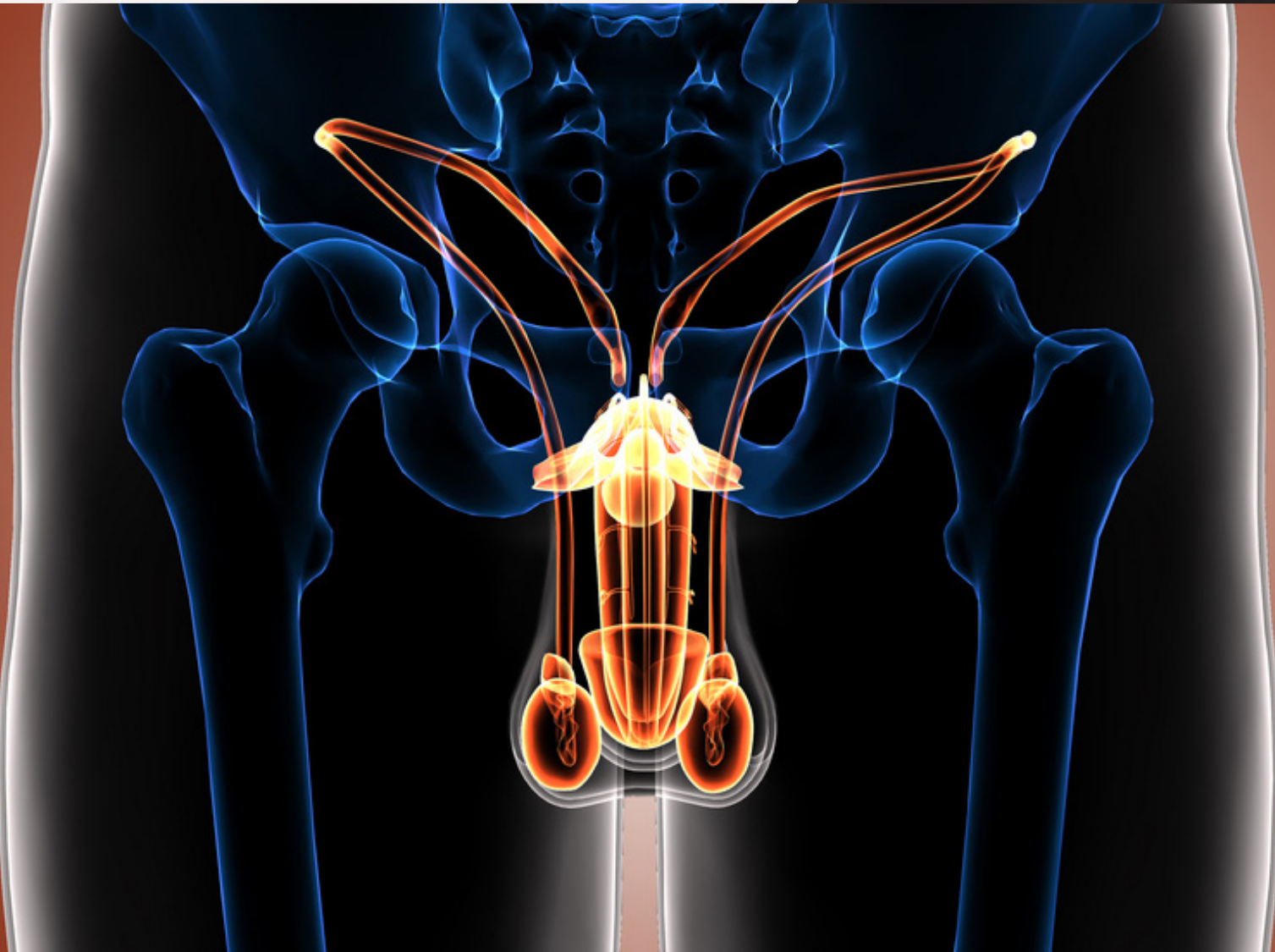


THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Homoeopathy In Male Reproductive Diseases

- Lost Feeling Out of Pain
- Orchitis Treated with Individualized Homoeopathic Medicine: A Case Report



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Dear Readers,

With statements such as -'Men don't cry' and 'Be a man!, society, especially in the Indian context, has set unreasonably high standards for all our men out there! While apparently attempting to make our boys 'strong' we forget what we are suppressing in them is their will to voice their problems- physical, mental, social, and in the maximum degree- sexual. This issue of The Homoeopathic Heritage is dedicated to 'Homoeopathy in Male Reproductive Diseases'. It is our sincere effort to bring forth the myriad sexual health issues of men and their solutions that Homeopathy offers.

With statements such as -'Men don't cry' and 'Be a man!, society, especially in the Indian context, has set unreasonably high standards for all our men out there! While apparently attempting to make our boys 'strong' we forget what we are suppressing in them is their will to voice their problems- physical, mental, social, and in the maximum degree- sexual. Now you would say and you would be right in saying that this holds true for the mental health of men which is too much on social media these days. Then why are we talking about it here in the issue of The Homoeopathic Heritage which speaks of their sexual health? Well, if you go by psychology, sexual prowess determines if not equals the 'male ego'.

This connection seems somewhat uncanny but then, it is certainly and deeply true for most men.

It is not the lack of sensitivity but a sort of ignorance or to be more specific, a non recognition of the sexual ailments of a man that leads them to go undiagnosed, underdiagnosed or many times misdiagnosed.

Since homoeopathy deals with the patient and not the disease, a homeopath usually understands the depth at which the mental and sexual health of a man are linked- A scar in the sexual department is an amputation in the mental department and vice versa. While problems such as erectile dysfunction, loss or reduction in sexual desire and libido can be purely functional, male reproductive diseases such as prostatitis, benign prostatic hypertrophy, tumors of the testis, leydig cell cancer disrupting normal spermatogenesis are structural with causes falling under multiple categories. It is not just the kids, teenagers or the middle-aged men who face issues in their reproductive area but also the el-

derly.

"Reproductive health problems, such as erectile dysfunction and lower urinary tract symptoms, are the focus of attention in a telephone survey of Australian men (MATeS) by Carol Holden and colleagues in today's *Lancet*. Often dismissed as lifestyle issues, these common ageing-related conditions significantly affect quality of life and may be symptomatic of underlying cardiovascular or metabolic diseases. The association between erectile dysfunction and diabetes mellitus is well established, as is the link with depression, obesity, and other cardiovascular risk factors. Less widely appreciated is the association between erectile dysfunction and other common urological disorders in ageing men, particularly benign prostatic hypertrophy or lower urinary tract symptoms".

The reputed *Lancet* had once quoted.

Similar trends have been seen in men all over the world.

Emerging as one of the best alternative therapies for health issues that find either no cure in the conventional system or treatments which have long term side effects, Homeopathy seems to be one of the most reliable treatment options for the myriad sexual health problems not just the ones that are functional but also for cases where the sexual symptoms reflect underlying pathologies as described by The *Lancet*.

Homeopathy does not only have a number of remedies with their sphere of influence focused on the sexual system, but also a number of books for the practitioner which focus on homeopathic management of the sexual diseases.

An evidence of the former is the availability of proven tinctures such as *Abroma Augusta*, *Aegle folia*, *Atista indica*, *Ficus indica*, *Swertia Chirata*, and *Janosia indica* all of which feature a variety of symptoms of the male sexual system. Besides these are dilutions and triturations such as *Yohimbinum* and *Coca*, scattered throughout the voluminous *materia medicas* of homeopathy. As far as the latter is concerned, not many of you would be aware of the existence of a repertory called *Homoeopathic treatment of diseases of the sexual system* : being a complete repertory of all the symptoms occurring in the sexual systems of the male and female : adapted to the use of physicians and laymen / translated, arranged and edited, with additions and improvements, by F. Humphreys. In addition to these we have books which do not exclusively feature the sexual domain, but mention hundreds of homeopathic remedies each with hundreds of indications from the sexual arena.

It is imperative hence that we understand the strength of Homeopathy in the sexual zone of men and utilize it to its maximum potential for dealing with diseases of the male reproductive system such as varicocele, infections, inflammations, cancers and tumors.

A Quick word on Issue Content

This issue of *The Homoeopathic Heritage* is dedicated to 'Homoeopathy in Male Reproductive Diseases'. It is our sincere effort to bring forth the myriad sexual health issues of men and their solutions that Homeopathy offers. Besides a variety of subjective articles on the role of homeopathy in male reproductive diseases by different authors, scholars, homeopathy students and teachers this issue of *The Homoeopathic Heritage* features some case reports by those who have successfully treated male reproductive diseases with homeopathy. Additionally, our readers will find insightful words of Dr. Ajit Kulkarni from the editor's desk and an enlightening story of yet another stalwart of Homeopathy in the section called 'Stalwarts Expedition' by Dr. Subhas Singh. As always, we also have a distinct column called 'In Italics' which, in this issue of the journal features an article on 'Psychological Analysis of a Case: Investigating Cognitive Insight'. This issue additionally gives our readers a sneak peek into the book 'Case Analysis & Prescribing Techniques' authored by Dr. Robin Murphy and reviewed by Dr. Lubna Kamal.

Dr Rashi Prakash

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October 2023	Psychosomatic Diseases And Homoeopathy	August 15, 2023

Diseases of The Male Reproductive System & Homeopathy

Dr Ajit Kulkarni M. D. (Hom.)

"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters and sisters, men's health is truly a family issue. This family issue becomes a social issue when a large % of men suffer from health problems."

--Bill Richardson

The reproductive system is a collection of organs that work together for the purpose of producing a new life. Hence, the reproductive system is among the most important systems in the entire body. Without the ability to reproduce, the human species will die.

The major organs of the reproductive system include the external genitalia and internal organs, including gonads that produce gamete, which is a cell that fuses with another cell during conception in organisms that reproduce sexually. Substances such as fluids, hormones, and pheromones are also important to the effective functioning of the reproductive system. The male reproductive system consists of two major parts: the testes, where sperm are produced, and the penis.

Homeopathy possesses an arsenal of remedies against the clinical conditions – both functional and structural - related to each organ of the male reproductive system and some illustrative cases will vindicate the role played by homeopathic remedies.

It is estimated that about 35-75% of men with diabetes experience some degree of erectile dysfunction during their lifetime. The frequently indicated remedies are *Caladium*, *Lycopodium*, *Selenium*, *Phosphoric acid* and *Coca*. I helped one patient of diabetes with *Coca* 1M, repeated once every week for two months when *Lycopodium* helped only partially. The indications of *Coca* in this case were 'cold, 'gone,' 'relaxed feeling about the genitals and a sensation as if the penis were absent'.

Under *Coca*, Allen mentions in 'Keynotes and characteristics with comparisons', 'for persons who are

wearing out under the physical and mental strain of a busy life; who suffer from exhausted nerves and brain'. *Coca* is used often when there is a combination of melancholy, hypochondriasis, alcoholism, brain fag, stress of busy life, impotence and diabetes.

I remember a case of a young man from the Indian army from a village who married a semi-urban girl. On the first night itself, his wife refused the sex and told him to refrain from sex as she wanted to go back to her boyfriend. It was a big shock for the guy and he developed resentment, rage and a feeling of being humiliated. The pent-up and subdued wrath was followed by an attack of prostatitis. He had to join the army but whenever he returned home, he had to confront the same situation. No sex, no divorce, chronic anger and the young guy became indifferent, sad and diffident. The prostatitis became chronic and was diagnosed as non-bacterial prostatitis.

Staphysagria helped him in many ways. First, he was unable to take the decision of separation from his wife due to societal and familial pressure. But after *Staph*, he took the decision of separation. The tormenting symptoms of prostatitis such as burning, smarting, stabbing disappeared. He remarried then and is now enjoying his life with his new wife.

There is yet another case of a businessman/66 years/ Mr. A. N. He sustained a big loss in the share market. His materialistic wife divorced him and took with her, their only son, with whom the patient had an attachment. Wife had to be given a huge amount of money. He became bankrupt due to loss in business. He had to sell his bungalow and live in a small apartment. Wife (and son) flew to another

country and refused to respect his calls. He became sad, and anxious. Self-rapprochement became common and he developed erectile dysfunction. He approached some girls for sexual gratification but found himself defunct.

Over the years, he contracted hypertension, suffered from an attack of myocardial infarction and developed prostate enlargement. The use of diuretics and frequent urging to urinate 10-12 times during daytime and 5-6 times at night exhausted him very much. However, his Prostatic Specific antigen test was normal.

The patient gave the following symptoms: Chronic depression. Doesn't want to meet people. Post-void urine every time in USG, Dribbling urination, Involuntary urination.

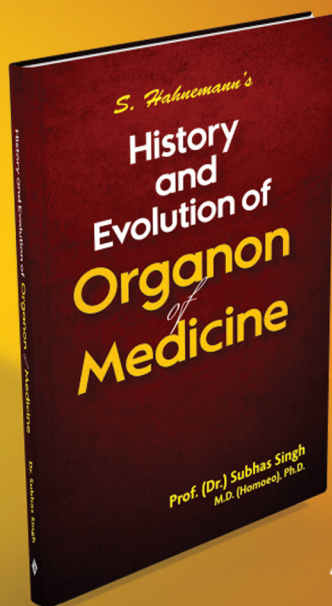
Selection of remedy: The choice was between *Conium* and *Digitalis*. Suppression of sex was a pointer to *Conium*. But the patient became indifferent to sex long back and now was no more concerned with the issue of sex deprivation. The blend of cardiac pathology (center of emotions in upper part of the body) and prostate pathology (lower region of reproductive system) pointed to *Digitalis*. The rubric,

'Male; enlarged; prostate gland; old men, in; heart complaints, in' contains only dig. Dribbling urination with benign prostate enlargement is covered by *Digitalis* as well.

The patient was followed up for more than two years. He was put on *Digitalis* 30c two times every day for a couple of months. The symptoms such as increased frequency, incontinence, dribbling urination were considerably reduced. The patient improved at mental level as well.

In a similar instance, Mr. S. C./41 years consulted for Verrucoseous hyperplasia, a benign growth but also regarded as a potentially malignant disorder. The lesion grew rapidly and doubled in 15 days. On the basis of aversion to milk, heightened sexual desire (even with the lesion), warm blooded thermal state and rapid development of the lesion pointed towards *Calcarea fluorica* and with the repeated use of it in 30 and 200c potencies, the lesion totally disappeared.

Homeopathy's potentiality needs to be assessed by all, the physicians of all systems of medicine in particular and the society at large!



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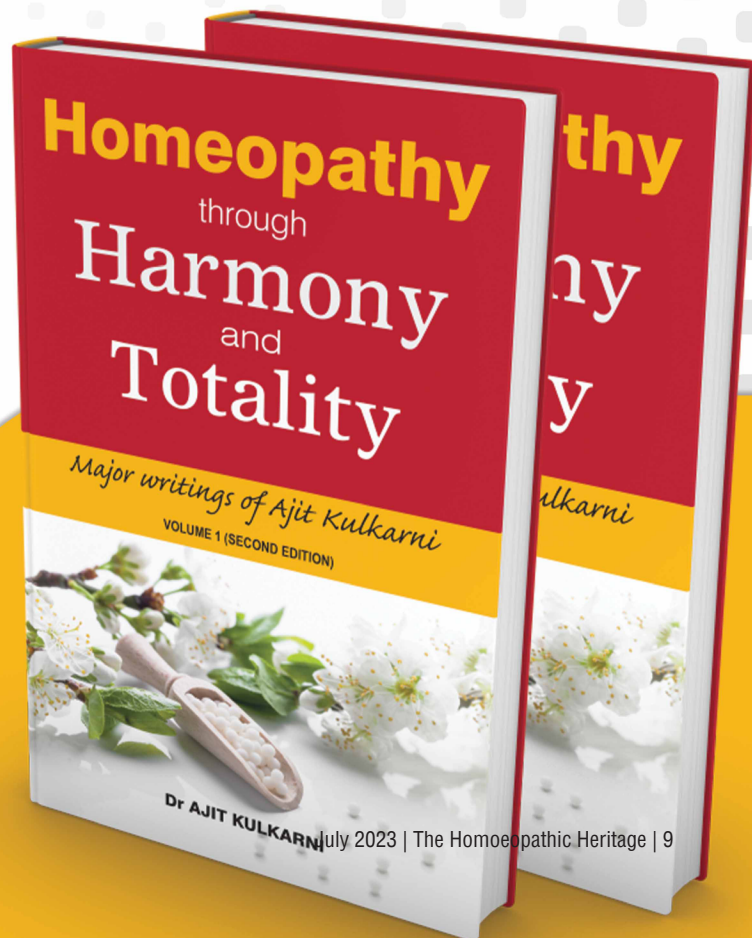
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- Study dispositions and personality types through articles of Dr Ajit Kulkarni.



Dr James Compton Burnett - A Conscientious Homoeopath

Prof. (Dr) Subhas Singh, Dr Vignesh K., Dr Niharika Shaw, Dr Dinesh Sura

In order to know about how a Scottish allopathic physician converted to homoeopathy and then became a huge successful practitioner in the city of London, by just knowing the writings of Burnett is not enough, but one must be advised to read the biography as well as his writings in full. No homoeopath has left such a large compilation of his clinical cases and observations like Burnett. Despite being a busy practitioner, he used to keep notes of all his cases and observations.

Burnett was born in a Scottish family to Charles Compton Burnett who was a landlord and to Sarah Wilson on 20 July 1840 in Salisbury of Scotland. Burnett got his name 'Compton' from his grandmother Miss Compton of Hampshire who was a lady of fortune and at whose desire the addition was made. Burnett was father of famous British author, Ivy Compton Burnett and great uncle of Marjorie Blackie who served Queen Elizabeth II as her physician for many years.

Early Education

Burnett was not only physically taller and healthier for his age but also more mature and thoughtful than his age. Burnett received his early ordinary English education till age of sixteen after which he was sent to school in France. He further spent some time studying philosophy for which he had some serious thoughts of pursuing his career in but only words and theories could not satisfy Burnett's mind and thus he finally chose to study medicine and pursue his career in it.

He took admission in medical school of Vienna and anatomy took his interest in first year of the course. He studied anatomy for additional two years and was awarded Gold Medal in anatomy on his graduation. His in-depth study of anatomy can be related with his introduction of organopathy method of treatment in homoeopathy later in his

practice life. Slides prepared by Burnett of various specimens are still preserved in the Pathological Museum of Vienna. After completing his Bachelors in Medicine (M.B.) from Vienna in 1865 he entered Glasgow University and took an M.B. degree again in 1872.

Introduction to Homoeopathy

After graduating, Burnett started working in Barnhill Parochial Hospital and Asylum and soon got acquainted with the fruitless routine treatment of conventional medicine and started taking interest in homoeopathy. The first reason he states in his book '*50 Reasons for being a Homoeopath*' is about a boy Tim who died in a hospital due to pleurisy following fever which made Burnett despondent of his profession. On the following night while having dinner with his friend Dr Alfred Hawk he narrated this incident to him. On his suggestion he started reading Richard Hughes's *Pharmacodynamics and Therapeutics in Homoeopathy*. Despair on failing to treat fever he referred to cases of fever in homoeopathic literature. He found in reference to *Aconite* that it cut short down any type of fever if given in early stages. Having read that and enthusiastic to check it, Burnett instructed nurses in hospital to administer one side of children in ward to give solution of *Fleming's Tincture of Aconite* that he had with him, and advised children admitted on other side of ward to be treated with authorized orthodox method. At his dismissal of two days, children who were given *Aconite* for their fevers were sent back home after recovery making fever ward look empty on Burnett's arrival. Nurses named those *Aconite* solution bottles as '*Burnett's fever bottle*'. Burnett further observed that *Aconite* was useful in the beginning of all fever with chill cases in any condition except when stomach was involved. The second reason he states for being a homoeopath is his own case of stitching pain in the left side of

his chest after suffering from pleurisy which was not getting well from any other treatment but got cured with *Bryonia alba*.

Doctors at that time were allowed to take their M.D. degree only after two years of practice in hospitals after M.B. Degree. They had to propose any medical topic for their thesis on getting admission in M.D., Burnett chose '*Specific Therapeutics*' as his thesis topic but it was rejected because of its homoeopathic biasness. It was only after a year or two in 1876 he was allowed to pursue his M.D. with thesis on different subject.

Dr Burnett's Homoeopathic Beginning

Burnett was the man of truth like Hahnemann. He said '*The pathy that will cure is the pathy for me*' and likewise Burnett's journey started in Homoeopathy.

Dr Burnett started visiting a homoeopathic chemist named Edward Thomas in Chester for learning. Burnett got married to his daughter Agnes on 6 July 1874. He moved to Liverpool and got busy in practicing homoeopathy, conducting scientific research and reading and writing medical journals. Burnett started visiting London daily and his practice flourished in London with each passing day. Fame started following him and he became the editor of the *Homoeopathic World* in August 1879 succeeding Dr Shulldham. In 14th edition of the journal, in the preface Dr Burnett made it clear that the pages of this journal will only be filled with materials which will be experimental proof to the cardinal doctrine of homoeopathy, *Similia Similibus Curentur*. As the editor of the journal, he was succeeded by Dr J. H. Clarke in 1885.

Burnett along with Dr J. H. Clarke and Dr Hawk use to attend the clinic of Dr John Drysdale at Liverpool. It was him whom Burnett dedicated his book *Homoeopathic Treatment or 50 Reasons for being a Homoeopath*. Dr John Drysdale was the founder editor of the *British Journal of Homoeopathy*. He was also the founder of Liverpool Homoeopathic Society and his clinic was an attraction for many young budding Homoeopaths like Burnett, Clarke and Hawks.

Burnett's first wife died after sixth childbirth in September 1882. After one year, 43-year-old Bur-

nett married his second wife Katherine Rees who was 27 years old. Katherine had visited Burnett to consult for her illness and thus Burnett mentions this to be his 26th reason to be a Homoeopath. He called her 'love of his life'. Burnett moved to a larger country house in Hove with her and rented a lodging in a London hotel for himself to practice in London. Burnett's practice increased to such an extent that he hardly used to get time to return home towards the end of his life.

Dr Burnett's Homoeopathic Insights

The legacy of his clinical cases and observations started with his doubt on how a common table salt can be a medicine that too in dynamized form. Following this he proved *Natrum muriaticum* on himself and there came his voila moment. He developed a crack in the middle of his lower lip. This complete story and his further observation with *Natrum muriaticum* can be found in *Natrum muriaticum; as test of the Doctrine of Drug Dynamization* published in 1878. Similarly, origin of gold as remedy from pre-medieval time has been penned down by him in *Gold as a Remedy in Diseases* published in 1879.

Burnett also penned his view about Hahnemann in his book *Ecce Medicus or Hahnemann as a Man and as a Physician and the Lessons of his Life* published in 1880. Incorporation of his well-read anatomy subject can be seen in introduction of organopathic mode of treatment in homoeopathy and many of his writing on different anatomical organs like *Diseases of Veins* in 1880, *Diseases of Spleen* in 1887 and *Greater Diseases of Liver* in 1891. Burnett has dedicated his idea of organopathy and above-mentioned books to Rademacher whom he refers as Resuscitator of Paracelsus Organopathy. Burnett mentions this Rademacher's therapeutic method as homoeopathy in its first degree. His head over heel approach in critical surgical cases like congenital anomalies, tumors and cataract, cancer etc. are all discussed in *On the Prevention of Hare-lip, Cleft palate and other Congenital defects* published in 1880, *Valvular Diseases of Heart* in 1882, *Cataract: Nature, Causes and Cure* published in 1889 and *On Fistula and its cure by Medicines* in 1890. In 1884, Burnett published a booklet on *Vaccinosis* and became the first one to point towards the ill-effects of vaccines and talk about nosodes including *Baccillinum*.

Burnett is also credited for proving number of important drugs like *Bacillinum*, *Cundurango* and *Ceanothus*, etc. He has also added many clinical symptoms to list of drugs like *Jaborandi*, *Juglans cineraria*, *Quercus*, *Levico*, etc. Burnett has written on almost all the most common clinical conditions physicians come across in their clinics, from simple pruritus, ringworms, ailments of women to diseases like tuberculosis and cancer. Burnett truly has paved way as well as made it easy for homoeopathic physicians to preach and practice homoeopathy.

Cooper's Club

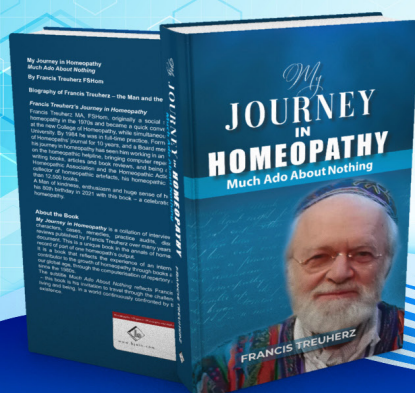
Writing about Burnett is incomplete without mentioning Cooper Club. Burnett's contemporaries included Richard Hughes, Alfred Hughes, J Drysdale, RE Dudgeon, JP Dake, AC Pope, JH Clarke and RT Cooper. There were two divisions among British homoeopaths at that time. One group was led by Hughes whereas one was led by Burnett. Burnett had Dr Robert Cooper and Dr Thomas Skinner in his group which was later joined by Dr Clarke also. All these four stalwarts use to meet on a weekday in dining club in London to discuss about their medical cases and medical politics. This group later came to be known as Cooper's Club.

It is observed in *Dictionary of Homoeopathic Materia Medica* by Dr Clarke the use of abbreviations like "B" and "RTC" which refers to symptoms told by Burnett and R. T. Cooper during these discussions in Cooper Club. Dr Clarke referred this duo of Burnett and R. T. Cooper as "a noble pair of brothers" - both are geniuses and therapeutics of highest order.

In words of Dr J. H. Clarke in *Life and Work of James Compton Burnett* "There was a directness about Burnett with a fund of humour, a merry twinkle in his eyes and a laugh that will long live in the memory of all who knew him". Burnett's wish to die in harness was fulfilled as he attended patients till day before his demise on 4th April 1901 from angina pectoris.

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My

JOURNEY IN HOMEOPATHY

Much Ado About Nothing

An experience of an internationally recognised contributor to the growth of homeopathy since the 1980s. A Selection and Compilation of the thoughts, practices, prescriptions, philosophy, materia medica, debates, lectures, articles, book reviews and humour. This book is his invitation to travel through the challenges of homeopathic living and being.

NEW RELEASE



Experience with Keynote Prescribing in Case of Hypothyroidism: A Case Report

Dr Jyoti Kumari

ABSTRACT

Hypothyroidism is a condition in which the thyroid gland is not producing enough thyroid hormones in the body. Hypothyroidism manifests with the history of irregular menstruation, delayed puberty, anovulatory cycle, miscarriage and infertility. The condition is managed by modern system of medicine by prescribing hormonal treatment throughout the lifetime. There is no permanent cure to this anomaly. Here a case of 42-year-old female who is suffering from hypothyroidism is discussed. Based on keynote symptoms *Calcaria carbonica* was prescribed in centesimal scale and a complete as well as permanent cure was ascertained.

Keywords: *calcaria carbonica*, hypothyroidism, keynote prescribing

Abbreviations: TSH (thyroid stimulating hormone), T3 (triiodothyronine), T4 (thyroxine), B.D (twice a day)

INTRODUCTION

Hypothyroidism is a disorder of endocrine system in which our thyroid gland does not produce enough thyroid hormone. Thyroid hormone is released by a butterfly shaped thyroid gland that is located in front of our neck. Thyroid hormone actually represents the combination of the two main hormones that your thyroid gland releases: thyroxine (T4) and triiodothyronine (T3).^{(1),(2),(3)}

Sign and Symptoms

It basically controls our body's metabolism, the process in which our body transforms the food into energy.⁽⁴⁾ Apart from this the thyroid hormone also helps in controlling our heart rates, body temperature, brain development, speed at which food moves in digestive tract, etc.⁽⁴⁾⁽⁵⁾ If hypothyroidism is not treated on time, it may cause high cholesterol level and associated heart problems in the body.⁽⁶⁾ Other symptoms of hypothyroidism included tiredness, more sensitivity to cold, constipation, dry skin, weight gain, puffy face, hoarseness of voice, muscle weakness and coarse hair and skin.⁽⁷⁾

Homoeopathy and Hypothyroidism

Conventional medicine for hypothyroidism involves daily use of synthetic hormone tablets that have to be taken by life time. Our homoeopathy has complete and permanent cure for hypothyroidism. The aim of homeopathy is not only to treat hypothyroidism but to address its underlying cause and individual susceptibility. Homoeopathic medicines improve the function of thyroid gland and pituitary gland. It stimulates the body to reactivate the hormone secretions in normal limits.

In this case study, the homoeopathic medicine *Calcaria carbonica* based on striking and characteristics features in centesimal scale served a vital role to overcome the functional disturbance of thyroid gland, evidenced by thyroid function test and Zulewski's clinical score method.⁽⁸⁾

CASE REPORT

Chief Complaint

A female of age 42 years complained of having breathlessness on slight motion. She was having weakness and a feeling of tiredness throughout

the day. On any slight mental exertion she suffered from headache with confusion. Her headache is mostly localised to frontal part of head. She also had constipation and hair-fall from last 2 months.

History of Presenting Complaints

She was having breathlessness and weakness for the past 3 months which increased on any slight exertion, walking upstairs and in cold weather. She also had frontal headache on any mental exertion. She was diagnosed with hypothyroidism in conventional system of medicine where it was advised to take synthetic thyroxine tablets throughout her life. She was having constipation and hair-fall along with these.

Past History

She suffered from chicken pox in childhood. She had typhoid at the age 23.

Family History

Father suffered from diabetes and hypertension.

Mother suffered from migraine.

Personal History

She was a housewife and lived in a pucca house. She shared good relationship with family members. All the milestones were proper and on time. Nothing significant was found with obstetrical history.

Physical Generals

While enquiring her physical general aspects, she was obese and had fair built. It was found that her appetite was less; she ate only twice a day. There was a desire for eggs. Aversion from meat. Thirst of cold water. She had regular but profuse and prolonged menstruations. Has acidity most of the time. Stool usually constipated, urine clear with no foul smell, no burning during micturition,

tongue is moist with yellow coating. Appetite is less. She felt worse in cold climate. Patient was thermally chilly. She always suffered from weakness and palpitation on slight exertion. The pulse rate was 65/min. Blood pressure 90/70 mm of Hg.

Mental Generals

She was forgetful. Anxious all the time. Slight mental or physical exertion caused breathlessness with headache. Irritability and low-spirited. She had aversion to work.

Diagnosis

Based on sign and symptoms along with thyroid profile test Hypothyroidism was confirmed (figure 1). TSH level on 1-8-2021 was 32.77. A surrogate tool known as Zulewski's clinical score is used for the evaluation of TSH and thyroid hormone levels. It is based on some sign and symptoms. A score of 6 and above is defined as hypothyroidism, while 0-2 points are considered euthyroid. A score of 3-5 is defined as intermediate (figure 2). Here on first visit of patient Zulewski's score was 6 (figure 3).

