THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Homeopathic Paediatrics: Evidence-Based Clinical Practice

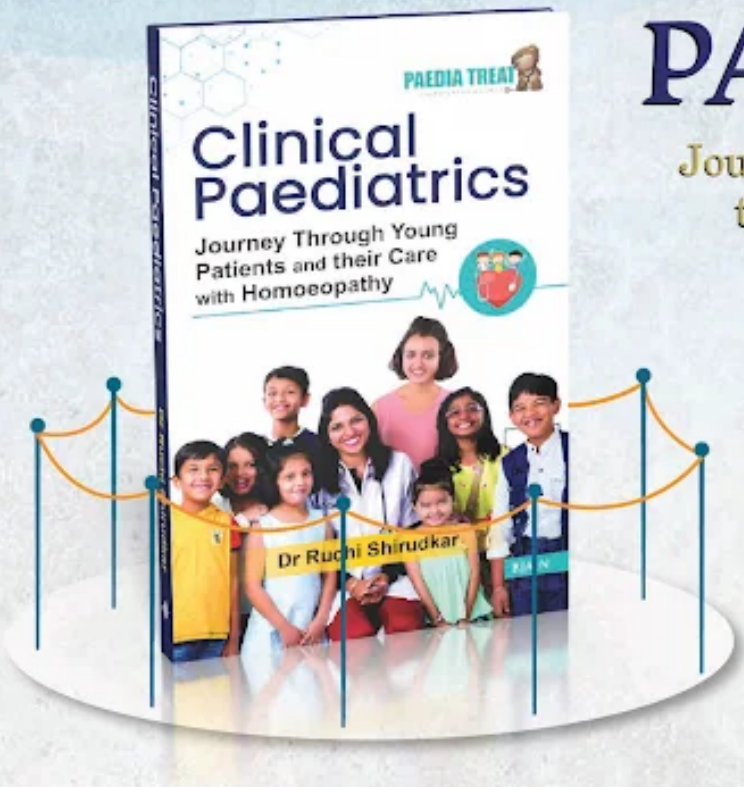
- Role of Individualized Homoeopathic Intervention in the Management of Vitiligo in a Paediatric Patient: An Evidence Based Clinical Case Report
- Individualized Homoeopathic Management of Filiform Warts in Pediatric Patient: An Evidence Based Case Report

BJAIN

BJAIN

CLINICAL PAEDIATRICS

Journey Through Young Patients & their Care with Homoeopathy



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From the Author's Desk

Dr Ruchi Shirudhkar

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

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

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

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

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Dear Readers,

The articles in this issue highlight the management of common and complex childhood disorders, discuss evolving scientific evidence, and emphasize individualized patient care. According to the Data and qualitative research: More parents has started choosing homeopathy for their children. Surveys indicate usage rates around 7.9% to 23.4% in parts of Europe. This issue focuses on bringing together original research, clinical studies, evidence-based reviews,that explore the role of homeopathy in paediatric healthcare. The Editor's Desk has been eloquently penned by ***Prof. Dr. J. D. Daryani***, a time proven name in the field of homeopathy with research-based focus on Paediatric practice. While the Stalwart section is enriched by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata, who presents a compelling life sketch of **Dr. Karl Julius Aegidi (1795-1874)**. The In Italics section features a scholarly contribution by **Dr. Vikas Singhal**,

Childhood represents one of the most dynamic and critical phases of human life, characterized by rapid physical growth, neurological maturation, and the progressive development of the immune system. From conception through the neonatal period and into early childhood, the immune system undergoes continuous adaptation and refinement, laying the foundation for lifelong health. During this vulnerable period, children encounter numerous infectious agents, environmental influences, nutritional challenges, and immunological stimuli, all of which shape their physiological development and immune competence.

Consequently, infants and young children frequently experience a wide spectrum of acute and recurrent illnesses. Medical intervention is the prior thing needed in the very early age of children, as this is the age of development and immunity building . The immune system is constantly developing from conception onwards, including in the neonatal period and in the first years of life. During this time, children may face various illnesses, it could be due to any external microorganis or could be after effects of vaccination. As a parent, ensuring your toddler stays strong and healthy is a first priority . Every new parent has a concern of taking care of their toddler's health in a very gentle and safe treatment. They begin to search best treatment available around them.

The earliest mentions of child-specific medical problems appear in the Hippocratic Corpus, published in the fifth century B.C., and the famous *Sacred Disease*. These publications discussed topics such as childhood epilepsy and premature births. Paediatrics is different from adult medicine in more ways than one. The smaller body of an infant or neonate or a child is substantially different physiologically from that of an adult. So treating children is not like treating a miniature adult.

Today Homeopathy has touched many countries across the world. And many parents has started choosing Homeopathy for their children.

Children do not only suffer physically during their childhood but also mentally like delayed development, speech disorders, memory deficient, etc. And Homeopathy has shown numerous successful results in such complex disorders too proven all over the world.

According to the Data and qualitative research published in Science Direct: Parents are choosing homeopathy for their children due to fear of conventional drug side effects, a preference for holistic care, and the influence of family networks. Surveys indicate usage rates around 7.9% to 23.4% in parts of Europe, with decisions typically driven by mothers.

This theme reminds me of one of our great pioneers of Homeopathy - J T Kent when he proved the miraculous result of Homeopathy on an infant with deadly diarrhea. A child with severe diarrhea was brought to his clinic in emergency and it appeared that the child will not live longer. Dr Kent tested Podophyllum 30 and then in high potencies. Next morning he was surprised to learn from the grandmother of the child that he was doing well.

Research Insights

1. A study published in the European Journal of Paediatrics claims homeopathic treatment for children under two provides better results for common illnesses compared to allopathic treatment, reducing sick days and antibiotic use significantly, with no adverse reactions noted. In the study, researchers at Central Council for Research in Homoeopathy (CCRH) Collaborative Outpatient Department of Jeeyar Integrated Medical Services (JIMS) Hospital in Telangana compared health status of 108 children, from birth to 24 months of age, who were treated either homoeopathically or conventionally for diverse acute illness . Researchers found homoeopathic group participants experienced significantly fewer sick days over the 24 months than did those in the conventional group.[1]
2. The study the socio-demographic features of the paediatric population treated at the Homeopathic Clinic – Hospital of Lucca (Italy). An observational longitudinal study was carried out on a total of 2141 patients consecutively examined from 1998 to 2008.[2]

A Quick word on issue Content

This issue, Homeopathic *Paediatrics: Evidence-Based Clinical Practice*; focuses on bringing together original research, clinical studies, evidence-based reviews, case reports, and expert perspectives that explore the role of homeopathy in paediatric healthcare. The Editor's Desk has been eloquently penned by ***Prof. Dr. J. D. Daryani sir***, a time proven name in the field of homeopathy with research-based focus on Paediatric practice. While the Stalwart section is enriched by **Prof. (Dr.) Subhas Singh**, HOD, Department of Organon of Medicine, NIH, Kolkata, who presents a compelling life sketch of **Dr. Karl Julius Aegidi (1795-1874)**. The In Italics section features a scholarly contribution by **Dr. Vikas Singhal**, B.Sc., D.N.H.E., B.H.M.S., M. Sc (Microbiology). Sr. Homeopath from Chandigarh. Further enhancing the academic value of this issue by book reviews of **'Fragmenta Decoded Volume -1'** authored by **Dr. Ashutosh Tripathi and "Essence of Materia Medica" authored by Prof George Vithoulkas.**

We hope the July 2026 issue serves as a valuable academic resource for clinicians, researchers, educators, and students dedicated to advancing paediatric healthcare through thoughtful integration of clinical expertise and evolving scientific evidence. Ultimately, every child deserves healthcare that is compassionate, safe, and guided by the highest standards of clinical excellence and scientific integrity.

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

Call for papers for the upcoming issues:

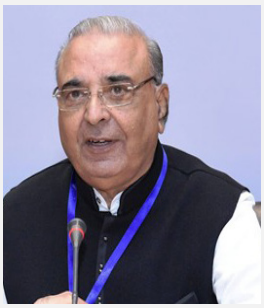
	Unbolt Yourself	
Issue	**Topic**	**Date**
Sep 2026	Homeopathy in the Realm of Autoimmune Disorders	Jul 15, 2026
Oct 2026	Understanding Fungal Disorders through the Lens of Homeopathy	Aug 15, 2026
Nov 2026	Homeopathic Approach in cases of Infertility	Sep 15, 2026

My Clinical Experience In Pediatric Practice

Prof. Dr. J. D. Daryani

M.D. (Hom.)

International Advisors, The Homeopathic Heritage



In the past few decades, due to rapidly changing life-style, especially in urban areas and cosmopolitan cities, environmental changes and the growing culture of having a nuclear and small family, the concern about the well -being of their children has been given priority.

Many times it has been observed that medicines without physician's prescription are inappropriately fed even for minor ailments to the children. They don't allow the resistance of children to improve by itself rather they put them on frequent medication and produce drug dependency. It is forgotten that the inherent immune response or vital force effectively acts against disease and restores health.

Homoeopathy and Child

Homoeopathy, being the holistic mode of treatment, plays a vital role in improving such conditions because of its simple principles and efficiency to work in harmony with the immune system rather than antagonizing it. Homoeopathic medicines act very well and effectively in the common ailments of children from infancy to teen-age. Moreover, it is easy to administer as children enjoy taking sweet pills and is also available at an affordable price.

In clinical practice many times one makes observations which are repeatedly verified over a period of time. These observations prompt selection of first and second among the equals. Here I would like to share some of my clinical experiences in following areas where orthodox system of medicine has no answer, except symptom coverage:-

IRRITABILITY

- ***Antim Crud.*** - Marked irritability, child cannot bear to be touched or even looked at.
- ***Cina*** - Irritability due to worms & hunger. Always wants to be nursed, therefore cannot remain away from the mother, as a result the baby remains irritable.
- ***Chamomilla*** - The child doesn`t know what he wants. Wants this and that but refuses when offered. Baby is better by carrying, but in my practice I have observed it requires carrying as well as patting.
- ***Calcarea phos.*** - The child always wants to go somewhere. When at home, wants to go out; when outside wants to go home.
- ***Phytolacca***- Irresistible desire to bite.

INFANTILE EVENING COLIC

- ***Jalapa Exogonium Purga*** - The baby is calm and playful whole day, but troublesome and screams in the evening and/ or at night.

C O L I C

- ***Senna*** - Infantile colic; abdomen distended and seems to be full of wind.

N I G H T T E R R O R S

- ***Kali Brom.*** - Child screams, moans and cries during sleep; awakens frightened, even patting does not give relief.
- ***Borax*** has similir picture but dread of

downward motion is very much marked.

E A R A C H E

- ***Plantago Major*** - for neuralgic earache.

CHRONIC DIARRHOEA & DYSSENTERY

- ***Chaparro Amargoso*** - Chronic diarrhea or dyssentery with pain in abdomen. Acts wonderfully even in *E. coli* and *Rota-virus* infections.
- ***Acid phosphoricum*** - Prolonged diarrhoea, yet the child does not lose weight.

GASTRO-COLIC REFLEX

Passes stool immediately after eating/feeding.

- ***China*** – distended abdomen not > by passing wind or even after stool.
- ***Nux Vomica*** - > passing wind or after stool.
- ***Sulphur*** - redness around anus, baby cries while passing stool, may asso. with early morning diarrrhoea.

LACTOSE INTOLERANCE

Cann`t tolerate milk in any form

- ***Aethusa*** – vomiting soon after feeding in large curd, suor smellings, followed by dullness.
- ***Calcarea*** - frequent small vomiting after feed with marked sweats on head.
- ***Mag. Carb.*** – green, slimy, frothy stool preceded by colicky pain in the abdomen which makes the child cries, after every feed.

MILK PROTEIN ALLERGY

- ***Colostrum*** - Recurrent diarrhoea, colic & allergic rashes, especially in those babies who have not been fed on mother's milk.

  Colostrum is prepared from the mother`s milk, secreted soon after child birth, considered to be the most useful to improve the immunity of the child.

  It contains :

  » ***Cystine*** - responsible for growth esp. in premature, low birth weight babies.

  » ***Lactose*** - for development of brain.

  » ***Lactobacillus*** - inhibits harmful bacterial growth.

  » ***IgA, IgG, IgM*** antibodies.

  » ***Antimicrobial agents*** - prevents diarrhoeal disease and respiratory infections.

  Because of the rich properties of all these contents, babies are fully protected from allergic & gastric disorders as well as prevent retarded growth.

INFANTILE LIVER DISEASE

- ***Kalmegh (Andrographis paniculata)*-*** I have found this medicine most effective in Neonatal jaundice, enlarged liver and also in infantile liver cirrhosis.

CONVULSIONS

- ***Belladonna*** - febrile convulsions
- ***Agaricus Muscarius*** - Involuntary movements, jerking, twitching. while the baby is awake, but ceases during sleep.
- ***Aethusa*** - convulsions (epileptic) with clenched thumbs, eyes turned downward, pupil fixed and dilated, drowsiness after spasms and h/o intolerance of milk.
- ***Chamomilla*** - convulsions from nursing, after a fit of anger in mother.
- ***Opium*** - convulsions from nursing, from/after fright in mother.
- ***Cicuta*** - spasms of teething children, or from worms. Violent convulsion, with distortions of limbs and whole body and loss of consciousness.

BREATH LOOSING SPELLS

- ***Chamomilla*** - Baby loses breath on excessive crying or weeping.
- ***Staphysagria*** - similar to chamomilla but with cyanotic face which is due to constriction of Trachea and Larynx.

GROWING PAINS

Pain in lowr limbs commonly seen in 3-12 years group children. Usually occurs at bed time, is relieved by massage & pressure.

Commonly used medicines - **Calc Phos, Colocynth, Rhus tox.**

INTERTRIGO

- ***Causticum*** - During dentition.

IMPETIGO CONTAGIOSA

- ***Cicuta Virosa, Mezereum****

NAPKIN DERMATITIS

- ***Mercurius Solubilis, Sulphur****

NAPKIN CANDIDIASIS

- ***Borax, Mercurius Solubilis****

ATOPIC DERMATITIS

- ***Mercurius Solubilis, Sulphur****

CRUSTA LACTEA

- ***Cicuta Virosa****

*The medicines marked with a star are prescribed on the basis of signs and symptoms recorded in the materia medica. Others where symptoms are recorded are those which are based on clinical observations.

Homeopathic Pediatrics: Evidence Based Clinical Practice

Dr. Vikas Singhal

B.Sc., D.N.H.E., B.H.M.S., M. Sc (Microbiology). Sr. Homeopath,
Founder of Dr. Singhal Homeo, Chandigarh

1. Introduction

Children often struggle with digestion issues, respiratory ailments, and other medical conditions. However, their immune system is still in developmental phase which makes their body vulnerable to harsh medications. Their sensitive and delicate body might not respond to the harsh medications well and they might end up dealing with side effects that may hamper their overall well-being and health. To help them cope with the existing conditions without affecting their body's vital force, many parents have turned towards holistic and natural medicines.

Homeopathic treatment is one of the safest and gentle treatment methods for young and developing children. With advanced remedies and treatment methods adopted by modern homeopaths, homeopathic pediatrics has emerged as a comprehensive treatment approach for children. Homeopathic remedies are dilute and perfect for the sensitive body of the kids. These remedies do not possess any harsh elements or chemicals that lead to long-term side effects or adverse effects on their body. This makes homeopathy a safe medical practice to treat the various issues that children may deal with in their formative years.

In recent years, homeopathy has evolved a lot. It is not the same old medical practice that works on the basic principles such as 'like cures like'. Many advanced theories and research studies have emerged recently. These studies establish homeopathy as a substantial form of medical practice that possesses capabilities of treating the root cause of the disease rather than focussing on only the symptoms. This along with the other pointers on how homeopathic pediatrics has evolved with evidence-based clinical practice has been explained in this blog.

2. Common Pediatric Conditions

Children often suffer from cold, gastrointestinal issues, strep throat, ear infections, and other types of infections and acute illnesses. While some of these conditions such as the common cold heal on their own with some rest and sleep, many other conditions require immediate medical care. Some of the severe types of pediatric conditions found commonly in children are listed below:

2.1 Respiratory Disorders in Children and Role of Homeopathy

Respiratory conditions refer to those issues that make it difficult for the children to breathe. Asthma is the most common respiratory condition diagnosed in children. It causes inflammation of the air passages and also leads to their narrowing.

The symptoms of asthma can be seen in early childhood and can be treated with the right homeopathic approach. The respiratory tract infection caused due to common cold can affect the breathing of children. Pneumonia and bronchiolitis are other types of respiratory infections that affect the children. Infants under 6 months of age can also be diagnosed with pneumonia whereas bronchiolitis mostly affects children up to 2 years of age.

While conventional medicine can provide effective results in these conditions, they may also lead

to the development of long-term side effects. The diluted homeopathic remedies prove to be useful, especially when the condition is of mild or moderate severity. In severe cases, homeopathy can be recommended as an alternative or supportive care.

Homeopathy proves to be a safe form of treatment for a wide range of respiratory conditions diagnosed in children. With clinical research and mindful practice, the severity of conditions such as asthma and Upper Respiratory Tract Infections (URTIs) can be significantly reduced.

A randomised controlled trial of homeopathic remedies was conducted in children who suffered from respiratory conditions. The clinical research concluded that the individualised form of treatment adopted by experienced homeopaths not only improved the condition but also prevented the need of antibiotics to manage the symptoms. Also, no adverse side effects were noticed in the children who took these remedies.

Homeopathy boosts the immunity in children and reduces their dependency on conventional drugs for breathing freely.

2.2 Diarrhea in Children and Role of Homeopathy

Diarrhea is one of the most common conditions that children suffer from a young age. Though diarrhea itself is not life-threatening the severe dehydration caused due to it can be quite risky. To prevent this, the most common form of treatment in conventional medicine is the Oral Rehydration Therapy or ORT. In this form of treatment, ORS or Oral Rehydration Salts are given to recover the fluid loss in children.

Zinc supplements may also be suggested to control the severity of diarrhea. In classical homeopathy, the treatment involves careful examination of the kids' symptoms. This involves stool test and analysing the physical and behavioral changes in the children. Individualised treatment adopted by homeopaths can also reduce the dependency on ORT and other medications. However, homeopathy is mostly used as a supportive or alternative treatment when acute diarrhea is diagnosed in children.

2.3 Skin Ailments in Children and Role of Homeopathic Treatment

Some common pediatric skin conditions include atopic dermatitis or eczema, fungal or bacterial skin infections, viral infections, and allergies. Most of these conditions result in symptoms such as skin irritation, redness, and extremely dry and cracked skin.

While allopathic medicines may provide effective results, they mainly do the job of suppressing the symptoms. However, homeopathic care is focussed towards enhancing the natural healing powers of a body. So, administering them would be a safe and effective way to treat pediatric skin conditions.

Homeopathic remedies such as sulphur have proved to be effective in reducing the inflammation and healing the skin from conditions such as atopic dermatitis. Certain homeopathic remedies have the ability to cure the skin conditions and can be used in place of heavy medicines such as antibiotics.

A professional homeopath evaluates the overall skin health along with the physical, emotional, and mental health of the young kids before prescribing the medicines. Therefore, the treatment is highly individualised and effective in treating the skin conditions.

Through clinical trials, researchers have found that certain homeopathic remedies are quite effective in treating pediatric skin conditions. For instance, a homeopathic remedy called Antimonium Crudum has proven to be very effective for a wide range of pediatric skin ailments. Prescribed in various potencies according to the skin condition, age, and other factors that a homeopath evaluates, this medicine has proven to be far more effective in controlling the symptoms while treating the root cause of the skin conditions such as impetigo, Herpes Simplex Virus (HSV), bullous pemphigus neonatorum, and more.

2.4 Psychiatric Disorders in Children and Role of Homeopathic Treatment

Psychiatric or developmental disorders in children are quite common. Conditions such as autism, Attention Deficit Hyperactivity Disorder

(ADHD), and anxiety-related disorders are commonly found in children. While conventional medicine tries to improve cognitive abilities of kids dealing with developmental and psychiatric disorders, the treatment process is often long and requires a lot of patience.

Homeopathy uses a different approach for the treatment of these conditions. The psychiatric and behavioural patterns are deeply evaluated. They are not seen as medical conditions but behavioural disturbances that affect a child's development and lifestyle.

The causes of certain mental conditions may be rooted in the emotional disturbances a child faces while growing up. It could be bullying, sexual harassment, separation of the parents, or any other reason that may trigger the behavioural changes in the kids. After evaluating the genetic triggers, environmental triggers, and emotional triggers that have contributed to their mental and emotional states, the homeopath prescribes medications that promote mental healing. Once the emotional triggers are healed, the children experience fast recovery from the irritation, anger, and other issues they might be dealing with.

Rather than treating the symptoms, homeopathy tries to heal the mental trauma a child is suffering from. At the same it also tries to deal with the after effects or symptoms of developmental disorders and psychiatric conditions. The highly diluted and individualised treatment method opted by a homeopath improves the overall mental health of the child. Slowly, they start feeling better and cope up with stress, anxiety, and other deep-rooted fears better after undergoing the homeopathic treatment.

2.5 Infections & Contagious Diseases

Children are exposed to many types of infections and contagious diseases throughout their early formative years. Ear infections, chicken pox, conjunctivitis, strep throat, and a variety of infections that come into contact through hands, legs, and mouth can be quite frustrating for the kids.

While some contagious diseases such as chicken pox can be prevented through a vaccine, most of them are treated via antibiotics. These antibiotics merely suppress the symptom and provide the time that a body requires to recuperate completely. However, these antibiotics are powerful and may hamper a child's immunity and overall physical and mental growth.

Homeopathy emerges as a natural yet powerful way to bolster a child's immunity and help them cope with the stress and sleep issues that a child suffers from while undergoing the treatment. The natural remedies suggested by a homeopath helps the children recover completely from the infections while posing minimum threats or side effects. This ensures that the infection does not take away anything from a child's early developmental phase.

Also, the highly individualised treatment offered by a homeopath helps the children to cope with the symptoms better. It leads to faster recovery and allows the children to focus on their daily activities. However, acute infections and contagious diseases must be treated only with conventional medicine. Homeopathy can still be preferred as a complementary or supportive care to strengthen the overall immunity and health of the children.

3. Homoeopathy Vs Conventional Paediatric Care: Their Roles in Treating Acute Illnesses in Children in their first 24 months of life

In countries like India, where homeopathic infrastructure is quite developed, homeopathy is seen as a primary support for maintaining the health of infants and children in their early stages of life after birth. In these early periods, toddlers are mostly diagnosed with stomach issues and respiratory problems. Homeopathic medicines can be safely administered to them as they are highly diluted. The role of homeopathic medicine and conventional pediatric care in treating the acute illnesses in children in the first 24 months of their life can be differentiated on the basis of these factors:

1. **Treatment Form:** Conventional pediatric care focuses on treating the symptoms rather than the root cause. The pathogens causing the disturbances are eradicated using antibiotics or antiviral medicines. On the other hand, homeopathy uses a highly individualised and diluted form of treatment to trigger the natural healing mechanisms of

the young ones. While conventional medicine treats the immediate symptoms causing the discomfort, homeopathy focuses on long-term health and recovery by addressing the root cause.

2. **Management of Acute Illnesses:** Acute infections often cause threat to life and conventional medicine has proven methods or interventions to deal with such conditions. Homeopathy is more preferred for treating the early onset of infections and can also be useful in treating the infections of moderate severity. It focuses on holistic care and helps the children to cope up with the side effects caused due to conventional drugs or medicines.

3. **Abuse of Antibiotics:** Conventional medicine relies heavily on antibiotics to suppress the symptoms by eliminating the bacteria and pathogens causing the infection. However, long-term usage of antibiotics also results in the elimination of helpful bacteria that builds our body's immunity. The antibacterial resistance of the body also increases due to this which is not good for the gut health of your young ones. Homeopathy is helpful here as it helps to reduce the dependence on antibiotics by using highly individualised constitutional remedies.

4. **Symptom Management:** Conventional medicines focus on reducing the severity of the symptoms. They also provide quick relief from fever, irritation, and other forms of discomfort that children experience while dealing with different types of pediatric conditions. On the other hand, homeopathy is mainly used to treat the common symptoms of non-severe type. The homeopathic remedies also prove to be helpful in treating illnesses of both critical and non-critical types without exposing their bodies to harmful side effects.

3.1 Clinical Perspective on Pediatric Care

During clinical practice, homeopathy has proven to be useful in a number of ways. It not only helps in reducing the sickness duration but also brings down the frequency of sickness episodes significantly.

For instance, for common respiratory issues like asthma, homeopathic care has brought down the asthma attacks by a significant margin without the requirement of heavy antibiotic doses.

Clinical evidence also suggests the adoption of an integrative form of treatment where conventional medicine is used for the treatment of acute illnesses or severe sickness episodes. Homeopathy is used for ongoing treatment of the root cause while conventional medicine is used as a safety net to cope up with the immediate symptoms and medical emergencies.

4. Role of Clinical Observation for Non-Verbal Cues in Pediatrics

Recognising the importance of non-verbal cues is quite important in pediatrics. Babies and toddlers don't speak and therefore, the medical practitioners have to rely on non-verbal cues for understanding their pain or discomfort.

For instance, the facial expressions, body movement, gestures, and behavioural patterns of kids need to be assessed first. Children with delayed language learning are also not able to communicate properly. Also, those with neurodevelopmental disorders like autism cannot express their pain and emotions perfectly. An experienced doctor or homeopath analyses the behaviour of these kids and tries to communicate with them with the help of hand gestures. He analyses their body language and mannerisms to understand what's bothering them. These are the key areas to focus while understanding the non-verbal cues in pediatrics:

1. **Facial Expressions:** Facial expressions make the doctor understand the pain or distress through which a child is going. Tightly closed fists, clenched jaws, tightened lips, and other facial expressions have to be studied to evaluate the extent of pain or discomfort.

2. **Body Language:** Understanding the body language of the child is also important to know whether they are anxious or feeling any discomfort. Signs like kicking abruptly, holding the head with hands, etc. indicate

that the condition is worse and immediate medical intervention is required.

3. **Eye Contact:** Analysing eye contact is an important aspect in pediatric care, especially when it comes to children struggling with neurological or developmental issues. The children with anxiety, Autism Spectrum Disorder (ASD), or ADHD often lower their gaze or avoid looking directly into someone's eyes. It indicates their low self-esteem and poor confidence level.

   Analysing the gaze or eyes of the children when adults speak also helps the doctor to understand how comfortable they feel when the parents are around. In some situations, the doctors might want to speak with the kids alone to analyse their situation or mental condition properly. In such cases, eye contact becomes an important aspect to hold their attention.

4.1 Some Tips to Analyse the Non-Verbal Cues

An experienced homeopath or doctor usually follows these things to analyse the non-verbal cues of a child better:

- First, the doctors can interview the parents to understand the unique non-verbal cues and behavioural patterns of their kids. This helps them understand their body language and mannerisms better.
- Allowing children their space is important to understand their natural behaviour and reactions. If you try to control them and their space, they might end up showing no facial expressions or signs that can help you understand their condition better.
- Slowing down is the best practice as you won't be able to analyse things if you are in a hurry. Some pediatric assessment tools are also available that medical practitioners can use to determine the extent of pain or discomfort a child is going through.

For example, the Face, Legs, Activity, Cry, and Consolability (FLACC) scale helps doctors to determine the pain in toddlers and children with speaking disabilities. Critical-Care Pain Observation Tool (CPOT) is another tool that helps doctors determine the level of pain by observing muscular tension and facial expressions.

5. Science Behind Homeopathic Pediatrics: How it Works?

Homeopathy works on the basic principle of 'like cures like'. Though this might seem to be too simple a logic to make medicines work, modern researchers have found more substantiating evidence to prove that homeopathic remedies do actually work. Here are some scientific methods used to prove the efficacy of homeopathic remedies:

5.1 The Real Science Behind Ultra Diluted Medicines

Until recently, most people believed that homeopathic remedies are nothing but ultra diluted medicines that work only because of the placebo effect. However, modern researchers such as E. S. Rajendran has used the concept of nanodynamics to explain how they actually work.

According to this concept, ultra diluted medicines that go through potentiation, a process in which ultra-diluted medicines are shaken vigorously, the original particles of the substance are still retained in the final solution. These nano-sized particles can trigger a body's natural healing mechanisms to help it restore to its normal condition. Check these research papers to know this concept in detail.

According to Dr. Rajendran, the effect of nanoparticles on the gene expression or biological systems of the human body is not just because of their size or shape. Their potential energy also has a huge effect on how the homeopathic remedies work. More research is being carried out to combine Electron Microscopy (EM) with Nanoparticle Tracking Analysis (NTA) or Dynamic Light Scattering (DLS) method to explain the working mechanisms of homeopathic remedies in detail.

5.2 Personalised Medicine

Homeopathic treatment is highly personalised and there is no denying that. It is quite evident because even the children facing the same ailment and similar symptoms might get different

prescriptions.

This is because the physical, mental, and emotional characteristics of children are studied before preparing the treatment plant. The symptoms are assessed along with medical history and behavioural patterns to suggest constitutional remedies that bring the desired change or healing a lot faster.

5.3 Rebound Effect

In medical science, rebound effect refers to the phenomenon in which the body produces a secondary effect in response to the primary effect of the medicines. In the case of conventional medicine, the rebound effect causes greater discomfort or triggers severe side effects.

For instance, children diagnosed with sleep issues can be given medicines like melatonin to restore their natural sleep cycle. However, when these medicines are stopped, insomnia returns with a much greater intensity and affects the sleep-quality badly. Homeopathy uses the same principle of rebound effect in its favour.

In homeopathy, natural remedies are administered in a diluted form. These remedies create symptoms that are similar to the symptoms experienced by the children due to their medical condition. Although these symptoms are produced at a much smaller scale, the body overcompensates to suppress the symptoms by triggering the immune action. This soothes the symptoms and eases the condition causing the children to heal faster than usual.

5.4 Common Homeopathic Medicines for Pediatric Ailments

Some homeopathic medicines for pediatric ailments include natural substances coated in sugar pellets or formulated into sweet tonic liquids. Children do not face any difficulty in consuming these medicines because of their sweet taste.

For instance, remedies such as Coffea Cruda are suggested for children having issues with sleep. Remedies such as Chamomilla are suggested for children suffering from tooth pain.

5.5 Safety And Efficacy Of Homeopathic Treatments For Children

Homeopathic treatments for children often consist of remedies that are gentle enough to suit their young body. No chemicals or artificial preservatives are used for making them. This makes them ideal for regular or daily consumption.

Due to their gentle and natural properties, the homeopathic remedies don't cause any side effects or symptoms. Therefore, they are safe and can be administered to children without any risks or adverse effects on their health.

The diluted homeopathic remedies are effective enough to provide the right kind of relief in symptoms. They are also formulated to address the root cause of the disease which makes them suitable for long-term health and wellness of your kids.

6. Why is Homeopathy Suitable for Children?

Homeopathy is suitable for newborns, toddlers, and children. Their non-toxic nature makes them suitable for the sensitive health of the kids. The kids have their immunity in the developmental phase. Homeopathic remedies are not only gentle but they bolster the immunity of children. Some medicines are tailored to improve mental strength and balance the emotions.

Children dealing with mental issues, respiratory ailments, stomach disorders, or any other disease can take these medicines regularly without worrying about any severe side effects. Moreover, these homeopathic remedies do not form a habit and therefore, your child can stop taking them after the desired results are achieved without any rebound effect.

7. How is Homeopathy Evolving to Adapt to Modern Requirements in Pediatrics?

Homeopathy is not just limited to anecdotes these days. The homeopathic treatment in pediatrics is defined by clinical research and findings. The treatment begins with an in-depth analysis of the child. It includes assessment of their physical, mental, and emotional triggers. The dietary preferences, family illness history, vaccination history, birth history, and other factors are also taken into account before creating the treatment plan.

After this, age-appropriate remedies are prescribed after studying the clinical evidence and research-based data. Modern homeopaths also use AI and other latest technologies to track symptoms and maintain data of the patients.

AI-based repertory software solutions are available for homeopaths who require modern tools to support their clinical practice. These solutions utilise NLP (Natural Language Processing) and AI to find the patient symptoms and determine the right materia medica to treat them. These tools extract the data from vast digital libraries that contain pediatric cases and patient data collected from across the world.

Ongoing research in biological signalling and nanodynamics is creating more possibilities of combining conventional care with homeopathic treatment. As a responsible medical practitioner, homeopaths must communicate clearly with the parents regarding:

- The possibilities or outcomes of pediatric homeopathic treatment
- Limitations of homeopathy especially for severe cases and emergencies
- Time required to achieve tangible results with homeopathic remedies
- Openness regarding integrative medical care or supportive care

Once the homeopath communicates things clearly with the parents, they go forward and take their consent for treating their child with homeopathic remedies. Apart from that, they also seek information from clinical research in terms of diet, lifestyle changes, combination of remedies, and more.

8. Homeopathy vs Conventional Medicine: Which Method is Safe and Better for Children?

Both homeopathy and conventional medicine have their advantages and limitations. Homeopathic treatment is suitable for non-severe or moderately-severe infections or conditions or when the parents expect a mild and gentle care for their infants or children. On the other hand, conventional medicine becomes imperative for treating severe infections or conditions or during medical emergencies.

Homeopathic treatment is generally more safe than conventional treatment because of the use of ultra-diluted medicines. On the other hand conventional medicine can prove to be a life-saviour in cases when the child requires immediate medical interventions. For cases like cold, fever, skin ailments, and respiratory issues like asthma, parents must go for the homeopathic pediatric care. For acute respiratory ailments, skin conditions, and mental disorders, parents may prefer choosing allopathic treatment over homeopathy.

8.1 Integrating Homeopathy With Conventional Pediatric Medicine

In most cases, integrating homeopathy with conventional treatment proves to be the best solution for kids. Homeopathy helps them recover from the mental trauma and physical weakness while conventional medicine helps them overcome the severity of the symptoms.

For instance, homeopathic care can help them overcome the mental trauma of bullying or harassment at school whereas conventional medicine can help them improve their biological health markers.

8.2 The Future Of Homeopathic Pediatrics: Research And Innovations

Homeopathic pediatrics is widely regulated by modern practices and innovations. While AI is currently defining the area of remedy selection, online consultations through video conferencing is making homeopathic treatment accessible for everyone.

Clinical trials are being conducted on a wide scale to support homeopathic treatments and remedies. These along with the real-life case studies are widely being incorporated into homeopathic treatment for children. It's more of a clinical-based medicinal practice than age-old anecdotes that seem to be working only because of the placebo effect.

The clinical research and trials conducted by homeopaths across the world have proven

homeopathy as a proven method to reduce the dependence on antibiotics and other powerful allopathic dosages. Also, it minimises the frequency of sickness episodes and also proves to be a cost-effective form of treatment.

Due to these reasons, we can confidently say that the course of homeopathic treatment for children is heading in the right direction. More reliance on AI and research-based diagnosis and treatment of children could be the way homeopaths see the future of homeopathic pediatrics. At the same time, we could see an increased influence of integrative medicine i.e. combination of Ayurveda and Homeopathy or Allopathy and Homeopathy.

The concept of individualistic treatment plan advocated by homeopathy seems to be working in cases of Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and other neurological disorders. More research is being done into this context and in the future we may see highly advanced checklists curated for analysing behavioural patterns and emotional triggers of children suffering from those.

9. Tips for Parents Who Want to Test Homeopathic Treatment for their Children

Here are some tips that parents who want homeopathic treatment for their children can adopt:

- Parents must never see homeopathy as an experiment. Instead, they must trust the process and see the results themselves after patiently waiting for some time. Being said that, medical emergencies do need immediate medical intervention which only conventional medicine or allopathy can provide.
- Instead of focusing on the symptoms, homeopathy treats the individual as a whole and tries to normalise their body, mental condition, and emotional turbulence. So, parents must also treat their children with warmth, love, and care during the process. This will certainly result in faster healing and the results might surprise everyone.
- Choosing the right homeopath can be quite a challenge for the parents, especially for those living in the tier-2 and tier-3 cities and rural areas. However, compromising on the experience and expertise, especially when it comes to the health of their children is not recommended at any cost. The parents need not rely only on the traditional way of 1-to-1 consultation any more. They could resort to modern practices such as teleconsultation or online consultation if experienced and professional homeopathic practitioners are not available in their region.
- Also, the parents must contribute to the healing process of their children by providing them with the right kind of support. They must also disclose all the medical history and past illnesses of their child with the homeopath to help them in the treatment process. At the same time, they must also be patient with their child and appreciate their little improvements instead of judging them on the basis of their pace of improvement.

CONCLUSION

These were some points on how evidence-based clinical practice has redefined homeopathic pediatrics. While most of this can be attributed to modern research and scientists, we should also accept the fact that homeopathy inherently possessed some exceptional healing powers which have only been fully discovered or understood now.

The future of homeopathic pediatrics will be defined by modern technologies, clinical trials, and innovations that redefine its scope and accuracy. At the same time, we should remember that conventional medicine can be the only way to treat emergencies and acute illnesses. Homeopathy can still serve as a supportive or complimentary treatment approach in such cases. This also highlights the importance of integrative care in pediatrics in which both the conventional and homeopathic medical practitioners must cooperate with each other for the better health of the children.

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From Patient to Pioneer: The Life and Legacy of Dr. Karl Julius Aegidi (1795-1874)

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Introduction

Dr. Karl Julius Aegidi was a German physician and one of the earliest, most influential, and most intellectually independent disciples of Master Hahnemann. Originally trained as an allopathic physician, he embraced Homoeopathy after experiencing personal recovery under Hahnemann's care. Later, he served as Physician-in-Ordinary to Princess Fredericka of Prussia, a position that enabled him to facilitate the spread of Homoeopathy among aristocratic and governmental circles. He made substantial contributions to Homoeopathic literature and actively engaged in several of the most significant theoretical discussions that shaped early Homoeopathic thought. His correspondence with Hahnemann portrays him as a physician distinguished by intellectual independence, meticulous clinical observation, and a steadfast dedication to the development and advancement of Homoeopathy.

Dr. Aegidi was not merely a successful physician, but also a prolific writer, royal medical adviser, organizer, correspondent, and influential medical thinker. His impact on the development and propagation of Homoeopathy extended throughout Germany and into other parts of Europe. His career exemplifies a remarkable balance between steadfast loyalty to Hahnemann and an independent intellectual spirit, as he remained willing to re-evaluate established doctrines whenever clinical experience suggested the need for further inquiry.

Early life and Conversion to Homoeopathy

Dr. Karl Julius Aegidi was born on 14th May 1795 in Germany. He received a conventional medical education and commenced his professional career as an allopathic physician and army surgeon.

A turning point in his life came when he suffered a severe injury to his left shoulder and arm following a carriage accident. Despite nearly two years of conventional treatment, he continued to experience pain, swelling, weakness, and loss of function of the affected limb. Seeking relief, he consulted Samuel Hahnemann in 1823. After a detailed case analysis, Hahnemann prescribed individualized Homoeopathic treatment, which led to a gradual and complete recovery of Aegidi's arm and general health. Deeply impressed by the success of this treatment after the failure of orthodox medicine, Aegidi embraced the principles of Homoeopathy.

Unlike many later converts who were influenced primarily through literature, Aegidi's conversion was based on his direct personal experience as a patient of Hahnemann. He subsequently became one of Hahnemann's devoted followers and correspondents and later emerged as a distinguished Homoeopathic physician in Germany.

Professional Career

By 1829, Dr. Aegidi had become an established Homoeopathic physician and held the position of **District Physician at Tilsit in Prussia**.

During this period he gained increasing recognition among Homoeopaths and became one of the contributors to the **Hahnemann Jubilee of 1829**, a celebration honoring Hahnemann's achievements. His growing reputation eventually brought him into contact with influential members of Prussian society.

Appointment as Physician to Princess Fredericka of Prussia

One of the most significant turning points in Aegidi's career occurred in 1831 while he was practicing in Tilsit. Recognizing his professional abilities and commitment to Homoeopathy, Hahnemann recommended him to Princess Fredericka of Prussia, who was then residing in Düsseldorf. The Princess was impressed by his treatment and persuade him to leave Tilsit and settle in Dusseldorf.

According to Hahnemann's correspondence, Aegidi subsequently accepted the position of **Physician-in-Ordinary to Princess Fredericka of Prussia**. The appointment provided him with several notable privileges, including:

- An annual salary of **600 thalers**.
- Reimbursement of travel expenses.
- Official authorization to dispense his own Homoeopathic medicines.
- Membership within the royal medical establishment.

This prestigious appointment marked a major milestone in Aegidi's professional life. Beyond enhancing his personal reputation, it also represented an important victory for Homoeopathy, demonstrating the growing acceptance of Hahnemann's therapeutic system among influential aristocratic and governmental circles in Prussia. Through this royal patronage, Aegidi helped extend the reach and credibility of Homoeopathy within elite European society.

Medical Practice in Dusseldorf, Konigsberg, and Berlin

Following his appointment to the Prussian royal household, Aegidi emerged as one of the most distinguished Homoeopathic physicians in Germany. Historical records indicate that his professional career was associated successively with Tilsit, Dusseldorf, Konigsberg, and Berlin, where he established a thriving medical practice and gained widespread recognition.

Influence Among the Aristocracy and High Society

Aegidi played a pivotal role in introducing and popularizing Homoeopathy among the upper strata of nineteenth-century German society. Through his professional skill and royal patronage, he gained access to some of the most influential circles of the period. His patients included; Members of the Prussian royal family, Princes and noble families, Government officials, Educated and influential citizens. His royal connections greatly increased public confidence in Homoeopathy.

Haehl's records show that many aristocrats sought treatment from Aegidi after hearing reports of successful outcomes.

