

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Keynote Prescription In Homoeopathy

- Efficacy of Individualized Homoeopathic in the Treatment of Psoriasis: A Case Report
- Keynote Prescription in Homoeopathy and its Utility in the Treatment of One-Sided Disease - A Homoeopathic Case Report of an Infected Sebaceous Cyst
- A Case Study of Anaemia Cured with Homoeopathic Medicine



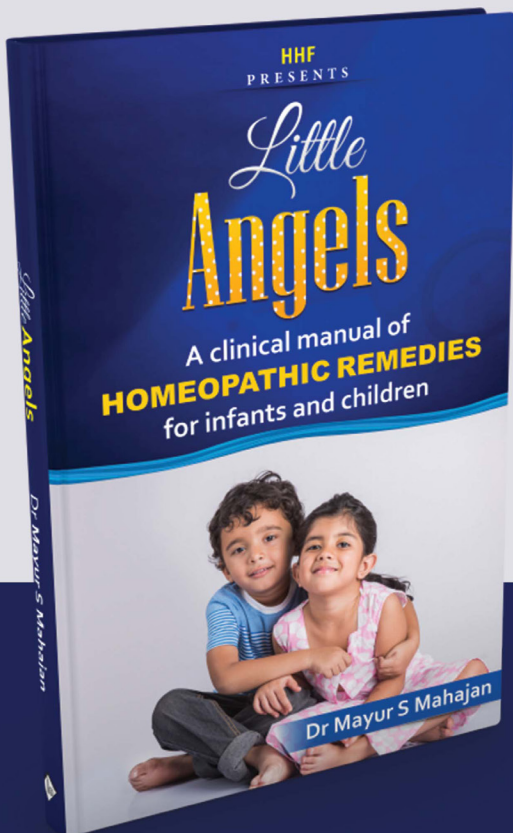
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Dear Readers,

While it is utmost essential for a student of homoeopathy, an intern or even a practitioner to be well-versed with the most intricate details of a drug, it is equally worthwhile to know the central theme or keynotes of the drug because it is these keynotes, also called redline symptoms which enable the physician to use a drug for a particular case in the most judicious and efficient manner that too without exhausting too much time on the case.

Googling the question- What are Keynotes? The majority of the content on the very first page on our screens offers us the answer that keynotes reflect the central idea or the most prominent theme of something. In the homoeopathic parlance, keynotes essentially have the same meaning in terms of relevance in a drug picture.

As professionals engaged in practising homoeopathy, we all know the very basic holistic approach that our science stands firmly on. Every drug on the voluminous list of the Homeopathic Materia Medica has an elaborate portrait, comprising the physical and mental make ups, described very accurately by Dr. M.L. Tyler in her book 'Homeopathic Drug Pictures' or in books such as 'Homeopathic Psychology' by Dr. Philip M. Bailey, Lectures on Homeopathic Materia Medica by Dr. J.T. Kent, Essence of Materia Medica by Dr. George Vithoulkas etc. While it is utmost essential for a student of homoeopathy, an intern or even a practitioner to be well-versed with the most intricate details of a drug, it is equally worthwhile to know the central theme or keynotes of the drug because it is these keynotes, also called redline symptoms which enable the physician to use a drug for a particular case in the most judicious and efficient manner that too without exhausting too much time on the case. When analysing a case, a physician often encounters a few keynote symptoms which recalls to his mind the medicine which has similar keynote in its picture. The physician can then refer to the homeopathic materia medica and repertory to confirm the same. The method seems most practical and appropriate for the high speed world that we inhabit.

In aphorism 111, our founder Dr. Hahnemann states- “---medicinal substances act in the morbid changes they produce in the healthy human body

according to fixed, eternal laws of nature and by virtue of these are enabled to produce certain reliable disease symptoms each according to its own peculiar character”. He hints at individualization of the drugs in this aphorism asserting that every drug has a peculiar character that is different from the apparently most similar drug and produces in the human body certain symptoms in accordance with this peculiar character.

If not Dr. Hahnemann then, Who introduced the world of Homeopathy to the concept of keynotes? Dr. Stuart Close provided the following quote from Dr. Guernsey to explain the concept of Keynote Prescribing.

“It will be necessary, in order to prescribe efficiently, to discover in every case that which characterizes one remedy above another in every combination of symptoms that exist. There is certainly that in every case of illness which pre-eminently characterizes that case, or causes it to differ from every other. So in the remedy to be selected, there is and must be a peculiar combination of symptoms, a characteristic or keynote. Strike that and all the others are easily touched, attuned or sounded. There is only one keynote to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, etc. (p. 160, original emphasis)”

Dr. Henry Newell Guernsey has been credited by Dr. Stuart Close as the inventor of the system of 'Keynote Prescribing'. While teaching at The Hahnemann Medical College of Philadelphia, he understood the difficulties that students have in handling such voluminous content in materia medica. He therefore advocated the memorization of characteristic symptoms of the drugs and named these characteristic symptoms as 'Keynotes' which are thus synonymous to Dr. Hahnemann's char-

acteristics. A keynote symptom therefore may fall into any of the following categories of symptoms-

1. Very peculiar symptom
2. Mental concomitant with bodily disease.
3. Precise locality
4. Course and direction of pain and sensation
5. Alternative symptoms
6. Modalities

It is at this point essential to note that nowhere has Dr. Hahnemann advocated the use of keynotes for making prescriptions. Then what logic compelled Dr. Guernsey to formulate and promulgate this system of prescribing homeopathy? The answer to this fundamental question is reflected in the following quote by Dr. Guernsey. In the introduction to Application of Principles of Homeopathy to Obstetrics, Guernsey stated:

“The plan of treatment may seem to some rather novel, and, perhaps, on its first view, as objectionable, in as much as it may seem like prescribing for single symptoms; whereas such is not the fact. It is only meant to state some strong characteristic symptom, which will often be found the governing symptom, and on referring to the Symptomen Codex, all the others will surely be there if this one is.” Later this system of prescribing homoeopathic medicines found another ardent supporter in Dr. H. C. Allen who gave us the very popular- ‘Allen’s Keynotes and Nosodes’. However, both Dr. Guernsey and Dr. Allen maintained a unanimous opinion that Keynotes are only suggestive and not conclu-

sive in any way.

Now in a situation where time holds the greatest essence, keynote prescribing is certainly found more practical, realistic and feasible- all at the same time And this holds true and convenient not just for the doctors with huge queues of people waiting outside their OPDs but also for the patients who have to rush to work, schools, colleges or even return home post consultation with their physician in this fast paced world.

A Quick Word On Issue Content

With elucidating words on the utility of Keynote Prescribing in the clinical setup, the role of Keynotes in Selecting a Similimum for Local Diseases, and in one-sided diseases, this issue features an unexplored arena of the life of Dr. J. T. Kent from the pen of Dr. Subhas Singh et al and an insightful article on Keynote Prescription by Dr. Y. D. Niturkar coming from the editor’s desk. Additionally this issue brings forth myriad articles by physicians and academicians from around the globe presenting their cases resolved through keynote prescribing for our readers to appreciate the usage of this ‘not-so-classical’ method of homoeopathic treatment founded by Dr. Guernsey.

Dr Rashi Prakash

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August 2023	Alcoholism And Addictions: Role Of Homoeopathy	June 15, 2023
September 2023	Scope Of Homoeopathy In PCOS	July 15, 2023

Keynote Prescription in Homoeopathy

Dr Yogesh Dhondiraj Niturkar

"The great trouble with keynotes is that they are misused, the keynotes are often characteristic symptoms, but if the keynotes are taken as final and the generals don't confirm there will come failures."

-James Tyler Kent

INTRODUCTION

Amongst different types of symptoms, characteristic or keynote symptom is a generalization drawn from the particular symptoms by logical deduction. In other words, the characteristic symptoms are the symptoms peculiar to the individual patient, rather than the symptoms common to the disease.^[1] The keynotes are characteristic symptoms that point unmistakably to a small group of remedies. The keynotes could be considered as reliable pointers to a remedy. The pointed remedy should fit in with the other symptoms of the case i.e. totality of symptoms before it could be considered the right remedy.^[2] In this perspective, many pioneers had worked upon the concept of keynotes and it is necessary to understand their conceptual framework in the form of book for the successful keynote prescription.

Hahnemann's View on Characteristic Symptom: Hahnemann in Aph. No. 153 describes the concept of sole guide for the selection of a Homoeopathic specific remedy. For this, the physician needs to differentiate between the natural and artificial disease; which demands whole examination of a case and identification of the *more striking, singular, uncommon and peculiar signs and symptoms i.e. characteristics*.^[2] Here, he cautions the physician to pay little attention to the symptoms that are undefined, vague and are of indefinite character. In the footnote Hahnemann acknowledged Boenninghausen and Jahr for their contribution in the field of materia medica.

Review of Works on "Keynotes":

1. Keynotes to the Materia Medica - Henry N Guernsey

The originator of keynote or characteristic materia medica is based upon "*Treatise on obstetrics*" by Henry Guernsey during his lectures on Materia Medica at Hahnemann Medical College of Phila-

delphia during the sessions of 1871-1873. In his teachings, the aim was to present enough of the outline and the leading characteristics, to turn the student's mind, when he should engage in practice, in the direction of the proper remedy, when prescribing for the sick. On demand, the lecture series was turned into a journal and later into a book of convenient size containing characteristic symptoms and "key notes" of the principal remedies. During his lectures the special emphasis was upon giving attention to the special characteristics, and to the finer shades of difference between remedies which more or less resembled each other, and explained how to distinguish between them. Guernsey never advocated prescriptions to be made on single symptom and calling it a keynote prescription. His opinion was that, "when a characteristic symptom or key note presents itself in a given case, it means that the whole case is to be studied with reference to the remedy which correspondingly has that symptom or condition. Not that the totality of the case is to be disregarded but that the characteristic presented is a key or key note to the remedy that is almost certain to exhibit, in its pathogenesis the tout-ensemble (everything considered) of the given case."

2. Keynotes and Redline symptoms of the Materia Medica - Dr Adolph von Lippe

The redline symptoms are obtained from various sources from the author's writings, appearing in several old foreign journals, together with the other important ones collected from the writings of the former great Homoeopaths. Each symptom in the context other than Dr Lippe has the name of its author indicated against it in abbreviation. The book covers keynote symptoms of total 69 authors including Lippe. There are two parts viz. Part I covers remedies from *Abrotanum - Muriatic acid* and Part II covers from *Naja tripudians - Zincum met.* Each remedy is written under common name,

keynotes with similar remedies into the bracket for reference, aggravation, amelioration and relationship. The book supplements every other work on the materia medica and it is a ready reminder of the common important facts of our vast materia medica.^[5]

3. Boger Boenninghausen's Characteristics & Repertory: - C M Boger

In BBCR, Boenninghausen's work is condensed into one volume. The materia medica part consists of the "Characteristics," now translated as such for the first time, the "Whooping Cough," the "Domestic Physician," therapeutic hints gleaned from the "Aphorisms of Hippocrates," and the symptom text of the "Intermittent Fever." For purpose of comparison the "Allied Remedies" are added at the end of each remedy; they were the result of long years of observation on the part of Boenninghausen and largely supplemented the "Concordances." The Repertory embraces the "Pocket book," the "Apsoric" and the "Antipsoric" repertories, The "Sides of the Body" the repertory part of the "Intermittent Fever" and of "Whooping Cough," as well as a large number of paragraphs from the "Aphorisms of Hippocrates." Properly designated additions have been made from the exigencies of daily practice, but no clinical symptoms have been thus admitted.^[6]

4. Synoptic Key of Materia Medica: C M Boger

The aim of this book is to simplify and introduce method of analysis and synopsis-

(a) Analysis part: The spirit of the clinical symptom picture of the sick individual is best obtained by asking the patient to tell his own story. The individualized examination of a case of disease is done by (i) eliciting the evident cause and course of the sickness, (ii) tracing the natural modifiers of sickness - the modalities (Time, Temperature, Open Air, Posture, Being Alone, etc.) (iii) consideration of the mental state (Irritability, Sadness or Fear), (iv) patient's own description of his primary sensations (Burning, Cramping, Cutting, Throbbing etc), (v) Entire objective aspect or expression of the sickness (Facial Expression, Demeanour, Nervous Excitability, Sensibility, Restlessness or Torpor, State of the Secretions and any abnormal colouring) and (vi) lastly the part affected must be determined.

(b) Synopsis part: It is intended to make clear the general expression or genius of each remedy. The scope of its contents is much enlarged by bracketing the most nearly affiliated remedies after some of the more important symptoms; this also helps in making differentiations.^[7]

5. Characteristic Materia Medica - William Burt

Burt had classified remedies for the facilitation of the study of remedies by adopting a method of grouping, arranging those remedies which produce similar physio-pathological and pathogenetic symptoms. Burt's classification of remedies is based upon new discovery consisting of the fact that all medicines have their starting point or centre of action either the animal or the organic; those that have their centre of action in the animal (cerebro-spinal) nervous system being the true remedies for acute and sub-acute diseases. While those that have their centre in the organic (ganglionic) nervous system are the true remedies for sub-acute and chronic diseases. List of the groups

- (a) Animal group: cerebro-spinants for acute and sub-acute diseases in the groups which are namely cerebral centrics, pneumogastrics and anterior spinal centrics, posterior spinal eccentric, mucous group, serous group, lymphatic and glandular group, adipose group, osseous group, muscular group, blood group, skin group.
- (b) Organic group: ganglionics- organic centrics for sub-acute and chronic diseases.
- (c) Solar eccentric: abdominal centrics for acute and subacute diseases.
- (d) Ovario-uterine group.^[8]

6. Allen's Keynotes (Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes including Repertorial Index): H C Allen

Allen's keynotes rearranged and classified with leading remedies of the materia medica and bowel nosodes including repertorial index is written by H C Allen. The book is the result of Allen's study of materia medica as a student, practitioner and teacher. The objectives of the book are:

- (a) To aid the student in mastering guiding and

characteristic symptoms of each remedy,

(b) To evolve individuality of each remedy so that the student can utilize more readily the symptomatology of the materia medica,

(c) To perceive individuality of each remedy in the most comprehensible and practical way for the sake of cure of the sick.^[10]

7. Key to the Homoeopathic Materia Medica: Pulford

Pulford had given the essential part by identifying the characteristic symptom in a particular disease condition. He also gave distinguishing features of all other drugs which he named as identification part. The essential part with the identification part forms the symptomatology that indicates that particular drug in all forms of curable diseases and make it the only safe and surely to in all forms of incredible diseases. The group of symptoms presided by this (*) and joined together with semicolons are, as far as known, found under no other drug those presided by this into (L) and joined together by semicolons are those for which the drug appears to be the leading drug.^[11]

8. Leaders in Homoeopathic Therapeutics: E. B. Nash

The objective of this book is to fasten upon the mind of the reader the strongest points in each remedy. It contains randomly arranged remedies and their characteristic symptoms, index to remedies and therapeutic index. Nash was of the opinion that

(1) Good prescribing can be done in simple uncomplicated cases with the help of characteristic symptoms,

(2) When names of diseases are mentioned it is always to be understood that the name counts for nothing unless the symptoms are covered with the remedy.^[12]

9. Dictionary and help for further study of Allen's Keynotes: Dr Subhas Singh

The book covers biography (life & contributions) of H C Allen, the next chapter is on prescription on keynote symptoms or keynote method of prescription. The chapter is a review of different concepts, ideology and acceptance vis a vis criticism about keynote prescription, the challenges in homoeo-

pathic practice, the evolution of keynote symptom as a concept of Hahnemann and H N Guernsey and further carried on by H C Allen and Stuart Close. The dictionary part covers vocabulary along with indicated remedy inside the bracket and the meaning of term. If there is further reference or classification of the term that is also covered in this book then alphabetical order of terms is followed in the dictionary. The next section is on help for further study of Allen's Keynotes under mental generals, particulars, generals, sensations, time and time modalities, miscellaneous and relationship of remedies.^[13]

CONCLUSION

All authors had mastered materia medica and presented their perceiving in a schematic way. Their objective is to simplify the vast materia medica so the reader can have a working knowledge of each remedy for applied aspect. Whereas the reader must remember that every symptom has its pathological significance, but we cannot always give it in words; but the fact that it has such meaning is a sufficient reason for prescribing on the symptom or symptoms without insisting on or trying to give the explanation.

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Dr James Tyler Kent - A Multitasking Homoeopath

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

Early Life

Dr James Tyler Kent was born on 31st March, 1849 in the town of Woodhull, New York, USA. His father was Stephen Kent and mother Caroline Tyler. Kent did his primary schooling from Franklin Academy, Prattsburgh and higher education from Madison College, New York where he obtained his degree in Bachelor of Philosophy (Ph. B) in 1868. He obtained his M.A. degree in 1870 from Bellevue Medical College. He finally completed his medical studies from Institute of Eclectic Medicine, in Cincinnati, Ohio in 1874 and got his licence to practice medicine. Teachings at Eclectic schools of the time used to include anatomy, histology, physiology and various therapies like allopathic, homoeopathy, naturopathy and chiropractic etc. Kent got married to Ellen L., his first wife at 26 years of age and started practising in St. Louis, Missouri in 1874. Fame followed his hard work and soon he became leading member of National Association of Eclectic Medicine. In 1877, Kent joined as a Professor of Anatomy at American College of St. Louis. He married the second time here to Lucia.