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Analysis and Evaluation of Symptoms ^{(9),(10)}

	Symptom type	Symptom	Intensity	Miasmatic Analysis ^{(7) (8)}
1.	Mental general	Forgetful	++	Psora
2.	Mental general	Anxious	+	Psora
3.	Mental general	Headache on mental exertion	+++	Psora
4.	Physical general	Breathlessness on exertion	+++	Psora
5.	Physical general	Prolonged menstruation	+	Psora
6.	Physical general	Desire for egg	++	Psora
7.	Physical general	Aversion to meat	+++	Sycotic
8.	Physical general	Hair-fall	+	Syphilitic
9.	Physical general	Constipation	++	+++
10.	Particular symptom	Intolerance of cold	+++	+++

Prescription

The medicine was selected on the most striking and peculiar features of the case that is intolerance of cold air, profuse menstruation, headache on mental exertion, stool constipated, desire for egg and aversion to meat, apart from these her obese and fair built represent the key-note symptoms of *Calcaria-carbonica*.⁽¹¹⁾⁽¹²⁾⁽¹³⁾⁽¹⁴⁾ According to Dr. J.T Kent it is better to start a treatment with low potency so *Calcaria-Carbonica* 200 was prescribed to the patient.⁽¹⁵⁾

Prescribed on- 01-8-2021,

Calcareo carbonica 200/2 doses, early morning mixing with ½ cup of water for 2 days along with

Follow up

Date of Visit	Response	Medicine Prescribed
16-08-2021	Palpitation and weakness were improved	Sac lac-200/1 drop BD ×4 days and advised to come with TSH on next follow-up.
26-08-2021	Palpitation was finished headache and constipation is still persisting. TSH level was-13.52.	Sac lac-200/1 drop BD × 4 days

placebo every day, two times after eating for 15 days. She was also asked for a thyroid profile test. The final outcome and possible causal attribution of the changes in this case were assessed using Zulewski's scoring system (figure 3). Patient was also advised for regular exercise and to have a healthy diet.

Selection of Dose and Potency

As per *Organon of Medicine*, aphorism 247, 5th edition and according to the susceptibility of the patient, the potency was selected.⁽¹⁶⁾ Here the patient was highly susceptible and intensity of the symptoms was also increased and she suffered from 5 days of time duration due to that affection, so the case was started with low potency.

11-9-2021	Constipation improved, palpitation reappeared	1. Calc-carb 200/1 dose 2. Sac lac-200/1 drop BD × 4 days and advised to come with a TSH profile test on next follow-up.
28-09-2021	No headache and constipation, weakness and palpitation were also not present. TSH level was- 2.53. Zulewski's clinical score was- 3	Sac lac-200/1 drop BD × 4 days
15-10-2021	Not new complain, no reappearance of old symptoms were reported	Sac lac-200/1 drop BD × 4 days

Justification of Repetition of the Remedy

According to aphorism 246, 5th edition of Organon of Medicine,⁽¹⁶⁾ every well chosen remedy should be repeated at suitable interval, if after initial improvement, same symptoms reappear.

Healthians

Patient Name: [REDACTED] Barcode: H4129196
 Age/Gender: [REDACTED] Sample Collected On: 31/Ju/2021 09:52AM
 Order Id: 3379379407 Sample Received On: 31/Ju/2021 04:34PM
 Referred By: Self Report Generated On: 31/Ju/2021 08:55PM
 Customer Since: 31/Ju/2021 Sample Temperature: Maintained
 Sample Type: Serum Report Status: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3, T4, TSH)			
Tri-Iodothyronine (T3, Total)	0.82	ng/dl	0.87 - 1.78
Method: CLIA			
Thyroxine (T4, Total)	1.90	µg/dL	6.09 - 12.23
Method: CLIA			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	32.77	uIU/ml	0.38 - 5.33
Method: chemiluminescent immunoassay			

Results rechecked: Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

- Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 a.m. Minimum levels seen between 6-10 a.m. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
- Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
- Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
- T4 may be normal the presence of hyperthyroidism under the following conditions: T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
- Neonates and infants have higher levels of T4 due to increased concentration of TBG
- TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
- TSH values of <0.03 uIU/ml must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
- Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
- Various drugs can lead to interference in test results

Healthians recommends evaluation of unbound fractions, that is free T3 (T3) and free T4 (T4) for clinic-pathologic correlation, as these are the metabolically active forms.

Reference Range of TSH for pregnant females

Pregnancy Interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Dr. Pradeep Mitta

Figure 1- TSH Reports of the Patient

(a)-Report of Hypothyroidism on 01-aug-2021

PROCESSED AT:
 Thyrocare
 D-37/1, TTC MIDC, Turbhe,
 Navi Mumbai-400 703

Corporate Office: Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
 022-3090 0000 / 4125 2525 8691866066 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME: [REDACTED] **HOME COLLECTION:** [REDACTED]
REF. BY: SELF
TEST ASKED: BLOOD SUGAR (F), HEMOGLOBIN VARIANT ANALYSIS, HEMOGRAM, LIPID PROFILE, RUBELLA

PATIENTID: PP17311362

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	13.52	µIU/ml	0.3-5.5

Comments: ***
 Please correlate with clinical conditions.
Method:
 TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
 1st Trimester: 0.10 - 2.50
 2nd Trimester: 0.20 - 3.00
 3rd Trimester: 0.30 - 3.00

Reference:
 Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

-- End of report --

Sample Collected on (SCT): 25 Aug 2021 07:16
Sample Received on (SRT): 25 Aug 2021 04:10
Report Released on (RRT): 25 Aug 2021 08:42
Sample Type: SERUM
Labcode: 2907023879/PP004
Barcode: V1988288

Dr. Prachi Sinkar MD(Path)
 Dr. Caesar Sengupta MD(Micro)

Page: 7 of 8

(b)- Report of Hypothyroidism on 26-aug-2021

PROCESSED AT :
THYROCARE
 CHOLAHATTA, OPPOSITE
 DASHNAGAR HOUSE,
 ASHOK RAJPATH ROAD, PATNA -
 800 004

Corporate office : Thyrocare Technologies Limited, D-17/3, TTC MIDC, Turbhe, Near Mumbai - 400 703
 ☎ 022- 3096 0000 / 6712 3400 ☎ 9670663333 ✉ well@thyrocare.com www.thyrocare.com

REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROCYM B

SAMPLE COLLECTED AT : [REDACTED]

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	134	ng/dl	60-200
TOTAL THYRONINE (T4)	C.L.I.A	9.3	ug/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.53	uIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :
 T3 - COMPETITIVE CHEMILUMINESCENT IMMUNO ASSAY
 T4 - COMPETITIVE CHEMILUMINESCENT IMMUNO ASSAY
 TSH - SANDWICH CHEMILUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
 1st Trimester : 0.10 - 2.50
 2nd Trimester : 0.20 - 3.00
 3rd Trimester : 0.30 - 3.00

Reference:
 Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21, 1-46

Identified on basis of		Point given if present
Sign		
Slowness of movements	Observing patient walking and sitting in the OPD room, also getting ready for examination process	1
Ankle reflex	Observing relaxation	1
Coarse skin	Dermatologist finding on examining skin of the hand, forearm, and elbow for thickness and roughness	1
Periorbital puffiness	Observing periorbital swelling	1
Cold skin	Comparing temperature of hand with examiners	1
Symptoms		
Diminished sweating	Questioning regarding sweating in normal or warm room	1
Hoarseness of voice	Questioning regarding change in speaking or singing voice	1
Paresthesia	Questioning regarding subjective sensations	1
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	1
Weight increase	Questioning regarding increase in weight	1

Figure 2-Zulewski's Clinical Score Chart for the Assessment of Hypothyroidism

Sample Collected on (SCT) : 26 Sep 2021 09:20
Sample Received on (SRT) : 27 Sep 2021 22:25
Report Released on (SRT) : 28 Sep 2021 00:20

Sample Type : SERUM

Labcode : 270908566/BR006 Dr Anand Kumar MD(Path) Dr Caesar Sengupta MD(Micro)
Barcode : 740371220 Page : 7 of 12

(c) Report on Hypothyroidism on 29-sep-2021

Sign	Identified on the basis of	Point given if present
Slowness of move-ments	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 rough-ness	0
Periorbital puffiness	Observing periorbital swelling	0
Cold skin	Comparing temperature of hand with examiners	1
Symptoms		
Diminished sweat-ing	Questioning regarding sweating in normal or warm room	0
Hoarseness of voice	Questioning regarding change in speaking or sing-ing voice	0
Paraesthesia	Questioning regarding subjective sensations	0
Dry skin	Questioning regarding dryness of skin and requir-ing treatment inform of moisturizing agent	1
Constipation	Questioning regarding bowel habit and use of laxa-tives	1
Hearing impair-ment	Questioning regarding difficulty in hearing	0
Weight Increase	Questioning regarding increase in weight	1

Figure 3- Zulewski's Score on 1-08-2021. Total score was 5

Sign	Identified on the basis of	Point given if present
Slowness of movements	Observing patient walking and sitting in the OPD room, also getting ready for examination process	0
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	1
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	1
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

Figure 4 - Zulewski's score on 26-sep-2021. Total score was 3

RESULT AND DISCUSSION

Through this case study we can clearly appreciate the uniqueness of keynote prescribing in homoeopathy in cases of hypothyroidism. The remedy was selected on the basis of keynote features and potency and dose was followed on the basis of homoeopathic principle. A marked improvement of the symptoms was noted gradually in subsequent visits, in one follow-up there was slight reappearance of old symptom so 1 dose of *Calcaria carboinca 200* was repeated and marked improvement was seen after the complete course of treatment.

Thyroid profile test along with Zulewski's scoring system for assessment of causal attribution of homoeopathic medicine which showed the positive role of keynote prescribing 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 complete signs and symp-

toms of the patient, it leads to complete cure of the patient. As per Dr Stuart Close, in both the patient and remedy to be selected, there is and must be a peculiar combination of symptoms, a characteristic or keynote. Strike that and all the others are easily touched, attuned or sounded. There is only one keynote to any piece of music, however, complicated, and that note governs all the others in the various parts, no matter how many variations, trills accompaniments, etc. ⁽¹⁷⁾

In this case study we could verify the logic and practical application of keynote methodology. The keynote is simply the predominating symptoms or features which directs attention to the totality.

CONCLUSION

Homoeopathic treatment based on keynote features of the patient provides rapid, gentle and permanent cure in this case report. The case re-

port demonstrates that keynote prescribing is novel and confirms its efficacy as a way to use materia medica guided by homoeopathic philosophy to add to our storehouse of evidence-based medicine, the need of the hour.

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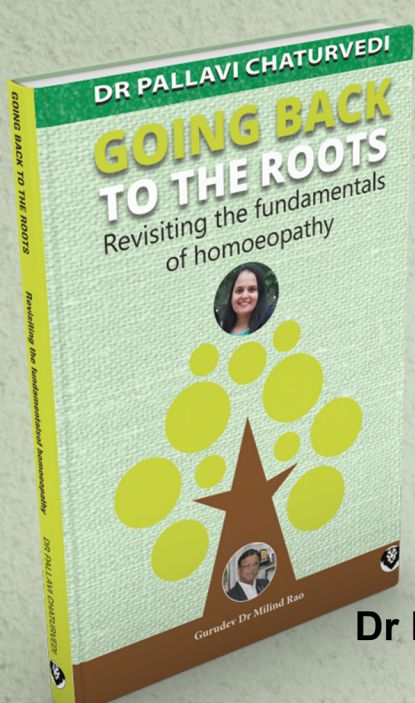
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BJAIN

GOING BACK TO THE ROOTS

Revisiting the fundamentals of homoeopathy

Author
Dr Pallavi Chaturvedi

NEW RELEASE

Orchitis: A Case Report Treated with Homoeopathic Medicines

Dr N Khatoon, Dr P Padhy, Dr R Mondal

ABSTRACT

Orchitis is one of the commonest causes of pain and swelling of testis. Inflammation of testis is called orchitis¹; although inflammation of epididymis that is epididymitis more common than orchitis. This is the case of early onset of orchitis, is improved as per modified Naranjo Criteria & clinical evidence of gradual decrease of swelling and pain in the testicular region after administration of individualized homoeopathic medicine *Nitric acidicum*.

Keywords: orchitis, testicular swelling, epididymis, measles, mumps, rubella, vaccine, nitric acid, of individualized, homoeopathic medicine.

INTRODUCTION

Orchitis (or-KIE-tis) is an inflammation of one or both testicles. Bacterial or viral infections can cause orchitis, or the cause can be unknown. Orchitis usually has two types specific and nonspecific. Specific infection is used to describe infections caused by single organism. In male reproductive tract, tuberculosis, gonorrhoea, syphilis, chancroid, granuloma inguinale, lymphogranuloma venereum and trichomoniasis are important causes of specific infection. The term nonspecific inflammation is used when the cause of inflammation is not apparent. Probably, non-specific inflammation of the male genital tract is most often caused by *Escherichia coli* or other gram-negative bacteria common in urine³. It is classically taught that, of the three major specific inflammatory states, gonorrhoea and tuberculosis invariably arise in epididymis and syphilis affects testis first⁴. Orchitis causes pain and can affect fertility. Medication can treat the causes of bacterial orchitis and can ease some signs and symptoms of viral orchitis. But it can take several weeks for scrotal tenderness to disappear.

CASE HISTORY

Presenting Complaints

A 32 years old married man of a lower middle class

family who had complain of right sided swelling and pain in the testicular region (diagnosed orchitis by allopathic state general hospital), presented to the PG-1 outdoor patient department (OPD) at D.N. De Homoeopathic Medical College and Hospital, Kolkata on 01/11/2018. Initially at the beginning there was burning micturition along with pain and after allopathic treatment the burning was slight less but gradually the area swelled up with increasing pain and tenderness.

Case History

As per his detailed case history taken on 01/11/2018, the pain had aggravated at night and touch leading to sleeplessness.

Past history

There was jaundice, suppressed skin disease, pulmonary Koch twice.

Family history

Mother had diabetes

Addiction

Nothing significant

Physical Generals

- Appetite- Good; can tolerate hunger; though diminished appetite since last one week.

- Desire- Sweet; Preferred food cold; takes water while eating.
- Aversion- Bitter; sour
- Intolerance- Chilli; causes hiccough
- Tongue- Clear; moist; centrally cracked.
- Thirst- Good; takes large quantity at long intervals
- Sleep- Sound; though sleeplessness nowadays owing to aggravation of pain at night.
- Dream- Nothing significant
- Stool - Clear; regular; usually at morning
- Urine- Burning micturition in the past but now no complaint; offensive
- Perspiration- Scanty; more on back; produces whitish staining on clothes
- Thermal Reaction- Chilly patient; preferred summer season; baths with warm water in winter

- Physical make up of the patient- patient had thin built, dark complexion, dark hair

Mental Generals

- Easily got angry with violent anger though got silent when angry.
- Sympathetic; tries to help others.
- Headstrong, obstinate in nature.
- Irritable
- Anxiety about his health.

Local and Systemic Examination

Systemic examination was normal. Local examination showed tenderness of the affected areas.

Totality of Symptoms and Miasmatic Analysis of the Case:

Sl No.	Symptoms	Evaluation	Miasmatic Analysis ⁵
1.	Mind -Irritable	+	Psora
2.	Sympathetic; tries to help others, Anxiety about his health.	+++	Psora
3.	Easily gets angry with violent anger though gets silent when angry.	++	Syphilis
4.	Headstrong, obstinate in nature.	++	Syphilis
5.	Desire- Sweet	+	Psora
6.	Preferred food cold	++	Syphilis
7.	Thermal Reaction- Chilly patient	+	Psora
8.	Present complain of right sided swelling and pain in the testicular region, burning type	+++	Psora
9.	Pain < at night	+	
10.	Burning micturition	+	Psora

Case Report

After considering physical, mental generals, nature and side affinity of the particular symptoms totality is formed. As per the totality, past h/o, family h/o the case is predominantly multi-miasmatic in nature but predominance of psoro-syphilis. As *Acid Nitricum* is one of the finest psoro-syphilitic remedy, so it is suitable for this case.

First prescription

On dated 01/11/2018, *Acidum Nitricum* 30C; 2 doses were prescribed and placebo for 15 days.

Follow ups

Visit	Present condition	Prescription
01/11/2018 (1 st visit)	Complain of right sided swelling and pain in the testicular region. (diagnosed orchitis by allopathic state general hospital)	1. <i>Acidum Nitricum</i> 30C/2 doses 2. Placebo 14D, OD
15/11/2018	<ul style="list-style-type: none">Size of swelling decreased, pain reduced.Appetite increased.Patient was complaining of backache now.	1. <i>Rubrum</i> 30/ 15 doses, OD
29/11/2018	<ul style="list-style-type: none">Swelling size decreased slightly.Pain though same as last visit.Backache same as last visit.Appetite decreased again.Tongue moist with central crack.	1. <i>Acidum Nitricum</i> 200C/1 dose 2. Placebo 16D, OD
14/12/2018	Complaints markedly decreased and appetite increased, backache improved.	1. <i>Rubrum</i> 30/ 15 doses, OD
29/12/2018	Swelling subsides completely, no pain persists. General improvement of all the symptoms.	1. <i>Rubrum</i> 30/ 15 doses, OD

Modified Naranjo's criteria

S.I. NO	Domain	Case 1
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2

2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1
3	Was there an initial aggravation of symptoms?	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1
5	Did overall well-being improve? (suggest using validated scale)	+1
6 A	A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1
6 B	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	0
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0
8	Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1
TOTAL SCORE		+10

Total score = 10

As the total score is ‘10’ so causal attribution is definite and improvement is solely due to homoeopathic medicines.

* H/C → Initial swelling of testis since 20 years.
 Treated with allopathic med but could not get relief. Amblyopia for some time then conversed with #10 burning micturition. Initially the onset of pain was burning micturition, though burning now absent.
 No #10 injuries.
 Sudden onset.
 Agg. At night leading to sleeplessness.
 Character of pain - Aching (?)

* Sexual Janissae at childhood.
 * 1st sex - at 12 years age and at 20 years age :- 007
 * #10 - suppression of semen disease at childhood.
 * Mother - Had atrophic complaint.

Sl. No.	DATE	DEPARTMENT	REGION	TEST DATE
VISIT NO. 1	15 NOV 2018	Department	Department	15 NOV 2018
VISIT NO. 2	29 NOV 2018	Department	Department	29 NOV 2018
VISIT NO. 3	15 DEC 2018	Department	Department	15 DEC 2018

CLINICAL NOTES
 Follow-up:
 Swelling & Pain reduced.
 Burning in micturition & backache is there.
 Appetite & Tongue - moist, centrally cracked.
 Thirst - same as before.
 Stool - Regular.

Rx
 1. Rubrum 30 / 15 Doses
 O.D x 15 days

* Tongue - Moist: clear. Centrally cracked.

* Thirst - Good: takes large quantity at long intervals.

* Sleep - Disturbed, through deep sleep.

* Dream -

* Urine - Irregularly burning micturition: but now no complaint.

* Stool - Slightly at morning: clear, regular.

* T/R - chilly pt: broken summer, water & warm water in winter.

* Anger - noticeable though gets silent when angry.

* Sympathetic: feels sorry on others sufferings. Will help to person if he does not know him.

O/E →

* Can get over the swelling.

* Extreme tenderness. Can't bear touching.

F/U
 Swelling & backache is there.
 Appetite & Tongue - moist, cracked.
 Stool - Regular, sometimes flatulence.

Rx
 1. Nitric acid 200 / 3 Doses
 2. Rubrum 30 / 16 Doses
 O.D x continued.

DISCUSSION

In this case history, the symptomatology indicates that the case is multi-miasmatic with predominance of psoro-syphilis. After considering the past history, generalities, physical make up of the patient and present complain *Acidum Nitricum* was prescribed on 01/11/2018; 2 doses in 30 potencies for 2 consecutive days. In next follow up after 14 days the case was improved, pain and swelling were less, phytum were given. Another dose of *Acidum Nitricum* of 200C potency was given on 29/11/2018 and after that the complaints were completely gone after two more follow up. All the symptoms of the patient were completely disappeared after that. Gradually he felt better and stopped the medicine. So, instruction given of surgery to complete cure of the symptoms, this remedy shows marvellous effect. We can use *Nitric acid* if we get these types of cases and symptoms.

CONCLUSION

Nitric acid is widely used medicine in cases of inflammation of the testis, prostate or any other male genital organ's problem. It is mentioned in many literatures, starting from the *Kent's Lectures*

on *Homoeopathic Materia Medica* to *Materia Medica of Homoeopathic Medicines* by Dr Phatak.

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DECLARATION OF PATIENT CONSENT

The authors certify that the patient's consent was obtained for reporting his clinical information in journal. Patient understands his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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CONFLICTS OF INTEREST

None declared.

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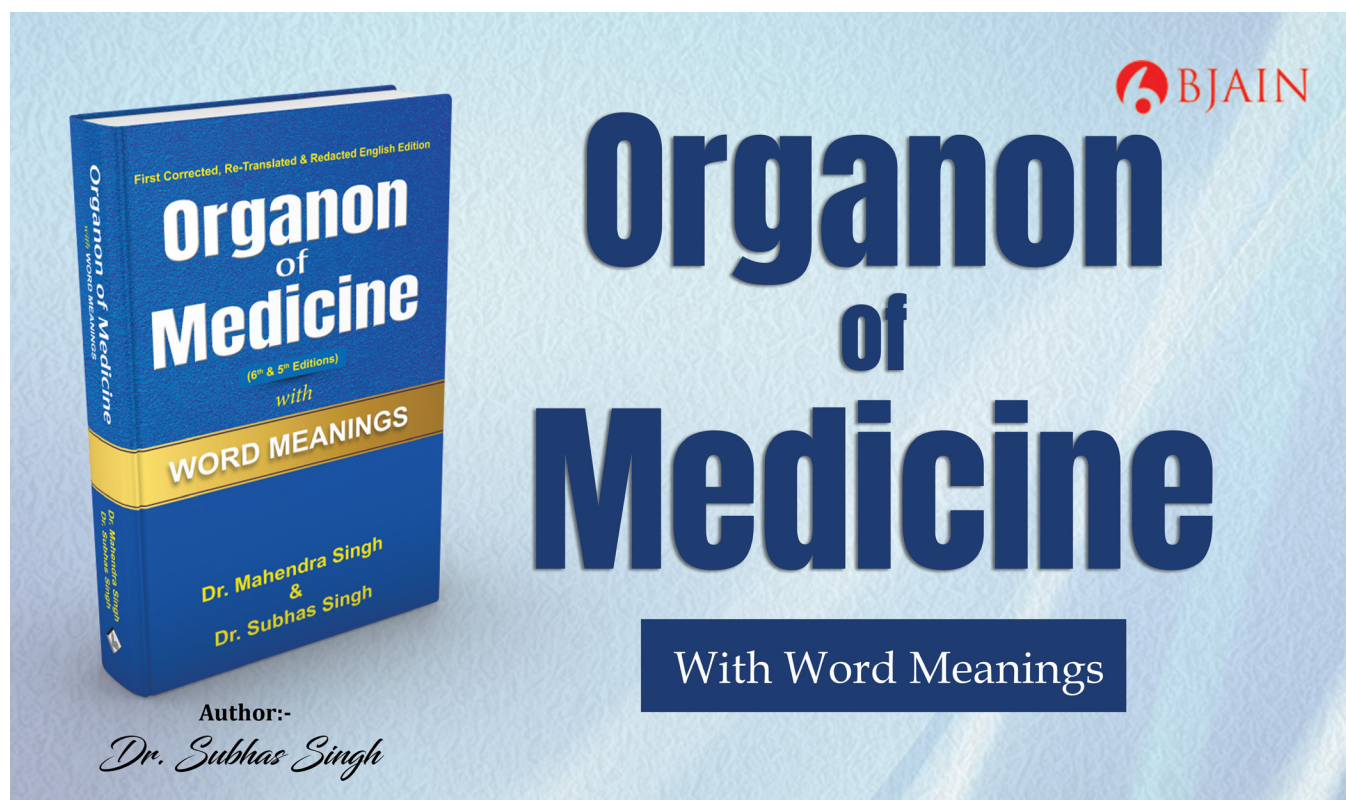
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Lost Feeling Out of Pain

Dr Vaishali P. Joshi

ABSTRACT

The presented case highlights the importance of common themes running in the remedies belonging to one family; it subsequently lays out the possibility of remedy selection through differentiation by prominent physical symptom/s that stand out as PQRS for that particular patient during that disease process.

Keywords: Pain, weakness, pareira brava, testes

Abbreviations: A/F – ailments from, < - Aggravation>- Amelioration, better K/c/o – Known case of

w/n/l – within normal limits, BP – blood pressure, ICD – International Classification of Diseases, Const. – Constitutional, Rx – treatment

INTRODUCTION

This case depicts how, many a times, the simillimum is sought by referring to materia medica sources after arriving at a set of remedies with repertorisation. The application of various tools like repertorisation filters, kingdom classification, Yakir's plant charts, family themes etc. is then done to differentiate the remedies from their finer aspects. Dr Mahesh Gandhi Sir's PEM method proved very handy in this case without which simillimum could not have been prescribed. There is just outline in brief about the PEM below before the way is made into the case. acquired (secondary), variable and subjective ^[3].

The PEM (Personal Evolution Model) ¹ is a new paradigm introduced by Dr Mahesh Gandhi Sir for homoeopaths emphasizing a balanced use of both the brain hemispheres to understand patients and their illness better. Both subjective and objective approaches are to be equally used in order to find out the reason behind the illness. That is, to look within for answers to solve the problems visible outside. In homoeopathy, we treat this inner state to restore health.

The two hemispheres of brain viz right brain approach have an analogy and the left brain approach has causality, both opposite poles to

each other. ¹

Analogy looks for similarity between dissimilar things and concentrates on the common content of this whole range of dissimilar things through abstraction whereas causality looks for the sequence of the effects, leading to greater differentiation. Life is a duality and therefore, both the approaches together are needed to interpret this. If everything goes through the evolutionary journey including humans then one needs to find out which animal, plant or mineral share this same evolutionary stage with a particular human. We already know how every human being is different from the other as each one represents a different stage of evolution. This model attempts to see the similarity of the abstract patterns of minerals, plants and animals in humans as per the evolutionary understanding.

Dr Michal Yakir, an Israeli botanist has done extensive work on the Plants taxonomy. ¹

Dr M. Gandhi has drawn similarities from Dr Michael's work to correlate each subclass of the plant chart with the Periodic table of mineral kingdom and the developmental stages in humans. These stages help in differentiating the various orders of the same subclass as per the degree of their development. The issues are the

same in a particular subclass but the way of dealing with it differs from person to person depending on his psychosocial developmental status. For Kingdom understanding, in general, patients who need mineral, talk about themselves and their capabilities as regards to adequately function in the world. In patients requiring plant will focus

on what the world does and how it affects him – basically the sensitivity to environment and its reactions to it. A patient from animal kingdom will focus more on what the world does to him resulting into he being an aggressor or a victim – concept of I' vs 'Me'.¹

CASE HISTORY

Name : Mr. A.S Age; 35 years Sex: Male

Residential Address – Navi Mumbai Language – Marathi

Date – 03/03/2022

Chief Complaints

Location	Sensation	Modalities	Concomitance
Pain in Left testis since 3-4 days radiating to penis	Swelling +3 Heavy sensation, pain continuous, severe, intense occasionally pricking type, sensation of tightness	< walking, < riding bike < exercises	Painful vertebrae +3 Weakness +3 Distention abdomen+3

Associated Complaints

Pain in kidneys starting from pelvis to calves	Colicky pain radiating to legs	k/c/o bil. renal calculus < walking, < riding bike	weakness, distension in abdomen
-------------------------------------------------------	--------------------------------	------------------------------------------------------------------	----------------------------------------

Past Illnesses

k/c/o bilateral renal calculus, left inguinal hernia degree +, the patient started his treatment with me with acute renal colic in 2021. He was a known case of recurrent renal calculus since age more than 13yrs.

Family History

Father expired due to chronic renal failure.
Mother- healthy

Physical Generals

1. Appetite - Normal
2. Craving : Spicy+2
3. Aversion - nothing specific
4. Sleep: deep sleep for 4 to 6 hours, disturbed complaints pain
5. Dreams : nothing specific
6. Thermal State : chilly
7. Urine occ. - painful micturition during the chief complaints

Life Space: Patient came from a middleclass, Maharashtrian family with widowed mother, spouse and 2 daughters. He lost his father when he was 10 years old. He studied till 10th std. and got into the vegetable vendoring business his father had left. Many a times he used to get this thought that he had to work for the livelihood when others of his age studied and enjoyed life. But, then he continued to carry out his responsibilities and today he is well established in the business, earning well and supporting his relatives too along with his own family. He is very cautious, observant and intelligent in his business dealings, at the same time, very sensitive, naive and caring in relationships. He went out of the way and helped everyone. He used to become irritable, fearful and anxious when he fell ill. He always felt even today that if his father would have been there then the situation would have been different. He would have handled everything and everyone well.

Mental State: He doesn't feel like doing anything, just lie down the whole time. There is constant fear that what will happen to him, what is this illness, is he suffering from something very serious.

Disposition / Behaviour: He got irritated at smallest things and asked everyone to leave him alone and not to bother.

Physical Examination: Temperature/Pulse/BP – within normal limits, no local examination done.

Diagnosis: Orchitis with mild Epididymitis ²

ICD² – 10 code – N45.3 is applicable to male patients. Further from back-references, annotation applicable in this case is N 45 Orchitis and Epididymitis.

CASE ANALYSIS

Patient was highly affected by any kind of ailments – smallest to serious ones. He became anxious to his complaints and was worried about his sufferings (anxiety, suffering of). He was a very naïve person, worried and cared for everyone, depicted oneness with everyone. Fearful and excited out of anxiety is also marked. He spoke about various things affecting him. He was sensitive to everything around him and had a very specific reaction pattern. The patient

exhibited plant energy.

Totality

1. Excitement, excitable: a/f, aggravates
2. Excitement, excitable due to pain
3. Anxiety, suffering of
4. Fear, impending illness of a serious.
5. Fear of dark
6. Delusion, betrayed he is
7. Company, aversion to
8. Alone, desires to be in suffering
9. Left sided complaints
10. Weakness +3
11. Organ affinity – kidneys and GUT

Repertory Chart³

MIND			
1 MIND - ANXIETY - excitement; from			✕
2 MIND - COMPANY - aversion to - alone amel.; when			✕
3 MIND - COMPANY - aversion to - bear anybody, cannot			✕
4 MIND - EXCITEMENT			✕
5 MIND - EXCITEMENT - pain, during			✕
6 MIND - FEAR - disease, of impending			✕
Remedies	ΣSym	ΣDeg	Symptoms
carc.	5	6	1, 2, 4, 5, 6
phos.	4	9	1, 2, 4, 6
plat.	4	7	1, 2, 4, 6
staph.	4	6	2, 3, 4, 6
sulph.	4	6	2, 3, 4, 6
sep.	3	8	2, 4, 6
aur.	3	7	4, 5, 6
arg-n.	3	6	3, 4, 6
aur-m-n.	3	6	2, 4, 6
nat-m.	3	6	2, 4, 6
nux-v.	3	6	3, 4, 6

Differential Drugs – *Carcinosin*, *Phosphorus*, *Natrum mur.*, *Cocculus*, *Staphysagria*

1. *Carcinosin* : Though it covers the major totality, the core of *Carcinosin* comes from domination which is missing here.
2. *Phosphorus*: It is the remedy which comes very close to patient and it is strongly kept as one of the close coming remedy. It also covers weakness due to complaints. But, excitement during pain is not covered by *Phosphorus*.³
3. *Natrum mur*: It does not cover the excitement due to the anxiety and fear of the illness. The irritability due to pain is also absent in *Natrum mur*.³
4. *Cocculus*: The themes of patient's core is covered by *Cocculus* but the excitement during pain and aversion to company is not covered by *Cocculus* which is a prominent expression of patient during illness.³
5. *Staphysagria*: This remedy also comes very close in themes of the patient but it does not cover the prominent feature of excitement during pain.³ *Staphysagria* is in dignity hence it will tolerate the pain.