Professional Achievements and Clinical Contributions

In 1832, during the cholera outbreaks, Aegidi reported several successful cases. One famous episode involved in the estate of Baron von Loe, where cholera had affected numerous inhabitants.

According to Aegidi, several patients treated conventionally had died. Homoeopathic treatment produced rapid improvement in many cases. The Baroness herself recovered after treatment. These reports greatly increased interest in Homoeopathy among the local nobility.

Case of Wilhelm Schadow

One of Aegidi’s most notable patients was Wilhelm Schadow, the distinguished German painter and Director of the Dusseldorf Academy of Arts. Schadow had suffered from chronic abdominal complaints for nearly twenty years and later developed serious eye problems that threatened his vision. Conventional medical treatment had failed to provide satisfactory relief.

Under Aegidi's Homoeopathic treatment, Schadow reportedly experienced significant improvement in his health. Impressed by the results, he

became a supporter of Homoeopathy. The successful treatment of such a prominent public figure attracted considerable attention and further enhanced Aegidi's reputation as a leading Homoeopathic physician in Germany.

Royal Patronage

After successfully treating the Prince, Aegidi was also called upon to treat the Prince's stepbrother, Prince Solms, who was suffering from severe inflammation of the eyes. Following Hahnemann's recommendation, Aegidi administered a preparation of Cuprum (copper). The treatment reportedly brought significant improvement, and this experience led Prince Solms to develop a strong interest in and support for Homoeopathy.

Gradually, the Prince became increasingly satisfied with Aegidi's medical practice and appointed him as physician to his sons. He also permitted Aegidi to treat additional members of the royal household. This royal patronage proved highly significant, as it enhanced the social acceptance and respectability of Homoeopathy in Germany.

Aegidi's Contribution to the Development of Homoeopathy

Aegidi was not merely a successful practitioner of Homoeopathy; he also played a significant role in promoting its growth and organization. He actively encouraged the establishment of Homoeopathic institutions, supported the formation of medical societies, fostered public discussion of Homoeopathic principles, and advocated for the education and training of physicians in Homoeopathic methods.

Through his efforts, Homoeopathy gained increasing acceptance among educated and influential members of society throughout Germany. His leadership and organizational work helped transform Homoeopathy from a movement of isolated practitioners into a more structured and coordinated medical system. As a result, Homoeopathy was able to expand its influence and establish a stronger presence within the medical and social landscape of nineteenth-century Germany.

Aegidi as a Writer and Correspondent

Contemporaries described Aegidi as a prolific and influential writer within the Homoeopathic movement. His extensive correspondence with Hahnemann reveals a physician who was deeply engaged with a wide range of professional and intellectual concerns, including clinical observation, Materia Medica, drug provings, debates regarding potency, and broader questions of medical philosophy.

Many of Aegidi's letters were published in Homoeopathic journals and were subsequently preserved in historical publications. These writings constitute an important source for understanding the development of early Homoeopathic theory and practice. They provide valuable insights into the scientific discussions, therapeutic principles, and philosophical foundations that shaped Homoeopathy during its formative years.

Aegidi's Double Remedy Theory

Perhaps Aegidi's most notable theoretical contribution to Homoeopathy was his proposal of the double remedy system. He suggested that two highly potentized remedies could be administered simultaneously, with each remedy acting upon a different aspect of the patient's disease. Aegidi argued that, because the remedies were prepared in extremely high dilutions, they would not chemically interfere with one another and could therefore be used together without compromising their therapeutic effects.

The proposal attracted considerable attention within the Homoeopathic community and was supported by several practitioners. Its significance was such that Hahnemann himself presented the idea before the Central Homoeopathic Society for discussion. However, Hahnemann later rejected the doctrine, as it would encourage polypharmacy and weaken the fundamental Homoeopathic principle of prescribing a single remedy at a time.

Interestingly, Aegidi eventually abandoned the double remedy theory in 1857. This change of position reflects his intellectual openness and willingness to revise his views in light of further experience and reflection. The episode remains an important chapter in the history of Homoeopathic theory, illustrating both the diversity of opinion within the movement and the ongoing debates

surrounding its principles and practice.

Aegidi's Views on Homoeopathic Practice and Medical Freedom

A. Criticism of Dogmatism Among Homoeopaths

Aegidi criticized certain Homoeopaths of his time whom he believed had adopted an excessively dogmatic attitude toward Hahnemann's teachings. According to him, these practitioners frequently praised Hahnemann in public and claimed to be his most faithful followers, yet they were often quick to attack fellow Homoeopaths who expressed differing opinions. Aegidi observed that they regarded only the law of similars (*Similia Similibus Curentur*) and drug provings as unquestionably valid, while treating all other doctrines introduced by Hahnemann as beyond criticism. He considered such an approach contrary to the spirit of scientific inquiry and intellectual independence.

B. The Importance of Studying Remedies Directly from Primary Sources

One of Aegidi's most significant teachings concerned the study of remedies. He advised students to learn remedies directly from primary sources such as *Materia Medica Pura,* The *Chronic Diseases,* and the original proving records rather than relying exclusively on repertories. In his view, a thorough study of a single remedy provided greater understanding than endless consultation of repertorial references.

To illustrate his point, Aegidi compared repertories to a portrait that had been cut into thousands of small pieces. While repertories contained valuable information, they presented symptoms in a fragmented form and could not fully convey the complete character and individuality of a remedy.

C. Repertories: Useful but Limited

Although Aegidi recognized the practical value of repertories, he warned that excessive dependence upon them could hinder genuine progress in Homoeopathic practice. He believed that the greatest therapeutic successes resulted from a deep understanding of remedies themselves rather than from mechanical repertorial analysis. This viewpoint reflected the educational principles of many early Hahnemannian physicians.

D. Recognition of Other Healing Methods

One of the most striking aspects of Aegidi's writings is his acknowledgment that Homoeopathy was not the only means by which healing could occur. He argued that it was unreasonable to claim that all cures were exclusively the result of Homoeopathic treatment. According to Aegidi, recovery could also be achieved through various other influences and therapeutic approaches, including magnetism, electricity, physical exercise, psychological factors, large medicinal doses, and other medical methods. This perspective demonstrates a degree of openness and flexibility that was unusual among many early Homoeopathic practitioners.

- **Examples from His Own Practice**

Aegidi further illustrated his position by openly acknowledging that he occasionally employed treatments that could not be considered strictly Homoeopathic. Among the examples he cited were zinc solutions for severe eye inflammation, Nürnberg plaster for glandular indurations, tartar emetic administered in substantial doses, walnut decoctions, camphor oil, and Zittmann's method in certain cases of syphilis. He candidly admitted that these measures were not Homoeopathic according to strict principles, yet he observed that they sometimes produced successful results. Such statements reveal a practical and less doctrinaire approach to medical treatment.

E. Individualization of Dosage and Potency

Aegidi also advocated flexibility in the selection of dosage and potency. He maintained that every degree of preparation from the mother tincture to the highest potency, could be beneficial when appropriately matched to the individual patient and clinical situation. Consequently, he rejected the view that either

high potencies or low potencies alone were universally correct. Instead, he argued that the principle of individualization should apply not only to remedy selection but also to potency and dosage.

F. Reflections on Coffee and Natrum Muriaticum

In discussing Hahnemann's dietary restrictions, Aegidi questioned the absolute nature of some commonly accepted assumptions. Hahnemann had frequently warned against the use of coffee and certain other substances during treatment because they were believed to antidote Homoeopathic remedies. Aegidi argued that if coffee invariably neutralized remedies, successful treatment would be impossible in many patients who regularly consumed it. He also pointed out that Natrum muriaticum was prescribed in potentized form while patients continued to consume ordinary table salt in their daily diet. These observations led him to suggest that the relationship between remedies and antidotes might not be as straightforward or absolute as some practitioners believed. He noted that he had discussed these matters directly with Hahnemann, reflecting his willingness to question accepted doctrines while remaining committed to the broader principles of Homoeopathy.

G. Aegidi's view on Pharmaceutical Preparations

Aegidi preferred the use of fresh liquid preparations and carefully maintained medicinal solutions in his practice. He expressed concern that older dry globules might lose their effectiveness over time if they were not periodically renewed or properly preserved.

This practical consideration led him to develop improved methods for the preparation and dispensing of medicines, ensuring greater consistency and reliability in their therapeutic action.

H. Change of Opinion Regarding High Potencies

One of the most interesting aspects of Aegidi's clinical journey is his evolving view on high potencies. He openly admits that, in the earlier phase of his practice, he was not fully convinced about the effectiveness of very high potencies.

However, after observing their effects in certain cases, his perspective gradually changed. He began prescribing remedies in high potencies and noticed clear improvement in some patients. These positive outcomes increased his confidence and strengthened his belief in their usefulness.

Aegidi also candidly acknowledges that he may have previously relied too heavily on ordinary globules, which often yielded limited results. This self-reflection highlights his honesty and scientific temperament.

Overall, his willingness to revise his opinion based on clinical experience reflects a rational, observation-based approach to medical practice.

I. Influence of Epidemic Conditions on the Action of High Potencies

Aegidi makes an important and insightful observation regarding the variable effectiveness of high potencies. He suggests that their action may not be uniform in all situations but can depend on the prevailing disease environment.

According to him, during certain epidemics or in the presence of a characteristic prevailing disease influence often referred to as the *genius epidemicus;* high potencies may show particularly good results. In such conditions, the remedies seem to act more decisively and effectively.

On the other hand, in different circumstances, the same high potencies may appear less effective or produce less marked results. This variability leads him to conclude that the action of remedies is influenced not only by their potency but also by the surrounding disease conditions.

Thus, he emphasizes that therapeutic effectiveness is relative and can change depending on the nature and context of the illness.

Challenges and Growing Acceptance of Homoeopathy in Prussia

A. Opposition from Conventional Physicians

Despite his growing success, Aegidi faced strong opposition from members of the orthodox medical profession. A physician who was hostile to Homoeopathy published a critical and defamatory article against him. In his writings, Aegidi recounts that rather than responding with personal attacks, he prepared a carefully reasoned written reply. With the support of influential friends, he was able to ensure that his response was also published. This episode illustrates the continuing conflict between Homoeopathic practitioners and conventional physicians during the early nineteenth century.

B. Increasing Number of Influential Patients

Aegidi also reported a steady increase in the number of patients seeking his treatment. Many of these patients came from Potsdam and were closely connected with government circles and influential social groups. Encouraged by this growing acceptance, Aegidi believed that if more physicians adopted Homoeopathic methods, the system could spread rapidly throughout Prussia. The support of prominent patients played an important role in strengthening the position and public reputation of Homoeopathy in the region.

Later Years and Death

In his later years, Aegidi was widely regarded as one of the last surviving pioneers of Homoeopathy. He held the distinguished title of Privy Councillor and continued to practice Homoeopathy with remarkable energy and dedication even in advanced age.

Contemporary journals referred to him respectfully as "one of the last remaining veterans" of the original Hahnemannian movement, reflecting the high regard in which he was held by his contemporaries.

He passed away at Freienwalde, Germany, on 11 May 1874, at approximately 79–80 years of age. The reported cause of death was uraemia.

With his death, Homoeopathy lost one of the last surviving members of the original Hahnemannian generation. Through his clinical achievements, royal patronage, literary contributions, and intellectual engagement with Homoeopathic doctrine, Aegidi left a lasting mark on the development and dissemination of Homoeopathy in Germany and Europe.

Evidence-Based Homoeopathic Paediatrics: Clinical Efficacy of Remedies in Paediatrics Pneumonia

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Abstract

Globally, pneumonia is leading cause of morbidity & mortality in children's younger than the age up to 5 years.

- Although the majority of deaths attributed to pneumonia in children are mostly in the developing world, the burden of disease is substantial & there is significant health care associated costs related to pneumonia in developed world.
- Pneumonia can be caused by viruses, bacteria or fungi.
- Pneumonia can be prevented by immunization, adequate nutrition & by addressing environmental factors.
- Pneumonia is the form of acute respiratory infection that affects the lungs
- Lungs are made up of small sacs called alveoli which filled with pus & fluid which make breathing painful & limits oxygen intake
- Pneumonia killed 808,694 children under the age of 5 in 2017, and a child dies of pneumonia every 43 seconds.

Keywords

Parenchyma, Haematogenous, Leucocytosis, Aspiration, Red and Grey Hepatisation, Mycoplasmas Pneumonia, Interstitial Pneumonitis.

Introduction

Pneumonia is defined as acute inflammation of lung parenchyma distal to terminal bronchioles consisting of respiratory bronchioles, alveolar ducts, alveolar sacs & alveoli.

Aetiology

1. The aetiology of pneumonia in the paediatrics population can be classified by age-specific versus pathogen specific organisms
2. Neonates are at risk for bacterial pathogens present in birth canal & this includes organisms such as group B streptococci, klebsiella, Escherichia coli & listeria monocytogenes, streptococcus pneumonia & streptococcus pyogenes & staphylococcus aureus can be identified in late onset neonatal pneumonia.
3. Viruses are the main case of pneumonia in older infants & in toddlers between 30 days & 2 years old, respiratory viruses are also the most common
4. The rise of causes related to S. pneumoniae & H. influenzae type B observed in this age group
5. Mycoplasma pneumonia frequently occurs in children in the range from 5 to 13 years old; however, S. pneumoniae is still most commonly identified organism.
6. Adolescents usually have the same

infectious risks as adults. It's important to consider tuberculosis in immigrants from high prevalence area, children with known exposure.

7. Children who are immunocompromised should be evaluated for pneumocystis jirovecii, cytomegalovirus & fungal species if no other organism is identified.

Epidemiology

There are an estimated 120 million cases of pneumonia annually worldwide, resulting in as many as 1.2 million deaths. Younger children under age of 2 in developing world, accounts for nearly 80% of paediatric deaths secondary to pneumonia

Prognosis of pneumonia is better in developed world, with fewer lives claimed, but the burden of disease is extreme with roughly 2.5 million cases.

Pathophysiology

Causes –

Pneumonia is caused by number of infectious agents including viruses, bacteria & fungi. The most common are –

- Streptococcus pneumonia – it's the most common cause of bacterial infection.
- Haemophilus influenzae type B- it's the second most cause of bacterial pneumonia
- Respiratory syncytial virus is most common viral cause of pneumonia
- In infants infected with HIV, pneumocystis jirovecii is most common cause of pneumonia responsible for at least one quarter of all pneumonia deaths in HIV-infected infant.

Pathogenesis-

Micro-organisms gain entry into lungs by one of the following four routes-

- Inhalation of microbes present in the air
- Aspiration of organisms from the nasopharynx or oropharynx.
- Haematogenous spread from a distant focus of infection.
- Direct spread from an adjoining site of infection.

Classification-

On the basis of the anatomic part of the lung parenchyma involved, pneumonias are traditionally classified into 3 main types:

i. Lobar Pneumonia

ii. Bronchopneumonia (or Lobular Pneumonia)

iii. Interstitial Pneumonia.

However, now that much is known about aetiology and Pathogenesis of pneumonias, current practice is to follow the etiologic classification which divides pneumonias into following 3 main groups:

A. Bacterial Pneumonia

B. Viral Pneumonia

C. Pneumonias from other aetiologies.

In the present discussion, a combined approach of etiologic and morphologic classification will be followed.

Stage Of Congestion:

1. Initial Phase-

The initial phase represents the early acute inflammatory response to bacterial infection and lasts for 1 to 2 days. Grossly, the affected lobe is enlarged, heavy, dark red and congested. Cut surface exudes bloodstained frothy fluid. Histologically, typical features of acute inflammatory response to the organisms are seen. These are as under-

i. Dilatation and congestion of the capillaries in the alveolar walls.

ii. Pale eosinophilia oedema fluid in the air spaces.

iii. A few red cells and neutrophils in the interalveolar fluid.

iv. Numerous bacteria demonstrated in the alveolar fluid by Gram's staining.

2. **Red Hepatisation: Early Consolidation** this phase lasts for 2 to 4 days. The term hepatization in pneumonia refers to liver-like consistency of the affected lobe on cut section. Grossly, the affected lobe is red, firm and consolidated.

3. **Grey Hepatisation: Late Consolidation**

   This phase lasts for 4 to 8 days. Grossly, the affected lobe is firm and heavy. The cut surface is dry, granular and grey in appearance with liver like consistency the change in colour from red to grey begins at the hilum and spreads towards the periphery. Fibrinous pleurisy is prominent.

4. **Resolution**

   This stage begins by 8 to 9th day if no chemotherapy is administered and is completed in 1 to 3 weeks. However, antibiotic therapy\ or Homoeopathic medicines induces resolution on about 3rd day. Resolution proceeds in a progressive manner.

Clinical Presentations -

Classically, the onset of lobar pneumonia is sudden. The major symptoms are: Shaking chills, fever, malaise, pleuritic chest pain, cough with expectoration which may be mucoid, purulent or even bloody. The common physical findings are – Fever, Tachycardia Tachypnoea. Sometimes cyanosis if the patient is severely hypoxemic. There is generally a marked neutrophilic leucocytosis. Blood cultures are positive in about 30% of cases. Chest radiograph may reveal consolidation.

Other terms used for these respiratory tract infections are interstitial pneumonitis, reflecting the interstitial location of the inflammation, and primary atypical pneumonia, atypicality being the absence of alveolar exudate commonly present in other pneumonias. Interstitial pneumonitis may occur in all ages. Most of the cases are mild and transient.

Homoeopathic Remedies

the homeopathic medicines used in the treatment of pneumonia are mentioned below. We can choose a similimum or remedy for pneumonia based on the symptoms stated under each remedy.

Aconitum Nepellus –

Common name: Monkshood

Symptoms: This remedy works best in case of a sudden onset of pneumonia symptoms and is effective for those in the early stages of pneumonia. The following symptoms can be relieved by monkshood: Sleeplessness, restlessness with fear and anxiety laboured breathing. Hoarse and dry cough red, hot and swollen face, shortness of breath, bloody cough. Tingling sensation in chest after coughing. Tachycardia or rapid abnormal heartbeat alternating high fever and chilliness. Symptoms worsen by lying on the affected side, tobacco smoke, dry and cold winds.

Antimonium Tartaricum –

Common name: Tartar emetic, tartrate of antimony and potash

Symptoms: This remedy is particularly useful for aged people and very young children. It is given to patients who exhibit the following symptoms:

Cold and pale face an excessive rattling of mucus with little expectoration. Burning in chest that reaches the throat, shortness of breath and difficulty in breathing rapid, weak and trembling pulse. Dizziness with cough pain in larynx and chest. Excessive mucus in bronchial tubes. Difficulty in breathing, which is relieved by belching. Irregularity in fever along with lethargy symptoms worsen during the night while lying down, in warm and cold weather.

Bryonia Alba-

Common name: Wild hops

Symptoms: Bryonia is strongly indicated for people suffering from pneumonia accompanied by chest pain. It is known to relieve the following symptoms: Stitching pain in chest. Rust-coloured, jelly-like sputum constant desire to take deep breaths chest pain that worsens with movement, breathing and warm weather. Pain in the chest relieved by lying on the painful side, applying pressure and by taking cold things

Ferrum Phosphoricum -

Common name: Phosphate of iron

Symptoms: Ferrum Phosphoricum is helpful for people in the early stages of pneumonia. It is administered to individuals who show the following symptoms: Flushed cheeks. Restlessness sleeplessness lung congestion, coughing up of blood, Short, tickling and painful cough soreness in chest.

Fever with chills daily at 1 pm. symptoms worsen at night, by touch and movement.

Ipecacunha -

Common name: Ipecac-root

Symptoms: This remedy is recommended for individuals who have pneumonia along with nausea and vomiting. It helps relieve the following symptoms:

Good for acute stage of ipecacunha, applies more on children's, when children's attack starts with vomiting & then develop pneumonia is very definitive indication for pneumonia. Flushed, hot sweaty flush very high temperature. Children have very suffocative paroxysms of coughing & retching. Irritability. Blue rings around eyes. Shortness of breath. Persistent chest constriction Constant sneezing. Violent cough with each breath bleeding lungs and nose rattling cough. Symptoms worsen with moist warm wind and lying down.

Phosphorus –

Common name: Phosphorus

Symptoms: Individuals develop very quickly weakness++, Acute sense of oppression or tightness in chest. Fearfulness and loss of memory pale complexion with blue rings under eyes. Extreme thirst for very cold-water. Hoarseness tickly and painful larynx, hard and dry cough. Sweet taste while coughing lung congestion. Cough worsens by exposure to cold air, reading, laughing and talking. Tightness and heaviness in chest Sharp, stabbing chest pain rapid and oppressed breathing Rusty, blood-coloured or purulent sputum.

Sulphur-

Common name: Sublimated Sulphur

Symptoms: Sulphur is frequently used for addressing the following symptoms: Forgetfulness and difficulty in thinking Burning sensation in chest and eyes. Difficulty breathing, red, brown spots on chest, Greenish and pus-like expectoration. Heaviness in chest, shortness of breath in the middle of the night, which is relieved by sitting upright rattling of mucus. foul odour from discharges and bad breath. Faster pulse in the morning than in evening frequent flashes of fever. Dry, scaly skin. Symptoms aggravate with rest, warm bed, while standing, washing and bathing

Veratrum Viridi-

Common name: White American hellebore

Symptoms: This remedy is useful for people during the congestive stage and initial signs of hepatization. It is usually indicated for individuals who experience the following symptoms: Bloated and flushed face. Red streak in the middle of the tongue, lung congestion. Difficulty in breathing sensation of heaviness in chest croup. Slow and weak pulse. Body temperature high in the evening and low in the morning. (Kali carb Ars, Allium Cepa, Spongia tosta).

CONCLUSION

Homoeopathy is a constitutional therapeutic system and its selective and collective approach takes into account the concept of health as an ongoing process.

According to the ''law of similar'' immunology and serum therapy is based on the principle of similia.

Homoeopathic prophylaxis is adopted against many contagious diseases. One of the benefits of homeopathy is that a homeopathic physician can commence treatment at whatever stage the patient is presented to him.

Prophylaxis is used when there are sporadic endemic, pandemic or epidemic outbreaks of contagious acute diseases. Homoeopathic prophylaxis involves the use of homoeopathic remedies

selected on the basis of totality of symptoms. The purpose of prophylaxis is to reduce or eliminate the morbidity of contagious diseases.

Hahnemann's aphorisms 100-102 from organon of medicine give guidelines about the investigation of epidemic diseases and the role of genus epidemicus'.

On the bases of stages of pneumonia, we can select appropriate remedies according to the types of pneumonia and it will be of great help for both clinic and hospital cases as a part of treatment There are four issues to be discussed:

- Homeopathic Prophylaxis
- Homeopathic Vaccination
- Genus Epidemicus (GE)

Homeopathic prophylaxis and homeopathic vaccination are not the same. Homeopathic prophylaxis is used when there are sporadic, pandemic or epidemic outbreaks of contagious acute diseases. The purpose of homeopathic prophylaxis is to reduce or eliminate the morbidity of contagious diseases. Homeopathic prophylaxis has been used since the inception of homeopathy. When a remedy specific to the individual occurrence of an epidemic is identified this remedy will act more surely in homeopathic prophylaxis and treatment of cases too.

Homeopathic vaccination involves the use of series of disease product in an effort to confer long term resistance to a variety of diseases. However, a noosed as a remedy can become genus epidemicus, provided it covers the totality of symptoms as suffered by the community from a contagious disease.

Genus epidemicus should not be given to everyone on the planet.it should be given to those who are diseased and those related to 1 and 2 stage. genus epidemicus should be given to all people who have an exposure, but they are in incubation period and are asymptomatic and in third stage naturally genus epidemicus must be given to a large community in which pneumonia has become wide spread, in fourth stage, there is no discrimination.

The remedy of Genus Epidemicus must cover:

1. Affinity for respiratory tract, both upper and lower, especial lungs.
2. The remedy must cover the typical pneumonia in its pathogenesis
3. The action must be of destructive character.
4. The remedy must have sepsis in pathogenesis.
5. The remedy must cover tubercular and syphilitic Miasmatic state
6. The remedy must cover the evolution of pneumonia as a single spectrum in its pathogenesis.

Homeopathic Treatment is Based on Miasmatic Background

1. Psoric manifestation –mild symptoms such as fever, cold, throat pain, sore voice, headache, breathlessness and diarrhoea. good immunity. Psora is up to day 1-4
2. Psychotic manifestation-weakness and dullness. fever become constant and heaviness of head, dry cough with expectoration, thick, yellow, greenish, soreness of voice increases, joint pain.

   Psychotic miasm is mostly for day-5 status of the patient.

3. Tubercular manifestation-

1. Acute sudden onset and rapid pace of the disease
2. Slow then rapid pattern.

   Pneumonia usually follows second pattern. It is from the day 6 that we are able to see the tubercular miasm dominance up to day 8. The phase is characterized by high grade fever and persistent fever, intense throat pain and development of pneumonia and pleural effusion. Intense heaviness in chest, breathlessness, increased respiration, low oxygen saturation, enteritis; profound debility and toxic appearance are on the screen.

3. Syphilitic manifestation-diseases progresses with high pace. Complications like - Cor pulmonale, Poor cyanosis, COPD, Emphysema, tuberculosis, Respiratory collapse, multi-organ failure.

Prevention Through Nosode -

A concept that emerged from homeopathy is the application of nosode i.e. microorganism or from its products as it's so prophylaxis, to treat the same condition.

The preparation is made in the homeopathic manner of potentization, with serial dilutions and shaking at each step. therapeutic use of homeopathy-

- Homeopathic treatment with indicated homeopathic remedy based on individualization is useful.
- In homeopathy we treat the patient not the one disease, and that is why every individual is a special case.
- This makes it slightly easier to work with different presentation of the same disease. Also starting early treatment is an important why to improve recovery rate, shorten the course of the disease, delay disease progression and reduce the mortality rate.

- **Mild to moderate cases -**

  Ars-Alb, Bryonia Alba, Chelidonium, Eup-perp, Ferrum Phos, Gelsemium, Hepar, Merc-sol.

- **Severe cases-**

  Antimonium Tartaricum, Ars-alb, Bry, Camphor, Kali c, Kali Iod, Lyc, Phos.

- **Critical cases-**

  Ars Alb, Antim-tart, Camphor, Carb-ac, Carb-v, Kali-c, Kali-Iod, Sulph, Ver-Alb.

GENUS EPIDEMICUS TREATMENT PLAN -

- Day 1-4 - Mild Symptom-; Arsenicum album 200\2m
- Throat Infection-; Mec sol\Mec cyan\ Phos 200\2m
- Generalised inflammation causing a severe cytokine release – Ferrum phos-200\1m
- Pneumonia- kali carb\ kali iod\hydrocyanic acid\ 200\1m

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Pediatric Healing through Homoeopathy

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Abstract

Homeopathic paediatrics provides a gentle, holistic, and individualized approach to child healthcare by addressing physical, emotional, and developmental needs. This article discusses the integration of evidence-based principles into homeopathic practice through clinical expertise, patient preferences, and research-informed decisions. It outlines the management of common paediatric conditions such as eczema, scabies, diarrhoea, vomiting, respiratory infections, and behavioural disorders, alongside supportive measures like hygiene, nutrition, and environmental care. Emphasis is placed on detailed case-taking, including prenatal, family, and behavioural history, to ensure individualized remedy selection. By combining preventive care with symptom-based prescribing, homeopathic paediatrics supports natural healing and strengthens physician–patient relationships.

Keywords

Paediatrics, homoeopathy, mother, child, health

Introduction

Homeopathic paediatrics represents a specialized branch of holistic medicine that focuses on the unique physiological and psychological needs of children. Grounded in the principle of individualization, it emphasizes gentle, non-invasive treatment tailored to each child's symptom profile. In recent years, there has been growing interest in integrating evidence-based approaches within homeopathic practice to enhance clinical credibility and outcomes. Evidence-based clinical practice in homeopathic paediatrics involves the systematic use of clinical expertise, patient preferences, and the best available research evidence to guide therapeutic decisions, ensuring safe, effective, and scientifically informed care for the pediatric population.

HOMOEOPATHIC MANAGEMENT OF ECZEMA IN CHILD

Graphites, petroleum, natrum muriaticum, mezereum, rhus Toxicodendron, psorinum, sulphur, hepar sulphuris

HOMOEOPATHIC MANAGEMENT OF SCABIES IN CHILD

Sulphur, psorinum, mercurius solubilis

HOMOEOPATHIC MANAGEMENT OF TINEA IN CHILD

Bacillinum, natrum muriaticum, sepia, dulcamara, sulph

HOMOEOPATHIC MANAGEMENT OF IMPETIGO IN CHILD

Sulphur, antimonium crudum, cicuta virosa, mezereum, dulcamara, silecia

HOMOEOPATHIC MANAGEMENT OF WARTS

Thuja occidentalis, antimonium crudum, dulcamara, causticum, hepar sulphuris

HOMOEOPATHIC MANAGEMENT OF MOLLUSCUM CONTAGIOSUM IN CHILD

Bromium, calcarean arsenicosum, silicea, thuja

occidentalis, dulcamara, belladonna

HOMOEOPATHIC MANAGEMENT OF PYODERMA IN CHILD

Arnica montana, hepar sulphuris, Echinacea angustifolia, mercurius solubilis, silicea, rhus Toxicodendron

Homoeopathic Approach of chronic or persistent diarrhoea in child

Children, Diarrhoea – ARS., AETH., CALC., CALC. S., CHAM., IP., MAG. C., MAG. M., MERC., PHOS., PODO., RHEUM., SIL., STRAM., SULPH., TUB.

Children, Diarrhoea, dentition during – Aeth., Calc., Cham., Calc.p., *Kreos., mag.c., Podo., Rheum*

Children, Diarrhoea, corrodes anus – *Cham.*

Children, Diarrhoea, lienteric – *Mag.c.*

Children, Diarrhoea, nursing after –*Calc.p*. Cham., Podo.

Children, Diarrhoea, slimy, green stools, after nursing – *Bry.*

Children, Diarrhoea, sour smelling stool, with sour smell of the body, and vomiting of sour milk -*Rob.*

Children, Diarrhoea, Stool, while nursing – *Coloc.*

Children, Diarrhoea, thin, watery stools, with pains, worse at night – Cham.

Stool, diaper running through – Podo.

Rectum, Diarrhoea, milk after – AETH., CALC., MAG,M., NATR.AR., NAT.C., SEP.

Rectum, Diarrhoea, ice-cream after – ARS., PULS.

Stool, chopped *eggs* – *Cham.*, MERC., *Nux.m.*, PULS., *Sulph.*

Stool, chopped spinach – ACON., *Arg.n., Cham., Merc.*

Stool, forcible, sudden, gushing – CROT.T., GRAT., JATROPHA., NAT.C., PODO., SEC.C., *Sulph.*, VERAT

Stool, frothy – KALI.BI., MAG.C., PODO., *Rheum.*, SULPH

Stool, green – ARG.N., CALC.P., CHAM., CROT.T., GAMB., IPEC., MAG.C., NAT.S., PODO., PULS., SULPH., VERAT.

Stool, odor, sour – CALC.C., *Dulc.*, HEP., *Mag.c., Nat.c.*, RHEUM., SULP.

Stool, odor, offensive – ARS., BAPT., CARB.V., OPI., PODO., SULPH.

Stool, rice water like – *Ars.*, CAMPH.CUPR., PH.AC., *Phos.*, VERAT.

Homoeopathic Approach of vomiting in child

Children, Vomiting, milk of – *Aeth, Calc., Podo.*

Stomach, Vomiting, abdominal, rumbling, with – Podo.

Stomach, Vomiting, dentition, during – Bism.,Calc., Cham., Hyosc., Phyt.

Stomach, Vomiting, diarrhoea, during – ARG.N., ARS., GAMB., IP., VERAT., *Phyto., Podo., Puls., Aethu.*, Apis.

Stomach, Vomiting, milk after – AETH., VALE., SIL., *Cham., Ph.a., Sanic., Calc., Ars., Podo.*

Stomach, Vomiting, milk, after, child, vomits milk after nursing – AETH., SIL

Stomach, Vomiting, milk, after, sour, after anger of mother – Calc. p., Cham., Val.

Stomach, Vomiting, worms – CINA, SANG., *Acon., Phyt., Sab.*

Stomach, Vomiting, worms, drinking milk, after – Vip.

Stomach, Vomiting, worms, lumbrici - *Cina*

Homoeopathic Approach of constipation in child

Rectum, Constipation, children in – ALUM., BRY., CALC., LYC., NUX.V., OP., *Aesc., Graph., Mag.m., Plat., Plum., Sep., Sil., Psor.*

Rectum, Constipation, children in, infants in – *Alum., Calc., Nux.v.*, Op

Rectum, Constipation, children in, infants, bottle

fed, from artificial food – Alum., Calc., Nux. v., Op.

Rectum, Constipation, children in, newborn, infants – NUX.V., OP., *Calc., Sulp.,* Zinc.

Children, Constipation, dentition during – Mag. mur.

Children, Constipation, artificial food, after – Alum, Nat. p., Nux. v

Children, Constipation, Nux.v or Lycopodium, after – *Verat*.

Children, Constipation, holding back stool, from – *Caust*., *Nat. m*

Homoeopathic Management of acute abdominal pain in child

Children, Colic infants - CHAM., MAG.P., NUX.V., *Calc.p., Carb. a., Mag. c.*

Children, Colic infants, anger, mother or nurse, from – *Calc.p., Cham., Staph.*

Children, Colic infants, Constipation, with caused by stimulating food taken by mother or nurse, much flatus – *Nux. v*

Children, Colic infants, flatulent, with drawing up of legs – MAG. P.

Children, Colic infants, grief, after taking breast of mother who suffers from – *Ign*.

Children, Colic infants, griping, with constipation in – *Nux. v., OP.*

Children, Colic infants, indisposition, of nurse, from – *Cham., Staph.*

Children, Colic infants, legs drawing up - *Cham, Colo.*

Children, Colic infants, periodic, 5p.m. – Kali. br.

Homoeopathic Management of pica in child

Food, Pica, desires to eat sand, slate, earth, etc. ALUM., CALC., NIT.A., *Nux.v., Tarent.*

Food, sand desires – TAREN.

Food, Ashes, desires – Calc., Sil., Tarent.

Food, Coal, desires – *Alum., Calc., Cic.*

Food, charcoal, desires – *Calc., Cic., Psor.*

Homoeopathic Management of worm infestation in child

Intestines, worms, parasites general – CINA., NAT.M., NAT.P., SPIG., SULPH., *Chel., Naphtin., Sabad., Sant., Tereb.*

Intestines, worms, ankylostomiasis – *Thymol.*

Intestines, worms, ascarides – BAR.C., NAT.M., SABAD., TER., *Ign., Mag.s., Nat.p., Ptel., Sin.n., Spig., Teuc.*

Intestines, worms, Children in – CALC., CINA., *Gaert., Ign.,* NAT.P., *Nux.v., Ruta.,* SPIG.

Intestines, worms, Children in, dentition with constipation – *Dol.*

Intestines, worms, Children in, masturbation with – Calad.

Intestines, worms, headache causes – *Calc., Cina., Sulp., Sil.*

Intestines, worms, hookworm – Card. m., Chen. a., Thymol.

Intestines, worms, itching from – *Calc., Nat. p., Sabad., Teucr., Urt. u*

Intestines, worms, lumbricoides – CINA., SPIG., SULPH., *Gran., Sabad., Sil., Chel.*

Intestines, worms, nerves and eyes, complaints – Art. v., Cina

Intestines, worms, Oxyuris vermicularis – *Chelo., Cina., Merc.d., Merc.sul.*

Intestines, worms, teniae – *Calc., Carb.an., Form., Graph., Nat.c., Sabad., Sil., Sep.*

Intestines, worms, trichinae – Ars., Bapt., Cina

Attitude of physician during case taking of child

- Careful observation & patient hearing
- Physician shouldn't be hurry
- Child should be given adequate time to relax & familiar with the surrounding.

- Friendly & polite approach
- The mother, attendants, child all should be given due importance.
- Best examined in mother's lap – observe as he enters clinic, waiting room, chambers

Family History

Carcinosin - H/O Cancer, H/O Diabetes

Tuberculinum - H/O Tuberculosis, Asthma, repeated Bronchitis

Thuja - Sycosis, repeated R.T.I.

Foods :

Aversion to sweets *(Caust., Graph., Phos., Acid-nit., Bar-c.)*

Desire- Ice-cream - *(Tub.,Phos., Calc., Verat.)*

Bottle fed infants like lukewarm should not be considered as Cold food *(Phos., Puls., Ant-t., Sil., Verat.)*

Desire fat meat *(Calc-p., Caust., Tub.)*

D- bacon & milk– Tub

Soup– Carcin

Unripe fruit– medo

Orange– Syco(maism)

Fat- Nit-ac, N. V.

Hot/Cold

Hot like- Med., Sulph., Lach., Puls., Kali-s.

Chilly like- Hep-s., Bar-c., Kali-c., Sil.

Reaction to Sea air - < Tub.> Med.

Both way - Nat-m., Carc.

SLEEP

Knee-elbow is common upto 9 months or 1 year but after that age carries higher value - *(Med., Phos., Calc-p., Tub., Sep.)*

Sleeps on abdomen- Abrot, Bell, Cal, Cal-p, Lac-c, Lyc, Med, Nat-m, Phos, Puls, Stram, Sulph, Tub.

Sleeps all curled up like a dog- Ars, Bapt, Bry, Psor.

Sleeps like a frog or on a genupectoral position- Cal-p, Carc, Lyc, Med, Phos, Tub.

Changes position frequently- Ars, Lyc, Mosch, Phos, Sil, Tub.

Legs spread apart- Plat, Cham

Bores head in to the pillow- Apis, Bell, Hell, Vert

Hair :

Tough & thick hair - Merc, Nux v, Ferr, Hep sul.

Thinness(timid personality) - Thuja, Baryta, Calc, Sil.

Curly hair- (Confused personality) - Mez

Neck

Long - Natrum group (Sensitive)

Short - Kali group(shrewd, business mind)

Obesity

Chilly - 1st grade - Calc, Caps, Ferr, Grph, Phyt,

2nd grade - Ammonium, Anthr, Aur, Thyroidinum

Hot - Apis, Croc, Lyco, Puls, Sulph

Elicitation of Mental Symptoms :

Will :

Weak willed, timid - Puls, sil, Baryta, Con, Calc

Strong willed, position, aggressive- Ars, Camph, Caust, Ferr, Hep, Merc, Lach, Nux v, Sep.

Morals :

Immorals - Anac, Tarent h, Stram, Verat, Hyos.

Conscientious - Ign, Iod, Sil, Staph.

Lacking in intellect : Helle, Bufo, Aethusa, Bar c.

Emotional reaction

Punished by parents and become violent - Tub, Medo, Verat

Suppressed anger - Staphy

Lachrymose - Puls

Indifferent - Acid phos

Unusually depresses - Aur met

Mischievous activity - Tarent

SOCIABILITY

Prefers being alone- Bar-c, Cal, cham, Cic, Nat-m

Seats in a corner- Bar-c, Rheum.

Likes company and mixes around easily- Ars, Hyos, Lac-c, Lyc, Phos, Puls, Strm.

Playful & mischeivios- Anac, Bufo, Cham, Cina, Cupr, Lach, Merc, Stram, Taren, Tub, Vert.

Notorious, playing dirty tricks- Lach, Zinc

MOTHER'S LAP

Cheerful and happy when in mother's lap: Ant-t, Bism, Cham, Gels, Kali-c, Lyc, Phos, Puls, Sanic.

Not comfortable in mother's arm: Thuja

CRY

Soft, pitiful cry- Puls

Irritable cry- Cal, Cham, Ip, Sep, etc

Sobs a lot- Cham, Cupr, Hell, Hyos, Ign, Lyc, Op, Stram, etc

Whines and whimpers incessantly- Bell, Borax, Bry, Cham, Cina, Cupr, Nux-v, Rheum, Stram.

SUCKLING

Slow suckling- Cal, Hell, sulph.

Vigorous suckling- Caust, Hep, Lyc, Zinc

Food demand

Feels hungry immediately after nursing- Cal, Cic, Iod,Lyc, Merc, Phos,Puls, Sil.

Very poor appetite- Alum, Bar-c, Cina, Lacc, Lac-h, Tub.

Satisfied with a few suckling only- Am-c, Cina, Lyc, Rheum, Sil

SUCKLING AFTER /DURING

Sleep, Sleepiness, overpowering, eating after- Cal, Car-v, Lyc, Nux-v etc.

Sleep, Sleepiness, drinking after- Nux-m, Phos-ac

Sleep, Falling asleep, eating after- Arum-t, Bov, Cal-p, Graph, Lyc.

Mind, Restless eating while- Borax, Petr.

Mind, Cheerful after eating- Puls

Mind, Weeping after eating- Iod, Puls.

Mind, Weeping while eating- Bell, Staph

Stomach, Hiccough, while eating- Lac-h, Mag-m, Merc, Samb

Perspiration, eating while- Ant-t, Bar-c, Cal, Carb-v, Kali-c, Merc, Nat-m, Puls, Sep, Sil.

Aversion to mother's milk- Borax, Cal-sil, Cina, Merc,Sil,etc.

Rectum, Urging, eating during- Sanic

Rectum, Flatus, eating after- Aloes, Ant-c, op.

EYES

Eyes, pupils, dilated- Acon, Bell, Cal, Cupr, Gels, Hyos, Lac-c, Lyss, Op, Stram, Stry, Tarent.

Eyes, dullness- Ant-t, Bapt, Bar-c, Merc, Nux-v, Sulph.

Eyes, Brilliant- Bell, Camph, Op,Stram.

PARTICULAR GESTURE

Clenches his thumb- Aethusa, Apis, Bufo, Cham, Cic, Cupr, Merc.

Plays with his fingers all the time- Bell, Cal, Hyos, Taren, Ther.