A Converted Homoeopath

Being a student and practitioner of Eclectic system, Kent was never much impressed with idea of homoeopathic treatment and he had only superficial knowledge about it. Around 1878, the turning point came into his life when his second wife, Lucia suffered from a persistent insomnia along with weakness, asthenia and anaemia which was resistant to any form of available treatment given by Kent and his colleagues. On his wife's persistent request Kent finally agreed to consult a homoeopath, Dr Richard Phelan. After an hour of consultation and case taking, Dr Phelan asked Kent to bring a glass of water and he put few tiny globules in it and advised Kent to give her a teaspoonful every two hourly until she falls asleep. After two doses, Kent got absorbed in

preparing his lectures and remembered only after four hours to return to her room where he found his wife sleeping peacefully. Phelan continued her treatment and she gradually improved under his treatment.

Impressed and stirred by the idea of radical cure under homoeopathy he started studying Hahnemann's *Organon of Medicine* under the guidance of Dr Phelan. He studied day and night and voraciously read whatever he found published on homoeopathy in America. Thereafter, he first resigned from the position of professor of Anatomy and then from membership of National Association of Eclectic Medicine and converted himself completely to homoeopathy.

An Abstract Philosopher

The physician inside Kent kindled again and he started practising medicine again. This time he followed what he had learned from Dr Phelan and what he had learned by himself. Fame followed him again and he was given the position of professor of Anatomy and Surgery in 1881 in Homoeopathic College of Missouri where he served for two years. He replaced Dr Uhlmeier on his retirement from department of materia medica in 1883. Later, he left this college to join as a Dean at Homoeopathic Medical School of Philadelphia. Kent got an opportunity to serve as the President of International Hahnemann Association in 1887.

Kent was very much influenced by Emanuel Swedenborg, a Swedish Christian theologist and philosopher. He started reading and adopted his philosophy with its implementation in the background while reading Homoeopathy, and finding similimum and treating patients. Philosophy of Swedenborg gave him an outlook beyond an ordinary approach to look at the cases and treat them. It is said that both Eclectic and Swedenborgian philosophy had a very significant

influence on Kent's writings and practice.

Kent's *Lectures on Homoeopathic Philosophy* published in 1900 clearly depicts his deeper philosophical understanding to Hahnemann's homoeopathy teachings. In this work, Kent provides a practical approach to treat patients with philosophical understanding in background. During his class lectures on homoeopathic philosophy, he used to keep Hahnemann's *Organon* on the desk and gave lecture for more than an hour on smallest of topics of *Organon*.

An Eloquent Speaker

After some years of practice and teaching in Philadelphia, Kent relocated his post-graduate school to Chicago under the auspices of Dunham Medical College and joined there as Dean. And then at the age of 56 years, he became Dean at Hering Medical College. At the same time, he also taught at Hahnemann Medical College. Around this time only, Kent married his third wife Dr Clara Louise Toby who was his long-treated patient. She was also a practising physician. Her attentive nature gave Kent a great companionship in his upcoming masterworks like *Lectures on Homoeopathic Materia Medica* and *Repertory of Homoeopathic Materia Medica*.

Kent's work, *Lectures on Homoeopathic Materia Medica* was first published in his journal- *Journal of Homoeopathics* in 1899. Later these lectures were published in book form in 1905. During his class lectures on homoeopathic materia medica, he used to keep one of the ten volumes of Hering's Guiding Symptoms open on desk and used to bring out of it a live presentation and picture of the drug for the listeners. He used to point out all the characteristics of the remedy, its prescribing angles and its comparisons with other drugs. Kent always emphasized on forming a "drug picture" from bulk of unrelated symptoms, which he suggested was a very effective way to study materia medica which would eventually help in practice too.

A Successful Clinician

Kent's stay in Chicago was his golden years. His teachings and practising skills were at its peak. He ran a clinic in Chicago where he used to teach

medical specialists how to analyse and choose significant symptoms from a case. In Post-Graduate School of Homoeopathics, Philadelphia, Kent and his disciples witnessed more than 18,800 patients in 1896 and 16,000 in 1897. Here, Kent trained 30 physicians who later on became the torch bearers of Homoeopathic movements in the early 20th century in America and Europe. Kent left no stone unturned in teaching and treating patients. He saw patients at clinics, visited their homes and even consulted patients over letters and telegrams. Kent proved 28 different remedies on himself and his pupils.

Kent was famous for his "constitutional prescriptions". Influenced by Swedenborg, he gave prime importance to "Will and Understanding" of the patient. According to him, a person gets diseased when his will or understanding is altered. Hence to treat "constitutionally", he treated patients based on the symptoms primarily of will and understanding. Kent referred these symptoms to as "General Symptoms". At times, when most of the prescribers limited themselves to mother tinctures and lower potencies, Kent gave the concept of using higher potencies like 1M, 10M, 50M and CM. Use of higher dilutions brought criticism to him from different homoeopaths but a larger number of homoeopaths were convinced by his successful treatment and started following him and his method of prescription.

Kent was the editor of the following journals:

- *The Homoeopathic Courier* in St. Louis from 1881-1882,
- *Journal of Homoeopathics* in Philadelphia from 1897-1899,
- *The Homoeopaths* in Chicago from 1912-1916

Kent was member at various societies namely:

- *The Homoeopathic Medical Society* of Illinois,
- *The International Hahnemannian Association*,
- *The American Institute of Homoeopathy*
- His self-founded *Society of Homoeopaths*
- He was an honorary member of the *British Homoeopathy Society*.

Later Life

Kent worked relentlessly throughout his life for homoeopathy. Till his last breath he was working on preparing a comprehensive repertory which would help the physicians. Kent was inspired by Lippe's work. Lippe suggested Kent on working with Lee who also had the same intention and zeal as Kent. After Lee lost his eyesight, Kent took on the daunting task for himself and completed the work with his pupils, which was finally published as *Repertory of the Homoeopathic Materia Medica* in 1897 at Philadelphia.

Kent was suffering from catarrhal bronchitis for months. In his zeal to serve humanity through homoeopathy, he was working day and night and continued to neglect his health. To take a break, Kent visited his countryside home in Sunnyside Orchard, near Stevensville in Montana, USA where his catarrhal bronchitis turned into Bright's disease and after two weeks of illness he passed away on 6th June, 1916.

Kent was probably the only stalwart after Hahnemann who influenced the practice, writings and teachings of homoeopathy which has come across limitations of time and location and has single handedly paved the way for many more stalwarts to come forward and practice Hahnemann's way of Homoeopathy.

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Homoeopathy in Irritant Contact Dermatitis - A Case Report

Dr Anit Acharya, Dr Tushar Acharya

ABSTRACT

Contact dermatitis is an inflammatory eczematous skin disease. It is caused by chemicals or metal ions that exert toxic effects without inducing a T cell response (contact dermatitis) or by small reactive chemicals that modify proteins and induce innate and adaptive immune responses (contact allergens). Though it is at times self-limiting but in chronic condition it significantly affects the quality of life. Homoeopathy since time immemorial is one of the popular alternative system of medicines with extraordinary results in dermatological cases. Though there are different approaches of prescribing medicines, keynote prescription is one of the non-repertorial approaches widely used. A case of 21-year-old male with oozing eruptions and voluptuous itching was prescribed Mezereum based on the keynotes, and he showed remarkable improvement.

Keywords: irritant, contact dermatitis, keynote prescribing, mezereum

INTRODUCTION

Contact dermatitis is divided into irritant contact dermatitis and allergic contact dermatitis. Irritant contact dermatitis is a nonspecific response of the skin to direct chemical damage that releases mediators of inflammation predominantly from epidermal cells while allergic contact dermatitis is a delayed (type 4) hypersensitivity reaction to exogenous contact antigens. It is very common in 20% of children.¹ Homoeopathy has multiple approaches for treatment of the cases. Though Individualised medicine outstands amongst all, thus acquiring the totality in complete sense. At least various ways have been found in the homoeopathic literature through which homoeopaths prescribe medicines, for example, prescription like holistic, keynote, organopathic, therapeutic, body language, sensations, pathogenesis etc. Most of the homoeopaths prescribe through the keynotes approach which gives the easy, confident, quick, most practical, effective and viable way of homoeopathic practice.

The term “keynote” was first introduced in homoeopathic literature by **Dr H. N. Guernsey**, when he published his book on materia medica - “*Keynote to the Materia Medica*” in 1875.

It was the compilation of his lectures delivered to the students of *Hahnemann Medical College of Philadelphia* during the year 1871-1873. In the words of Dr William Burt, “He is the originator of the characteristic, or “Key Note” system for the choice of remedies in disease, brought out in his “*Treatise on Obstetrics*,” the most reliable work ever written on the science of Medicine”.² Since then, the concept of keynote prescribing has been widely and readily accepted by homoeopathic fraternity and the same was transcended to the coming generations of homoeopaths. Master Hahnemann has pointed out in the “*Organon of Medicine*, that in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the most striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for they are particularly these, the very similar ones in the list of symptoms of the selected medicine which must be corresponded to, in order to constitute the most suitable way for effective cure” (§153).³ Characteristic symptoms are important for prescribing and cure can only be achieved by matching characteristic symptoms which has been told by our Master but how to identify the characteristic symptoms in each medicine was explained by Dr H. N. Guern-

sey in a most practical and elaborative way. Different stalwarts have understood the importance of keynotes in homoeopathic materia medica while prescribing. They have highlighted this concept in their practice and philosophy but through various names such as Genius of the remedy, Red strand of the medicine, PQRS (peculiar, queer, rare and strange) symptoms, Beacon light symptoms, Determinative symptoms, Three-legged stool.^{4,5,6,7,8} According to H C Allen, the basis of indication of remedies is the basis of individuality, something peculiar, uncommon or sufficiently characteristic in confirmed pathogenesis which may be used as a pivotal point in comparison. It may be called as "keynote" a "characteristic," the "red strand of the rope," and the central modality of the principle.⁹ According to Lippe, the keynotes are the characteristic symptoms of the important remedies which he termed as red line symptoms.¹⁰

There are a few case reports^{11,12} and papers showing the effective treatment based on the keynote approach.

CASE HISTORY

Presenting Complaints

A 21-year-old male patient visited OPD in Jai Jalaram Homoeopathic Medical college, Morwa (Rena) on 20/1/2023.

He presented with severe burning with oozing in

right finger. The eruption was crusty with cracks. Scratching gave transient relief followed with burning and oozing from cracked epidermis.

Physician's Observation: Patient was reserved and easily lost his temper. He was mild and patient during the interrogation.

History of Presenting Complaints

Patient was apparently well five months back when he gradually developed papular eruption on his right forefinger. There was severe itching at night leading to scratching from rough surface which transiently relieved the itching. Gradually there was oozing of sticky fluid from the cracked epidermis. He also observed dryness of the skin which continued even after applying topical ointment.

The patient was a medical college student and resided in a rural area. According to him the complaints started while he was collecting the farm animals' fodder. Since then, he has severe itching in the local area of contact with the irritant. He applied topical ointment and allopathic medicines for the treatment.

Location: Right forefinger

Sensation: Burning

Modality: < evening

Past History:

Illness	Age	Treatment	Outcome
Eczema on legs	10 years	Allopathic	Relapsed

Family History:

Father: Death due to Lung carcinoma

Mother: Healthy and alive

Sister: Eczema in palms

Physical Generals:

Appearance- Endomorphic

Appetite- Normal: 3 meals/day; 1-2 chapatis / meal

Thirst- Normal, 2-3 L /day (In winters does not feel like drinking)

Desire- Sweets ++, salt+

Aversion- Pickles and citrus fruits

Stools- D₁N₀ Satisfactory

Urine- D₅₋₆ N₀₋₁

Sweat- Scanty

Sleep- 6 hours, unrefreshing, slept on one side

General tendency- Tendency to take cold easily

Thermal Reaction- Sensitive to both extremes of heat and cold

Addiction- None

Mental Generals:

- He was reserved, does not express his feelings easily (evident from physician's observation) (answered in monosyllables)

- He gets angry easily on trifling matters (as observed, when questioned was irritated and was not cooperating)

General Examination:

Height-168 cm

CASE ANALYSIS

Analysis and Evaluation

S No	Type of Symptoms	Symptoms	Intensity	Miasmatic predominance
1.	Mental General	Angers at trifling issues	++	Psoric
2	Particulars	Oozing eruption	++	Sycosis
3	Particulars	Burning in extremities	+	Psoric
4	Particulars	Scratching followed with burning	++	Psoric

Miasmatic analysis shows Psoric and Sycosis predominance.¹³

Blood pressure-120/88 mm hg

Weight-58 kg

BMI-21(Normal < 23)

WC-30 inches

Systemic Examination:

No associated complaints

DIAGNOSIS:

Irritant contact dermatitis

Totality of Symptoms

-Angers at trifling issues

-Eruptions; oozing

-Burning pain in extremities

-Pain aggravates on scratching

Prescription

Mezereum 200 single doses were prescribed, followed by placebo for two weeks.

Justification - The symptoms favouring the prescription of *Mezereum* are vesicular eruptions with excoriation and thick scabs, they itch violently and burn like fire, complaints aggravate in the evening and angers at trifles.^{2,9,10,13}

Selection of Dose and Repetition

According to Jahr, when the finer, more peculiar

Follow Up -

and more characteristic symptoms of the remedy appear in case, the higher is the susceptibility and the higher the potency to be prescribed.¹³

Single dose is prescribed based on Hahnemann's rule that indicated remedy should only be repeated when improvement ceases.¹³

Repertorisation -Since, keynote prescribing is done; non- repertorial approach has been taken.

Date	Complaints	Prescription
20/1/2023	Voluptuous itching with burning. Oozing from the eruptions. Dryness in palms.	1. <i>Mezereum 200</i> /single dose on first day followed by 2. Placebo 30/Thrice a day for two weeks. Application of coconut oil locally for dryness of skin.
03/2/2023	Itching slight better, eruption appearance same as before.	Placebo 30 thrice a day for two weeks.
17/2/2023	Cracks on finger knuckles, oozing of watery discharge from the eruption. Bleeding on scratching.	Placebo 30 thrice a day for two weeks.
03/3/2023	Itching with burning marked, dryness reduced.	Placebo 30 thrice a day for two weeks.
18/3/2023	Itching reduced. Dryness better.	Placebo 30 thrice a day for two weeks.
01/04/2023	Complaints aggravated in damp conditions with dryness and cracking in nail margins.	<i>Mezereum 200</i> / single dose on first day followed by Placebo 30/ Thrice a day for two weeks. Application of coconut oil locally for dryness of skin.
12/4/2023	Skin texture normal, symptoms better	Placebo 30 thrice a day for two weeks.



20/01/2023



03/02/2023



10/02/2023



24/02/2023



02/03/2023



16/03/2023

DISCUSSION

Different stalwarts' approaches were followed in varied ways. The concept of keynotes has faced challenges because of the misconceptions. According to Dr J. T. Kent 'The keynote system has done more mischief than anything else, although keynotes are not to be ignored, but until the relation of the generals and particulars is understood

it is of no matter how much you memorize about it'. Giving reason for his criticism he said 'The great trouble with keynote is that they are mis-used, the keynotes are often characteristic symptoms, but if the keynotes are taken as final and the generals don't confirm there will come failures'.⁷ Dr H. C. Allen felt the need to intelligently and successfully use our voluminous symptomatolo-

gy.⁹Dr C. G. Raue also cautioned about not to diagnose a remedy on one symptom only, be it ever so characteristic.⁵ Dr C. Hering said 'Every stool must have at least three legs if it is to stand alone'. He advised to select at least three individualising symptoms as the basis of prescription.⁸ Dr H. N. Guernsey, who is being credited as the founder of keynote never, advocated that the prescription is to be made on one symptom and only then it will be called as keynote prescription. He used the term keynote to express the fundamental or central idea of a medicine. He advocated that in instituting comparisons between medicines, by taking all the symptoms and comparing them carefully, we will find that each one presents, besides the fundamental similarity to all the others, peculiar differences from all the others; and these invariable points of peculiar difference are the "key-notes" in a comparison of such remedies.....'. He also suggested that the "key-note prescribing is the shortest, surest and most practical method; a remedy separating and isolating it from all other medicines as having the characteristic symptom or condition or "key-note" symptoms or conditions constituting together the totality of a case'¹⁴ According to W H Burt, the pathogenetic or clinical symptoms have been considered as characteristic and keynotes, he opined that the pathological influence the remedy exerts on the tissue and the important organs are the grand characteristic of the remedy.² According to Dr S. Close, Dr Guernsey simply invented a new name of the old Hahnemannian idea and Guernsey's 'keynotes' and Hahnemann's 'characteristics' should be considered as synonymous terms. Real keynotes do not conflict with the doctrine of 'Totality of symptoms'; it is in fact strictly Hahnemannian. If properly understood, it makes the whole process of prescription much easier.¹³ From this case report, we can safely conclude that keynote prescription in homoeopathy is potentially useful as a method of treatment.