Sr.no	Parameters	Potency	Repetition
1.	Tissues	low	frequent
2.	Sensitivity	high	infrequent
3.	Suppressions	low	frequent
4.	Correspondence – (Const Rx)	high	infrequent
5.	Correspondence – (Sector Rx)	high	infrequent
6.	Correspondence – (Miasmatic Rx)	high	infrequent
7.	Functional	high	infrequent
8.	Structural changes	low	infrequent
9.	Variation a time	high	infrequent
10.	General	high	infrequent

Cocculus and *Staphysagria* are the two plant remedies coming up. Both belong to the Rannunculales Order of Subclass 1 of the dicots. *Cocculus* is from family Menispermaceae and *Staphysagria* from family Ranunculaceae.

Menispermaceae family has marked prostration, inability to stand upto the world for long periods. The ego is not matured enough to form a centre. Therefore, they fall out of balance becoming sluggish or even lazy.⁴

On referring to Menispermaceae family remedies, *Pareira brava* belongs to the family Menispermaceae. Along with the themes of the patient, it also covers the marked weakness and excitement during pain with aversion to company.

The organ affinity with left sided complaints is also covered very well by *Pareira brava*.⁴

Investigations: Old USG reports not relevant to present complaints.

Posology⁵

Complete psyche & soma correspond to remedy with patient. Very well marked sensitivity. Characteristic symptoms are available. Reactivity and vitality is very high. There was a history of recurrent kidney stones available at physical level. Signs and symptoms are available at physical level. Therefore, low potency to be given frequently.

Final Prescription - *Pareira brava* /30/TDS/ 5days

FOLLOW UPS

Date	Description	Action
10/3/22	Soreness all over the abdomen, conjunctivitis+3, weakness+3, pain < walking+3, < touch+3, tenderness+3 unable to wear pants,	<i>Pareira brava</i> / 200/ TDS/ 5days
17/3/22	Swelling >70%, vertebral pain only at night >3 daytime, weakness >50%,	<i>Pareira brava</i> / 200/ TDS/ 5days
24/3/22	All complaints > 90%	S.L/TDS/ 7 days
<i>Pareira brava</i> was helpful later in complaints of hydrocele in October 2022, renal colic etc.in 2023		

CONCLUSION

Though superficially, the presentation of patient is found in many remedies, the basic core of the patient differentiates the remedy and we can reach the similimum. Causative factor and the reaction pattern belong to the core and help in individualisation. Finer aspects of patient's core feelings help in remedy differentiation.

The marked feature of Menispermaceae family is the profound weakness of the kidney and genitourinary complaints which points to *Pareira brava*.

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Orchitis Treated with Individualized Homoeopathic Medicine: A Case Report

Dr Bishnu Prasad Maiti

ABSTRACT

Orchitis is an inflammation of testes. Orchitis occurs at any age but most commonly occur in adults. It can be caused by either bacteria or a virus. It causes substantial impairment in quality of life. In this article a case of orchitis successfully treated by rare homoeopathic medicine Pulsatilla which was prescribed according to totality of symptoms, after 6 months of continue follow up the patient is cure without any recurrence.

Keywords: orchitis, individualization, repertory, homoeopathy

INTRODUCTION

Orchitis is an inflammation of one or both testicles [1]. Bacterial or viral infections can cause orchitis, or the cause can be unknown [2]. Orchitis causes pain and affect fertility[3]. Sometime both testicles may be affected at the same time but symptoms usually appear in just one testicle [4] [5]. Orchitis is painful and can be accompanied by swelling and redness. Orchitis without inflammation of epididymis is most often caused by viral infection that reaches the testes through the bloodstream [5] [4]. The main cause is virus and bacteria associated with some risk factor like not immunized against mumps, UTI, STIs. Nearly one-third of male who are suffering from mumps after puberty develop orchitis [6]. Most often, bacterial orchitis is associated with or the result of epididymitis. Orchitis sign and symptoms usually develop suddenly and include swelling of testis, Painful urination, swollen lymph node in the groin, Fever, painful ejaculation etc. [7, 5].

Homoeopathy is based on individualization, Law of similar, miasmatical theories. Homoeopathy treats the patient not the disease. It is based-on totality of symptoms and cardinal principles. Individualized homoeopathic remedy can permanently eradicate the symptoms as whole. In materia medica there are numerous types of medicine in the treatment of orchitis like *Clematis erecta*, *Rhododendron Chrysanthum*, *Spongia tosta*, *Conium maculatum*, *Merc sol*, *Cantarid vesicatoria* etc. This

case report shows homoeopathic medicine *Pulsatilla* being effective in orchitis.

CASE REPORT

Demographic Information-

Age –50 years, Sex – Male, Occupation – Farmer

Presenting Complaints

Patient complained of pain and swelling of left testis.

Medical History

He was taking allopathic medicine but no specific result so he opted for homoeopathic treatment.

Past History

History of mumps at the age of 6 years

Family History

Father – hypertension, osteoarthritis

Mother– osteoarthritis, diabetes mellitus

Physical Generals

Appetite – good

Desire- sour food

Aversion- Milk

Stool- Hard (passed at 3 days interval)

Perspiration- offensive

Thirst – Thirst less

Tongue – moist

Sleep- good

Urine – clear

Sweat- offensive

On Examination

Orchitis on the left side of testicle

Mental Generals

1. Anxiety.
2. Fear of death
3. Desire company.

Clinical findings

He was lean thin with black complexion, weight 52 kg and cyanosis, clubbing, jaundice, oedema not detected.

Table 1: Analysis and Evaluation

	Symptoms	Analysis	Intensity
1	Anxiety	Mental general	++
2	Fear of death	Mental general	++
3	Company desire	Mental general	++
4	Desire sour	Physical general	++
5	Aversion milk	Physical general	++
6	Thirst less	Physical general	++
7	offensive sweat	Physical general	++
8	Constipated stool	Physical general	++
9	Swelling of left testes.	Particular	++

Laboratory Testing



Figure 1- Before Treatment - 21.04.2022- Hr Usg Of Inguino - Scrotal Region

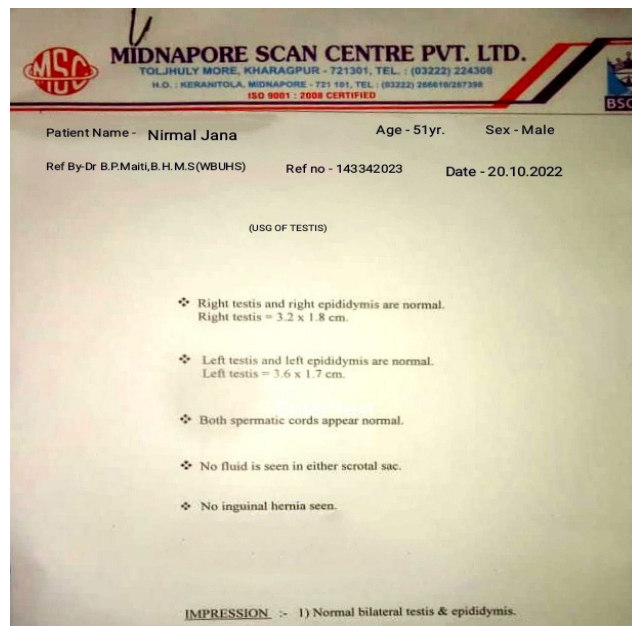


Figure 2 - After Treatment - 20.10.2022 - Usg Of Testes

REPORTORIAL ANALYSIS

Repertorisation was done by Kent's repertory using Zomeo Elite software [Figure 3].

The medicines after Analysis and Evolution of symptoms after using Kent's method are [Table-1] where

- *Pulsatilla* [22/9],
- *Phosphorus* [18/8],

- *Arsenicum album* [18/7],
- *Sepia* [17/8],
- *Lycopodium* [16/6]

were coming in top score. In this case *Pulsatilla* was prudently chosen because it covers mentals, physicals as well as particulars with highest degree.

Symptoms : 9 Remedies : 298 Filters : Normal

Remedy	Puls	Phos	Ars	Sep	Lyc	Kali-c	Sulph	Verat	Calc	Apis	Bry	Con	Nux-v	Hep	Arg-n	Nit-ac	Ign	Kali-ar	Carb-v
Totally	22	18	18	17	16	15	15	15	15	14	14	14	14	13	13	13	12	12	12
Symptoms Covered	9	8	7	8	6	7	7	7	6	7	7	7	7	7	6	5	7	7	6
Kingdom	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱	🌱
[Kent] [Mind] ANXIETY: (202)	3	3	3	2	3	3	3	3	3	1	3	3	2	2	3	3	2	3	3
[Kent] [Mind] COMPANY: Desire for: (58)	2	3	3	2	3	3		1	2	2	1	2	2	1	3		2	2	1
[Kent] [Mind] FEAR (SEE ANXIETY): Death, of: (103)	2	3	3	1	2	2	1	2	3	2	2	1	2	2	2	3	1	1	
[Kent] [Stomach] DESIRES: Sour, acids, etc.: (77)	2	2	2	2		2	2	3	2	2	2	2		3	1		2	2	2
[Kent] [Stomach] AVERSION: Milk: (30)	2	1		2			2		2		2		1				2		2
[Kent] [Stomach] THIRSTLESS: (87)	3	1	2	2	2	2	1	1		3	1	2	1	1	2	1	1	1	
[Kent] [Rectum] CONSTIPATION (SEE INACTIVITY): (213)	2	3	3	3	3	2	3	3	3	3	3	3	3	1	2	3	2	2	2
[Kent] [Perspiration] ODOUR: Offensive: (59)	3	2	2	3	3	1	3	2		1		1	3	3		3		1	2
[Kent] [Genitalia male] SWELLING: Testes: Left: (11)	3																		

Figure 3- Repertorization Sheet

Remedy Selection

Pulsatilla pratensis 0/1, One dose in a day for 1 month in morning empty stomach with LPL twice daily.

Reasoning for the Selection of *Pulsatilla*

After analysis and evolution of following symptoms by Kent's method *Pulsatilla* appeared in top score. It covers mentals, physicals as well as particulars with highest degree.

Advice

Advised to keep proper hygiene, balance diet, and avoid physical work.

Follow up and Outcome -

Follow up were done at 1 month interval. Marked changes were elicited at the end of treatment [Figure –1/2]. Treatment was done periodically with single medicine *Pulsatilla* 0/1. Hahnemann stated in organic of medicine aphorism no 270, in case of minimum aggravation and perfect remedial effect 50 Millesimal potency is one of the best choices for physician. Monthly follow up the patient. Improvement was found gradually, pain subsided after 6 months of treatment. The treatment was continued for more than 7 months to address any recurrence of old complaints or any new complaints [Table2].

Table 2: Follow Ups

Date	Changes in Signs and Symptoms	Treatment and Management
18.04.2022	First case taking, suggested for USG	LPL Twice daily for 7 days
23.04.2022	USG Report – Lt sided orchitis (Reported on 21.04.2022) prescription done depend upon case taking on 18.04.2022.	<i>Pulsatilla</i> 0/1 LPL Twice daily for 29 days
22.05.2022	Pain slightly reduced. Sweat offensiveness present, hard stool passes 2 days interval,	<i>Pulsatilla</i> 0/2 LPL Twice daily for 29 days
21.06.2022	Standstill condition after progressive improvement for about 2 months.	<i>Pulsatilla</i> 0/3 LPL Twice daily for 29 days
20.07.2022	Pain improved, sweat offensiveness reduced, moderate thirst.	<i>Pulsatilla</i> 0/4 LPL twice daily for 30 days
20.08.2022	Pain improved, thirst increase, passes semisolid stool every alternate day.	<i>Pulsatilla</i> 0/5 LPL twice daily for 30 days
21.09.2022	Pain slightly present, all other symptoms improved. Stool passed once daily.	<i>Pulsatilla</i> 0/6 LPL twice daily for 30 days.
16.10.2022	No pain. Patient is overall good, advice for USG OF TESTES.	Placebo
23.10.2022	No Pain, patient is overall good. USG Report –Normal bilateral testis & epididymis. (Reported on 20.10.2022)	Advice to visit if there any recurrence

DISCUSSION

Homoeopathy is a treatment option for young adults suffering from orchitis and suggesting further studies to investigate the role of homoeopathic medicine for this case. Our study used individualized medicines based on “law of similia” and totality of symptoms broadly covering from homoeopathic point of view. This case was conducted on the patient suffering from orchitis attending in my clinic on 18/04/2022. The presenting complaints was pain in left testicle, with hard stool, thirstless, offensive sweat. After repertorisation *Pulsatilla*, *Phosphorus*, *Arsenicum album*, *Sepia* coming in leading score. In this case *Pulsatilla* was selected because it covers mentals, physicals as well as particulars with highest gradation. So, I prescribed *Pulsatilla* 0/1, 1 dose associated with placebo in liquid form twice daily after 5 months orchitis was 50 % improved, due to intensity of symptoms potency increase but the medicine was same. After 7-months patient is overall good, pain subsided. The homoeopathic medicine along with assurance can help in alleviating disease symptoms as well as improve the quality of life.

CONCLUSION

Form this study, it has been observed that the homoeopathic medicine prescribed on the basis of totality of symptoms of a patient suffering from orchitis had shown beneficial result and the medicine is effective. Homoeopathy plays observably

statistical role in the treatment of orchitis.

DECLARATION OF PATIENT CONSENT

Author certifies that he had obtained appropriate patient consent form. In this form patient agreed that his USG report to be published in the journal.

ACKNOWLEDGMENT

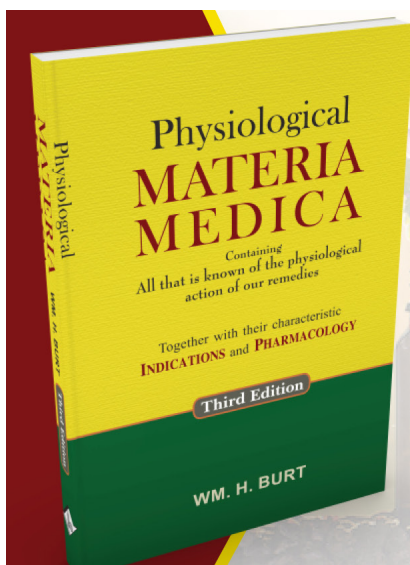
I gratefully acknowledged the active cooperation and participation made by patient.

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PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT

- The book offers extensive knowledge about physiological and pathological actions of more than 200 drugs.
- Detailed description about the drug, its source, preparation of the medicine from the crude drug substance, its action upon the human body, affinity towards certain organs, toxicological effects and the characteristic therapeutics.
- Contains a detailed description about Classification of remedies on the basis of their sources, their action on various tissues and organs of human body.
- A brief description about the pharmacology and highlights its importance is also given.

Classical Homeopathy - An artistic approach

Dr Gaurang Gaikwad

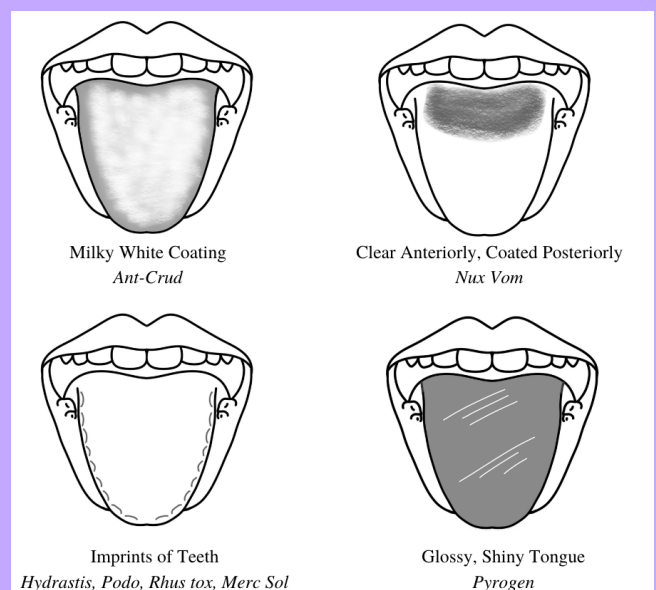
Classical homeopathy is a holistic system of medicine that has been practiced for over two centuries. Developed by Samuel Hahnemann, a German physician, in the late 18th century, homeopathy is based on the principle of “like cures like,” which means that a substance that causes symptoms in a healthy person can be used to treat similar symptoms in a sick person.

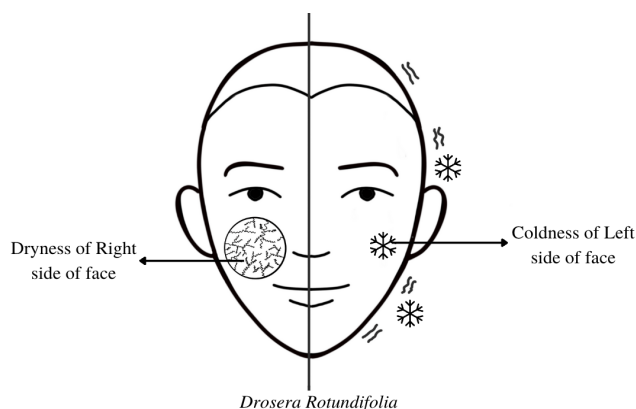
Being fortunate enough to learn with stalwarts of this generation and going through the literatures of great homeopaths before me has given me a wider view on homeopathic principles and how master Hahnemann showed us classical homeopathy. Homeopathy being a very vast subject can be easily divided into different sections starting with case taking, then the analysis and evaluation of the case with help of repertory and then the selection of remedy and dispensing of the medicine. Just finding the right remedy is not the end goal here, choosing the correct potency and the repetitions is again a task for homeopaths which comes with experience and the guidance of the homeopaths before us.

In the next few paragraphs, I will give you a basic idea of how classical homeopathy has survived the test of times and maintained its essence with results in pathological cases and even in simple coughs and colds.

Dr Burnett states that in his opinion, only one in a hundred physician takes a case well and lest we may feel he is cynical, he adds that even this must be a gross over estimate. The main thing about case taking is there are no fixed rules. The case taking starts even before the patient is in front

of you, who referred the patient, how urgently he wanted the appointment, was he/she influenced by other people, and whether they came alone or with company. Dr LM Khan once said the best literature for case taking is written in the first article of Clinical methods by Hutchison. The physician should be a good listener, a keen observer and a master of cross questioning to properly canvas the picture of the patient. It is very important for any homeopath to make a diagnosis first, be a physician first, later a homeopath. More often than not physical examination gives us more concrete information about the patient, look at the tongue, teeth, nails, scalp, check the pulse, blood pressure, sweat on palms or feet.





Start from the chief complaints, then trace the origin or cause, then comes the modalities, concomitants. History of past illness and a familial history of complaints. Probe then into the physical generals, state of mind, dreams, stressful areas, fears, anxieties, etc. go deeper in the area where you get the most intensified symptoms.

There are a few books that I would recommend to best understand case taking, one is art of case taking and interrogation by Dr Pierre Schmidt, you can also read about acute case taking in my new book Homeopathic strategies and maps on Acute conditions.

A homeopath has to be very precise in case taking as well as in evaluation and analysis. Focus on the bit that doesn't fit and get out of your comfort zone to search for the things that seem unreasonable for a particular disease or state. Anchor your case on these peculiarities and then work out the most similar remedy for the patient.

Repertory is an invaluable tool in the hands of us modern homeopaths, with readily available softwares on our computers and phones it is easier to search the right similimum for the patient. I do want to warn the younger generation

though, nothing can replace the textbooks, unless you read and go through each rubric and the remedies in it, it won't help you to find the exact essence of the patient language in the rubrics. The first repertory to start with can be Kent's Repertory, go over the introduction and the idea Dr Kent had to make the repertory then chapter by chapter read through, to know your rubrics and understand them. I would urge the reader to go through the book Art of Repertorization where I have talked about all the major Repertories and how to use them in cases with many case examples. Decoding Mental rubrics is another book you can refer to understand the deeper pattern of the rubric and the remedies inside that rubric.

Potency selection is a much debatable topic since the time of Hahnemann who in his last of days experimented with the minutest of doses with LM potency. Dr Borland writes about potencies in acutes in his book Pneumonia which helped me a lot during COVID times to tackle many hospitalised cases. Another book to read is Art of Follow up by Dr Rajan Sankaran which is a step by step guide for students.

Classical Homeopathy is a holistic approach, where a homeopath considers the physical, emotional, and mental aspects of an individual, treating the person as a whole rather than merely addressing symptoms. This approach promotes overall well-being and can lead to a deep and lasting healing response. Classical homeopathy can be used alongside conventional medical treatments, which helps the patient to tackle the complications and side effects and also improve the quality of life.

Integrating classical homeopathy with a healthy nutritious diet and movement helps the patient to recover at a faster pace and inculcate in them to lead a healthier life and thus avoid many lifestyle disorders in future.

Pathology in the Light of Miasm

Dr Rakesh Singh, Dr Navin Kumar Singh, Dr Ritika Bose

ABSTRACT

Miasm is the most controversial thing since the Hahnemanian time. But it marks the pavement of disease pathogenesis in the field of Homoeopathy. In broader aspect, the concept of miasm agrees with the modern concept of disease pathogenesis. It is important to make a bridge of co-relation in between these two concepts to make a more scientific approach in the treatment and management of diseases with following the principle of dynamic medicine.

Keywords: miasm, pathology, homoeopathy

INTRODUCTION

The word 'Miasm' derived from Greek word "Miasma" which means pollution or stain. It was the word loosely used during his time to express the morbid emanations from putrescent organic matter, vegetable or animal, polluting exhalations, malarial poisons or an aerial fluid combined with atmospheric air, the effluvia arising from the bodies affected by certain diseases which is regarded as infectious and others not.^[1] Treating natural diseases during thirty years by the homoeopathic method of treatment, Hahnemann perceived, the chronic diseases could not be perfectly cured by the simple similar medicines selected on the present symptoms associated with dietetic and hygienic measures and not even by vigorous, robust constitution. After thorough research to find out the cause behind the failure of similar remedies to cure, the chronic diseases, Hahnemann noticed, though the medicine prescribed, could subside the chronic disease for the time-being, yet the disease came back in a rather varied form with new symptoms. This led him to the conclusion that the presenting symptoms of a chronic disease represent merely the tip of a floating ice-berg. Hence, the original disease being deep seated, the whole history of chronic disease associated with accessory circumstances should be taken into consideration.^[2] Hahnemann separated all disease conditions and classified them into four great group namely occupational or drug diseases and remaining 3 groups, he gave the term "miasm"

i.e the fundamental cause of all diseases which are Syphilis, Sycosis and Psora.^[3] Syphilis was a condition which was clearly identified as contagious, even in Hahnemann's own time and in using these labels for his miasmatic traits, Hahnemann clearly implied that chronic disease has its genesis in contagion, or person to person transmission. He associated each of the three miasms with characteristic skin manifestations:

- Psora – Eruption (vesicle, tetter, tinea)
- Sycosis – Figwarts
- Syphilis- Chancre

Pathology and Homoeopathy

Pathology is the branch of biological science which deals with the nature of the disease, through the study of its causes and its effect, together with the associated with the alteration of structure and function. It mainly concerns itself with the study of the disordered functions and deranged structure in diseases and their correlation with the clinical pictures.^[4] The ancient Greek word for disease was "pathos" which means the experience of suffering in all its aspects. The theory of pathos is not limited only to the cellular tissue changes as it also includes the pathogen [cause of disease], the pathology [entire disease process] and the Ponos [the constitutional fight to recover].^[5]

Modern physiology, pathology and especially bacteriology are busy with discovering the chemico

- physical processes underlying this dynamic process in cases of infection by bacteria; and they are equally busy with the discovery of chemico-physical processes underlying each vital process and function.^[4] That is why, when Hahnemann asserted that all diseases other than surgical or occupational are of the nature of infection he was stating that in every case of illness, the vital principle of the individual is qualitatively (and not mechanically or chemico-physically) acted on by the exogenous morbid agents and their corresponding dynamic miasmatic force (which is inimical to vital force); and this qualitative derangement of the vital force is described by Hahnemann as the dynamic derangement of the organism manifested by the totality of altered sensation and functions. The dynamic property of a medicine implies this special quality inherent in the medicine by virtue of which, it brings about dynamic derangement of the living organism.^[6] Hahnemann with his infinite wisdom recognised some two hundred years ago the prominence of one-sided diseases with a scarcity of proper characteristic symptoms and the increasing usage of modern drugs has intensified this to a degree that such cases are becoming increasingly common today.

Views of Different Stalwarts on Pathology and Miasm

J.H.Allen^[7]

- The pathological symptoms are not the first cause in any cases. The true pathognomic symptoms of a given case are those that cover the existing active miasm.
- If the miasm be psoric we have psoric manifestation, if it be sycotic we have sycotic pathology and if syphilitic we have the polymorphic pathological presentation of that miasm; or we have the miasm syphilis and psora combined we have multiplied changes and infinite destructive process known as tubercular pathology.

J.T. Kent^[8]

- James Tyler Kent introduced metaphysical ideas into miasm theory, which stemmed from his Swedenborgian background. Like Hahnemann he attributed the cause of all

disease to psora.

- He also interpreted the pathological aspect of miasma. The primary skin reaction in psora consists of vesicular eruptions. The concept of all pervading miasm suggested to Kent that it is physically seated in the circulatory vasculature. The muco-cutaneous manifestations associated with syphilis are, firstly, the chancre and secondly, the bubo. By this reasoning, tissue destruction is a key characteristic associated with both the disease and its miasmatic counterparts. The proposed loci for the syphilitic miasm are periosteum, bones and brain, as would be expected from the tissue pathologies associated with secondary and tertiary syphilis.

H.A. Roberts^[9]

- The accentuation of psora is functional; the accentuation of sycosis is infiltration and deposit and the accentuation of syphilitic taint is ulcerative. When suppressed the syphilitic stigma spins itself on the meninges of the brain epics bone periosteum.

R. Hughes^[10]

- Dr Hughes logically established that the theory of miasm is equivalent to the germ theory of modern science, at least in infectious diseases. According to him, Hahnemann has held the invisible living creatures as the cause of cholera referring them as cholera miasm. Naturally, minute organisms have been referred as miasm.^[11]

O.A. Julian^[11]

- Psora is renamed as 'Dysimmunosis' = Altered immunologic response. The multiple aetiologic agents include: aggression of mineral, chemical, vegetable and animal origins. Psora has multiple manifestations including 'metastasis and morbid alternate faces'.
- Syphilis = is renamed as 'Dysmorphogenesis'. The inherited and damaged information is transmitted in an autosomic dominant pattern.
- Sycosis = is renamed 'Dysmetabolosis'. It is

based on defects in two areas:

- Enzymes-catabolic pathways.
- Transport across cellular membranes.
- Both conditions have a base in damaged and mutated DNA.

P.S. Ortega^[12]

- He has deduced the symbols of chronic miasms to physio- pathological modes of expression of individual cells. Only 3 forms of alternations of cellular functions can be imagined: Deficiency – Psora, Excess – Sycosis, Perversion – Syphilis.

J. N. Kanjilal^[13]

- It was the founder of Homeopathy – Hahnemann who not only first anticipated the idea of micro-organism having a causative role in all infective diseases, but also gave in full detail their modus operandi and how to deal with them

B.K. Sarkar^[14]

- Description of the efficient causes, i.e. the miasma which Hahnemann gave perfectly tallies with the modern description of bacteria in general.
- We must not confuse psora with chronic miasm. Psora is the diseased condition produced by certain type of miasm; and it was described by Hahnemann as “chronic miasm” because it has the potentiality to produce chronic diseases.

If we say psora is chronic miasmatic disease – everything is clear.

- There is another school of Thought; they regarded psora as a dyscrasia or constitutional deficiency.
- There is a third school of thought who has made psora synonymous with chronic miasm.
- Mackenzie made an attempt to substitute “focal infection” for psora thereby identifying psoric miasm with strepto-staphylo and other pyogenic organism.

M.L. Dhawale^[15]

Classification of disease



- Hahnemann’s theory of chronic disease is a grand attempt at generalization, classifying defective constitutions and drugs in Homoeopathic material medica into 3 corresponding groups – i.e. Psoric, Syphilitic, Sycotic.
- Mixed combinations –
- Psora-syphilis – Tubercular diathesis, scrofulous diathesis, HTN, DM.
- Psora -Sycosis – Asthma, RHD
- Psora-syphilis-Sycosis – Psoriasis, Malignancy.

S.P. Dey^[16]

- Syphilis is caused by *Spirochaeta pallida*. We believe that the disease may be transmitted to the other partner or offspring even when the blood and CS fluid examination of the patient gives negative reaction. So syphilis from nosological point of view and the homeopathic syphilitic state or dyscrasia are not the same.
- Similarly the transmission of sycosis is not dependent on the existence of gonococcus in the system. No doubt sycosis results from impure sexual intercourse but the disease may occur even in the absence of a single gonococcus in the vaginal or prostatic fluid smear of the person transmitting the disease.

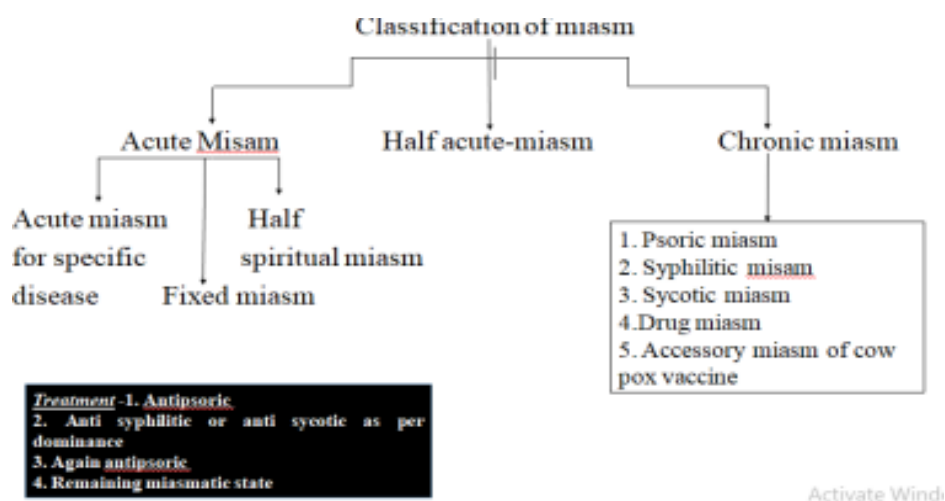


Figure 1: Classification of Miasms

The Miasmatic Concept of Homoeopathy and their Linear Connection with the Disease Pathogenesis:

The Psora: Fundamental feature - Irritation. (In both somatic & Psychological sphere)

Pathogenetic contribution - Lack, Scanty and Deficiency

Sl No	Name of Disease	Connection with Miasmatic Concept	Critical Views
1.	Anaemia	Decreased RBC or Hb	Psora can't simply be regarded as functional as Hahnemann says "..... Psora, the only real fundamental cause and producer of all the other numerous, I may say innumerable forms of disease, which under the name of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, softening of the bones (rachitis), scoliosis and kyphosis, caries, cancer, fungus nematodes, neoplasm, gout, haemorrhoids, jaundice... .. etc, figure in systemic works on pathology as peculiar independent disease. ¹⁷
2.	AIDS Leprosy erysepalous	Lack of Immunity	
3.	Protein Energy Malnutrition	Deficiency of nutrition	

The Sycosis: Fundamental feature – In coordination. (In both somatic & Psychological sphere)

Pathogenetic contribution - Excesses & Hyper

Sl No	Name of Disease	Connection with Miasmatic Concept	Critical Views
1.	Neoplasm (Benign & Malignant)	In coordinated growth of body tissue = Proliferation/excess	Regarding syphilis as simply in coordination or proliferation is not always correct." Many other symptoms may arise from sycotic conditions, but anatomical or developmental abnormality, in coordination and unnatural growth add the main features. If in any disease, we observe any of these features from the very beginning, Being we may resume psychosis. The in coordination or abnormality which appears at a later part of the course of a disease may not necessarily arise from syphilis" [16]
2.	Obsessive compulsive disorder (OCD)	Excessive thoughts	
3.	Gout	Excessive deposition of Uric acid crystals	

The Syphilis: Fundamental feature - Destruction & Degeneration. (In both somatic & Psychological sphere)

Pathogenetic contribution - Destructive changes with dysfunction, irregularity.

