrounding activities.	1	2	3	4	5
6. Responds to instructions and then begins an appropriate task without being reminded.	1	2	3	4	5
7. Takes time to do teacher's work on a task.	1	2	3	4	5
8. Finds and organizes materials and works in an appropriate place when activities are initiated.	1	2	3	4	5
9. Sees own errors in a task and corrects them.	1	2	3	4	5
10. Returns to unfinished tasks after interruption.	1	2	3	4	5
11. Willing to share own or other things with other children when playing; does not fight or argue with playmates in disputes over property.	1	2	3	4	5
12. "Expresses hostility to other children verbally (threats, threats, name calling, "I don't like you," etc.)."	1	2	3	4	5
13. "Expresses hostility to other children physically (biting, pinching, kicking, pushing, hitting)."	1	2	3	4	5
14. Cooperative with playmates when participating in a group play activity; willing to give and take in the group; is able to be or help others.	1	2	3	4	5
15. Takes turns in a game situation with toys, materials, and other things without being told to do so.	1	2	3	4	5
16. Complies with adult directions, giving little or no verbal or physical resistance, even with tasks that he/she dislikes.	1	2	3	4	5

How concerned are you about this child's social-emotional well-being?

	Not at all	Slightly	Modestly	Very	Extremely
17. Does not fuss when he/she has to wait briefly to get attention from teacher or another adult; child may be asked once to wait by teacher or adult.	1	2	3	4	5
18. Calms down after becoming upset, frustrated, or angry.	1	2	3	4	5
19. Adapts when plans change; gives with the flow.	1	2	3	4	5
20. "Is withdrawn from people or activities."	1	2	3	4	5
21. "Appears worried or anxious."	1	2	3	4	5
22. Smiles, laughs, and responds positively to other children or adults.	1	2	3	4	5

Comments:

After treatment – Total Score -96

After Treatment (Total Score = 96)

	Never	Rarely	Sometimes	Frequently	Always
1. Observes rules and follows directions without requiring repeated reminders.	1	2	3	4	5
2. Completes learning tasks involving two or more steps (e.g., cutting and pasting) in organized way.	1	2	3	4	5
3. Completes tasks successfully.	1	2	3	4	5
4. Attempts new challenging tasks.	1	2	3	4	5
5. Concentrates when working on a task; is not easily distracted by surrounding activities.	1	2	3	4	5
6. Responds to instructions and then begins an appropriate task without being reminded.	1	2	3	4	5
7. Takes time to do teacher's work on a task.	1	2	3	4	5
8. Finds and organizes materials and works in an appropriate place when activities are initiated.	1	2	3	4	5
9. Sees own errors in a task and corrects them.	1	2	3	4	5
10. Returns to unfinished tasks after interruption.	1	2	3	4	5
11. Willing to share own or other things with other children when playing; does not fight or argue with playmates in disputes over property.	1	2	3	4	5
12. "Expresses hostility to other children verbally (threats, threats, name calling, "I don't like you," etc.)."	1	2	3	4	5
13. "Expresses hostility to other children physically (biting, pinching, kicking, pushing, hitting)."	1	2	3	4	5
14. Cooperative with playmates when participating in a group play activity; willing to give and take in the group; is able to be or help others.	1	2	3	4	5
15. Takes turns in a game situation with toys, materials, and other things without being told to do so.	1	2	3	4	5
16. Complies with adult directions, giving little or no verbal or physical resistance, even with tasks that he/she dislikes.	1	2	3	4	5

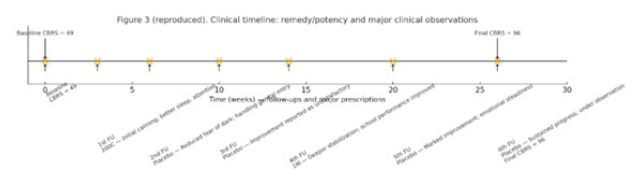
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18. Calms down after becoming upset, frustrated, or angry.	1	2	3	4	5
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21. "Appears worried or anxious."	1	2	3	4	5
22. Smiles, laughs, and responds positively to other children or adults.	1	2	3	4	5

Comments:

DISCUSSION & CONCLUSION

The marked improvement in CBRSS score from 49 to 96 highlights the positive behavioral modulation achieved through individualized homeopathic prescribing. This improvement may correlate with normalization of cortical arousal and emotional regulation pathways, reflecting neuroplastic adaptability. From a miasmatic perspective, the case demonstrates successful transformation from psoric excitability and sycotic suppression toward dynamic equilibrium of the vital force. Compared to conventional stimulant therapy, which primarily suppresses symptoms, Homeopathy facilitated a gradual rebalancing of behavior and emotion without adverse effects.