CONCLUSION

The outcome of this case report may improve the knowledge of the clinicians which will ultimately benefit the patients suffering from contact dermatitis. This was a retrospective study involving a single case. So, a prospective research study with

randomised controlled trial (RCT) study design and a larger sample size is suggested for scientific validation.

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A Homeopathic Approach to Atopic Dermatitis in a Toddler

Dr Queenita Fernandes, Faith Fernandes

ABSTRACT

Atopic dermatitis (AD) affects up to 20% of children and up to 10% of adults and ranks 15th in the worldwide for non-fatal diseases, and number one for skin diseases as stated in the GADA (Global Atopic Dermatitis Atlas) 2022 report. With a high prevalence rate, today AD is considered not only a common but a burdensome skin disease significantly impacting physical well-being and quality of life (QOL). In clinical practice, children who are present with moderate-severe atopic dermatitis are challenging and mostly treated with topical medications, emollients as well as steroids. Unfortunately, homeopathy is thought of only after modern medicine fails or when there is recurrence or when patients/treating physicians are frustrated. Therefore, the case picture on its first presentation at a homeopathic clinic is that of an AD that is over-treated or simply suppressed. The current case-report narrates the presentation of a toddler with AD treated with allopathic medicines for two years prior to considering homeopathy.

Keywords: atopic dermatitis, eczema, atopic eczema, pruritus, neurodermatitis, skin, emollients

Abbreviations: Atopic dermatitis (AD), Global Burden of Disease (GBD), Global Atopic Dermatitis Atlas (GADA)

INTRODUCTION

Atopic dermatitis (AD), or may also be referred to as 'atopic eczema', 'neurodermatitis', or just simply as 'eczema' is a common chronic, non-communicable skin disease characterized by dry skin, localized red scaly patches and intense pruritus, as well as skin pain. According to Global Burden of Disease (GBD) data, AD has the highest burden among all skin diseases, which is further backed by the GADA (Global Atopic Dermatitis Atlas) 2022 report that notes up to 20% of children and up to 10% of adults are affected by AD.¹ The ISAAC study reported 2.7% overall prevalence of current eczema among Indian children aged 6–7 years, and 3.6% among Indian children aged 13–14 years.⁶

This case is a homeopathic approach to atopic dermatitis in a toddler.

CASE HISTORY

A 3 and a half year old boy suffered from skin eruptions. These eruptions started in the legs then

spread all over the body, with a higher density on the extremities and face. The boy was treated with antihistamines, topical creams/emollients likely with steroids since he was a year old. Itching aggravated at night and was also ameliorated with cold applications. His mother said he "yelled in his sleep". Family was from Calcutta and had relocated to Mumbai. Mother was sure his condition was worsening and referred to the boy's skin with a sense of "disgust".

Birth history

Full term vaginal birth. Jaundice at birth (assumed to be physiological). Milestones were noted to be slow by the mother. Compared to his brother, the child started walking two months later and had slow teething.

Child's nature/behavior (as described by the mother)

His mother rated his stubbornness as 3+ and anger 3+. She stated him to be attention seeking, wanting here in the room, and moving around

Case Report

restlessly. His tantrums were characteristic of yelling, screaming, throwing, hitting himself and other things on the ground. He was calmed down by music and chocolate. His love for music was rated as 3+, in her words “in any situation, if we play the music, he will keep quiet”.

Mother's Pregnancy History

This was an unwanted pregnancy; mother did not wish to get pregnant after the first child. She stated in a very sorrowful state that she tried to get rid of her unborn baby, tried exercising heavily, jogging and even at times hitting her womb. She was emotional, frustrated and angry during and after her 9 months. Different maternal treatment as compared to brother— did not pay much attention to the child and responded to actions with anger. Mother expressed a need to escape pregnancy and family.

Examination

The child appeared lean, averagely nourished, brown skin with scanty hair growth on the head. He had thin extremities, round head and stomach that looked disproportionate to the body structure. His eyes looked popped out and cheeks and lips were rosy, red from humidity. His weight was appropriate to his height and age; however, to the naked eye with his skin eruptions he looked unhealthy and under-nourished. Skin was dry, red spotted with scratch marks. Thirst for water was not very peculiar. Heat/hot weather was intolerable. On observing the child in the play area, he yelled out loudly as his wishes were not complied

with. He continuously kept scratching and there were small bleeding spots and reddened skin of his legs and hands. The eruptions had spared his cheeks and were more on the forehead and scalp.

CASE ANALYSIS

Diagnosis: The eruptions were typical of Atopic Dermatitis.

PQRS (Peculiar Queer Rare Strange): Several peculiar symptoms related to the child came to light during the case taking, such as restlessness with a desire for change. *A strong desire for music* was also considered. However, the one peculiar characteristic related to the mother that was very prominent and could also be used here was *the feeling of not wanting or desiring the pregnancy*.

Repertorization (Complete Repertory)

Given that the clinical s/s were representative of AD and did not have any PQRS in its clinical presentation, elements of the child's mind and that of the mother during the pregnancy were considered;

Mind: Restlessness

Mind: Anger, temper tantrums

Mind: Obstinate, headstrong children

Mind: Forsaken feeling

Mind: Changes, desires

Repertorisation Sheet - Zomeo Pro															
Remedy	Tub	Aur	Plat	Puls	Stram	Psor	Thuj	Carc	Sanic	Calc	Lyc	Sil	Merc	Nat-m	Ars
Totality	14	13	12	12	12	11	11	10	10	10	10	10	10	10	9
Symptoms Covered	4	5	5	4	4	4	4	6	5	4	4	4	3	3	4
[Complete] [Mirilli's Themes]Restless:	4	4	4	4	4	3	3	3	2	4	4	4	4	4	4
[Complete] [Mind]Anger:Temper tantrums:	3	3	1	1	2	1	3	1	1	1	1	1	0	3	0
[Complete] [Mind]Obstinate, headstrong:Children, in:	4	1	1	0	3	3	3	1	3	4	4	4	0	0	1
[Complete] [Mind]Forsaken feeling:	0	4	3	4	3	4	2	1	1	1	1	1	3	3	3
[Complete] [Mind]Music:Desires:	0	1	3	0	0	0	0	3	0	0	0	0	0	0	0
[Complete] [Mind]Change:Desire for:	3	0	0	3	0	0	0	1	3	0	0	0	3	0	1

Figure 1 – Repertory Sheet

Remedy Differentiation

Given the case-history, the following remedies were considered seriously-

Calcarea carb. - remedy close to *Sulphur* and *Lycopodium* and is often prescribed in a cyclical manner. While parts of the child's presentation – a bit slow and sluggish in appearance, intelligent but shy—fit this remedy, the whole picture did not come together. In addition, *Calcarea* failed to cover two symptoms: desire for music and also change desire for.

Pulsatilla is a strong remedy that comes to mind when we think of the forsaken feeling, lonely and not desired for. While at such a tender age, these feelings are not very prominent....this particular symptom had to be a part of the totality because it very closely represented the mother's characteristic when she was carrying the boy. *Pulsatilla* was further ruled out due to one main characteristic symptom that was mild and timid. This boy was not mild at all per his mother, he was obstinate, and often threw a tantrum...which is quite opposite of *Pulsatilla* who is yielding and willing.

Stramonium- another strong remedy; however one cannot overlook the mania relating to this remedy. Although the plethoric look and wide eyes brought on the consideration of *Stramonium*, the lack of loquacity and phobias ruled out this remedy.

Carcinosin- a well matched remedy to the case. Mother felt the child was not a part of her and never really accepted him. This type of desired detachment came out as a very peculiar symptom. The other symptoms such as restlessness, anger, and temper tantrums, lack of focus, cravings, and sensitivity to music are also covered by this remedy. In addition, past treatments indicated temporary ameliorations.

First Prescription

Based on the analysis and evaluation, he was prescribed *Carcinosin* in 200C potency. A lower potency or an acute repetition was not considered as the symptom picture although not quite chronic; it had been treated prior and had been suppressed to some extent. He was given a single dose and was asked to follow-up after a period of two weeks.

Follow-up History

Follow Up Periods	Observations	Advice	Rx
3 weeks from initial visit	<p>The skin presentation improved, no new eruptions, and the previous marks were lightening.</p> <p>Dry skin and child's restlessness were still a concern to the mother who requested topical applications.</p> <p>The mother added that the boy had a runny nose for about three days after she started the medicine.</p>	<p>Convinced the mother not to use any topical applications or any anti-itch medications without my knowledge.</p> <p>She was advised to continue the medication and keep the child on warm liquids and food intake.</p>	<p>Sac Lac for 2 weeks</p> <p>Follow up after 2 weeks</p>

5 weeks from initial visit	<p>Marked improvement in the child's skin was observed. Height and weight gain were good. The appearance of the face was much clearer.</p> <p>The mother put her sons in a summer camp and since then she had noticed a few changes in the boys, particularly the patient was now listening to the mother and had "calmed down".</p>	The child was provided with placebo and asked to follow-up after a period of 3 months.	<p>No medication</p> <p>Follow up requested in 3 months</p>
5 months from initial visit	<p>During this visit, The child had no complaints that affected his general milieu. His appetite, thirst, sleep and food intake were good/normal.</p> <p>The mother expressed gratitude, happy that there were no more new eruptions, but complained of his skin being too dry.</p> <p>She pointed out that he sweat on his upper lip and forehead only and rarely all over.</p> <p>He had this peculiar odor when she carried him and she considered that to be the detergent she was using to wash the clothes and she'd changed that but was not very sure.</p> <p>She continued that there was a difference in his nature too: he was no longer breaking things or restless.</p>	<p>There seemed to be no need of any medication at this time as the child was doing better and we would wait and watch for any further skin issues if any.</p> <p>The mother was encouraged not to use any topical ointments for the skin dryness. A follow-up visit was scheduled for after 6 months.</p>	<p>No medication</p> <p>Follow up requested in 6 months</p>
11 months	<p>The family had gone for a winter vacation to the north of India to experience snow.</p> <p>The child had developed a few eruptions earlier, but they had gone down by themselves per the mother.</p> <p>In the last six months she had not seen any major skin issues and said the boy continued to be as he was.</p>	With no complaints, Mother was requested to get the child as and when needed in the next year.	No medication

	<p>The boys were looking forward to their summer vacation mid-April and he would start kindergarten in June.</p> <p>He followed his brother everywhere and would try and repeat what he did. His brother, per the mother, was his teacher more than she herself.</p>		
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The child's parents relocated to Calcutta and the mother called up a few months later reporting that the child was doing fine.

CONCLUSION

Eizayaga JE, Eizayaga JI demonstrated homeopathic success in a prospective observational study in 42 patients with AD, with twelve prescribed individualized homeopathic medicines. They concluded that in a general medical practice setting, homeopathic treatment could be regarded as an effective choice for patients with AD. This case presentation has the same conclusion.

CONFLICT OF INTEREST

None

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2. **Faith Fernandes**, is a student in Ann Sobrato High School California, USA and has a keen interest in research and medicine. She supported this article as a researcher and medical writer.

In Italics

Writing Effective Introduction of Research Article: Why and How?

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Proper guidelines and recommendations for writing an effective 'Introduction' of scientific research article remain scarce. Writing 'Introduction' is the first important and key element of any good article which is an opportunity to show readers and reviewers why your research article deserves their attention and how fruitful it is for them. The main goal of the 'Introduction' is to convey basic information to the readers and reviewers without constraining them to investigate previous relevant publications. This article deals with the key and important elements of the 'Introduction' section of the research articles. The objective of this article is to convey the principles and important instructions of writing the 'Introduction' section of a manuscript to the young authors who have just taken initial steps towards writing manuscripts.

'Introduction' section of an article is very important. If it is attractive, clear and piquant, the readers will take interest to read subsequent sections of the article. ⁽¹⁾

After writing "Title," "Abstract" and "Keywords," the "Introduction" is the first important and key portion of research article. It is an opportunity for the writer to show readers and reviewers why his/ her work demands their attention and how useful it is for the readers. So it is of utmost necessity to have sound knowledge how to write 'Introduction' section of a scientific research article. ⁽¹⁾

The 'Introduction' section should be approximately three to five paragraphs in length. Look at examples in your target journal to decide the length of your 'Introduction' section. 'Introduction' section should include five main elements which are - ⁽²⁾

1. Care for research is important

2. What is already known about the topic?
3. What's not "Gap" known about topic?
4. Why is it important to learn this new information?
5. Aim of Research

Be sure to add enough background information to enable readers to understand your study. The following Table provides common 'Introduction' section pitfall and recommendations for addressing them. ⁽²⁾

Common Pitfalls	Recommendations
Introduction is too generic, not written to specific readers of a designated journal. ⁽²⁾	<i>Choose a target journal and write to its readers.</i> Visit your target journal's website and investigate the journal's readership. If you are writing for a journal with a more general readership, like PLOS ONE, you should include more background information. A narrower journal, like the Journal of the American Mosquito Control Association, may require less background information because most of its readers have expertise in the subject matter.
Citations are inadequate to support claims. ⁽²⁾	<i>Cite all statements that could be challenged.</i> If a claim could be debated, it should be supported by one or more citations. To find articles relevant to your research, consider using open-access journals, which are available for anyone to read for free. A list of open-access journals are available at: https://guides.lib.umich.edu/c.php?g=283428&p=1884017 . You can also find open-access articles using PubMed Central: https://www.ncbi.nlm.nih.gov/pmc/
Aim of research is vague. ⁽²⁾	<i>Include enough key information to allow readers to imagine the analysis.</i> Be sure that your research aim contains essential details like the setting, population/sample, study design, timing, dependent variables, and independent variables. Using such details, the readers should be able to imagine the analysis you have conducted.

Table: Common Pitfalls of 'Introduction Section' and Recommendations for Addressing them

According to Swales ⁽³⁻⁵⁾, A 'funnel' shape approach may be followed while drafting 'Introduction' section of scientific manuscript, i.e moving from broad and general to narrow and specific. ⁽⁶⁾

According to Swales ⁽³⁻⁵⁾, 'Introduction' of the research-article moves through following three phases:

- ✓ Establish a territory
- ✓ Establish a niche

continued on page.....44

Premature Ejaculation - A Case Report

Dr Sutapa Nandi, Dr Ram Kumar Agrawal

ABSTRACT

Premature ejaculation (PE) is perhaps the most common sexual dysfunction amongst men, but is largely an under treated and under diagnosed condition. While erectile dysfunction has received a great scientific and clinical attention in recent years, it is considered as a psychological disease because of unknown etiology and obscure pathogenesis but now due to increasing awareness organic etiologies are becoming more evident. In homoeopathy this kind of psychological diseases has a good prognosis, here a case report of a patient is presented with so-called ring worm and a concomitant premature ejaculation, the patient is treated with homoeopathy with a favorable outcome]

Keywords: erectile dysfunction, anxiety, homoeopathy, totality

Abbreviations: Premature ejaculation (PE), International Society for Sexual Medicine (ISSM), (Intra vaginal ejaculation latency time) IELT, (Erectile dysfunction) ED

INTRODUCTION

Premature ejaculation (PE) is a common sexual problem encountered by men in day-to-day clinical practice. It affects about 20-30% of men in the sexually active age group leading to psychological stress and loss of self-esteem, resulting in significant adverse effects on the quality of life, of both the patient and the partner. PE is a commonly used term, but it is more appropriately called early ejaculation or rapid ejaculation ^[1].

Definition

This is defined as ejaculation prior to penetration or if penetration occurs, before the partner can achieve orgasm. It is often associated with high levels of anxiety, which appear to perpetuate the condition ^[2].

Although PE was reported in the medical literature years back in 1887, its first acceptable clinical definition was proposed in 1970 by Masters and Johnson as “the inability of a man to delay ejaculation long enough for his partner to reach orgasm on 50% of intercourse attempts”. PE is defined by The American Urology Association as “ejaculation oc-

curing sooner than desired causing distress to one or both partners” ^[1].

The **International Society for Sexual Medicine (ISSM)** defines PE based on three key criteria's- intra vaginal ejaculation latency time (IELT), lack of ejaculatory control and negative personal consequences associated with PE. The unified definition was published in 2013 and the committee defines PE as a **male sexual dysfunction characterized** by ^[3]:

1. Ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration from the first sexual experience or, a clinically significant reduction in latency time, often to about 3 min or less.
2. The inability to delay ejaculation on all or nearly all vaginal penetrations.
3. Negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy^[3]

The definition classifies patients into two categories to include patients in whom ejaculation with reduced latency has occurred from the first sexual experience (lifelong PE) and patients reporting a clinically significant reduction from previous latency (acquired PE). PE can be further classified

into four distinct categories, described by Waldinger and Schweitzer as lifelong (primary), acquired (secondary), variable and subjective [3].