Sl No	Name of Disease	Connection with Miasmatic Concept	Critical Views
1.	Dysplasia	Irregularity of cellular presence	"Ulceration or tissue destruction from the very early stage of a disease is not a symptom of psora- it mostly indicates syphilis"
2.	Punched out ulcer	Tissue destruction	
3.	Arrhythmic pulse	Irregularity	

CONCLUSION

Out of our great respect for the genius of the Founder of Homeopathy, we continue to use Hahnemann's term "miasm" today, two centuries later, but it is clear there is confusion amongst even skilled homeopaths about what is its essential meaning and therefore its relevance to practice. To move forward and practice effectively we need to acknowledge miasm as burden of underlying pathologies that the patient either inherited

or acquired and the effect of accessory circumstances and the mode of treatment which has modified them with rational approach of modern patho - physiology in relation to the individual as a whole. So, the concept should be adopted with comparison to present scientific concept to know the disease and its dynamic aspect.

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In Italics

A psychological analysis of a case : investigating cognitive insight

About our Columnist



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“The best teaching of medicine is that taught by the patient himself” is a famous statement by William Osler which describes the opportunities we have as physicians to learn from our encounters with patients.[1]

This learning experience, based on the observation of clinical cases, provides essential information for unfamiliar events and shared individual experiences, for better understanding and optimizing patient care. Which contain both practical and educational messages, adding value to the art of medicine. During one such class the case was presented by one of the brilliant pg scholar Dr Shubhangi Tiwari BHMS (Gold Medalist), PG Scholar , Department of Homoeopathic Philosophy and Organon Of Medicine, Government Homoeopathic Medical College, Bhopal, MP. Follower of Dr Shankaran

Discussion of any case does have a reasonable chance of publication even if it is not novel, as long as it is authentic, leads to an incremental advance in medicine or carries an educational value.

This example demonstrates the potential of a homeopathic holistic approach to provide in-

continued on page.....45

Review of Male Reproductive Disorder and Scope of Homoeopathy

Dr Sasmita Mohapatra

ABSTRACT

In these article major morbidities of male reproductive system was cited with reference to modern era. Male and female reproductive health is under the influence of uncountable endogenous and exogenous factors. Several adverse trends in male reproductive health such as the increasing incidence of undescended testis and Hypospadias, Subnormal sperm count, Infertility and Testicular germ cancer, BPH all seem to be related to one underlying entity called testicular dysgenesis syndrome (TDS). several genetic and environmental etiologies have been implicated. Role of Homoeopathy in male reproductive disorders in general described with special reference to researches studies cited in this regard. a few studies related to male infertility and prostatic troubles were present in literature, being out lined in this article.

Keywords: Cryptorchidism, Hypospadias, Testicular dysgenesis syndrome, Infertility, Benign prostatic hyperplasia, Individualised medicine.

INTRODUCTION

Male and female reproductive health is under the influence of uncountable endogenous and exogenous factors. Several adverse trends in male reproductive health such as the increasing incidence of undescended testis and hypospadias, subnormal sperm count, infertility and testicular germ cancer, all seem to be related to one underlying entity called *testicular dysgenesis syndrome (TDS)*. abnormalities are thought to start to accumulate already during foetal development and share several pregnancy-associated risk factors. Based on the prevalence of these disorders in Western countries, environmental and/or lifestyle factors are speculated to be involved in its pathogenesis, with an important contribution of genetic predisposition.^[1]

It has been hypothesized that testicular dysgenesis syndrome may arise from several different prenatal primary causes, which lead to *Leydig cell and/or Sertoli Cells malfunctioning* during sexual maturation, *abnormal germ cell differentiation, and androgen insufficiency*. All these defects may result in immediate symptoms, such as the hypospadias, undescended testes or increase disease susceptibility later in life. *Maternal lifestyle during pregnancy, including obesity, alcohol consumption*

and smoking, might all influence fetal sexual development. Interestingly, smoking during pregnancy has been shown to have more pronounced adverse effects on male fertility.^[2]

There is an accumulating body of evidence suggesting that *prenatal exposure to endocrine-disrupting chemicals*, such as phthalates, pesticides, and dioxins, is likely to affect normal male fetal reproductive development. it has been suggested that the increasing coincident trends may indicate common environmental factors, and especially those which lead to *androgen insufficiency or disturbance to the androgen/oestrogen balance in foetal life*.

Exposure to compounds with *estrogenic activity* has been one plausible hypothesis, An alternative hypothesis has suggested that culprit chemicals might not be those with estrogenic activity, but rather those with *antiandrogenic* activity^[3]

Advanced paternal age has been demonstrated to contribute to an increasing number of health concerns including reduced fertility, increased pregnancy-related complications, and a growing number of diseases in offspring. DNA-damaged sperm are the cause of conditions ranging from

spontaneous abortion to congenital malformations and genetic defects.^[4]

Obesity exerts an adverse effect on both male and female reproductive health. obesity can lead to a dysregulation of the hypothalamic–pituitary–gonadal axis with a detrimental effect on the hormonal control of gametogenesis. In the obese male, abnormal spermatogenesis could potentially lead to abnormalities in semen parameters and sperm function. Obesity-related effects on sperm genetic integrity may contribute to a potential *transgenerational epigenetic inheritance* with consequent impact on the development of offspring.^[5]

Cryptorchidism is one of the most common birth defects, affecting 2–9% of boys born full term. Cryptorchidism is a risk factor for infertility, testis cancer, and hypospadias suggesting that these conditions share similar causes affecting foetal testicular development. Children with 46,XY karyotype and androgen insensitivity typically have testes either in the abdominal or inguinal position, i.e., they have not undergone inguinoscrotal transfer in utero. Animal experiments show that *anti-androgens and estrogens can cause cryptorchidism*. There is evidence that *heavy smoking during pregnancy (>10 cigarettes per day), women with gestational diabetes, growth delay of the foetus in the first trimester might play a role*.^[6]

Hypospadias is the penile congenital malformation, in which the urethra opens somewhere on the ventral side of the penis instead of the tip, is called hypospadias.

Several genetic mutations leading to hypospadias are known, and they are typically linked to *disorders of testicular differentiation, testosterone synthesis, conversion of testosterone to dihydrotestosterone, or androgen receptor action*, endocrine abnormality can be found only in 20% of the patients. Environmental anti-androgens cause hypospadias in experimental animals in the same manner as they induce cryptorchidism. *Being small-for-gestational age* is a risk factor for both cryptorchidism and hypospadias.^[7]

Infertility—There is considerable variability in trends in sperm counts over the past 20 years, several recent studies report that 20–30% of young men today have sperm concentration below 40 ×

10⁶/ml, which is associated with reduced fecundity. numerous endocrine disrupters and probably other lifestyle-related factors, such as *smoking*, and possibly also *diet and stress*, are able to exert a *direct effect on the human epigenome, both in utero and in adulthood, with germ cells apparently among the most sensitive cells*. These effects might be aggravated by the existence of genetic variants predisposing to less optimal function of some endocrine pathways, which might result in pathology, including germ cell cancer and reduced semen quality.^[8]

Homoeopathic Research in male reproductive disorders—

Few studies regarding male reproductive disorder outlined in this context.

- Prospective observational pilot study investigated the effect of individualized homeopathy on male infertility based on sperm count, hormone values and general health. *Forty-five subfertile men were treated with single homeopathic remedies for an average of 10.3 months*. The drugs were prescribed on the basis of the overall symptomatic situation. *The variables ‘sperm density’, ‘percentage of sperm with good progressive motility’ and ‘density of sperm with good propulsive motility’ improved significantly*, especially in cases of oligoasthenozoospermia. The general health of patients improved significantly. The following factors emerged as positive predictors of therapy success: alcohol consumption below 30 g/day, non-smoking, the presence of less than five dental amalgam fillings, no exposure to noxious substances at the workplace and no previous inflammatory genital diseases. The factors stress, age above 36, high coffee consumption and long duration of unwanted childlessness did not have a negative impact on therapy outcome in this study.^[9]
- Radkumar et al conducted a study to assess the effectiveness of a *homeopathic complex* (*Calcarea phosphorica* 30cH, *Aletris farinosa* 30cH, *Pulsatilla* 30cH, *Aurum muriaticum natronatum* 30cH, *Sepia* 30cH and *Phosphorus* 30cH) in the treatment of *rue anoestrus* (no cycle) in cows, being scored as 100% effective in inducing oestrus; also, a steady increase in the concentration of estradiol was observed in the treated animals, maybe due to the presence

of Pulsatilla in the complex .^[10]

- Lobreiro valued the effect of Homeopathic treatment in infertility in a *Nellore bull* and found an increase in the number of doses of semen, an increase in sperm motility, and a decrease in total sperm defects, results similar to the study of Gerh rd&Walliss in humans.^[11]
- Prostatic enlargement (prostatomegaly) is a common condition in aging men which can be progressive and lead to acute urinary retention and ultimately need for surgery.
- To assess the usefulness of homoeopathic medicines in patients with huge prostatomegaly, a clinical study was conducted at Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, India. A total of 116 patients have been shortlisted with *prostate weight above 50 g, out of which 61 were found fit for the study*. The medicines have been selected on the basis of principles of Homoeopathy. *Prostate weight and post void residual urine (PVRU) on ultrasonography were assessed before and after treatment*. After comparing pre- and post-treatment results, the difference in mean values of prostate weight and PVRU were 67.47 ± 2.78 – 60.15 ± 3.62 ($P < 0.001$) and 91.61 ± 11.91 – 65.94 ± 9.01 ($P = 0.009$), respectively, which were found statistically significant. *Lycopodium* ($n = 21$), *Pulsatilla* ($n = 7$), and *Nux vomica* ($n = 3$) were found to be most useful medicines. Results obtained from the study are encouraging with findings that almost 64% of patients reduced their prostatic weight significantly.^[12]
- In a multi-centric observational study, 231 patients suffering from benign prostatic hyperplasia (BPH) having prostate volume > 20 mL and prostate specific antigen (PSA) ≤ 4 ng/mL were enrolled at 5 Institutes/ Units under Central Council for Research in Homeopathy (CCRH). Symptoms were analyzed using American Urological Association Symptom Index (AUASI). Parameters like PSA, Prostate volume, Post void residual urine, Qmax, Qavg were also analyzed. *Twenty pre-defined homeopathic medicines were short-listed for prescription after repertorizing the pathological*

symptoms of BPH. The follow up period was for one year. Statistical analysis was done using SPSS version 16. *The medicines found to be most useful in this study are: Thuja. (27 out of 53; 51%), Sulph. (26 out 46; 56.5%), Puls. (34 out of 46;74%), Lyc.(7 out of 13; 54%). There was a mean reduction of 2.3 mL in prostate volume which was significant statistically ($p=0.005$).*^[13]

- Another study Thirty patients of Benign Prostatic Hyperplasia (BPH) of NCR-Delhi area, were selected and divided into two groups one group of fifteen patients were given *individualized medicines* . Another group of fifteen patients was treated with '*Sabal serrulata* Ø'. Data was recorded and computed for the components of International Prostate Symptom Score like incomplete emptying, frequency, intermittency, urgency, weak stream, straining and nocturia.
- The treatment provided using '*Sabal serrulata* Ø' and '*Individualized Medicines*' had a significant improvement in patients. The symptoms changed to the desirable category (up to $< \text{half the time}$) was considered, the improvement ranged from 33.3% (Nocturia) to 73.3% (Intermittency). The number of total patients in the desired category ranged from 33.3% (Weak Stream) to 100.0% (Straining). It was be observed that the components of *International Prostate Symptom Score* had improved after the administration of homoeopathic medications as compared to before the trial. On overall basis, in twenty-six (86.7%) patients there was marked improvement in International Prostate Symptom Score of Benign Prostatic Hyperplasia patients.^[14]

CONCLUSION

There is ample scope of treatment of psychological impotency, BPH, Oligospermia and many more in Homoeopathy. Still there are so many Male reproductive system disorder which requires more details study with in the perview of Homoeopathy. Although in Hypospadias, Cryptorchidism, TDS surgery is considered curable, Role of homoeopathy in preventing Hypospadias, Testicular dysgenesis syndrome should be stud-

ied in collaboration with other medical science to know the efficacy and efficiency of homoeopathy medicines.

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sight into complex phenomena and to improve the effectiveness of conventional methods for treatment of diseases, helps in identifying and diagnosing diseases more quickly and accurately, leading to more effective treatments and better patient outcomes.

A 25-year-old female presented to Organon of Medicine OPD of GHMC, Bhopal on 24/04/23 with a 14-month history of headache, trembling all over the body, and sleep disturbances. She had no previous history of any health issues. history of dull, heavy headaches that were aggravated by sun and mental stress. She also reported sleep disturbances due to overcrowding of thoughts, and trembling all over the body that started at the beginning of the headache. The patient's condition was further evaluated

The patient had experienced a traumatic incident, where she was stalked by a man one night. This caused her to experience fear and shock, leading to constant fear and the feeling of being followed. This presentation aims to better understand the impact of this event on her mental health. Based on the sensation of shock and fright as the core of the case, Gelsemium 1M was selected as the appropriate remedy.

Gelsemium, a member of the Loganiaceae family, has a deep affinity for this symptomology and was chosen to cover the totality of the case. This was done through an in-depth analysis of the causative modality.

The patient's follow up on 10/05/23 showed that the headache was much improved, the patient reported having a sound sleep, and that the trembling had stopped. The patient was prescribed placebos for 10 days, and her next follow up appointment was scheduled after 10 days

Discussion in detail, considering the evidence from a Psychological perspective helped to understand the underlying dynamics and arrive at a conclusion.

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Varicocele and its Homoeopathic Management

Dr Nidhi Kala, Dr Meghna Bisaria

ABSTRACT

Varicocele is an abnormal enlargement and tortuosity of the internal spermatic veins within the pampiniform plexus of the spermatic cord, often leading to infertility. The conventional method lacks adequate medical treatment, beginning with conservative treatment and ending with surgery. Homoeopathy is successful in treating mild to moderate cases of varicocele and can prevent surgery in most cases. This article deals with varicocele, its etio - pathology, clinical features, evaluation, examination, complications and homoeopathic treatment.

Keywords: varicocele, pampiniform plexus, infertility, homoeopathy

INTRODUCTION

Varicocele refers to abnormal dilation and enlargement of the scrotal venous pampiniform plexus, which is responsible for draining blood from each of the testicles.^[1] The prevalence ratio of varicoceles varies; however, it is generally valued at approximately 15- 20%.^[2] Varicoceles typically appear during adolescence and progress over time.^[3] Varicocele is more likely to develop in warmer climates and is more prevalent in tall, skinny persons. It is a leading cause of impaired spermatogenesis and the most common cause of infertility in men. It is important to note that varicoceles are not typically painful, but they are clinically significant since they are the most common cause of abnormal semen analysis, low sperm count, decreased sperm motility, and abnormal shapes of sperm.^[4]

Etio -Pathophysiology

A varicocele occurs when blood pools in the veins instead of flowing effectively out of the scrotum, which causes swelling of veins in the pampiniform plexus. The veins of the pampiniform plexus are usually 0.5-1.5 mm in diameter, if it is dilated more than 2 mm is called varicocele.^[5] The spermatic cord contains the vas deferens and the testicular artery, which supplies the testes with oxygenated blood. It also carries the pampiniform plexus, a group of veins that drain blood away

from the testes into testicular vein. Right testicular vein drains directly into the Inferior vena cava while Left testicular vein drains into Left Renal vein. The testes require an optimal temperature for sperm production, maturation and function. The temperature in the scrotum is 2-2.5C lower than the temperature of the body. The pampiniform plexus acts as a countercurrent heat exchanger helping to regulate the temperature of blood entering the testes by absorbing heat from the nearby testicular artery. In varicocele the temperature of the testicles increases due to dilated and stretched veins leading to decrease in sperm production and function which may affect fertility.^[6]

There is no exact cause of varicoceles, but it is believed to develop when there is a backlog of venous blood flow in the internal spermatic vein, resulting in venous engorgement that is clinically evident on examination of the scrotum.^[4]

I) The left testicle is much more likely to have varicoceles (80-90%), due to several anatomic factors:

1. Due to **increased resistance** in left testicular vein
2. Due to the fact that the left testis is located at a **lower level** than the right
3. Flow of blood from the left side is channeled

into the renal vein at a **90-degree angle**

4. It occurs because there is ineffective anti - **reflux valves** present at the junction between the testicular vein and the renal vein.
5. Nutcracker phenomenon- When the left internal spermatic vein becomes entrapped between the superior mesenteric artery and the aorta causes venous compression which leads to **increase pressure** in Left Testicular vein.
6. Because the left vein is **8-10 cm longer** than the right testicular vein.^[4,7]

II) Congenital absence of valves.

Clinical Features

Varicoceles are generally asymptomatic, although they are nevertheless a cause for concern for a variety of reasons.

- Pain-Dull testicular pain or aching in scrotum on standing, which often gets better when patient lie down.
- Mass in scrotum-Swelling may be visible above the testicles or scrotum.
- Atrophy of the affected testicle, in long-standing cases.
- Infertility- Inability to achieve pregnancy after trying for at least a year.^[4]

A proper patient history is necessary in cases of varicocele, which includes details such as acuity of onset, severity, location, timing, and radiation to other locations.

On Examination

- Scrotal mass that is described as feeling like a “bag of worms”, more prominent on standing and disappear at lying down.
- There may be an asymmetry in testicular size, if varicocele has affected the growth of the testicle.
- When the patient is asked to cough, there is a fluid thrill caused by venous blood regurgitation.

- The scrotum is lower on the side of the varicocele.
- When the patient lies down, swelling is reducible (disappears).
- If varicocele do not disappear, when patient lie down should raise concern about Retroperitoneal tumor that can be obstructing the Renal vein.^[7]

Evaluation

- Grade 0(sub clinical) - Not palpable, only seen in USG
- Grade I (small) - Palpable when the patient is performing Valsalva maneuver
- Grade II (moderate) - Palpable without Valsalva maneuver
- Grade III (large) - Varicocele causing visible deformity of the scrotum.^{[4] [7]}

Investigation

- Ultra sonography with Doppler Imaging shows dilatation of spermatic vein diameter >3.0 mm with retrograde flow under Valsalva.
- Semen Analysis to determine morphology, motility and quality of sperm.
- Hormonal tests –FSH/Testosterone to determine the testicular functions.^[8]

Complications

1. Oligospermia
2. Atrophy of testicle
3. Hydrocoele (most common) - due to ligation of lymphatic vessels.
4. Recurrence.^{[4] [7]}

Differential Diagnosis

1. Hydrocele
 - Swelling of scrotum, not painful sometimes pain may occur with distention
 - Trans-illuminating mass
 - Detection of fluid collection in the scrotum and evaluation of the testis
2. Spermatocele -
 - Usually asymptomatic

- Smooth, round and usually small trans-illuminating mass on the epididymis
 - Detection of the cystic mass in the epididymis
4. Testicular mass
 - Usually painless, acute pain is not common
 - Palpable mass
 - Determination of intra-testicular or extra-testicular mass^[1]

Homoeopathic Approach

Various modes of treatment are available in cases of varicocele, yet homoeopathy remains successful since it encourages nonsurgical interventions. Homoeopathic medicines help to reduce the swelling in the scrotum by removing venous stagnation, hence improving the circulation of blood. If there is any pain, they also aid in managing it. The following list of homoeopathic medications and their indications for usage in varicocele cases:

1. *Aesculus hippocastanum*: Also known as horse chestnut. Indicated in general venous stasis, slowness in everything, in digestion, heart, bowels. Hemorrhoidal veins engorgement along with backache is present. Fullness in various parts is seen. Backache is a characteristic feature of the remedy.^[9] Disturbance of the portal system is seen along with constipation and hemorrhoids.^[10]
2. *Aurum metallicum*: Indicated in small, weak, indurated testicles. On touching or rubbing it, a pressive pain is present. Those suffering from mercurialism involved.^[10]
3. *Clematis erecta*: Also known as virgin's bower. This remedy acts mostly on the skin, glands and genito-urinary organs, especially the testicles. The marked importance of remedy is seen in disturbances of sleep and neuralgic pains present in various parts. Ilio-scrotal neuralgia, pain along the spermatic cord with testicles hanging heavy or retracted, worse on the right side.^[9]
4. *Collinsonia canadensis*: Also known as stone root. Pelvic and portal congestion is present which results in hemorrhoids and constipation.^[9] In some cases, along with extreme constipation, this remedy seems to be indicated.^[11]
5. *Ferrum phosphoricum*: In Boericke's repertory, *Ferrum phosphoricum* is found under the rubric varicocele.^[9] According to JC Burnett, it is a most powerful vein medicine although its action on the arteries is its prime sphere. A great indication for its use is its throbbing character. It is also a beautiful hypnotic, but those who have a good sleep are often awake by its use.^[12]
6. *Hamamelis virginiana*: Also known as witch hazel, acts upon vein coats resulting in relaxation along with consequent engorgement. Bruised soreness of the affected parts is seen in this remedy.^[9] Patient complaints of pain in testicle which is drawing in nature day and night, complaints aggravate after midnight till morning, pain extending from groin. Other symptoms include enlargement of spermatic vein, swollen, hard and painful testicle. Presence of cold sweat on the scrotum. Stasis of capillary is present.^[10]
7. *Nux vomica*: Poison nut, Primarily a male remedy among the polychrests. A typical *Nux* patient is thin, spare, nervous, and irritable and leads a sedentary life. The bad effect of sexual excesses is seen. Helpful in cases where constrictive pain in the testicles occurs. In cases of inflammation of the testis. Weakness and irritability in the subject are also seen along.^[9]
8. *Osmium*: Varicocele is produced or become worse by cough which is deep, hollow and low, which seems to be coming from low down in the body.^[10] It can be thought of when patient complaints of steady aching in glans penis, also pain in testis and spermatic cord, character of pain is violent present on the point of penis and prepuce. Erection occurs every morning, earlier and harder. Pain in testicle is of such intensity that it prevents

sleep. Generally coughing, talking, touch, and riding worse the condition.^[13]

9. **Pulsatilla** - Is indicated in cases of persons who have lax fibres, weeping disposition. Complain of burning in testicles, without swelling. Character of pain is drawing tensive from abdomen through cords into the testicles.^[10]

10. **Ruta graveolens**: In Repertory of the Homoeopathic Materia Medica by Dr J.T. Kent, *Ruta* medicine is present under rubric Varicocele following a strain.^[14]

11. **Silicea terra**- Feet are sweaty; presence of chilblains. Complaints arise from the suppression of habitual foot sweat. Characteristic squeezing pain in the testicles. Presence of itching, humid spots on the genitals, especially on the scrotum, along with perspiration.^[10]

CONCLUSION

According to homoeopathic principles, homoeopathy works best when patients are treated individually on the basis of their individual symptoms. An early diagnosis increases the chances of recovery for patients. A cure for the disease is achieved by treating its root cause, thus preventing the recurrence of the illness. Therefore, they assist in reducing pain, controlling further varicosity, and reducing swelling, allowing the testicles' temperatures to be lowered, thus improving the production of sperm. Homeopathic medicines are most effective when they are taken at the beginning of the varicocele problem itself, because if treatment is delayed, it will only become chronic.

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How to treat Premature Ejaculation with Homoeopathy?

Dr Neha Mahawer, Dr. Anjana Kumari, and Manish Singh

ABSTRACT

Premature ejaculation is male sexual dysfunction characterized by perceived inability to control ejaculation that occurs sooner than desired or expected. It is considered to be the most common sexual disorder in the male population. Premature ejaculation (PE) causes emotional distress for patient and his partner. This article deals with an overview of premature ejaculation, including its diagnosis, types, etiological factors, along with Homoeopathic management of the same, covering Repertory and Materia Medica.

Keywords: Premature ejaculation, Homoeopathy, Repertory, Intra vaginal ejaculation latency time (IELT).

INTRODUCTION

Premature ejaculation describes the phenomenon which occurs when ejaculation happens sooner than a man or his partner would like during sexual activity. It is considered to be the most common sexual disorder in the male population. About 30% of men are affected but possibly up to 75% in some reviews^{1,2}.

The World Health Organization (WHO) describes premature ejaculation as “The inability to delay ejaculation sufficient to enjoy lovemaking, which is manifested by either an occurrence of ejaculation before or very soon after the beginning of intercourse or ejaculation occurring in the absence of sufficient erection to make intercourse possible¹.

Three key criteria according to Ad Hoc Committee

- Intravaginal ejaculation latency time (IELT),
- lack of ejaculatory control
- Negative personal consequences associated with PE.

Premature ejaculation is diagnosed when

1. Ejaculation always or nearly always occurs before, or within about 1 minute, of vaginal penetration from the first sexual experience (lifelong premature ejaculation) or a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired premature ejaculation).
2. The inability to postpone ejaculation after all or nearly all vaginal penetrations.
3. Negative personal consequences such as distress, bother, frustration, and aversion to sexual intimacy.
4. Symptoms must persist for at minimum 6 months.
5. The dysfunction is not explainable by a nonsexual mental disorder, medical condition, and the side effects of a drug, severe relationship distress, or other significant stressors^{1, 2, 3}.

Types of PE^{1,2, 3, 4,5}

- *Primary (Lifelong):* Since the first sexual ex-

perience. Frequently as a result of conditioning, upbringing, or an early, traumatic sexual event.



Secondary (Acquired): Develops after the man had previous sexual experience without ejaculatory

Etiology^{1, 2, 3, 4, 5}

Psychological factors

- Depression
- Anxiety
- Stress
- Guilt
- Performance anxiety
- Lack of confidence/poor body image

Biological factors

- Abnormal levels of the brain neurotransmitter serotonin
- Abnormal hormonal levels
- Hypogonadism
- Inflammation and/or infection of the prostate or urethra
- Erectile dysfunction (ED)
- Genetic predisposition

Relationship issues

- Interpersonal issue in the current relationship

Age

- Aging does cause changes in erections and ejaculation. The ejaculation period is shorter in old mans

Repertorial approach- Premature ejaculation related rubrics are present in various commonly used repertories, which serves as a guide for selection of best similimum^{6,7,8,9}.

Rubrics	Medicines	Repertory
MALE-EJACULATION -acid	cop., gels. hydr. , merc-c. , thuj.	Murphy Repertory
MALE-EJACULATION -cold, during sex	nat-m.	Murphy Repertory
MALE-EJACULATION -difficult	anan., carbn-s, cemic., lach., lim., lyss,zinc	Murphy Repertory
MALE-EJACULATION –frequent- several in, a week	dig. , sars. , tarent., ust.	Murphy Repertory
MALE-EJACULATION –frequent- frothy	mur-ac	Murphy Repertory
MALE-EJACULATION –frequent -greenish-	merc-., nux-v.	Murphy Repertory
MALE-EJACULATION –frequent –lemon colored	hura	Murphy Repertory
MALE-EJACULATION –frequent –lump,feeling as a	cere	Murphy Repertory
MALE-EJACULATION –frequent –lumpy- during sex	alum	Murphy Repertory
GENITALIA-PAIN- Testes-Spermatic cord-erections, after, without coition	Mag- m., nux-m., sars.	Kent Repertory
MALE GENITALIA- POLLUTIONS-bed – penis relaxed, in	Canth.	Synthesis Repertory
MALE GENITALIA- POLLUTIONS-falling asleep again, on	Ol-an	Synthesis Repertory
MALE GENITALIA-SEXUAL DESIRE-diminished-morning	Petro.	Synthesis Repertory
MALE GENITALIA-SEXUAL DESIRE-diminished-evening	Dios.	Synthesis Repertory
MALE GENITALIA-SEXUAL DESIRE-diminished-night	Cocc.	Synthesis Repertory

MALE GENITALIA-SEXUAL DESIRE-diminished-sexual excesses,after	Agn., aven, Staph. ,Sulph., upa	Synthesis Repertory
MALE SEXUAL SYSTEM - Coitus - Aversion to	arn. graph. lyc	Boericke
MALE SEXUAL SYSTEM - Coitus - Painful	arg-n. calc. sabal	Boericke
MALE SEXUAL SYSTEM - Discharge - Acrid, corroding	cop. gels. <i>Hydr. Merc-c.</i> thuj.	Boericke
MALE SEXUAL SYSTEM - Discharge - Bloody	arg-n. <i>Canth.</i> cub. <i>Merc-c.</i> mill.	Boericke
MALE SEXUAL SYSTEM - Penis - Atrophy	ant-c. arg-met. staph.	Boericke
MALE SEXUAL SYSTEM - Genitals - Relaxed, flabby, cold, weak	absin. Agn. Calad. caps. Chin. Con. <i>Dios. Gels.</i> ham. Lyc. nuph. <i>Ph-ac.</i> phos. <i>Sel.</i> sep. staph. sulph. uran-n.	Boericke
MALE SEXUAL SYSTEM - Pe- nis - Pains - Pressive, pinching	<i>Canth.</i> caps. graph. kali-bi. <i>Nit-ac.</i> puls. <i>Rhod.</i>	Boericke

Management of PE^{2,3}-

- Psychological counseling and behavioral approaches- Patient counseling and education. If PE is secondary to ED, treat ED first.
- Pharmacological approaches.
- Combination therapy
- **Practice a healthy lifestyle.**
- **Avoid drinking and smoking.**
- **Take a proper diet.**
- **Get enough sleep.**
- **Talk with your partner.**

Homoeopathic remedy for PE^{10, 11, 12}

1. *Agnus castus*: The most effective point of attack of Agnus upon the organism is the sexual organism. It lowers sexual vitality, with corresponding mental depression

and loss of nervous energy. It shows this distinctive influence in both sexes, but is more pronounced in men. Premature old age from abuse of sexual power. No erections. Impotence. Parts cold, relaxed. Desire gone. Scanty emission without ejaculation. Loss of prostatic fluid on straining.