Puts his fingers /objects in his mouth all the time- Cal, Cham. Ip, Lyc, Med, Merc, Sil, Sulph, Tarent.

Wants a pacifier all the time, heels and wails if it is removed- Cham, Med

Hides his face by covering it up with his hands

and looks through his fingers- Bar-c

Holds a part of his mother while sleeping – Borax.

Pulls hairs of others- Bell

Stamp their feet a lot- Bell, Ign

Play with the buttons of their clothes all the time- Mosch

PRTICULAR PREFERENCE ABOUT CLOTHING

Polka dot patterns are preferred- *Cal-p, Phos, Sep.*

Little girls want to wear boyish *cloths- Nat-m, Plat., Staph.*

Children who frequently stand in front of the mirror and check how they *look-Pall, Plat, Puls, Stram, Vert.*

elegant subtle colour- Carci

Warm dress- Psor., N. V., Sil

Latest design- Phos

OBSERVATION

Grinds teeth- *Ars, Baci. Bell, Bry, Cina, Hell, Stram, Tub, Vert.*

Salivation profuse- *Lyc, Merc, Phos, Puls*

Sweat profuse- *Bell, Calc, Cham, Hyos, Plat, Puls, Rhus, Sil, Sulph, Thuja*

Whimpers/ weeps- *Bar-c, Cham, Ip, Merc, Op*

Shrieks- *Apis, Puls, Rhem, Sulph, Tub.*

Laughs- *Bell, Hyos, Lyc, Sil, Strm, Sulph*

Dramatic fear reaction to pain- *Phos, carc, Calc*

Restless during sleep - Ars, Bar-c, Cin, Lyc, Med, RT, Sulph.

sound sleep - Bell, Puls.

Night people - *Med, Sulph*

Awake until night - *Cypripedium*

Starts in the sleep - *Bell, Borax, Caust, Tub.*

Sounds during sleep - *Bufo, Cal-p, Hyos*

Sleep half open eyes - *Sulph, Cham.*

CONCLUSION

Homeopathic paediatrics provides a comprehensive and individualized system of child healthcare. It combines preventive care, hygiene, nutrition, and individualized remedies based on symptom totality. The integration of evidence-based principles enhances safety and effectiveness.

Successful management depends on detailed case-taking, including physical, mental, and hereditary aspects. Observational skills and understanding of child behavior are essential for remedy selection. With its gentle approach and emphasis on individualization, homeopathy remains a valuable therapeutic system in paediatric practice.

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5. Dr. Samuel Hahnemann – the chronic diseases their peculiar nature with homoeopathic cure

Psychoanalysis and Homoeopathy: Bridging the Depths of Mind and Medicine – A Psychoanalysis Exploration of Veratrum Album

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Abstract

Background: *Veratrum album* is one of the most distinctive remedies in the homeopathic materia medica, characterized by marked contrasts between heightened excitement and profound exhaustion. Its clinical picture includes grandiosity, destructive impulses, intense desires, emotional instability, and deep physical collapse.

Material and methods : this study was conducted a narrative literature review aimed to exploring the psychological and psychodynamic dimensions of the homoeopathic remedy *Veratrum album*. This review is to analyses the remedy picture through concepts derived from psychoanalytic and psychodynamic theory and to identify parallel mental emotional characteristics described in homoeopathic literature and established psychological; constructs.

Result: These features can be viewed as expressions of complex psychological dynamics, where unconscious conflicts and primitive emotional processes shape both mental and physical experiences. Themes such as excessive striving, aggression, fluctuating self-esteem, alternating states of elation and despair, and bodily manifestations of distress reflect the intricate relationship between the mind and the body.

Conclusion: Exploring the *Veratrum album* state through a psychodynamic perspective offers a deeper understanding of the remedy picture and highlights how psychological concepts can enrich the interpretation of human suffering within homeopathic materia medica.

1. Introduction

Psychodynamic thought considers symptoms to be more than isolated signs of illness. Emotions, behaviors, and physical expressions are often understood as meaningful responses to inner conflicts, unmet emotional needs, and patterns established through early life experiences. The ways individuals defend themselves against psychological distress can influence not only their mental state but also the manner in which suffering is expressed through the body. Within the homeopathic materia medica, *Veratrum album* presents a particularly striking picture because of its intense opposites. The remedy is associated with grandiosity and despair, excessive desires and extreme weakness, violent excitement and complete collapse [(1)(2)]. Rather than appearing as unrelated symptoms, these contrasting states may represent different expressions of an underlying disturbance in the individual's inner psychological organization [(3)]. This paper explores the *Veratrum album* picture from a psychodynamic viewpoint, examining how unconscious emotional processes, developmental influences, and protective psychological mechanisms may be reflected in its characteristic symptoms. Such an approach seeks to broaden the understanding of the remedy by considering not only its clinical but also

understanding the psychoanalysis and the picture of evolution [4].

2. DEVOLPMENTAL EVOLUTION OF *VERATRUM ALBUM*: A PSYCHOANALYTIC PRESPECTIVE

The Veratrum album personality may originate from early experience of emotional insecurity, conditional acceptance, humiliation or unmet dependency needs. During childhood the individual often develops a strong desire for approval, admiration and recognition to maintain self-esteem. Feelings of vulnerability and inadequacy are defended against through fantasies of superiority, competitiveness and a need to appear exceptional. As development progresses these compensatory mechanisms become more pronounced giving rise to grandiosity, moral, religious exaltation, domineering behavior and intolerance of weakness. In adulthood the individual oscillates between exaggerated self-importance and profound collapse particularly when faced with criticism, rejection and failure. From a psychoanalytic perspectives *Veratrum album* represents a fragile self-sustained by grandiose defenses that conceal deep fears of worthlessness, dependency and abandonment. During case taking a history of emotional deprivation, excessive expectations, wounded pride or recurrent experience of humiliation may provide important clues to this constitutional pattern.

3. ORAL SADISTIC FIXATION IN *VERATRUM ALBUM*: A PSYCHOANALYTIC PERSPECTIVE IN HOMOEOPATHY

Among the various psychodynamic concepts proposed by Sigmund Freud, the theory of psychosexual development provides valuable insights into emotional patterns represented on homoeopathic remedies. *Veratrum album* is characterized by grandiosity, religious fanaticism, pride, domination, deception, emotional instability and an intense need for recognition. These traits can be interpreted through the lens of oral sadistic fixation, where unresolved conflicts from the oral aggressive phase of development shape the individual's personality structure [5]. Freud's concept of oral sadistic fixation. Freud divided the oral stage into two phases:

3.1. Oral Receptive Phase

Sucking, feeding, dependency, trust and attachment

3.2. Oral sadistic (Oral Aggressive) Phase

Biting, chewing, aggression. According to Freud, disturbance during this period may lead to fixation, producing adults who exhibit: Dependency mixed with hostility, aggressiveness, sarcasm, dominance, jealousy, ambivalent relationships, excessive competitiveness. *Veratrum album* and the oral sadistic personality. The *Veratrum album* individual presents striking mixture of dependence and aggression, which closely resembles the oral sadistic personality organization. Hidden Dependency although *Veratrum album* appears proud and self-sufficient, the individual unconsciously craves: Admiration, validation, recognition and emotional support[6]. The need for constant appreciation reflects an underlying dependency that is denied at the conscious level. The patient cannot tolerate feeling of weakness or dependence and therefore develops an exaggerated sense of superiority: Clinical Expression, boastfulness, desire to be admired, delusions of greatness and claims of exceptional abilities. Thus, grandiosity becomes a defense against unconscious dependency needs aggression as symbolic biting. In *Veratrum album* this may appear as: Verbal cruelty, harsh criticism, contempt for others, dominating attitudes and desire to humiliate opponents. The physical act of biting in infancy is transformed into psychological aggression in adulthood: Psychoanalytic interpretation and the individual attempts to gain power over others through criticism and domination such behavior represents: Hostility toward dependency, fear of vulnerability, unresolved aggressive impulses and ambivalence in relationships. Freud described oral sadistic individuals as experiencing conflicting feelings toward important objects: The person simultaneously: Loves and hates, needs and resents, idealizes and devalues and *Veratrum* album demonstrates similar patterns. Psychoanalytically, these manifestations may be viewed as compensatory mechanisms designed to conceal profound feelings of inadequacy. The grandiose self serves to protect the individual from unconscious fears of: Rejection, dependence, worthlessness, emotional

deprivation, religious fanaticism, oral sadistic dynamics, *Veratrum* album is renowned for its religious delusions and ecstatic spiritual states, manifestations, excessive praying, religious preaching, claims of divine mission and spiritual superiority [7]. From a psychoanalytical perspective, these experiences may represent sublimated forms of dependency needs. The divine figure becomes an idealized parental object that provides: Protection, security, unconditional acceptance. At the same time, the patient may display moral aggression toward others who fail to meet their standards. Defense mechanism of *Veratrum album*. Several defense mechanisms associated with oral sadistic fixation can be observed. Compensation. Feelings of inferiority are transformed into grandiosity, denial, dependency needs are denied, reaction formation, weakness is converted into exaggerated strength, projection, unacceptable aggressive impulses are attributed to others, splitting, people are viewed as entirely good or entirely bad, psychological collapse in *Veratrum album*. A characteristic feature of *Veratrum album* is sudden collapse following excessive excitement or ambition. From a psychoanalytic perspective, collapse occurs when grandiose defenses fail. The individual is forced to confront: Dependency, insecurity, feelings of inadequacy. The resulting state is marked by: Despair, exhaustion. Hopelessness and emotional disintegration. Thus, the physical collapse symbolically mirrors psychological defeat, comparison of Oral sadistic traits and *Veratrum album* [8][9]. Relevance to homoeopathic case analysis. Understanding *Veratrum album* through oral sadistic fixation may help explain. The origin of grandiosity, the need for admiration, religious fanaticism, emotional instability, dominating behavior and alternation between pride and collapse

4. EGO COLLAPSE AND NARCISSTIC INJURY

Veratrum album has a psychological picture which revolves around a constant struggle between feeling extraordinarily powerful and feeling completely broken. There is a conflict between an exaggerated sense of superiority and episodes of complete mental and physical breakdown. The individual presents with intense pride, a desire for recognition, and fantasies of exceptional power or importance, but beneath this outward confidence, however, lies a fragile sense of self that is easily hurt by criticism, rejection, humiliation, or loss of status. These experiences will challenge the person's self-worth, resulting in a deep emotional wound which will shake the very foundation of their identity [10]. As a protection against this painful feeling, the mind will strengthen its grandiose image of itself. This can appear as exaggerated self-importance, extravagant behavior, religious fervor or beliefs of possessing unusual power or greatness. Such reactions may serve as an unconscious attempt to escape feelings of weakness and restore a damaged sense of worth. As long as the protective mechanism remains effective, the grandiose self-image is preserved. However, when the emotional stress and disappointments intensify or external circumstances repeatedly challenge these defenses, the carefully maintained image of superiority begins to fall apart, leaving behind feelings of emptiness, despair, confusion, and profound exhaustion [11].

This inner conflict is reflected not only in the mental state but also in the physical picture of *Veratrum album*. At one extreme, the individual presents with intense pride, a desire for recognition, and fantasies of exceptional power or importance, while at the other, there is profound prostration marked by coldness, cyanosis, weakness, feeble circulation, and cold perspiration. These physical manifestations can be interpreted as an outwardly reflected picture of the inner collapse. It occurs when the psychological framework that supports the person's sense of self can no longer withstand emotional stress. manifestations but also the deeper patterns of human experience that they may symbolize [12].

5. KLEINIAN SPLITTING IN VERATRUM ALBUM

Klein's Theory of Object Relations: To appreciate that *Veratrum album* embodies Kleinian splitting, we must establish the theoretical scaffolding with precision.

5.1. The Paranoid-Schizoid Position: The Architecture of the Split

The paranoid-schizoid position (PS) is not a pathology in Klein's framework, it is a developmental

necessity, the first organizing principle of the primitive psyche. It operates through three interlocking mechanisms:

- Splitting of the Object
- The object is split into two irreconcilable part-objects:
- The idealized good object- all-nourishing, perfect, omnipotently satisfying
- The persecutory bad object- all-destroying, malevolent, the source of annihilation

These two objects are kept separate and sealed from one another, because if the good object were to touch the bad object, the good would be contaminated and destroyed. The psyche cannot risk this. The split protects the good [13].

5.2. Projective Identification

The ego, overwhelmed by its own destructive impulse, cannot tolerate them internally. It projects them outward into the bad object and then identifies with what it has projected. The bad object becomes concretely, psychically real as the persecutor. In the paranoid-schizoid position, the persecutor is felt to be actually attacking from without. Simultaneously, all goodness, all libidinal energy, is projected into the idealized object and then reclaimed through introjection the good object is taken inside, becomes part of the self, and is felt as an internal source of wellbeing [14].

5.3. Persecutory Anxiety

This generates a psyche in a state of primitive terror, vigilant, reactive, unable to rest, unable to trust. The ego in this position is itself un-integrated. It has not yet formed as a coherent whole. It is breakable and split into pieces. The Depressive Position: integration and its cost Klein's great theoretical contribution was the concept of the depressive position. The depressive position is not depression in the clinical sense. It is the psychic capacity to feel the weight of one's own destructiveness toward what one loves. It is, paradoxically, a mark of psychological maturity. When the depressive position is not achieved, when the psyche cannot bear the integration, it retreats. It regresses to the paranoid-schizoid position. Splitting is reinstated. The world is once again separate into absolute good and absolute bad [15].

5.4. *Veratrum album:* A Remedy Portrait in Kleinian Terms

Veratrum album is white hellebore which represents one of the most dramatic remedy pictures in the materia medica. Read through a Kleinian method, it is not a collection of unrelated symptoms. It is a coherent portrait of a psyche fixed in the paranoid-schizoid position, unable to achieve even a moment's depressive position integration.

5.5. The Manic Pole:

Symptoms by Kleinian Reading, Shrieking, cursing, frenzy. Paranoid-schizoid rage at the persecutory object- Sexual mania. Omnipotent libidinal merger with the idealized objectVoracious appetite. Manic oral incorporation destroying the good object by devouring it : Shrieking, Cursing, Frenzy. The shrieking of *Veratrum album* is the psychic equivalent of the infant in annihilation of terror, the ego screaming against the persecutor with every resource available. The cursing is significant. In Kleinian terms, verbal aggression directed at the bad object is an attempt to destroy it through the omnipotence of words. The primitive beliefs rooted in magical thinking of the paranoid-schizoid position is that the curse actually damages. Language here is not communication. It is projective attack. The frenzy itself represents the collapse of ego containment. In the depressive position, the ego can hold its destructive impulses, metabolize them, and redirect them. In the paranoid-schizoid position, the ego cannot hold, it is overwhelmed, and the destructiveness floods outward uncontained.

5.6. Sexual Mania

This is among the most theoretically rich symptoms in *Veratrum album*. Klein understood sexuality in the primitive psyche as deeply entangled with object relations with particularly the relationship to the idealized good object. Sexual mania in the paranoid-schizoid position represents a manic attempt at omnipotent merger with the idealized object. If the good object can be fused with, incorporated, possessed completely, then the threat of the bad object, the persecutor is

temporarily annihilated. The mania is not pleasure-seeking in the ordinary sense. It is psychically desperate: a flight into the idealized object as a refuge from persecutory annihilation anxiety. I will take everything, possess everything, fill myself completely.

5.7.Voracious Appetite

In *Veratrum album*, the voracious appetite suggests a psyche that has never metabolized this integration. The greedy devouring continues in phantasy and in the body's literal hunger because the psyche remains at the level of oral omnipotence: the belief that one can and must consume everything before the bad object takes it away.

5.8. The Depressive/Collapsed Pole: Withdrawal from the Annihilating World

Symptom - In Kleinian reading withdrawal of projections, collapse of manic defense, prostration, fainting. In Kleinian terms, this is the state in which projective identification has been massively overextended. The ego has projected so much of itself outward into the persecutory object, into the idealized object that it is depleted. The sullen indifference is the face of an ego that has nothing left to project and is too exhausted to introject. The silence is not peace. It is the silence of annihilation anxiety at its extreme the psyche has retreated so far inward that there is no energy left even for paranoid vigilance. Fainting represents the most complete form of ego withdrawal available to the body. It is the somatic equivalent of psychic annihilation of consciousness itself is surrendered. In the paranoidschizoid position, when persecution feels absolute and the ego's defensive resources are exhausted. The somatic expression in the prostration of *Veratrum album*. The body is producing the psyche feels: I cannot go on. I am dissolving. I am becoming nothing- Great Weakness After Vomiting.

5.9. The Critical Theoretical Distinction: Why This Is Not Mood Swinging

Mood swinging as understood in descriptive psychiatry or even in much dynamic psychiatry implies a single continuous self that experiences different emotional states at different times. The self who is appearing at 9am is the same self who is disappearing at 3pm. The oscillation occurs within an integrated ego. Kleinian splitting is categorically different. It is not an oscillation of mood within an integrated self. It is the oscillation between two split-off self-states, each of which is associated with a different part-object, each of which feels absolute and total while it is operative, and neither of which knows the other. In *Veratrum album's* constitutional picture, this continuity is structurally absent. The manic pole and the depressive collapsed pole do not speak to each other. They do not modify each other. They do not produce guilt, or concern, or the wish to repair. They simply alternate with the violence of pure splitting [17].

5.10. The role of idealization as manic defense

The manic defense works as follows: if the depressive position confronts me with the reality that I have damaged what I love, and that I am therefore guilty and must mourn, I can escape this unbearable reality by: Omnipotently controlling the object (rendering it harmless, subject to their will). Triumphing over the object (the object is defeated, it cannot hurt). Treating the object with contempt (if the object is worthless, I have not damaged anything of value) .In *Veratrum album,* the manic pole carries all three of these operations with extraordinary clarity: The sexual mania represents triumph the body as omnipotent, insatiable, unstoppable. The voracious appetite represents contempt for limits the refusal to be bounded, the grandiose assertion that hunger can never be satisfied because the self is too great to be contained, these are not symptoms of pleasure or vitality. They are defenses against the terror of integration against the moment when good and bad would have to be held together, when love and hate would have to be recognized as directed toward the same object.

5.11. Why Integration Cannot Occur: The Structural Problem

Klein identified several factors that impede depressive position achievement: Excessive Constitutional Envy: Klein's controversial but clinically compelling concept of primary envy the innate, constitutional hatred of the good object for being good is highly relevant to *Veratrum*. The voracious appetite, the sexual mania, the shrieking

fury these all carry the flavor of envy-driven attack on the good object. If the envy is constitutionally intense, the psyche cannot sustain the idealized good object long enough to integrate it with the bad. The good object is too quickly attacked, too quickly destroyed in phantasy, and the split reinstated. In *Veratrum's* constitutional picture the history of delusions of grandeur, the family history of religious mania, the sudden collapses, one can often discern a developmental history in which adequate containment was unavailable. The primitive anxieties were never metabolized. They remain raw, violent, oscillating. The Terror of Guilt: This is the paradox of the depressive position: it requires the capacity to tolerate guilt. If guilt feels as annihilating as the original persecution, the psyche retreats. In *Veratrum,* the grandiosity the delusions of high birth, of religious mission, of special destiny may represent the psyche's pre-emptive defense against guilt. If I am special, chosen, divine, then I cannot have damaged anything. The grandiosity prevents guilt from becoming thinkable.

5.12. Clinical and Philosophical Synthesis

The *Veratrum album* picture, read through Klein, reveals something of profound clinical and philosophical importance: the violence of splitting is proportional to the terror of integration. The shrieking and the stupor, the sexual mania and the prostration, the voracious hunger and the weakness after vomiting these are not random. They are the two faces of a psyche that cannot risk wholeness. Because wholeness would mean: I am the one who loves and the one who hates. I am the one who has damaged what I love. I must feel the grief of that, and I must find within myself the capacity to repair it. This is the burden of the depressive position. It is, Klein believed, the burden of being human the price of moral consciousness, of love, of real relationship. For the *Veratrum* constitution, this burden is structurally unbearable. The splitting continues. The poles alternate with violence. The integration is never reached. The homoeopathic similimum *Veratrum album* in resonating with this total state, works not by suppressing one pole or amplifying another, but by meeting the whole pattern of split-off, unintegrated experience and inviting the vital force toward the integration the psyche has, thus far, been unable to achieve. The splitting of *Veratrum album* is thus not a symptom among symptoms, it is the central organizing principle of the entire remedy picture, and Klein's paranoid-schizoid position gives us the conceptual vocabulary to name precisely what we are seeing.

6. SUPER EGO PATHOLOGY – THE PUNISHING VOICE AND A PSYCHOANALYTIC EXPLORATION OF *VERATRUM ALBUM*

6.1. Theoretical Foundations: The Superego as Internal Persecutor

Freud described the superego as more than a moral authority, seeing it as an internalized structure shaped by early relationships and losses. In the V*eratrum album* state, however, it appears in a more primitive and destructive form not as a regulator of behavior, but as a persecutory force threatening the self. Laplanche and Pontalis distinguished this from the pre-Oedipal superego, which develops in the earliest mother-infant relationship. Unlike the later superego, it is absolute, punitive, and lacking in moderation or compassion. This archaic dimension seems central to the *Veratrum album* state. Rather than warning against wrongdoing, it relentlessly condemns the self. The message is not "You should not do this," but "You are worthless" or "You are condemned," producing not guilt for actions but a profound sense of unworthiness and annihilation [(18)].

6.2. The Primary Symptom Cluster: "Cursing, Howling All Night. Attacks of Pain with Delirium Driving to Madness"

The Phenomenology of the howl should not be viewed merely as a behavioral symptom. It can be understood as an expression of unconscious processes that cannot be contained in ordinary thought or language. Unlike speech, the howl operates at a pre-verbal level. Julia Kristeva's concept of the semiotic register helps explain this: a realm of rhythm, tone, and bodily expression that precedes language. In the *Veratrum album* state, symbolic functioning appears to break down, leaving only this more primitive mode of communication. This condition closely resembles what Wilfred Bion called nameless dread. Bion's nameless dread the failure of alpha function proposed

that infants initially experience raw emotional and sensory impressions, which he called beta elements. These cannot be thought about and must be discharged or projected. Through reverie, the mother receives and transforms these experiences using her alpha function, returning them in a form that can be understood and eventually thought about. When this process succeeds, the child develops the capacity to contain emotions internally. When it fails, the individual remains vulnerable to nameless dread a primitive terror that lacks meaning, form, or symbolic representation. From this perspective, the *Veratrum album* patient who howls is not primarily communicating but attempting to evacuate unbearable internal experience. The howl becomes a discharge of unprocessed psychic reality. Cursing adds another dimension. Unlike the howl, it retains language, but language no longer serves communication. Instead, it becomes a weapon used to attack perceived threats, often with an unconscious sense of magical omnipotence. The Night as a Temporal Structure of Persecution. The emphasis on symptoms at night is psychoanalytically significant. Withdrawal of External Reality Testing - At night, external support diminishes and the individual is left more alone with internal experience. As reality recedes, persecutory fantasies and internal attacks may become more dominant. The Logic of the Death Drive- Freud associated night with themes of dissolution and the death drive. For some individuals, night may feel less like rest and more like psychological annihilation. The howl can then be understood as a primitive resistance to this threat. The Superego's Diurnal Rhythm- Superego attacks often intensify when the ego is fatigued. As mental resources weaken, self-critical and persecutory forces become harder to regulate. In this sense, rest itself may be experienced as weakness or failure. The Delirium That Drives to Madness- The phrase "attacks of pain with delirium driving to madness" suggests severe psychic disorganization in which pain and delirium are intertwined. Normally, the ego can observe and reflect on suffering. In the *Veratrum album* state, this capacity collapses, and pain overwhelms the structures that support thought. Bion's concept of attacks on linking is relevant here. He argued that destructive impulses may target the connections between thoughts, feelings, and experiences. When these links break down, coherent mental functioning becomes impossible. The result is delirium: fragmented thoughts, disconnected experiences, and a loss of meaningful organization. The phrase "driving to madness" emphasizes a process rather than a fixed state. It describes a progressive breakdown in mental organization, as the individual feels pushed toward psychological dissolution [19].

6.3. "Delusions of Impending Misfortune" — The Superego's Projective Mechanism

Projection as Defensive Relocation - Melanie Klein's theory helps explain this symptom. In the paranoid-schizoid position, the ego relies on defenses such as splitting and projection. These processes illuminate the *Veratrum album* state. Here, the patient cannot tolerate the superego as an internal persecutor. The resulting anxiety becomes unbearable, so the mind uses projection, relocating the threat into the external world. What was once felt as an inner danger is now experienced as coming from outside. Thus, the delusion of impending misfortune is more than a mistaken belief about external events. It reflects the projection of internal danger onto reality. The anticipated catastrophe feels real, but its source lies in the persecutory superego. Through projection, internal condemnation becomes an external threat that seems inevitable and unavoidable. This resembles Klein's concept of persecutory anxiety: danger appears everywhere because its source has been projected outward. The paranoid world as an externalized super ego [20][21]. The paranoid world of the *Veratrum album* state mirrors the qualities of the internal persecutory superego. Internal Superego, projected external world, punishing and merciless, hostile and punitive world, absolute and totalizing, misfortune felt as inevitable, attacking without clear reason, arbitrary persecution, allowing no escape and constant approaching danger. The external world takes on the character of the internal persecutor. Reality feels like a judging authority, and misfortune becomes a certainty rather than a possibility. The sense of "impending" disaster is crucial. The threat feels already in motion and impossible to escape, reflecting the uncompromising nature of the archaic superego. The pre-moral nature of the persecution- A key difference between the archaic and

mature Oedipal superego is that the latter operates through guilt. Guilt links wrongdoing to punishment and allows for reparation or forgiveness. The archaic superego functions differently. Instead of guilt, it produces shame and condemnation. The patient feels not that they have done something wrong, but that they are wrong. Winnicott described a similar distinction: guilt concerns actions, while more primitive anxieties threaten the self's very existence. Lacan's concept of super egoic jouissance also applies. The superego demands impossible perfection while ensuring failure, sustaining suffering. In the *Veratrum album* state, the patient feels driven toward unattainable standards absolute goodness, total control, or perfection. Because these demands cannot be met, failure becomes inevitable, leading to ongoing self-condemnation.

6.4. The Structural Picture: Ego Caught Between Destructive Forces

The Meta psychological Architecture: The *Veratrum album* picture can be understood as a state in which the ego is trapped between two overwhelming forces. On one side is an archaic, sadistic superego that relentlessly condemns and attacks the self, threatening worthlessness and punishment. On the other are primitive id drives expressed through emotional turmoil, suffering, delirium, grandiosity, religious preoccupations, and restless activity. The ego occupies an unstable middle position, struggling to withstand both pressures. This creates a profound internal conflict that threatens psychological stability. In this framework, grandiosity and self-abasement are not opposites but different expressions of the same dynamic. Grandiose beliefs function as a defense against the superego's harsh condemnation. By feeling exceptional, chosen, or powerful, the individual temporarily escapes feelings of worthlessness. Delusions of grandeur therefore represent not simple self-inflation but a desperate attempt to counter internal persecution. The stronger the superego's attack, the greater the need for compensatory fantasies of greatness. These defenses are often fragile and may collapse under stress, exhaustion, or weakened ego functioning, especially at night when reality-testing is reduced. When this happens, the persecutory superego returns with full force, exposing the individual to terror, condemnation, and psychic disintegration. The result is the characteristic *Veratrum album* state: overwhelming internal pressure, collapse of defenses, and the emergence of cursing, agitation, delirium, and desperate howling as expressions of primitive terror.

6.5. Clinical and Theoretical Synthesis

The *Veratrum album* state, viewed through superego pathology, reflects severe psychological suffering marked by failed emotional containment, a persecutory internal object, impaired symbolic thinking, and reliance on primitive defenses. The patient's inner world is dominated by primitive anxieties that remain unprocessed. Emotional experiences are not transformed into thought and meaning, leading to overwhelming distress and defensive reactions. Bion's concept of nameless dread is especially relevant. The patient experiences terror that cannot be adequately thought about or expressed, resulting in suffering that feels literally unthinkable. This also helps explain the remedy's nocturnal aggravation. As external reality recedes, the persecutory superego becomes more dominant, trapping the individual in cycles of fear, anxiety, and self-condemnation. Reality itself becomes colored by the internal persecutor. Fears of disaster, punishment, and catastrophe can be understood as projections of internal psychic realities onto the external world. Clinically and theoretically, this state points to early developmental wounds that were never adequately contained or understood. These experiences remain active and continue to shape the psyche. Themes such as howling, cursing, persecutory fears, grandiosity, delirium, and despair are different expressions of the same struggle: managing overwhelming emotions without sufficient internal resources. Ultimately, the *Veratrum album* state reveals a psyche caught between primitive terror and desperate selfpreservation, illustrating the consequences of failed emotional containment and a harsh persecutory authority. "The superego is not experienced as a moral guide in the *Veratrum album* state. Rather, it is experienced as the voice of an early and deeply rooted terror, appearing in the form of an absolute authority that condemns, persecutes, and threatens the very existence of the self."

7. THE BODY AS PRIMARY TEXT – SOMATIC LANGUAGE

In psychoanalytic thought, the infant's body functions as its first language, expressing experiences that cannot yet be spoken. Freud's concept of conversion hysteria reflects this idea: unprocessed psychological conflicts become encoded in bodily symptoms. In *Veratrum album*, signs such as cold sweat, icy coldness, and wrinkled skin can be understood as a somatic narrative of profound psychic withdrawal, revealing a self that has become disconnected from its own bodily existence.

7.1. Winnicott and the Body as First Home

Donald Winnicott's concept of "indwelling" the psyche dwelling in the soma is perhaps the most elegant bridge between homeopathic symptomatology and depth psychology. For Winnicott, healthy psychological development depends upon the infant achieving a lived sense that the psyche inhabits the body that warmth, aliveness, and subjective continuity flow from within the flesh outward. The body is not merely a biological container; it is the first home of the self. "The basis for what Winnicott calls psyche-soma integration is the experience of being held reliably, warmly, consistently such that the infant comes to feel at home in its own skin." This indwelling is not automatic. It is environmentally dependent. It requires: Goodenough holding- physical and emotional warmth from the caregiver. Continuity of being uninterrupted experience of aliveness. Mirroring - the mother's face reflecting back the infant's vitality When these fail when the environment is cold, unreliable, or traumatically rupturing the psyche does not settle into the body. It hovers above it, dissociated, watchful, unable to inhabit its own flesh with confidence [22].

7.2. Cold Sweat -The Body Weeping from the Inside

The skin weeping coldly biological life occurring in the absence of the self that should be animating it. Psychoanalytic Reading: Sweat can be read as the discharge of anxiety affect the body releasing what the psyche cannot metabolize psychically. But cold sweat in *Veratrum album* exceeds ordinary anxiety. It speaks of annihilation anxiety the most primitive dread, catalogued by Winnicott as the fear of: Falling forever, having no relationship to the body. Complete disorientation having no sense of whether one is dead or alive. The coldness of the sweat signals that this discharge is happening without the warming mediation of ego functioning. The psyche is not processing it is simply leaking. The body sweats as a corpse might seem to, through sheer biological momentum, not through lived experience. Bion's concept of beta elements raw, unmetabolized sensory-emotional experience is equally relevant here. Cold sweat represents beta elements that have never been transformed into alpha function, never been made thinkable or feelable. They are discharged through the body because there is no psychic container capable of holding them [23].

7.3. Icy Coldness - The Temperature of Abandonment

"Warmth = presence = love = self." This compressed equation contains the entire object relations argument temperature is identity. To be cold is not merely to be physically chilled it is to be without the other, without love, without self. The Object-Relational Temperature Scale: The icy coldness of *Veratrum album* places this individual at the furthest extreme the body registering what Winnicott called the unthinkable anxiety of complete environmental failure. This is the coldness not of a room, but of a psyche that has experienced the withdrawal of the holding environment so completely that the body itself has stopped generating the felt sense of warmth of aliveness. Melanie Klein would locate this in the paranoid-schizoid position overwhelmed the internal world flooded with the death instinct, the good object shattered, the body left as a cold fragment in a universe of frozen, part-object experience.

7.4. Cold as Death - The Body Enacting Its Own Obituary

The homeopathic literature is striking in its directness: *Veratrum album* produces a state described as "cold as death" the body temperature approximating that of a corpse even while biological life continues. This is not metaphor. This is the soma enacting, with total literalness, a psychic truth. Psychic Death and the False Self: Winnicott's concept of the False Self is critical here. When the environment fails the infant catastrophically when it

demands compliance rather than allowing spontaneous gesture the True Self goes into hiding. What remains operative is a False Self: a compliant, socially functional shell that manages relations with the world while the True Self remains sequestered, protected, fundamentally dead to experience. The "cold as death" of *Veratrum album* is the somatic signature of True Self withdrawal: The surface of the body the skin, the periphery is cold because it belongs to the False Self architecture, the outer shell. No genuine warmth flows through because warmth requires true Self aliveness. The body performs existence heartbeat, breath but does not inhabit it. This is what existential phenomenologists call depersonalization and what Winnicott, more precisely, calls psychosomatic de-animation the body becoming an object that the self-watches from a distance, rather than a subject that the self-lives from within. The *Veratrum album* patient, in this reading, does not merely feel cold. They are, in a psychically real sense, enacting their own death the death of the capacity to be in the body.

7.5. Wrinkling of Skin — The Collapse of the Psychic Envelope

Anzieu proposed that the ego itself is modelled upon the skin that our most primitive sense of self is that of a bounded, containing surface, a psychic skin that holds experience together as the physical skin holds the body together. What Wrinkled Skin Means Analytically: Healthy skin is taut, elastic, resilient it has what we might call psychic tone. It reflects a self that is sufficiently filled from within, sufficiently pressurized by aliveness, to maintain its surface integrity. Wrinkling is the morphological collapse of this tautness. In the *Veratrum album* picture, the skin wrinkles because:

The wrinkled skin of *Veratrum album* is, in Anzieu's terms, a Skin Ego that has lost its containing function. The psychic envelope has been punctured by trauma, by overwhelming collapse, by the catastrophic failure of the holding environment and what remains is a surface that folds back upon itself, no longer capable of holding the self in coherent form. This speaks to psychic dehiscence the splitting open of the container and the resulting experience of the self as leaking out, unable to maintain its boundaries, the inner world hemorrhaging into undifferentiated chaos.

7.7. Clinical Implications — What the Analyst and Homeopath Both Hear

Both the psychoanalyst and the classical homeopath, when they truly listen, hear the same thing in *Veratrum album*: a soul that has been driven from its own body. The homeopath reaches for the remedy that most closely mirrors this total picture the remedy whose proving speak of collapse, coldness, and the desperate theatrical excess that often precedes final withdrawal. The psychoanalyst offers a new holding environment reliable warmth, consistent presence, a relationship that can, over time, coax the True Self back into habitation of its own flesh. The cold skin of *Veratrum album* is not merely a symptom. It is a testimony written in the body's own language to what it means to have lost one's home in oneself.

8. WINNICOTTAIN FALSE SELF

The characteristic grandiosity of the *Veratrum album* state is manifested through aristocratic pretensions, moral superiority, religious exaltation and an intense need to appear exceptional may be understood through Donald Winnicott's concept of the false self. Winnicott's concept of the false self. Winnicott proposed that the false self develops as a defensive organization designed to protect the vulnerable true self from environmental failures and primitive anxieties from this perspective the *Veratrum* individuals exaggerated self-importance doesn't merely represent narcissistic inflation but rather a compensatory structure concealing profound feelings of emptiness, dependency shame and fear of psychological annihilation. The maintenance of this idealized self-image requires considerable psychic effort, consequently when the defensive structure can no longer be sustained the individual may be experiencing abrupt and catastrophic collapse characterized by prostration, emotional coldness, despair and loss of psychological integration , thus the *Veratrum* picture may be conceptualized as a dynamic interplay between grandiose false self and a deeply threatened true self offering a psychodynamic understanding of striking polarity between superiority and collapse observed in clinical practice [(24)(25)].

9. LACAN – THE SCREAM BEYOND LANGUAGE

According to Jacques Lacan the scream represents an experience that goes beyond language. It emerges when words are unable to express deep anguish or trauma. It emerges when words are unable to express deep anguish or trauma. The scream belongs to the realm of the real which cannot be fully symbolized. Unlike speech it does not seek meaning or communication. It is a raw expression of overwhelming emotional intensity. Thus, the scream reveals the limits language and the hidden depths of the psyche.

CONCLUSION

Veratrum album presents a profound picture of psychological conflict, where grandiosity, aggression, religious exaltation, despair and physical collapse reflect deeper unconscious dynamics. Through the perspective of Freud Klein, Winnicott, Bion and Lacan the remedy emerges as a symbolic expression of unresolved dependency needs, splitting, persecutory anxieties, false-self-defenses failures of emotional containment and experience that exceed language itself. Rather than viewing its symptoms as isolated phenomena a psychodynamic understanding reveals them as interconnected manifestation of a fragmented self-struggling to maintain coherence. This integrative exploration demonstrates how psychoanalytic concepts can enrich the interpretation of homoeopathic materia medica offering a deeper appreciation of relationship between mind, body and human suffering in the *Veratrum album* state.

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Holistic Homeopathic Approach to Delayed Milestones in Children: A Miasmatic and Constitutional Viewpoint

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Abstract

Developmental delays in children are becoming increasingly common, often presenting as delayed speech, walking, or social interaction. While conventional medicine provides therapeutic exercises and developmental monitoring, homeopathy offers a curative approach by addressing underlying miasmatic influences and constitutional imbalances. This article explores the homeopathic understanding of delayed milestones with a real-life case demonstrating the role of individualized prescriptions in promoting holistic development.

Keywords

Developmental delay, global developmental delay, delayed milestones, Calcarea carbonica, Medorrhinum, constitutional remedy, miasmatic treatment

Introduction

Developmental delay refers to a significant lag in a child's physical, cognitive, behavioural, emotional, or social development compared to typical age-matched peers. Early identification and intervention are key in optimizing outcomes and supporting both the child and the family.

Definition

A developmental delay is diagnosed when a child does not reach developmental milestones within the expected age range in one or more areas:

- Gross or fine motor skills
- Speech and language
- Cognitive or problem-solving skills
- Social and emotional development
- Adaptive/self-help skills

Delays can be **global** (involving multiple areas) or **specific** to a particular domain.

Etiology / Causes:

1. **Prenatal Causes:**
   - Chromosomal abnormalities (e.g., Down syndrome, Fragile X syndrome)
   - Congenital infections (e.g., TORCH infections)
   - Teratogenic exposure (e.g., alcohol, drugs)
   - Intrauterine growth restriction (IUGR)
2. **Perinatal Causes:**
   - Birth asphyxia
   - Prematurity
   - Neonatal infections (e.g., meningitis, encephalitis)
   - Hypoglycaemia or kernicterus
3. **Postnatal Causes:**
   - Traumatic brain injury
   - Severe malnutrition

- Environmental deprivation
- Psychosocial neglect or abuse

Clinical Features:

The presentation varies based on the domain involved:

- **Motor delay:** Late head control, sitting, crawling, or walking.
- **Speech delay:** Lack of babbling by 12 months, no words by 18 months.
- **Cognitive delay:** Difficulty with problem-solving, poor memory.
- **Social delay:** Poor eye contact, lack of interest in interaction.
- **Global delay:** Deficits across all domains, often recognized in infancy.

Understanding Developmental Delays In Homeopathy:

In homeopathic philosophy, delays in milestones are not viewed in isolation but as outward manifestations of inner disharmony. Several factors are taken into account:

- **Constitutional makeup**
- **Inherited miasms (chronic disease tendencies)**
- **Emotional and environmental influences**
- **Intrauterine or birth trauma**
- **Vaccination or medication effects**

Common remedies often include *Calcarea carbonica, Baryta carbonica, Silicea, Tuberculinum, Medorrhinum,* and *Carcinosin,* depending on the totality of symptoms.

Remedy Indications:

Remedy	Key Indications
Calcarea carbonica	Late teething/walking, large head, flabby build, head sweat, cravings for eggs, fearfulness, sluggish learning
Baryta carbonica	Speech delay, extreme shyness, delayed walking, weak memory
Silicea	Scrofulous children, delayed walking/speech, poor assimilation
Tuberculinum	Emaciation with good appetite, recurrent infections, night sweating
Medorrhinum	Hyperactivity, forgetfulness, sycotic tendencies, inherited TB miasm
Carcinosin	Sensitive perfectionists, trauma history, family cancers

Case Report

Patient: A 2.5-year-old male child

Presenting Complaint: Delay in walking and speech development

History & Symptoms:

- Could sit unsupported only at 9 months
- Never crawled, only scoots
- Could stand with support but did not walk independently
- Spoke only 2–3 intelligible words
- Understood basic commands but preferred gestures over words
- Severe stranger anxiety
- Sweats on the head during sleep
- Large head, prominent abdomen, flabby muscles
- Craving for eggs, Constipation alternating with soft stools
- Thin built, fair complexion

Family History:

- Paternal: History of pulmonary tuberculosis
- Maternal: Depression
- History of late speech in uncle

Observations and Mental Traits:

- Very attached to mother, cries if left alone
- Fearful of loud sounds
- Intelligent gaze, observes everything

quietly

- Enjoys stacking toys and repetitive play

Repertorization

Using **Kent's Repertory** and **Synthesis,** the following rubrics were considered:

- Mind, fear, alone, of being
- Mind, slow in learning to talk
- Extremities, late learning to walk
- Head, perspiration, during sleep
- Generalities, delayed development in children

Remedy Selection and Prescription:

First Prescription: *Calcarea carbonica 200C*, one dose

Rationale: Classic constitutional symptoms—head sweat, large head, delayed dentition, fearfulness, sluggish development.