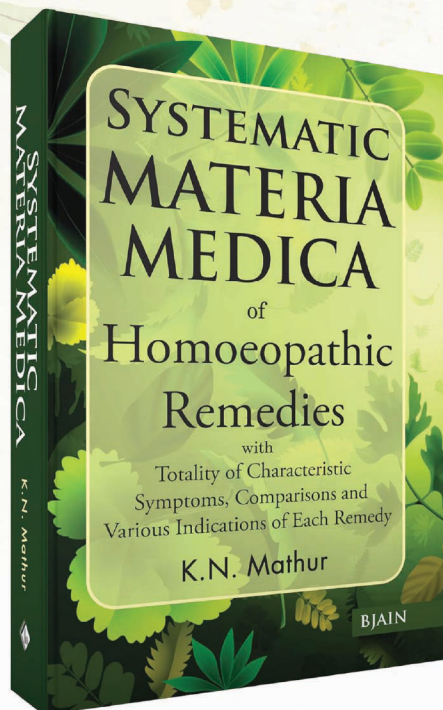


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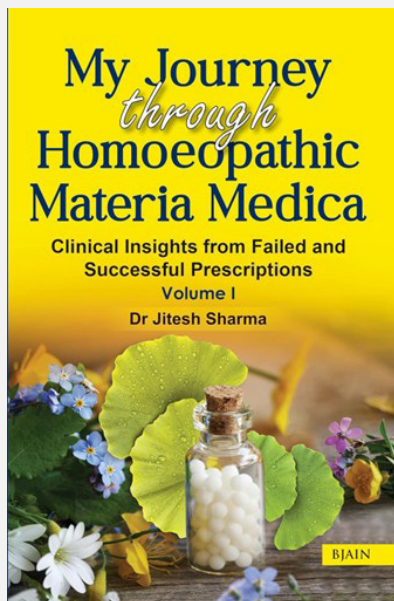
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Book Review on My Journey Through Homoeopathic Materia Medica – Clinical Insights from Failed and Successful Prescriptions

Reviewed by Dr Nayeemunnisa Begum

Professor and HOD practice of Medicine, HKES Dr Maalakareddy Homeopathic Medical College and Hospital, Kalaburagi, Karnataka



This book, *My Journey Through Homoeopathic Materia Medica – Clinical Insights from Failed and Successful Prescriptions*, authored by Dr. Jitesh Sharma, is an exceptional compilation of real-life clinical experiences that bridge the gap between theoretical Materia Medica and its practical

application in daily practice.

The author presents a rich collection of case studies gathered over years of medical service. What makes this book truly valuable is the honesty with which it discusses not only successful prescriptions but also failed attempts—highlighting the learning that arises from both. Each case demonstrates a unique aspect of homeopathic prescribing, making the text highly relatable for clinicians, postgraduate students, and interns working to refine their clinical reasoning.

Dr. Sharma walks the reader through every step

of case handling: from understanding the patient, constructing the totality, repertorization, and selecting rubrics, to formulating prescriptions. The inclusion of follow-ups, reports, and photographs adds immense authenticity and clarity to the learning process. At the end of every case, the author provides a justification for the selected remedy—an essential feature that deepens the reader's understanding of remedy differentiation and the philosophy behind prescription.

The book's key strength lies in its practical orientation. It enriches the reader's insight into remedy application across diverse clinical scenarios and enhances the ability to approach complex cases using sound principles. The logical explanation of remedy selection at the end of each case acts as a guiding light for practitioners facing similar situations in their clinics.

In summary, this book is an invaluable clinical companion that sharpens diagnostic acumen, refines repertorial skills, and strengthens confidence in Materia Medica. It stands as a significant contribution to contemporary homoeopathic literature and is highly recommended for every homoeopathic practitioner, teacher, and student who wishes to deepen their clinical understanding.

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