2. *Berberis Vulgaris*: Suppressed sexual desire; during coition too weak and too short thrill, ejection too soon; coldness and numb feeling in prepuce and glans; scrotum shrunken and cold, with pressure in testicles; too speedy ejaculation of semen, the desire is weak and soon passes away.
3. *Bufo rana*: Involuntary emissions; impotence, discharge too quick, spasms during coition. -Worse, in warm room, on awakening. Better, from bathing or cold air; from putting feet in

- hot water.
4. *Caladium senguinum*: Erections when half-asleep; cease when fully awake. Impotency; relaxation of penis during excitement. No emission and no orgasm during embrace. *Better*, after sweat, after sleeping in daytime. *Worse*, motion.
 5. *Calcarea carbonica*: *Apprehensive*; worse towards evening; *fears loss of reason, misfortune, contagious diseases. Forgetful*, confused, low-spirited. Anxiety with palpitation. Obstinacy; slight mental effort produces hot head. Averse to work or exertion. Frequent emissions. Increased desire. Semen emitted too soon. Coition followed by weakness and irritability. *Worse*, from exertion, mental or physical. *Better*, dry climate and weather.
 6. *Carbo vegetabilis*: Aversion to darkness. Fear of ghosts. Sudden loss of memory. Seminal discharge too soon, during coitus, followed by roaring in head. Discharge of prostatic fluid, while straining at stool.
 7. *Cantharis*: After exposure to gonorrhoea, it produces a furious disturbance in the sexual organs and produces a strong desire, also useful for painful erection and priapism in gonorrhoea.
 8. *China officinalis* -Excited lascivious fancy. Frequent emissions, followed by great weakness.
 9. *Conium maculatum*: Premature senility; bad effects from suppressed sexual desire or from excessive indulgence; painful seminal emission instead of the normal pleasurable thrill; sexual desire without erection or with an insufficient one; pollutions, with subsequent excitement of the sexual desire, even when merely dallying with women; discharge of prostatic juice during every motion, without lascivious thoughts.
 10. *Graphitis*: Sexual debility, with increased desire; aversion to coition; too early or no ejaculation. Emission of semen, almost involuntary, without erection. Absence of emission of semen during coition.
 11. *Lycopodium clavatum*: No erectile power; impotence. Premature emission. Repugnance to coition, or disposition to be too easily excited to it. Impotence of long standing.
 - Weakness or total absence of erections. Penis small, cold, relaxed. Excess of pollutions or absence of pollutions. Emission too speedy or too tardy during coition. Falling asleep during coition. Lassitude after coition or pollutions. Flow of prostatic fluid without an erection.
 12. *Sulphur*: Involuntary emission of semen; too quick discharge of semen during coition; waning of sexual desire from overindulgence, with weakness of back and threatening paralysis; coldness of penis; testicles relaxed, hanging down; offensive sweat around genitals; faintness and flushes of heat; cold feet and heat on top of head; frequent involuntary emission of semen at night, exhausting him the next morning; seminal flow thin, watery, nearly inodorous, having lost all its peculiar properties; backache and weakness of limbs; low spirits, hypochondriasis.
 13. *Sabal serrulata* : Sexual weakness and neurosis, organs feels cold, it is of great importance in the treatment of prostatic enlargement, epididymitis and urinary difficulties due to them, atrophy of breast, dysuria, enuresis, impotence, obesity, prostate enlarged, sterility, urine incontinence of spermatorrhoea marked impotency may be associated, painful micturition with urging especially at night.
 14. *Selenium metallicum*: Dribbling of semen during sleep. Dribbling of prostatic fluid. Irritability after coitus. Loss of sexual power, with lascivious fancies. Increases desire, decreases ability. Semen thin, odorless. Sexual neurasthenia. On attempting coition, penis relaxes.
 15. *Staphysagria*: Especially after self-abuse; persistent dwelling on sexual subjects. Spermatorrhoea, with sunken features; guilty look; emissions, with backache and weakness and sexual neurasthenia. Dyspnoea after coition. *orse*, anger, indignation, grief, mortification, loss of fluids, onanism, sexual excesses, tobacco; least touch on affected parts. *Better*, after breakfast, warmth, rest at night.
 16. *Medorrhinum*: Male.--Nocturnal emissions, followed by great weakness. *Impotence*. Gleet; whole urethra feels sore. Urethritis. Enlarged and painful prostate with frequent urging and

painful urination.

17. *Natrium muriaticum*: Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. *Consolation aggravates*. Irritable; gets into a passion about trifles. Awkward, hasty. Wants to be alone to cry. Emission, even after coitus. Impotence with retarded emission.
18. *Nux vomica*: Easily excited desire. Emissions from high living. Bad effects of sexual excesses. Constrictive pain in testicles. Orchitis. Spermatorrhœa, with dreams, backache, burning in spine, weakness and irritability.
19. *Phosphorus*: Fearfulness, as if something were creeping out of every corner. Clairvoyant state. Great tendency to start. Over-sensitive to external impressions. Loss of memory. Memory. Paralysis of the insane. Ecstasy. Dread of death when alone. Brain feels tired. Insanity, with an exaggerated idea of one's own importance. Excitable, produces heat all over. Restless, fidgety. *Hypo*-sensitive, indifferent. Lack of power. *Irresistible desire*; involuntary emissions, with lascivious dreams.
20. *Zincum metallicum*: Emissions with hypochondriasis. Strong sexual desire, with difficult or two speedy emission. Permanent erections at night. Emissions at night, without lascivious dreams. Easily excited; the emission during an embrace is difficult or almost impossible. Flow of prostatic fluid without any cause. Hands constantly on the genitals.

CONCLUSION

Premature ejaculation is the most common disease. The existence of four different types of PE indicates that management approaches should also be individualized. Psychotherapy, sex counseling, and behavioral therapies may be helpful for men with normal variant PE. Homoeopathic medicine is selected on basis of individualistic approach after the case taking in every case of PE which is based upon symptoms, type, etiology etc.

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Therapeutics of Impotency

Dr. Prastuti Jaiswal , Dr. Saumya Sharma

ABSTRACT

Impotency is widespread condition over 40 years of age in males all over the world. It is multidimensional but common male sexual dysfunction. In impotency rare and lesser used medicine can be effective.

Keywords: Homoeopathy, Impotency, Therapeutics

INTRODUCTION

Impotency is defined as “recurrent and persistent inability, partial or complete, to maintain an erection firm enough for satisfactory sexual intercourse in presence of proper erotic stimuli”¹. It should be considered a social problem and have a significant impact on the quality of life (QOL) of both the patient as his partner². It is a common problem affecting 15% of men each year approximately³. In 1995 over 150 million men worldwide were estimated to have been affected by erectile dysfunction (ED). By 2025 this is projected to rise to 320 million⁴.

The prevalence varies widely in studies from different countries. In the United States it was estimated to be 18.4% in men aged > 20 years⁵, in Canada 49.4% and in Hong Kong 63.6%.

The global prevalence was 3-76.5% and associated with increasing age. Use of the international Index of erectile function (IIEF) and Massachusetts Male Aging Study (MMAS) – derived questionnaire identified a high prevalence of ED in young men. ED was positively associated with CVD. Men with ED have an increased risk of all – cause mortality odds ratio (OR) 1.26 (95% confidence interval [CI] 1.01-1.57), as well as CVD mortality OR 1.43 (95% CI 1.00 – 2.05). Men with ED are 1.33-6.24 times more likely to have BPH the men without it , and 1.68 times develop dementia then men without it⁶.

Clinical features⁷

- Trouble getting an erection

- Trouble keeping and erection
- Reduced sexual desire

Causes⁷

It is a complex process that involves the brain, hormones, emotions, nerves, muscles and blood vessels and many other causes.

Physical causes

- Heart diseases
- Clogged blood vessels (atherosclerosis)
- High cholesterol
- Diabetes
- Obesity
- Parkinson’s disease
- Multiple sclerosis
- Peyronie’s disease- development of scar tissue inside the penis
- Alcoholism and other forms of substance abuse
- Sleep disorders
- Treatment of prostate cancer or enlarged prostate

- Surgery or injuries that affect the pelvic area or spinal cord
- Low testosterone

Psychological causes

Brain plays a key role in triggering the physical events that cause an erection, start with feeling of sexual excitement. These include

- Depression, anxiety or other mental health condition
- Stress
- Relationship problems due to stress, poor communication or other concerns

Risk factors⁷

- Medical conditions - particularly diabetes or heart conditions
- Tobacco use- which restricts blood flow to veins and arteries, can – over time – cause chronic health conditions that lead to erectile dysfunction
- Being overweight - especially if you are obese.
- Injuries- If they damage the nerves or arteries that control erections.
- Psychological conditions -such as stress, anxiety and depression
- Drug and alcohol use - If you are a long -term drug user or heavy drinker.
- Medications - including antidepressants, antihistamines and medications to treat high blood pressure, pain or prostate conditions.
- Certain medical treatments- such as prostate surgery or radiation treatment for cancer

Complications⁷

- Stress or anxiety
- Embarrassment or low self-esteem
- Relationship problems
- An unsatisfactory sex life
- The inability to get your partner pregnant

Prevention⁷

The best way to prevent sterility is to make healthy lifestyle choices and to manage any present health conditions. For example

- Work with your doctor to manage diabetes, heart disease or any other chronic health conditions.
- Regular check-ups and medical screening tests.
- Stop smoking.
- Limit or avoid alcohol.
- Do not use illegal drugs. Exercise regularly.
- Reduce stress

Homoeopathic management

In homoeopathy with the help of medicines we treat impotency and prevent further complications of the disease.

1. *Agnus castus*– Yellow discharge from urethra. No erections. Impotence. Part cold, relaxed. Desire gone. Scanty emission without ejaculation. Loss of prostatic fluid on straining and gleety discharge⁸. Itching of the genital organ. The penis is small and flaccid; so relaxed that voluptuous fancies excite no erection. Diminution sexual power. The testicles are cold, swollen, hard and painful. Emission of prostatic fluid when straining at stool; during micturition⁹.
2. *Caladium senguinum*- Impotency; relaxation of penis during excitement. Pruritis. Glans very red. Organs seem larger, puffed, relaxed, cold, sweating; skin of scrotum thick. Erection when half asleep; ceases when fully awake. No emission and no orgasm during embrace⁸. Impotence with mental depression. Frequent nocturnal emissions either without dreams or with non-sexual dreams. Imperfect erections and premature ejaculation of the semen⁹.
3. *Tribulus terrestris*-In debilitated states of the sexual organs, as expressed in seminal weakness, ready emissions and impoverished semen. Prostatitis, calculous affections and sexual neurasthenia. It meets the

auto-traumatism of masturbation correcting the emissions and spermatorrhoea. Partial impotence caused by overindulgence of advancing age accompanied by urinary symptom, painful micturition⁸.

4. *Nuphar luteum* -Complete absence of sexual desire; parts relaxed; penis retracted. Impotency, with involuntary emissions during stool, when urinating. Pain in testicles and penis⁸. Diminution of lascivious thoughts and desire for some days; opposite effect during succeeding days. Involuntary losses during sleep, at stool, and when urinating, with complete absence of erections; inability to effect coitus; weakness; impaired digestion; pale languid⁹.
5. *Cobaltum metallicum*- Emission without erection and pain in right testicle. Impotence. Backache in lumbar region and weak legs. Brown spots on genitals and abdomen⁸. Frequent nocturnal emissions with lewd dreams waking him up from sleep; with headache. Severe pain in right testicle; >after passing urine⁹.
6. *Yohimbinum*- Strong and lasting erections. Neurasthenic impotence. Urethritis. Sleeplessness. Thoughts of events of whole past life keep him awake⁸. Enlargement of testicles and epididymis. In the morning strong and lasting erections without increase of desire. Urine clear, abundant, foamy, no trace of albumen and had to rise three times in the night⁹.
7. *Uranium nitricum*- Complete impotency, with nocturnal emissions. Organ cold relaxed and sweaty. Its therapeutic keynote is great emaciation, debility and tendency to ascites and general dropsy. Copious urination. Diuresis. Incontinence of urine⁸. Burning in urethra while passing urine¹⁰.
8. *Sinapis nigra*- Violent erections during day and night; obstinate, painful and continued. Awakening him at night; with lascivious thoughts; lascivious dreams and emissions at night⁹. Pain in bladder, frequent copious flow day and night. Rheumatic pain in intercostal and lumbar muscles; sleeplessness from pain in back and hips⁸.
9. *Sumbulus moschatus*-Oily pellicle on surface

of urine. Sensation as if water dropped down spine and has many hysterical and nervous symptoms. Numbness on becoming cold. Numbness on left side⁸. Absence of erections and all sexual desire. Itching inguinals with increased desire. -Erythema of scrotum⁹.

10. *Damiana*- Use in sexual neurasthenia; impotency. Sexual debility from nervous prostration. Chronic prostatic discharge. Incontinence of old people. Chronic prostatic discharge. Renal and cystic catarrh⁸.
11. *Bufo rana*- Involuntary emissions; impotence, discharge too quick, spasms during coition. Disposition to handle organs. Buboec. Effect of onanism. Convulsive seizures occur during sleep at night. Prematurely senile⁸. Disposition to masturbation. Spasms, during coition. Impotency¹⁰.
12. *Onosmodium virginianum*- Constant sexual excitement. Psychical impotence. Loss of desire. Speedy emissions. Deficient erections. General prostration. Acts as if born tired. Pain in back. Tired and numb feeling in legs, popliteal spaces, and below knees. Staggering gait⁸. Cold feeling in glans. Desire diminished⁹.
13. *Selenium metallicum*- Tickling and itching in genitals, especially in scrotum. Impotence; with lascivious ideas. Discharge of semen, drop by drop, during sleep. Lascivious dreams with emissions which waken him, followed by lameness and weakness in small of back⁹. Increases desire, decreases ability. On attempting coition, penis relaxed⁸.
14. *Sabal serrulata*- Prostatic troubles; enlargement; discharge of prostatic fluid. Wasting of testes and loss of sexual power. Coition painful at the time of emission. Sexual neurotics⁸. Sense of coldness extending into external genitals; sharp pain extending up into abdomen⁹.
15. *Moschus*- Violent desire, involuntary emissions. Impotence, associated with diabetes. Premature senility. Nausea and vomiting after coition. Sexual hypochondriasis. Profuse urination⁸. Painful involuntary pollutions without erections. Erection with burning pain in urethra. Erection with desire to urinate. Sometimes with insupportable tickling in the parts, or tensive pains in penis⁹.
16. *Baryta carbonica* - Diminished desire and

premature impotence. Enlarged prostate. Testicles indurated ⁸. Falling asleep during coition, without the emission having taken place. Excoriation and oozing between the scrotum and thighs. Erection only in the morning before rising ⁹. Erection when riding and genitals feel numb ¹⁰.

17. *Conium maculatum* – Impotence, insufficient erections, and absence of erections. Want of energy in coition. Erections imperfect, and of too short of duration. Flow of prostatic fluid during evacuation, and after any mental emotion ⁹. Seminal discharge, provoked by mere presence of a women or contact ¹⁰.
18. *Lycopodium clavatum* – No erectile power; impotence. Premature emission. Enlarged prostate ⁸. Bastard gonorrhoea, with a deep red and smarting pustule behind the glans. Weakness or total absence of erections. Emission too speedy or too tardy during coition. Falling asleep during coition. Lassitude, after coition or pollutions. Flow of prostatic fluid, without an erection ⁹.
19. *Phosphorus* – Very strong sexual desire, with constant wish for coition. Impotence after excessive excitement and onanism. Erections which are too energetic in evening and morning. Feeble and too speedy emission during coition. Pain in testes and swelling of spermatic cord. Hydrocele ⁹.
20. *Medorrhinum* – Nocturnal emission, followed by great weakness. Impotence. Gleet; whole urethra feels sore. Enlarged and painful prostate with frequent urging and painful urination⁸. Emissions during sleep: watery, causing no stiffness of linen; transparent, consistence of gum Arabic mucilage, too thick to pour, and voided with difficulty; thick, with threads of white, opaque substance. Intense and frequent erection day and night ⁹.

DISCUSSION AND CONCLUSION

Homoeopathy is a great benefit for those who suffering from impotency. Homoeopathy avoids painful procedure, lessen the financial burden and provides natural conception, removes emotional blockage and improve the relationship of the couple so therapeutics of impotency discussed above.

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CONFLICT OF INTEREST

None

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Scope of Homoeopathy in The Treatment of Infertility in Males

Dr. Ishita Ganjoo, Dr. Deeksha Garg

ABSTRACT

Infertility has a strong impact on the physiological and psychological growth of a couple. As per data the cases of infertility are increasing in India due to multiple reasons. Therefore, it is the need of the hour to look into the causative factors and control such factors in future. Male infertility takes a major chunk and the magnitude and prevalence of infertility in males is increasing. Awareness should be created about male infertility in the society. The religious stigmas attached to infertility should not to be considered. As per studies AIIMS reported about 12-18 million couple diagnosed with infertility every year. Homoeopathy has a great role in curing male infertility based on extensive case taking and individualization. The well indicated homoeopathic medicine should be given on the bases of cause and totality of symptoms. Homoeopathy can increase the chances of natural conception and helps to avoid the side effects of hormonal medicines.

Keywords: infertility, sterility, couple, sperm, spermatozoa, spermatogenesis, ejaculation, erection, testicles

Abbreviation: HB - hemoglobin, WBC – white blood corpuscles, RBC – red blood corpuscles, LH – luteinizing hormone, FSH – follicle stimulating hormone, GnRH – gonadotropin releasing hormone, ABP – androgen binding protein, WR – Wassermann reaction, T.B. - tuberculosis

INTRODUCTION

Women have always been blamed for infertility but in recent years it has been shown that male partner is at fault in about 25% cases, female partner in 25% and rest both are in 50%. It is usually seen that female partner seeks medical advice first but the male partner should also be investigated equally.¹

Infertility affects one in six couples. There are about 60-80 million infertile couples worldwide. Infertility may be defined as an inability to achieve pregnancy within two years of having unprotected intercourse. The cause of infertility could be in the male partner or just in female partner but in some couples it can be both so, each case of infertility may need couple assistance to achieve pregnancy. Male factors for infertility are defective spermatogenesis, obstruction of efferent duct system, failure of deposit of sperm, error in seminal fluid, immunological cause.³

Effective spermatogenesis is the most important factor to maintain male fertility. Hypothalamus releases GnRH which is essential for production and release of LH and FSH in an episodic manner. LH secretes testosterone and FSH secretes ABP which is needed to develop a high androgenic environment for healthy spermatogenesis and sperm maturation.³

Optimum production of spermatozoa takes place when the testis is in the slightly cooler place than rest of the body as in scrotum. Any kind of trauma and infection to the testes may adversely affect spermatogenesis.³ Damage or infection to the testes leads to circulating antibodies formation against spermatozoa in the semen or blood. These antisperm antibodies lead to infertility.³

Causes

Infertility may be congenital or acquired which

may arise due to organic defects or subsequent diseases.¹

1. Local Causes

Failure to Produce Spermatozoon ¹	Failure in Transmission of Spermatozoon ¹	Failure to Deposit Spermatozoon ¹	Defective Spermatogenesis ³	Obstruction of Efferent Ducts ³
Malformation – incomplete development, crypto orchidism Infection – tuberculosis, syphilis Inflammation – orchitis following mumps, influenza Physical Damage – trauma, operation, radiation, Tumours Drug Poisoning Endocrine Dysfunction	Malformation Trauma Inflammation	Malformation – phimosis, hypospadias, carcinoma Psychological – absence of libido and erection, impotence, premature ejaculation	Infection- mumps, influenza, T.B., gonorrhea, filariasis, syphilis, Chlamydia, brucellosis. Drugs- anabolic steroids, radiation, cytotoxic drugs. Endocrine Factors- hyperprolactinemia, Thyrotoxicosis, DM, Kallmann's syndrome, Lawrence Moon Biedl syndrome	Surgical Trauma- herniorrhaphy, vasectomy Infection- gonorrhoea, T.B.

2. Constitutional Causes

The constitutional cause may include any acute or chronic disease, severe physical and mental exhaustion, indolent and luxurious habits, excessive indulgence in wine.¹

3. Congenital Causes³

Defective Spermatogenesis	Obstruction Of Efferent Ducts
<p>Undescended testes</p> <p>Klinefelter's syndrome</p> <p>Exposure to active or passive smoking in intra uterine life</p>	<p>Cystic fibrosis</p>

4. Immunological Cause³

Immune mediated male infertility is an autoimmune disease. It contributes 5-15% of the male infertility factors. immunological reaction to infertility are :

- Oligospermia
- Azoospermia
- Auto agglutination of ejaculated spermatozoa
- Blockage of sperm ovum interaction
- Inadequate spermatozoal traverse of cervical mucus
- Enhancement of phagocytic clearance of spermatozoa by macrophages
- Sperm cytotoxicity

History

1. A careful history taking which includes the usual medical and surgical informations is to be noted. History of mumps , tuberculosis, operation for hernia , hydrocele.

Careful and tactful questioning may reveal a complete ignorance of sexual act or some other functional disorder like ejaculatio praecox.¹

Examination may reveal pituitary failure. Example Froehlich's syndrome, hypospadias.¹

2. Plan for history taking
Enquiry into marital relationship should be done with frequency of intercourse, orgasm and libido.¹

Physical Examination

Male genitalia and testicular sensation are to be

examined to find out status of the viable sperms.¹

General Observation

It is of appearance, signs of virilization, such as deepening of voice, fascial and body hair distribution, height, weight, pulse rate, blood pressure, chest and cardiovascular examination, any abdominal scar, swelling or hernia.³

Local Examination

Any abnormalities of penis, testes or epididymis. Look for any hernia, hydrocele, varicocele veins. Any scars or swelling on the groin. Examination of the prostate and seminal vesicle by P/R examination.³

Specific Investigations

Other investigations

Treatment

Treatment of infertile couple should be holistic in nature. Once the basic tests are done along with the diagnosis then further line of treatment is decided. Couple should have adequate and trained counseling to help them to cope up with the pressure of investigation and treatment. This motivates the couple to be focused with a positive outlook towards the whole process.³

The treatment can be general, medical, surgical and psychological.

General Treatment

Most of the time no particular cause is found.

Good food, adequate rest, relief from worries and anxiety, advice about relationship during the fertile phase of cycle may help.¹

The treatment would depend on the cause and too much time should not be wasted and the age of the wife should always be kept in mind while treating the husband.³

Medical Treatment

Tuberculosis, hypertension, thyroid disorder, diabetes, nephritis, syphilis and gonorrhea should be treated.¹

Surgical Treatment

Implanted devices such as prostheses can restore erections.³

Psychological Treatment (Counseling)

First of all, explain to the couple the prognosis after investigation. Often they have difficulty to coming in terms with reality. Gentle and repeated reassurance will help. There is significant psychological stress associated with infertility and the couple should be given help to cope up with it.

In case the couple wants to go for ART (Assisted reproductive technique) prolonged and invasive monitoring should be explained along with the financial implications.

For those who are untreatable adoption should be suggested and repeated counseling would be of great help in such conditions.²

Adoption is a very good option in infertile couples. It is lawful assumption of parental rights and responsibilities of another human being usually a child under 18 years of age. It helps to give them better life. In India, a central authority, Central Adoption Resource Agency is setup under Ministry Of Woman And Child Development. The ministry has launched CARINGS.³

Homoeopathic Therapeutics

The following medicines work wonderfully in cases of male infertility

Agnus castus, Gossypium, Graphites, Sabal serrulata, Phosphoricum acidum⁴, Causticum, Sulfanil-

amidum, X ray⁵, Aurum met., Carb an, Conium, Iodum, Medorrhinum, Pituitrinum, Staphysagria, Syphilinum, Testicles, Tocopherolum⁶.

X Ray⁷ –

- Sterility
- Sexual glands are particularly affected
- Atrophy of testicles
- It brings to surface suppressed symptoms especially sycotic and those due to mixed infections
- Lewd dreams
- Loss of sexual desires
- Re-established suppressed gonorrhea

Aurum Metallicum⁷ –

- Pain and swelling in testicles(orchitis)
- Chronic induration of testicles
- Violent erections
- Atrophy of testicles young boys
- Hydrocele
- Well indicated in affections of blood, gland and bones
- Indicated in mental states of great depression, hopeless, despondent and a great desire to commit suicide

Caladium⁷ –

- Impotence with relaxation of penis during excitement
- It has marked action on genital organs, pruritus, balanitis
- Organ seems larger, puffed, relaxed
- Cold sweating
- Skin of scrotum is thick
- Erections when half asleep and cease when fully awake
- No emission and no orgasm during embrace

Conium Maculatum⁷

- This remedy corresponds to debility, hypochondriasis, weak memory, sexual debility
- Increased sexual desire with decreased power
- Sexual nervousness with feeble erections
- Orchitis – testicles hard and enlarged

Indium Metallicum⁷

- Seminal emission, emission too frequent
- Testicular tenderness
- Diminished power
- Drawing pains along the spermatic cord

Lupulus Humulus⁷

- Painful erections
- Emissions, depending on sexual weakness and after onanism
- Spermatorrhea
- Nervous tremors; wakefulness and delirium of drunkards

Onosmodium Virginianum⁷

- Constant sexual excitement
- Psychical impotence
- Loss of desire
- Speedy emission
- Deficient erections
- Sexual neurasthenia

Agnus Castus^{8,7}

- Best remedy where sexual vitality is affected
- Decreased sexual ability
- Abuse of sexual acts
- History of recurrent attacks of sexual transmitted diseases
- Impotency with gonorrhea
- No erections
- Scanty emission without ejaculation
- Testicles, cold, swollen, hard, and painful

Phosphoricum Acidum⁸

- Great remedy for primary sterility due to debilitated conditions such as tuberculosis,

diabetes mellitus

- Sterility caused due to sexual excess
- Difficulty in sperm deposition and they die soon
- Chronic obesity with sterility

Medorrhinum⁷

- Nocturnal emissions followed by great weakness
- Impotence
- Restores the gonorrhea discharge
- Enlarged and painful prostate with frequent urging and painful micturation

DISCUSSION⁹

As per the WHO estimates 60–80 million couples worldwide suffer from infertility. It varies across regions of the world and is estimated to affect 8–12% of couples worldwide. Of all infertility cases, approximately 40–50% is due to “male factor” infertility and as many as 2% of all men will exhibit suboptimal sperm parameters.

In recent decades, infertility has impacted an increasing number of couples.

As per the WHO, the overall prevalence of primary infertility ranges between 3.9% and 16.8%. As high as 90% of male infertility problems are related to count and there is a positive association between the abnormal semen parameters and sperm count. The problem with sperm count, motility, and morphology stems from disarray in control mechanism, including pre-testicular, testicular, and post-testicular factors.

Hence, semen analysis remains the single most useful and fundamental investigation with a sensitivity of 89.6%, that it is able to detect 9 out of 10 men with a genuine problem of male infertility.

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After a thorough analysis, we concluded that the case is a result of a combination of factors

Fear is an adaptive emotion that serves as a protective mechanism, allowing us to respond quickly to perceived threats that have evolved over time to help us survive. Fear is also a complex emotion, consisting of cognitive, physiological, and behavioral components that interact dynamically. It is an essential part of our evolutionary development, and can motivate us to take action in difficult situations. It is a complex emotion that can trigger both the "fight or flight" response and paralysis. Fear can help us stay alert and motivate us to take action, but it can also be overwhelming and debilitating. Fear is a physiological response to a perceived threat, which is triggered by the release of hormones such as adrenaline and cortisol causing responses such as increased heart rate, heightened alertness, and increased levels of stress hormones. It is an essential emotion that can cause feelings of anxiety, fear, and panic, studied extensively and is known to be divided into two distinct categories; innate and learned.

- Innate fear is an instinctual response to a stimulus, while
- learned fear is acquired through experience and is often based on past events.
- This case helped us understand that
- intense fears can interfere with everyday functioning and lead to avoidance behavior.
- how a character responds to fear is highly dependent on their personality and prior experiences.

Fear can be irrational, exaggerated fear, this is due to the activation of the limbic system in the brain, which triggers an emotional response, regardless of whether the stimulus is a real danger or not, caused by a variety of psychological factors, including the formation of faulty associations and the presence of traumatic memories.

Neurobiological research suggests that fear

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Male Reproductive Dysfunction : A Complication Of Type 2 Diabetes Mellitus

Dr Pawanpreet Kour, Dr Bhavana Gupta, Dr. Sandhya Gupta, Dr. Ramanand Bharati

ABSTRACT

Diabetes Mellitus is among the common chronic metabolic disorders. It causes high blood glucose levels. Patients with diabetes face challenges in managing their illness and run a risk of developing complications. Complications of DM comprises mainly of Macroangiopathy, microangiopathy, nephropathy and sexual dysfunctions. Erectile dysfunction has been seen to be more common in individuals suffering from diabetes. ED initially can be managed by changing the lifestyle, controlling DM and managing the co-morbidities. After analyzing different repertoires some important remedies for male sexual dysfunction as a result of T2DM are discussed herein.

Keywords: Diabetes mellitus, Hyperglycemia, Erectile dysfunction, Semen

Abbreviation: MSD (Male Sexual Dysfunction), Type 2 Diabetes Mellitus (T2DM), Testosterone Deficiency (TD), Erectile Dysfunction (ED), Testosterone Replacement Therapy (TRT)

INTRODUCTION

Deterioration of reproductive functions is one of the most serious complications of T2DM. Neuropathy, angiopathy, oxidative stress, and psychological deviations are the important causative factors in developing reproductive dysfunctions in diabetes. In males, the principal complications are erectile dysfunction (ED), ejaculatory disorders, functional hypogonadism, loss of libido, changes in semen quality which disrupt the normal coital function. Low serum testosterone is frequently observed in males with T2DM but the neuroendocrine pathophysiology is yet to be defined. This reduction in testosterone levels decreases libido⁽¹⁾. Studies have found that 59% of diabetic men have ED⁽²⁾.

Erectile Dysfunction

Erectile dysfunction, formerly termed as impotence, is defined as the failure to achieve or maintain a rigid penile erection suitable for satisfactory sexual intercourse⁽³⁾. It is a common condition in men aged over 40 years, with the prevalence increasing steeply with age and other co-morbidities⁽⁴⁾.

ties⁽⁴⁾.

Functional Hypogonadism

Functional HG is a reversible form, with borderline low Testosterone levels, characterized by sexual symptoms mainly secondary to age-related comorbidities and metabolic derangements. For “functional” HG, change in lifestyle and removing the underlying condition leading to the TD is the recommended strategy to increase endogenous Testosterone⁽⁵⁾.

Changes in Semen Quality

Semen quality is a measure of male fertility, a measure of the ability of sperm in semen to accomplish fertilization⁽⁶⁾. It mainly focuses on three things Sperm Volume, Motility and Morphology.

Type 2 Diabetes Mellitus

DM is a group of metabolic diseases characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action, or both. Meta-

bolic abnormalities in carbohydrates, lipids, and proteins result from the importance of insulin as an anabolic hormone. Low levels of insulin to achieve adequate response and/or insulin resistance of target tissues, mainly skeletal muscles, adipose tissue, and to a lesser extent, liver, at the level of insulin receptors, signal transduction system, and/or effectors enzymes or genes are responsible for these metabolic abnormalities. The severity of symptoms is due to the type and duration of diabetes⁽⁷⁾. The incidence rate of DM is very high, and the age of onset has been decreasing worldwide. The latest data from the International Diabetes Federation (IDF) show the number of adults with diabetes is up to 463 million worldwide and is estimated to increase to 578 million by 2030.

As written by James Krauss in his introduction to the Organon of Medicine:

“Hahnemann steps in to say, for the first time in all history: Remove the effects and you remove the disease, the cause of the effects i.e. cessat effectus cessat causa”. This is one of the basic axiom of homoeopathy. Since, DM is one of those diseases which affect the whole economy of the body spreading its roots in almost all systems including Male reproductive system. Keeping in mind the above axiom, removing the cause i.e. DM will help in removing its effects and thereby reducing the incidence of MSD.

The prevalence of erectile dysfunction among diabetic men varies between 35-90%. Although erectile dysfunction is widespread among men with diabetes, the condition often remain undiagnosed and demand appropriate assessment and prompt treatment⁽⁸⁾.

Pathophysiology

The vast majority of patients with diabetic impotence have penile nerve thickening or beaded neuropathy. The decrease in serum testosterone (T) caused by DM also affects vascular endothelial function. Nitric oxide (NO) is an important neurotransmitter in penile erection, and the relaxation effect of NO on smooth muscle cells in corpus cavernosum and microvessels of the penis is at the core of penile erection⁽⁹⁾.

Hyperglycemia leads to increased levels of reactive oxygen species (ROS), increased advanced glycation end products (AGEs), inhibition of endothelial nitric oxide synthase (eNOS) metabolism, and a decrease in endothelial synthesis and the release of NO, that leads to ED.

Neuropathy causes a decrease in NO and an increase in vasoconstrictor endothelin (ET) levels, which are related to erectile function. DM causes metabolic changes in sorbitol metabolism bypass, arteriosclerosis, and disturbance in neurotrophic supply⁽¹⁰⁾, resulting in glycogen deposition, thickening of the basal membrane of somatic nerve sheath cells, and disintegration of axons leading to sensory and motor nerve damage, while the demyelination of pelvic sympathetic nerves leads to the inhibition of sympathetic nerves and eventually diabetic impotence⁽¹¹⁾. DM also affects sperm DNA integrity. **Symptoms** include loss of libido, ejaculation before penetration/1-3 min. of penetration, difficulty being aroused. trouble keeping an erection, irritability, anxiety and depression.