Follow-up at 2 Months:

- Improved appetite and sleep
- More socially responsive
- Began to balance and cruise along furniture
- Vocabulary expanded to 10–12 words

Second Prescription: *Medorrhinum 1M*, one dose

Rationale: Strong sycotic miasmatic background; tendency to developmental delay, hyper-sensitivity, inherited TB tendency.

Follow-up at 6 Months:

- Walking independently
- Speaking in short phrases
- Improved mood, reduced clinginess
- Visible improvement in muscular tone and posture

DISCUSSION

This case illustrates the potential of homeopathy in stimulating natural development when the right constitutional remedy is chosen. *Calcarea carbonica* helped initiate the developmental process, while *Medorrhinum*, as an intercurrent remedy, addressed deeper miasmatic blocks. Such holistic intervention prevents the need for aggressive therapies or labeling the child with neurodevelopmental disorders prematurely.

Key learning points:

- Do not rely solely on pathology-based prescribing; observe the child's **entire being.**
- Always investigate **miasmatic background** and **family medical history.**
- Involve parents in consistent observation and emotional support.

CONCLUSION

Homeopathy provides a valuable, side-effect-free option for children with delayed milestones. Early intervention with a well-chosen constitutional and miasmatic remedy can trigger developmental progress, improve immunity, and support overall growth. Each child is unique, and so should be the remedy.

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Rising Burden of Attention Deficit Hyperactivity Disorder (ADHD) in Indian Children: Scope of Homoeopathic Holistic Management and Future Perspectives

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most prevalent neurodevelopmental disorders affecting children worldwide. In recent years, India has experienced a noticeable rise in behavioural and attention-related disorders among school-going children due to rapid urbanization, changing educational patterns, increased screen exposure, psychosocial stress, and growing awareness regarding child mental health. ADHD significantly affects academic performance, emotional development, behavioural regulation, social interaction, and overall quality of life. Homoeopathy emphasizes constitutional prescribing and holistic child-centred care addressing emotional, behavioural, and physical dimensions simultaneously.

This article reviews the increasing burden of ADHD in Indian children, etiological factors, psychosocial impact, homoeopathic understanding, constitutional management, and future perspectives in integrative paediatric mental healthcare. Available evidence suggests that individualized homoeopathic treatment may offer supportive benefits in selected children by improving concentration, emotional stability, impulsivity, behavioural regulation, and adaptive functioning. Further scientifically rigorous studies remain necessary to strengthen evidence-based integration of homoeopathy in paediatric behavioural disorders.

Keywords

ADHD, Paediatric Homoeopathy, Neurodevelopmental disorders, Behavioural disorders, Constitutional treatment, Child mental health, Integrative medicine.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a chronic neurodevelopmental disorder characterized by persistent symptoms of inattention, hyperactivity, and impulsivity that interfere with normal functioning and development. Symptoms usually begin in childhood and may continue into adolescence and adulthood. ADHD affects educational achievement, emotional balance, interpersonal relationships, behavioural adaptation, and psychosocial development.

The prevalence of ADHD has increased globally

over recent decades. In India, behavioural disorders among children are being increasingly recognized because of improved awareness, expanding mental health services, and changing social environments. Urbanization, excessive academic pressure, reduced outdoor activities, sleep disturbances, nuclear family structures, and prolonged digital exposure have significantly altered childhood behavioural patterns.

Children with ADHD often struggle in structured educational systems requiring prolonged concentration, behavioural discipline, and sustained academic performance. In many Indian settings, hyperactive or inattentive behaviour may still be misunderstood as indiscipline or poor parenting rather than a neurodevelopmental disorder. Delayed identification frequently contributes to poor scholastic achievement, low self-esteem, emotional disturbances, and impaired social functioning.

Conventional management generally involves behavioural interventions, counselling, educational support, and stimulant medications. Although pharmacological treatment may improve symptom control, concerns regarding adverse effects such as appetite suppression, irritability, emotional dullness, sleep disturbances, and prolonged dependence have encouraged many families to explore complementary and holistic treatment approaches.

Homoeopathy offers an individualized system of medicine emphasizing constitutional susceptibility, emotional characteristics, behavioural tendencies, hereditary influences, and environmental stressors. Rather than merely suppressing symptoms, homoeopathy aims to improve the child's overall adaptive and emotional functioning.

Rising Burden of ADHD in Indian Children

ADHD has emerged as an important paediatric mental health concern in India. Growing awareness among parents, teachers, psychologists, and paediatricians has resulted in increased recognition of behavioural and attention-related disorders in children.

Modern childhood in India has undergone substantial transformation over the last two decades. Rapid urbanization and technological advancement have significantly changed lifestyle patterns. Excessive screen exposure through smartphones, online gaming, social media, and digital education platforms has altered attention span, sleep quality, and behavioural patterns among children.

Academic competition has also intensified considerably. Children are often exposed to prolonged school hours, coaching classes, academic expectations, and performance-related stress from an early age. Reduced physical activity and limited outdoor play further contribute to behavioural dysregulation and emotional imbalance.

The COVID-19 pandemic additionally intensified behavioural concerns due to prolonged home confinement, social isolation, online education, and increased digital dependency. Many parents observed worsening inattentiveness, irritability, hyperactivity, and emotional instability during this period.

Despite increasing prevalence, ADHD remains underdiagnosed in many rural and socioeconomically disadvantaged regions because of:

- Mental health stigma
- Limited awareness
- Lack of trained professionals
- Poor access to child psychiatric services
- Misconceptions regarding behavioural disorders

The burden of ADHD extends beyond the individual child and significantly affects families, educational institutions, and society.

Etiological Factors

ADHD is considered a multifactorial disorder involving complex interactions among genetic, neurobiological, environmental, and psychosocial influences.

Genetic Factors

Family and twin studies strongly support hereditary susceptibility in ADHD. Children with family history of impulsive behaviour, mood disorders, or learning difficulties demonstrate greater

risk.

Neurobiological Factors

Research suggests abnormalities involving dopamine and noradrenaline neurotransmission within brain regions associated with executive functioning, behavioural control, and attention regulation.

Prenatal and Perinatal Influences

Several prenatal and birth-related factors may increase susceptibility:

- Maternal stress
- Smoking during pregnancy
- Alcohol exposure
- Nutritional deficiencies
- Prematurity
- Birth complications
- Low birth weight

Lifestyle and Environmental Factors

Contemporary lifestyle modifications may aggravate ADHD symptoms:

- Excessive screen exposure
- Sleep deprivation
- Sedentary lifestyle
- Processed food consumption
- Reduced outdoor activity
- Social isolation

Psychosocial Factors

Family conflicts, inconsistent parenting, bullying, emotional neglect, excessive criticism, and educational pressure may intensify behavioural disturbances and emotional instability.

Clinical Features of ADHD

ADHD commonly presents through varying combinations of inattention, hyperactivity, and impulsivity.

Inattention Symptoms

- Difficulty sustaining concentration
- Careless mistakes
- Forgetfulness
- Easily distracted behaviour
- Disorganization
- Incomplete tasks
- Poor listening ability

Hyperactivity Symptoms

- Constant movement
- Fidgeting
- Excessive talking
- Restlessness
- Difficulty remaining seated
- Inability to engage quietly in activities

Impulsivity Symptoms

- Interrupting conversations
- Impatience
- Emotional outbursts
- Acting without thinking
- Difficulty waiting for turns

Children may additionally experience:

- Anxiety
- Sleep disturbances
- Emotional sensitivity
- Irritability
- Learning difficulties
- Poor frustration tolerance

Symptoms must persist across multiple settings such as home and school and significantly impair functioning for diagnosis to be established.

Psychosocial Impact in Indian Context

The psychosocial impact of ADHD is profound within Indian society where educational achievement and behavioural discipline are strongly emphasized.

Academic Difficulties

Children with ADHD frequently experience poor concentration, incomplete schoolwork, careless mistakes, and declining academic performance despite normal intelligence.

Emotional Consequences

Repeated criticism and failure experiences may contribute to:

- Low self-esteem
- Anxiety
- Depression
- Emotional instability
- Aggressive behaviour

Family Stress

Parents often experience frustration, emotional exhaustion, social embarrassment, and concern regarding future educational outcomes.

Social Problems

Children with ADHD may face peer rejection, bullying, poor emotional control, and difficulty maintaining social relationships.

Stigma and Misunderstanding

Behavioural disorders continue to carry stigma in many communities. Families may hesitate to seek psychiatric consultation because of fear of social judgement.

Homoeopathic Understanding of ADHD

Homoeopathy views ADHD as a disturbance affecting the mental, emotional, and physical dimensions simultaneously. The homoeopathic approach emphasizes individualized assessment rather than disease-label-centred treatment.

Detailed case taking includes evaluation of:

- Emotional characteristics
- Temperament
- Behavioural tendencies
- Sleep patterns
- Fears and anxieties
- Family dynamics
- Prenatal influences
- Constitutional susceptibility

Children are considered highly sensitive to emotional and environmental influences. Behavioural disturbances may represent external manifestations of internal imbalance within the vital force.

The objectives of homoeopathic treatment include:

- Improvement in concentration
- Reduction of impulsiveness
- Emotional stabilization
- Better sleep quality
- Improved behavioural adaptation
- Enhancement of overall well-being

Constitutional prescribing is based upon totality of symptoms rather than diagnosis alone.

Commonly Indicated Homoeopathic Medicines

Homoeopathic Medicine	Key Indications
Tarentula hispanica	Useful in extremely restless, impulsive, hyperactive children with hurried behaviour and emotional excitability.
Hyoscyamus niger	Indicated in destructive, jealous, attention-seeking children with impulsive speech and behavioural disturbances.
Stramonium	Helpful in children with violent fears, nightmares, aggression, emotional instability, and hyperactivity.

Tuberculinum	Often indicated in highly restless, dissatisfied children with constant desire for movement and change.
Cina	Useful in irritable, touchy, obstinate children with concentration difficulties and behavioural irritability.
Medorrhinum	Indicated in hurried, impulsive children with emotional extremes and marked restlessness.
Calcarea phosphorica	Helpful in mentally fatigued children with learning difficulties, poor concentration, and school-related exhaustion.
Lycopodium	Useful in children with low confidence, performance anxiety, irritability, and concentration difficulties despite intellectual capability.
Anacardium orientale	Indicated in children with marked difficulty in concentration, poor memory, absent-mindedness, confusion, and weak confidence. The child may appear irresolute, emotionally conflicted, and easily distracted during studies.
Veratrum album	Useful in impulsive, destructive, restless children with emotional instability, exaggerated behaviour, and sudden anger outbursts. The child may display demanding behaviour with excessive excitement and hyperactivity.

Evidence-Based Perspective

Scientific evidence is evolving, with encouraging results in some studies, while others report placebo-like outcomes.

1. The Oberai 2013 Trial: This is a key Indian study. It was a randomized, placebo-controlled pilot trial on 61 children that showed significant improvements in the homoeopathy group using the Conners Parent Rating Scale . It is an important piece of evidence to cite.
2. Comparative Studies: Reference the Frei et al. prospective trial which found that 75% of children improved with homeopathy, potentially offering an alternative to methylphenidate for some patients .
3. Case Studies: A strong case report from the National Homoeopathy Research Institute in Mental Health (NHRIMH) in Kerala demonstrates the successful use of individualized homoeopathy (Medorrhinum and Tarentula hispanica) in a 4-year-old boy, showing a significant reduction in ADHD Rating Scale scores

Holistic Management Approach

Comprehensive ADHD management requires multidisciplinary and long-term support.

Constitutional Homoeopathic Treatment

The constitutional approach aims to improve emotional stability, behavioural regulation, and adaptive functioning.

Parent Counselling

Parents should receive guidance regarding:

- Positive reinforcement
- Structured routines
- Emotional support
- Consistent discipline
- Avoidance of excessive punishment

Behavioural Therapy

Behavioural interventions assist in improving attention span, social interaction, and impulse control.

Lifestyle Modification

Lifestyle correction is essential:

- Limiting screen exposure
- Encouraging outdoor activity
- Balanced nutrition
- Physical exercise
- Adequate sleep

School-Based Support

Teachers may support affected children through:

- Structured classroom environments
- Positive encouragement

- Reduced distractions
- Individualized educational assistance

Emotional Rehabilitation

Children require confidence-building, emotional acceptance, and social encouragement to prevent psychological deterioration.

Integrative management combining behavioural support, educational assistance, family counselling, lifestyle correction, and individualized homoeopathic treatment may provide broader therapeutic benefits.

Challenges in Homoeopathic ADHD Research

Several challenges affect scientific evaluation of homoeopathy in ADHD management.

Methodological Difficulties

Individualized prescribing complicates standardization within clinical trials.

Subjective Outcome Assessment

Behavioural symptoms frequently depend upon parent and teacher reporting.

Ethical Considerations

Paediatric behavioural research requires strict ethical safeguards and informed parental consent.

Scientific Debate

Questions regarding biological mechanisms continue to influence acceptance within mainstream psychiatry.

Future Perspectives

Future progress in ADHD management requires integration of scientific rigor with holistic child-centred care.

Important future directions include:

- Multicentric clinical studies
- Standardized behavioural assessment tools
- Longitudinal follow-up research
- School mental health screening programs
- Integrative child mental health clinics
- Digital behavioural assessment technologies
- Quality-of-life outcome studies
- Interdisciplinary collaboration

India requires improved awareness, stronger child mental health infrastructure, early identification programs, and multidisciplinary paediatric mental healthcare services.

Homoeopathy may contribute meaningfully within integrative healthcare models emphasizing individualized treatment, emotional balance, and holistic child development.

CONCLUSION

ADHD is becoming an increasingly significant paediatric neurodevelopmental disorder in India because of changing lifestyles, academic stress, psychosocial pressures, and growing awareness. The condition substantially affects academic achievement, emotional stability, family dynamics, and social functioning.

Homoeopathy offers a holistic and individualized approach focusing upon constitutional susceptibility, emotional regulation, behavioural adaptation, and overall child development. Available evidence suggests potential supportive benefits in selected cases; however, stronger scientific validation remains necessary.

Future advancement depends upon rigorous evidence-based research, ethical clinical practice, interdisciplinary collaboration, and integrative child mental healthcare models. Comprehensive management combining behavioural therapy, parental counselling, educational support, lifestyle correction, and individualized homoeopathic treatment may provide broader therapeutic benefit for children with ADHD.

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Homeopathic Paediatrics: Evidence-Based Perspectives and Clinical Utility of Murphy's Children Chapter

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Abstract

Background: Children often express illness through behaviour, disturbed sleep, fears, appetite changes, and general reactions rather than through clear verbal complaints. Hence, paediatric homoeopathic prescribing depends greatly on careful observation and detailed case-taking.

Objective: To discuss recent evidence-based perspectives in paediatric homeopathy and the usefulness of Murphy's Homeopathic Medical Repertory in paediatric case analysis.

Discussion: Recent paediatric homeopathic studies have explored recurrent respiratory complaints, behavioural disorders, sleep-related problems, and atopic dermatitis mainly through individualised treatment and clinical follow-up. Though the available studies differ in design and scope, they continue to emphasize the importance of characteristic symptoms and careful case analysis in children. Murphy's repertory, especially the Children chapter, contains many useful rubrics related to emotional expression, behaviour, sleep, developmental tendencies, and constitutional features commonly observed in paediatric practice.

Conclusion: Murphy's Homeopathic Medical Repertory serves as a useful practical aid in paediatric case-taking and supports individualised remedy selection when used along with careful observation and Materia Medica comparison.

Keywords

Paediatric homeopathy, evidence-based homeopathy, Murphy's repertory, Children chapter, repertorial analysis, paediatric case-taking, individualised prescribing, behavioural symptoms, emotional rubrics, constitutional prescribing, Materia Medica

Introduction

Childhood is one of the most important phases of life, during which physical growth, emotional development, behaviour, and mental responsiveness evolve together. In paediatric homoeopathy, this stage requires careful attention because early experiences, family environment, and patterns of care may influence the child's future health and susceptibility. Therefore, the Homeopathic physician must understand the child not merely through a diagnostic label, but as an individual with unique physical, emotional, and behavioural characteristics.

Children often express illness in a manner quite different from adults. In many paediatric cases, the child is unable to clearly describe subjective symptoms, and the case is therefore understood largely through objective expressions observed by the homeopath and reported by parents or relatives. Irritability, clinginess, disturbed sleep, fears, altered appetite, restlessness, crying pattern, behavioural changes, and recurrent physical tendencies often become important guiding symptoms. For this reason, careful observation forms an essential part of paediatric case-taking. The homeopath's ability to perceive these characteristic expressions and relate them to the totality of symptoms plays an important role in individualized remedy selection.

In recent years, paediatric homoeopathy has also

been discussed from an evidence-based point of view. This has increased interest in proper case documentation, clinical follow-up, and systematic study of symptoms in children. This has increased interest in detailed case-taking, proper documentation, follow-up, and careful study of symptoms in children.

Current Evidence in Paediatric Homoeopathy

Recurrent Respiratory Infections

Recurrent respiratory complaints remain among the most frequently studied areas in paediatric homeopathy. A prospective interventional study published in 2025 reported reduction in episode frequency and improvement in school attendance following individualized constitutional treatment in school-aged children. Another clinical report evaluating acute upper respiratory tract infections observed recurrence pattern and antibiotic use during follow-up under routine homeopathic care. Such studies reflect continuing clinical interest in recurrent respiratory illness within paediatric homeopathic research.

Attention-Deficit/Hyperactivity Disorder

Recent research has also explored the role of individualized homeopathic treatment in children with attention-deficit/hyperactivity disorder (ADHD). A randomized three-arm double-blind placebo-controlled study published in 2024 reported improvement in symptom scores during follow-up in children receiving homeopathic consultation and individualized treatment. The study is noteworthy because it attempted to evaluate homeopathic intervention using contemporary trial methodology while retaining individualized case management.

Sleep-Related Complaints

Sleep disturbances such as insomnia, restless sleep, nightmares, and bruxism have also been discussed in recent paediatric homeopathic literature. A 2025 systematic review examining homoeopathic management of paediatric sleep disorders reported preliminary observations of clinical improvement, while also emphasizing the need for larger and methodologically stronger studies. Recent narrative reviews similarly describe sleep-related complaints as an emerging area of interest in paediatric homoeopathic practice.

Atopic Dermatitis and Eczema

In atopic dermatitis and eczema, the available literature remains largely observational and case-based. A longitudinal observational study published in 2025 evaluated children receiving homeopathic treatment for atopic conditions and reported follow-up findings related to symptom pattern and recurrence. Individual case reports have also described constitutional homeopathic management in paediatric eczema, especially in children presenting with marked itching, skin sensitivity, and recurrent eruptions.

A recent cross-sectional mixed-methods study evaluating parental satisfaction in paediatric homoeopathic care reported favourable parental perception regarding individualised homoeopathic treatment in children presenting with respiratory complaints, skin disorders, and behavioural concerns. Most parents reported satisfaction with treatment outcomes, including improvement in symptom frequency and general well-being during follow-up. The study also highlighted the importance of patient-centred care and parental observation in paediatric homoeopathic practice.

Summary of Recent Studies in Paediatric Homoeopathy

Table 1: Summary of Recent Studies in Paediatric Homoeopathy

Condition	Study Type	Key Reference	Main Observation
Recurrent respiratory infections	Prospective interventional study	Hawke et al. (2022)¹	Reduction in episode frequency and absenteeism
Acute URTI	Clinical follow-up study	Banik et al. (2025)²	Follow-up on recurrence and antibiotic use
ADHD	Randomized placebo-controlled trial	Brulé et al. (2024)⁴	Improvement in symptom scores
ADHD	Randomized placebo-controlled pilot	Oberai et al. (2021)⁵	Significant improvement in Conners scale

Sleep disorders	Systematic review	Upreti et al. (2025)⁶	Preliminary clinical improvement reported
Atopic dermatitis	Comparative cohort study	Keil et al. (2008)⁷	Long-term follow-up improvement
Atopic dermatitis	Observational longitudinal study	Sharma & Verma (2025)⁸	Follow-up improvement in symptom pattern

Even though the available studies differ in design, they repeatedly show the importance of careful observation and individualised assessment in paediatric homoeopathic practice. In children, many characteristic symptoms are expressed through behaviour, sleep, generals, and reaction patterns rather than through detailed verbal narration. Repertorial analysis helps organise these observations in a more systematic way.

Murphy's Repertory in Paediatric Practice

In paediatric practice, Murphy's repertory is useful because many child-related symptoms are arranged in a clinically practical manner. In children, the complaint is often understood more through behaviour, sleep, generals, modalities, and repeated patterns than through direct verbal description.

How to work out cases with Murphy's repertory

Murphy's repertory is designed in an alphabetical-clinical format and follows a graded typography system, which helps the homoeopath judge the relative importance of remedies within a rubric. The grading system is as follows:

Typography	Grade	Significance
BOLD CAPITAL UNDERLINED	Highest	Strongest indication
BOLD CAPITAL	High	Strong indication
Bold Italics	Moderate	Moderate indication
Plain Roman	Lower	Suggestion only

In case analysis, Murphy suggested moving from general to particular symptoms and giving importance to characteristic generals, causation, modalities, concomitants, and pathological generals. This becomes especially useful in paediatric prescribing, where symptoms are often expressed through behaviour, sleep, emotions, appetite, thermal reactions, and developmental tendencies rather than through detailed verbal narration. Thus, repertorial totality helps the homoeopathic physician understand the child's symptom picture more clearly and choose the indicated remedy after Materia Medica comparison.

The Children chapter of Murphy's repertory

The Children chapter of Murphy's repertory contains several characteristic rubrics related to emotional expression, behaviour, sleep, development, and constitutional tendencies commonly observed in paediatric practice. Some clinically useful rubrics from this chapter are listed below.

Earlier literature

Earlier homoeopathic literature has also discussed the practical usefulness of Murphy's Children chapter in clinical paediatric prescribing. The chapter is considered valuable because it brings together emotional, behavioural, developmental, and constitutional rubrics commonly encountered during paediatric case-taking. Its clinically arranged structure makes repertorial analysis easier in children, where observation often contributes more than detailed verbal narration.

Only selected higher-grade remedies from clinically important rubrics have been included for concise practical reference. Lower-grade Roman remedies have been excluded to maintain clarity and clinical relevance while presenting the rubrics in a simpler and more clinically useful manner.

Mental and Emotional Rubrics

In paediatric homoeopathic practice, emotional expressions often provide important characteristic symptoms. Children may express their discomfort through fear, clinginess, jealousy, weeping, shyness, or emotional sensitivity rather than through direct verbal complaints. Such emotional reactions frequently reflect the child's inner state and help the homoeopath understand the child's individuality during case-taking. In many cases, these emotional expressions become important guiding symptoms for repertorial analysis and remedy selection.

Rubric	Higher grade remedies
Angry children	*Calc-p.,* **CHAM.,** **CINA** *phos., sanic., staph., stram., tub.;.*
Bashful	**BAR-C,** **COCA, PULS.** *ambr., calc., carb-an., chin., cupr., ign., kali-p., nat-c., petr., staph., stram., sulph., zinc*
Capricious children	*Cham.,Cina*
Clinging with restlessness	*ars., carb-v.*
Crying	**CHAM., PULS., RHEUM.** *bell., bor., camph., coff., graph., hyos., ign., kali-c., lyc*
Fearful, children	**ACON, ARS., BAR-C.,** *calc.,* **CARC.,** *caust.,* **LYC.,** *op.,* **PHOS.,** *stram.,*
Gloomy disposition, Children	**CHAM.** *ant-c., ant-t., cina., puls.*
Jealousy, ailments from	**HYOS., NUX-V., PULS.** *apis., ign., lach., phos.*

Behavioural Rubrics

Behavioural changes are commonly observed in sick children and often provide important guiding symptoms in homoeopathic prescribing. Irritability, restlessness, hyperactivity, disobedience, striking behaviour, mischievousness, and constant desire to be carried frequently form part of the child's characteristic symptom picture. In many paediatric cases, these behavioural expressions help the homoeopath differentiate remedies even when the pathological diagnosis appears similar.

Rubric	Higher grade remedies
Cross disposition	*Cina., Nux-v,*
Cursing, Swearing, children	**ANAC.,** *bell., lyc., stram., tub.,verat*
Desire to be carried	**ars., BRY., CHAM., chel., cina., ign., kali-c., kreos., lyc., PULS. rhus-t., verat.**
Disobedient, children	*Calc-p., Chin., Cina.,Tub*
Hyperactive, children (Restlessness)	*Ars.,* **CARC. Cham,** *Cina,* **HYOS.,** *iod.,* **MED., STRAM.,***Tarent.,* **TUB.** *Verat., Zinc*
Striking / hitting behaviour	**CHAM,** *CINA, Tub*

Sleep and General Rubrics

Sleep disturbances are frequently encountered in children and are often noticed clearly by parents. Symptoms such as disturbed sleep, crying during sleep, grinding of teeth, fear at night, frequent waking, or restlessness during sleep may provide valuable clues to the child's constitutional state. Careful observation of sleep patterns often reveals deeper susceptibility and general reaction tendencies in children.

Rubric	Higher grade remedies
Crying during night	*bor., lac-c., psor., rheum*
Insomnia, children	*absin., acon., ars., bell.,* **CARC.,** **CHAM.,** *cina.,* **COFF.,** *kali-br., mag-m., phos., puls., stict.*
Insomnia, infants	*bell.,* **CARC., COFF.,** *cypr., op.,*
Kicking, child sleep in	**BELL.** *Sulph*
Nightmares, children	*acon.,* **CALC.,** **CARC.,** *phos., puls*
Screaming children, sleep during	**APIS.,** *arn., bell., calc-p., ign., lyc.,* **PULS.,** *psor.,* **SULPH.,** *tub.*
Startled easily infants	*Cham., coff., phos*

Developmental and Constitutional Rubrics

Developmental and constitutional features are also important in paediatric homeopathic case-taking. Delayed milestones, weakness, flabbiness, dentition troubles, hypersensitivity, and recurrent tendency to illness often help the homoeopath understand the child's constitutional background. Such symptoms become especially important in chronic and recurrent complaints where constitutional remedy selection is required.

Rubric	Higher grade remedies
Flabby children	**CALC**
Growth disorders	**BAR-C., CALC., CALC-P.,** *ph-ac., phos., sil., syph.*
Hyperactive children	*ars.,* **CARC.,** *cham., cina.,* **HYOS.,** *iod.,* **MED., STRAM.,** *tarent.,* **TUB.,** *verat., zinc.*
Obstinate children	*ant-c., CALC., CALC-P., cham., chin., cina., SIL., TUB.*
Scrofulous children	**am-c., ant-c., BAC., BAR-C.,** *bell.,* **CALC.,** *calc-i., calc-p., ph-ac., sil., sulph., tub*
Weak children	**Carc.,cina.,lyc.,SIL..sulph**
Walking general late learning to walk	*Agar.,* **BAR-C.,** *bell.,* **CALC., CALC-F., CALC-P., CAUST., lyc., NAT-M., nux-v., ph-ac., phos., sanic., sil.**

DISCUSSION

Recent evidence in paediatric homoeopathy

presents a mixed but promising picture. A double-blind, randomized controlled trial on 140 children with nocturnal enuresis found that individualized homoeopathic medicines were superior to placebo in reducing bedwetting frequency (p=0.039), with Sulphur, Calcarea phosphorica, Calcarea carbonica, Kreosotum, and Mercurius solubilis being the most frequently prescribed remedies. Similarly, a 2025 review on childhood respiratory illnesses (1990-2024) reported significant symptom reduction and decreased antibiotic requirements with individualized, specific, and adjuvant homoeopathic approaches. However, the evidence base remains inconsistent, as three trials showed no significant clinical improvements, and the quality of evidence from controlled trials has been described as poor and less reliable due to high risk of bias. This highlights the need for more meticulously conducted, larger-scale studies with independent replications.

CONCLUSION

Paediatric homeopathic practice requires careful observation, detailed case-taking, and proper understanding of the child's characteristic expressions. In many children, symptoms are reflected more through behaviour, sleep, fears, appetite, generals, and emotional reactions than through clear verbal complaints. Recent studies in paediatric homeopathy continue to explore recurrent infections, behavioural complaints, sleep disturbances, and skin disorders through individualised treatment and follow-up. In such cases, Murphy's repertory, especially the Children chapter, serves as a useful guide in understanding the child's symptom picture and helps the homeopath during repertorial analysis and remedy selection along with Materia Medica comparison.

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Stress and Conception: Understanding the Psychological Barrier and Its Homoeopathic Management

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Abstract

We often tell people struggling to conceive to "just relax" — and while the advice can feel frustrating or dismissive, there is real biology behind it. Chronic stress disrupts the delicate hormonal conversation between the brain and the reproductive organs, suppressing ovulation, depleting progesterone, elevating prolactin, and damaging sperm quality. Grief, anxiety, emotional suppression, and the unique psychological burden of fertility treatment itself all leave measurable footprints in the hormonal landscape. Homoeopathy, which treats the whole person rather than an isolated symptom, is particularly well-placed to address these root-level disturbances. This article looks at how stress and psychology interfere with conception, the emotional patterns most commonly seen in clinical practice, and how individualised homoeopathic medicines can support the path to a healthy pregnancy.

Keywords

stress, infertility, psychology, conception, homoeopathy, HPA axis, cortisol, Sepia, Ignatia, Natrum muriaticum, Pulsatilla, Lycopodium, reproductive health

Introduction

If you have ever worked with a couple struggling to conceive, you will have noticed something that rarely appears in a semen analysis or a follicle tracking report — the exhaustion behind their eyes. The monthly cycle of hope and disappointment. The way intimacy starts to feel like a clinical obligation. The quiet grief that accumulates with every negative test.

Fertility medicine has become extraordinarily sophisticated. We can stimulate ovulation, retrieve eggs, fertilise them outside the body, and transfer embryos with extraordinary precision. And yet, a significant proportion of couples continue to face unexplained difficulty — cases where every investigation comes back normal, every anatomy is intact, and every hormone level sits within range. In many of these cases, the missing variable is psychological stress.

This is not a new idea. Samuel Hahnemann, writing in the early nineteenth century, placed emotional disturbances among the most powerful of all disease-producing agents. What has changed is that modern psychoneuroendocrinology now gives us the biochemical language to describe exactly what Hahnemann observed clinically: that the state of the mind directly shapes the chemistry of the body, including the chemistry of reproduction.

Homoeopathy's strength in this area lies in the way it takes the case. A homoeopathic consultation does not stop at the presenting complaint; it reaches into the patient's emotional life, their fears, their grief, their characteristic ways of responding to the world. It is precisely this depth of inquiry that makes homoeopathy a valuable

companion to conventional reproductive medicine in cases where stress and psychology are at the heart of the difficulty.

How Stress Disrupts Conception: The Biological Pathway

The HPA–HPG Axis: Two Systems, One Hypothalamus

The stress response and the reproductive system both originate in the hypothalamus — and they do not share space graciously. When we experience stress, the hypothalamus activates the hypothalamic-pituitary-adrenal (HPA) axis: it releases corticotropin-releasing hormone (CRH), the pituitary responds with adrenocorticotropic hormone (ACTH), and the adrenal glands flood the body with cortisol. This is the ancient survival mechanism — effective, fast, and prioritised above everything else, including reproduction.

The problem is that the hypothalamus also governs reproduction through the HPG axis, via the pulsatile release of gonadotropin-releasing hormone (GnRH). When cortisol is elevated, this GnRH secretion is directly suppressed. Less GnRH means less LH and FSH from the pituitary, which means disrupted follicular development, delayed or absent ovulation, and reduced steroidogenesis. To the body, this is entirely rational — this is not the time to create new life. But to the couple sitting across from you in clinic, it can feel like their own body is working against them.1

The Progesterone Problem

Here is something that does not get discussed enough: cortisol and progesterone are synthesised from the same precursor — pregnenolone. Under chronic stress, the body's manufacturing plant is redirected towards producing cortisol, and progesterone production quietly falls. This matters enormously for conception, because progesterone is the hormone that prepares the uterine lining for implantation and sustains the early pregnancy. When progesterone is depleted by sustained stress, the result can be a shortened luteal phase, implantation failure, or recurrent early loss — often categorised simply as 'unexplained.'2,3

Prolactin, Stress, and the Suppressed Cycle

Psychological stress also reliably elevates prolactin — the same hormone that suppresses ovulation during breastfeeding. Functional hyperprolactinaemia from chronic emotional distress is a real and underdiagnosed phenomenon. It can produce irregular or anovulatory cycles, premenstrual symptoms, and a shortened fertile window, all without any structural pathology visible on imaging.4

What Stress Does to Men

Male factor infertility is still too often treated as a sidebar in the conversation about stress and conception. It should not be. Elevated cortisol triggers a cascade of oxidative stress that directly damages sperm DNA, impairs motility, and reduces overall count. Studies measuring salivary alpha-amylase — a reliable stress biomarker — have found significant correlations with reduced semen quality. Add performance anxiety, disrupted sleep, and the psychological burden of feeling responsible for a shared struggle, and the impact on male reproductive function becomes very significant indeed.5

What We See in the Consulting Room: Emotional Patterns in Fertility Challenges

Reading the research is one thing. Sitting with patients is another. Over time, certain emotional patterns appear with remarkable consistency in individuals and couples experiencing difficulty conceiving. These patterns matter because in homoeopathy they form part of the prescription — they are not background information, they are clinical data.

Grief That Has Not Been Given Space

Miscarriage is still routinely under-acknowledged in medical settings. Women are often told to 'try again' before they have had any opportunity to grieve. The grief of failed IVF cycles, of years of trying, of watching friends and colleagues fall pregnant effortlessly — all of this accumulates. And grief, when it is suppressed or unprocessed, has a well-documented physiological cost. In homoeopathic practice, the temporal relationship between a significant loss and the onset of reproductive irregularity is one of the most important

clues in case analysis.

The Anxiety of the Fertility Calendar

There is a particular kind of anxiety that fertility monitoring creates. Ovulation predictor kits, basal body temperature charts, cervical mucus assessment, cycle day counts — all of these tools, individually useful, collectively create a heightened state of vigilance that can become its own stressor. Patients describe lying awake calculating cycle days. They describe intimacy becoming mechanical, joyless, obligatory. The very monitoring that is meant to maximise their chances can, for some patients, be the thing that is suppressing ovulation in the peri-ovulatory window.

Shame, Self-Blame, and Internalised Pressure

'Is there something wrong with me?' is perhaps the question that sits behind every unexplained infertility consultation. The shame of perceived bodily failure, the self-blame for a past termination or a delayed attempt, the pressure from family members asking 'when are you having children?' — these are not peripheral concerns. They are physiologically active stressors that continuously stimulate the HPA axis and quietly work against the hormonal conditions necessary for conception.

The Partner Who Feels Helpless

In heterosexual couples facing infertility, the male partner often reports feeling powerless — unable to fix the situation, unsure how to support, carrying their own grief and anxiety while trying to appear strong. This helplessness can manifest as emotional withdrawal at precisely the time when connection is most needed. Treating the couple as a unit — and addressing the emotional state of both partners — consistently produces better outcomes than focusing on one person alone.

Homoeopathic Medicines for Stress-Related Fertility Challenges

What follows is an overview of the medicines most frequently indicated at the intersection of the emotional and reproductive spheres. These are not the only remedies, and no remedy should be prescribed without a full, individualised case-taking. The aim here is to illustrate how the homoeopathic materia medica maps onto the clinical realities described above.

Ignatia Amara — For Acute Grief and Emotional Shock

If there is one remedy that understands the physiology of grief, it is Ignatia. Think of the woman whose cycles became irregular the month after her miscarriage, or who could not ovulate in the cycle following a failed embryo transfer. The Ignatia patient presents with characteristic paradoxes — she laughs when you might expect tears, sighs deeply and repeatedly, and holds herself with a composed exterior that barely contains the storm within. She does not want sympathy; she wants to hold it together. The body, however, keeps the score. Ignatia is the first medicine to consider when a clear emotional shock or loss has preceded a reproductive change.6

Natrum Muriaticum — For Grief Carried Quietly for Years

Where Ignatia addresses acute grief, Natrum muriaticum speaks to grief that has been carried for a long time without release. The Natrum patient has often experienced multiple losses — not just reproductive ones — and has responded by becoming self-sufficient, emotionally private, and wary of allowing others close. She may weep only when completely alone. She finds consolation almost offensive. Her cycles may have been absent or irregular for years, and the pattern often began around a significant emotional loss that she never fully processed. This is a remedy for the patient who appears to be coping admirably, and isn't.6

Sepia Officinalis — For Exhaustion, Indifference, and Hormonal Depletion

Sepia is not an easy remedy to need. The Sepia patient has often given enormously — to a career, a family, a relationship, a fertility journey — and has arrived at a state of profound depletion. She feels indifferent to the people she loves. She does not want to be touched. She is irritable, bearish, and exhausted. And in the pelvis, there are bearing-down sensations, as if everything is falling out. Hormonally, Sepia corresponds well to states of progesterone depletion, elevated prolactin, and luteal phase dysfunction — the physiological

portrait of a body running on empty. When the emotional and physical picture align like this, Sepia can produce remarkable recoveries.6

Pulsatilla Nigricans — For the Changeable Cycle and the Emotional Heart

Pulsatilla is one of the warmest and most emotionally transparent remedies in the materia medica. The Pulsatilla patient cries easily — not from weakness, but from genuine emotional openness. She craves affection and reassurance. Her cycles are the most variable you will encounter: sometimes absent, sometimes very late, sometimes profuse, always changing. This variability mirrors her emotional state perfectly. She is worse in warm, stuffy environments and unmistakably better outdoors in fresh air. When her cycle disappears during a period of emotional upheaval or change of environment, Pulsatilla will often restore it gently and effectively.6

Cimicifuga Racemosa — For the Nervous, Fearful, Spasmodic Picture

Cimicifuga has a deep and simultaneous affinity for the uterus and the nervous system — making it particularly relevant in cases where reproductive dysfunction has a clearly neurological character. The patient is restless, apprehensive, and has a persistent sense that something terrible is about to happen. Her dysmenorrhoea is spasmodic and violent. She may express a fear of pregnancy or labour even while desperately wanting to conceive — a fear born not of ambivalence but of anxiety. Symptoms tend to alternate: when the mind symptoms are at their worst, the physical symptoms ease, and vice versa. This alternating character is a hallmark of the remedy.6

Lycopodium Clavatum — For Performance Anxiety and Hidden Insecurity

For the man whose erectile dysfunction appeared only when conception became the goal, Lycopodium is often the answer. He is capable and even accomplished in most areas of his life, but carries a core of insecurity that emerges under pressure. Anticipated failure — knowing that performance is required, expected, and monitored — is intolerable to him. He may avoid the situation entirely rather than risk it. Digestive bloating and flatulence under anxiety, better after passing stool, are physical confirmations of the remedy state. Lycopodium is also indicated in women with a similar anxiety constitution and associated right-sided ovarian pathology.6

Lachesis Mutus — For Intensity, Suppression, and Premenstrual Suffering

Lachesis suits the passionate, perceptive individual whose emotional life runs at high intensity. The characteristic feature that makes this remedy unmistakable is the premenstrual aggravation: all symptoms — physical and emotional — worsen dramatically before the period, and improve the moment the flow begins. She is sensitive to constriction of any kind, loquacious, and may harbour significant jealousy — sometimes expressed openly, sometimes sitting just beneath a polished surface. Where the awareness of others' pregnancies is acutely painful and has become its own chronic stressor, Lachesis is worth careful consideration.6

Supporting the Physiology: Additional Medicines

Beyond the constitutional prescription, several medicines address specific physiological disruptions: Folliculinum for ovarian insufficiency and depleted cyclicity; Phosphoric Acid for profound nervous exhaustion following extended grief or overwork; Kali Phosphoricum for adrenal and nervous depletion from intellectual strain and poor sleep; Thyroidinum where subclinical thyroid hypofunction is contributing to anovulatory cycles; and Agnus Castus where sexual drive and reproductive vitality appear to have simply extinguished — in both men and women.7

Putting It Together: A Clinical Management Approach

Good homoeopathic management of stress-related infertility is not just about finding the right remedy — though that matters enormously. It is about creating the conditions in which the remedy can work, and in which the patient can begin to trust their body again.

The case-taking must go deeper than the reproductive history. When did the cycle change, and what was happening in the patient's life at that

time? What does she fear most about this journey? How does she sleep? What does she dream? How does she respond when she is upset — does she cry in company or in private? Does she want to be held, or left alone? These are not peripheral questions. They are the questions that lead to the similimum.

The constitutional remedy, well-selected, acts on the vital force at a level that no hormone injection can reach — unwinding the stress-reproductive axis not by suppressing it, but by restoring the dynamic balance from which it was disturbed. Follow-up must be patient and observational, guided by Hering's law of cure and attentive to changes in both the mental and physical spheres.

Alongside the homoeopathic prescription, it helps to address the lifestyle factors that maintain elevated cortisol: disrupted sleep, inadequate nutrition (magnesium and B vitamins are particularly depleted by chronic stress), excessive high-intensity exercise, and the emotional isolation that fertility struggles so often produce. Breathing practices and restorative yoga can have a measurable impact on HPA axis activity and are worth recommending alongside the remedy.

For patients also undergoing ART, homoeopathy fits most comfortably in the inter-cycle periods — supporting emotional recovery, hormonal restoration, and constitutional strengthening between active treatment phases. This is not competition with reproductive medicine; it is thoughtful complementary care.

CONCLUSION

There is something quietly important in what this subject teaches us. Fertility is not just a matter of follicles and sperm counts and uterine linings. It is, at some level, a state of receptivity — of the body, yes, but also of the whole person. And that whole person can be helped.

The couple sitting in the consulting room — exhausted, hopeful, privately terrified — needs medicine that sees them in their entirety. The homoeopathic system, for all its complexity, does this naturally. It asks the right questions. It listens to the answers. And it offers medicines that work not on the symptom in isolation, but on the person who carries it.