Classification of Premature Ejaculation [4]:

	Lifelong (primary)	Acquired (secondary)	Variable	Subjective
IELT criteria	<1 minute ⁴	<3 minutes ⁴	Short or normal	Normal or prolonged
Symptoms	Ejaculation occurs too early in nearly every sexual encounter	New onset of PE, usually result of an identifiable source and experienced normal ejaculations in the past	PE is inconsistent and occurs irregularly and not the result of (psycho) pathology	Subjective, self-perception of rapid ejaculation despite normal ejaculation time
Onset	Early, usually from first sexual encounter	Can occur at any time in a man's life	Can occur at any time in a man's life	Can occur at any time in a man's life
Prevalence	Low	Low	High	High
Quality of ejaculation control	Rapid Ejaculation throughout lifetime with no ability to control	Ability to delay ejaculation may be diminished or lacking	Ability to delay ejaculation may be diminished or lacking	Ability to delay ejaculation may be diminished or lacking
Aetiology	1.Genetic 2.Neurobiological	1.Urological (ED, prostatitis) 2.Hormonal (hyperthyroidism) 3.Psychological 4.Relationship problems	Normal variance of sexual performance	Psychological preoccupation with imagined rapid ejaculation
Treatment	1.Pharmaco-therapy 2.Psychotherapy +/-	1.Medical management 2.Pharmaco-therapy 3.Psychotherapy 4.Education	1.Reassurance 2.Education 3.Behavioural therapy	1.Psychotherapy 2.Reassurance 3.Education

IELT - Intra vaginal ejaculatory latency time

Causes and Risk Factors ^[5]

The exact cause is not really known but a possible reason might be **the levels of serotonin** in brain which is responsible for a shorter time of ejaculation but emotional factors can play a role:

- Stress
- Depression
- Anxiety
- Guilt, Relationship problem
- Lack of confidence or Poor body image
- Concern over sexual performance
- Negative feelings about the idea of sex
- Unusual hormone levels (irregular levels of neurotransmitter)
- Genetic traits

Physiology of Ejaculation

Ejaculation is controlled by central nervous system. When men are sexually stimulated, signals are sent to brain and when men reach a certain level of excitement, signals are then sent from brain to the reproductive organs which causes semen to be ejected from the penis (ejaculation) ^[6]

Ejaculation has two phases ^[6]

Phase 1: Emission

Emission is when sperm moves from the testicles to the prostate and mixes with seminal fluid to make semen. The vasa deferentia (plural of vas deferens) are tubes that help move the sperm from the testicles through the prostate to the base of the penis.

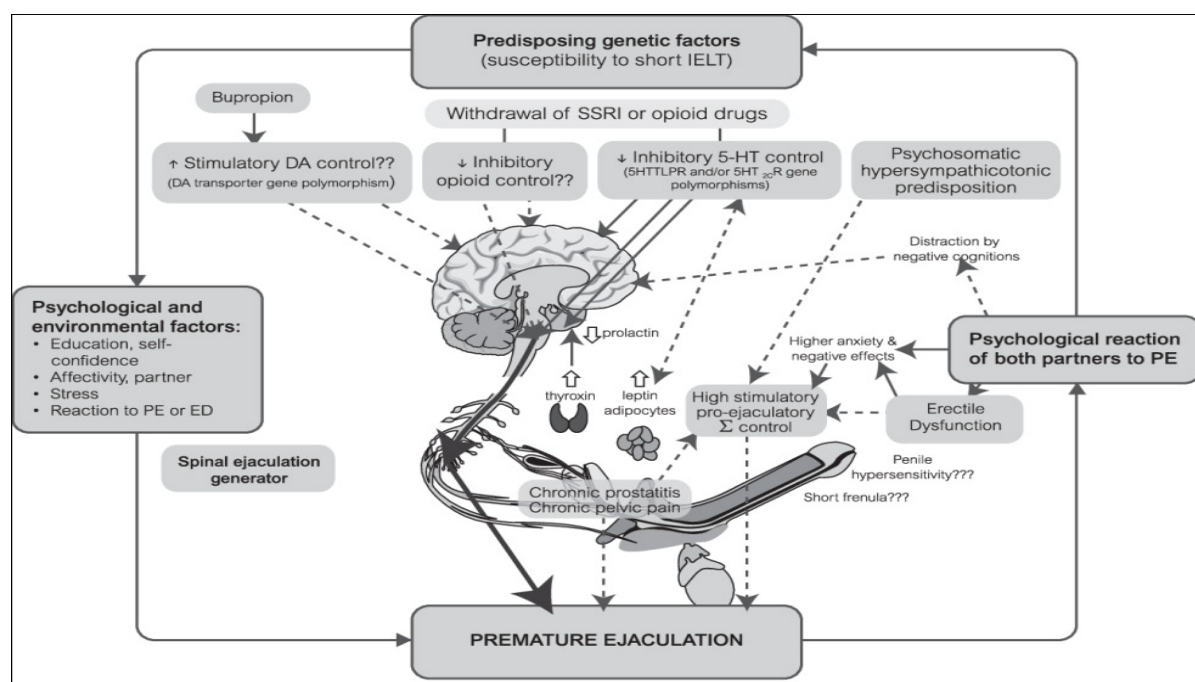
Phase 2: Expulsion

Expulsion is when the muscles at the base of the penis contract. This forces the semen out of the penis. Mostly, ejaculation and orgasm (climax) happen at the same time. Some men climax without ejaculating. In most cases, erections go away after this step.

Premature Ejaculation and Erectile Dysfunction

Sometimes PE is a problem for men who have erection problems (erectile dysfunction or ED). This is when men are not able to get or keep an erection that's firm enough for sex. Since an erection goes away after ejaculation, it can be tough to know if the problem is PE or ED. ED should be treated first. Premature ejaculation may not be a problem once the ED is treated ^[6].

Patho - physiology of Premature Ejaculation ^[7]:



Treatment Methods for PE:

Psychotherapy and Behavioural Interventions^[8]

Psychotherapy/ behavioral interventions improve ejaculatory control by helping men/couples to:

- (1) Learn techniques to control and/or delay ejaculation,
- (2) Gain confidence in their sexual performance,
- (3) Lessen performance anxiety,
- (4) Resolve interpersonal issues that precipitate and maintain the dysfunction, and
- (5) Increase communication^[8]

CASE REPORT

Presenting Complaints

A 30 years old male patient moderately built came to clinic on 13.11. 2022 with the complaint of dry, itching eruption in groins with blackish discoloration of the affected parts since 1 year. History of presenting illness revealed that the itching aggravates at night, on going to bed and this tends to disturb his sleep. On account of severe itching he also consulted dermatologist and it was diagnosed as ringworm for which he was given several antifungal medicines orally as well as creams applied over the affected areas but he didn't find much relief.

He was prescribed *Sulphur* 0/1 on the basis of totality.

On the next visit on 08.12.2022 patient informed about slight improvement, but now he revealed another problem which he deliberately did not disclose at the first visit because of shyness, the complaint was related to the male sexual dysfunction. A detailed case taking was done once again with more precise questionnaires -

He now told of early ejaculation and which occurred with a slightest stimulation, discharge is watery in nature and is followed by great weakness. He also told of occasional flatulence and bloating.

P/H: Dust allergy and recurrent skin eruption

F/H: Father suffered from hypertension

Mother: NAD

Physical Generals

Appetite: Good, takes vegetarian diet

Desire: Sweets and cold water

T/R: Hot (sensation of heat, desire for bathing and liked washing feet in cold water)

Stool/Urine: NAD

Perspiration: NAD

Sleep/Dream: Anxious and sometimes unknown black face

Tongue: clean & dry with normal taste

Mental Generals

Mind: Irritable in nature, he gets easily angered on slightest provocation, loss of temper on being disturbed etc. Fear of high places, fear and anxiety about his health.

Analysis and Evaluation (Grading) with Formation of Totality of Symptoms:

Characteristic mental symptoms -

Fear of going to heights

Anxiety about his health

Easy irritability from little things

Characteristic physical generals -

Thermal reaction - hot

Desire for sweets

Particulars -

Early ejaculation

Watery seminal emissions

Itching eruption < night

Case Report

Repertorisation was done from Complete repertory using HOMPATH Classic 7.0 software

Figure 1: Repertorial Sheet

Analysis of Repertorial Result and Prescription:

The case was repertorised and again *Sulphur* 0/2 was prescribed with improvement. Here *Sulphur* was selected as it covered all the rubrics and has a psoric miasmatic basis and h/o suppressed and recurrent skin disease.

Follow-up:

Date	Observation	Interpretation	Prescription
08.12.23	Slight relief in itching C/o Early ejaculation and occasional flatulence	Improvement present but slow reaction of the patient	<i>Sulphur</i> 0/2 To be taken 1 dose daily for 1 month
02.01.23	Itching reduced, no flatulence, generals-NAD, Mental wellbeing +	Improvement present, medicine continued in higher dynamisation	<i>Sulphur</i> 0/3 To be taken 1 dose daily for 1 month
01.02.23	General wellbeing + Now sometimes he can delay ejaculations	Medicine is acting and needs to be continued	<i>Sulphur</i> 0/4 To be taken 1 dose daily for 1 month

03.03.23	Improvement in self confidence, Anxiety Ability to delay ejaculations for a longer time	Improvement persists, medicine acting, needs repetition in higher potency	<i>Sulphur</i> 0/5 To be taken 1 dose daily for 1 month
08.04.23	General wellbeing + Itching eruption Can delay ejaculations as per his wish Not at all ejaculates from slight stimulation Stress and anxiety	Expected Improvement , medicine still continues to avoid recurrence	<i>Sulphur</i> 0/6 To be taken 1 dose daily for 1 month

CONCLUSION

Above case which is diagnosed as a premature ejaculation is improved under homoeopathic treatment on the basis of repertorisation considering totality of symptoms. Thus *Sulphur* in 50 millesimal potency was given along with psychological counseling to boost up patient's confidence and diminish sexual anxiety. This case is still under observation as recurrence of PE is likely after withdrawal of treatment.

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Unfolding a Case of Vitiligo with the Help of Keynote Prescribing

Dr Archana Rai

ABSTRACT

Dr Stuart Close, in his *The Genius of Homeopathy*, gives the origin of the creation of the “keynote system.” It was taught and practiced by Dr Henry N. Guernsey in the last half of the 19th Century.^{11, 13} In comparing the symptoms of medicines we find that each medicine presents peculiar differences from all other medicines. The keynotes are characteristic features of a case of disease. These are the features that give the diseased case its individuality, which in turn are related to an act of thought based on the totality of symptoms. Dr Hahnemann’s characteristics are the keynotes of the disease. Here with the help of keynotes of the medicine *Kali carb.* a case of vitiligo in a young lady has been addressed. As most of the patients presented with local symptom only, we at times feels stuck with few symptoms, where the keynote prescribing comes as a very good resort.

Background: Vitiligo is the most common de - pigmentation disorder presented as absence of pigmented cells in the epidermis resulting in a macular or hypopigmented patches all over the body. Mucous membranes of lips, genitalia, sun-exposed areas such as the face, hands and rarely hair and eyes may also be affected.

Keywords: Vitiligo, kali carb., keynote Prescription, naranjo criteria, homoeopathic similimum

INTRODUCTION

Vitiligo is a common acquired disorder of skin de - pigmentation in varying patterns, varying from small macules with scalloping borders to near-total de - pigmentation of body.¹⁴ Vitiligo is the most common and acquired pigmentary skin disorder presented as an absence of pigmented cells from the epidermis that results in white macules and patches on the body.¹ Most commonly seen all over the body, including mucous membranes of lips, genitalia, sun-exposed areas such as face and hands, rarely hair and eyes may also be affected.² It affects around 0.5-2% of the world population, both in adults and children.³ In India, the prevalence of vitiligo is found to be 0.89% among hospital attendees. It is higher among females than in males, and the positive family history, consanguinity; hypothyroid disorders were higher in vitiligo cases than in controls. In 46% of all cases, this disease’s onset was found before 20 years of age and 80% of cases developed before 40 years.⁴ The disorder affects nearly 1%–2% of the world population irrespective of race

and ethnicity with highest incidence recorded in Indian subcontinent followed by Mexico and Japan.

The exact etiology of vitiligo is poorly understood and is often considered a multi-factorial disease with complex pathogenesis encompassing several postulations implicating autoimmune, biochemical, cytotoxic, viral, oxidant-antioxidant and neural mechanisms for destruction of the melanocytes function in genetically predisposed. Certain autoimmune diseases like autoimmune thyroiditis, Grave’s disease, Addison’s disease, diabetes mellitus, alopecia areata, and pernicious anaemia in patients and their first-degree relatives favor its autoimmune etiology.⁶

The course of the illness is very variable. Some patients’ lesions may remain static or progress very slowly, whereas, in others, the disease progresses very fast and covers the whole body in few months. In some cases, the re-pigmentation appears spontaneously, especially in peri-fol-

lular phase.⁷ This disease is often the cause of psychological distress, social stigmatization, depression, self-consciousness, and low self-esteem.^{8,9} Vitiligo has been classified based on clinical grounds mainly in two significant forms, namely Segmental Vitiligo (SV) and Non-segmental Vitiligo (NSV), the latter including several variants (generalised vitiligo, acrofacial vitiligo, universal vitiligo).⁵

Method

A case of focal vitiligo reporting according to the homoeopathic case taking guidelines, intervened with indicated individualized homoeopathic medicine, further assessed the causal relationship between the clinical improvements by using the Monarch Inventory (Improved version of the modified Naranjo criteria for Homoeopathy) along with the photographs.

CASE REPORT

Presenting Complaints

A 24-year-old female presented with diagnosed focal vitiligo, hypopigmented patch/macule on the neck for three months. This is accompanied with itching at the site with no eruptions and no pain and for which the patient did not take any treatment. This complaint started after delivery of her child 4 months back. She also complained of pain in back and lower extremities more on left side for 1 month which is cramping in nature; better by pressure and aggravated by physical exertion, motion. She also complained of backache started after delivery.

Past History

H/O Chickenpox at 8 years of age for which she did not take any treatment.

Family History

There was no history of either Vitiligo or any other major illness in the family.

Generals

The patient was a non-vegetarian with a ravenous hunger, not easily satisfied, had desire for sweets. She had thirst within normal limits. Thermally she was chilly.

ANALYSIS OF THE CASE

The case was analyzed by forming keynote characteristic. The keynotes selected for the totality was are as follows:

- Complaints after delivery; vitiligo developing after delivery.
- Backache after delivery.
- She also complained of pain in back and lower extremities more on left side is cramping in nature, better by pressure and aggravated by physical exertion, motion.
- Thermally she was chilly.

Considering the totality of the keynotes and following consultation with the materia medica *Kali carb* .was selected and prescribed in 30 C potency

Table – 1 Follow-up of the Case with Treatment

Date of Visit	Signs and Symptoms	Prescription and Remarks
16/09/2021	Hypopigmented patches on neck. Pain in back after delivery.	1. <i>Kali carb</i> 30 TDS for 15 days two doses at fifteen days and 2. Sac-lac for 15 days
26/10/2021	Mild pigmentation appears in the patches. Generals were good—no other new symptoms.	1. <i>Kali carb</i> 200 one dose followed by 2. Sac lac TDS for 15 days

7/12/2021	No further improvement seen in the patches. Hence, repeated the same medicine.	1. Sac-lac for 15 days
20/12/2021	Almost 95% pigmentation appeared—no back pain since starting the medicinal intervention.	1. <i>Kali carb</i> 1M one dose and 2. Sac-lac for 15 days.
11/1/2022	Pigmentation continues to appear and back pain decreased.	1. Sac-lac for 15 days.
1/2/2022	Pigmentation continues to appear. Back pain-absent, mental generals improved.	1. <i>Kali carb.</i> 1M one dose and 2. Sac lac for 20 days.
2/3/2022	Pigmentation – appears	Placebo TDS for 10 days.
22/3/2022	Most of the patch disappeared. Complete disappearance of hypopigmented patches. No back pain. Generals were good, and no other complaints were recorded.	1. <i>Kali carb.</i> 1M one dose and 2. Sac lac for 20 days.
7/04/2022	Complete disappearance of the hypopigmented patches. No urticaria till date since treatment commenced. Generals were good, and no other new complaints were recorded.	1. Sac lac for three months on request by the patient.

Table -2 Monarch Inventory (Improved Version of the Modified Naranjo

Criteria for Homoeopathy¹²

Domains	Yes	No	Not sure		Justification
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	2	The patient came with white patch complaint on neck that completely resolved and has not recurred to date.
Did the clinical improvement occur within a plausible timeframe relative to the medicine in take?	+1	-2	0	1	The patient had the complaint for three months before starting the medicine and marked improvement seen in the first follow up itself.