Specific Diagnostic Testing:

Radiologic testing, nocturnal penile rigidity testing, vascular and neurologic functional testing, and penile Doppler ultrasound are available for further diagnostic workup of ED. Questionnaire checklist for early ejaculation symptoms. Other tests include CBC, hormonal analysis, Lipid profile etc.

Conventional Management:

Hormone therapy: Low levels of testosterone raised by hormone replacement therapies that include injections, patches or gels.

Mechanical aids: Vacuum devices and penile implants that can help some men erectile dysfunction.

Bad Effects of Conventional Treatment:

Some of the side effects of HRT are as some studies has shown the direct relationship between increase in serum PSA and TRT which leads to CA prostate.

Testosterone has an effect which can lead to poly-

cythemia which in turn may lead to Stroke, MI, DVT.

TRT can lead to aggressive behavior and increased rate of suicide as testosterone can be converted into estrogen by aromatization. Excess estrogen may lead to gynaecomastia which is seen in 10-25% patients of HRT.

Moreover TRT is a temporary solution to the problem as soon as the TRT stop the patient will revert back to his original symptoms.

Role Of Homoeopathy

The basic mechanism of DM is that the receptor cells functions abnormally mainly GLUT-4 the main function of which is to help in the uptake of insulin for the cells thereby help in utilization of glucose. When the GLUT-4 functions abnormally the cells become insulin resistant and the cells cannot not use the glucose thereby increasing the blood glucose level. Till now the only mode of treatment available by conventional medicine for such cases is use of artificial insulin but there are studies which shows the effectiveness of homoeopathy without use of insulin in cases of DM. Moreover the treatment for MSD comes with its own set of side effects, Hahnemann mentions this as overdrugging by large doses of drugs thereby diming the ray of hope any hope, if any left. DM is a mixed miasmatic disease and as described by Hahnemann in organon of medicine, mixed miasmatic diseases are difficult to cure. Moreover most cases usually come to homoeopaths after using large doses of conventional drugs thereby making the case more complicated⁽¹²⁾.

Repertorial Approach

There are some specific remedies for the cases of male sexual dysfunction as a complication of T2DM in different repertories which are given below:

In MURPHY Repertory

Male – IMPOTENCY, male –diabetes, with – coca. heloni. mosch. phos-acid

Male - ERECTIONS, penis, troublesome - incomplete - diabetes, with-coca. mosch. ph-ac.

Male - IMPOTENCY, male - diabetes, with –Coca. helon. mosch. ph-ac.

Male - SEXUAL, desire, general - decreased - diabetes, in – Coca. Cupr.

In SYNTHESIS Repertory

MALE GENITALIA/SEX ERECTION wanting - diabetes, with- acon. cann-s. coca. Con. cupr. eup-pur. helon. kali-c. mosch. ph-ac. sulph.

In KNERR Repertory

Urinary Organs urine: Diabetes: Mellitus, in impotence- mosch.

Male Sexual Organs sexual power: loss of [impotence]: cold, after a, preceeding diabetes mellitus- mosch.

Male Sexual Organs sexual power: loss of [impotence]: diabetes in- helon.

In AJIT KULKARNI Repertory

[Diabetes] DIABETES MELLITUS: conditions: impotence, with- acon. Arg-n. cann-s. coca. con. eup-pur. helon. kali-c. lyco. mosch. onos. ph-ac. phos. pic-ac. plb. sulph. thuja. uran-n.

After going through different repertories we analysed that some medicines are used frequently in Male Sexual Dysfunctions associated with DM. Following are the indications of some important remedies^(13,14,15,16)-

Aconitum napellus is given in cases of frequent erections and emissions. Painful erections. A frequent desire to discharge urine, accompanied by anxiety and pain. Enuresis with thirst.

Cannabis sativa Genital parts are cold. Erections with tensive pains. Repugnance to coition, or strong excitement of sexual desire. Burning while micturating, extending to the bladder. Walks with legs apart.

Coca is given in cases of diabetes with impotence (phos-ac).

Conium maculatum

To be given when the desire increased; power decreased. Sexual nervousness with feeble erections. Easy emission of semen even without firm erections. Dejection after coition. Want of energy in coition. Diabetes accompanied by great pain. Frequent inclination to emit urine, which is clear and aqueous.

Eupatorium purpureum

Impotency from exhaustion and abuse.

Helonias When there is increased sexual desire and power. Erections are unusually strong and frequent we think of this remedy. Impotence. Urine is profuse, clear, light colored, albuminous, diabetic.

Kali carbonicum is to be thought of in complaints from coition. Deficient sexual instincts. Excessive emission, followed by weakness. Sleeplessness and uneasiness for two or three days after coition. Prostration with coition with shuddering. Obligated to rise several times at to micturate. Pressure in the bladder long before urine comes.

Lycopodium is prescribed in scases of sexual exhaustion, impotence and feeble erection. It is given in impotence of young man from onanism. Old man with strong desire but imperfect erections. Patient falls asleep during an embrace and there is premature emission. In urinary system we see pain in the back before urinating > after flow. The flow is slow and scanty. Patient must strain. There is red sand in urine.

Moschus: Sexual desire increased: with insupportable ticking in the parts and tensive pain in penis. Impotence from diabetes. Emissions, without erections. Erections, with desire to urinate. With copious watery diabetic urine which is normal during day but dark red, offensive at night

Phosphoric acid is thought of when there is frequent, profuse,

debilitating, nightly emissions with lascivious dreams. Prostatorrhoea even when passing a soft stool < night. There is impotency, early ejaculation that often occur after excess. Urine is milky and profuse. There is phosphaturia (phosphate in excess, nerve waste) and true glycosuria. Milky like curdled milk at the end of urination. Enuresis in 1st sleep. < masturbation, sexual excess.

Phosphorus is given when there is irresistible desire that leads the patient into mania in which he will expose himself. This is succeeded by opposite extreme of impotence, though the desire remains after the ability to perform is gone. Involuntary emission with lascivious dreams. Weakness and weariness from loss of vital fluids.

Plumbum metallicum is given when there is impotency with increased desire, testes feels drawn up. There is retraction of testes. There is urine retention due to the paralysis of sphincter, Urine is

scanty, albuminous and have low specific gravity. Chronic interstitial nephritis, with great pain in abdomen.

Sulphur

There is high desire. Impotency, erection incomplete during coition, long lasting burning in urethra after coition or when semen is discharged. Itching in the glans penis. Seminal discharges are too quick shortly after an erection. Passes large quantity of colorless urine. Must hurry at sudden call to urinate.

Of course, these sexual symptoms are accompanied with concomitant symptoms of drug and the prescription should be done by following a holistic approach.

CONCLUSION

By treating the underlying cause in this case i.e. T2DM we can help individuals managing and curing their sexual dysfunction. This can be achieved by individualized and miasmatic prescribing and by following a holistic approach. This will also reduce the suffering due to unnecessary overdrugging and its side effects.

The database of studies on role of homoeopathy in male sexual dysfunction as a result of T2DM is very limited. The scarcity of evidence based research necessitates more research in this field.

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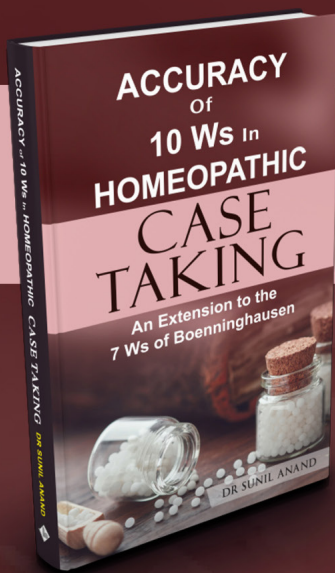
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Dr. Sunil Anand

ACCURACY OF 10WS IN HOMEOPATHIC CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

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Perspective of the Kolkata Method of Prescription

Dr Sandeep Kumar Mishra

ABSTRACT

The eye cannot see what the mind does not know. This article is dealt with the misconception that the Kolkata prescription method is not a single-line keynote prescription but a prescription based on a deep understanding of materia medica. The Kolkata method has a long history in which our masters repeatedly record their experience, which is then confirmed by our seniors, before the individual applies this experience and establishes it. A wealth of knowledge and experience has been passed down through the years in the Kolkata way.

Keywords: keynotes, kolkata method

INTRODUCTION

In homoeopathy, the proper case-taking process and doctor's observations are more important. A view of the past and present must be provided by all of the aforementioned groups of symptoms, which can occasionally be provided by the symptoms that characterise the entire mental and physical states.

What is Kolkata method of prescription?

- A well-known homoeopath known as living Materia Medica - Dr S.K. popularised the Kolkata method, which is a major prescription technique. He once asserted that an accurate homoeopathic prescription is not predicated on a single odd symptom that is treated as a single symptom, regardless of how odd it may be. Its value comes from the fact that once a prescriber is familiar with certain traits or hallmarks of the drugs, the selection process becomes easier and the prescriber can discover the right drug faster. There is a common saying in Kolkata homeopathy that "A keynote prescriber is nothing but a memory prescriber what he has done is just memorized the prescription instead of understanding the roots of diagnosing a disease and prescribing a certain medicine."

What is a Keynote?

- A group of symptoms are keynote symptoms if they are occurring together and characterising to a particular remedy.

Two or more symptoms constitute a keynote symptom divided categorically into causation, sensation, location and concomitants.

- Keynote symptom is a symptom present in a patient that will directly lead us to a remedy and that symptom will be a keynote in deciding a prescription for that case. **Keynotes provide us with hints, but they can also lead to incorrect conclusions when it comes to constitutional prescribing, therefore they must be handled carefully.**

Keynote Prescribing

The proper keynotes in a patient can only be recognised by a skilled prescriber with solid knowledge of the materia medica and organon, but failure is guaranteed if we give medication without accurately recognising the symptoms, as would be the case in the case of a patient who is thirsty if we always give *Bryonia*. In Kolkata schools, there is a frequent lesson that if *Rhus tox.* is always administered in the event of being wet, it will be unsuccessful. After consumption of cold drinks if stomach starts to pain, a burning sensation is a keynote symptom of *Apis mel.* Here the keynote symptom is burning sensation, location of keynote - stomach and amelioration by cold drinks consumption is the modality. *Rhus tox.* only functions in that situation when it was wet during effort, just as if the player had got wet and when the spectators had got wet then it indicates to *Allium cepa* and *Dulcamara*. Thus, the Kolkata technique always requires finer difference. In the Kolkata technique, emphasis is placed more on the patient's exami-

nation and the aetiology of acute illnesses. For example, when treating a fever, *Belladonna* and *Arnica* are administered when the head is hot and the feet are chilly. It won't happen before thorough research of the medical literature. The students of Kolkata homoeopathy are aware that homoeopathy is ineffective when a novel, unusual, or odd ailment is brought on by something that necessitates a physical alteration. The adage "you can give *Chamomilla* to a wailing infant, but if the diaper pin is poking into the baby's buttocks, it will not change the situation" this is widely used in Kolkata homoeopathy.

- Skin rashes with alternating asthma are a keynote for *Caladium*. Here the symptom is presentation of urticarial rashes located on skin and with alternating asthma concomitants.
- Fever along with urticarial rashes after getting drenched in rain is a keynote for *Rhus tox*. Presentation of fever caused after drenching in rain and urticarial rashes along with fever are the concomitants.
- These were some examples of keynotes.

Importance Of Keynote

I believe that young people are more dependent on technology and are not using their mental faculties to understand the drug and become familiar with their salient features, which are necessary in order to distinguish between different medicines. For example, if *Pulsatilla* and *Silicea* are equal, we would prescribe *Pulsatilla* for mild diarrhoeic tendency or *Silicea* for headstrong constipation; these two symptoms are the key. In our general practice, we generally differentiate medicine with the help of the keynote of medicine. When we recognize such a keynote, it suggests or recalls mind-ing a single medicine or group of medicines, having a similar keynote. Reference to the repertory and materia medica will verify and complete the comparison. It is also to be noted that a rare, uncommon, peculiar, and striking/strange symptom may rescue cases of acute, sub-acute, or even complicated chronic diseases.

Speaking of Kolkata homoeopathy, Dr S.K. Dubey and other Kolkata homoeopathic lecturers constantly stress the importance of the patients' symptoms, especially as they manifest in their speech. The symptoms that characterise the en-

tire mental and physical states occasionally present such a view that the remedy may be seen at once, as Kolkata homoeopathy places more emphasis on the proper case-taking as well as the physician's own observations; again, all the aforementioned classes of symptoms are necessary to provide the view of the past and present. When such a comprehensive vision is offered, the prescription is simple, the ability to fully or partially grasp the symptoms is present or absent. When such a complete view presents itself, the prescription becomes easy. The grasp of the symptoms, in part or as a whole, is firm or lacks by the view taken of the parts and whole collection of symptoms. Not just the type of headache but the factors that affect the tendency and intensity of pain in headache symptoms and diseases from the past, appetite and aversions, reaction to temperature and climate, energy levels at different phases of the day, sweating tendencies, urinating and stool characteristic patterns of menstrual cycle, emotional state and state of mind and behavioural patterns, he used to observe so keenly and declare the personality traits just by putting his hand on patients' body and announce that he is *Sulphur* and to the astonishment when the repertory is being used the totality always corresponded to the same drug which he used to say.

Example 1: With menses too late or surpassed or scanty, with the patient weeping, with the aversion of fats, nausea, vomiting, weight after eating, the young man will say *Pulsatilla* at once but wait a moment, the patient is very chilly, likes the house, never needs to open window, is worse from motion, wants to keep very quiet; now the mind is changed and *Cyclamen* is prescribed. Or, if she is better in motion and open air and craves it, and is too warm, then *Pulsatilla* is thought about again.

Example 2: A man with a rectal ulcer was advised to be operated on to relieve the copious hemorrhages from the rectum. He was urged to consult me (Kent) before having an operation. I found a persistent mental symptom that was the need for an intense restraint to prevent it from destroying his own life. *Natrum sul.* had this symptom, but no rectal ulcer was recorded, but with a few other symptoms present together with this strong mental symptom, led to the use of *Natrum sul.* and he had no more haemorrhages.

Example 3: Another famous - Kent case - A doctor brought a patient to me (Kent) for consultation one cold winter day, saying that he had tried for a long time but failed to benefit him. The most troublesome symptom was a dry, hacking cold for which he prescribed *Arsenicum*. He said the young man has been steadily emaciating, and he thought I might help him. I looked at the young man and noticed even though he had no overcoat on though it was a very cold weather. Asking him why he wore no overcoat, I found that he was never chilly, but wanted the cold air, felt better in the open air, wanted to walk and work rapidly, had been emaciating for some time, and had this dry and hacking cough. I asked the doctor why he did not give him *Lycopodium* as that fitted the patient, and the patient was the opposite type of *Arsenicum*. *Lycopodium* stopped his cough, and he increased in weight and was cured. If we read these cases, it would appear that the above diagnoses were made based solely on one or two symptoms, but doctors with a thorough understanding of materia medica and the organon would recognise the elegance of the prescription, recognising that all the senses used in the diagnosis, as our teacher put it, recognise the elegance of Kent's observation and analysis of both cases. We will understand how to use them and how they were mistreated as soon as we notice a keynote. Kent used to say that, despite the fact that he frequently used keynotes, he detested keynote prescribers. What I understand using keynotes that Master Kent illustrated the patients as a whole. He targeted the prescription-based single line for failing to comprehend individuals as a whole and for failing to take into account his general symptoms. The best use of keynotes was made by Guernsey, Hering, Lippe, and Boenninghausen when they represented patients' or remedies greater general process. That is the element that has contributed to numerous prescribing errors and has gone unnoticed by our community.

CONCLUSION

Dr S.K. Dubey consistently made the point that the prescription process will be successful if the full spectrum of symptoms is considered. Any prescription includes a significant amount of remedy keynotes, but they must be used cautiously.

We are frequently encouraged to look at the tenets of medicine while studying homoeopathy. This is a useful approach to learn a little bit about remedies, but it never covers all of them. To effectively employ keynotes, you must have a thorough understanding of the situation. We are likely to choose the incorrect treatment if we focus just on the most severe symptom and neglect to consider the entire picture. Strange, uncommon, and unique symptoms frequently have more weight in identifying the core of the situation than predominant symptoms. Keynotes are useful if they are utilised to refer to the materia medica study, but they pose a serious risk if they are used as the foundation for prescribing. The homoeopath may, and frequently does, treat the most obvious symptoms if he bases his prescriptions only on keynotes. This frequently confuses the situation and creates a barrier to healing while distorting the perception of the patients. Our lecturers in Kolkata used to say: "Always comprehend the essence of the situation before selecting a remedy," homoeopathy actually only has one approach for treating various ailments that encompasses the entirety of the case.

There is a saying that "The eye cannot see what the mind does not know, "You can't blame the keynote prescription for being wrong. It's as good as any other method; you just need to have a piece of deep knowledge about the disease and the patient. Keynote, along with a deep understanding of the patient's disease with proper diagnosis, is what makes the Kolkata prescription method so useful. This quote refers to the fact that without study and acquisition of materia medica, one would miss many important symptoms, clinical signs, and clues which could be unbecoming of a homeopath. *In clinical practice, this is true to say you see with your mind and not with your eyes. However, there a need for wisdom to view the truth that is below the surface? Is it a gift or a talent? Perhaps neither of these, but it is an inquisitive mind.*

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Scope of Homoeopathy in Non-Obstructive Azoospermia-Induced Fertility

Dr JA. Arul Jenifar, Dr R. Richard Franklin, Dr RM. Priya Rajini

ABSTRACT

Azoospermia is the technical word for the absence of sperm in the semen. It can be “obstructive” when a barrier prevents sperm from accessing the ejaculate, or “non-obstructive” when the testis produces less sperm.[1]If an adult male has no obstruction but has the condition known as Azoospermia, there is most likely a problem with the testicles and hence with the sperm production. This is referred to as non-obstructive azoospermia (NOA) and it can be a result of an issue in the testicle (primary testicular failure) or in the brain (hormonal, inherited, or developed during life). [2] The primary testicular causes of non-obstructive azoospermia and its homoeopathic treatment will be discussed in this section.

Keywords: azoospermia, Infertility in males, reproductive disease, homoeopathy, non-obstructive azoospermia, oats, murphy repertory, klinefelter’s Syndrome.

Abbreviations: Non-Obstructive Azoospermia (NOA), Oligo-Asthen-Teratozoospermia (OATS)

INTRODUCTION

Infertility can be defined as the inability to conceive after at least one year of continuous unprotected sexual intercourse. After one year, the prevalence in the overall population is 16%, but it drops to 8% after two years. According to the World Health Organisation, between fifteen and twenty million couples in India are infertile. The influence of a male factor on a couple’s infertility is around 25% in males with absolute azoospermia or severe oligospermia/ asthenospermia (OATS). Primary testicular illness of non-obstructive azoospermia accounts for the vast majority of cases of male factor in infertility. In more than half of the cases, no evident predisposing factor can be detected.^[3]Primary hypogonadism, such as Klinefelter’s syndrome, and undescended testes are the two most common causes of primary testicular failure. The treatment of chromosomal abnormalities like Klinefelter’s syndrome and other congenital disorders with testosterone replacement therapy is significantly less reactive for azoospermia.^[4]Thus The best rationale outcome of azoospermia is the selection of individualised homoeopathic

remedies based on symptoms.

Aetiology^[3]

Other causes of primary testicular failure-related azoospermia include

- Undescended testes.
- Torsion of the testes.
- Infection or injury.
- Neoplasm from chemotherapeutic side effects.
- Klinefelter’s syndrome and hemosiderosis.
- The two main inflammatory causes are severe epididymo-orchitis and mumps.

Investigations

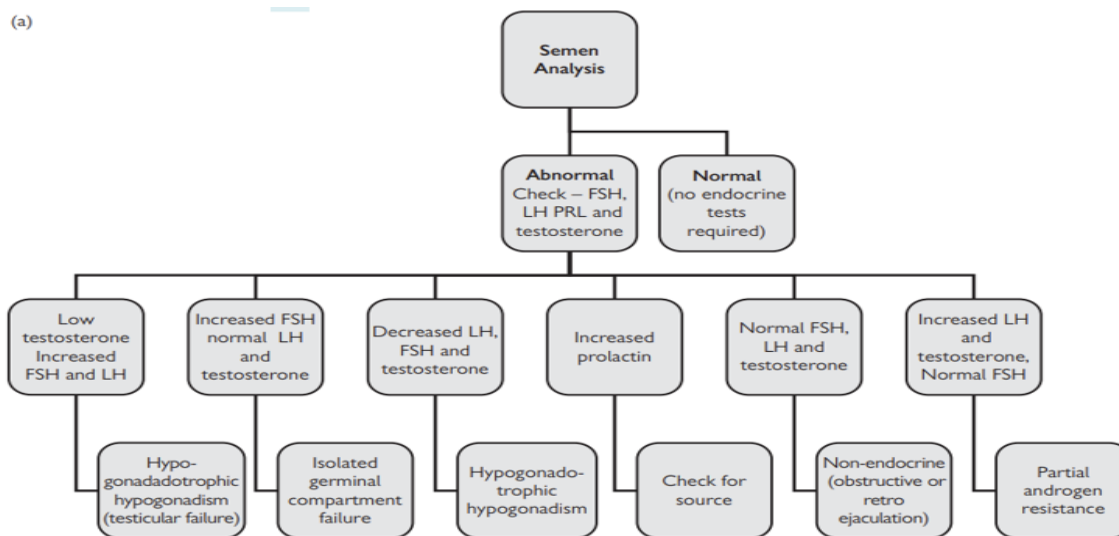
i) Semen Analysis:

Male factor infertility is defined as sperm parameters that are lower than the WHO standard norms.

Table 1 - Semen Analysis (Who- 2010)^[3]

Parameter	Normal Reference and Lower Reference Limit
Semen volume (mL)	1.5 (1.4–1.7)
Ph	7.2 or more
Sperm concentration (millions/mL)	15 (12–16)
Total sperm number (millions per ejaculate)	39 (33–46)
Total motility (% , progressive + non-progressive)	40 (38–42)
Progressive motility (%)	32 (31–34)
Vitality (live spermatozoa %)	58 (55–63)
Round Cell count	More than 5 million/ml
Agglutination of sperm	Less than 10% spermatozoa with adherent particles
Morphology (/100 sperm)	
Head defects	<35(35–59)
Midpiece defects	<20(21–25)
Tail defects	<20(21–25)

ii) Hormonal Assays: Check for Serum FSH, LH, Testosterone and Prolactin

**FIG.1. Hormonal Investigations**

iii) Karyotyping: It is used primarily to exclude Klinefelter's syndrome and Y chromosome microdeletion.^[2]

Treatment

- Clomiphene citrate, Human Chorionic Gonadotrophin.
- Micro-TESE –to be used with IVF/ICSI.

Homoeopathic Treatment ^[5]

Homoeopathic principles hold that symptoms and ailments from play a significant part in a patient's holistic treatment in addition to the diagnostic point of view. The Rubrics related to Primary Testicular failure (Azoospermia) from Murphy Repertory are given below:

1) Undescended Testes:

- **Male, KRYTORCHISM**, genitalia, testes

2) Orchitis and Epididymo-orchitis:

- **Clinical, ORCHITIS**, infection, testes
- **Clinical, ORCHITIS, contusion**, from
- **Clinical, ORCHITIS, epididymis**, from
- **Clinical, ORCHITIS, mumps**, parotitis, after

3) Testicular Torsion:

- **Male, PAIN**, testes
- **Male, PAIN**, testes, extending to
- **Male, SWELLING**, scrotum
- **Male, COLDNESS**, scrotum
- **Male, COLDNESS**, testes

4) Varicocele:

- **Male, VARICOCELE**, spermatic cord

5) Hydrocele:

- **Male, HYDROCELE**, scrotum, boys of
- **Male, HYDROCELE**, scrotum, boys of, congenital

6) Side effects of Chemotherapeutics:

- **Cancer, CHEMOTHERAPY**, treatments, ailments from

7) Side effects of X-ray:

- **Toxicity, X-RAYS**, poisoning, ailments from

8) Klinefelter's Syndrome:

- **Constitutions, TALL**, persons
- **Chest, ENLARGED**, as if (Gynaecomastia)
- **Breasts, ENLARGED**, as if
- **Male, ATROPHY**, genitalia, shrivelled
- **Male, ATROPHY**, penis
- **Male, ATROPHY**, scrotum
- **Male, ATROPHY**, testes
- **Male, FLACCIDITY**, genitalia
- **Male, HAIR**, falling off, genitalia
- **Male, INFANTILISMUS**, genitalis
- **Male, IMPOTENCY**, sexual
- **Male, STERILITY**, male
- **Male, SPERM**, low count of, infertility
- **Male, SEX**, aversion, sex to
- **Male, SEX**, aversion, impotence, with
- **Male, SEX**, decreased, desire

HOMOEOPATHIC THERAPEUTICS ^{[6][7][8][9]}

The remedies which address the majority of the rubrics are mentioned below along with their indications:

- **Agnus castus** : It shows distinctive and more pronounced in men in the sexual sphere. It lowers sexual vitality, with corresponding mental depression and loss of nervous energy. No erections. - *Impotence. Parts cold, relaxed. Desire gone.* Scanty emission without ejaculation. Testicles, cold, swollen, hard, and painful.

- ***Lycopodium clavatum***: Patients are intellectually keen but of weak muscular power; lack vital heat; circulation poor; it seems to stand still; with cold, numb extremities. Sexual exhaustion; impotence; erections feeble; falls asleep during coition.
- ***Acidum Phosphoricum***: "Debility" is very marked in this remedy, producing nervous exhaustion. Mental debility first; later physical. Sexual power deficient; testicles tender and swollen. Parts relax during embrace.
- ***Selenium***: Marked effects on the genito-urinary organs for prostatitis and sexual atony. Loss of sexual power, with lascivious fancies. Sexual neurasthenia. On attempting coition, penis relaxes. Hydrocele.
- ***Phosphorus***: Tall, slender persons, narrow chested, with thin, transparent skin, weakened by loss of animal fluids, with great nervous debility, emaciation, amative tendencies, seem to be under the special influence of *Phosphorus*. Lack of power. Irresistible desire; involuntary emissions, with lascivious dreams.
- ***Caladium Seguinum***: *Caladium* is a splendid remedy for that troublesome affection known as pruritus vulvae. Think of it in sexual debility and impotence and as a result of masturbation. *Sweet sweat attracts the flies*. The penis remains relaxed during an embrace.
- ***Calcarea carbonicum***: *Calcarea* patient is fat, fair, flabby and perspiring and cold, damp and sour. Frequent emissions. Increased desire with semen emitted too soon. Coition followed by weakness and irritability. ***Clematis erecta***: Acts especially on skin, glands and genito-urinary organs, especially testicles. Testicles indurated with bruised feeling. Swelling of scrotum. [Orchitis.] Right half only. Troubles from suppressed gonorrhoea. Violent erections with stitches in urethra. Testicles hang heavy or retracted, with pain along spermatic cord; worse, right side.
- ***Silicea terra***: Imperfect assimilation and consequent defective nutrition. Nervous and excitable. It goes further and produces neurasthenic states in consequence, and increased susceptibility to nervous stimuli and exaggerated reflexes. Sensitive to all impressions. Chronic gonorrhoea, with thick, fetid discharge. Elephantiasis of scrotum. Sexual erethism; nocturnal emissions. Hydrocele.
- ***Conium maculatum***: It corresponds to the debility, hypochondriasis, urinary troubles, weakened memory, sexual debility. Troubles at the change of life, old maids and bachelors. Growth of tumors. General feeling as if bruised by blows. Enlarged glands. Desire increased; power decreased. Sexual nervousness, with feeble erection. - Effects of suppressed sexual appetite. Testicles hard and enlarged.
- ***Mercurius solubilis***: Memory weakened, and loss of will-power. Parts are much swollen, with raw, sore feeling; the profuse, oily perspiration does not relieve. Weakness with ebullitions and trembling from least exertion. Cold genitals. Prepuce irritated; itches. Nocturnal emissions, stained with blood.
- ***Rhododendron chrysanthum***: Rheumatic and gouty symptoms well marked. worse before a storm is a true guiding symptom. Testicles, worse left, swollen, painful, drawn up. - Orchitis; glands feel crushed. - Induration and swelling of testes after gonorrhoea. - Hydrocele.
- ***Pulsatilla pratensis***: Especially for mild, gentle, yielding disposition. Weeps easily. Timid, irresolute. Fears in evening to be alone, dark, ghost. Likes sympathy. Orchitis; pain from abdomen to testicles. Thick, yellow discharge from urethra; late stage of gonorrhoea. Stricture; urine passed only in drops, and stream interrupted. [Clemat.]. Acute prostatitis.
- ***Iodium***: Rapid metabolism, Loss of flesh great appetite. Hungry with much thirst. Better after eating. Great debility, the slightest effort induces perspiration. Testicles swollen and indurated. Hydrocele. Loss of sexual power, with atrophied testes.
- ***Aurum metallicum***: *Aurum* develops in the organism, by attacking the blood, glands, and

bone, conditions bearing striking resemblance to mercurial and syphilitic infections. Mental states of great depression. Pain and swelling of testicles. Chronic induration of testicles. Violent erections. Atrophy of testicles in boys. Hydrocele.

- ***Sabal serrulata*:** General and sexual debility. Acts on membrano-prostatic portion of urethra. Iritis, with prostatic trouble. Testes drawn up; painfully. Genitals cold. Enlarged or congested prostate; senile. Wasting of testes and loss of sexual power. Painful, erection or emission of semen, during coition. Sexual neurotics. Epididymitis. Impotency. Semen thick causes hot feeling along the cord.
- ***Baryta carbonicum*:** This remedy brings and physically, are dwarfish, do not grow and develop. Diminished desire and premature impotence. Genitals flabby. Enlarged prostate gland. Testicles indurated. Impotency. Premature emissions. Erections when riding. Falling asleep during coition. Genitals feel numb. Painful nodes in mammae, in old fat men.
- ***Berberis vulgaris*:** Neuralgia of testes and spermatic cord. Testicles drawn up. Pain changes sides. Genitals cold and sweaty. Prepuce and glans cold and numb. Penis hard and contracted bends upwards.
- **X-RAY:** Sexual glands are particularly affected. Atrophy of ovaries and testicles. Sterility. Lewd dreams. Sexual desire lost.

CONCLUSION

The majority of non-obstructive testicular causes of azoospermia are less likely to respond to therapies like antibiotics or testosterone replacement therapy. Depending on the aetiology, location, sensation, modality, and extent of the complaints, these testicular causes of azoospermia can be treated very effectively and promptly with a well-chosen Individualised homoeopathic medicine. A case can therefore be handled more effectively by

using carefully chosen rubrics, such as clinically, pathologically, or symptomatically.