Stress and psychological distress are not obstacles that lie outside the physician's domain. They are clinical realities with measurable hormonal consequences, and they respond to treatment. Understanding the psycho-neuroendocrine pathways through which emotional states disrupt conception gives us both the scientific rationale and the therapeutic confidence to address them directly. Homoeopathy, with its uniquely individualised approach, is remarkably well-equipped to do exactly that.

The learning from this subject is this: when conception is elusive, do not only look at the body. Look at the life. Look at the grief, the fear, the exhaustion, the hope. Treat the person. The body often follows.

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Internal Healing in Paediatric Dermatophytosis: Evidence based Case Report on Tinea Corporis Managed by Homoeopathy without External Application

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Abstract

Introduction: In prepubertal children, tinea corporis is one of the most prevalent fungal infections caused by the dermatophyte fungi. Many strain sand species of dermatophytes has been evolved in the past decade which leads to the difficulty in the treatment.

Case Summary: A 9 years old male patient came with the complaints of red, crusty, circular eruption on the right forearm with intense itching which was aggravating on touch and scratching since 5 days. Patient told about the presence of same eruptions on his friend's arm which was observed by him since 1 week. Patient was diagnosed via KOH mount test and clinical examination. *Mezereum* 30C was prescribed after repertorisation and analysing materia medica. The case was assessed with the help of photographs and Dermatological Life Quality Index (DLQI) scale in each follow up. Modified Naranjo Criteria score was +8 which suggests the significance of homoeopathic approach in tinea corporis without employing any external application.

Keywords

Dermatological Life Quality Index (DLQI), *Mezereum* 30C, Modified Naranjo Criteria, Tinea corporis.

Introduction

Tinea Corporis is a fungal infection caused by dermatophytes which parasitize the skin of the trunk and extremities, excluding the hair, beard area, nails, palms, soles and groin.[1] It is also known as the 'ringworm of the glabrous skin, tinea circinata or herpes circinatus'.[2] The infection is restricted to the stratum corneum. The infection is most commonly affects to the exposed part of skin. All dermatophytes can lead to tinea corporis and the geographical & environmental factors influence their involvement. The disease develops when a high load of fungi attached to the skin and finds the exact environment i.e. moisture, temperature, pH.[3] According to World Health Organization (WHO), the pervasiveness of superficial fungal infection is around 20 – 25% worldwide in 2018 – 2021 in which tinea corporis is most common which is around 78.1%.[4] Along with adolescents and adults, the infection is also common in prepubertal children.[5]

The predisposing factors involve personal history of dermatophytosis that is the already existing infection, contact with already affected person, affected pets etc.[1] Naturally, it is caused by the accumulation of live arthrospores or hyphae on the surface of the vulnerable individual. The infection is caused by human to human infective foci or by animal to human contagion.[2][3] B35.4 is the ICD 10 code.[6]

The characteristic lesions are circular having sharp margins with a raised edge. The lesions are usually single or there may be multiple plaques with the itchy, red rash. The site of infection is usually on exposed skin. The diagnosis is most often clinical when the lesions are present with well

demarcated, sharply circumscribed, erythematous, annular, scaly plaque with a raised leading edge and scaling and also central clearance on the affected. To confirm the diagnosis, microscopic examination of skin scrapings with KOH mount is performed. With the help of this test and clinical examination, it can be differentiated from other dermatological infections like psoriasis, nummular eczema, pityriasis rosea etc.[1][2][3]

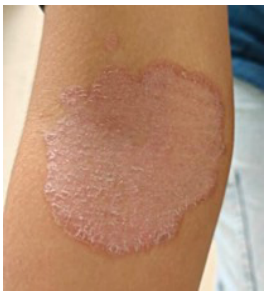
The treatment of the infection in conventional line is done by topical and oral antifungal agents.[2] The prognosis of the infection is excellent with adequate treatment.[2] The auxiliary management such as avoiding close contact, avoid sharing personal items, maintaining hygiene, washing clothes separately, avoid staying in wet clothes and keeping skin dry and clean must be followed for the rapid recovery.[7]

Most of the recent studies show the resistance to the conventional treatment due to mutation in gene sequence as well as increase rate of recurrence due to evolving dermatophyte strains.[8][9][10] In homoeopathic management many case studies suggest complete healing of the infection, but in paediatric age group, there are very few researches done on the tinea corporis. This case study shows the efficacy of homoeopathy in the management of tinea corporis affecting paediatric age group without any episode of recurrence. The objective and subjective assessment was done by photographs and DLQI score respectively.[11] As the Modified Naranjo Criteria has been utilised in this research illustrates the effectiveness of homoeopathic treatment.[12]

Patient History: A 9 years old male patient came on 3rd Dec 2024 with his mother complaining of eruption on the right forearm with violent itching which aggravates on touch since 5 days. The eruption gets aggravated by scratching and application of cold. No any external application was used previously. Patient explained that the same rash was seen on his school friend's arm since one week. No any family of past history was present regarding any medical condition or surgical procedure.

Clinical findings: After examining the affected part, red single eruption was observed which is well circumscribed and circular in appearance with slightly raised edges. The eruption was dry and crusty without any abnormal discharges. These findings of before treatment are shown in Figure 1. Systemic examination was normal for other systems i.e. CVS, CNS, RS & GIT.

Figure 1: Before treatment (3rd Dec 2024)



Personal history: The patient has adequate appetite with 3 meals every day without having any specific desire or aversion. The bowel movements were satisfactory with normal urination and has daily water intake of 2 litres. There was not any presence of specific dreams. He is thermally chilly with intolerance of cold and requiring covers in all seasons.

Paediatric history: Patient was born without any complications as the mother had full term normal delivery. Weight of the patient was 2.6 kg at birth. All the milestones were on time and vaccination has been done as per schedule. No any major illness was observed during growth of the patient. At present, his height is 133cm and weight is 25kg.

Mental history: Mental symptoms, which narrated by his mother as well as observed by the physician, were recorded for the totality. Patient is fearful in general, not even allowing to touch the forearm for examination and do not want to talk much with others. He seemed very confused and indecisive while making any choices. When he was asked about his favourite subject and hobby, he got confused to tell one or two things and told each subject as his favourite one. When he was asked to take one pen out of two which he liked the most, several times he changed his mind before taking one and finally took the one for which his mother helped him. He is good in studies, quiet in school and dose not has any complaints from teacher.

Diagnostic assessment: According to the signs

and symptoms, the diagnosis was made as tinea corporis clinically. To confirm the diagnosis KOH mount skin scraping test was done which was positive (Figure 2). The DLQI score was 17 before treatment which shows very large on the life of patient.

Figure 2 – KOH mount report


REPORT

MICROSCOPY REPORT

SPECIMEN :- Skin Scraping : Forearm (Right)

KOH MOUNT :- Separate hyphae with acute angled branching seen.

Comment :- Suggested to confirm with fungal culture.

End of Report

Page 1 of 1

AG DIAGNOSTICS

Carrying forward Dr. Ajit Golwilkar's legacy of over 45 years

Case analysis:

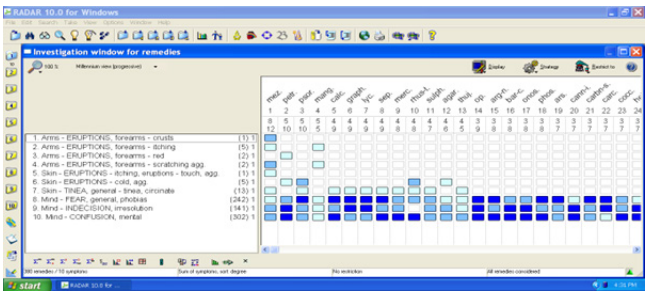
1. Difficulty in taking decisions: Mental general characteristic symptom.
2. Confusion in mind: Mental general characteristic symptom.
3. Aversion to talk: Mental general characteristic symptom.
4. Fearful: Mental general characteristic symptom.
5. Thermally chilly: Physical general characteristic symptom.
6. Eruption on right forearm aggravated by scratching: Physical particular characteristic modality.
7. Eruption on right forearm aggravated by cold application: Physical particular characteristic modality.
8. Eruption on right forearm with violent itching aggravated by touch: Physical particular characteristic modality.
9. Eruption on right forearm with violent itching: Physical particular common symptom.
10. Red, circular, crusty eruption on right forearm: Physical particular common symptom.
11. Well circumscribed eruption on right forearm: Physical particular common symptom.

Case evaluation:

1. Fearful.
2. Aversion to talk.
3. Difficulty in taking decisions.
4. Confusion in mind.
5. Thermally chilly.
6. Eruption on right forearm aggravated by scratching.
7. Eruption on right forearm aggravated by cold application.
8. Eruption on right forearm with violent itching aggravated by touch.
9. Eruption on right forearm with violent itching.
10. Red, circular, crusty eruption on right forearm.
11. Well circumscribed eruption on right forearm.

Repertorisation: Murphy repertory from RADAR 10.0 software was used for repertorisation

Figure 3: Repertorial sheet of Murphy repertory from RADAR 10.0 software.[13]



After repertorisation *Mezereum* was the remedy which covered maximum symptoms (8) from

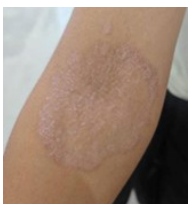
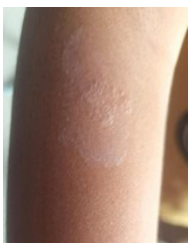
totality and also had maximum score of 12, followed by *Petroleum* and *Psorinum* which covered 5 symptoms each and had a score of 10.

Remedy differentiation:[14][15][16]

1. *Mezereum:* It has irresistible itching, chilliness with itching, fiery red areola, aggravated by cold, night, touch; eruptions ulcerate and form thick scabs. Aversion to talk, indifference to everything, fearful feeling, irresolute and mind easily confused.
2. *Petroleum:* Itching at night; very sensitive, rough, dry, leathery, constricted & cracked skin, herpes, mild scratching suppurates skin, thick& greenish crusts, redness and rawness, worse in winter, marked aggravation from mental emotions, thinks he is double, feels that death is near and must hurry to settle affairs, low spirited, irritable.
3. *Psorinum:* Dirty, dingy look, dry, lustreless, rough hair, intolerable itching, herpetic eruptions especially on scalp and bends of joints with itching, oily skin, crusty eruptions all over, worse from cold and warmth of bed, hopeless, despair of recovery, melancholic, deep and persistent, religious, suicidal tendency.

Therapeutic intervention: After the analysis, evaluation and repertorisation of totality of symptoms, *Mezereum* was prescribed in 30C potency in 30-sized globules. Patient was followed up weekly and later according to the condition of the infection. On 3rd Dec 2024, patient was instructed to take the medicine thrice a day (TDS) for 4 days followed by Saclac thrice a day for 4 days. He was advised to take 4 globules in each dose. Changes in the potency and repetition were done as per the requirement of the case based on homoeopathic philosophy. The patient and his mother was advised to maintain hygiene, to wear dry clothes, avoid close contact, wash clothes separately in warm water, keep the affected part dry and clean, avoid scratching and tight covering over the affected part.

Follow up and outcome: Table 1: Follow up with assessment score, photographs and prescription.

Date	Signs and symptoms	Photographs	DLQI Score	Prescription with reasoning
11th December 2024 (1st Follow up – 2nd visit)	Itching has mildly reduced. Still aggravation on touch and cold. Redness and dryness reduced. Crusty eruption reduced. Fear and confusion reduced 10%. No new eruption. General condition of patient is good.	Figure 4 	14 – Very large effect on patient's life.	*Mezereum* 30C 4 pills TDS for 4 days Followed by *Saclac* 4 pills TDS for 4 days. (As the complaints have been reduced without any aggravation, same medicine has been prescribed.)
19th December 2024 (2nd Follow up – 3rd visit)	Itching has been reduced by 50%. Aggravation on cold and touch is better by 60%. Redness and dryness 90% reduced. Crusty eruption mildly persists. Patient started allowing touch to the affected part while examination. Decision making has been improved. No new eruption. General condition of patient is good.	Figure 5 	10 – Moderate effect on patient's life.	*Mezereum* 30C 4 pills TDS for 4 days Followed by *Saclac* 4 pills TDS for 4 days. (As the complaints have been reduced without any aggravation, same medicine has been prescribed.)

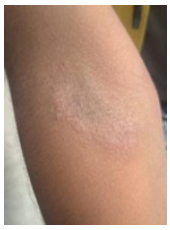
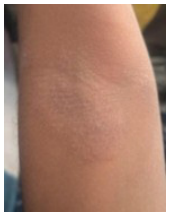
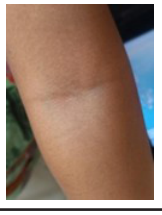
27th December 2024 (3rd follow up – 4th visit)	Itching has been reduced 80% No redness and dryness and crusts of the eruption. Fear in the patient has been reduced significantly. Patient was seen very confident. No new eruption. General condition of patient is good.	Figure 6 	7 – Moderate effect on patient's life.	*Mezereum* 30C 4 pills Twice a day (BD) for 4 days Followed by *Saclac* 4 pills TDS for 10 days. (As the condition of the patient has been improved significantly, the repetition of the medicine was reduced and duration of the prescription has been extended.)
11th January 2025 (4th Follow up – 5th visit)	No itching, redness, dryness and crusty eruption. Mild spot of infection persists. Patient trying to get involved in school activities by himself. No new eruption. General condition of patient is good.	Figure 7 	3 – Small effect on patient's life.	*Mezereum* 30C 4 pills Once a day (OD) for 4 days Followed by *Saclac* 4 pills TDS for 15 days. (As the condition of the patient has been improved significantly, the repetition of the medicine was reduced and duration of the prescription has been extended.)
1st February 2025 (5th Follow up – 6th visit)	Complete clearance of the eruption. No new complaints or eruptions. Patient was showing the affected part by himself and became more interactive. General condition of the patient is good.	Figure 8 	0 – No effect on patient's life.	*Saclac* 4 pills BD for 1 month (As the condition of the patient was completely improved no new medicine was prescribed.)
1st March 2025 (6th follow up – 7th visit)	No recurrence of complaints. Mother was praising about his efforts regarding involvement in school activities and decision making. General condition of patient was good.	Figure 9 	0 – No effect on patient's life.	*Saclac* 4 pills OD for 1 month (As the condition of the patient was completely improved no new medicine was prescribed. Later the medicine has been stopped completely.)
5th January 2026 (7th Follow up – 8th visit)	No episode of recurrence was observed in a year.	Figure 10 	0 – No effect on patient's life.	Follow up was taken to assure about any h/o recurrence.

Table 2: Modified Naranjo Criteria for the assessment of treatment in homoeopathy.[12]

Modified Naranjo Criteria for Homoeopathy (MONARCH)			
	Yes	**No**	**Not Sure or N/A**
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-

3. Was there a homeopathic aggravation of symptoms?	-	0	-
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	-	-	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	-	-
6. (A) *Direction of cure:* did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
6. (B) *Direction of cure:* did *at least one* of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top 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 alternative causes (other than the medicine) that –with a high probability- could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
TOTAL SCORE = +8			

* Maximum score = +13, Minimum score = -6

* N/A = Not Available.

Discussion: *Mezereum* was prescribed in the given case study on the basis of repertorisation and remedy differentiation was done by referencing different homoeopathic materia medica.[14][15][16] Complete improvement of the condition was evaluated with photographs and DLQI score.[11] The +8 MONARCH score also signifies the efficacy of homoeopathic management.[12]

There are many studies that indicate the recurrence of the condition and the resistance to the conventional line of treatment. There are very limited researched performed on paediatric age group.[5][8-10] Tinea corporis is the commonest dermatophytic infection yet the regimen is unclear.[2] It also hampers the daily life of the patient and disturbs the mental state which is neglected many times by the physician because of high intensity of pathological symptoms. As it is a contagious infection, auxiliary mode of treatment is also supportive which was highlighted in this case report.

According to Dr. Hahnemann, application of external medicine is not required for the internal cause of the disease (Aphorism 194–200).[17] This case study follows this principle and leads to healing without any external application. Along with the efficiency of homoeopathic approach, this case report also shows the overall improvement in the day to day life of the patient. As per said by Dr. Burnett, homoeopathy not only remove the pathogen but also eliminate the environment which is suitable for the growth of the pathogen, which can be the reason to lower the rate recurrence.[18] The long term follow up in this case study also suggest the absence of recurrence in the child.

However, more Randomized Controlled Trials should be conducted to record the scientific documentation of the approach. To study the rate of recurrence and impact of homoeopathy, further experimental studies are needed with large sample size.

CONCLUSION

For the homoeopathic management, individualization and holistic approach are the important aspects to heal the patient and improve the quality of life in a rapid and gentle way.

Declaration of the patient: The patient and guardians provided written informed consent for the case study as every information will be confidential.

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Management of Spastic Diplegic Cerebral Palsy with Individualized Homoeopathic Medicine- A Case Report

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The clinical management of neurodevelopmental disorders represents one of the most complex challenges in pediatric medicine. While the neurological injury in CP is non-progressive, the functional and behavioral deficits often stagnate. This report demonstrates how a constitutional prescription, selected through a meticulous synthesis of miasmatic trends and characteristic symptoms, can stimulate development and functional independence where conventional multidisciplinary efforts have reached a plateau

Abstract

Objective: To evaluate the role of individualized homoeopathic treatment in a case of spastic diplegic cerebral palsy.

Method: A 6-year-old male child presenting with delayed developmental milestones, spastic gait, and behavioral disturbances was treated with a constitutional homoeopathic remedy based on totality of symptoms and miasmatic analysis.

Results: Following the administration of Baryta carbonica , Marked improvement was observed over a period of nine months, beginning with behavioral stabilization followed by improvements in speech and motor functions.

Conclusion: Individualized homoeopathy may contribute to functional improvement and enhance quality of life in children with cerebral palsy.

Keywords

Cerebral palsy , Neurodevelopmental disorder, Delayed speech , Constitutional homoeopathic treatment , Baryta carbonica

Introduction

Definition

Cerebral palsy (CP) is a group of permanent, non-progressive disorders of movement and posture caused by injury to the developing fetal or infant brain. Although the primary lesion is static, the clinical manifestations may change as the child grows.

Epidemiology

Cerebral palsy is the most common cause of childhood physical disability, with an estimated prevalence of 2–3 per 1,000 live births worldwide. Higher incidence is seen in preterm and low birth weight infants.

Etiology

The etiology of CP is multifactorial and includes:

- **Antenatal causes:** congenital brain malformations, intrauterine infections
- **Perinatal causes:** birth asphyxia, prematurity, hypoxic-ischemic encephalopathy
- **Postnatal causes:** infections (meningitis, encephalitis), trauma, kernicterus

Among these, hypoxic-ischemic injury remains a major contributing factor.

Pathophysiology

Cerebral palsy results from damage to the immature brain, particularly areas responsible for motor control such as the motor cortex, basal ganglia, and cerebellum. In spastic types, there is involvement of the pyramidal tracts leading to increased muscle tone and exaggerated reflexes.

Classification

Based on Type of Motor Disorder

- Spastic (most common)
- Dyskinetic
- Ataxic
- Mixed

Based on Topographical Distribution

- Diplegia (lower limbs predominantly affected)
- Hemiplegia (one side of the body)
- Quadriplegia (all four limbs affected)

Spastic cerebral palsy accounts for nearly 70–80% of cases.

Clinical Features

Children with CP commonly present with:

- Delayed motor milestones
- Abnormal muscle tone (spasticity or hypotonia)
- Exaggerated deep tendon reflexes
- Persistence of primitive reflexes
- Abnormal gait patterns such as toe walking or scissoring

Associated features may include:

- Intellectual disability
- Speech and language delay
- Feeding difficulties and drooling
- Behavioral disturbances

Spastic Diplegia

Spastic diplegia is characterized by predominant involvement of the lower limbs, with relatively less involvement of the upper limbs. It is commonly associated with prematurity and periventricular white matter injury.

Typical features include:

- Toe walking due to calf muscle spasticity
- Scissoring gait
- Delayed walking
- Difficulty in climbing stairs

Diagnosis

Cerebral palsy is primarily a clinical diagnosis based on history and neurological examination. Neuroimaging may support the diagnosis by identifying underlying brain injury.

Management

Management is multidisciplinary and includes:

- Physiotherapy and rehabilitation
- Speech and occupational therapy
- Medical and surgical management for spasticity
- Nutritional and supportive care

Case Report

A 6 year old male child was brought by his father with complaints of delayed developmental milestones, difficulty in walking , speaking and behavioural disturbances since early childhood. The complaints were noticed since infancy and gradually became more prominent as the child grew older.

History of Present Illness

The child was apparently normal at birth but had a history of birth asphyxia. Developmental delays were noted during infancy.

Motor progress was severely retarded: neck holding was achieved only at 9 months and rolling over at 1 year. Progressive stiffness in the lower limbs led to persistent toe walking and an inability to place the feet flat.

Speech was absent, and the child could not chew solid food, requiring a semi-solid diet.

Behavioral patterns were characterized by intense anger outbursts, obstinacy, Timidity and a tendency to harm others or himself.

Past History

The child had a significant history of birth asphyxia, followed by neonatal seizures, and was subsequently diagnosed with hypoxic-ischemic encephalopathy (HIE). There was no history of major systemic illnesses apart from these neurological events. No prior surgical interventions were reported

Treatment History

Taken allopathic medicine for the presenting complaint for 4 years , stopped since a year

Physiotherapy was done for 2 years

Birth History

Born at full term via normal delivery (2.7 kg), the child suffered from fetal distress and birth asphyxia (delayed cry). This resulted in neonatal seizures and Hypoxic-Ischemic Encephalopathy (HIE).

The neonatal course involved NICU admission, intubation, and oxygen support.

The neurosonogram revealed intraventricular hemorrhage and hydrocephalus.

Antenatal History of Mother

Adequate antenatal care received

There was no major illnesses during pregnancy

Anomaly scan done at 5th month with no abnormality. But complicated at full term with fetal distress during labour

Family History

N/S

General Physical examination

Vitals: Pulse 92 bpm; Resp rate 22/min; Afebrile.

General Appearance: Moderately built/nourished; weight 17kg; height 105cm

Eyes: Apparent squint.

Mouth: Hygiene maintained; notably, constant drooling of saliva was present.

Systemic Examination

Abdomen: Notable distention

CNS Examination:

Functional Status - Conscious but poorly responsive; poor attention; speech absent.

Motor System - Increased tone (spasticity) predominantly in lower limbs.

Gait - Spastic gait; equinus posture (toe walking) and scissoring.

Reflexes - Exaggerated deep tendon reflexes; Babinski positive (extensor plantar).

Diagnosis

Spastic diplegic cerebral palsy

ICD-10 Code:G80.1

Diagnostic reasoning: Based on history of birth asphyxia with hypoxic ischemic encephalopathy , delay in developmental milestones and clinical finding of lower limb predominant spasticity with exaggerated reflexes and scissoring gait

Differential Diagnosis

- Intellectual disability
- Heriditary spastic paraplegia
- Metabolic neuropathy
- Tumors of the conus and cauda equina
- Arteriovenous malformations of spinal cord

Case Analysis

Miasmatic Analysis

The case represents a complex psoro-syphilitic dyscrasia . The "Arrested Development" (both mental and physical) and delayed milestones represent the Psoric/Sycotic element of functional stagnation. The history of birth asphyxia, intraventricular hemorrhage, hydrocephalus, and current self-injurious behavior indicates a deep Syphilitic destructive process.

Evaluation Of Symptoms

Mental Generals	Physical Generals	Particulars
• Timidity • Delayed development • Harm others during anger • Obstinate	• Desire for sweets • Chilly patient	• Difficulty in speech • Constant salivation • Inability to masticate solids

Totality Of Symptoms

Harm Others When Angry

Obstinate

Timidity

Delayed Development

Difficulty In Speech

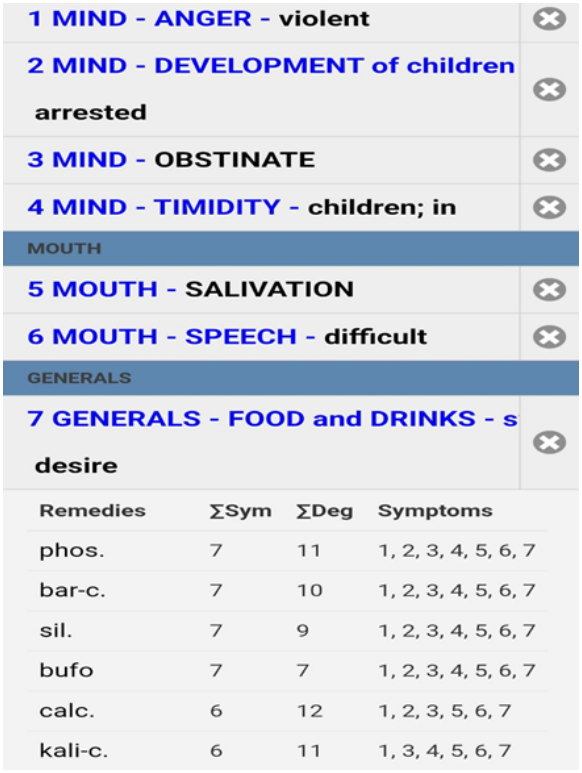
Salivation

Desire For Sweets

Repertorization

Using **Synthesis Repertory,** the following rubrics were considered:

- Mind - Anger violent
- Mind – Development of children arrested
- Mind – Obstinate
- Mind - Timidity
- Mouth – Salivation
- Mouth – Speech difficult
- Generals – Food and drinks – Sweets desire



Repertorial Result

PHOS – 11/7

BAR – C - 10/7

SIL - 9/7

CALC – 12/6

KALI CARB – 11/6

First Prescription: *29/06/2025-BARYTA CARB 1M* , one dose, PL BD*1 MONTH

Justification

While Phosphorus and Calcarea carbonica ranked high numerically, Baryta carbonica was selected as the constitutional simillimum. The choice was based on the remedy's specific affinity for "Development of children arrested" and its classic presentation of physical and mental "dwarfishness." The presence of timidity, constant salivation, and abdominal distention in a chilly patient perfectly matches the Baryta carbonica picture

Follow-Up

Date	Symptoms	Prescription
03/08/25	• Anger reduced • Started swallowing, masticating semisolid food • Generals are good	PL BD*1 MONTH
10/09/25	• Does understand the surrounding, • chewing movements better, • Improvement in walking	PL BD*1 MONTH
1/11/25	• Anger slightly reduced • Can climb the stairs with support • Able to speak few words • Generals are good	PL BD*1 MONTH
12/12/25	• No further change in his motor development • No fresh complaints	BARYTA CARB 1M PL BD*1 MONTH
2/02/26	• Walking improved slightly • Can climb stairs up one at a time • Better response to verbal cues	PL BD*1 MONTH
14/03/26	• Speech improved • Walking erect • Trying to communicate • Anger better	PL BD*1 MONTH

Follow-up summary

The follow-up sequence confirms the validity of Hering's Law of Direction of Cure . Internal and behavioral improvements (reduced aggression and improved chewing/mastication) preceded the external motor improvements (erect gait and stair climbing). This confirms that the remedy acted on the central constitutional level rather than providing superficial symptomatic relief. By the end of nine months, the child moved from non-verbal immobility to functional communication and significantly improved gait stability.

DISCUSSION

Cerebral palsy represents a heterogeneous group of disorders resulting from non-progressive injury to the developing brain, with clinical manifestations that vary depending on the timing, extent, and location of the insult. Among the various subtypes, spastic diplegia is commonly associated with periventricular white matter injury, particularly in cases with a history of hypoxic-ischemic encephalopathy or prematurity. The predominant involvement of lower limbs leads to characteristic features such as increased muscle tone, exaggerated deep tendon reflexes, toe walking, and scissoring gait, all of which were evident in the present case.

In addition to motor impairment, children with cerebral palsy frequently exhibit associated comorbidities including speech delay, cognitive impairment, feeding difficulties, and behavioral disturbances. In this case, the child demonstrated absent speech, inability to masticate solid food, drooling of saliva, and significant behavioral issues such as obstinacy, timidity, and episodes of aggression with self-injurious tendencies. These features highlight the multidimensional impact of cerebral palsy, extending beyond motor disability to affect cognitive, emotional, and social domains.

Conventional management of cerebral palsy is largely supportive and multidisciplinary, focusing on physiotherapy, occupational therapy, speech therapy, and pharmacological or surgical interventions for spasticity. While these approaches aim to optimize functional ability, they may not always result in significant improvement once a developmental plateau is reached. This necessitates exploration of complementary approaches that address the individual as a whole.

In homoeopathy, the emphasis is placed on individualization and the totality of symptoms, considering mental, physical, and general characteristics of the patient. In the present case, prominent features such as delayed development, timidity, obstinacy, difficulty in speech, salivation, desire for sweets, and a chilly constitution formed the basis of totality. Repertorial analysis indicated several remedies; however, Baryta carbonica was selected due to its well-known affinity for developmental delay, both mental and physical, along with features of immaturity and timidity.

The observed improvement followed a pattern consistent with classical homoeopathic principles, where changes in behavior and general well-being preceded improvements in motor function.

Reduction in anger, improved responsiveness to surroundings, and better feeding ability were noted before gains in ambulation and stair climbing. This sequence aligns with the concept that deeper constitutional changes manifest initially at the mental and general level, followed by physical improvements.

CONCLUSION

This case highlights the multidimensional challenges associated with spastic diplegic cerebral palsy and the need for a comprehensive, individualized approach to management. The observed improvements across behavioral, cognitive, and motor domains suggest that constitutional homoeopathic treatment may contribute positively to functional development and overall quality of life in such children.

However, given the limitations inherent to a single case report, including the inability to establish causality or generalize findings, these observations should be interpreted with caution. Further well-designed clinical studies with larger sample sizes and objective outcome measures are necessary to explore the scope and reproducibility of such outcomes.

In conclusion, this case suggests that a carefully selected constitutional remedy, based on totality of symptoms, may aid in enhancing functional outcomes in children with cerebral palsy, thereby supporting a more holistic approach to long-term care.

Conflict of interest: None

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Role of Individualized Homoeopathic Intervention in the Management of Vitiligo in a Paediatric Patient: An Evidence Based Clinical Case Report

PEER REVIEWED

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Abstract

Background: Paediatric diseases encompass a wide range of health conditions that affect individuals from infancy through adolescence which includes respiratory infections, gastrointestinal disorders, allergic conditions, nutritional deficiencies, autoimmune disorders, dermatological diseases and developmental disorders etc. Amongst them Vitiligo (ICD 11 CODE-ED63.0), a cosmetic disease, in which auto-immune destruction of epidermal melanocytes results in patches of depigmented white skin. Due to the disfiguring nature, its psychological impacts can be devastating and stigmatizing, often creating a rigorous impact on a patient's personality and Quality-of-Life.

Methods (Case Details and Outcome assessment): A 12-year-old boy with complaints of a hypopigmented macule on face since last 2 years was treated in CHMCH OPD with individualized homoeopathic medicine *Calcarea carbonica* in ultra dilution. Vitiligo Impact Scale-22 (VIS-22) was employed as a non-invasive method to assess prognosis. Possible causal attribution of outcome with treatment was evaluated using MONARCH. Assessment of patient's improvement are documented using Pre- and Post-Intervention Photographs as Objective Evidence.

Results: VIS-22 scores significantly reduced from *'Very Large Impact'* to *'Mild Impact'*. MONARCH score (+9) suggested that the observed clinical improvement was likely attributable to Individualized Homoeopathic Intervention.

Conclusion: This case study establishes the therapeutic potential of individualized homoeopathic intervention in the management of paediatric vitiligo and its associated significant psychosocial burden in a much shorter time with no further recurrence till date. However, further studies

are essential to confirm the efficacy of Individualized homoeopathic treatment in the treatment of Vitiligo.

Keywords

Case Report; Vitiligo; Psychosocial burden; Individualized Homoeopathy; *Calcarea carbonica;* MONARCH; VIS-22.

Introduction

Paediatric diseases encompass a wide range of health conditions that affect individuals from infancy through adolescence. Children are particularly vulnerable to various disorders due to their developing immune system, rapid growth and physiological immaturity. Paediatric illnesses may arise from various infections, genetic, nutritional, immunological, metabolic or environmental factors and they significantly influence a child's physical, mental and social development. Common paediatric health problems include respiratory infections, gastrointestinal disorders, allergic conditions, nutritional deficiencies, autoimmune disorders, dermatological diseases and developmental disorders etc. Among these, dermatological conditions such as eczema, impetigo, pityriasis, fungal infections, pigmentary disorders etc are frequently observed in clinical practices. One such pigmentary disorder is **Vitiligo** in which a considerable proportion of cases develop during childhood.

Vitiligo (ICD 11 CODE- **ED63.0**)[1], also known as **leukoderma**, is an idiopathic, chronic, and acquired disorder of pigmentation characterized by autoimmune destruction or dysfunction of melanocytes, leading to the development of hypomelanotic or depigmented macules and patches of varying shapes and sizes[2].These lesions are typically milky-white, well-circumscribed, and may involve hair follicles, resulting in leukotrichia. This condition may be associated with various systemic manifestations, such as sensorineural deafness, uveitis, or autoimmune thyroiditis[2]. Although the condition is neither life-threatening nor contagious, it exerts a profound psychological and emotional impact on patients, especially in dark-skinned individual, in younger girls in case of their marriage due to social stigma, significantly influencing self-esteem and quality of life[3].

Globally, the prevalence of vitiligo is estimated at 0.5-2%[4]. While in India, prevalence ranges between 0.46% to 8.8%[5]. Vitiligo can affect any area of the body, often presenting symmetrically (for example, on both hands, elbows, or knees). It is the most common cause of cutaneous depigmentation and may occur at any age, from childhood to adulthood, with a peak incidence among 16-25 years and more prevalent in females[6].

The exact etiology of vitiligo is unknown and is regarded as multifactorial, involving melanocyte dysfunction that arises from a complex interplay of genetic susceptibility, inflammatory processes, and autoimmune mechanisms[7]. The **Taieb and Picardo (2010)** classification of vitiligo was developed by the **Vitiligo European Task Force (VETF)** to bring uniformity in diagnosis, assessment and research. It divides vitiligo broadly into Segmental, Non-segmental, Mixed, Unclassified with further subcategories[8]. Clinically vitiligo presents as well-defined depigmented (milky-white) patches without surface changes. The key clinical characteristics include **Poilosis or Leukotrichia** (Whitening of hair within affected areas), **Koebner Phenomenon** (New lesions at sites of trauma or friction), **Mucosal Involvement**, sometimes may coexist with various autoimmune diseases (thyroid disorders, alopecia areata) or premature greying of hair[9,10]. Diagnosis is mainly based on clinical characteristics[9,10], key diagnostic steps include history& examination, skin biopsy[9] and Wood lamp test[10]. General management of vitiligo focuses on cosmetic camouflage, skin protection, psychosocial support, and sometimes light-based therapies[11,12].

Homoeopathy, a holistic approach to treating the individual as a whole, not just focuses on the skin discolouration, but also on individual's constitution, temperament, lifestyles & habits, age and miasmatic background. According to studies, vitiligo can be positively influenced by individualized homoeopathic treatment in arresting disease progression, stimulating re-pigmentation by correcting the internal imbalance responsible for depigmentation[13,14,15].

This **Case Report** highlights the role of individualized homoeopathic intervention in the management of **paediatric vitiligo** and its **associated**

psychosocial burden, assessed through an evidence-based clinical framework.

Case Report

Present Complaint-

- A 12-year-old boy presented to the Paediatrics OPD of The Calcutta Homoeopathic Medical College and Hospital, Kolkata on 12th April,2025 with a hypopigmented patch (macule) near the outer canthus of the right eye, persisting for the last two years.
- Also, he had complaints of **Hard stool** with no urge for almost the last 1 year.

History Of Development Of The Present Complaint-

The condition initially presented with itching at the affected site without any visible eruption. Subsequently, a hypopigmented patch appeared, which gradually increased in size in the last 2 years. He applied Tacrolimus ointment for about 6 months but no satisfactory improvement is seen.

Past History-

The patient had a history of pustular eruptions in right axilla 1 year ago, for which he took antibiotics and recovered.

Family History-

Paternal uncle has a history of vitiligo.

Generalities-

Physical Generals-

Dark-complexioned and slightly flabby constitution.

Non-vegetarian diet with increased appetite and thirst.

Profuse sweating with offensive odour, especially on the head.

Craving for eggs (boiled), spicy food, sweets, and meat.

Intolerance to milk leading to flatulence.

Moist tongue with occasional sour taste.

Hard stools passed without urging.

Hot patient; prefers cooler environment.

General Physical Examination:

- **Anthropometric assessment-**

  Height-4'10"

  Weight- 45 Kg

  Head circumference- 56.6 cm

  Mid upper arm circumference- 22.3 cm

  B.M.I- 20.7 Kg/m2

- **General Survey-**

  Decubitus- of choice.

  Built- Slightly flabby, well nourished.

  Pallor- Not found.

  Icterus- Not found.

  Clubbing- Not found.

  Cyanosis- Not found.

  Oedema- Not found.

  Lymphadenopathy- Not found.

  Pulse rate – 68 beats/ minute.

  Respiratory rate- 11/ minute.

  Temperature- 98.20 F

Systemic examination:

- **Respiratory system-**

  Bilaterally symmetrical chest.

  Trachea central.

  Respiratory rate- 11/ min, regular.

  Normal vesicular breath sound present bilaterally.

  No added sounds.

- **Cardiovascular system-**

  Pulse- 68 beats/ min, regular, normal volume.

Blood pressure- 118/ 84 mm of Hg.

S1 and S2 heard normally.

No murmurs or added heart sounds.

- **Gastro-intestinal system-**

  Abdomen soft, non-tender, no visible scars or dilated veins.

  No organomegaly.

  No palpable mass.

  Bowel sounds present and normal.

- **Mental Generals-**

  » The patient desires for company.

  » Fear of darkness, ghost and thunderstorms.

  » He prefers loose clothing.

Clinical Examination-

The blood pressure and pulse were 116/70 mmHg and 76 beats/min, respectively. No significant abnormalities were found on further general examination except, on inspection of skin, white patch near the outer canthus of the right eye is noted.

Investigations- Blood for CBC.

Diagnosis- Vitiligo (*ICD 11 CODE-* **ED63.0**)[1]

Analysis & Evaluation Of The Case-

The case was analysed and evaluated based on the Kentian method with due importance to the characteristic mental general followed by physical general and particulars (**Table 1**).

Table 1: Analysis & Evaluation of symptoms:

KENTIAN METHOD	SYMPTOMS
MENTAL	• Desire for company. • Fear of darkness and ghost. • Fear of thunderstorm. • Prefers loose clothing. • Memory good.
PHYSICAL	• Hot patient • Profuse, offensive perspiration more on head. • Desire for egg (preferably boiled) +++, spicy food, sweet, meat. • Aversion to vegetables. • Intolerance to milk, which causes flatulency. • Moist tongue with sour taste occasionally.
PARTICULARS	• Hypopigmented patch/ macule near the outer canthus of the right eye. • Hard Constipated stool without any urge.

Miasmatic Analysis –

Miasmatic analysis of all the symptoms (**Table 2**) considered for totality was carried out with reference to **Dr. R. P. Patel's *'Chronic Miasms in Homoeopathy and Their Cure'*[16].** The condition was found to be **Mixed miasmatic** in nature, with **Psora** as the predominant miasm.

Table 2: Miasmatic Analysis of Symptoms:

Srl no.	Symptoms/ Rubrics	Psora	Sycosis	Syphilis
1.	Desire for company	**1**		
2.	Fear of darkness	**1**		
3.	Fear of ghost	**1**		
4.	Fear of thunderstorm	**1**		
5.	Prefers loose clothing		**1**	
6.	Thermally hot	**1**		
7.	Desire egg	**1**		
8.	Desire sweet	**1**		**1**
9.	Intolerance to milk	**1**		
10.	Vitiligo			**1**

11.		**1**		
Total Marks		**9**	**1**	**2**

Repertorial Analysis-

Repertorisation has been carried out based on Kent's repertory using the ***Hompath Firefly Mobile [computer program]***[17] **(Figure 1)**.

Figure 1: Repertorisation analysis:

Repertorization was performed using Kent's Repertory via Hompath Firefly Mobile software. The following rubrics were selected based on the totality: MIND - desire for company; MIND - fear of darkness; MIND - fear of ghosts; MIND - fear of thunderstorm; GENERALS - hot; GENERALS - food and drinks - eggs desire; GENERALS - food and drinks - sweets desire; STOMACH - milk intolerance; EXTREMITIES - perspiration offensive; and RECTUM - constipation without urging.

Therapeutic Interventions-

After careful repertorisation, ***Calcarea Carbonica*** emerged as the remedy covering all the symptoms taken for repertorisation (**8 rubrics**) with a total score of **18** (**Figure 1**). Considering the totality and miasmatic analysis and following consultation with various reliable Materia Medicas, ***Calcarea Carbonica 200C*** deemed to be the best ***similimum*** for the concerned case.

Timeline of Therapeutic Interventions –

1st visit on **12th April, 2025** with subsequent follow-ups i.e. 2nd Visit on **17th May, 2025** and 3rd visit on **30th August,** 2025 are given systematically in **Table 3**.