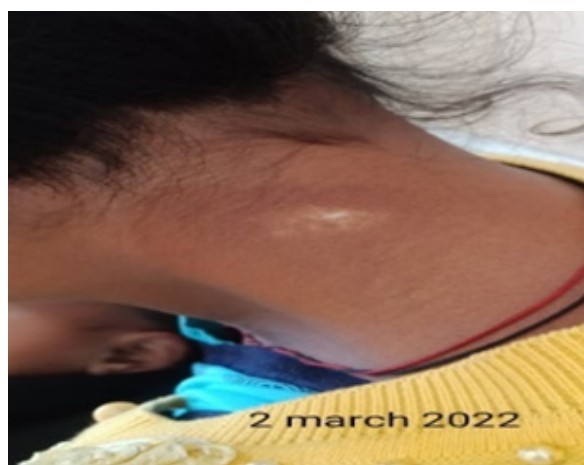
Was there homoeopathic aggravation of symptoms?	+1	0	0	1	Not observed
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)	+1	0	0	1	She had a backache developed after delivery which got relieved which did not occurred during follow-up period.
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0	1	Since the patch was on the neck, it had affected her confidence which showed marked improvement after recovery.
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
Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?	+1	0	0	0	Not applicable
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
Are there alternative causes (i.e. other than the medicine) that – with a high probability –could have produced the improvement?(consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	1	No
Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination etc.)	+2	0	0	2	Before and after photographs included.

Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	1	Yes
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Total score- 10; the total score of outcomes in this case was 10 which was close to the maximum score of 13 as per Modified Naranjo Criteria. This appears to be a good score hence obtained.

Photographs Of The Patients Along With Date Of Visit





RESULTS

This case report shows the uniqueness of keynote prescribing in homoeopathy in case of vitiligo. The remedy was selected on the basis of keynote features and potency and dose was selected on the basis of homoeopathic guidelines. A marked improvement of the symptoms was noted within a very small span of time in subsequent visits and marked resolution is noted as evidenced with the help of photographs. Modified Naranjo criteria have been applied for assessment of causal attribution of homoeopathic medicine which shows the positive role of keynote prescribing in the treatment of vitiligo which shows the total score of 10 which is very much close to maximum score i.e. 13 which clearly shows the effectiveness of keynote prescribing in case of vitiligo. No complication or reoccurrence was observed after the treatment.

CONCLUSION

Medicines prescribed on the basis of keynote features has the capability of providing relief to each and every type of patient, this case report demonstrates that keynote prescribing is novel and confirms its efficacy while using materia medica guided by homoeopathic philosophy to add to our storehouse of evidence-based medicine, the need of the hour.

For the homoeopathic prescription, when a remedy matches the totality of symptoms it will cure the case. As Dr Stuart close stated that in both the patient and remedy to be selected, there is and must be a peculiar combination of symptoms, a characteristic or keynote. According to Dr H.N Guernsey¹³ when a characteristic symptom or keynote presents itself in a given case, it means that whole case is to be studied with reference to

the remedy which correspondingly has that symptom or condition henceforth in this case report we can verify the practical application of keynote prescription. The keynote is simply a predominating symptom or feature which directs attention to the totality. We should not think in a way that it is something different method adopted other than totality of symptom.

CONFLICT OF INTEREST –

None

CONSENT –

Patient consent was taken for publications of images without revealing the identity.

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Verruca Plana Treated by Homoeopathic Remedy Selected on the Basis of Keynote Symptoms – A Case Report

Dr Amit Arora, Dr Udesk Kumar

ABSTRACT

Verruca, commonly known as warts, is caused by infection of the skin caused by human papilloma virus (HPV). They are the common dermatological disorders encountered in our day to day clinical practice. They are present as single or multiple circumscribed firm papules with hyperkeratotic dry stippled surface or as simply elevated flat smooth papules. They are generally asymptomatic but impact the patients cosmetically. In Homoeopathy, warts are classified under local diseases which are to be treated with internal homoeopathic medicine selected strictly on the basis of principles of Homoeopathy. Here in this article a case of multiple warts on face (verruca plana) was treated with internal homoeopathic medicine selected on the basis of keynote symptoms. The case shows the efficacy of homoeopathic medicine in management of warts, selected on basis of keynote symptoms.

Keywords: verruca, verruca plana, human papilloma virus, keynotes, homoeopathy

INTRODUCTION

Verruca (warts) is common benign epidermal lesions caused by Human papilloma virus. They are generally asymptomatic but not accepted by patients because of their cosmetic impact. There are more than 100 types of human papilloma virus which can infect any part of skin. On basis of type of virus infected with, mode of entry and appearance of lesions they are clinically classified as Verruca vulgaris, Verruca plana, Filiform warts, Palmo-planar warts and Ano-genital warts. Verruca can affect any age group and are transmitted through direct skin to skin contact or by auto-inoculation. The treatment includes applying topical agents like salicylic acid or retinoic acid, cryotherapy or cauterization¹.

Homoeopathy has a major role in the treatment of warts. Under the influence of similimum homoeopathic medicine, administered internally, the warts can be managed successfully without using any external application. In homoeopathy we follow the holistic approach toward diseased individual. Prescription in homoeopathy is based on individualisation which can be achieved in vari-

ous ways and one simple approach is selection of remedy on basis of keynote symptoms, which if noted carefully and correctly in a case, can guide us in the selection of similimum².

Present case report of verruca plana is an attempt to show the positive effect of the homoeopathic medicine selected on basis of keynote symptoms, in a short span of time without using the local treatment.

CASE HISTORY

Presenting Complaints

An 18 years old patient was presented in out-patient department with complaint of multiple slightly elevated popular lesions on left side of face since 6 months.

History of Presenting Complaints

The lesions started with a single lesion on left side of forehead and progressed gradually to cause multiple lesions. There was no itching, no tenderness or any other associated symptom with the lesions. As such, the lesions were asymptomatic but as they were on face, the patient wanted to get rid

of them because of their unsightly appearance.

Past History

No significant past history of any ailment

Family History

There was no family history of warts. Mother had type 2 diabetes mellitus.

Physical Generals

- His appetite and thirst was normal.
- He had desire for salty things, prefers more salt in food as compared to other family members.
- His bowel and bladder movements were regular.
- His thermal reaction was more toward hot than chilly.
- His sleep was normal and he preferred to sleep on abdomen during sleep which gives him comfortable sleep.

Mental Generals

Patient was hurried in nature. He preferred to do things hastily in his daily routine.

General Physical Examination

- His built was ectomorphic
- His palms were hot to touch, on confirmation, the patient stated that he felt heat in his palms and soles.

Systemic Examination: No significant abnormality identified.

DIAGNOSIS

Verruca Plana; on the basis of location of lesions (on face) and appearance of lesion as slightly elevated skin-coloured smooth, flat papules confirm the clinical diagnosis of verruca plana.

Diagnostic Code

International classification of disease, tenth revision, clinical modification (2023-ICD-CM-10) diagnosis code B07.8.³

CASE ANALYSIS

The following key symptoms were noted in this case

1. Hot patient
2. Desire for salt
3. Sleep on abdomen
4. Burning in palms and soles
5. Hurried in nature
6. Sycotic miasmatic nature of disease

Repertorial Totality

From key symptoms, the following symptoms were considered for the repertorisation. Repertorisation was done from *Synthesis* repertory using Radar Opus software.⁴ Rubrics enumerated for repertorisation:

1. Mind – Hurry – Occupation, in
2. Generals – food and drinks – salt – desire
3. Sleep – position – abdomen, on
4. Extremities – Heat – Feet – soles
5. Extremities – Heat – Hands – Palms

Repertorisation Table:

	med.	sep.	dulc.	phos.	sulph.	nat-m.	calc.	carb-v.	caust.	puls.	ham.	lyc.	lil-t.	lac-c.	lach.	verat.	aloë	bry.	glycyrr-g.	mur-ac.	nux-v.	plib.	spig.	thut.
1	2	1	3					1	1	1			3										1	2
2	2	1	1	4	1	4	2	3	2		1			3		4	2		2	1		2		2
3	3	3	1	2	2	2	1		1	2	1	2		2	1		2	1			1	2		1
4	1	2	1	2	3	1	2	1	2	2	1	4	2		2	1	1	1	2	1	2	1	1	
5	2	2	1	3	3	1	2	1		1	1	2	2	1	3	1		3	1	3	2		3	

Table 1: Repertorisation table

Prescription

On the basis of repertorial analysis, key symptoms of the case and literature review from source books of materia medica consisting of keynote symptoms, *Medorrhinum*, was selected for prescription. He was prescribed *Medorrhinum* in high potency that is 200 C. On first visit, *Medorrhinum* 200c was prescribed in 3 divided doses for one day which was followed by Placebo for next 15 days.

On the basis of reportorial totality and covering of maximum number of symptoms the following remedies were considered for differential drugs-

Medorrhinum (10/5)

Sepia (9/5)

Dulcumara (7/5)

Phosphorus (11/4)

Out of these remedies, on basis of key symptoms - hot patient and sycotic nature of disease, which were considered as eliminating symptoms, *Medorrhinum* was selected for prescription.

Follow Up and Assessment

Follow ups were scheduled every 10 days for the patient. The outcome of the case was assessed objectively. With regular follow up, the warts disappeared completely within few weeks. The follow up is tabulated in table 2

Visits	Symptoms/outcome	Prescription
1 st visit	Warts on left side of face (Figure 1)	1. <i>Medorrhinum</i> 200 C/ 3 doses to be taken for one day at an interval of 6 hours. 2. Sac Lac 30/TDS for 9 days from 2 nd day
2 nd visit	No specific change noted	1. Sac Lac 30/ TDS /10 days
3 rd visit	Slight improvement noted	1. Sac Lac 30/ TDS /10 days
4 th visit	Warts completely disappeared (Figure 2)	1. Sac Lac 30/ TDS 7 days. Patient was asked to stop the treatment afterwards as no new lesions appeared.

Table 2 - Follow Up and Assessment



Figure 1 - Before Treatment



Figure 2 - After Treatment

DISCUSSION

Verruca plana generally appear on face and appear as multiple flat papules¹. Generally they are asymptomatic but because of their unsightly appearance, they may have psychological impacts⁵. In conventional medicine, the treatment includes removal of warts either by topical applications, cryotherapy or cauterization, but this may sometimes cause scarring¹. In cases if warts are multiple, it becomes difficult to treat each and every single wart by topical application or cauterization.

With Homoeopathic treatment warts can be managed successfully. In Homoeopathy, warts are classified under local diseases which are to be treated with internal homoeopathic medicine selected strictly on basis of principles of Homoeopathy⁶. In this case the similimum medicine, *Medorrhinum* was selected on basis of keynote symptoms only and when was administered internally, the medicine treated the case successfully without using any topical application and residual scarring.

In this case, after proper case taking few key symptoms were noted and after repertorisation and literature review from source books of materia medica consisting of keynote symptoms, the symptoms of the case were matched with the available keynote symptoms from books and on basis of that similarity, the correct similimum that

is *Medorrhinum* was selected.

Following symptoms from different materia medicas indicated that *Medorrhinum* was the most similimum medicine in this case.

1. H.C. Allen – *Keynotes and Characteristics with Comparisons of Some of Leading Remedies of Materia Medica*: Time passes too slowly; is in a great hurry; craving for salt; burning of the hands and feet; amelioration lying on stomach⁷.
2. C.M. Boger – *A Synoptic Key to the Materia Medica*: Sycotic taint; better lying on abdomen, burning feet⁸.
3. Adolph Von Lippe – *Keynotes and Redline Symptoms of the Materia Medica*: Burning of hands and feet; craving for salt; is in a great hurry; amelioration from lying on stomach⁹.

The high potency (200c) was selected in this case on the basis of

“The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency required.” stated in book *The Genius of Homoeopathy*, Chapter XIII, Homoeopathic Posology by Dr Stuart Close¹⁰. Prescription in homoeopathy is based on individualisation which can be achieved in various ways, for example, prescrip-

tion based on miasm, constitution, past history, family history, observation, reportorial analysis, past experience, pathology etc, likewise one approach is selection of remedy on basis of keynote symptoms, which if noted carefully and correctly in a case, can guide us in the selection of similimum. The concept of keynotes was given by Dr H.N. Guernsey who observed certain symptoms in each medicine which were present in most of the provers or cases and were the main stem of the medicine around which all symptoms revolved. These few symptoms give the analogy of similarity of maximum symptoms of the patient¹¹.

H.C Allen describes keynotes as characteristics, the red strand of the rope and central modality or principle, the symptoms which are peculiar, uncommon or sufficiently characteristics in the pathogenesis of remedy that may be used for comparing the two different remedies¹².

CONCLUSION

It was found that in this case, the indicated homeopathic remedy selected on basis of keynotes, *Medorrhinum*, was useful in treating warts. This case demonstrates that after proper case taking, some key symptoms can be recognized in the case which can be matched with available keynotes in materia medicas and medicine selected on this basis may prove beneficial. The case shows that keynote prescribing makes the prescribing easy and fruitful.

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CONFLICT OF INTEREST: None declared

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✓ Occupy the niche

Establish a territory: ⁽⁶⁾ First, the author has to mention, what is the field work, why this field is important and what has already been done in this field. You have to define the field of work, i.e. your work domain, or area to which your research work belongs, e.g. Role of Homeopathy in managing essential hypertension.

Why this field is important will be answered by data related to the prevalence of condition at the global, national, state and working unit level. Tell the readers how big challenge it is in front of society, e.g. Global and regional prevalence of essential hypertension.

What has already had done in the respective field can be answered through recent publications in the particular domain, e.g. research publications related to role of drugs in the management of essential hypertension.

Establish a niche: ⁽⁶⁾ Indicate what is the void or gap in the field; raise a question or challenge the previous work in this domain,

The void or gap in the working domain must be explained in the 'Introduction' section, e.g. challenges faced while trying to manage essential hypertension with current available treatment option.

Question or challenge the previous work in this domain, e.g. raise the question related to efficacy of treatment in controlling hypertension and simultaneously evaluating it in terms of economy and after use effect of current mode of treatment (national resources utilized to tackle the situation and side effect of current mode of treatment).

Occupy the niche: ⁽⁶⁾ State the intent or purpose of the own work.

Inform the readers about the intent or purpose of the current work and how it is going to help in filling the void or gap in the knowledge related to working domain, i.e. research hypothesis, e.g. Effectiveness of individualized homoeopathy in managing essential hypertension.

It is always recommended to introduce your article from the known to unknown and the topic has to be narrowed down from broader general aspect to specific issues. This finally leads to aim or research hypothesis of the present study. ⁽⁷⁾

The main aim of 'Introduction' section is to give comprehensible idea in context to the research problem. ⁽⁸⁾

Towards the end of 'Introduction' section it is good to describe the rationale of the study, which will pin point the necessity of undertaking your particular project. ⁽⁷⁾

If you want your 'Introduction' section will work properly, you must feel that research question is clear, concise, and worthy of study. ⁽⁹⁾ As you draft your paper, your voice should flow from one idea to the next smoothly, logically and uninterrupted form. ⁽¹⁰⁾

New researchers and writers can evaluate their introduction sections by answering following questions ⁽¹¹⁾

1. What exactly is the work?
2. Why is the work important?
3. What is needed to understand the work?
4. How will the work be presented?

With the help of above said questions, the authors can check the appropriateness and completeness of the 'Introduction' section of any scientific article.

Tips for Writing Effective 'Introduction' Section of Scientific Manuscript⁽¹²⁾

1. *Start broadly then narrow down*

In the first paragraph of 'Introduction' briefly talk about the broad aspect of research area and then narrow down to the particular area to which your research was concerned. This approach helps you to reach wider audience not just to your area of interest.

2. *State the aims and importance*

The rejected papers usually lack this section, so say clearly what you wanted to achieve and why your readers should be interested in finding whether you achieved your target or not. The basic structure will be simple "We aimed to do X which was important because it led to Y".

3. *Cite thoroughly but not excessively*

Once you've focused to your topic, you should thoroughly focus on most relevant and recent literature pertaining to your area of interest. Your literature review should be complete but not too long. The solution to overflowing and too long introduction section is use of review article citation.

4. *Avoid giving too many citations for one point*

Giving too many citations for one point is not recommended. Consider the following sentence: "Many studies show there is significant correlation between X and Y ^[1-9]." This sentence cites too many studies at once. Although references ^[1-9] provide good overview of the topic, but this sentence does not provide enough explanation of each studies cited in above line. If all references worth citation, they should be stated more specifically. E.g. A significant correlation has been found between X and Y in men ^[1-3], women ^[4-6] and children ^[7-9].