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Figures And Tables:

Table 1- Semen Analysis

Parameter	Normal reference and lower reference limit
Semen volume (mL)	1.5 (1.4–1.7)
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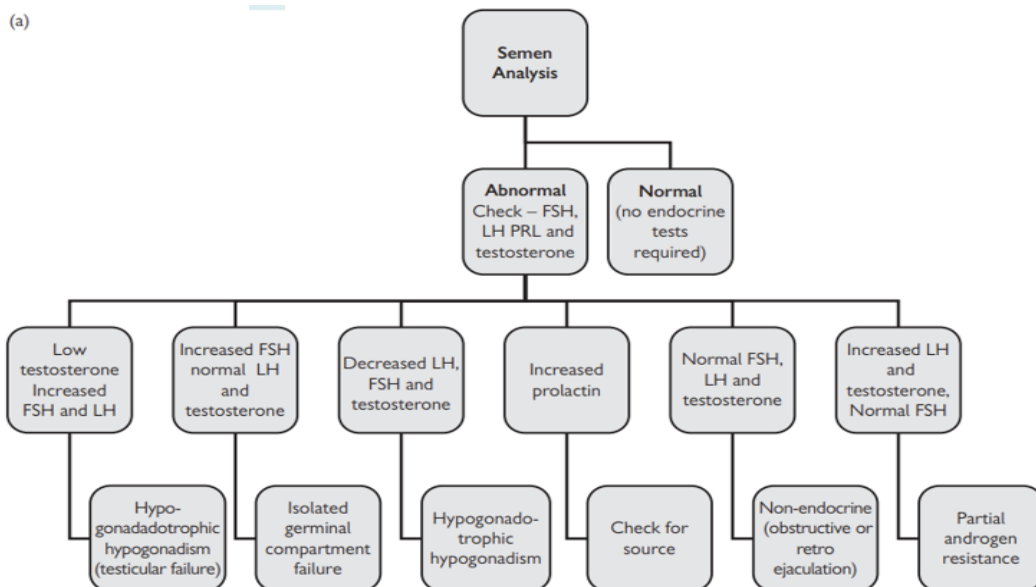


Figure 1 Hormonal Investigations

Homoeopathic Management of Erectile Dysfunction

Dr. Ashok Yadav, Dr. Virendra Chauhan, Dr. Bhavneet Kaur, Dr. Mansi Saini

ABSTRACT

Inability of a man to attain or maintain his erection till the completion of the sexual act is termed as erectile dysfunction. It is associated with several causes and risk factors such as increasing age, diabetes, anxiety, drugs, hormonal and vascular factors. It impacts the quality of life of the man and is one of the cause of disturbances in families. This article gives a brief introduction of erectile dysfunction and discusses homoeopathic medicines such as *selenium metallicum*, *agnuscastus*, *damiana*, *lycopodium clavatum*, etc and some related rubrics given in various repertories.

Keywords: erectile dysfunction, impotency, homoeopathy, homoeopathic medicines, rubrics

INTRODUCTION

Erectile dysfunction is defined as the inability of a man to maintain or attain his erection long enough to complete the sexual act. It is an underdiagnosed problem in most cases as the patient hesitates to discuss these problems with the physician. About 40% of men in their 40's will have some form of ED and this prevalence will increase about 10% per decade. It is associated with several causes and risk factors. Most common cause is cavernosa veno-occlusive dysfunction which is more prevalent in males under 40. As the age advances, the arterial causes become much more prevalent.^[1] Erectile dysfunction with reduced libido is most commonly associated with hypogonadism, depression and anxiety. If the libido remains intact, then the cause may be psychological, vascular insufficiency, neuropathic or due to drugs.^[2] Diabetic male may suffer with organic impotency in which they can even lose their inability to masturbate or stimulate erection. In Psychogenic impotency, the ability to masturbate is maintained and the patient experience erection on wakening.^[3] Tobacco smoking is also a major risk factor as it increases the likelihood of impotency by at least two fold. It has been found that penile blood flow is less in smokers in comparison to non-smokers as they are more predisposed to atherosclerotic changes in vessels.^[4] Erectile dysfunction occurs

in around 60-70% of patients following radical prostatectomy.^[5] It impacts the quality of life of the sufferer especially the mental aspect in the form of emotional distress and disturbances in their married life.^[6]

Patients should be investigated for blood glucose levels, prolactin, testosterone, luteinising hormone and follicle stimulating hormone to check for endocrinal causes of erectile dysfunction. Some rare tests include nocturnal tumescence monitoring to check for the blood supply and nerve functioning; Intracavernosal injection of prostaglandin E1 to check for the blood supply; internal pudendal artery angiography and test of autonomic and peripheral sensory nerve conduction. Erectile dysfunction associated with peripheral neuropathy and vascular disease is difficult to treat. For psychological cases, psychotherapy of the patient and sexual partner is important.^[2]

Homoeopathic management^[7-10]:

1. **Agnuscastus:** It is suited to those men who have abused their sexual power and consequently attain premature old age. Sexual vitality is low with cold, swollen, hard and painful testes. Desire is diminished. Parts are relaxed, there is no erection even by voluptuous fancies. Spermatorrhea along with impotency. Semen is scanty but has little odor and is discharged in a stream without ejaculation. Corrosive

itching on membrane of penis. There is sexual melancholy with impression of speedy death.

2. **Anacardium orientale:** Men has increased sexual desire especially in morning on waking. Seminal emissions without dreams. Intense itching on scrotum. Patient is irritable and depressed and lacks self-confidence.
3. **Antimonium crudum:** Impotency with atrophy of penis and testicles. Sexual desire with uneasiness in whole body and irritation as if pollution would come even when leaning the back against something. Pollution at night without voluptuous dreams. The patient is highly irritable and vexed without any cause.
4. **Argentum nitricum:** Genitals are shriveled. Erection fails whenever he attempts coition and is painful with absence of pleasure and stretched feeling in urethra. Frequent and copious emissions at night with lascivious dreams. The constitution is of a withered man who is nervous, fearful, anxious and melancholic.
5. **Arnica Montana:** He suffers from impotency due to excess or abuse. Phimosis after friction. Erections after rising in morning without amorous thoughts and desire. Little desire. Emissions during the day at the time of caress and several during night with voluptuous dreams.
6. **Avena sativa:** Sexual debility after too much indulgence in sexual activity. Patient has inability to keep himself concentrated on any one subject especially when due to masturbation.
7. **Baryta carbonicum:** Premature impotency with diminished desire. Men suffer from premature seminal emissions along with cardiac irritability and palpitation. He falls asleep during the coition without emission. In old man, emission occurs in close succession and is followed by exhaustion. Genitals are flabby and feel numb. Self-confidence is lost and he behaves childishly.
8. **Caladium:** Organs seems larger, relaxed, puffed, cold, glans is very red and skin of the scrotum is thick. He experiences erections

when half asleep and suddenly erection ceases when he is fully awake or during excitement. There is no emission or orgasm during the act. There is impotency with mental depression.

9. **Calcarea carbonicum:** Sexual desire is increased. Semen is emitted too soon during the act followed by weakness and irritability. Erection in morning after rising with inclination for coition and frequent and incomplete erections at night. Erections only induced by rubbing, emission too soon when coition is attempted followed by weakness, vertigo, irritability, lameness of back and knees, excitability of nerves, discontent and anger.
10. **Cobaltum:** Patient has emissions without erections. His sleep is disturbed by lewd dreams. All type of mental excitement increases his sufferings.
11. **Conium maculatum:** It is suited in cases having ill effects of suppressed sexual desire. Desire is increased but power is reduced. Erection is feeble. Coition is attended by spasmodic respiration and musk like odor from axilla followed by great exhaustion. Emission even while frolicking with a woman.
12. **Damiana (turnera):** It is used in cases of sexual neurasthenia. Nervous prostration leads to impotency.
13. **Graphites:** He suffers with early or no ejaculation. Sexual debility is present with either increased sexual desire or aversion to coition. Unpleasant sensation and sexual tension when walking or touch of cloth. Even the touch of woman arouse sexual excitement and trembling in whole body with lascivious thoughts that he fear he should be insane with running about and with heaviness in perineum and tensive pain in penis without erection. Emissions occurs almost every night but no ejaculation follow coition inspite of every exertion.
14. **Iodum:** Sexual power is lost. Testes is swollen, atrophied and indurated. Patient is emaciated and has marked debility.
15. **kalibromatum:** There is excessive sexual

desire and patient suffers with ill effects of sexual excess such as loss of memory, impaired coordination, numbness and tingling in limbs. Excitement during partial slumber aggravated in bed, accompanied by erections and emissions which wakes him up. Sexual debility with impotency and melancholic epilepsy.

16. **Lecithin:** Sexual power is lost or enfeebled. He feels tired, weak and shortness of breath.
17. **Lycopodium clavatum:** Erectile power is lost with premature emissions. He lacks self-confidence and has fear of breaking down under stressful situations.
18. **Natrum muriaticum:** Emissions are retarded. Desire increased with voluptuous sensation during coition which later corresponds with depression, backache and weak legs. There is great debility and weakness, mostly felt by patient in bed. Emaciation especially of neck.
19. **Nuphar luteum:** He has nervous weakness with complete absence of sexual desire. Parts are relaxed and penis is retracted and painful. There is involuntary emissions during stool and urination.
20. **Nux vomica:** Sexual desire is increased. He suffers with bad effects of sexual excess. It is remedy for conditions incident to modern life. Emissions from high living. Spermatorrhea along with dreams, pain and burning in spine. Penis become relaxed during an embrace. Desire on slightest provocation, cannot be in a female society without emission. He is oversensitive to all impressions. He is very irritable and fault finding person.
21. **Onosmodium:** It is used in cases of sexual neurasthenia. He suffers with psychical impotency. There is constant sexual excitement with speedy emissions and deficient erections.
22. **Phosphoricum acidum:** There is profound debility. Mental debility is present first followed by physical debility. Sexual power is diminished. Parts are relaxed during embrace and glans penis is swollen. Emissions during night and during stool. He suffers from bad effects from masturbation.
23. **Phosphorus:** Excessive irresistible desire with lack of sexual power. Involuntary emissions with lascivious dreams.
24. **Picricum acidum:** Profuse emissions followed by great exhaustion but without sexual dreams. Priapism with pain in testicles and up the cord. He has lascivious thoughts in presence of any woman. Marked muscular debility and brain fog is found in this remedy.
25. **Sabal serrulata:** There is lack of sexual desire. Painful coitus at the time of emission. Genitals are cold and semen is thick and causes warm feeling along the cord.
26. **Selenium:** Sexual desire is increased with lascivious fancies. There is loss of sexual power with dribbling of semen during sleep. Semen is thin and odorless. Discharge of semen with rheumatic pains. Desire mentally and not physically. Erection is slow and incomplete with speedy emission but long continued pleasurable sensation.
27. self abuse. He suffers with dyspnea after coition. Emissions are followed by backache and weakness. Spermatorrhea with sunken features and guilty look on face.
28. **Sulphur:** Patient is irritable, childish, weak and depressed. Organs are cold, relaxed and powerless. He suffers with involuntary emissions with burning in urethra and itching of genitals when going to bed. Impotency with amorous fancies. Backache and weakness after coition with sadness and irritability.
29. **Tribulus terrestris:** It is used in debilitated states of sexual organs and partial impotency caused by over indulgence of advancing age. Symptoms are accompanied by urinary troubles such as dysuria and incontinence. Emission is too soon and semen is impoverished. It helps in treating the cases of auto traumatism of masturbation. It corrects emissions and spermatorrhea.
30. **Yohimbinum:** It is used in cases of neurasthenic impotency and congestive conditions of sexual organs.

Rubrics Related To Erectile Dysfunction In Different Homoeopathic Repertories:

1. Repertory Of Homoeopathic Materia Medica By Dr. J.T. Kent^[11]

Genitalia, atrophy , penis
 Genitalia, atrophy, testes
 Genitalia, coldness, penis
 Genitalia, coldness, scrotum
 Genitalia, coition aversion to
 Genitalia, coition aversion to, enjoyment absent
 Genitalia, erections, troublesome
 Genitalia, erections, frequent, incomplete
 Genitalia, erections, sexual desire without
 Genitalia, erections, short
 Genitalia, erections, wanting
 Genitalia, relaxed scrotum
 Genitalia, seminal discharge, difficult
 Genitalia, seminal discharge, failing during coition
 Genitalia, seminal discharge, incomplete
 Genitalia, seminal discharge, late, too
 Genitalia, seminal discharge late too, orgasm subside several times before leads to ejaculation
 Genitalia, seminal discharge, late , too, sometime after orgasm
 Genitalia, seminal discharge, quick , too
 Genitalia, sexual passion, erection without
 Genitalia, sexual passion, wanting

2. Boeninghausen's Therapeutic Pocket Book^[12]:

Sexual organs, impotency
 Sexual organs, weak sexual power

3. BogerBoeninghausen's Characteristics & Repertory^[13]

Genitalia, male organs, atrophy

Genitalia, male organs, excitability, lost of
 Genitalia, male organs, relaxation
 Genitalia, male organs, weakness
 Genitalia, male organs, glans , flaccid
 Genitalia, male organs, testes , flaccid
 Genitalia, male organs , scrotum, flaccid

4. A Concise Repertory Of Homoeopathic Medicines^[14]

Erection, incomplete, deficient , failing
 Impotency
 Impotency, diabetes with
 Impotency, fright, during coition, from
 Impotency, gonorrhea, after
 Impotency, imaginary
 Impotency, melancholy with
 Impotency, nightly emissions with
 Impotency, onanism after
 Impotency, psychical
 Impotency, sexual excess, after
 Seminal emissions, aware, without being
 Seminal emissions, caressing or frolicking with women, while
 Seminal emissions, involuntary
 Seminal emissions, dreams
 Sexual affections, disturbances in general
 Sexual desire , absent, in fleshy persons
 Sexual desire , decreased, weak
 Sexual enjoyment absent(males)

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Seminal emissions, dreams
Sexual affections, disturbances in general
Sexual desire , absent, in fleshy persons
Sexual desire , decreased, weak
Sexual enjoyment absent(males)

4. Pocket Manual Of Homoeopathic Materia Medica & Repertory:^[8]

Male sexual system, desire increased in old men but impotent
Male sexual system, impotence

Male sexual system, genitals, relaxed, flabby, cold, weak

Male sexual system, spermatorrhea(sexual debility, deficient physical power , nocturnal pollutions)

Male sexual system, spermatorrhea with brain fag, mental torpidity

Male sexual system, spermatorrhea with debility, backache, weak legs

Male sexual system, spermatorrhea, with dreams absent

Male sexual system, spermatorrhea, with dreams amorous

Male sexual system, spermatorrhea, with emission and orgasm absent

Male sexual system, spermatorrhea, with emission bloody

Male sexual system, spermatorrhea with emissions diurnal, straining at stool

Male sexual system, spermatorrhea , with emissions premature

Male sexual system, spermatorrhea, with emissions profuse, frequent; after coitus

Male sexual system, spermatorrhea, with emissions too slow

Male sexual system, spermatorrhea, with erections deficient

Male sexual system, spermatorrhea, with erections painful

Male sexual system, spermatorrhea, with irritability, despondency

Male sexual system, spermatorrhea, with masturbatic tendency

Male sexual system, spermatorrhea, with rheumatic pains

Male sexual system, spermatorrhea, with vision weak

Male sexual system, spermatorrhea, with wasting of testes

DISCUSSION & CONCLUSION:

Management of erectile dysfunction is not easy as it is associated with various risk factors. It is very important to identify the cause through history and investigations and treat accordingly. Cases of psychological impotency requires proper counseling along with medicines. Homoeopathic medicines can play a major role in these cases and should be prescribed after individualization. Patient should be advised proper management according to their cause. Managing normal blood glucose levels, quitting tobacco and reducing stress levels is very important. Thus each case requires its own individual approach and should be dealt accordingly.

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Efficacy of Rare Homoeopathic Remedies in the treatment of Erectile Dysfunction

Dr. Soniya Bhatnagar Sharma and Dr. Reena Kumari

ABSTRACT

Erectile dysfunction (ED) is a growing sexual problem among men worldwide. It is commonly called as impotency. ED is a subject of frustration as it devastates a man's self-esteem and spoils his relationships. This article is an attempt of emphasising upon rare Homoeopathic remedies for ED. This article will help physicians to brush up their knowledge on utilization and therapeutic properties of such uncommon and neglected but highly efficacious remedies.

Keywords: Erectile dysfunction, Rare, Homoeopathy, Remedies, Spermetorrhea.

Abbreviations: ED: erectile dysfunction.

INTRODUCTION

Erectile dysfunction (ED) is defined as the persistent inability to achieve and maintain an erection sufficient to permit satisfactory sexual intercourse¹. Several large epidemiological studies have shown a high prevalence and incidence of ED worldwide². Approximately 23% of men aged 40-80 years worldwide have symptoms of ED³. Any disease process which affects penile arteries, nerves, hormone levels, smooth muscle tissue, corporal endothelium, or tunica albuginea can cause erectile dysfunction⁴.

Causes of Erectile Dysfunction:

To rule out probable causes a careful history of physical disease, related symptoms, stress and psychological factors, together with drug and alcohol abuse must be taken⁵.

With reduced Libido-

- Hypogonadism
- Depression

With intact Libido-

- Physiological problems, including anxiety
- Vascular insufficiency
- Neuropathic causes (e.g. diabetes mellitus,

alcohol excess, multiple sclerosis)

- Drugs (e.g. b- blockers, thiazide diuretics)
- Erectile dysfunction and reduced libido may occur in over 50% of men with advanced chronic diseases or on dialysis.

Laboratory Investigations:

Blood should be taken for glucose, glycated haemoglobin, prolactin, testosterone, luteinising hormone (LH) and follicle stimulating hormone (FSH). Some further tests like nocturnal tumescence monitoring (NPT), intracavernosal injection of papaverine or prostaglandin E1 to test adequacy of blood supply, internal pudendal artery angiography and tests of autonomic and peripheral sensory nerve conduction, Penile Duplex ultrasound, Penile nerve function test, Penile biothesiometry are also available.

Management:

It should ideally include sympathetic counselling of both partners. Neuropathy and vascular diseases are unlikely to improve, but several treatments are available⁶.

Then initial treatment involves improving general health status through lifestyle modifications. This not only improves ED but also reduces car-

diovascular risk. Recommended lifestyle modifications would include physical activity, switching to a Mediterranean diet and/ or nutritional counselling, stopping smoking, drugs, and alcohol, gaining good control of diabetes, lipids and cholesterol⁷.

Homoeopathic Therapeutics:

1. **Titanium Metallicum (the metal):** it is found in minute quantity in bones and muscles. Apples contain 0.11% of Titanium. Sexual weakness with very early ejaculation of semen during coitus.
2. **Nuphar Luteum Q:** it produces nervous weakness, with marked symptoms in the sexual sphere. Complete absence of sexual desire; parts relaxed; penis retracted. Impotency, with voluntary emissions during stool or during micturition. Spermetorrhea. Pain in testicles and penis.
3. **Ikshugandha/ Tribulus Terrestris Q:** an East Indian drug useful in urinary affections, especially dysuria, and debilitated states of the sexual organs, as expressed in seminal weakness, ready emissions and impoverished semen. Prostatitis, calculus affections, sexual neurasthenia, auto-traumatism of masturbation, correcting the emissions and spermetorrhea. Partial Impotency caused by over indulgence, or when accompanied by urinary symptoms, incontinence, painful micturition.
4. **Ginseng Quinquefolium Q:** a remedy for Rheumatic pains after frequent emissions. Weakness of genital organs. Voluptuous tickling at the end of the urethra. Sexual excitement with pressure in testicles. Also a good remedy for lumbago, sciatica and rheumatism.
5. **Yohimbium Q:** it excites sexual organs and acts on central nervous system and respiratory centre. Homoeopathically, should be of service in the congestive conditions of the sexual organs. *Strong and lasting erections.* Neurasthenic impotency, urethritis and sleeplessness on account of thoughts of past life. Tendency of sweat.
6. **Aswagandha/ Withania somnifera Q:** a great

mental tonic and also indicated for impotency of all kinds and seminal deficiencies. Spermetorrhea, mental inertia, imbecility, with loss of comprehension and expression.

7. **Muirapuama Q:** considered as valuable remedy for impotency. It increases sexual drive and stimulates nervous system. It helps to improve sexual desire in both men and women.
8. **Damiana / Turnera Q:** said to be useful in sexual neurasthenia; impotency. Sexual debility with nervous prostration. Incontinence in old people, chronic prostatic discharge, renal and cystic catarrh. Also aids the establishment of normal menstrual flow in females. Spermetorrhea in weak, exhausted subjects.
9. **Salix Nigra Q:** has positive action on genital organs of both sexes. Libidinous thoughts and lascivious dreams. It controls genital irritability. Satyriasis and erotomania. Spermetorrhea after masturbation. Painful movements of testicles (orchitis). Also indicated in acute gonorrhoea, with marked erotic trouble; chordee.
10. **Amalaki Q:** it is prepared with amla which is richest source of vitamin C. spermetorrhea with grey hair and weakness⁸.

CONCLUSION

ED is an emerging health problem and early diagnosis and treatment is essential to prevent further psychological and physical events. Homoeopathy is one of the best male infertility treatments and unlike many conventional medicines, treats ED with natural and safe medications, without causing any side effects. Moreover, we should promote and utilize rare and forgotten homoeopathic remedies after acknowledging its beneficial effects for the treatment of impotency or ED.

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prompts the release of neurotransmitters that can lead to freezing, aggression or reckless behavior. Individuals with higher levels of neuroticism are more likely to freeze in the face of fear, while those with higher levels of extraversion and openness may become more aggressive or reckless. Fear can be described as a feeling of dread, panic, anxiety, or terror. It can cause physical symptoms such as sweating, trembling, or palpitations.

The patient's final follow up visit on 20/05/23 showed that their headache had resolved, they were sleeping soundly, and there was no trembling. All findings are consistent with a positive clinical outcome.

Homeopathy has been found to be a safe and effective treatment for fear-related conditions. Clinical studies have demonstrated that homeopathic remedies can reduce fear by addressing the underlying cause, rather than simply suppressing the symptoms. Homeopathy is an effective and safe way to treat fear and its associated symptoms.

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3. Feel the Fear... and Do It Anyway

By Susan Jeffers

Homoeopathic Treatment for Testicular Tumors: A Comprehensive Guide

Dr. Puja S. Dabhi

ABSTRACT

Testicular tumors are one of the highly malignant tumors in males. They occur mainly in young males grossly affecting reproductive ability of the person. Homoeopathy plays a vital role when it comes to disease prevention as well as to check the spread of the disease. Homoeopathy not only allays excruciating pains of the carcinoma but also helps cancer patient psychologically by reducing consecutive mental ill effects. Thus Homoeopathic treatment is nothing sort of boon to the patients with such extensive disease.

Keywords: Seminoma, Teratoma, interstitial cell tumor, Homoeopathy.

Abbreviations: AFP-Alpha-feto protein, β -hCG-Beta human chorionic gonadotropin, PLAP Placental alkaline phosphatase LDH- lactate dehydrogenase

INTRODUCTION

Testicular tumors occur mainly in young men of age group 20 years to 40 years. They frequently secrete AFP and β -hCG, which are important biochemical markers for both diagnosis and to know fate of the disease.

Seminoma originates from seminiferous tubules and shows a relatively low-grade malignancy.

Teratomas originate from primitive germinal cells and mainly occur at a younger age than seminomas. Well-differentiated tumors are the least violent; at the other end, trophoblastic teratoma is very malignant. Occasionally, teratoma and seminoma occur in conjunction.

Leydig cell tumors are mainly tiny and benign but secrete oestrogens, leading to clinical picture of gynaecomastia¹

9 out of 10 testicular tumors are cancerous, more prevalent in higher socioeconomic groups²

AETIOLOGY²

Cryptorchidism is likely caused by divergent gonadal development, raised body temperature, modified blood flow, and endocrine abnormali-

ties.

Klinefelter's syndrome The symptoms of this include eunuch, spermatogenesis absence, and testicular atrophy. Testicular seminoma is a risk for these patients.

Testicular atrophy.

CLASSIFICATION²

1. Seminoma -40%
2. Teratoma-32%
3. Seminoma with teratoma-14%
4. Interstitial tumors-1.5% [Leydig cell tumor produces symptoms of manhood, Sertoli cell tumor produces feminine symptoms]
5. Lymphomas-7%
6. Others

HISTOLOGY²

1.) Germ cell tumor (95%)

- **Seminomatous**-classic, anaplastic, spermatocytic.

- **Nonseminomatous type-** Teratomas; choriocarcinoma, yolk sac tumor (endodermal Teratoma sinus tumor shows Schiller-Duval bodies). embryonal carcinoma.
- 2. **Nongerm cell tumor (5%)**
 - **Sex cord stromal tumors**-Leydig cell tumor: granulosa cell tumor, Sertoli cell tumor.
 - **Mixed or combined germ cell and gonadal stromal tumor**-gonadoblastoma.
 - **Other:** Mesenchymal neoplasm; Adenocarcinoma of rete testis
- 3. **Adnexal and paratesticular tumors**- sarcomas, mesothelioma.
- 4. **Others**- lymphomas; carcinoids.
- 5. Secondaries

SEMINOMA TESTIS²

Originates in the mediastinum of testis and lower pole.

Mainly it is lobulated, fleshy, homogeneous, creamy or pinkish in appearance and it compresses adjoining testicular tissue

It spreads through lymphatic channels of testicles into the lymph nodes of the para-aortic region and then to left lymph node of supraclavicular region. It spreads to lungs, bone, brain, liver via blood.

TYPES OF SEMINOMA

Typical classic form-it is commonest type: Mainly seen in middle age group.

Spermatocytic seminoma occurs in older age group with different phases of spermatogonia. Spread in this type is rare.

Anaplastic type shows high mitotic index/nuclear pleomorphism

Phism/anaplasia with high rate of spreading.

Atypical form of seminoma shows cytoplasmic manifestation of low molecular weight keratin type 1 precursor to blood group antigen.

TERATOMA²

It arises from i.e. ecto, meso, endoderms - totipotent cells Major surface is irregular.

It often comprises gelatinous fluid and cartilaginous nodules.

Teratoma spreads mainly via blood, less commonly lymphatic. This tumor can be mature; immature; choriocarcinoma or mixed germ cell tumor.

HISTOLOGY²

1. Differentiated Teratoma (1%)

2. Intermediate Teratoma (30%)

Two common subtypes are A and B.

Type A have matured cells but type B is more malignant

comprises of less proper differentiated tissues.

3. Anaplastic Teratoma (15%)

Secretes alpha-fetoprotein (AFP)

4. Trophoblastic Teratoma (1%)

It shows high levels of β -hCG (normal level is 100 IU)

INTERSTITIAL CELL TUMOR²

LEYDIG CELL TUMOR (2%): Produces symptoms of manhood, Prior puberty. Shows excessive output of androgens causing Sexual precocity, extreme muscular development often imitate infant hercules. They are benign in context of other two discussed. Spread occurs to lymph nodes and lungs.

SERTOLI CELL TUMOR (1%): Produces symptoms of Feminism. Post pubertal. Commonly originating from Sertoli cells causes feminizing effect with gynaecomastia, loss of libido and aspermia. It may be calcifying/sclerosing, classic/large cell type. Surgery is the treatment.

SPREAD OF TESTICULAR TUMOR²

1. Local Spread

To epididymis, tunica albuginea, cord, scrotum and so to inguinal nodes.

2. Lymphatic Spread

Spread mainly occurs to para-aortic, often to retroperitoneal and common iliac nodes. Malignancy spreads to inguinal nodes, only if skin of scrotum is involved.

- Tumor of the Right testicle spreads to interaortocaval nodes
- Tumor of the Left testicle spreads to true para-aortic nodes.
- From para-aortic and retroperitoneal nodes spread occurs to left supraclavicular nodes and posterior mediastinal nodes.
- Seminoma chiefly spreads through lymphatics than teratoma.

3. Extranodal Spread

To the lungs, liver, brain, bone, kidney, and adrenals.

CLINICAL FEATURES

The common presentation is discovery of a painless testicular mass, although some patients complain of a testicular pain.¹

- Ache in the testis, loss of testicular sensation (in early stage only). Testis is enlarged, firmness, heaviness and enlargement of the parts.
- Heaviness and fullness in the scrotum
- Hydrocele-Secondary.
- Hypertrophied and thickened cremaster
- Para-aortic lymph nodes may be palpable as hard, nodular, nontender, nonmobile, vertically placed, resonant mass (not moving with respiration) often in epigastric region
- Altered breath sounds and pleural effusion with Haemoptysis .
- Due to secondaries in bone, bone pain and tenderness.
- Gynaecomastia may be present in few teratomas. It is due to raised β -hCG.
- Hemiscrotum with loss of rugae with suspicious lump in the groin with suspicious lump in the groin suggests undescended testis

with testicular tumor.

- Nodular secondaries in the liver.
- CNS/spinal cord may be involved by secondaries.
- Hurricane type is highly aggressive, highly malignant testicular tumor which is mainly fatal in few weeks.
- 10% cases may present as asymptomatic²

DIFFERENTIAL DIAGNOSIS2

- Acute and chronic haematocele
- Acute epididymo-orchitis
- Syphilitic orchitis
- Lepra orchitis

INVESTIGATIONS

All suspicious scrotal mass should be ruled out by ultrasound.

Serum levels of AFP and β -hCG are high in progressive disease¹

No FNAC; No scrotal approach; No incision biopsy.

- Frozen section biopsy is done from the area of suspicion.
- **ASSESSMENT OF TUMOR MARKERS** (β -hCG, AFP, LDH).
 - AFP and β -hCG are high in nonseminomatous germ cell tumors (teratomas) -65%.
 - Elevated AFP always indicates teratomatous tumor.
 - May be elevated in progressed cases of seminomas(10%).
 - LDH is high in 80% of advanced seminomas and 60% of nonseminomatous germ cell tumor.
 - β -hCG is elevated in choriocarcinoma (100%); embryonal carcinoma (65%);teratoma testis; recurrent or residual disease in testicular tumor after

therapy.

- PLAP is elevated in seminoma.
- **Chest X-ray** to look for lung secondaries.
- **Ultrasound abdomen** to evaluate nodal status like para-aortic nodes and liver secondaries.
- **Ultrasound** scrotum to check echogenicity of testis and tumor.
- **CT scan abdomen** and pelvis to rule out secondaries, iliac and para-aortic nodes.
- **CT scan chest** is required to confirm lung secondaries²

TREATMENT

Primarily surgical removal of testicles is advised. Further treatment will be decided by the histological type and stage. For early-stage seminoma radiotherapy might be helpful. Teratoma confined to the testes may be treated conservatively, but more advanced cancers are treated with chemotherapy¹

Apart from the conventional line of treatment homoeopathy plays an important role in treatment and to inhibit further progress of the disease. A well taken case and individualistic approach always serves as a miraculous aid to the condition.

Complications: Haemorrhage; injury to important structures like major vessels/bowel/ureter; retrograde ejaculation; chylous ascites; lymphocele²

Follow-up Assessment of tumor markers at regular intervals for 5 years and once a year after 5 years. CT abdomen and chest yearly²

FACTORS AFFECTING THE PROGNOSIS

- Younger the age group poorer the prognosis.
- Seminoma have better prognosis than teratomas
- Spermatocytic seminoma have good prognosis.
- Hurricane type showed worst prognosis²
- The 5-year survival rate for –

Seminoma is 90-95%.