Table 3: Timeline of Therapeutic Interventions – 1st visit with subsequent Follow-ups:

Date & Visit	Response	VIS-22 Score	Assessment	Prescription
12th April, 2025 (Baseline Visit)	Hypopigmented patch near the outer canthus of right eye of face for last 2 years. Complaints of Hard stool with no urge for almost last 1 year.	**+42**	Very Large Impact; Active disease phase; Constitutional prescribing indicated	**Calcarea carbonica 200C** – 2 doses (O.D × A.C × 2 DAYS). To be taken in early morning on empty stomach followed by Placebo for 28 days
17th May, 2025 (Second Visit)	Almost 98% disappearance of the hypopigmented patch. No itching till date since commencement of treatment. Previously hard stool becomes soft in consistency. Other generalities are good. No other new complaints are recorded.	**+14**	Marked improvement, no new complaints. Remedy action persists.	Placebo continued for 1 month
30th August, 2025 (Third Visit)	The hypopigmented patch had completely disappeared with no recurrence. Stool is now regular, soft with overall well-being of the patient. No new complaints appeared.	**+10**	Sustained improvement in skin condition. General health and associated complaints showing favourable response.	Placebo continued for another month

PATIENT-ASSESSED OUTCOME –

Assessment of the patient's changes **before and after interventions (Figures 2 & 3)**, are documented as photographic clinical evidence.

Figure 2: Patient Images – Baseline Visit:

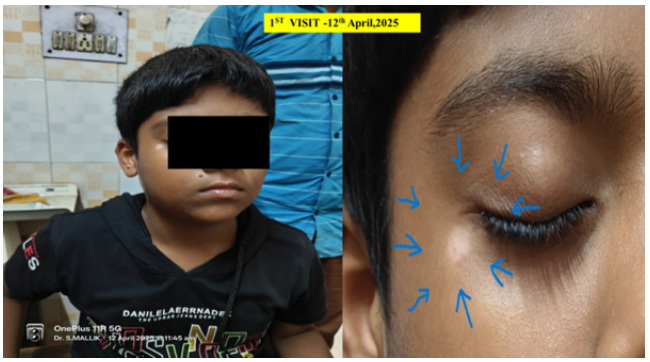

Figure 3: Follow -Up Images:

CLINICIAN-ASSESSED OUTCOME-

- The **psychosocial burden** of the patient was assessed using the Vitiligo Impact Scale-22 (**VIS-22**), a validated questionnaire developed for Indian patients with vitiligo, on every visit (**Table 3 and Figure 4**) which ultimately is analysed at end via Bar and Line diagram (**Figure 5**). This validated questionnaire has score ranges i.e. No impact (**0-5**); Mild impact (**6-15**); Moderate impact (**16-25**); Large impact (**26-40**); Very large impact (**41-66**)[18].
- The Modified Naranjo's Criteria for Homoeopathy (**MONARCH**)-Causal Attribution Inventory[19] scale ranging from **-6 to +13**, was employed at the end of this case study (**Table 4**) to evaluate the causal attribution of the clinical outcome to the homoeopathic intervention.

Figure 4: VIS-22 Scale Assessment (Pictorial):

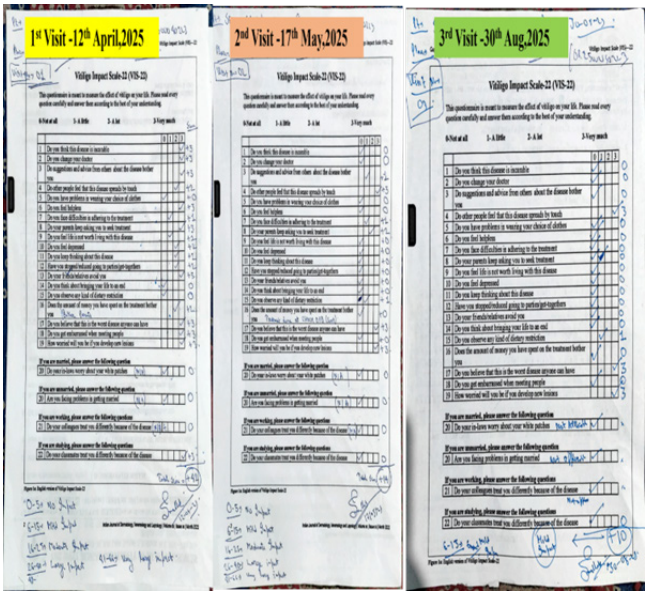

Figure 5: VIS-22 Scale Assessment (Bar & Line Diagram):

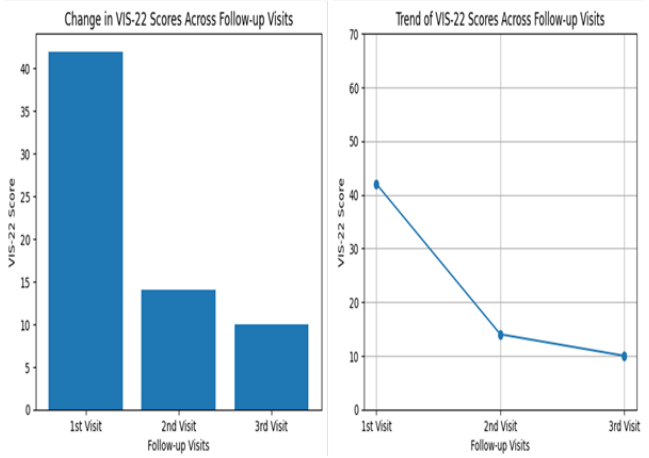

Table 4: MONARCH on 3rd Visit -30th Aug,2025:

Domains	Yes	No	Not Sure or N/A	Score for this case	Justification Of Scoring
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	**+2**	The patient came with **hypopigmented patch near the outer canthus of right eye** that completely resolved and has not recurred to date.

2. Did the clinical improvement occur within a plausible timeframe relative to the **medicine** intake?	+1	-2	0	**+1**	The patient had the complaint for **two years** before starting the medicine and **marked improvement** seen in the first follow up followed by complete disappearance in second follow-up.
3. Was there a **homeopathic** aggravation* of symptoms?	+1	0	0	**0**	Not observed.
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms **not related to the main presenting complaint**, improved or changed)?	+1	0	0	**+1**	The character of the stool of the patient was **hard**, there is no urging for stool before the first prescription, which during first follow up the consistency of the stool became soft and urge for stool was present. During second follow-up the patient told his bowel movement became regular.
5. Did overall well-being improve? (Suggest using a validated scale or **mention about changes in physical, emotional, and behavioural elements)**	+1	0	0	**+1**	Due to the patch was on the face, it had affected his confidence and his psychological well-being which showed marked improvement after recovery.
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	**0**	Not observed.
6 (B) Direction of cure: did at least **one** of the following aspects apply to the order of improvement of symptoms: • from organs of more importance to those of less importance • from deeper to more superficial aspects of the individual • from the top downwards	+1	0	0	**0**	Not applicable.
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	**0**	Not observed.
8. Are there **alternative** causes (other than the medicine) that –with a high probability– could have **produced** the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	**+1**	No other form of treatment, no external application, no other intervention had been adopted by the patient.
9. Was the health improvement confirmed by any objective evidence*? (e.g., **investigations, clinical examination**, etc.)	+2	0	0	**+2**	The size of the patch before and after the treatment which can be evaluated by **photographs taken before and after the intervention.**
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	**+1**	*Calcarea carbonica* 200C prescribed in first prescription in two doses.
Maximum score: 13, minimum score: -6				**+9** (Total Score)	

DISCUSSION

- A 12-year-old boy presented to the Paediatrics OPD of The Calcutta Homoeopathic Medical College and Hospital with a hypopigmented macule near the outer canthus of the right eye, persisting for the past two years, provisionally diagnosed as ***Vitiligo***. Though the condition is not severe but its psychological impact is immense. In this case, the mental generals, physical generals, and particular symptoms were considered in totality with due contemplation of the miasmatic background.

- According to totality of symptoms and identifying a mixed miasmatic state with predominance of Psora, the remedy ***Calcarea carbonica*** was selected. Based on the patient's age, constitution, temperament, lifestyle, habits, pathology, and the seat and nature of the disease, a moderate to high potency was indicated; therefore, ***Calcarea carbonica 200C*** was prescribed[20].
- During subsequent follow-ups, Re-pigmentation was observed after one month of the intervention with **marked reduction and eventual disappearance** of the hypopigmented patch without any **recurrence**. Additionally, the patient's complaint of **hard stool improved significantly**, resulting an overall sense of well-being.
- The Vitiligo Impact Scale-22 (**VIS-22**) was utilized to evaluate **psychosocial impact** at each visit (**Table 3** and **Figure 4**). The baseline score of **42** indicated a '***very large impac***t' which showed a substantial reduction to **14** (***mild impact***) at the second visit and further improvement to **10** (***mild impact***) at the third visit. This progressive improvement is further analysed through **Bar and Line diagrams (Figure 5)**.
- The **score** obtained as per MONARCH-Causal Attribution Inventory at the end of the study was **'09'** in this case (**Table 4**), thereby substantiating a '***Definite***' causal attribution of the observed clinical outcome to the homoeopathic intervention.
- Documented **Pre & Post intervention clinical photographs** of the patient's right facial region (**Figures 2,3**) provide objective visual evidence of complete clinical recovery. This deduction was further substantiated by the sustained absence of recurrence of the vitiligo lesion and the non-requirement of further medication, thereby emphasizing the **therapeutic potential** of the prescribed homoeopathic medicine.
- There have been several studies that demonstrate positive results in treating cases of vitiligo with homoeopathy[13,14,15]. A case series of **14 cases** has shown positive results in the treatment of vitiligo with individualised homoeopathic medicine, among them the best results were evidenced in the patients with early stages of the disease[13]. A single case report by T.K Shankar has shown the beneficial effect of ***Calcarea carbonica*** in the treatment of Vitiligo[14]. However, scope and effectiveness of homoeopathic remedies have to be explored with more well-planned documented case reports or randomised clinical studies.

CONCLUSION

This case highlights the therapeutic potential of individualized homoeopathy in the management of **paediatric vitiligo** associated with its substantial **psychosocial burden**, demonstrating notable improvements within a relatively shorter time frame with no recurrence observed till date. Although findings from a single case are not generalizable, still robust, well-designed studies especially Randomized controlled trials (**RCTS**) are essential to further evaluate, validate and quantify the *Efficacy of Individualized Homoeopathic Interventions in the treatment of Vitiligo.*

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Declaration of Patient Consent:

The authors certify that the patient and his guardian gave their consent (for child Assent form used) for the medical images and other clinical details to be reported anonymously in an academic journal. The patient has understood that his name and initials are not included in the manuscript and due efforts will be made to conceal his identity.

Conflict of Interest: Nil

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Stramonium in Paediatric Speech Delay: A Clinical Case Report

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Abstract

Background: Speech delay in early childhood often reflects underlying neurodevelopmental and emotional imbalance rather than a simple delay in language acquisition. Children with persistent fear, aggression, and behavioural dysregulation often show poor communicative intent, limiting the effectiveness of conventional speech therapy alone.

Case Summary: A 3.5-year-old boy presented with severe expressive speech delay (LEST: 11), poor communicative intent, night terrors, aggression, and intense fear of being alone. Based on the totality of symptoms and a psoro-syphilitic background, Stramonium was prescribed in infrequent doses.

Outcomes: Over 10 months, improvement followed a clear sequence,emotional stability first, then gradual emergence of speech. The LEST score improved from 11 to 31.

Conclusion: This case suggests that addressing mental generals in developmental delays may facilitate speech by resolving deeper emotional blocks, allowing natural development to resume. It highlights the potential role of homoeopathy as an integrative approach in managing paediatric speech delay with significant behavioural dysregulation

Keywords

Speech delay, Stramonium, Homoeopathy, LEST score, Behavioural dysregulation.

Introduction

Speech delay in early childhood is often approached as a deficit of language acquisition; however, in a subset of children, the difficulty lies deeper, in their ability to engage, respond, and relate. Language does not develop in isolation; it emerges through interaction, imitation, and emotional exchange. When these processes are disrupted, speech may fail to evolve despite otherwise normal developmental milestones.[1,2]

Children who are persistently fearful, hyper-reactive, or behaviourally dysregulated often show poor communicative intent. In such cases, the absence of speech reflects not merely a delay in expression, but a disturbance in connection itself. [3] Conventional management, largely centred on speech stimulation, may offer limited progress when the primary barrier is emotional rather than linguistic.[4]

Homoeopathy, through individualisation and emphasis on mental generals, attempts to address this internal state. By reducing fear, reactivity, and disturbed sleep, it may help restore the child's capacity to engage with the environment, an essential prerequisite for language development.[5]

The present case illustrates this perspective, where improvement in speech was preceded by a clear shift in emotional and behavioural patterns following the administration of Stramonium.

Case Report

Patient Information: A 3.5-year-old male child was brought by his parents with complaints of

delayed speech and abnormal behavioural patterns since early childhood.

Chief Complaints

- Very limited speech (only 2–3 unclear words)
- Absence of verbal expression of needs
- Poor eye contact and inconsistent response to name
- Episodes of screaming and violent irritability

Duration: Since early developmental period

History of Present Illness: The child had achieved normal developmental milestones except for speech, which remained significantly delayed. However, the predominant concern was behavioural disturbance rather than speech alone.

The parents reported:

- Sudden episodes of intense, unexplained fear
- Clinging to the mother, especially in unfamiliar situations
- Aggressive behaviour such as hitting or biting when approached
- Refusal to interact with other children

Communication was largely non-verbal, with the child physically pulling caregivers instead of expressing needs.

Past History of Illness and Treatment:

1. H/O Vaccination : The patient was immunized as per the recommended schedule, with no adverse reactions observed.
2. H/O Illness & Treatment :

Diseases suffered From	Approximate Age	Duration	Treatment
Measles	1.5 Years	2 weeks	Allopathic

Family History: Both parents are healthy, no history of any complaints (according to them).

Personal History:

Developmental Landmarks: On time

Born and brought up: Previously Ghaziabad, now presently at Noida sector 37 (Uttar Pradesh)

Hobbies: Drawing

Diet: Non vegetarian

Allergy: Nothing specified

Habits: Nothing specified

Mother's History during Pregnancy:

Skin eruption during 2nd trimester

Exposed area only face – small boil like eruption

She has taken allopathic medicine – for 1.5 months.

Antenatal History:

Normal, without any complications, his mother had taken proper antenatal care throughout the gestational period.

Birth History:

Previous history of C- Section:

Type of Birth	Any Birth complication	Any congenital anomalies	Birth Weight
C- Section	None	None	2.5kg

Postnatal History:

Breast Feeding for one and half year

Growth & Developmental History:

Suckling	On time
Smiling	On time
Head holding	On time
Crawling	On time
Standing (with support)	After 9 months
Walking	After 12 months
Teething	On time
Talking	Delayed

Mental Generals:

- Marked fearfulness, especially when alone

- Violent outbursts when contradicted
- Clinging behaviour alternating with irritability
- Hypersensitivity to noise and strangers
- Disturbed sleep with sudden crying episodes

Physical Generals:

- Thermal state: Hot patient; cannot tolerate heat, desires open air.
- Perspiration: Profuse, especially on face and scalp; may be offensive; sweating during sleep, sometimes associated with restlessness
- Appetite: Irregular; sometimes ravenous, at times diminished; prefers warm food
- Desire: Sweets++, cold drinks.
- Aversion: Nothing specific.
- Thirst: Often intense thirst for large quantities.
- Urine: (D5–6, N1–2); yellow.
- Bowels: Irregular; pass stool with difficulty.
- Tongue: Dry coated
- Habits / Addiction: None
- Sleep: Disturbed; wakes up suddenly from sleep with screaming and immediately clings to mother.
- Decubitus: Changes position frequently
- Dreams: Not ascertainable due to inability to express; child wakes screaming and frightened during sleep.

General Physical Examination:

- Built: Mesomorphic
- Gait: Steady
- Pallor: Not present
- Icterus: Not present
- Cyanosis: Not present
- Clubbing: Not present
- Lymphadenopathy: Not present

Vital Examination :

- Blood Pressure: 90/60 mmHg
- Temperature: 98.4 F
- Pulse: 100/min
- Respiratory Rate : 22/min
- SPO2 : 99 %

Systemic Examination (of concerned system under I,P,P,& A) :

Cardiovascular System

INSPECTION	PALPATION	PERCUSSION	AUSCULTATION
NAD	NAD	NAD	S1 & S2+

Respiratory system

INSPECTION	PALPATION	PERCUSSION	AUSCULTATION
B/L Symmetrical chest	centrally located Trachea	Resonant note present	AIR ENTRY- B/L CLEAR

Gastrointestinal Tract

INSPECTION	PALPATION	PERCUSSION	AUSCULTATION
NAD	NAD	NAD	Bowel sound +

Central Nervous System

INSPECTION	PALPATION	PERCUSSION	AUSCULTATION
Conscious	Normal Reflex	NAD	NAD

Analysis & Evaluation of Symptoms:

Mental Generals:

SYMPTOMS	TYPE	INTENSITY
Fear, especially when alone	Common	+3
Violence; striking during anger	Uncommon	+3
Clinging to mother	Common	+2

Disturbed sleep with sudden screaming in fright	Uncommon	+3

Physical Generals:

SYMPTOMS	TYPE	INTENSITY
Thermal: Hot patient, desires open air	Common	+2
Desire for sweets and cold drinks	Common	+2
Thirst for large quantities	Uncommon	+2
Past history of measles	Uncommon	+3

Totality of Symptoms:

1. Fear of being alone.
2. Violent behavior- striking in anger
3. Clinging to mother.
4. Disturbed sleep with sudden screaming then wakes up.
5. Delayed speech with inability to express.
6. Past history of measles.

Miasmatic Analysis:

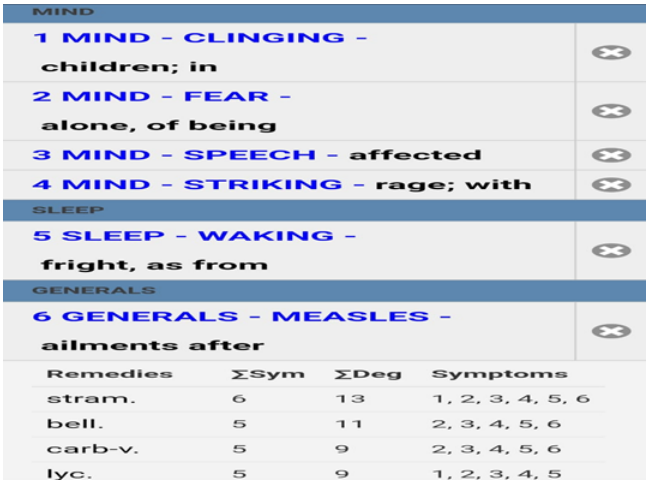
SYMPTOMS	MIASM
Fear of being alone	Syphilitic
Striking in anger	Syphilitic
Sudden screaming during sleep	Syphilitic
Clinging behaviour	Sycotic
Speech delay	Psoro-syphilis
Past history of measles	Psoro-syphilis

Miasmatic Assessment: Psoro-Syphilitic predominance

Conversion of Symptoms into Rubrics:

1. MIND – CLINGING – children; in
2. MIND – FEAR – alone, of being
3. MIND - SPEECH – affected
4. MIND – STRIKING – rage; with
5. SLEEP – waking - fright, as from
6. GENERALITIES – MEASLES – ailments after

Fig: Repertorisation (Synthesis Repertory)[7]



Provisional Diagnosis: Expressive language delay with behavioural dysregulation.

Therapeutic Intervention:

Prescription:

Rx

Stramonium 200C, single dose

Followed by placebo

Justification for Prescription: The case presented a striking mental picture characterised by:

- Fear associated with violence
- Clinging yet aggressive behaviour
- Disturbed emotional regulation

Stramonium closely corresponds to such states of terror, aggression, hypersensitivity, and behaviour dysregulation, along with impaired expression of speech.

Follow-up and Outcomes:

Month	Clinical Observations	Prescription	LEST Score
Baseline	Violent outbursts, no eye contact, 2 words.	Stramoniun 200/OD followed by Sac. Lac. 200/TDS	11

Month 2	Significant reduction in night terrors. Child is calmer.	Sac. Lac 200/ TDS	14
Month 4	Improved eye contact; began imitating environmental sounds.	Stramonium 1M/ OD followed by Sac. Lac. 200/TDS	16
Month 7	Use of 5–10 meaningful single words. "Clinging" replaced by "Following."	Sac. Lac 200/ TDS	22
Month 10	Forming two-word sentences ("Mummy de," "Pani do"). Communicative intent established.	Sac. Lac 200/ TDS	31

Result:

- The improvement followed a definite sequence: Behavioural stabilisation, emergence of communication, gradual development of structured speech
- The LEST score improved significantly from **11 to 31,** indicating marked developmental progress.

Parameter	Baseline	Month 2	Month 4	Month 7	Month 10
LEST Score	11	14	16	22	31
Improvement from Baseline	-	+3	+5	+11	**+20**
Night Terrors	Severe	Reduced	Absent	Absent	Absent
Eye Contact	Poor	Improving	Good	Good	Good
Communicative Intent	Absent	Minimal	Emerging	Present	Established
Word Usage	2 words	2-3 words	Imitation	5-10 words	2-word sentences

DISCUSSION

In this case, speech delay appeared secondary to impaired emotional regulation rather than a primary linguistic deficit. The child initially existed in a state of heightened fear and reactivity, limiting engagement with the environment, an essential requirement for language development.

A notable observation was the sequence of recovery. Speech did not improve first; rather, the child became emotionally available. As fear subsided and behavioural disturbances reduced, attention, eye contact, and responsiveness emerged, creating the necessary basis for language acquisition.

Stramonium, known for states of terror, violence, and hypersensitivity, closely matched the internal state of the child. The pattern of improvement suggests that addressing the emotional core can indirectly facilitate developmental functions such as speech.

The objective improvement was reflected in rising LEST scores, the qualitative shift, from isolation to interaction was clinically more significant.

While speech therapy remains essential, this case indicates that children with marked behavioural dysregulation may benefit from interventions aimed at restoring emotional balance, thereby enhancing receptivity to other therapies.

CONCLUSION

Delayed speech in children is not always merely a disorder of language but often a disturbance of connection both within the child and with the external environment.

In this case, individualised homoeopathic treatment with Stramonium appeared to facilitate a transition from fear-driven reactivity to engagement and from silence to meaningful expression. The improvement was gradual yet coherent with the child's developmental sphere.

This case highlights the potential role of homoeopathy as an integrative approach in managing paediatric speech delay along with speech therapy, particularly where emotional and behavioural factors predominate.

Declaration of Patient Consent: Informed consent was obtained from the parents for publication of clinical data.

Financial Support and Sponsorship: Nil.

Conflicts of Interest: None declared.

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Individualised Homeopathic Management of Paediatric Genital Vitiligo: A Case Report

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Abstract

Background: Vitiligo is a chronic acquired depigmenting disorder characterized by selective destruction of melanocytes. Paediatric genital vitiligo presents a therapeutic challenge due to the sensitive anatomical location, potential adverse effects of long-term topical therapies, and significant psychosocial implications.

Case Summary: A 9-year-old female presented with a four-year history of progressive depigmentation involving the genital and perianal region, clinically diagnosed as non-segmental vitiligo. An individualized homoeopathic approach was adopted based on detailed case-taking, mental and physical generals, and repertorial analysis. The constitutional remedy Sepia was prescribed in 200C potency.

Outcomes: Clinical progress was evaluated through serial observations and the Modified Naranjo Criteria for Homeopathy (MONARCH). The patient demonstrated arrest of disease progression, early signs of repigmentation, and notable improvement in behavioural and emotional parameters within eight weeks of treatment. MONARCH score (+5) indicated a "Probable" causal attribution.

Conclusion: This case highlights the potential role of individualized homoeopathy as a non-invasive therapeutic modality in managing paediatric genital vitiligo, emphasizing a holistic approach addressing both somatic and psychological dimensions.

Keywords

Vitiligo; Pediatric dermatology; Genital vitiligo; Homoeopathy; Sepia; Individualized treatment; MONARCH criteria;

Introduction

Vitiligo is an acquired, idiopathic depigmenting disorder characterized by the progressive loss of functional melanocytes, resulting in milky-white macules on the skin and mucous membranes. The global prevalence is estimated to be approximately 0.5–2%, with nearly 50% of cases manifesting before the age of 20 years, highlighting its significance in the pediatric population. The pathogenesis of vitiligo is multifactorial, involving autoimmune mechanisms, oxidative stress, genetic predisposition, and neurogenic factors, with autoimmune destruction of melanocytes considered the primary mechanism. Clinically, vitiligo is classified into segmental and non-segmental types, with the latter being more common and often associated with a chronic, unpredictable course. Genital involvement in vitiligo is categorized under “special site vitiligo” due to its unique anatomical and functional considerations. In children, such involvement poses additional challenges, including diagnostic hesitation, increased parental anxiety, and the psychological impact of visible or sensitive area lesions.

Homoeopathy adopts an individualized approach, selecting remedies according to the totality of symptoms encompassing mental, emotional, and physical characteristics of the patient. Constitutional prescribing aims to address the

underlying susceptibility and restore systemic balance rather than merely suppress local pathology. In chronic dermatological conditions like vitiligo, where psychosomatic interplay is significant, homoeopathy offers a patient-centered modality that integrates both physical and psychological aspects of disease.

This case report is significant as it demonstrates the role of individualized homoeopathic management in a pediatric patient with genital vitiligo, showing clinical improvement along with enhanced emotional well-being, thereby supporting a holistic therapeutic paradigm.

Case report

A 9-year-old female pediatric patient resident of Tadepalligudem, Andhrapradesh as brought to the outpatient department with complaints of progressive depigmentation over the genital and perianal region for the past four years.

History of present illness

The onset of the condition was insidious, beginning at the age of five years as a small hypopigmented macule over the pubic region, which gradually increased in size and extended posteriorly to involve the perianal area. The lesions were asymptomatic, with no associated itching, scaling, pain, or discharge. There was no history suggestive of preceding trauma, inflammation, or infection.

Past history

The patient was born of a full-term normal delivery with a birth weight of 2.5 kg. The The child was fully immunized according to the national immunization schedule. There was no history of major illnesses.

Family history

The patient was born to parents in a consanguineous marriage. However, there was no family history of vitiligo, autoimmune disorders, thyroid disease, or other dermatological conditions among first- or second-degree relatives.

Personal History

Appetite-Normal appetite

Thirst-1L/Day

Bowel-Constipation, Hard stool, unsatisfactory

Urine-4-5times/day, Nocturnal enuresis occasionally 2-3 times in a week,

Thermals-Chilly

Cravings-Nothing specific

Aversions-Nothing specific

Perspiration-Generalized

Sleep-Occasionally disturbed

Dreams-Nothing specific

Life space investigation

A detailed life space investigation revealed significant mental and emotional characteristics. The child exhibited marked indifference towards family members and preferred solitude. She was described as irritable, with a tendency to react violently to contradiction. There was a prominent fear of ghosts, which occasionally disturbed her sleep.

General physical examination

Height-128 cms

Weight-26kg

No Signs of pallor, icterus, clubbing, cyanosis, edema, Lymphadenopathy

Vitals

Pulse rate -80bpm

Respiratory rate-19 Cpm

Temperature- Afebrile on examination

Systemic examination

Respiratory system- NVBS Heard, No added sounds

Cardiovascular system- S1,S2 Heard, No murmurs

Gastrointestinal system- Bowel sound heard

Local Examination of the skin: Well-defined, chalky-white depigmented patches over the pubic region extending to the perianal area. No erythema, scaling, or leukotrichia (white hair).

Diagnosis: Genital Vitiligo

Evaluation of the case

Mental Generals	Physical generals	Characteristics particulars
Indifference Wants to be alone Irritable Fear of ghost	Constipation-hard unsatisfactory stool Chilly patient	Hypopigmented macules over the pubic region Nocturnal enuresis

Repertorial Totality

Mind - Indifference - loved ones, to

Mind - Solitude - desire for

Mind - Irritability - children, in

Mind - Fear - ghosts, of

Rectum - Constipation

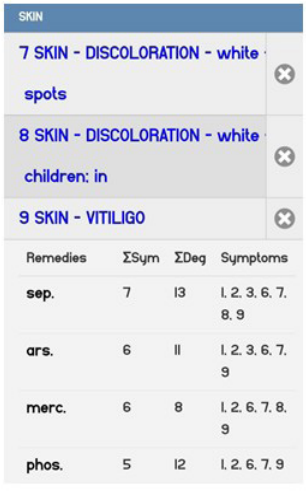
Bladder - Urination - involuntary – night

Skin-Discolouration-white spots

Skin-Discolouration-white,in children

Skin-Vitiligo

Repertorial Analysis



Remedies	ΣSym	ΣDeg	Symptoms
sep.	7	13	1, 2, 3, 6, 7, 8, 9
ars.	6	11	1, 2, 3, 6, 7, 9
merc.	6	8	1, 2, 6, 7, 8, 9
phos.	5	12	1, 2, 6, 7, 9
calc.	5	7	1, 3, 6, 7, 9
sil.	4	7	3, 6, 7, 9
sulph.	4	7	1, 3, 6, 7
bell.	4	6	1, 2, 3, 6
nat-m.	4	6	1, 6, 7, 9
ant-t.	4	4	3, 6, 7, 9
ars-s-f.	4	4	1, 6, 7, 9
carc.	4	4	1, 2, 3, 6
zinc.	4	4	1, 3, 6, 7
lyc.	3	7	1, 3, 6
acon.	3	6	1, 2, 6

Prescription: On 4-12-2025

Rx

Sepia 200 ,1 Dose, early morning empty Stomach

Follow up:

18-01-2026	Patient feels better Mental Generals improved Physical generals improved Lesion size reduced	RX Sac lac 1-0-0 (15 pack) Alternate days for 1 month

Image-1 Before treatment

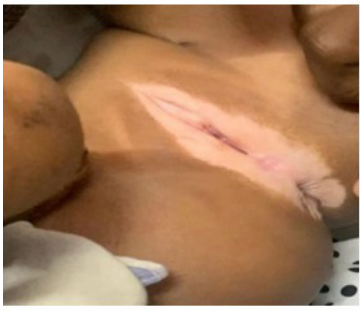
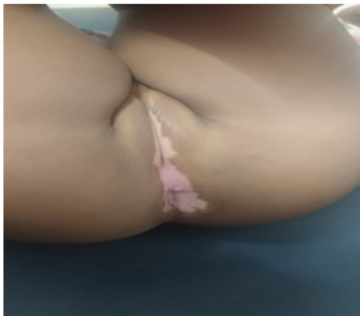


Image-2 After treatment



DISCUSSION

Vitiligo is a chronic depigmenting disorder characterized by the selective destruction of melanocytes, with autoimmune mechanisms playing a central role in its pathogenesis. The condition frequently manifests in childhood, and early-onset cases are often associated with a prolonged disease course and significant psychosocial impact. Non-segmental vitiligo, as observed in this patient, is the most common subtype and typically exhibits a symmetrical and progressive pattern.

In this case the selection of the constitutional remedy in this case was guided by the totality of symptoms, including characteristic mental and emotional features such as indifference, irritability, desire for solitude, and fear of ghosts, along with physical generals like constipation and nocturnal enuresis. The prescription of Sepia was consistent with its known constitutional indications, particularly its affinity for emotional indifference, irritability, and pelvic region disorders, as described in classical homoeopathic literature.

The clinical outcome in this case demonstrated arrest of disease progression, early signs of regimentation, and improvement in the patient's psychological state within a relatively short duration. The use of the Modified Naranjo Criteria (MONARCH) further supported a probable causal relationship between the intervention and clinical improvement.

However, as a single case report, the findings are limited in generalizability. Larger, well-designed clinical studies are required to establish the efficacy and reproducibility of homoeopathic interventions in vitiligo.

MONARCH Scale

The **Modified Naranjo Criteria (MONARCH)** was used to assess the causal relationship between the remedy and the clinical outcome.

Questions	Score
1. Was there an improvement in the main symptom?	+2
2. Did the improvement occur within a plausible timeframe?	+1
3. Was there an initial homeopathic aggravation?	0
4. Did the patient's overall well-being improve?	+1
5. Direction of cure (Herings Law)?	+1
Total Score	**+5 (Probable)**

CONCLUSION

This case report highlights the potential role of individualized homoeopathic treatment in the management of pediatric genital vitiligo. The administration of a constitutional remedy based on a holistic evaluation resulted in arrest of disease progression, early regimentation, and improvement in the patient's emotional well-being. Given the limitations and potential adverse effects of conventional therapies in sensitive areas, homoeopathy may serve as a safe and non-invasive complementary approach in such cases. Nevertheless, further systematic research and controlled studies are warranted to validate these findings and to establish evidence-based guidelines for clinical practice.

Conflict of interest: None

Financial support: Not available

Declaration of the patient consent: Patient Consent is been taken for the images to be displayed in the article

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Addressing Social Communication Disorder through Individualized Homoeopathy: A Case Report

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Abstract

Background: Social (Pragmatic) Communication Disorder (SCD) is a neurodevelopmental disorder characterized by impaired social use of communication, affecting a child's social and academic functioning. Here is a case of a 7-year-old boy diagnosed with SCD, who presented with poor social interaction, selective communication, behavioural dysregulation, and learning difficulties. An individualized homoeopathic remedy was prescribed based on the totality of symptoms, with regular follow-up and parental support.

Outcome: Marked clinical improvement was observed in social communication and behaviour. Domain-wise assessment using a modified Social and Communication Scale demonstrated significant reductions in pre- and post-treatment scores across all domains.

Conclusion: This case suggests the potential role of individualized homoeopathy as part of a holistic management approach for children with SCD.

Keywords

neurodevelopment, communication disorders, individualised medicine, homoeopathy for child development

Introduction

A 7-year-old boy was brought to the clinic by his mother, with concerns about his social interaction and communication. On observation, the child avoided eye contact, had his head bent down and remained mostly unresponsive during the initial interaction. While his mother introduced herself, he sat quietly without acknowledgment. According to the mother, the primary concern was his inability to communicate with individuals outside the home environment. He did not initiate greetings, waves, or smiles in social situations. At school, he had minimal interaction with peers and often remained silent or stood idle when addressed by teachers. The child had previously undergone a psychological assessment, which indicated features suggestive of Social (Pragmatic) Communication Disorder, and associated learning difficulties. There was also a suspicion of an underlying Autism Spectrum Disorder but could not be confirmed at the moment by the Psychologist. Clinically ASD was ruled out using the ISAA scale. [1]

Social Communication Disorder:

Such difficulties in the social use of communication are characteristic of Social (Pragmatic) Communication Disorder (SCD), a condition defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. SCD is characterized by persistent deficits in the use of verbal and nonverbal communication for social purposes, including challenges in adapting communication to the context, following conversational cues, and understanding non-verbal language. These deficits occur in the absence of restricted and repetitive behaviours that are typical of autism spectrum disorder and result in significant functional impairment in social, academic, or occupational domains. [2,3]

The aetiology of SCD is multifactorial and not yet fully known. Current evidence suggests

contributions from neurodevelopmental differences affecting language processing and social cognition, including deficits in executive functioning, and integration of verbal and non-verbal cues. Additionally, risk factors such as a family history of developmental language disorder or broader neurodevelopmental disorder have been associated with increased likelihood of pragmatic communication impairments. [4]

Given the functional impact of SCD and the limitations of existing intervention models that primarily focus on behavioural and speech-language therapies, there is a growing need to explore approaches that address the child holistically. This case report aims to present the individualized homoeopathic management of a child diagnosed with Social Communication Disorder and to evaluate its role in improving social communication outcomes, using a derivative of the Social Communication scale, adjusted for clinical ease and Homoeopathic perspective. [5]

Details of the case:

History of Presenting Complaints

The child was reportedly developing normally until approximately 1.5 years of age, following which a change in behaviour was observed. This period coincided with the mother resuming work, after which the child was primarily cared for by his grandmother. The mother reported a noticeable reduction in the child's interaction with family members, constant crying and lack of response to questions suggestive of a regression from previously attained milestones. This change was not actively addressed at the time.

The behavioural concerns became more pronounced around the age of 4 years, following the birth of a younger sibling and a temporary relocation to the maternal home in a different city. During this period, the child exhibited increased irritability and oppositional behaviour. He demonstrated aggression towards the newborn sibling and intolerance to contradiction or instructions from caregivers. The mother described episodes of deliberate, provocative behaviour, such as banging doors loudly and engaging in actions to intentionally irritate family members.

These behavioural disturbances gradually reduced in intensity after the family returned to their primary residence and as the sibling grew older, but persisted. Residual difficulties in social interaction and communication also persisted. The child expressed dissatisfaction regarding the relocation, stating that he had not been consulted prior to the move and was unhappy about the change.

Current Behavioural Profile

At present, the child exhibits significant behavioural and emotional dysregulation. He is irritable and easily angered, particularly when situations do not align with his expectations or when he is contradicted. Episodes of anger are characterized by shouting, crying for 1-2 hours, and behaviours such as banging doors or spitting on the bed or floor. He demonstrates marked obstinacy and resistance to instructions, complying only when directed by his mother. He exhibits a revengeful tendency, like deliberately throwing away his mother's favourite clothes when his demands were not met.

The child is very attached to his mother, exceeding developmental expectations, with a clear aversion or indifference towards others, including family members. He is highly protective of her and reacts strongly during parental disagreements, including shouting at his father.

An increased inclination towards household activities is noted, with the child frequently assisting his mother in domestic chores and expressing a particular interest in cooking. He is capable of preparing simple dishes independently and appears to derive satisfaction from these activities, often preferring them over attending school. In contrast, he is generally lethargic or disinterested in other routine tasks.

Additionally, the child has difficulty expressing basic needs such as hunger, which often manifests as irritability and crying rather than verbal communication, indicating both expressive language deficit and emotional dysregulation. He shows a strong preference for fixed routines and becomes distressed with changes in his environment or daily schedule.

Academic Functioning:

The child is enrolled in a mainstream school but demonstrates difficulty in grasping new concepts and shows limited interest in academic activities. He requires consistent one-on-one attention and repeated instruction to complete tasks. Despite this, he is able to learn, including basic mathematical concepts, when taught patiently at his own pace.

Social Interaction:

The child does not initiate or maintain peer relationships and is described as socially withdrawn. Despite living in an apartment setting with access to peers, he tends to avoid interaction and prefers to stay by himself. He also has difficulty understanding and following the rules of group play, which further limits his participation and leads to exclusion by peers.

Pregnancy and birth history:

The antenatal period was complicated by a history of mild hypertension in the mother and irregular adherence to medication. The mother reported perceiving fetal movements in a fixed, repetitive pattern at specific times of the day. She relates it to his fixed routines now. She also experienced significant emotional stress during pregnancy due to conflicts within the family and lack of emotional support from her spouse. The child was delivered preterm via LSCS due to reduced fetal movements.

Initial Milestones: Mild (3-4 months) delay in walking and bisyllables.

Family History:

H/o Epilepsy in mother in her childhood; Father has a short temper; Suspected psychiatric disease in grandmother (undiagnosed), Paternal uncle has an undiagnosed communication disorder.

Generals:

Perspiration- profuse, on head

Nocturnal enuresis occasionally, especially after being scolded

Bowels- regular, soft

General physical examination:

Height- 120cm

Weight- 35kg

No Signs of pallor, icterus, clubbing, cyanosis, edema, Lymphadenopathy

Vitals:

Pulse rate - 65 beats per minute

Respiratory rate- 18 breathes per minute

Temperature- 98.6F

Systemic examination: No abnormal finding in systemic examination

Respiratory system- NVBS

Cardiovascular system- S1, S2 heard

Gastrointestinal system- Soft on palpation, non-tender

Earlier assessments done:

IQ test- 85 (low average Intellectual ability)

Psychological assessment: Social communication disorder

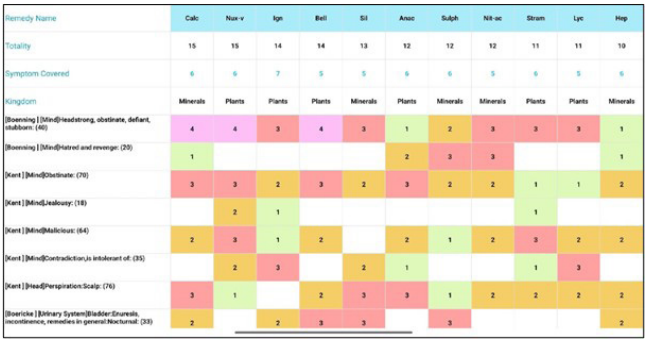
Totality of symptoms:

- Attachment to one person (mother)
- Protective
- Need for attention, jealousy over younger sibling
- Revengeful
- Slowness and laziness
- Slow comprehension
- Aggression, anger, crying excessively
- Sensitive to reprimand/contradiction
- Fixed routine
- Lack of social communication
- Perspiration- head
- Enuresis from reprimands

Rubrics selected:

- [Mind] headstrong, obstinate, defiant, stubborn
- [Mind] Hatred and revenge
- [Mind] Jealousy
- [Mind] Malicious
- [Mind] Contradiction, is intolerant of
- [Head] Perspiration, Scalp
- [Urinary system] Enuresis, incontinence: nocturnal

Figure 1: Repertorisation using Hompath software



Basis for selection of remedy: Calcarea carb was selected as the constitutional remedy as per the following observations: The child is overly attached to mother, all behaviors revolve around this attachment, calcareas are often clingy. He becomes jealous after the birth of the sibling pointing towards insecurity. He also has a revengeful nature, and a lack of communication, is sensitive to reprimands. Slow comprehension, profuse perspiration and nocturnal enuresis justify calcarea carb as his constitution. [5,7,8]

First prescription on 09/01/25: Calcarea carb 1M 1 dose

Follow ups:

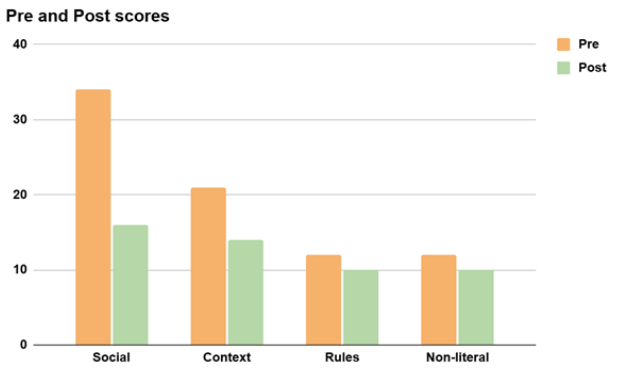
Date	Follow up	Prescription
26/03/25	Can narrate incidents from school, communicates better at home, no instances of revengeful acts, Able to follow rules of games, tries to participate in games with neighbors, frequent nocturnal enuresis	*Calcarea Carb* 1M 1 dose, repeat monthly, SL
23/05/25	Started communicating with father, can express emotions better, lesser tantrums and obstinacy	*Calcarea Carb* 1M 1 dose, repeat monthly, SL
10/07/25	Academically doing better, slow to understand, still needs one-on-one attention, recurrence of revengeful act once (against mother); Troubles animals, throws stones at dogs, kills insects, mercilessly hits younger brother although rarely	*Medorrhinum* 1M 1 dose SL
23/09/25	Communication improved drastically, able to independently manage homeworks, responds positively to teachers, very few incidents of tantrums, anger, no revengeful and merciless behavior, nocturnal enuresis almost nil- once a month	*Medorrhinum* 1M 1 dose Repeat after 2 months SL
15/02/26	Was doing better, slight increase in anger and tantrums from 10 days- cannot relate to a cause	*Medorrhinum* 10M 1 dose SL
28/03/26	Significant progress in academics, did well in exam, no behavioral issues	SL

Medorrhinum was selected on the basis of cruelty towards animals (reference- Synthesis repertory). The academic deficit demanded change in remedy although behaviors and social skills showed improvement with *Calcarea carb*.