5. *Clearly state your research question and hypothesis*

Research question and hypothesis are important because they help in giving shape to the paper and guide readers through your article smoothly. For research in formal science or exploratory research, consider stating a research question instead: "In this study, we examined the following research question: Is X related to Y?" It should not always in interrogative form; instead, you can put hypoth-

continued on page.....56



Keynote Prescription in Homoeopathy and its Utility in the Treatment of One-Sided Disease - A Homoeopathic Case Report of an Infected Sebaceous Cyst

Dr Madhusree Dutta

ABSTRACT

In everyday clinical practice when there is a huge rush of patients and as well as in a certain class of chronic disease which display only one or two principal symptom which obscure almost all the others making them less likely to cure known as one-sided disease, a time saving and quick mode of prescription or keynote prescription which is based on a few peculiar, uncommon, or sufficiently characteristic symptom comes at our rescue. This case report describes a 63 years old man with an infected sebaceous cyst which was annihilated within 4 months by administration of a single potentised homoeopathy remedy Hepar sulphur that was selected on the basis of presence of a few striking, peculiar, uncommon, characteristic symptom which is otherwise known as keynote symptom.

Keywords: cholelithiasis, nephrolithiasis, homoeopathy, knowledge of disease, constitutional remedy, repertorization

INTRODUCTION

Keynote Prescription

Keynote symptom is defined as the peculiar, uncommon, or sufficiently characteristic symptom in the confirmed pathogenesis of a polychrest medicine which may be used as a pivotal point of comparison and the prescription based upon the keynote symptom is known as keynote prescription ¹. Not only memorizing the too lengthy materia medica but also its practical application was basically a challenge with the homoeopathic materia medica books having schematic presentations ². Hahnemann has recommended about characteristic symptom which is striking, uncommon and peculiar. This method of prescription can be used as a boon to combat the obstacle. Although a deduction from Hahnemann's concept, the virtual introduction was done by H.N Guernsey ². He captioned it as keynote symptom. It has got many synonyms like "characteristic symptom" (Hahnemann

and Lippe), the "red strand of the rope" and is used as the pivotal point of comparison ^{1,2}. The prescription with the help of these symptoms will be quick and time saving as the field of selection is narrowed.

One-sided Disease ³

A chief class of chronic disease are less amenable to cure due to the dearth of symptoms, there is only one or two principal symptoms which obscure almost all the others, it is one-sided disease. It can be classified into two cases which are as follows:

- (a) One-sided disease having internal complaint.
- (b) One-sided disease with only external complaint.
- (a) One-sided disease having internal complaint can be further classified into:

I. Disease with only physical symptom-

In this category, the present complaint or the principal symptom of the patient are concerned with only the physical complaints.

II. Disease with only mental symptom-

This is the next category in which the presenting complaints are related only with the mental sphere like mania, insanity and many more.

Treatment: ³

A physician well acquainted with the art of case taking selects the most homoeopathically indicated medicine on the basis of the few symptoms available. If the few morbid symptoms on the basis of which prescription is made are very striking, uncommon, peculiarly distinctive (characteristic) then complete annihilation of the present malady is possible without any adverse effect else the partially homoeopathic imperfect medicine will produce some symptoms that had never or very rarely seen before. These are otherwise known as the accessory symptoms of the disease. In such cases, the imperfectly selected or partially homoeopathic medicine will help to unveil the picture of the symptoms of the disease, then we have to take the case completely as a new one and form the present totality comprising of old existing symptoms as well as the newly produced accessory symptoms of the disease and prescribe a more suitable remedy. This process will be repeated till the recovery of the patient is complete.

Sebaceous cyst: ^{4,5}

Sebaceous gland, present in the skin, secretes sebum to make the skin oily and soft. The duct of these sebaceous glands which opens mainly into the hair follicles get blocked, distension occurs due to its secretion and eventually develops into a sebaceous cyst⁴. The secretion is yellowish pultaceous material with unpleasant smell and contains sebum, fat and desquamated epithelial cells⁴. It is usually painless or may be painful if infected. Although it may be present anywhere in the body, usually appears on the scale, face and scrotum where there is abundance of sebaceous glands. They are usually not present in the palms and soles⁵. They do not adhere to the underlying structures hence; they are easily movable with the skin ⁵.

Tests to be performed are as follows: ^{4,5}

Fluctuation test – It may be positive in a large cyst.

Trans - illumination test – Almost always negative.

Standard management of treatment in these cases is total excision of the cyst⁵. Surgical interventions may lead to unnecessary and avoidable complications hence homoeopathic medicines can be boon.

This case report is an example of one-sided disease of infected sebaceous cyst which was present in the patient since a couple of cases were treated successfully without surgery, with the help of keynote prescription in homoeopathy.

CASE HISTORY

A 63 year old male, shopkeeper by occupation was presented to the OPD of Mahesh Bhattacharya Homoeopathic Medical College and Hospital with a tender large swelling on the left cheek since last 4/5 years. The swelling was very sensitive to touch and the skin seemed to be very unhealthy. On further interrogation the patient revealed a fact that every slight or little touch causes suppuration in him. Over sensitiveness was an extremely marked feature in this patient, he was not only physically sensitive but also mentally oversensitive. Mentally the patient was hypersensitive to everything even to slight touch which causes further aggravation of pain and cold air. Thermally, the patient was very chilly. He also had another important mental symptom that he was very impulsive.

On Examination-

The swelling was tender, smooth, round in shape, movable and margins could be felt on palpation. There was presence of a black spot on the swelling which denoted the obstructed opening and is known as punctum. The edges of the swelling yielded to the palpating finger during palpation.

Diagnosis

2023 ICD-10-CM Diagnosis code L72.3 which bears the clinical information regarding sebaceous cyst is that intradermal or subcutaneous saclike structure, the wall of which is stratified

epithelium containing keratohyalin granules. Presence of punctum and the edges of the swelling yielded to the palpating finger further clinches towards the diagnosis.

Table 1: Differential Diagnosis of Sebaceous Cyst^{4, 5, 6}

Visits	Symptoms/Outcome	Prescription
1. Lipoma (universal tumour)	Commonest tumour of the subcutaneous tissue arising from a cluster of fat cells. It is painless, slow growing, lobulated, palpable and soft swelling which can occur anywhere in the body but more commonly over the neck, in the back, around shoulder and in the upper limbs.	Slip sign is present. The edge is definite and slips under the palpating finger which is known as slip sign. Transillumination test may be positive in case of large lipoma under ordinary torch light.
2. Neurofibroma	It is a tumour arising from both neural (ectodermal) and fibrous (mesodermal) elements which occurs generally in multiple numbers. This tumour occurring in the subcutaneous tissue presents as a slight tender nodule. Paraesthesia and tingle sensation are very frequent due to the effect of the tumour in the nerve fibres and occurs along the distribution of the nerve.	It is a firm, smooth, movable swelling which can only be moved in the lateral direction and not along the direction of the nerve from which it originates.
3. Dermoid Cyst	These arise in the line of embryonic fusion and hence, present in places where two embryonic processes meet each other and also may appear anywhere in the midline. It is rounded, smooth and movable.	During palpation the margin will yield to the pressure of the finger and doesn't slip away.
4. Cavernous Lymphangioma	Presents as a big lymphatic swelling and is often interspersed among the muscle fibres. It is a soft and lobulated swelling which occurs commonly on the face, mouth, lips, neck, tongue, the pectoral region and axillary.	Fluctuation test is positive and translucency is positive.

5. Cystic Hygroma	It is the Commonest form of lymphangioma consisting of a collection of lymphatic sacs and probably represents a cluster of lymphatic channels that failed to connect into normal lymphatic pathways. The swelling is painless but may be painful if infected.	The swelling is soft in nature. Fluctuation test is positive. Translucent test is positive unless it is infected or bleeding occurs within the cyst. It is partially compressible as fluid in one lobules can be compressed into another.
6. Sarcoma (malignant tumour)	<p>These are malignant tumours of the connective tissue and may occur from any structure derived from mesoblastic origin.</p> <p>Like any other malignant tumours, these are rapidly growing tumours and disseminates mainly by the blood stream. The patients usually present with a big swelling, the consistency may vary.</p>	The skin over the skin is stretched, glossy with engorged veins. Pulsation may be felt due to high vascularity. Margins are diffused.

CASE ANALYSIS

This case was clearly a case of one-sided disease where very symptoms were present but were uncommon, peculiar and characteristic also known as keynote symptoms. On the basis of these keynote symptoms the prescription was made and as mentioned in organon of medicine, prescription made on these symptoms can completely annihilate the disease without any known adverse effects.

The reason for choosing *Hepar sulphur* is due to the presence of keynote symptoms of *Hepar sulphur* in this case which are mentioned below -

Characteristic symptoms of *Hepar sulphur* on

which the prescription was made ^{1,7}

1. Great sensitiveness of the affected part to touch ¹.
2. The skin was extremely unhealthy; the patient had a history that every little injury causes suppuration.
3. Hypersensitiveness is extremely important characteristic of *Hepar sulphur* ^{1,7}.
4. The patient was hypersensitive to touch, air and cold air ⁷. Oversensitivity both mentally and physically¹.
5. Mentally, the patient was very impulse as mentioned by his family members. ⁽¹⁾
6. Modality: Aggravation of pain on touching the swelling. ^{1,7}

Follow Up:

The follow-up of the patient including first date of the visit is shown in the table below

Visit No.	Follow Up Dates	Treatment	Observation
1	28/11/2022	<i>Hepar sulph</i> 200/ 2D * OD.	
2	28/12/2022	Placebo for 1 month.	No change but overall he was better. 
3	28/01/2023	Placebo for 1 month	There was a yellowish white cheesy discharge from the punctum and swelling gradually started reducing. 


4	28/02/2023	Placebo for 1 month	<p>The discharge continued, the swelling and pain was reducing at the same time. By the end of the month when the patient visited the out-patient department, the swelling had completely disappeared.</p> 
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Table 2: Follow-up of the Case

CONCLUSION

The main motive of this case report is to throw some light on the fact how on-sided diseases can be managed with homoeopathic keynote prescription in a surgical case. The surgical interventions often leads to undesirable complications leading to harmful consequences and all these miseries can be avoided by choosing homoeopathy over conventional method of treatment. Sometimes due to scarcity of symptoms as seen in one-sided diseases where it is difficult to obtain all the symptoms but a few uncommon, peculiar and sufficiently characteristic symptoms are present. Prescription can be made on the basis of these symptoms which will not only be time saving but also can give miraculous results without any known adverse effects. So, adding another evidence-based case report with proper documentation will enrich the literature pool.

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Efficacy of Individualized Homoeopathic in the Treatment of Psoriasis: A Case Report

Dr Neha Nagar, Dr Ravi Kumar Poswal

ABSTRACT

Psoriasis is a chronic, non communicable, painful, disfiguring and disabling disease for which there is no cure and with great negative impact on patients' quality of life. It can occur at any age. Treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used. The need for treatment is usually lifelong and is aimed at remission.¹ A case with psoriatic patches all over the body since 4 years with itching along bleeding from cracks is discussed here. The present case was completely cured after taking regular treatment for one and a half years with individualized homeopathic medicine Sulphur 200. Homoeopathy has always been a safe and cost effective treatment in skin diseases.

Keywords: psoriasis, homoeopathy, autoimmune, sulphur

Abbreviations: Psoriasis Pustulosa Palmoplantaris (PPP), Acrodermatitis Continua of Hallopeau (ACS), Thrice daily (TDS)

INTRODUCTION

Psoriasis is a chronic autoimmune and non-communicable inflammatory disease of skin and joints. The word psoriasis comes from a Greek word "Psora" which means being itchy and "iasis" means a condition.¹

It is characterized by having sharply demarcated scaly, red, coin-sized skin lesions most often on the elbows, knees, scalp, hands and feet. Symptoms include itching, irritation, stinging and pain. Rarely, the entire skin surface of the body may be involved.¹

Clinical Classification-

Psoriasis Vulgaris

About 90% of psoriasis cases correspond to chronic plaque-type psoriasis. The classical clinical manifestations are sharply demarcated, erythematous, pruritic plaques covered in silvery scales. The plaques can coalesce and cover large areas of skin. Common locations include the

trunk, the extensor surfaces of the limbs, and the scalp.^{1,2}

Inverse Psoriasis

Also called flexural psoriasis, inverse psoriasis affects intertriginous locations, and is characterized clinically by slightly erosive erythematous plaques and patches.

Guttate Psoriasis

Guttate psoriasis is a variant with an acute onset of small erythematous plaques. It usually affects children or adolescents, and is often triggered by group-A streptococcal infections of tonsils. About one-third of patients with guttate psoriasis will develop plaque psoriasis throughout their adult life.^{1,2}

Pustular Psoriasis

Pustular psoriasis is characterized by multiple, coalescing sterile pustules. Pustular psoriasis can be localized or generalized. Two distinct localized phenotypes have been described: psoriasis

pustulosa palmoplantaris and acrodermatitis continua of hallopeau. Both of them affect the hands and feet; PPP is restricted to the palms and soles, and ACH is more distally located at the tips of fingers and toes, and affects the nail apparatus. Generalized pustular psoriasis presents with an acute and rapidly progressive course characterized by diffuse redness and subcorneal pustules, and is often accompanied by systemic symptoms.¹

Homoeopathy in Psoriasis

Recently homoeopathy has gained importance due to its advantages like being cost effective, no side effects etc. Homoeopathy treats the physical and mental symptoms of patients rather than the diseases or its effects and it completely eliminates the rashes. Studies have proved that homoeopathy is successfully used in the management of psoriasis and may not require maintenance treatment, following remission.

CASE REPORT

A 28 year old male working as a manager in private company was reported in outpatient department (OPD) of Bakson Homeopathic Medical College & Hospital, complained of psoriatic patches all over the body with intolerable itching with bleeding from cracks since 4 years. He got aggravation by bathing and touch. He felt very helpless because, he is taking allopathic treatment for the same for a longer period but got no relief and now he wanted to take homeopathic treatment for his complaint.

Past History

In the past he had suffered from typhoid fever at the age of 7 years, took ayurvedic treatment and recovered. He also suffered from pneumonia at the age of 16 years which was fully cured after taking homoeopathic treatment.

Family History

His father had a history of hypertension.

His mother had a history of rheumatoid arthritis.

Physical Generals

His appetite was increased even after eating food,

he had an extreme craving for warm drinks, and his thermal reaction was chilly. He preferred to eat potato on daily basis and his bowel movements were quite irregular, feels constipated, hard stool alternating with soft stool. His perspiration increased mainly while writing.

Mental Generals

He was very calm and mild in nature. He was very sad and depressed about his condition. He said he felt very embarrassed to meet peoples or even to attend office also. He also said that he easily got offended by slightest things done by others.

General Survey

The patient was cooperative; patient had peculiar stooped shoulders, cyanosis, clubbing or jaundice not detected.

DIAGNOSIS

Psoriasis vulgaris

On detailed case taking and analysis, the symptoms of mental general as well as physical generals and particular symptoms were considered for repertorisation.

The symptoms considered for the analysis and evaluation of the case were as follows-

- 1- Patient was very mild and calm in nature
- 2- He was very sad and depressed about his condition while narrating his complaints.
- 3- Felt helpless
- 4- Embarrassed to attend office and also to meet peoples.
- 5- Aggravation from others advises, got easily offended.
- 6- Desire to escape from current situation
- 7- Appetite increased; want to eat food even after eating also
- 8- Craving for warm drinks
- 9- Craving for potato
- 10- Perspiration mainly writing during.
- 11- Bowel irregular, Constipation Hard stool alternating with soft stool
- 12- Chilly patient

13- Psoriatic Patches all over the body with cracks and bleeding.