For teratomas, varies between 60% and 95%, depending on type, stage and volume.¹

HOMOEOPATHIC TREATMENT

- 1) ***Arsenicum album***– very useful remedy when disease associated with Fear of death, restlessness and irritable weakness. A deep acting remedy, affecting all organ and tissue.³ Prostration is much more than the illness. Pains are excruciating. Putrid odors like dead body. Destructive process-malignancy, carbuncle, gangrene, cancer. It helps in reducing symptoms of fears in cancer patients. oversensitive and fastidious patient. Despondency of recovery.⁴
- 2) ***Aurum metallicum*** –Waning of the bodily fluids and changes in the tissues. Carcinoma testes due to accumulation of serous fluid. Swelling and Pain of the testicles. Indurations of the testicles-Chronic. Erections are violent. Sexual hyperesthesia. Patient highly despondent and depressed. Wants to commit suicide. Anti scrofulous and anti venereal remedy.³
- 3) ***Aurum Muriaticum***– Drawing Pain along spermatic cord. Diminished virility with exhausting erections.. left testicular painful drawing and extends towards inguinal ring, recurring in paroxysms. Genital warts with chancres⁵
- 4) ***Calcarea fluorica***– A very useful tissue remedy for glands with stony hardness, Veins enlarged and varicose. Malnutrition of bones. Induration endangering suppuration. Hardened testicles with hydrocele. Post surgery reduces adhesive tendency.³ Groundless fear of financial ruin with Indecisive nature. Fear of poverty is marked.⁴
- 5) ***Carbo animalis*** -Suits to venous and scrofulous constitutions , old people, post debilitating disease, with slow circulation and decreased vitality. Veins distended, skin blue, Glands are indurated. Ulcers are Spongy with copper colored eruptions. All discharges are offensive. Produce local congestion

without heat. Avoids conversation and wants to be alone.³

- 6) **Carcinosinum** - It helps and modifies all cases in which a history of carcinoma is there, or symptoms of the disease prevailing. Cachexia of cancer. Indigestion, with accumulation of gas in stomach and bowels.³
- 7) **Clematis erecta**- It affects mucous membranes of testes, which become painfully swollen and very hard. Muscles twitch or flaccid. Testicles hard with bruised feeling. Testes retracted or hang heavy. Spermatic cord swollen, with soreness, burning and, extending to abdomen.⁴ Affects mainly right side. Indifferent person. Incline to meet agreeable company with fear of being alone. homesick.⁴
- 8) **Condurango** – Cracks in corner of mouth is painful. It stimulates the digestive functions and improves general health. Affects mucopithelial tissues and cutaneous outlets. Cancer, chronic gastric catarrh, syphilis³
- 9) **Conium maculatum**-Testes enlarged and Hard. Cancer diathesis. excessive debility. Sexual nervousness, despair, after coition. Bad effects of suppressed sexual desire. While semen passes, Cutting in urethra. Sexual desire with no erection. Erection is not perfect with short duration. Impotence.⁴
- 10) **Fuligo ligni** -Acts on glands. Irritations of mucous membranes of mouth; carcinomas, especially of scrotum-chimney sweeper's cancer; epithelial cancers; suicidal tendencies with gloominess.³
- 11) **Hydrastis canadensis**: As per Hale "compound remedies for cancer, acting as a detergent tonic". Dragging in right groin to testicle; follows to left testicle, to left groin. Weariness after seminal discharge. Exhaustion; ample. Discharges are painless⁵
- 12) **Magnetis Poli Ambo**- excitement of sexual desire due to burning sensation in region of spermatic vesicles. Erection, without amorous thoughts. Retracted prepuce behind the glans. epididymis swollen, with pain during movement and when touched⁵

13) **Mercurius Biniodatus**: Suited where hypersensitivity of right testicle and cord seen. Areas of induration, along urethra. Painless hard chancre. left testicular Sarcocoele. Languid chancre⁵

14) **Rhododendron**- The testicle is drawn up, swollen, indurated and painful. Glands feel crushed. Worse before a storm. Affects mainly left side.³ Confused and stupid. Forgets what he is talking about; leaves out words while writing. Fear of thunder in nervous people. Aversion to his own business. Affected by wine easily.⁴

15) **Spongia tosta**- Testicles swollen. Swelling extends to the testicles spermatic cord. Painful. Pain is worse before midnight and while ascending. Heaviness of the body with exhaustion. Rise of blood to chest, face. Anxiety and dyspnoea.³

CONCLUSION

Homoeopathy has wide array in field of chronic diseases. With the holistic approach and individualistic symptom totality one can prevent further progress of the disease. Apart from the further progression one can also spare cases from the surgical interventions.

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Role of Homoeopathic Medicines in Benign Prostatic Hyperplasia

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is the disease of older males, occurs due to irregular hormonal secretions. In this condition the tissues of prostate gland become enlarged. However it is a benign growth which causes infection of lower urinary tract which produces many symptoms like urinary hesitancy and intermittency, weak urine stream, nocturia, frequency, urgency and sensation of incomplete bladder emptying. Homoeopathic medicines *Chimaphilla umbellata*, *Causticum*, *Lycopodium clavatum*, *Sabal serrulata*, *Thuja occidentalis* etc. have amazing action in BPH.

Keywords: benign prostatic hyperplasia, homoeopathic medicines

Abbreviations: BPH (Benign Prostatic Hyperplasia), USG (Ultrasonography), CT (Computed Tomography), MRI (Magnetic Resonance Imaging)

INTRODUCTION

Benign prostatic hyperplasia is a non malignant growth of prostate which develops by proliferation of stromal and epithelial cells, resulting in urethral compression which leads to outflow obstruction of urine through urethra⁽¹⁾. Histological benign prostatic hyperplasia does not produce any symptoms and patient will never face any problem due to this condition, so there is no necessity to take any treatment. It becomes clinical condition while patients having subjective manifestations of lower urinary tract symptoms which may convert into prostatitis and prostatic cancer in chronic stage of BPH ⁽²⁾.

Etiology and Risk Factors

The cause of BPH is unknown but it was not seen in those men whose testicles were removed before puberty, that's why it is believed that aging factors and testicles may leads to benign prostatic hyperplasia ⁽³⁾.

There are following risk factors some of them are modifiable and some are non-modifiable:-

Non-modifiable risk factors are:-

1. Age
2. Genetics
3. Geography

Modifiable risk factors are:-

1. Hormones
2. Metabolic syndromes
3. Obesity
4. Diet
5. Physical activity
6. Inflammation
7. Diabetes⁽⁴⁾

Pathophysiology

Lower urinary tract symptoms and obstruction in outlet of urinary bladder in men occurs due to benign prostatic hyperplasia. Enlargement of prostate results in urinary bladder obstruction and periurethral compression which creates resistance during micturition. This resistance may be resolved by enhancing voiding pressure during urination (5). It results in reduction of

elasticity and collagen in prostatic part of urethra in males with benign prostatic hyperplasia(6).

Symptoms

Benign prostatic hyperplasia include symptoms of lower urinary tract, which are following:

- i) Increased frequency of urine.
- ii) There is much urging to micturate
- iii) Difficulty to start stream of urine
- iv) Interruption or breaking up the flow of urine
- v) Drizzling of urine at cessation
- vi) Frequent urging to micturate at night during sleep or nocturia
- vii) Retention of urine
- viii) Incontinence of micturition
- ix) There is much pain during micturition or even after ejaculation
- x) It shows abnormal color or smell of the urine⁽⁷⁾.

Complications

- i) Chronic urinary retention
- ii) Urinary tract infection
- iii) Haematuria
- iv) Cystolith
- v) Long term use of catheter⁽⁸⁾.

Medical tests

These tests are helpful to diagnose the benign prostatic hyperplasia and also useful to rule out other disease conditions:-

- i) Urine analysis
- ii) Blood tests – it includes serum creatinine and blood urea nitrogen.
- iii) Prostate specific antigen test
- iv) Urodynamic tests – this test includes
 - a. A post-void residual measurement
 - b. Uroflowmetry
 - c. Urodynamic pressure.
- v) Cystoscopy
- vi) Transrectal USG
- vii) Biopsy
- viii) CT Scan and MRI ⁽⁹⁾

Treatment

- I. Conventional medicines
- II. Homoeopathic medicines

I. Conventional medicines:-

The choice of treatment for Benign Prostatic Hyperplasia may include life style modification, medicines, minimally invasive procedure and surgical procedures. These are following in brief:-

1. Life style modification: it includes-
 - a. decrease intake of juicy or fluid substances.
 - b. avoid alcohol and beverages.
 - c. to hold more urine for a long period.
 - d. to do exercise of muscles of pelvic floor.
2. Medications - these are following-
 - a. Alpha-blockers
 - b. Phosphodiesterase-5 inhibitors
 - c. 5-alpha reductase inhibitors

3. Minimally invasive procedures :

these procedures are useful when medicines having no effects. These include-

- a. Transurethral needle ablation
- b. Transurethral microwave thermotherapy
- c. High intensity focused ultrasound
- d. Transurethral electro -vaporization
- e. Water induced thermotherapy
- f. Prostatic stent insertion

4. Surgery:

many urologist suggests surgery in long continues benign prostatic hyperplasia conditions. By this procedure the enlarged prostate is removed to relieve the symptoms and to prevent other complications. There are several following procedures-

- a. transurethral resection of prostate (TURP)
- b. laser surgery
- c. open prostatectomy
- d. transurethral incision of the prostate (TUIP)⁽¹⁰⁾.

II. Homoeopathic medicines

Benign Prostatic Hyperplasia having sycotic miasm in its background. It comes under 'one sided

diseases' according to Hahnemann's classification of diseases in aphorism 172-184. The chronic venereal miasm is the manifestation of a typical discharge from external urethral orifice, whenever it is suppressed leads to the proliferation of cells i.e. characterized by exaggerated prostatic cell growth or tissue growth.

There are some following homoeopathic medicines which are indicated in Benign Prostatic

Hyperplasia:-

1. ***Chimaphilla umbellata***—It is very effective in cases of prostatic hyperplasia. There is smarting pain in the urethra, bladder and to the meatus. In the benign prostatic hyperplasia the patient will face loss of prostatic fluid.
2. ***Conium maculatum***—It is an old remedy which having specific action on enlarged glands, engorgement and induration of the scrofulous and cancerous tissues. There is difficult micturition i.e. characterized by flow and then cessation of urine with much dribbling in old age.
3. ***Ferrum picricum***—It is best suited in elder age whoever facing an enlarged prostatic gland known as Senile Hypertrophy of Prostate. *Ferrum picricum* has amazing action in frequent urging to urinate at night with a feeling of pressure in the rectum with retention of micturition. There is pain along urethra is the characteristic symptom of this remedy.
4. ***Hydrangea arborescens***—There is burning in urethra with frequent desire, but it's difficult to micturate. Pain is sharp in the left loin region is characteristic of this medicine. *Hydrangea arborescens* have an amazing action on enlarged prostate which is along with abdominal symptoms in the patients.
5. ***Picric acid*** – It is best suited to person having dark complexion with dirty appearance. There is much debility mentally and physically like all acids. It acts where there is scanty or complete anuria with dribbling of urine. Person will have nocturnal urging due to prostatic hyperplasia which have not advanced condition.
6. ***Sabal serrulata***— This is medicine which acts on genito-urinary organs. There is marked sexual debility. *Sabal serrulata* is useful in Prostatic Hyperplasia of Membrano-prostatic

portion of urethra. There is much frequency of urine at night. It is also suited to person having cystitis due to prostatic hypertrophy⁽¹¹⁾.

7. ***Sarsaparilla*** – It acts upon three spheres i.e. lymphatics, from which it causes glandular affection, skin and kidneys. Through the action on glandular or scrofulous system it covers many symptoms like, frequent micturition, turbid, scanty, clay sandy urine, pain is increased after micturition etc. are characteristics⁽¹²⁾.
8. ***Staphysagria***— It is useful in the cases of benign prostatic hyperplasia which is caused by mental ailments i.e. indignation about consequences of sexual excess, onanism, chagrin, mortification, loss of vital fluids, being insulted etc. results in urging of micturition but has to sit for long hours, feeling of heat in urethra while not micturating and pain after micturition in old age due to prostatic hyperplasia. *Staphysagria* is also used in cases of honeymoon cystitis⁽¹³⁾.
9. ***Sulphur*** – *Sulphur* is the king of psora miasm but it covers all three miasm, Psora, Sycosis and Syphilis. There is incontinence of micturition with feeling of obstruction and decreased flow of urine due to prostatic hypertrophy. Patient will face cutting pain after micturition. It is suited when there is increased urging to micturate with burning, cutting pain at urethra.
10. ***Thuja occidentalis***— *Thuja occidentalis* is the king of anti-sycosis. There are strong mental symptoms like, fixed ideas, sensation as if the lower limbs are made up of glass and his body is very thin or easily breakable etc. In benign prostatic hyperplasia it acts on prostatic urethra and produce symptoms of urinary urgency, frequent micturition at night with severe cutting type of pain due to narrowness of urethral passage and some gonorrhoeal symptoms with itching and burning during secretions of gleet⁽¹²⁾.

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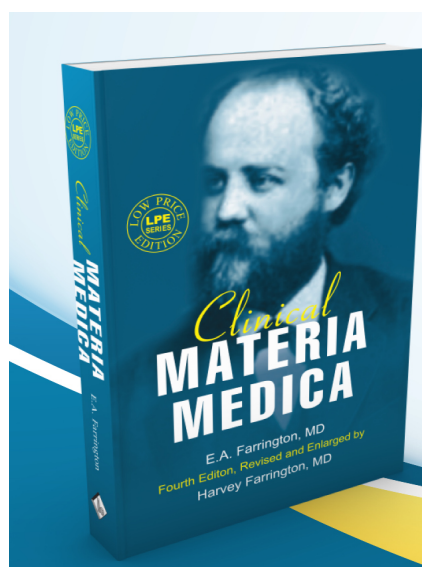
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Repertorial Approach to Pre-Menstrual Syndrome

Dr Kriti Gulati

ABSTRACT

The homoeopathic system of medicine is based on holistic approach of prescription, so conditions like Pre-Menstrual Syndrome that are poorly defined diagnostically, comprising of whole array of mental, emotional and physical symptoms, can be well-treated by it. Dr Hahnemann's Organon of Medicine 6th Edition, emphasises on importance of taking female history into consideration while taking a case in aphorism 89 and aphorism 94 as well as dealing with psycho-somatic disorders in aphorism 225. This article is an attempt to have a glance on rubrics in repertories which can be used in such cases.

Keywords: homoeopathic repertory, psychosomatic luteal pre-menstrual syndrome, pre-menstrual tension syndrome

INTRODUCTION

Worldwide, a meaningful proportion of fertile women suffer from moderate to severe physical and emotional symptoms almost 7-14 days before menses.¹ These are classified into Pre-menstrual Complaints, Pre-Menstrual Syndrome and Pre-menstrual Dysphoric Disorder. It can lead to decreased occupational productivity, lower health related quality of life, increased dependence on specialised healthcare, and interference with interpersonal relationships and daily living activities.²

Cause, Symptoms and Diagnosis - The World Health Organisation's (WHO) International Classification of Diseases (ICD-10) broadly classified Premenstrual Tension Syndrome as a gynaecological disorder but lists no symptoms and no specific criteria to guide a diagnosis. It includes the group of symptoms that occur during late luteal phase of the menstrual cycle and remit after menses.³ The symptoms tend to follow a predictable pattern.² There can be variety of symptoms in women including generalised fluid retention, sensation of abdominal bloating, breast enlargement or tenderness plus mood disturbances (depressed mood, tension, labile affect, irritability, reduced impulse control) and food cravings etc.⁴

It is postulated to be a psychosomatic disorder.⁵

Difference in prevalence of pre-menstrual syndrome may be accounted by differences in social meaning or construction of particularly embodied and psychological experiences as a disorder associated with reproductive body. Certain beliefs, cultural and ethnic manifestations of how girls deal with menstruation, depicting menstruation as a hygienic crisis and as a secret event resulting in a culture of concealment.² The other postulated causes are oestrogen excess or progesterone deficiency in the luteal phase, increased production of vasopressin, aldosterone, prolactin and systemic prostaglandins adversely affecting renal function and contributing to fluid retention and bloating, neurotransmitter level fluctuations in the brain might be responsible for emotional symptoms.⁶

The conventional treatment includes oral contraceptive pills and selective serotonin reuptake inhibitors. Homoeopathy emerges as a cost effective alternative for pre-menstrual syndrome due to individualisation.⁴ The homoeopathic repertorial view of pre-menstrual syndrome is as follows-

Calcarea carbonica

Ailments from worry, fright, poor nutrition, suppressed sweat and eruptions.⁹

Mind, frightened, menses, before (p. 49)

Mind, sadness, menses, before (p. 77)

Head, heat, menses, before (p. 122)

Head, pain, menses, before (p. 142)

Head, pain, forehead, menses, before (p. 156)

Head, pain, forehead, middle, menses, before (p. 161)

Head, sensitiveness of brain, menses, before (p. 229)

Stomach, vomiting, menses, before (p. 534)

Stomach, vomiting, sour, menses, before (p. 539)

Abdomen, pain, menses, before (p. 559)

Genitalia female, leucorrhœa, menses, before (p. 722)

Genitalia female, pain, uterus, menses, before (p. 734)

Chest, pain, axilla, menses, before (p. 845)

Chest, pain, mammæ, menses, before (p. 846)

Chest, pain, sore, mammæ, menses, before (p. 862)

Chest, swelling, mammæ, menses, before (p. 881)

Back, pain, menses, before (p. 896)

Back, pain, lumbar region, menses, before (p. 906)

Extremities, perspiration, foot, menses, before and during (p. 1183)

Chill, chilliness, menses, before (p. 1265)

Chill, menses, before (p. 1269)

Generalities, menses, before (p. 1373)⁸

Natrum muriaticum

Causation- Disappointment. Fright. Fit of passion. Loss of fluids. Masturbation. Injury to head. Quinine. Lunar caustic. Bread. Fat. Wine. Acid food. Salt.⁹

Mind, anxiety, menses, before (p. 7)

Mind, irritability, menses, before (p. 59)

Mind, sadness, menses, before (p. 77)

Head, pain, menses, before (p. 142)

Head, pain, pressing, menses, before (p. 190)

Head, sensitiveness of brain, menses, before (p. 229)

Eye, heaviness, menses, before (p. 241)

Eye, twitching, lids, menses, before (p. 269)

Mouth, saliva, bloody, menses, before (p. 416)

Teeth, pain, menses, before (p. 437)

Stomach, eructations, menses, before (p. 491)

Stomach, eructations, sweetish, menses, before (p. 497)

Stomach, nausea, menses, before (p. 508)

Abdomen, contraction, menses, before (p. 543)

Abdomen, pain, hypogastrium, menses, before (p. 565)

Genitalia female, leucorrhœa, menses, before (p. 722)

Genitalia female, pain, burning, uterus, menses, before (p. 737)

Chest, palpitation heart, menses, before (p. 876)

Back, pain, stitching, lumbar region, menses, before (p. 939)

Extremities, trembling, menses, before (p. 1211)

Generalities, menses, before (p. 1373)

Generalities, weakness, menses, before (p. 1417)

Generalities, weariness, menses, before (p. 1421)⁸

Phosphorus

Causation -Anger. Fear. Grief. Worry. Mental exertion. Strong emotions. Music. Strong odours. Gas. Flowers (fainting). Thunderstorms. Lightning (blindness). Sexual excesses. Loss of fluids. Sprains. Lifting. Wounds. Exposure to drenching rains. Tobacco (amblyopia). Washing clothes. Having hair cut.⁹

Mind, nymphomania, menses, before (p. 69)

Head, sensitiveness of brain, menses, before (p. 229)

Abdomen, pain, menses, before (p. 559)

Abdomen, pain, hypogastrium, menses, before (p. 565)

Abdomen, pain, dragging, menses, before (p. 583)

Genitalia female, desire, increased, menses, before (p. 716)

Genitalia female, leucorrhœa, menses, before (p. 722)

Genitalia female, pain, uterus, menses, before (p. 734)

Genitalia female, pain, bearing down, uterus, menses, before (p. 735)

Generalities, menses, before (p. 1373)⁸

Sepia officinalis

Ailments from anger and vexation, cold, getting wet, laundry work, over-use of birth-control pills, child birth.⁷

Mind, confusion, menses, before (p. 15)

Mind, irritability, menses, before (p. 59)

Mind, sadness, menses, before (p. 77)

Mind, shrieking, menses, before (p. 80)

Mouth, odor, offensive, menses, before (p. 409)

Abdomen, pain, menses, before (p. 559)

Abdomen, pain, hypogastrium, menses, before (p. 565)

Abdomen, pain, dragging, menses, before (p. 583)

Abdomen, pain, pressing, hypogastrium, menses, before (p. 587)

Abdomen, pain, sore, menses, before (p. 589)

Genitalia female, leucorrhœa, menses, before (p. 722)

Genitalia female, pain, uterus, menses, before (p. 734)

Genitalia female, pain, bearing down, uterus, menses, before (p. 735)

Genitalia female, pain, burning, menses, before (p. 736)

Genitalia female, pain, labor-like, menses, before (p. 739)

Genitalia female, swollen, menses, before (p. 744)

Chest, palpitation heart, menses, before (p. 876)

Back, pain, lumbar region, menses, before (p. 906)

Chill, chilliness, menses, before (p. 1265)

Generalities, faintness, menses, before (p. 1360)

Generalities, menses, before (p. 1373)

Generalities, shuddering, nervous, menses, before (p. 1400)⁸

Bovista lycoperdon

Premenstrual problems with fluid retention resulting in puffiness of hands and feet and a bloated feeling. Alternating mood, laughing alternates with weeping. Irritable, takes everything amiss. Awkward in speech and action, drops things from hand, stutters. Traces of menses in between menstruation. Diarrhoea like symptoms before commencement of menses. Worse before and during menses, night, cold food; better bending double, hot food, day time.⁷

Head, pain, menses, before (p. 142)

Rectum, diarrhœa, menses, before (p. 614)

Genitalia female, leucorrhœa, menses, before (p. 722)

Genitalia female, pain, bearing down, uterus, menses, before (p. 735)

Genitalia female, pain, labor-like, menses, before (p. 739)

Genitalia female, pain, sore, uterus, menses, before (p. 741)

Chest, spasms, menses, before (p. 880)

Back, heaviness, lumbar region, menses, before (p. 891)

Generalities, menses, before (p. 1373)⁸

Lachesis mutus

Ailments from grief, vexation, anger, fright, jealousy, disappointed love.⁷

Vertigo, menses, before (p. 101)

Head, pain, menses, before (p. 142)

Head, pulsating, menses, before (p. 225)

Head, pulsating, temples, menses, before (p. 228)

Nose, epistaxis, menses, before (p. 337)

Abdomen, distension, menses, before (p. 545)

Abdomen, pain, menses, before (p. 559)

Abdomen, pain, hypogastrium, menses, before (p. 565)

Rectum, constipation, menses, before (p. 608)

Rectum, diarrhoea, menses, before (p. 614)

Genitalia female, congestion, uterus, menses, before (p. 716)

Genitalia female, leucorrhoea, menses, before (p. 722)

Genitalia female, pain, ovaries, menses, before (p. 732)

Genitalia female, pain, uterus, menses, before (p. 734)

Chest, oppression, menses, before (p. 840)

Back, pain, menses, before (p. 896)

Extremities, pain, sore, bruised, hip, menses, before (p. 1130)

Generalities, menses, before (p. 1373)⁸

Chamomilla

Ailments from anger, vexation, chagrin.

Irritable, angry patient who is hypersensitive to pain; is fretful, sleepless and cross. Heavy flow of

dark, clotted blood during menses. Women become suddenly capricious, quarrelsome and obstinate before menses, can't bear anyone near her, dissatisfaction with everything she undertakes. Ugly in behaviour, vexed at every trifle, indifference to pleasure, irritability when spoken to, dwells on past disagreeable occurrences. Uncivil, spiteful, snappish. Flushes of heat in face and cold sweat in palm. Worse heat, anger, open air, at night, exposure to wind; better by brisk walking or rocking, warm wet weather.⁷

Genitalia female, pain, cramping, uterus, menses, before (p. 737)⁸

Folliculinum

Ailments from abuse of oral pills. Mental excitability alternates with depression before menses. Instability, anguish, panic attacks, sexual hyperexcitability. Gain in weight before the period, bloating. Craving for sugar and wheat. Emotionally and psychologically drained, full of self-denial; depression and anxiety.⁷

Mind; RAPED, being, agg., ailments from

Mind; DOMINATION by others agg.

Mind; DELUSIONS, imaginations; influence, is under a powerful

Mind; CONFUSION of mind; identity, as to his

Mind; SENSITIVE, oversensitive; sensual impressions, to

Mind; SENSITIVE, oversensitive; reprimands, criticism, reproaches, to

Mind; SADNESS; anger, vexation agg.

Mind; SADNESS; excitement, emotional; agg.

Mind; EXCITEMENT, excitable; alternating with; sadness; menses, before

Mind; INDIFFERENCE, apathy; alternating with; anger, vexation

Generalities; FOOD and drinks; food in general; desires; menses, before

Dreams: pursued, of being; escape, unable to.¹⁰

CONCLUSION

The above stated rubrics clearly show the utility of homoeopathy and its repertories in relation to pre-menstrual syndrome. This surely helps in reaching the similimum and thus holistic treatment of patient using reportorial approach.

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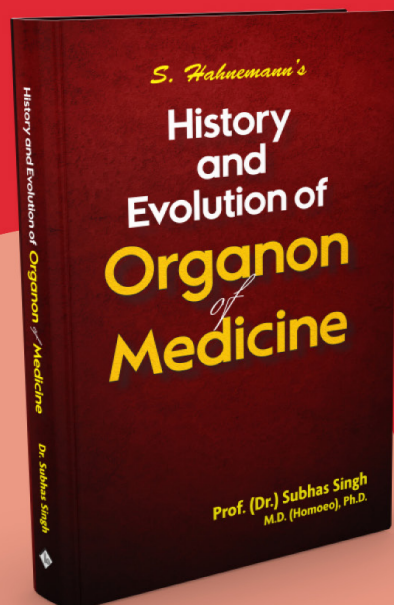
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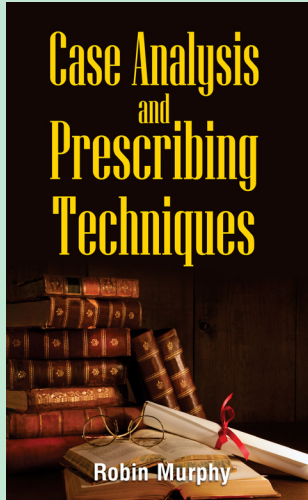
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Case Analysis and Prescribing Techniques

By Robin Murphy

Dr Lubna kamal



Another book, I had thought, initially, by going through the cover and title. But Dr Murphy will surely surprise you with the way he has condensed the whole Homeopathic Encyclopedia into approximately 300 pages. The book surely will serve as an abridged Bible for all Homeopaths, especially PG students. Once we start to practice, we

usually stop reading. The author has refreshed the Organon and has given a brief and lucid summary of each part of Organon, for quick brush-up. All practitioners should definitely keep it on their shelves and read just two pages a day and keep rereading it over so that they grasp what they forgot.

No one else could have done it better in approximately 300 pages, covering almost everything from the highlights of Organon, the Vital Force to lessons on Homeopathic case taking, case analysis, Repertorisation etc. The most important chapters for Practitioners are probably regarding the common mistakes we make during prescribing and I have corrected so many of mine. Besides the Practitioners must learn how to handle patients already dependent on drugs.

All important books have been enlisted by Dr Murphy that a Homeopath must read. He has also explained how the books must be read. He has explained brilliantly, the same, through a lot of examples like the late stage of Pulsatilla is catatonia ie complete absence of emotion. Another example is if there is a change in like from sweet to something else, it signifies a change in layer.

Regarding Repertorisation, he advises us to use the combination method, which is the best of the

long hand and the elimination method. A homeopathic physician can make use of these tips to invigorate private practice.

Dr Murphy has enumerated various mistakes Homeopaths make while prescribing. I won't hesitate to admit that I have corrected so many of my own and definitely my clinical results have improved. We are ingrained to omit common symptoms completely, right from the time we enter the Med School. The author states that they can be very useful depending on their context and intensity. Similimum has to be based, not just on symptom similarity, but also on the matching state of the patient and he cautions us against negative matching. Explaining about hierarchy the standard one has been etiology, mental, general, physical or particular, but there can be a reverse hierarchy, in exactly the reverse order, ignoring ghost etiology in particular.

Regarding Vital Force, he states that there should be harmony between the conscious and unconscious levels and breathing, water, food, and meditation to be most important in order to maintain the vital force.

Dr Murphy has given a lot of details regarding case taking and has dedicated a whole chapter to the topic, probably most important as "a case well taken is half cured". His technique SAP ie scan, analyze and probe is very useful. One must go through the complete book to master his techniques.

The patients who come to us, already taking drugs are very complicated to treat. Here is where most Homeopaths fail. Murphy explains that while decreasing the drug or altogether putting off a drug, on which the patient has been dependent for some time, it should be in such a way that the patient does not land into crisis or relapse, as the drugs prescribed are toxic, addictive and obviously having lot of side effects.

Most Homeopaths don't take up AIDS cases and it

Book Review

is sort of an enigma, most of the time. Dr Murphy simplifies it through a whole chapter dedicated to the topic, so much so that you will feel treating AIDS as just another disease. His multilayered approach to treat an AIDS patient aims at bringing the patient to his constitutional state.

Robin has vividly explained Prophylactic prescribing, Preventive prescribing, and Organopathic prescribing, with examples, making the complicated terms very easy to understand.

I would say that each para he wrote, each conversation that has been enlisted is loaded with knowledge. Go and grab the book at the earliest and give it a thorough reading.

Reviewed by:

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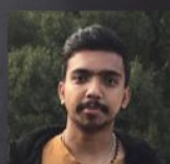
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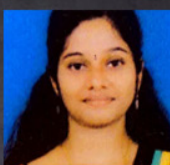
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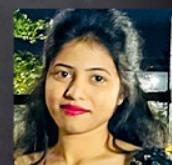
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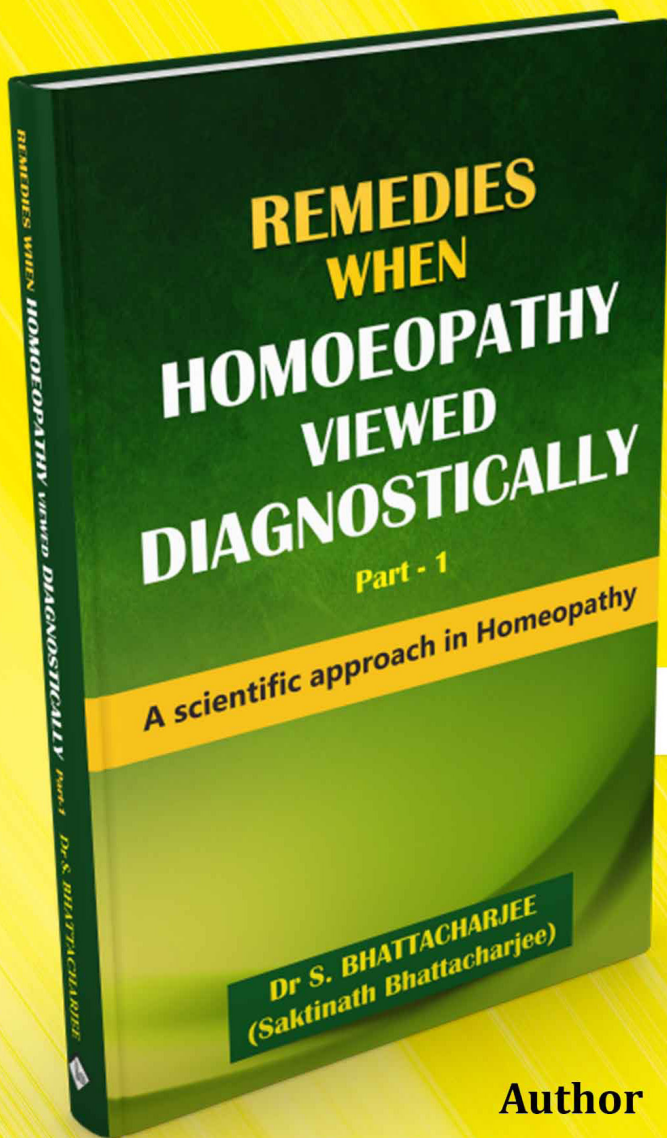


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