Social Communication scale scores:

Domain	Pre-treatment score on 09/01/2025	Post-treatment score on 28/03/2026
Social	34	16
Context	21	14
Rules	12	10
Non-literal	12	10

Figure 2: Graph of total raw score before and after intervention.



The graph in Figure 2. shows significant reduction in scores in 2 of the domains- Social and Context, moderate improvement in the other domains- Rules and Non-literal.

DISCUSSION

Social communication disorders often remain under-recognized, with behaviours frequently misattributed to defiance or poor discipline, leading to delayed intervention. Conventional management primarily involves speech and behavioural therapies, which, while beneficial, may not fully address the child's individual emotional and developmental profile. Homoeopathy, through its individualized approach, may aid in regulating behavioural responses and supporting neurodevelopment. In this case, the child demonstrated relatively rapid improvement compared to the typically gradual progress observed. Parental insight and consistent support played a significant role in enhancing therapeutic outcomes, underscoring the importance of a collaborative, family-centred approach in managing such conditions.

As this is a single case report, the observed improvements cannot be attributed solely to homoeopathic intervention. Factors such as developmental maturation with age, increased parental involvement, school support, and environmental adaptations may also have contributed to the positive outcomes observed in the child.

CONCLUSION

This case highlights the importance of early recognition of social communication difficulties and individualized intervention. Homoeopathic management demonstrated promising improvement in behavioural and social domains in this child. A holistic approach, combined with parental involvement and supportive environments, can enhance outcomes. Further systematic studies are warranted to explore the role of homoeopathy in managing social communication disorders.

[Written informed consent for publication of the case details was obtained from the child's mother prior to preparation of this report.]

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Individualized Homoeopathic Management Of Molluscum Contagiosum And Worm Infestation In A Child- A Case Report Beyond Routine Cina Prescription

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Abstract

Background: Molluscum Contagiosum (MC) and worm infestation are common paediatric conditions with significant morbidity. While Cina maritima is routinely prescribed for worm complaints in homoeopathy, various remedies are indicated based on specific symptomatology, which are often overlooked. This case highlights the importance of individualized prescribing beyond routine remedy stereotypes.

Objective: To present the individualized homoeopathic management of a child with MC and worm infestation, emphasizing the role of characteristic mental and physical generals in remedy selection.

Case Summary: A 9-year-old female presented with molluscum eruptions on the face (8-10 lesions) for 3-4 months and pinworm infestation with nocturnal perianal itching, restless sleep, and irritability for 1-2 months, unresponsive to conventional deworming. Constitutional prescribing with Natrum muriaticum 200C was initiated, followed by Teucrium marum varum 30 for acute pinworm symptoms based on repertorial differentiation.

Results: Over 4.5 months of treatment, complete resolution of worm infestation was achieved with 90% improvement in perianal itching and normalization of sleep. Molluscum lesions reduced from 8-10 to 1, with no new eruptions. Mental symptoms including fearfulness and irritability showed marked improvement.

Conclusion: This case demonstrates that individualized homoeopathic treatment, guided by totality of symptoms rather than routine Cina prescribing, can effectively manage concurrent MC and worm infestation in children. It underscores the importance of constitutional prescribing and remedy differentiation in achieving sustained clinical improvement.

Keywords

Mollucum contagiosum, Worm Infestation, Homeopathic materia medica, Mental symptoms

Abbrevations- SL- Sac lac, HS- at bed time, SQ- status quo, MC-Molluscum contagiosum, HMM- Homoeopathic Materia Medica

Introduction

Indian schools reported common paediatric diseases like respiratory diseases, malnutrition, dental ailments, worm infestation, skin diseases, Anaemia, etc. [1] In a recent study on infectious dermatosis in India, Molluscum contagiosum (MC) was the most common (39.1%) viral cutaneous infection in children, although benign but viral and contagious, these eruptions spontaneously resolve in 13-18months but eruption persist for more than 18 months that can lead to further transmission and in some cases develop secondary infections. [2] [3] Also worm infestation in India contributes to a quarter of globe's parasitic infections, Ascaris lumbricoides (Roundworms) being the commonest worm, other worms found in India Ancyclostoma duodenale (Hookworms), Enterobius (Pinworms), Trichuris trichura (Whipworms),etc. [4] These worms cause serious health issues like

Malnutrition, Anemia, Growth failure, Heavy parasitic load can lead to surgical diseases like intussusception, Subacute intestinal obstruction, biliary duct obstruction, etc. [5] Conventional treatment options include cryotherapy or keratolytic therapy for molluscum contagiosum and for deworming in India, Albendazole 400mg once in 15 days 2 doses are being administered in communities and schools. [6] Still recurrence is common in these diseases and here homeopathy has proven to be effective along with hygienic measures.

Although common symptoms caused by worm infestation are diarrhoea, pain in abdomen, anemia, nutritional deficiencies mostly in preschool and school aged children but different worms have different mode of transmission and they develop different symptoms (Table 1) [5] [7] [8] [9]

Table 1- Presentation of common Indian Worm Infestation

WORM/HELMINTH	Mode of Transmission	Symptoms	Diagnosis
Ascaris Lumbricoides	Soil transmission through contaminated soil, food, water	Abdominal pain, Nausea, Vomiting, Diarrhea, Anorexia. Pulmonary burden symptoms - Cough, dyspnea, wheezing, peripheral eosinophilia High parasitic load symptoms- Biliary colic, cholecystitis, Subacute intestinal obstruction, Intussusception, malnutrition	Stool examination
Hookworm	Skin penetration by infected larvae in soil, walking bare feet	Local erythematous rash, pruritic rash, Itchy papules on hands & feet, abdominal pain, occult fecal blood, perverted taste, pica, severe anemia, malnutrition	CBC for anemia Stool examination
Enterobius	Autoinfection-perianal area to mouth by contaminated fingernails	Perianal itching, Perianal erythema, Disturbed sleep, watery diarrhea, Abdominal pain, appendicitis	Naked eye examination of anus for worms Cellophane tape test
Whipworm	Fecal-oral transmission by ingestion of infected egg found in soil	Abdominal pain, Painful passage of stools, Mucus discharge with stools, Constipation, Diarrhea, Rectal prolapse, iron deficiency anemia	Stool Examination

As per research, there is no evidence of worms causing molluscum and vice versa. Homeopathic medicine Cina maritima is known to produce a perfect picture of wormy child and is commonly prescribed remedy for worms [10] without knowing the specific worm agent but Homeopathic literature describes vast symptomatology for different worms (Table 2) [11] [12] [13] and for different viral cutaneous diseases and homeopathy being a holistic science, its prescription should not be limited to use of remedy Cina for worms or any disease condition and should be based on characteristic totality of symptoms of patient.

Table 2- Homeopathic remedies for worms in common Repertories

Repertory	Chapter	Worm Type	Medicines
Kent's Repertory	Rectum - Worms - Lumbricoides	Roundworms	Cina, Spigelia, Sulphur, Sabadilla, Silicea, Arsenicum, Ferrum-s, Granatum, Chelidonium
Boenninghausen's Characteristics and Repertory (BBCR)	Stool - Worms	Lumbricoides	Merc, Acon, Sabad, Cina, Anac, Cham, Cic, Graph, Spig, Secale, Thuja, Sulph, Rhus-t, Nat-m
		Pinworms	China, Calc, Cina, Teucrium, Ferr, Ign, Merc, Sil, Phos, Nux-v, Graph, Acon
		Tapeworms	Calc, Plat, Puls, Graph, Sabad, Sil, Sulph, Merc, Petr, Carbo-v, Stann, Nux-v

Boericke's Repertory	Abdomen - Worms	Ascaris	Abrot, Cina, Sabad, Santon, Spig, Teucrium, Granat
		Oxyuris vermicularis Trichina	Cina, Merc-d, Santon, Merc-s, Ratan, Teucrium Ars, Bapt, Cupr, Oxy
Complete Repertory	Rectum - Worm, Worms	Ascarides/Oxyuris/Pinworms	Bar-c, Nat-m, Ter
		Taeniae/Tapeworms	Calc
		Children	Cina, Spig
Murphy's Repertory	Intestines - Worms, Parasites	Ascarides	Bar-c, Nat-m, Sabad, Ter
		Lumbricoides	Cina, Spig, Sulph
		Children	Calc, Cina, Nat-p, Spig

Case Report

Patient – 9 years female

1. C/o Frequent stools, 3-4 times, white small worms passed with stools, white small worms crawling over stools in toilet seen by patient and her mother with violent itching at anal region worse in night, better by repeated cold washing, very restless at night, disturbed sleep, intolerance to clothes and any covering in nightfor 1-2 months, causing irritability in patient. For this she had taken syrup bandy (albendazole) 2 times but no relief. H/o peevishness, ingestion of outside fried packed foods, also H/o poor selfcare and hygiene
2. C/o soft, 8-10pearl like eruption, non-itchy, painlessmollusc eruption on face, around mouth, lips for 3-4 months. (Figure 1)H/o similar eruption to her neighbor friends. She had history of taking homeopathic medicines for above complaints but was not better.

Physical General

Appetite- Increased, feels hungry soon after eating

Thirst- For large quantity, cold water

Stool- 3-4 times/day, soft to watery stool, followed by itching at anal region

Urine-No complaints

Perspiration- Profuse in summers, No odor, No stains

Sleep- Restless, disturbed, wakes up multiple times to wash anal region

Dreams- Of robbers, kidnapping, Dreams of Ghost

Thermals- Hot patient-Intolerance to heat and sun exposure

General Physical Examination

Height - 128cm

Weight -29.8kg

No signs of pallor, icterus, clubbing, cyanosis, edema or lymphadenopathy

Vitals -

HR- 90/min

RR- 18/min

Temp- 97.4degree fahrenheit

S/e

RS- AE equal Both lungs, chest clear

CVS - S1-S2 audible, no murmurs

P/A - soft, generalized vague mild tenderness+ No organomegaly

Life space- This female child stays with her parents and 1 younger brother. She is cheerful but fearful. They stay in a local area where there are many liquor shops and in evenings, it is crowded with many drunkards. She studies in 4th std in a Girls school, daily her school bus drops her 1 junction away from her house, so she runs very fast as she is afraid someone from those drunkards will

catch her, beat her or take her away. She is afraid to play in evenings outside home. She is afraid of darkness and in night she wants her mother to stay with her, fear of being left alone. At home, she gets offended easily by her brother but suppress her anger considering she is elder than him. She dislikes mother to console her as she feels mother always defend brother.

Diagnosis

1. As per above symptoms of worm, Enterobius vermicularis infestation is the most probable diagnosis. Stool examination is not recommended in Enterobius as pinworms and eggs are usually not passed with stool and here it was visible through naked eye examination. (ICD Code- B80)
2. According to clinical presentation of facial eruption, Molluscum contagiosum is the probable diagnosis. It can be easily diagnosed by paying attention to lesion morphology without any lab investigation. (ICD Code- B08.1)

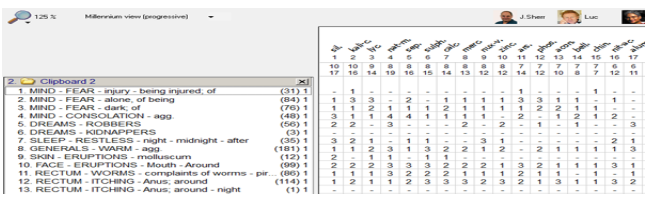
Condition	Diagnosis	ICD Code	Basis of Diagnosis	Remarks
Worm Infestation	Enterobius vermicularis (Pinworm) infestation	B80	Naked eye examination of worms in stools; visible white small worms crawling over stools; nocturnal perianal itching; restless sleep	Stool examination is not recommended in Enterobius as pinworms and eggs are usually not passed with stool. Diagnosis was confirmed through naked eye visualization.
Skin Eruption	Molluscum Contagiosum	B08.1	Clinical presentation of characteristic facial eruptions; pearly, umbilicated papules; history of contact with affected peers	Can be easily diagnosed by paying attention to lesion morphology without any laboratory investigation.

Homeopathic analysis and Totality of symptoms

Table 3- Homeopathic analysis and totality of symptoms

Mental Generals	Physical generals	Particular symptoms
Fear of being injured+3	Dreams of Robbers+2	Eruptions mollusc+2
Fear of being left alone+3	Dreams of ghost+1	Eruption-around mouth+2
Fear of darkness+3	Dreams of kidnapping+2	Itching better by cold+2
Suppressed anger+1	Hungry soon after eating+1	Itching at anal region worse in night +2
Offended easily+1	Intolerance to heat+3	Stool-Frequent+1
Consolation aggravation+2	Sleep restless and disturbed in night +2	Stool-Worms-pinworms+2
	Thirst for large quantity cold water+2	

Figure 1- Repertorial chart



Remedy differentiation and Homeopathic Management

Using kent's approach from generals to particulars, and based on above totality, emerging remedies were Silicea, Kali-carb, Lycopodium, Nat-mur, Sep, Calc-carb, Nux vom and sulphur. Although silicea, Calc carb and kali carb are covering maximum symptoms but child being thermally hot with intolerance to heat that is very characteristic so they are ruled out. Lycopodium's Dictatorial, timidity, boasting, lack of confidence was not seen here. Sepia's offending personality, fearfulness, suppressed anger was present but patient is overall hot patient, so sulphur can be considered but it lacks patient's characteristic symptoms so Nat-murwas considered for patient's anger, fears of darkness, robbers, fear of being left alone along with symptoms of worms and Mollucum. Nat-mur 200 single dose was prescribed on first day as the constitutional medicine and patient was followed up in2 weeks. Subsequent follow up showed relief in mental complaints of patient with partial relief of particular symptoms so Cina was prescribed as a general remedy for worms which after 7 days of dose showed no relief.

Acute totality was considered, as per BBCR repertory Pinworms included medicines like Cina,

China, Teur, Ferr-met, Merc-sol, they were differentiated (Table 4) [14] using Boger's Synoptic key and Teucrium marum varum was selected based on patient's characteristic symptoms, Teur 30 OD for 7 days was prescribed based on Nocturnal perianal itching, constant irritation in bed, pinworms and sensation of crawling in rectum after stool and it also covered Molluscim contagiosum in repertory!. In next follow up, patient showed excellent result with improvement in all her complaints.

Table-4 – Remedy differentiation of Pinworm infestation

CINA	CHINA	TEUR	FERR-M	MERC-S
Itching in anus, Hungry soon after meals, pain in abdomen worse in mornings and before meals, clean tongue with vomiting, craves sweets, grinding of teeth during sleep	Abdominal symptoms marked, Flatulence , regurgitation, colic with lot of debility, Leinteria frothy, yellow, painless worse at night during hot weather.	Itching at anus preventing sleep, pinworms, worse in bed, better in open air, remedy for polyps and soft eruptions	Anemia, hemorrhages, vomiting, diarrhea painless worse in night, gushing diarrhea alternating with constipation, enuresis	Hurries, Nervous, Indented tongue, Stool painful, scanty, bloody with tenesmus, Tenesmus recti

Follow Up-

Date	Observations &follow up	Homeopathic prescription
4/10/2025	1st prescription	Nat Mur 200 6pills HS SL 6 pills BD for 14 days
27/10/2025	1-2 mollusc disappeared, 5 remaining, size of eruptions same. Mentally relaxed, Cheerful, Enjoy playing in evenings without fear, No fear of darkness, robbers now. Worms appearance in stools less 50% Disturbed restless sleep SQ	SL 6 pills BD for 14 days
06/12/2025	Molluscum nos. 4 size reduced. No new eruptions. Worms complaints Same, Itching, increased hunger, peevishness, perianal itching	Acute prescription- Cina 30 6pills BD for 7 days with SL 6 pills BD for 14 days
22/12/25	Molluscum SQ. Worms complaints same	SL 6 pills BD for 14 days
03/01/2026	Increased perianal itching, Restlessness in sleep, white small worms in stool along with molluscum	Acute prescription- Teucrium marum varum 30 6 pills OD for 7 days With SL BD for 14 days
20/01/2026	Nocturnal perianal itching 60% better, sleep improved. Mollusc reducing in size and nos. Worms disappeared in stools.	Teucrium marum varum 30 6 pills OD for 7 days With SL BD for 14 days
11/2/2026	Perianal itching 90% better, Mollusc size reduced, nos. 3 now. sleep improved.	SL 6 pills BD for 14 days
14/2/2026	No Perianal itching now, Sleep normal. No restlessness. Only 1 mollusc remaining, Able to tolerate clothes in night, feels overall better, appetite normal now.	SL 6 pills BD for 14 days

Figure -2 - 1st day photo – date 04/10/2025

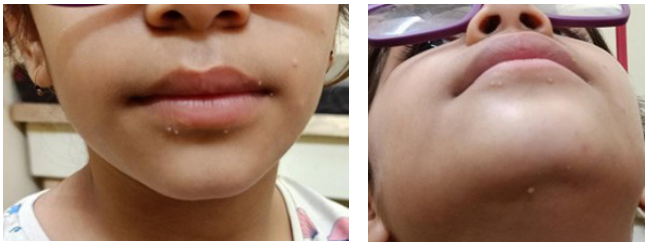


Figure 3- 1st follow up- date-27/10/2025

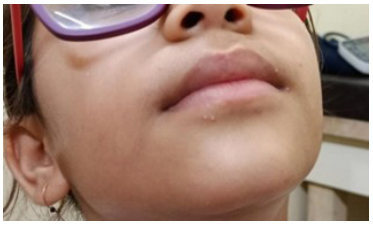
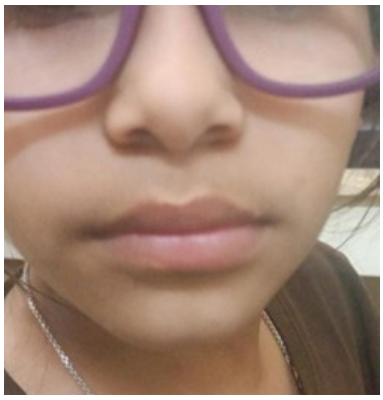


Figure 3 - Follow up date- 14/02/2026



DISCUSSION

Molluscum contagiosum and worm infestation are usually not related to each other as per research as one is a viral infection and other is a parasitic infection. Conventional treatment for MC like cryotherapy and keratolytic therapy is often associated with pain and recurrence. Also, Worm infestation treatment failures and recurrences are common caused by poor hygiene, failure to treat all household members or developing drug resistance. Here Homeopathy plays its role in stimulating the body's natural immune response and strengthening the gut environment for long term resolution. In the above case, the patient had characteristic pinworm symptoms along with MC after failure of conventional medicine, but the patient was sick prior to his sickness so it needed dynamic medicine to act on deranged vital force. So constitutional individualized medicine Natmur benefitted patient's general health. Later with reference to Homeopathic repertories and materia medica, Teucrium marum varum remedy was selected that covered rectal worms along with MC. By the end of treatment, patient regained normal functioning that was confirmed clinically. This highlights therapeutic potential of individualized homeopathic treatment in worm infestation and MC especially when mental symptoms play a significant load. Thus, by addressing the deeper constitutional layer, recovery was achieved without use of any other treatment modality.

CONCLUSION

This case demonstrates that different worm infestation develop different symptoms that requires Homeopathic similimumdepending on totality of symptoms including characteristic mental, physical and general symptoms and that it should not limit to routine remedy stereotypes

Declaration of Patient Consent: Patient's parent gave consent verbally for this article and has no issues.

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Individualized Homoeopathic Management of Filiform Warts in Pediatric Patient: An Evidence Based Case Report

PEER REVIEWED

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Abstract

- **Background:** Filiform warts (Verruca filiformis) are benign epithelial proliferations caused by Human Papillomavirus (HPV). They commonly affect the face, eyelids, lips, and neck in children, leading to cosmetic concern and possible autoinoculation. Conventional management methods such as cryotherapy, electrocautery, and curettage may be painful for pediatric patients and are associated with recurrence in some cases.[1-3]
- **Objective:** To document the clinical resolution of facial filiform warts in a 4-year-old child using individualized homoeopathic medicine.
- **Methods:** A 4-year-old female presented with two filiform warts on the left side of her face. A detailed case history was taken, including mental disposition, physical generals, and miasmatic background. The remedy was selected based on the totality of symptoms.
- **Results:** Following the administration of Medorrhinum 200C, the warts shriveled and fell off within ten weeks. Concomitant improvements in behavioral symptoms (anger and hyperactivity) were observed.
- **Conclusion:** Individualized homoeopathy serves as an effective alternative to surgical intervention for warts in pediatric cases, providing a gentle and permanent cure.

Keywords

Filiform Warts, Medorrhinum, Pediatric, Sycosis, Individualized Homoeopathy.

Introduction

Warts are among the common dermatological disorders encountered in clinical practice and are reported in approximately 2-20% of school-aged children.[1] Filiform warts are characterized by elongated, thread-like projections commonly affecting the eyelids, lips, and neck. These lesions are caused by infection with Human Papillomavirus (HPV) and may lead to cosmetic concern and autoinoculation, particularly in pediatric patients.[2] Conventional management includes cryotherapy, electrocautery, salicylic acid application, and curettage; however, these procedures may be painful and associated with recurrence in children.[3]

Homoeopathy considers such conditions as manifestations of altered susceptibility and approaches the patient constitutionally by evaluating mental generals, physical generals, and individual characteristics. Remedy selection is based on the totality of symptoms and repertorial analysis.[4]

Case Presentation

Date: 11-07-2025

History of presenting complaints:

A 4-year-old female child brought by her mother to the OPD for facial growths. Two painless, thread-like warts on the left side of the face since 2–3 months.

Past History:

- The child had a history of epilepsy at age 1.5 years, currently stable without medication.
- History of pica (eating mud) at the age of 2.

Family History:

- 2 sisters (younger one).
- 1 brother
- No major hereditary illness reported.

Physical Generals:

- **Thermal:** Hot (+2); prefers cold weather and minimal clothing.
- **Appetite:** Regular;
- **Desire:** Craves fruits (+3), especially bananas (+2).
- **Habits:** Nail-biting.

Birth History:

- Birth weight 2.5 kg.
- Milestones were developed at proper age.
- Vaccination done as per scheduled.
- Observation: The mother exhibited joined eyebrows, a classical sycotic physical marker.

Mental Generals:

The patient was observed to be highly clever (+2) and hyperactive (+1) in the clinic. The mother reported she is extremely obstinate (+2) and possesses a violent anger (+3), often hitting others when her demands are not met.

Clinical Diagnosis:

ICD-10 Code: B07.8 (Other viral warts / Filiform warts).

The diagnosis was made based on the pathognomonic clinical appearance of elongated, finger-like projections.

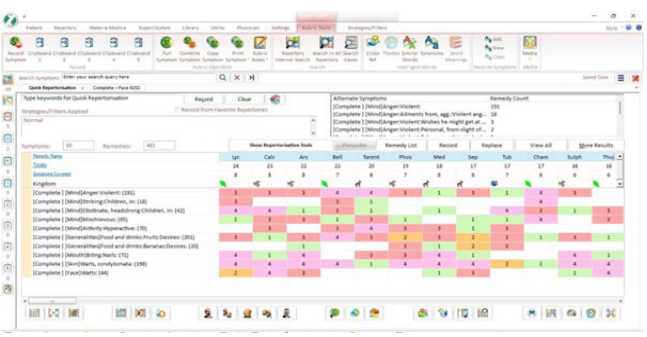
Case Analysis

The case was interpreted predominantly as a sycotic miasmatic state based on the presence of proliferative skin growths, behavioral traits, and constitutional characteristics. The assessment was made according to classical homoeopathic miasmatic interpretation described in homoeopathic literature.[4]

Totality of Symptoms:

1. Violent anger with tendency to hit others when contradicted.
2. Obstinate and stubborn behavior.
3. Hyperactive and mischievous nature.
4. Clever and manipulative disposition.
5. Desire for fruits, especially bananas.
6. Hot patient; prefers cold atmosphere and minimal clothing.
7. Habit of nail biting.
8. Filiform warts on the left side of the face.

Repertorial Sheet:



Repertorial Analysis:

Repertorisation was carried out using CARA

software and considering the totality of symptoms including violent anger, obstinate behavior, hyperactivity, craving for fruits and bananas, and hot thermal state. The remedies that emerged prominently included Medorrhinum, Belladonna, and Tarentulla. Based on the constitutional picture and characteristic symptoms, after confirming in Materia Medica Medorrhinum was selected as the similimum.

Intervention:

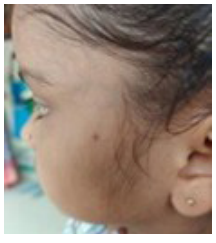
Prescription: Rx,

Medorrhinum 200C, single oral dose.

S.L TDS for 7 days

The patient and guardian were advised regarding general hygiene and avoidance of scratching or manipulating the lesions.

Follow-Up Table

Date	Follow up	Treatment
08/07/25	Wart darker, anger reduced 	Rx, S.L TDS for 7 days
25/07/25	One wart fell off completely 	Rx, Medorrhinum 200, 1 dose S.L TDS for 7 days
01/08/25	No recurrence; calmer behavior 	Rx, S.L TDS for 7 days
08/08/25	Skin clear, with no any scar formation	No treatment needed.

Clinical Pictures:

Figure 1: Before Treatment

Figure 2: After Treatment

Consent

Consent was obtained from the patient's guardian for the use of clinical information and images for academic and scientific publication purposes. The guardian was informed that her name and initials will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

Conflict of interest: None.

Remedy Profile: Medorrhinum[5,6,7,8]

Introduction

Medorrhinum is considered one of the most important anti-sycotic remedies in homoeopathic literature and is frequently indicated in children with aggressive behavior, hyperactivity, impulsiveness, and constitutional weakness. Such children often appear pale, poorly nourished, restless,

and emotionally sensitive. They may suffer from recurrent allergic complaints such as eczema, rhinitis, or asthma along with behavioral disturbances.

The remedy picture strongly corresponds to children who exhibit violent temper tantrums, striking, biting, kicking, or fighting with others. A peculiar combination of sensitivity and indifference is often observed in Medorrhinum patients. They are highly sensitive to criticism, reprimands, and harshness, yet may remain irresponsible, careless, and procrastinating in routine tasks.

In the present case, the child demonstrated several characteristic features of Medorrhinum, including violent anger, striking behavior, hyperactivity, nail biting, hot thermal state, craving for fruits, obstinacy, and restless mischievous behavior.

Constitutional Features

Medorrhinum is commonly suited to children who are dwarfed, stunted, weak, or affected by deep-seated sycotic tendencies. Such children may have enlarged lips due to mouth breathing, pale appearance, sour body odor, excessive perspiration, and marked restlessness.

The constitutional profile often includes:

- Hot patient with desire for open air
- Burning of hands and feet with desire to uncover them
- Strong cravings for mixed tastes including sweet, sour, spicy, and salty foods
- Restlessness of legs and constant motion
- Tendency to nail biting
- Sensitivity to noise and reprimands
- Tendency toward emotional extremes

Mental and Emotional Characteristics

The mental sphere of Medorrhinum is highly characteristic and complex. The child may appear impulsive, hurried, forgetful, emotionally sensitive, and destructive.

Characteristic mental symptoms include:

- Violent anger with striking, biting, or throwing objects
- Obstinate and stubborn nature
- Hyperactivity and inability to sit quietly
- Mischievous and manipulative behavior
- Extreme sensitivity to criticism and reprimands
- Fear of darkness, strangers, injections, and loud noises
- Weak memory and poor concentration
- Anxiety from anticipation
- Aversion to responsibility and tendency to procrastinate
- Restlessness and fidgetiness

Children requiring Medorrhinum may cry when scolded and become emotionally disturbed even by minor criticism. They may delay homework until the last moment despite fear of punishment. Many children show impulsive hurried behavior and make mistakes due to haste.

The remedy also shows a tendency toward emotional contradictions. The child may remain irritable and cross during the daytime but become cheerful and playful at night. Some children resist sleep and prefer playing late into the night.

Physical Generals

The physical generals of Medorrhinum are particularly important in constitutional prescribing.

Common physical features include:

- Hot thermal reaction
- Desire for cold atmosphere and open air
- Profuse perspiration especially on scalp and face
- Sour or fishy odor of body secretions
- Burning sensation in palms and soles

- Desire to uncover feet
- Craving for sour, sweet, salty, and spicy foods
- Restlessness of legs and feet
- Nail biting habit
- Tendency toward skin eruptions and overgrowths

A characteristic keynote is sleeping in knee-chest position. Another important feature is amelioration from sea bathing, fresh air, and hard rubbing.

Sleep Characteristics

Sleep symptoms are highly characteristic in Medorrhinum.

Characteristic sleep features include:

- Sleeps in knee-chest position
- Sleeps on abdomen for relief
- Desire to uncover feet during sleep
- Night terrors and fearful dreams
- Restlessness during sleep
- Late sleeping habits
- Excitement and increased activity at night
- Unrefreshing sleep
- Night aggravation between 2–4 a.m.

Children may scream during sleep, fear being alone, or wake frightened from dreams of pursuit or danger.

Skin and Sycotic Manifestations

Medorrhinum has strong affinity for sycotic conditions and overgrowth tendencies.

Common skin manifestations include:

- Filiform warts
- Condylomata and cauliflower growths
- Itching worse at night
- Moist eruptions
- Acne and seborrhea
- Ringworm-like eruptions
- Copper-colored spots
- Profuse offensive perspiration
- Tendency toward recurrent allergic eruptions

Suppression of skin eruptions may lead to deeper respiratory or nervous complaints according to classical materia medica observations.

Clinical Indications

Medorrhinum is frequently considered in cases of:

- Hyperactivity and impulsive behavior
- Aggressive and destructive anger
- Behavioral disturbances with emotional sensitivity
- Nail biting habit
- Allergic complaints such as eczema, asthma, and rhinitis
- Chronic catarrhal conditions
- Restless legs and sleep disturbances
- Warts and sycotic manifestations
- Nocturnal enuresis
- Chronic rheumatism
- Nervous irritability and hypersensitivity

Relevance to the Present Case

The present case showed strong similarity to the Medorrhinum constitutional picture. The child was hot, restless, hyperactive, obstinate, and violent during anger. She had a strong tendency to hit others when contradicted and displayed mischievous and manipulative behavior.

The patient also had nail biting habit and strong craving for fruits, especially bananas. These symptoms, combined with the presence of filiform warts and predominant sycotic background,

strongly supported the selection of Medorrhinum as the similimum.

The successful resolution of the warts along with improvement in emotional and behavioral symptoms further confirmed the constitutional applicability of the remedy.

CONCLUSION

This case demonstrates the successful management of pediatric filiform warts using individualized homoeopathic treatment. The constitutional prescription not only resulted in complete resolution of the lesions without scarring but also showed improvement in behavioral symptoms. Individualized homoeopathy may serve as a gentle and non-invasive therapeutic option in pediatric dermatological conditions.

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Mesenteric lymphadenopathy: A Clinical Case report

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Abstract

Mesenteric lymphadenopathy is an inflammatory condition affecting the lymphnodes whose presentation classically mistaken for acute appendicitis and intussusception. It is most commonly occurs in children, adolescence and young adults. The most cause of mesenteric lymphadenopathy is infection especially tuberculous. A 3 year old girl having mesenteric lymphadenopathy for 2.5 years. A complete case history was taken and on the basis of repertorisation and individualization Veratrum album in 200 potency was given.

Keywords

Homoeopathy, Lymphadenopathy, Individualized Treatment, Case Study.

Introduction

Mesenteric lymphadenitis (MLN), characterized by inflammation of the mesenteric lymph nodes that drain the gastrointestinal tract, is frequently observed in children experiencing chronic abdominal pain (CAP). [1]

It frequently caused by viral pathogen mainly adenovirus but Epstein–Barr virus and Parvovirus B19 are also implicated as the causative organism affecting mesenteric lymph nodes in the abdomen. Many causes of abdominal pain in children are seen in clinical practise like gastroenteritis, appendicitis, mesenteric adenitis, constipation, meckels diverticulum, lactose intolerance, inflammatory bowel disease, hepatitis, parasitic infection, gastritis, urological and gynecological diseases. [2]

Primary or nonspecific mesenteric lymphadenitis has been usually defined as right-sided lymphadenopathy without an identifiable underlying inflammatory cause. In these patients, there are no further imaging abnormalities, except for a slight thickening of the terminal ileum wall and caecum in a minority of cases. Secondary mesenteric adenitis is associated with a detectable intraabdominal inflammatory process. Such as appendicitis, inflammatory bowel diseases, and, more rarely, systemic chronic inflammatory diseases such as systemic lupus erythematosus, sarcoidosis, and chronic granulomatous disease are causes of secondary mesenteric lymphadenitis. [4]

Mesenteric lymphadenitis typically occurs in children, adolescents, and young adults of both sexes, although males might be slightly more frequently affected than females. Mesenteric lymphadenitis is likely more common than acute appendicitis in the first decade of life. 4

Chronic abdominal pain (CAP) in children is a diagnostic challenge which has been defined as "lasting intermittent or constant abdominal pain that is either functional or organic". Abdominal pain lasting for more than 1–2 months is considered

chronic. An extensive list of entities is known to cause chronic abdominal pain. But, only a small fraction of children is known to have organic abnormalities in abdominal ultrasound (US) of children with CAP. Abdominal ultrasound (US) is one of the most important diagnostic tools in the work-up of children with CAP. [3]

Lymphadenopathy may be a primary or secondary manifestation of numerous disorders, as shown. Many of these disorders are infrequent causes of lymphadenopathy. In primary care practice, more than two-thirds of patients with lymphadenopathy have nonspecific causes or upper respiratory illnesses (viral or bac-terial) and <1% have a malignancy. In one study, 84% of patients referred for evaluation of lymphadenopathy had a "benign" diagnosis. The remaining 16% had a malignancy (lymphoma or metastatic adenocarcinoma). Of the patients with benign lymphadenopathy, 63% had a nonspecific or reactive etiology (no causative agent found), and the remainder had a specific cause demonstrated, most commonly infectious mononucleosis, toxoplasmosis, or tuberculosis. Thus, the vast majority of patients with lymphadenopathy will have a nonspecific ethology.

CASE History:

A 3-year-old male child was brought to the OPD by his mother on 05/08/2025 with the chief complaint of c since the age of 3 months. According to the mother, the complaints started without any specific known cause and had been recurring intermittently since then. The child frequently developed severe abdominal pain.

The complaints were associated with diarrhoea and passage of black-coloured stool. During acute episodes, the child experienced shivering, perspiration, and marked body heat. It was observed that fried and oily foods causes the abdominal pain.

The child had undergone allopathic treatment several times for the same complaints; however, only temporary relief was obtained and the complaints continued to recur frequently. The persistence of symptoms despite conventional treatment prompted the parents to seek homoeopathic management.

The child also had delayed developmental milestones compared to other children of the same age group.

Mental generals:

- Active and restless; does not stay in one place.
- Constantly playing around and doing mischief.
- Disobedient; does not listen to others.
- Anger marked by throwing and breaking things. Aggressive behaviour with forceful door slamming during anger.
- During anger, gives back answers and may slap the person in front of him.
- Stubborn; cries persistently for desired things, but soon forgets about them.
- Never tells lies; truthful by nature.
- **Fear:** of water.

Physical generals:

- Thirsty: Cold water needs.
- Desire: Spicy food
- Stool: Stool: 2–3 times per day. Urging for stool occurs within 10–15 minutes after eating.

Appearance: Thin, Tubercular constitution.

Family History:

Mother Maternal History During Pregnancy: She underwent significant emotional stress due to her husband's involvement in an affair with another woman. She remained mentally disturbed throughout the pregnancy and would often cry alone. She had no interest in doing daily activities and also developed aversion to food. Constant thoughts occupied her mind regarding how to come out of the situation and whether her husband would return to her. In spite of the emotional suffering, she continued to love her husband deeply and desired only his companionship.

Diagnosis:

Mesenteric lymphadenopathy with intussusception. (ICD: I88.0)

Investigation Reports:

Image 1: Before treatment: USG abdomen done.

Dr. Shyamal R. Barodia
MBBS, DMRD
Consultant Radiologist
Reg. No. G-17165
Time : 9am to 2pm & 5pm to 9pm

IMAGING CENTER

302, 3rd Floor, Cross Road Shopping Centre, Opp. J.V. Morden School, Amroli-Sayan Road, Amroli, Surat. M. 94295 32394

Patient's Name	RADHIE PATEL	Date :	24/07/2025
Ref.By	DR.HIREN PATEL	Age/Sex	3 Y / M

USG ABDOMEN

LIVER normal size with Normal homogenous echotexture.
No focal solid or cystic mass seen.
No diffuse parenchymal abnormality seen.
Portal & billiary radicals normal.
PV & CBD normal.

G.B. well distended & normal. No stone or inflammation seen.

PANCREAS reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN appears normal in size, shape and echotexture.
No focal mass seen.

BOTH KIDNEY are normal size with normal cortical thickness. Both kidneys shows normal echotexture with preserved cortico-medullary differenciation.
Rt. 63 x 24mm
Lt. 64 x 24mm
No solid or cystic mass seen.
No calculus or hydronephrosis on either side.

U. BLADDER partially distended no irregularity.
No mass or filling defect seen.

Prostate is normal in size, shape & echotexture.
No e/o calcification, No focal lesion seen.

NO FREE FLUID SEEN.
Fluid and content filled, non-distended, minimal edematous mucosal wall noted involving few small bowel loops in lower abdomen. S/o Enteritis.
Few mesenteric lymphnodes noted at periumbilical and RIF region, largest [16x9]mm.
No necrosis or conglomeration.

There is a enfolding of segment of small bowel intussuceptum in to adjacent segment (intussucipient) of small bowel causing hypoechoic ring with echogenic centre (dought sign). P/o Intussusception in Rt. Paraumbilical region.

IMPRESSION:
- **Enteritis.**
- **P/o Intussusception in Rt. Paraumbilical region.**
- **Few mesenteric lymphnodes noted at periumbilical and RIF region.**

(Please correlate clinically)

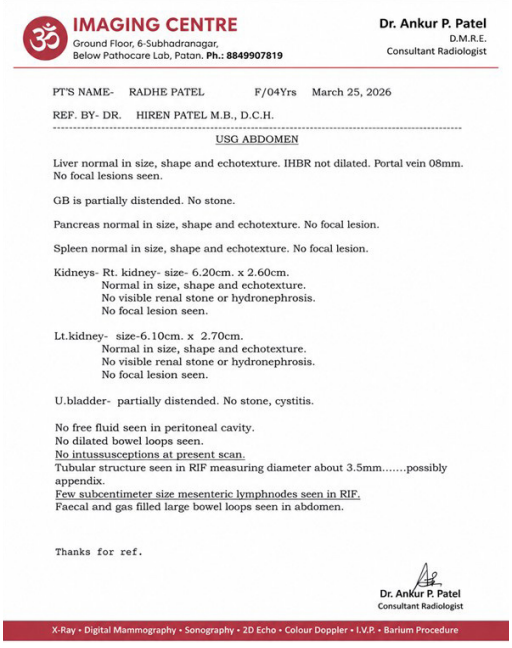
Thanks for Reference

Dr. Shyamal R. Barodia
MBBS, DMRD

The investigation is carried out as per request of referring doctor. The incidence of Ultrasonography and X-ray depends upon interpretation of various shadows, produced by both normal and abnormal structures and there is no pathognomic. The report is related only to assist a competent medical practitioner to have an idea on nature of disease and not an absolute or exact diagnosis the laboratory investigation. The report indicate only one or obvious possibilities which is to be confirmed with further investigations and other assist. If any clinic to be recurred we would claiom N.R. It is clearly appear that it is neither normals cannot be detected by sonography any deviation of vital anomalies depends on Graph. their position & nature of focus, as the treatment must be subject to concert statistical validation.

IVP | HSG | Colour Doppler | Small Part Sonography | Fetal Anomaly Scan | 3D / 4D Sonography | Digital X-Ray

Image 2: After treatment: USG abdomen done; mesenteric lymphnode size reduced.