14- Aggravation from bathing

15- Aggravation from touch

16- Patient had stooped shoulder

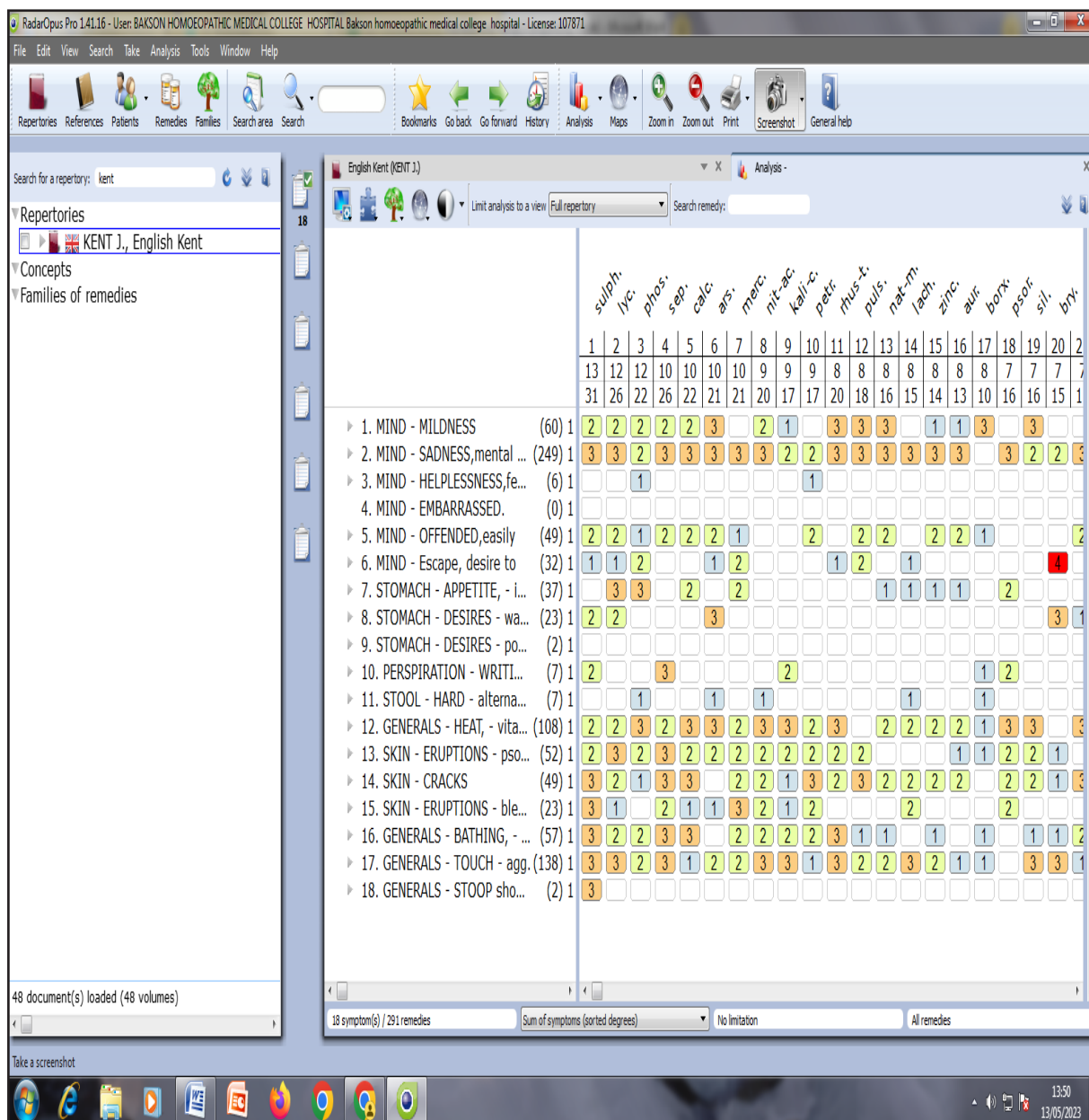
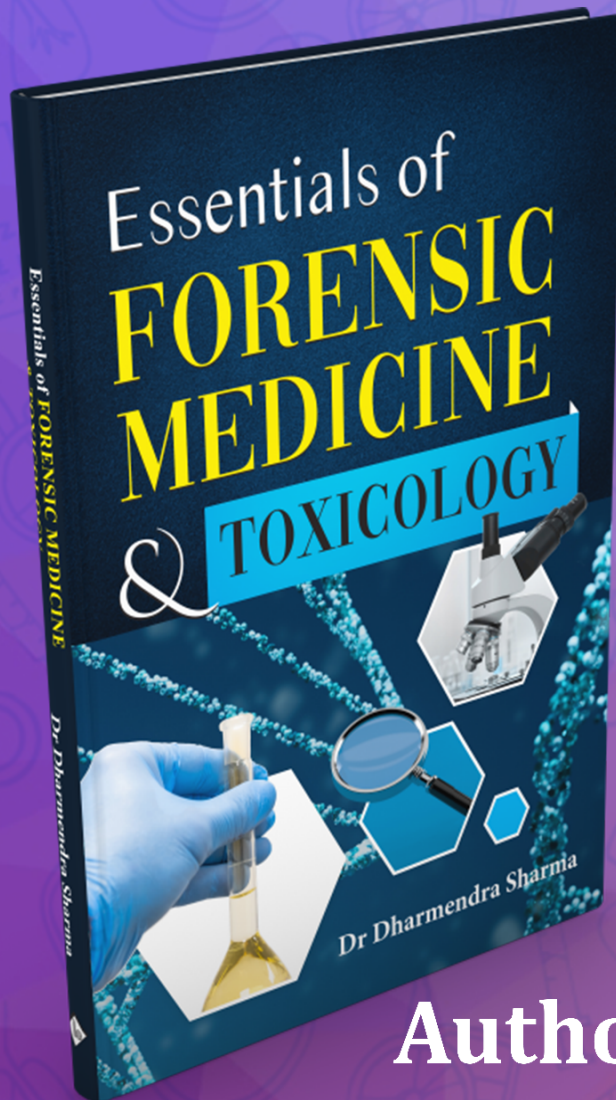


Figure-1- Repertorization Sheet



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esis in declarative form. "In this study we investigate whether X is related to Y."

6. *Consider giving an overview of the paper*

Organizational overview is more common in specific field, i.e. technology research work, but less commonly used in field of medicine.

7. *Keep it short*

Long introductory section should be avoided. A good target is 500 -1000 words, although checking the journal guidelines and past issues of concerned journal will give more vivacious image of structural boundary of introduction section.

8. *Show, don't tell*

One of the commonest pitfalls while drafting 'Introduction' section, the authors usually say that this topic is important, but never tell why the topic is important, e.g. instead of writing "The development of homoeopathic treatment for essential hypertension" you can write "The development of homeopathic treatment is necessary for essential hypertension to produce more effective, cheaper and better alternative mode of treatment which will reduce the economic burden as well as enhances affordability of treatment by common people, that will help in reducing the morbidity caused by essential hypertension.

9. *Don't bury your readers in details*

Holding back the results will help in building the suspense in the minds of readers, but the journals of many fields –practically in medicine encourage for giving preview of results in introduction section.

10. *Check the journal requirements*

Many journals have their own structural limits to this section. So it is quite useful if you go through the guidelines given by journals to authors particularly before writing 'Introduction' section.

Some General Instructions for Drafting 'Introduction' Section ⁽¹⁾

- Simple present tense should be used;
- Abbreviations should be given following their explanation in 'Introduction' section;
- References should be selected from the updated publications with higher impact factor, and prestigious source books;
- The sentences should be attractive, tempting and comprehensible.

It is the first important and key element of any good article to show readers why research article deserves their attention. 'Introduction' of the article should be well structured and informative enough so that it can justify the demand and information desired from it and simultaneously it should be

interesting enough to keep the attention of its readers and reviewers. A well structured 'Introduction' section should answer the following questions: What exactly is the work? Why the work is important? What is needed to understand the work? How will the work be presented?

"Write and rewrite, rewrite again, and then revise!" – Morris Fishbein⁽¹³⁾

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Repertorial Result¹

1- *Sulphur* - 31/13

2- *Lycopodium clavatum*- 26/12

3- *Phosphorus* -22/12

4- *Sepia officinalis* -26/10

5- *Calcareo carbonica* - 22/10

Remedy Selection and Administration

On the basis of the symptomatology and

repertorization and after consultation from materia medica¹ *Sulphur* was prescribed as it covered the totality with the maximum number of symptoms and was prescribed on the constitutional similarity. One dose of *Sulphur* 200 stat, followed by placebo thrice daily (TDS) was prescribed on 19/07/2021.

Justification to the Selection of the Remedy

Maximum rubrics were covered by *Sulphur* and patient had unique peculiar symptom stooped shoulder which helped in selection of the right similimum.

Follow Up and Outcome

Follow-up Date	Indication of Prescription	Medicine with Dose
20/08/21	Bleeding –Slight better ,now on excessive movement only Psoriatic patches- No relief Itching- slight reduced	Placebo 200/ TDS/ for 1 month
17/09/21	Patches started to reduce mainly from back. itching –slight better -Slight burning when goes out side -Bleeding improved -Mentally irritable	Placebo 200/ TDS/ for 1 month
24/10/21	Patients told that after taking homoeopathic medicines feel relaxed mentally even though not completely fine but he had positive vibes that he will be cured. -Itching- better - Patches started to dry from hands and chest also.	Placebo 200/ TDS/ for 1 month

2/11/21	All previous complaints are as it was.	Placebo 200/ TDS/ for 1 month
16/11/21	Now he was complaining of dryness of mouth. -Itching reduced -Bleeding better -His thoughts changed from negative to positive, like now he wanted to attend office meetings.	Placebo 200/ TDS/ for 1 month
18/12/21	Itching < after wearing woolen clothes. Pain in cracks also increased, but psoriatic patches were reducing	Placebo 200/ TDS/ for 1 month
22/01/22	Now his back and chest areas were almost cured, slight itching was there, bleeding improved.	Placebo 200/ TDS/ for 1 month
19/02/22	His quality of life was better, like previously he was not willing to meet people but situation got changed, his confidence level was also improved. All general complaints started improving.	Placebo 200/ TDS/ for 1 month
14/03/22	No- cracks no bleeding Lesions started to reduce from hands also.	Placebo 200/ TDS/ for 1 month
23/04/22	No relief, all symptoms are as it were, no improvement.	1. <i>Sulphur</i> 200 /1 dose, stat, follow by Placebo 200 TDS/for 1 month

16/05/22	<p>Itching in soles and palms was better.</p> <p>Psoriatic lesions were- better</p> <p>Pain in abdomen- better</p> <p>Constipation- better but still unsatisfactory stool , went for motion 2-3 times /day</p>	Placebo 200/ TDS/ for 1 month
22/07/22	<p>All general complaints are better now.</p> <p>Mentally patient was relaxed.</p> <p>No restlessness.</p> <p>Positive attitude regarding ongoing treatment.</p>	Placebo 200/ TDS/ for 1 month
29/08/22	<p>Itching- reduced.</p> <p>Cracks-better now.</p> <p>Lesions almost gone from chest , back, hands and feet</p>	Placebo 200/ TDS/ for 1 month
25/09/22	<p>Gas formation in upper abdomen since 2 days after eating food in marriage party</p> <p>Itching < bathing in cold water</p>	Placebo 200/ TDS/ for 1 month
21/09/22	<p>Patches almost gone, no itching , no cracks, patient improved mentally as well as physically</p>	Placebo 200/ TDS/ for 1 month
12/10/22	<p>Now patient improved completely physically as well as mentally, his daily routine work was fine now.</p> <p>He felt more energetic and more confident.</p>	Placebo 200/ TDS/ for 1 month

RESULT

There is marked improvement in patches along with bleeding and itching. *Sulphur 200/ 1* dose orally followed by placebo showed remarkable improvement. Psoriatic patches all over the body completely disappeared within a period of one and a half years of homoeopathic treatment. Photographic evidences were collected firstly on before treatment and then in-between treatment and after treatment with regular follow-ups.

Figures -1 & 2 - Before Treatment





Figure -3 - In between Treatment on 19/02/2022



Figure - 4 - After Treatment

DISCUSSION

Patients with psoriasis report experiencing anger or helplessness, and they disclose a higher rate of suicidal ideations than other patients. In a study of 127 patients with psoriasis, 9.7% reported a wish to be dead and 5.5% reported active suicidal ideation at the time of study¹. Homeopathic system of medicines uses the holistic approach to treat a person as whole which includes his mind and body. In the above-discussed case, the homeopathic medicine is selected on the basis of individualization which helps in the removal of the signs and symptoms of psoriasis. After referring to materia medica and organon of medicine and repertory, the medicine selected was *Sulphur*. Administration of this medicine helped in the marked improvement in mental as well as physical symptoms. Itching, bleeding in cracks and psoriatic patches completely got cured after treatment.

CONCLUSION

Constitutional homoeopathic medicine is the first line of approach to treat a chronic untreatable disease like Psoriasis. Homoeopathic medicines are effective in reducing the severity and area affected and enhancing the quality of life. It conforms to the subtle Homoeopathic Philosophy of the Organon of Medicine of Hahnemann, C.S.F. i.e. *"The highest ideal of cure is rapid, gentle and permanent restoration of the health and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principle"*.¹

FINANCIAL SUPPORT AND SPONSORSHIP

None Declared.

CONFLICT OF INTEREST

None declared.

DECLARATION OF PATIENT CONSENT-

Patient consent was obtained to disseminate the clinical information and display images on scientific platform.

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Effective Treatment of Neurological Disorder (Epilepsy) by one of the Most Popular Medicines of Compositae Family: Arnica Montana

Dr Sayani Ghosh, Dr Ashish Biswas, Dr Soumya Bhattacharya

ABSTRACT

Arnica montana is widely used in homoeopathy as well as in allopathy for its healing properties in bruise and injury. Epilepsy after injury accounts for 10–20% of epilepsy cases in the general population. Compositae family has marked action on neurological problems and injury as many research studies reveal. So, as a member of Compositae family *Arnica montana* might have potential action on neurological disorder like Epilepsy which arises after brain injury.

Keywords: epilepsy, compositae, arnica montana, homoeopathy

Abbreviations: Disability-adjusted life year (DALY)

INTRODUCTION

Epilepsy has a large global burden as it costs 12,418,000 DALYs & 125,000 deaths.¹ The overall prevalence is 3.0-11.9 per 1,000 population and incidence 0.2-0.6 per 1,000 population per year, data from recent studies in India on general population.² Epileptic spasms are characterized by a briefly sustained flexion or extension of predominantly proximal muscles, including truncal muscles. The EEG usually shows hypsarrhythmia, which consist of diffuse, giant slow waves with a chaotic background of irregular, multifocal spikes and sharp waves. During the clinical spasm, there is a marked suppression of the EEG background (the “electro decremental response”).¹ If we go through the cause according to age head trauma is the commonest cause in adolescents and adults.¹

Arnica montana is a well proven medicine for post traumatic conditions, mainly after mechanical injuries.^{3,4} In homoeopathic literature we may also find, *Arnica* has claimed as “it is a traumatic remedy par excellence”.⁵ Many authors used this remedy in complications after concussion of brain.^{6,7,8} In repertory by Dr. C. B. Knerr we find rubrics like ‘Convulsion, injury from (traumatic): Blows,

from, upon head or concussion’, where *Arnica* was mentioned as 1st grade medicine,⁹ so we may think of *Arnica montana* for convulsive disorder like Epilepsy which was arise after injury.

Compositae / Asteraceae family from where *Arnica* belongs, has a significant role in neurological disorders.¹⁰ These Asteraceae have phytochemical compounds that would have cholinergic, dopaminergic or serotonergic systems actions, which are major systems, involved in the manifestations of the neurological disorders.¹⁰ Their pharmacological effects can be attributed to their range of phytochemical compounds, including polyphenols, phenolic acids, flavonoids, acetylenes and triterpenes.¹¹ *Arnica* also includes same active compounds (sesquiterpene lactones, flavonoids, terpenoids, phenolic acids, and essential oils)¹², so it is very obvious that *Arnica* should have beneficiary action on neurology. Besides this in homoeopathic literature Compositae family was popular for its injury (*Arnica montana*, *Bellis perennis*, *Calendula officinalis*, *Cineraria maritima*, *Erigeron canadensis*, *Achiller millefolium*) & convulsive (*Abrotanum*, *Absinthium*, *Artemisia vulgaris*, *Cinamaritima*,

Chamomilla) group of medicines.¹³ Though *Arnica* was not popular for its convulsive action but, it is one of the leading remedies for post traumatic complications. So in case of epilepsy triggered after any head trauma or injury we may find *Arnica* potentially beneficial.

Case Report

A diagnosed case of epilepsy in 11 years old Muslim girl, with low socio-economic background, visited the OPD on 24/09/2019 with the complaints as follows:

Presenting Complaints

1. Frequent episodes of epileptic seizure for last five years.
Aggravation: From mental excitement
Amelioration: when seizure episode was over
2. Pain and heaviness of occipital region throughout the day
Aggravation: From mental excitement
Amelioration: By sleep

History of Presenting Complaints

The patient fell down from stairs at 5 years of age. Traumatic injury in the occipital area; became unconscious thereafter. After one week of this incidence first episode of convulsion occurred.

Treatment history

Patient had been taking anti-convulsive drugs (Valproate) for the last five years, whenever the

medicine was withdrawn, convulsive episodes used to re - appeared. The heaviness at occipital region persisted even after taking medicine. Due to economic crisis the patient was unable to continue the medicine.

Past History

Jaundice at 9 years of age. She was treated allopathically that time.

Family History

The patient's maternal grandmother had hyperthyroidism and diabetes mellitus.

Physical Generals

Patient's appetite was good, had a desire for fried food and craved sweets. Had a moist tongue, upper part coated with prominent papillae. Usually constipated has to strain long with ineffectual urging. Urine clear in colour but often evacuates involuntarily. She had an offensive sweat, more on face and scalp.

Mental Generals

She was shy, calm and quiet. She had weak memory with fear of darkness, desired to be alone, fear of insects and wept easily.

General examination

She was lean, thin with earthy complexion. She had a height of 120 cm and weight 32 kg. Her blood pressure measured 110/70 mm of Hg, pulse 76/minute, respiratory rate 14/ min.