IMAGING CENTRE
Ground Floor, 6-Subhadranagar,
Below Pathocare Lab, Patan. Ph.: 8849907819

Dr. Ankur P. Patel
D.M.R.E.
Consultant Radiologist

PT'S NAME- RADHE PATEL F/04Yrs March 25, 2026

REF. BY- DR. HIREN PATEL M.B., D.C.H.

USG ABDOMEN

Liver normal in size, shape and echotexture. IHBR not dilated. Portal vein 08mm.
No focal lesions seen.

GB is partially distended. No stone.

Pancreas normal in size, shape and echotexture. No focal lesion.

Spleen normal in size, shape and echotexture. No focal lesion.

Kidneys- Rt. kidney- size- 6.20cm. x 2.60cm.
Normal in size, shape and echotexture.
No visible renal stone or hydronephrosis.
No focal lesion seen.

Lt.kidney- size-6.10cm. x 2.70cm.
Normal in size, shape and echotexture.
No visible renal stone or hydronephrosis.
No focal lesion seen.

U.bladder- partially distended. No stone, cystitis.

No free fluid seen in peritoneal cavity.
No dilated bowel loops seen.
No intussusceptions at present scan.
Tubular structure seen in RIF measuring diameter about 3.5mm.....possibly appendix.
Few subcentimeter size mesenteric lymphnodes seen in RIF.
Faecal and gas filled large bowel loops seen in abdomen.

Thanks for ref.

Dr. Ankur P. Patel
Consultant Radiologist

X-Ray • Digital Mammography • Sonography • 2D Echo • Colour Doppler • I.V.P. • Barium Procedure

CASE ANALYSIS:

Analysis And Evaluation of Symptoms:

Mental generals:

- Restless++
- Fear of water
- Stubborn
- Anger+++

Physical generals:

- Thirsty for Cold water++
- Stool: Stool: 2–3 times per day. Urging for stool occurs within 10–15 minutes after eating.

Physical particular:

- Recurrent abdominal cramps+++
- shivering, perspiration, and marked body heat during acute attack.
- Abdominal pain after fried food

Totality of Symptoms

- Restless++
- Fear of water
- Anger+++
- Thirsty for Cold water++
- Urging for stool occurs within after eating.
- Recurrent abdominal cramps+++

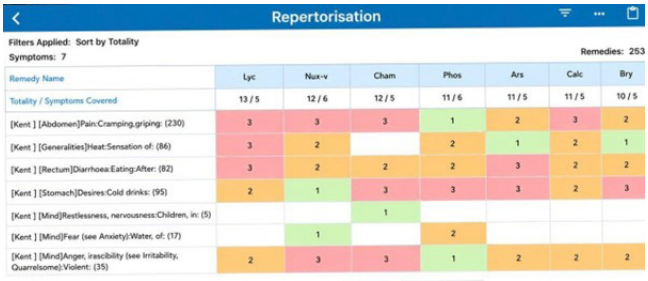
Reportorial Analysis & Remedy Selection

After repertorization from Hompath FireFly Repertory Lycopodium was first position (13/5) and in second position was Nux Vomica (12/6). After analysing the totality of symptoms together with Materia Medica, Nux Vomica was selected as the Similimum.

PRESCRIPTION: - On 5th August, 2025

1. Nux Vomica 30/1 dose/ at night.

2. Sac Lac 30/4 Globules BD for 15 days.



Remedy Name	Lyc	Nux-v	Cham	Phos	Ars	Calc	Bry
Totality / Symptoms Covered	13 / 5	12 / 6	12 / 5	11 / 6	11 / 5	11 / 5	10 / 5
[Kent] [Abdomen]Pain:Cramping,griping: (230)	3	3	3	1	2	3	2
[Kent] [Generalities]Heat:Sensation of: (86)	3	2		2	1	2	1
[Kent] [Rectum]Diarrhoea:Eating:After: (82)	3	2	2	2	3	2	2
[Kent] [Stomach]Desires:Cold drinks: (95)	2	1	3	3	3	2	3
[Kent] [Mind]Restlessness, nervousness:Children, in: (5)			1				
[Kent] [Mind]Fear (see Anxiety):Water, of: (17)		1		2			
[Kent] [Mind]Anger, irascibility (see Irritability, Quarrelsome):Violent: (35)	2	3	3	1	2	2	2

Follow Up:

Date	Observation	Prescription
23-08-2025	Abdominal pain reduced.	SL 30 /4 globules bd for 1month.
02-10-2025	General improvement observed.	SL 30 /4 globules bd for 1month.
10-12-2025	No new complaints. Patient stable.	SL 30 /4 globules bd for 1month.
02-02-2026	Attack of abdominal spasm associated with perspiration.	Nux Vomica 30/1 dose/ at night.
16-02-2026	Better. No new complaints.	SL 30 /4 globules bd for 1month.
07-04-2026	All complaints better.	SL 30 /4 globules bd for 1month.

CONCLUSION:

This case highlights the significance of individualized homoeopathic management in a paediatric patient suffering from recurrent abdominal cramps associated with mesenteric lymphadenopathy, enteritis, and intussusception. The child had recurrent abdominal complaints since early infancy, along with marked mental and behavioural symptoms such as restlessness, anger, rudeness, destructive behaviour, and fear of water. Acute episodes were associated with shivering, perspiration, body heat, and aggravation after fried food. Despite previous allopathic treatment, the complaints persisted, making the case clinically challenging.

One of the major difficulties encountered during case management was the recurrent nature of abdominal spasms and the possibility of acute abdominal emergencies related to intussusception. In pediatric cases, obtaining reliable subjective symptoms is often difficult; therefore, detailed observation of the child's behaviour, physical generals, and modalities played a crucial role in forming the totality of symptoms. Another important aspect of the case was the maternal emotional history during pregnancy, which revealed prolonged grief, emotional stress, and anxiety due to marital problems. This provided a deeper constitutional understanding of the child's condition.

Repertorization based on the characteristic mental and physical symptoms helped in selecting the appropriate homoeopathic remedy. Regular follow-up and constitutional treatment resulted in gradual improvement in abdominal pain, stool pattern, and general well-being. Although one acute relapse occurred during follow-up, it was managed successfully with an indicated acute remedy, after which the patient remained symptomatically better.

The uniqueness of this case lies in the coexistence of mesenteric lymphadenopathy, enteritis, and intussusception in a young child with prominent behavioural manifestations. The case also emphasizes the importance of considering psychosomatic and prenatal influences in pediatric homoeopathic prescribing. This report demonstrates that careful case taking, individualized remedy selection, and continuous follow-up may play an important role in the management of recurrent pediatric gastrointestinal disorders.

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Individualised Homoeopathy in the Management of Steroid-Induced Tinea Incognito: A Case Report

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1. Abstract

Background: Tinea incognito is a fungal infection modified by corticosteroids, leading to diagnostic confusion, atypical presentation, and recalcitrant symptoms. The over-the-counter availability of potent topical steroids in India has contributed to an epidemic of such "spoiled" cases.

Case Summary: A 24-year-old male presented with extensive, poorly defined erythematous plaques on the thigh and knee, with intense itching and burning, following 4 months of inappropriate use of Clobetasol Propionate and Miconazole combination. Based on the totality of symptoms—including intense itching aggravated by heat of bed, craving for sweets, hot thermal state, and a history of recurrent skin rashes—an individualized homoeopathic approach was adopted.

Intervention: Constitutional prescribing with Sulphur 30C (weekly), intercurrent Bacillinum 1M (fortnightly), and supportive Azadirachta indica 1x were administered alongside topical Sulphur Q and Calendula Q.

Outcomes: Complete clinical resolution was achieved within 12 weeks, with restoration of skin texture and no recurrence at 6-month follow-up.

Conclusion: This case demonstrates that homoeopathy can successfully reverse iatrogenic suppression and restore skin health by treating the "soil" (host susceptibility) rather than merely addressing the "seed" (fungal pathogen). It highlights the importance of anti-psoric prescribing and miasmatic intercurrents in managing steroid-modified dermatophytosis.

Keywords

Tinea Incognito, Homoeopathy, Sulphur, Bacillinum, Steroid Suppression.

2. Introduction

Tinea Incognito (TI) is an iatrogenic dermatological condition arising from the misuse of topical corticosteroids (TCS). In India, the over-the-counter availability of potent steroids has led to an epidemic of "spoiled" fungal cases. TCS suppress local cell-mediated immunity, allowing dermatophytes to invade deeper tissues while masking classic clinical markers. This report explores a holistic alternative to systemic antifungals.

3. Patient Information & Clinical Findings

a. Demographic Information-

- **Age:** 24 Years
- **Sex:** Male
- **Occupation:** student
- **Location:** Sambhajinagar

b. Main Symptoms of the Patient-

- **Location:** Primarily involving the thigh and knee.

- **Sensation:** Intense, distressing itching with a persistent burning sensation as if the skin was "on fire" or "scalded."
- **Modalities:** Aggravation (<): From the heat of the bed at night; after bathing with warm water; from perspiration; and from friction of clothing.
  - » **Amelioration (>):** Cooling the area with cold air or cold water applications (though itching returns shortly after).
- **Concomitants:** Marked irritability and restlessness during the bouts of itching.

c. Medical, Family, and Psychosocial History

- **Medical History:** Generally healthy with no history of systemic metabolic disorders (Diabetes/Hypertension). He had a history of recurrent mild skin rashes in childhood which were treated with "local ointments."
- **Past Interventions & Outcomes:** The current fungal infection began 6 months prior.
  - » The patient used a combination of Clobetasol Propionate (steroid) and Miconazole for 4 months.
  - » **Outcome:** Temporary suppression of redness followed by a "rebound phenomenon" where the eruption returned with increased intensity and spread to previously unaffected areas (Steroid-induced Tinea Incognito).
- **Family History:** History of respiratory allergies (Mother) and paternal history of chronic skin eruptions (suggestive of a Tubercular miasmatic background).
- **Diet & Lifestyle:** Diet: Non-vegetarian; high intake of spicy foods and excessive consumption of sweets/refined sugars.
  - » **Lifestyle:** Sedentary, lacks physical exercise, inconsistent sleep patterns due to study.
  - » **Psychosocial:** The patient expressed significant anxiety and social embarrassment due to the visible nature of the lesions and the uncontrollable need to scratch.

d. Genetic & Physical Generals

- **Thermic State:** Hot patient (cannot tolerate warm environments).
- **Thirst:** Profuse thirst for large quantities of cold water at long intervals.
- **Skin Quality:** Generally dry, unhealthy skin; every small scratch tends to become inflamed.

e. Physical Examination (PE) Findings-

General physical examination

Height- 5 feet 7 inches

Weight-65kg

Signs- NAD

Vitals

Pulse rate - 76/min

Respiratory rate-18/min

Temperature-98 F

Systemic examination

Respiratory system- no creps or wheeze.

Cardiovascular system- S1 S2 heard, No murmur

Gastrointestinal system-Soft, No tender

Bowel- Regular, no staining or bleeding

On clinical examination, the patient presented with extensive, poorly defined cutaneous lesions. The following observations were recorded:

- **Morphology:** The classical annular (ring-shaped) morphology with a central clearing—typical of *Tinea corporis*—was conspicuously absent. Instead, the lesions appeared as diffuse, erythematous (red) plaques with ill-defined borders.
- **Secondary Changes:** Due to the chronic application of corticosteroids, the skin exhibited signs of **iatrogenic atrophy**. The epidermis appeared translucent and "cigarette-paper-like" in the thigh and knee.

- **Inflammatory Markers:** There were scattered follicular papules and pustules within the plaques (suggestive of *Majocchi's Granuloma* development). Punctate hemorrhages and excoriation marks were present, indicating intense, forceful scratching.
- **Skin Texture:** The affected areas felt "leathery" and thickened (lichenification) in some patches, while other areas showed significant thinning and telangiectasia (visible small blood vessels) resulting from steroid-induced dermal collagen degradation.

f. Local Examination-

- **Location:** Thigh and knee.
- **Sensation:** Extreme heat and burning on palpation.
- **Color:** Dull crimson red (typical of suppressed psoric eruptions).

4. Diagnostic Assessment

1. Diagnosis

- **Clinical Diagnosis:** Steroid-induced Tinea Incognito (Dermatophytosis modified by corticosteroids).

2. Diagnostic Reasoning

The diagnosis was established based on the clinical "masking" of symptoms and the clear "rebound phenomenon" history. The loss of the active vesicular border, combined with skin atrophy and the history of using Class-I topical steroids, is pathognomonic for Tinea Incognito.

Timeline of Treatment:

- Day 1: Baseline assessment; Steroid cessation initiated.
- Week 2-3: Observed "Healing Flare" (Rebound phenomenon).
- Week 6: 50% reduction in lesion size; Itching subsided.
- Week 12: Complete clearance of fungal borders; Skin texture restored.

5. Analysis & Synthesis

Symptoms were classified following the Hahnemannian model of chronic disease:

- Miasmatic Category: Tubercular (indicated by the rapid spread and circular tendency).
- Evaluation: The "Iatrogenic Factor" (steroid use) was identified as the primary block to cure.
- Synthesis: The patient's "Hot" thermal state and craving for sweets, coupled with the "Centrifugal" nature of the desired healing, pointed toward a deep-acting anti-psoric.

6. Totality & Processing

A repertorial totality was erected using Kent's Repertory.

Rubric	Sulphur	Psorinum	Mercurius
Skin;ITCHING; heat of bed, agg.	3	2	3
Skin ; ERUPTIONS; suppressed, from.	3	3	1
Generals ; HEAT; agg.	3	1	2
Generals; FOOD; sweets, desires.	3	1	1
TOTAL	12	7	7

7. Susceptibility & Programming

- Susceptibility: High but disorganized due to steroid suppression.
- Programming: A potency (30C) was selected to stimulate a reaction without overwhelming the already thinned dermis.
- Miasmatic Strategy: Bacillinum 1M was programmed as an intercurrent to address the fungal susceptibility once the acute suppression was cleared by Sulphur.

8. Therapeutic Intervention

1. Sulphur 30C: 2 pills, once weekly (Constitutional).
2. Azadirachta indica 1x: 1 tab, TDS (Acute itching support).
3. Bacillinum 1M: Single dose every 15 days

(Intercurrent).

4. Topical: Sulphur Q and Calendula Q (alternate day) applied TDS.

9. Follow-up and Outcomes

The follow-up was conducted every fortnight over a period of 12 weeks. The progress was monitored based on the reduction of itching, the return of normal skin morphology, and the healing of steroid-induced atrophy.

1. Timeline of Clinical Progress

Follow-up	Clinical Observations	Patient-Reported Outcomes
Week 2	"Healing Flare": Lesions became more defined and red. The "masking" effect of steroids faded, revealing the true extent of the fungal infection.	Itching increased slightly (Aggravation).
Week 4	Erythema started fading from the center. The skin began to feel less "leathery." No new lesions appeared.	Burning sensation reduced significantly. Sleep improved as night itching decreased.
Week 6	Significant reduction in the size of plaques. Skin atrophy started improving; the "cigarette-paper" appearance was less marked.	Itching reduced by 60%. Patient felt more energetic and less irritable.
Week 8	Only post-inflammatory hyperpigmentation remained. No active, raised borders visible.	Itching resolved. Patient stopped all external non-homoeopathic applications.
Week 12	Complete Resolution: Skin texture and color returned to near-normal.	Patient highly satisfied. No recurrence observed.

2. Outcome Assessment

- Primary Outcome: Restoration of the skin barrier and resolution of steroid-induced thinning and telangiectasia through the supportive action of Calendula Q.
- Recurrence: The patient was followed up for an additional 6 months; no relapse of the fungal infection was reported.

10. Discussion (Integrated with Outcomes)

The successful outcome of this case highlights the "Inward-to-Outward" healing process, consistent with Hering's Law of Cure.

The use of Sulphur was pivotal in managing the "spoiled" state of the case. By stimulating the vital force, it pushed the suppressed fungal infection back to the surface, allowing for a natural immune response. The introduction of Bacillinum as a miasmatic intercurrent ensured that the underlying tubercular susceptibility was addressed, which is often the reason for chronic recurrence in fungal cases.

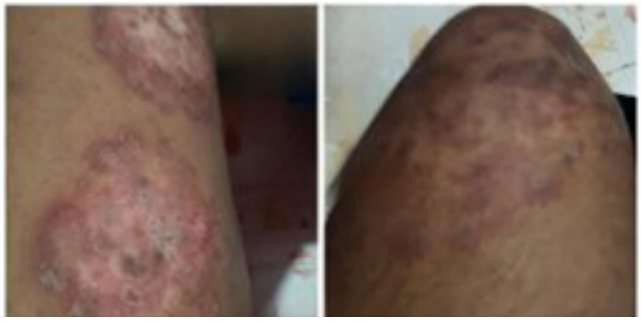
Furthermore, the integration of Azadirachta indica provided specific pathological relief, while the external application of Calendula Q served as a biological dressing to heal the iatrogenic damage caused by the steroids. This multi-dimensional approach achieved a cure where conventional systemic antifungals often struggle with resistance.

CONCLUSION

This case demonstrates that by applying the principles of the **Law of Similars** and **Miasmatic prescription**, it is possible to:

1. **Reverse Iatrogenic Suppression:** Use antipsoric remedies like *Sulphur* to restore the disease to its natural, treatable state.
2. **Break Chronic Susceptibility:** Address deep-seated tubercular miasms with nosodes like *Bacillinum* to prevent the "vicious cycle" of fungal recurrence.
3. **Restore Physiological Integrity:** Support the physical healing of the skin barrier through the judicious use of mother tinctures like *Calendula Q* and *Azadirachta indica 1x*. In an era of rising antifungal resistance and the widespread misuse of topical corticosteroids, homoeopathy provides a safe, cost-effective, and holistic alternative. This structured protocol not only cleared the pathogen but also restored the patient's psychological well-being and skin health, proving that treating the "soil" (the host) is as critical as addressing the "seed" (the fungus).

Before



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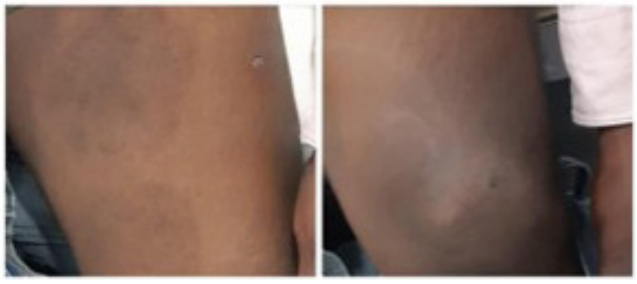

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Homoeopathic Paediatrics: Evidence-Based Clinical Practice With Special Reference To Enuresis In Children

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Abstract

Background

Involuntary urination over the age of normal bladder control is the hallmark of enuresis, a frequent elimination condition in children. Children's social, emotional, and psychological development is impacted. Individualized treatment based on constitutional prescribing is provided by homoeopathy.

Objective

To evaluate the efficacy of individualized homoeopathic medicines compared with Kreosotum in children suffering from enuresis.

Materials and Methods

A prospective, randomized, single-blind, parallel-arm clinical trial was conducted among 68 children aged 5–15 years attending the outpatient department of R.B.T.S. Government Homoeopathic Medical College & Hospital, Muzaffarpur. Sixty patients completed the study. Participants were divided into Experimental and Control groups. Outcome assessment was performed using the Enuresis Severity Scale (ESS) at baseline, first month, and third month.

Results

The Experimental group showed a reduction in mean ESS score from 8.2 to 2.8, whereas the Control group showed minimal reduction from 8.06 to 7.5. Independent t-test analysis demonstrated statistically significant improvement ($p < 0.001$).

Conclusion

Individualized homoeopathic medicines showed superior efficacy compared to Kreosotum in paediatric enuresis and improved quality of life significantly.

Keywords

enuresis, homoeopathy, paediatrics, ESS, individualisation, evidence-based medicine

Introduction

Involuntary urination that occurs after the age at which bladder control is expected is known as enuresis. It is among the most prevalent elimination diseases in pediatric medicine. Children who have never developed bladder control are referred to as having primary enuresis, whereas secondary enuresis develops following a dry interval.

At age five, the prevalence of nocturnal enuresis is between 15 and 20 percent, and it progressively declines as people become older. Impaired social functioning, low self-esteem, and emotional suffering are linked to persistent instances.

Delays in the development of bladder control systems, changes in antidiuretic hormone secretion, deep sleep patterns, genetic predispositions, and psychological stressors are all part of the pathophysiology.

Based on the individualization principle,

homoeopathy offers comprehensive care that takes the patient's physical, mental, and constitutional traits into account.

The evidence-based treatment of pediatric enuresis with customized homoeopathic medications is assessed in this study.

Aim And Objectives

Aim

To evaluate the effectiveness of individualized homoeopathic medicines in paediatric enuresis.

Objectives

1. To compare individualized homoeopathic medicines with Kreosotum.
2. To assess changes in quality of life.
3. To statistically evaluate therapeutic outcomes.

Materials And Methods

Study Design

- Prospective
- Randomized
- Single-blind
- Parallel-arm clinical trial

Study Setting

R.B.T.S. Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar.

Sample Size

68 children enrolled; 60 completed the study.

Inclusion Criteria

- Children aged 5–15 years
- Diagnosed cases of enuresis

Exclusion Criteria

- Organic urinary disorders
- Neurological abnormalities
- Congenital urinary tract malformations

Study Groups

Experimental Group

Received individualized homoeopathic medicines based on totality of symptoms.

Control Group

Received Kreosotum.

Assessment Tool

Enuresis Severity Scale (ESS)

Follow-Up

- Baseline
- First month
- Third month

Results

Statistical Analysis

Table 1: Distribution of Enuresis Severity Scale (ESS) Scores in Experimental and Control Groups

Study Group	Baseline Mean ESS Score	Third Month Mean ESS Score	Mean Reduction
Experimental Group	8.20	2.80	5.40
Control Group	8.06	7.50	0.56

Interpretation:

The Experimental group receiving individualized homoeopathic medicines showed marked reduction in ESS score compared to the Control group treated with Kreosotum.

Table 2: Statistical Analysis of ESS Scores

Statistical Test	Value	p-value	Significance
Independent t-test	t(58)=25.466	p<0.001	Highly Significant
Paired t-test (Experimental Group)	t(29)=26.217	p<0.001	Highly Significant

Interpretation:

Statistical analysis demonstrated highly significant

improvement in the Experimental group after individualized homoeopathic treatment.

Table 3: Interpretation of Enuresis Severity Scale (ESS)

ESS Score Range	Severity Interpretation
0	No Enuresis / Normal
1–3	Mild Enuresis
4–6	Moderate Enuresis
7–10	Severe Enuresis

Normal Value of ESS: 0

(Indicates complete absence of enuretic episodes)

Figure 1: Comparative Reduction in ESS Scores

Group	Baseline ESS	Third Month ESS
Experimental	8.2	2.8
Control	8.06	7.5

Interpretation:

The figure demonstrates greater reduction in severity of enuresis in the Experimental group compared to the Control group.

Figure 2: Mean Reduction in ESS Score

Group	Mean Reduction
Experimental Group	5.40
Control Group	0.56

Interpretation:

Individualized homoeopathic medicines produced substantially greater improvement than Kreosotum.

Figure 3: Statistical Significance of Treatment Outcome

Parameter	Result
Independent t-test	Highly Significant
p-value	<0.001
Outcome	Experimental group superior

Interpretation:

The obtained p-value confirms strong statistical evidence in favor of individualized homoeopathic treatment.

DISCUSSION

When compared to Kreosotum, the current randomized controlled clinical investigation showed that customized homoeopathic medications significantly improved the therapeutic outcome for children with enuresis. The results validate the increasing use of evidence-based homoeopathic pediatrics in the treatment of functional problems in children.

The mean Enuresis Severity Scale (ESS) score in this study decreased significantly from 8.2 at baseline to 2.8 after three months of treatment in the Experimental group receiving customized homoeopathic medications, while the Control group receiving Kreosotum showed only a slight decrease from 8.06 to 7.5. The improvement seen in the experimental group was not the result of chance, according to statistical analysis using the Independent t-test, which showed a highly significant difference between the two groups with $t(58)=25.466$ and $p<0.001$.

The Experimental group's baseline and third-month ESS scores showed a highly significant improvement, with $t(29)=26.217$ and $p<0.001$, according to additional analysis using the Paired t-test. The effectiveness of customized homoeopathic prescribing in lowering the number and intensity of bedwetting episodes is demonstrated by this statistically significant decrease. On the other hand, while the Control group did demonstrate some improvement, the reduction was quite tiny, indicating that routine remedy-based prescribing alone is not very effective.

The homoeopathic principle of individualization is supported by the study's findings. Constitutional prescribing for pediatric patients takes into account the child's temperament, sleep habits, anxieties, emotional state, temperature reactivity, desires, family history, and miasmatic background in addition to the local complaint. Deeper therapeutic activity and the restoration of physiological balance are made possible by such a personalized strategy.

Deep sleep patterns, psychological stress, delayed bladder control development, altered autonomic regulation, and genetic predisposition are frequently linked to enuresis. Both the cognitive and

functional parts of the disease seem to be affected by homoeopathic medications chosen based on the entirety of symptoms. Many children getting customized treatment showed clinical improvements in sleep quality, mental stability, self-confidence, and anxiety reduction during follow-up visits.

Additionally, the data validates the homoeopathic literature's miasmatic explanation of enuresis. Children with psoriasis frequently display functional bladder weakness linked to anxiety and hypersensitivity, whereas tubercular tendencies are linked to deep sleep and frequent nighttime urination. The better treatment response seen in the experimental group could be explained by constitutional prescription that targets these underlying susceptibilities.

Improvements in the affected children's quality of life were another significant conclusion of this study. Embarrassment, social disengagement, low self-esteem, strained familial ties, and emotional stress are frequently the results of persistent bedwetting. Children's social and psychological confidence increased as the frequency of enuretic episodes dramatically decreased. Additionally, parents reported better family comfort and less emotional strain.

The results of this study are consistent with other homoeopathic observational studies that found that remedies including Kreosotum, Cina, Causticum, Calcarea carbonica, Equisetum, and Sepia were effective for nocturnal enuresis. However, by using a randomized controlled design with quantifiable statistical results, the latest study reinforces the case even more.

Therefore, the alternative hypothesis that customized homoeopathic medications are much more successful than Kreosotum in the management of pediatric enuresis is strongly supported by the statistically extremely significant p-value ($p<0.001$) obtained in this study. These results provide important clinical support for incorporating homoeopathy into evidence-based pediatric medicine.

CONCLUSION

The current investigation showed that customized homoeopathic remedies are quite successful in treating pediatric enuresis. The Enuresis Severity Scale (ESS) values of the experimental group were significantly lower than those of the Kreosotum-treated Control group. The efficiency of constitutional homoeopathic treatment was supported by statistically significant results ($p<0.001$). In addition to reducing bedwetting incidents, individualized prescribing also enhanced the affected children's psychological health and quality of life. The results validate the use of evidence-based homoeopathic pediatrics in the treatment of functional childhood problems. When it comes to treating pediatric enuresis, homoeopathy has been shown to be safe, comprehensive, and therapeutically helpful. To improve scientific validity, more multicentric research with bigger sample sizes is advised.

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Book review of Essence of Materia Medica by Prof George Vithoulkas

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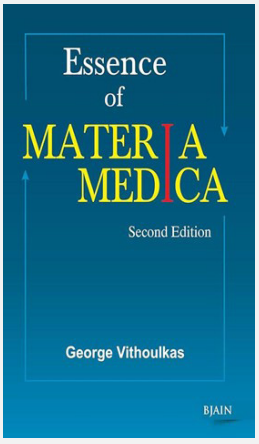

Before going into the book, I feel it is important to mention the uniqueness of the approach adopted by the author George Vithoulkas in this work. In the present era, many Materia Medica books mainly focus on symptoms, rubrics and clinical indications. But this book attempts to go deeper into the inner nature of remedies and presents them as living personalities rather than collections of symptoms. The author tries to explain remedies through their central essence, linking mental symptoms, physical generals, pathology and constitutional traits into one coherent picture. This makes the study of Materia Medica more interesting, understandable and clinically useful.Now let me go through the book Essence of Materia Medica. The book discusses many important constitutional and polycrest remedies in a narrative and analytical style. One of the striking features of this work is the way mental symptoms are described. The author gives prime importance to the emotional and psychological sphere of remedies. In remedies like Hyoscyamus niger and Ignatia amara, the mental symptoms are narrated beautifully, helping the reader to visualize the patient clearly. In Mercurius solubilis, the author specifically mentions the importance of obtaining a coherent picture of the remedy, and throughout the book this approach is consistently maintained.Another important feature is the essence-based understanding of remedies. For example, Phosphorus is explained through the concept of "diffusion," where the patient becomes social, open and easily connected with others. Similarly, Rhus toxicodendron is described through "stiffness," affecting both the physical and emotional sphere. Such descriptions help the student remember remedies easily and understand the deeper constitutional nature behind symptoms.

The author also explains remedies longitudinally through different stages of life and pathology. Nux vomica is described from the vigorous, ambitious and hypersexual phase to the weakened later stage of life. Sepia is explained in two chapters, one dealing with the "stasis state" and another discussing the introverted and extroverted stages of Sepia. Similarly, the development of violent mental states in Stramonium is explained stage by stage. This longitudinal approach gives a dynamic understanding of remedies rather than static symptom pictures.

One of the greatest strengths of the book is the practical comparative differentiation between remedies. The differentiation between Phosphoric acid, Picric acid and Muriatic acid on the basis of emotional, mental and muscular weakness respectively is highly practical. Silent grief in Phosphoric acid is differentiated from Ignatia amara. Violence in Stramonium is compared with Belladonna and Hyoscyamus niger. Such comparisons make the book clinically valuable.

The psychosomatic approach adopted in the book deserves special mention. The author repeatedly connects mental states with physical pathology. In Magnesia muriatica, a sour outlook to life is linked with liver pathology. In Thuja occidentalis, induration and ugliness in the mental sphere are reflected physically through tumors and

deformed nails. Suppression in Silicea and Staphysagria is explained both mentally and physically. These descriptions make remedies appear as complete constitutional states affecting the entire person. The author also attempts to explain certain modalities and physical symptoms physiologically. For example, amelioration from jar in Nitric acid and amelioration from rubbing in Plumbum metallicum are explained through stimulation of circulation. Such interpretations make the study intellectually stimulating. At the same time, some readers may feel that certain physiological explanations and symbolic interpretations go beyond classical Materia Medica and are more interpretative in nature.

Another useful feature of the book is the inclusion of practical prescribing guidance. In remedies like Syphilinum, the author discusses potency selection and advises long waiting periods after administration. Such practical points reflect the author's clinical experience and make the book useful for practitioners also.The language used throughout the book is simple, narrative and engaging. Instead of making Materia Medica difficult and mechanical, the author succeeds in making remedies vivid and memorable. Students who find Materia Medica difficult to retain may especially benefit from this style of presentation.

Overall, Essence of Materia Medica is a thought-provoking and clinically oriented work which attempts to present remedies as coherent living personalities. The book successfully integrates mental symptoms, constitutional traits, pathology and clinical application into a unified framework. Though some interpretations may appear subjective, the work remains highly valuable for students and practitioners who wish to develop a deeper understanding of remedy essence and constitutional prescribing. Certainly, this book deserves a place in the collection of every serious student and practitioner of Homeopathy.

Book Reviewe of "Fragmenta Decoded Volume -1; Pars Prima: The Text (The First Homoeopathic Materia Medica)"; Editor: Dr. Ashutosh Tripathi, MD (Hom.), PhD Scholar (PU); Foreword by: Dr. Navin Kumar Singh, MD (Hom.)

Reviewed by: Dr. Ishika Mani

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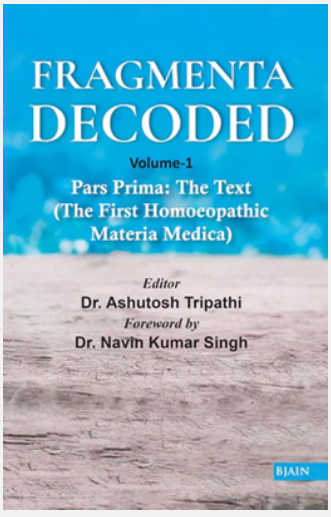
Tripathi A. Fragmenta Decoded. Volume 1: Pars Prima: The Text (The First Homoeopathic Materia Medica). B. Jain Publishers (P) Ltd.; New Delhi; 2026.357 pages. INR 395.ISBN: 978-81-319-9938-7.

EDITOR'S CREDENTIALS:

Dr. Ashutosh Tripathi, the editor of *Fragmenta Decoded*, is a Medical Officer (Homoeopathy) at the All India Institute of Medical Sciences (AIIMS), Raipur. He is a graduate of the Oldest Homoeopathic Institution in Asia, The Calcutta Homoeopathic Medical College and Hospital and has completed his Post Graduation from the most premier institute of Homoeopathy, National Institute of Homoeopathy, Kolkata. Dr. Tripathi is currently pursuing PhD at Parul University. He has contributed extensively to homoeopathic literature and possesses over a decade of clinical, academic and research experience. Fragmenta Decoded reflects his scholarly commitment for preserving and revitalizing foundational Homoeopathic works towards contemporary readers.

OVERVIEW OF THE CONTENT:



"*Fragmenta de Viribus Medicamentorum Positivis*" is the earliest systematic compilation of Homoeopathic Drug provings by Dr. Samuel Hahnemann published in 1805, written in Latin language. Being a foundational work for the development of Homoeopathic Materia Medica, it has remained largely inaccessible to many Homoeopathic students as well as practitioners by the paucity of translation in English. "*Fragmenta Decoded*" has played a pivotal role not only as a translation, but as an earnest attempt at understanding the work by Master Hahnemann. The book goes far beyond a literal translation, enriches the original text through cross-references to Hahnemann's later works, Materia Medica Pura and The Chronic Diseases, repertorial correlations between Pars Secunda and Pars Prima medicines, and comparisons with subsequent Latin editions of *Fragmenta de viribus*.

- The opening comprising a Foreword by **Dr. Navin Kumar Singh**, a Preface by the editor, **Dr. Ashutosh Tripathi**, and a Publisher's Note by **Manish Jain**. This section offers valuable insights into the genesis, scholarly significance and also emphasize its value as an accessible resource for students, practitioners, and researchers of Homoeopathy.
- Following the Publisher's Note, the book presents Hahnemann's original Preface, supplemented with explanatory footnotes clarifying the core of the context.
- This book contains 27 medicines as separate chapters with an editor's introduction for each, containing some precise information about the medicine.
- The annexures represent a treasure trove of valuable information, bring together several rare and insightful compilations including **a list of residual symptoms, a comparative synopsis of *Digitalis*, a comparative table of the 1805 Leipzig edition and the 1824 Naples edition of Fragmenta, an evaluation of the gradation of symptoms from Fragmenta de Viribus Medicamentorum Positivis to Materia Medica Pura and Chronic Diseases** and many more.

CRITICAL EVALUATION:

A critical appraisal of *Fragmenta Decoded* reveals it to be a thoughtfully conceived and meticulously executed work that contributes significantly to the study of classical Homoeopathic literature. A critical assessment of the work brings forth the following noteworthy observations:

- **FIRST ENGLISH TRANSLATION OF HAHNEMANN'S FRAGMENTA:**

  "*Fragmenta Decoded*" is the first ever English translation of "*FRAGMENTA DE VIRIBUS MEDICAMENTORUM POSITIVIS SIVE IN SANO CORPORE HUMANO OBSERVATIS*" published in 1805 in Latin language. It contains two volumes-

  » **Pars Prima Textus**, which forms the **First Homoeopathic Materia Medica.**

  » **Pars Secunda Index**, which is recognized as **First Homoeopathic Repertory.**

  » Description of every medicine in Pars Prima contains method of preparation, so also the **First Homoeopathic Pharmacy** as well.

  So, basically it was a pilot study on human drug proving by Master Hahnemann and also the foundational pillar of all Homoeopathic literature. Such a historic treatise was outreached for last 200 years to readers unfamiliar with Latin. To know about original Fragmenta one has to depend on articles on Fragmenta which claiming no need to study the original book. "*Fragmenta decoded*" overcomes this longstanding linguistic barrier, enabling a wider audience to explore Hahnemann's original observations and provings without relying on secondary exposition.

- **NOT MERELY A TRANSLATION BUT AN INTERPRETATION:**

  This book is not only the literal translation from various available AI tools like ChatGPT, Google Translate, Meta AI, Grok but also

  » corresponding the symptoms of Pars Prima with Hahnemann's later work Materia Medica pura and The Chronic Diseases.

  » Repertorial correspondence of Pars Secunda with medicines of Pars Prima.

  » Correspondence with later Latin editions of Fragmenta, like Naples edition (1824) and Quin's edition (1834) wherever required.

- **CONCEPT OF ABSOLUTE SYMPTOM AND RELATIVE POWERS:**

  In editor's preface, the concept of Absolute symptoms and Relative powers is explained in a comprehensible way. Absolute symptoms refer to those symptoms which appears on healthy human being during drug proving and the symptoms which appear on sick persons get mixed and complicated with natural disease is termed as Relative powers by Hahnemann.

- **GRADATION OF SYMPTOMS:**

  There are technically 4 grades of symptoms in Fragmenta-

  » **BOLD**

  » *Italics*

  » Roman

  » (Roman)

  But the **BOLD** is only 2 in number, belongs to *Aconite* and treated same as *italics* in Materia Medica Pura. So, practically there are 3 grades in Fragmenta, i.e. *Italics*, Roman and (Roman).

- **CONCEPT OF RESIDUAL SYMPTOM:**

  The understanding of 'Residual symptom' becomes more easier by this book. In Hahnemannian drug proving, a residual symptom refers to a symptom that occurs due to enormous dose and persists after the main action of the medicine has ceased and remains observable in the prover for a longer period than the majority of proving symptoms. They may reveal the characteristic and long-acting effects of a medicine. It may be primary or secondary symptom. **List of residual symptoms** of different medicines are given separately in **Annexure V**.

- **CONCISE EXPLANATORY FOOTNOTES:**

  The inclusion of explanatory footnotes in Hahnemann's preface is one of the commendable features of the book. These significantly enhance the reader's understanding of the text by elucidating historical references, clarifying archaic terminology and highlighting key concepts. These annotations elucidate Hahnemann's ideas, makes it more accessible to contemporary readers without compromising the authenticity of the original work.

- **EDITOR'S INTRODUCTION:**

  The Editor's Introduction preceding each medicine serve as an intellectual appetizer, containing-

  » Chronological order of the medicine in Hahnemann's Fragmenta.

  » Number of pages containing description of the drug.

  » Total number of symptom (given by Hahnemann and other observers)

  » Gradations of symptoms belongs to the medicine.

  » Whether enlisted in Materia Medica Pura and The Chronic Diseases.

- **CORRESPONDENCE WITH MATERIA MEDICA PURA & THE CHRONIC DISEASES:**

  An appealing advantage of the book is that it enables readers to cross-reference the medicines and symptoms recorded in Fragmenta with their subsequent representation in Materia Medica Pura and The Chronic Diseases. This facilitates to understand the journey of individual remedies from Fragmenta to Hahnemann's later works and helps readers to appreciate the evolution of symptomatology and remedy profiles within the Hahnemannian corpus.

- **SYMPTOMS OBSERVED BY HAHNEMANN AND OTHER PERSON:**

  By going through this book, one gets the opportunity to differentiate the symptoms of a medicine observed by Hahnemann and other observers. Even in **Annexure I, II & III** 3 symptoms chart are given by **Dr. Richard Hughes, Dr. Richard Haehl** and corrected symptom chart by Editor **Dr. Ashutosh Tripathi** regarding this.

- **PROCESS OF PREPERATION AND DURATION OF ACTION OF MEDICINE:**

  As detail description of each drug containing method of preparation and duration of action as mentioned in Hahnemann's Fragmenta, this feature bridge the gap between historical drug provings and their practical application, making the information relevant to both scholars and clinicians.

- **APOTHECARIES' WEIGHT SYSTEM:**

  The Apothecaries' Weight System was a

traditional system of weights and measures employed by physicians and pharmacists for preparing, compounding and dispensing medicines during late 18th and early 19th century, prior the adoption of the metric system. Hahnemann also used this system of measurement in his provings and pharmaceutical preparations. The inclusion of this historical measurement system along with their modern metric conversions in annexure assists researchers in comparing Hahnemann's methods with modern pharmaceutical standards.

- **ERRORS IN FRAGMENTA:**

  Fragmenta Errata section in annexure demonstrates the editor's commitment to textual accuracy and scholarly rigor. Identifying and correcting errors present in the original editions or subsequent reproductions. Such editorial transparency enhances the credibility and academic value of the volume. This section is particularly valuable for researchers and historians, as even minor inaccuracies in proving records, remedy names, or symptom descriptions can influence interpretation and comparative study.

REVIEWER'S NOTE:

By unlocking the linguistic barriers *Fragmenta Decoded* transforms a historically important but largely inaccessible text into an accessible academic resource. Through thoughtful editorial guidance, explanatory notes, and extensive comparative studies the book renders a multidimensional understanding of the evolution of Homoeopathic Materia Medica. However,

a minor typographical oversight has been noted in some instances.

The book is highly recommended for students, postgraduate scholars, academicians, and practitioners seeking a deeper understanding of Hahnemann's earliest proving records and their subsequent evolution.

CONCLUSION:

More than a translation, *Fragmenta Decoded* is a scholarly reconstruction of Hahnemann's first Materia Medica. Its meticulous editorial work, extensive cross-referencing, and valuable annexures make it an important contribution to homoeopathic literature and a worthy guide for anyone seeking to explore the origins of Homoeopathic Drug proving. It deserves a place in every academic and professional Homoeopathic library.

Dr. Ishika Mani, Department of Materia Medica, CHMCH, Kolkata, West Bengal, India.

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