Analysis & Evaluation of Symptoms:

Sl. No.	Symptoms	Analysis	Evaluation	Miasmatic Analysis ¹⁴
1	Calm and quiet	Mental generals	+	Psora
2	Weeps easily	Mental generals	+	Psora
3	Craves sweet	Physical generals	++	Psora
4	Desire fried food	Physical generals	+	Psora
5	Constipated	Physical generals	++	Psora
6	Involuntary evacuation of urine	Physical generals	+++	Psora

7	Convulsion from emotional excitement	Particular generals	+++	Psora
8	Heaviness at occipital region	Particular generals	++	Psora

Prescription

After thorough analysis of the case considering causation of presenting complaints and miasmatic analysis, *Arnica montana* 0/1 was prescribed with 16 doses to take at every morning at empty stomach. Simultaneously the withdrawal process of allopathic anti-convulsive drug was started, was advised to take the anti-convulsive drug at one day interval.

Follow ups:

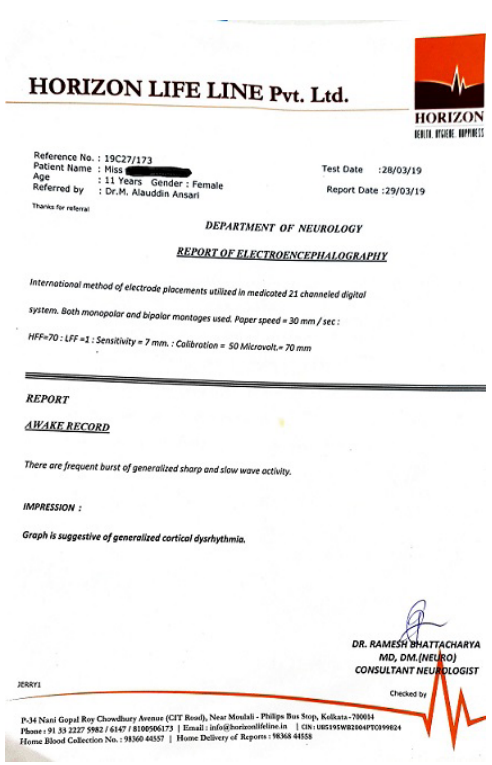
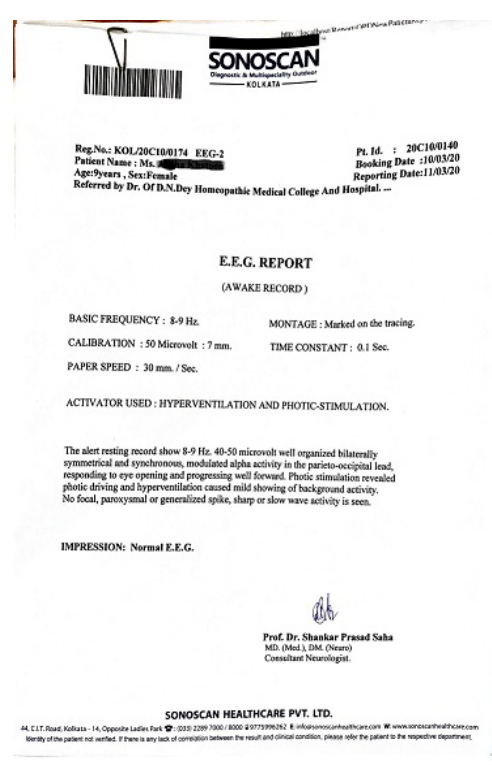
Date	Changes in Signs & Symptoms	Prescription	Advice
15/10/19	No episode of seizure, no heaviness of head	<i>Arnica montana</i> 0/2 x 16 doses x OD	Advised to take anti-convulsive drug at 2 days interval
05/11/19	No episode of seizure, no heaviness of head	<i>Arnica montana</i> 0/3 x 16 doses x OD	Advised to take anti -convulsive drug at 3 days interval
10/12/19	No episode of seizure, headache recurred.	<i>Arnica montana</i> 0/4 x 16 doses x OD	Advised to take anti -convulsive drug at 4 days interval
31/12/19	No episode of seizure, no heaviness of head.	<i>Arnica montana</i> 0/5 x 16 --doses x OD	Advised to take anti-convulsive drug once a week
10/01/20	No episode of seizure, no headache or heaviness, but catches cold	<i>Arnica montana</i> 0/6 x 16 doses x OD followed by <i>Arnica montana</i> 0/7 x 16 doses x OD	Advised to take anti-convulsive drug twice a week
6/02/20	No episode of seizure	<i>Arnica montana</i> 0/8 x 16 doses x OD	Do not take anti-convulsive drug

Case Study

26/02/20	No episode of seizure	<i>Arnica montana</i> 0/9 x 16 doses x OD	-
13/03/20	No episode of seizure	<i>Arnica montana</i> 0/10 x 16 doses x OD	-

Lab Investigation:

E.E.G. REPORT -

Before	After
 <p>HORIZON LIFE LINE Pvt. Ltd. HEALTH. INSURE. SUPPORT.</p> <p>Reference No.: 19C27/173 Patient Name: Mrs. [REDACTED] Age: 11 Years Gender: Female Referred by: Dr. M. Alauddin Ansari</p> <p>Test Date: 28/03/19 Report Date: 29/03/19</p> <p>DEPARTMENT OF NEUROLOGY <u>REPORT OF ELECTROENCEPHALOGRAPHY</u></p> <p>International method of electrode placements utilized in medicated 21 channelled digital system. Both monopolar and bipolar montages used. Paper speed = 30 mm/sec. HF=70 : LF=1 : Sensitivity = 7 mm. : Calibration = 50 Microvolt = 70 mm</p> <p>REPORT <u>AWAKE RECORD</u></p> <p>There are frequent burst of generalized sharp and slow wave activity.</p> <p>IMPRESSION : Graph is suggestive of generalized cortical dysrhythmia.</p> <p>DR. RAMESH BHATTACHARYA MD, DM (NEURO) CONSULTANT NEUROLOGIST</p> <p>Checked by: [Signature]</p> <p>P-34 Nani Gopal Ray Chowdhury Avenue (CIT Road), Near Mondal - Phillips Bus Stop, Kolkata-700034 Phone : 91 33 2327 5982 / 6347 / 8100506173 Email: info@horizonlifeline.in CIN: U82195WB2016AP0099824 Home Blood Collection No. : 9350 44337 Home Delivery of Reports : 9636 44558</p>	 <p>SONOSCAN Diagnosis & Management Support KOLKATA</p> <p>Reg.No.: KOL/20C10/0174 EEG-2 Patient Name : Ms. [REDACTED] Age: 9 years, Sex: Female Referred by Dr. O.D.N. Dey Homoeopathic Medical College And Hospital. ...</p> <p>Pt. Id. : 20C10/0140 Booking Date : 10/03/20 Reporting Date: 11/03/20</p> <p>E.E.G. REPORT (AWAKE RECORD)</p> <p>BASIC FREQUENCY : 8-9 Hz. MONTAGE : Marked on the tracing. CALIBRATION : 50 Microvolt : 7 mm. TIME CONSTANT : 0.1 Sec. PAPER SPEED : 30 mm./Sec.</p> <p>ACTIVATOR USED : HYPERVENTILATION AND PHOTIC-STIMULATION.</p> <p>The alert resting record show 8-9 Hz. 40-50 microvolt well organized bilaterally symmetrical and synchronous, modulated alpha activity in the parieto-occipital lead, responding to eye opening and progressing well forward. Photic stimulation revealed photic driving and hyperventilation caused mild showing of background activity. No focal, paroxysmal or generalized spike, sharp or slow wave activity is seen.</p> <p>IMPRESSION: Normal E.E.G.</p> <p>Prof. Dr. Shankar Prasad Saha MD (Med), DM (Neuro) Consultant Neurologist.</p> <p>SONOSCAN HEALTHCARE PVT. LTD. A4, C.I.T. Road, Kolkata - 14, Opposite Ladlin Park ☎: 033 2289 7500 / 8000 29773996262 E: info@sonoscanhealthcare.com W: www.sonoscanhealthcare.com Identity of the patient not verified. If there is any lack of correlation between the report and clinical condition, please refer the patient to the respective department.</p>

DISCUSSION

This was a case of epilepsy where no structural changes were found, E.E.G reveals only functional disorder (cortical dysrhythmia) which may be considered as the explosion of latent psora by a triggering factor (trauma). The seizure episode was also exaggerated by emotional cause. This case might be considered as a purely psoric case. So, we should choose a remedy which had a strong psoric background. Trauma is the main cause which triggered this condition, so as a leading remedy of post traumatic condition, we could think of *Arnica* and after analysing the phytochemical properties, we gained much confidence as it had active compounds which could produce such convulsive disorder.

CONCLUSION

Arnica Montana has been in use after post traumatic affections since ages. Here is a proof that whether it is a mere bruise or neurological complain like epilepsy from trauma *Arnica* is always efficacious. Besides the phytochemical compounds of *Arnica* it also has healing properties for neurological disorders. So, the drugs of Compositae family might have some beneficiary action in cases of epilepsy but this hypothesis needs further scientific verifications by various case series, clinical trials, controlled trials etc.

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A Homoeopathy Case Study on Menstrual Cramp

Dr Anuradha Anand, Dr Swati, Dr Neha Srivastav

ABSTRACT

Teenage girls frequently miss school for brief period of time due to dysmenorrhea, which is also a prevalent issue for women who are in a reproductive age. Supra pubic spasmodic pain is characteristic of primary dysmenorrhea, and there may also be supplementary symptoms. Menarche occurs or soon after, dysmenorrhea typically begins. During the menstrual cycle, the pain lasts for 48-72 hours and is worst on the first or second day. In woman of reproductive age, dysmenorrhea affects anywhere from 16% to 91% of the population, and 2% to 29% of the woman investigated experience severe pain.

Numerous such symptoms are present in homeopathic materia medica, and it is necessary to further investigate their efficacy in order to both alleviate the suffering of females and to improve the homeopathic literature, which will serve as a guide for many more practitioners and lead to better and healthier outcomes.

Keywords: primary dysmenorrhea, menstrual cramp, prostaglandin, homoeopathy.

INTRODUCTION

Dysmenorrhea, which means “difficult monthly bleeding,” is a Greek term¹. Dysmenorrhea, characterized by the presence of severe cramps of uterine origin that occur during menstruation, is one of the most common cause of pelvic discomfort and menstrual disorder. According to the international association for the study of pain, pain is “an unpleasant sensory and emotional experience related to present or potential tissue damage, or characterized in terms of such damage”². There are reasons, why dysmenorrhea carries a heavier burden than any other gynaecological complaint³, it is the major cause of gynaecological morbidity in women of reproductive age which is independent of age, nationality, or economic condition^{4,5}. A significant amount of productivity is lost each year as a result of the repercussions, which affect society as a whole in addition to individual women^{6,7}.

Additionally, it frequently comes with symptoms like headaches, nausea, diarrhoea, and lower back discomfort^{8,9,10}.

Prevalence

In India, it is still unclear how common primary dysmenorrhea actually is. In India, adolescent girls had a dysmenorrhea's prevalence of 33.5%, according to Nag.¹¹, R George and Bhaduri discovered that 87.7% of Indians had dysmenorrhea, making it a widespread issue¹². Similar results among Andhra Pradesh's rural married women have been reported by Jayashree and Jayalakshmi¹³. Studies on the prevalence of menstrual pain have shown that many factors are related to this disorder. These factor includes, younger age, low body mass index(BMI), smoking, early menarche, prolonged or aberrant menstrual flow, perimenstrual somatic complaints, pelvic infections, previous sterilization, somatization, psychological disturbance, genetic influence, and a history of sexual assault, influencing the prevalence and severity of dysmenorrhea^{14,15}.

Definition

Dysmenorrhea is defined as a painful menstruation of sufficient magnitude so as to incapacitate the day-to-day activities¹⁶. The pain is sharp, intermittent and spasmodic. It can be mild, mod-

erate, or severe. One to three days of pain usually begin few hours before or at the beginning of menstruation.

Dysmenorrhea can be divided into 2 broad categories:

1. Primary Dysmenorrhea

There is no obvious pelvic disease, and menorrhagia, inter-menstrual bleeding, dyspareunia, post-coital bleeding, dysuria, and infertility are some of the symptoms connected to it^{18,19}. The discomfort originates in the uterus and is specifically related to menstruation. On the first day of the menstrual cycle, pain frequently results in spasmodic dysmenorrhea. Massage of the abdomen, counter pressure, or body movement alleviates symptoms. Pain typically starts in the lower abdomen or pelvic area and might radiate to the back or legs. Low back pain, headaches, lethargy, diarrhoea, nausea, or vomiting are possible additional symptoms. Vital signs are normal and there is presence of abdominal soreness^{17,18}.

2. Secondary Dysmenorrhea

Pathology lies in the pelvis or uterus, which is the cause of the pain. Congestive dysmenorrhea

is brought on by the persistent pain that permeates the entire flow. Prior to menstruation, the pain is greater, and it subsides during the flow¹⁷. Endometriosis, fibroids (endometriomas), adenomyosis, endometrial polyps, pelvic inflammatory disease, cervical stenosis, uterine anomalies, transverse vaginal septum, and the use of an intrauterine contraceptive device are some of the reasons of secondary dysmenorrhea.¹⁸

Pathophysiology

Primary dysmenorrhea's patho -physiology is poorly known. However, the uterine inner lining's hypersecretion of prostaglandins is the determined cause. Both prostaglandin PGF 2 and prostaglandin F2 alpha (PGF-2a) raise uterine tone and trigger uterine contractions with a high amplitude²¹. Additionally, primary dysmenorrhea has been connected to vasopressin. Vasopressin causes ischemic pain due to its vasoconstriction and makes the uterus more contractile^{22,23}.

The first two days of the menstrual period are when the uterine contractility is shown to be the most pronounced. Prior to menstruation, progesterone level falls, which causes an increase in PG production that, causes dysmenorrhea²⁴.

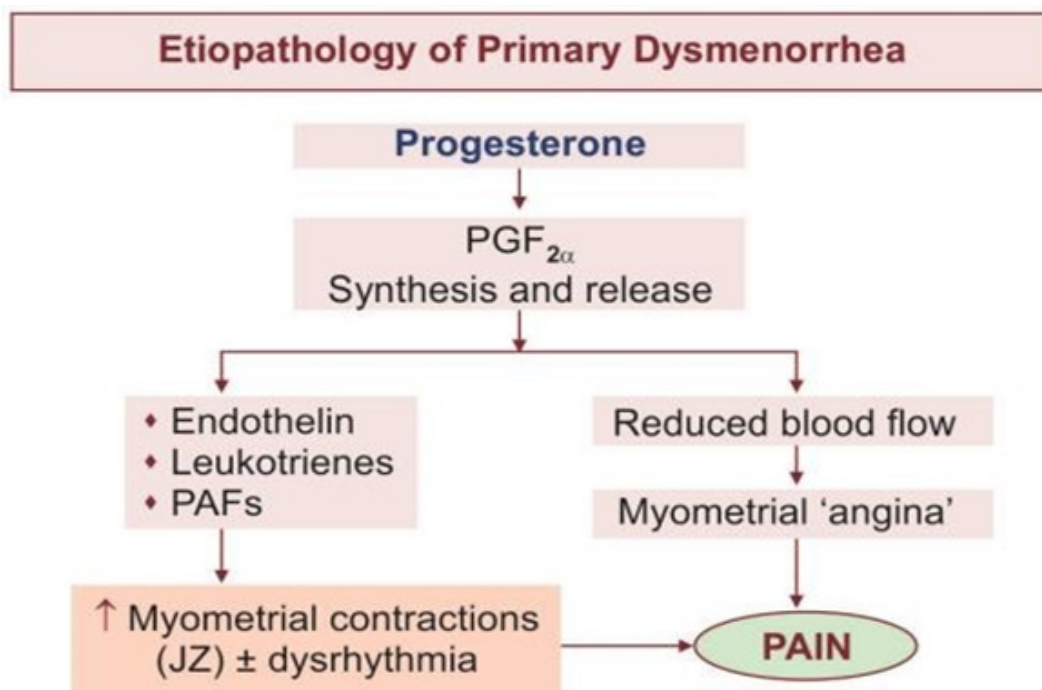


Fig 1: Etio- pathology of Primary Dysmenorrhea

CASE STUDY

Name – Xyz

Age/Sex - 28/F

Religion – Muslim

Marital Status – Married

Occupation - Homemaker

Husband's Occupation – Self Employed

Socio Economic Status – Low

Date of Recording -18/7/2022

Presenting Complaints

1. Pain in lower abdomen during menses with pain in the hips, lower back, thighs (initial 3 days of menses) since 2-3 years with slight distension of lower abdomen.

Sensation - Has a sensation of pressing down, feels better only after taking pain killers.

2. Irregular menses.

Other Associated Symptoms

1.) Slight nausea and vomiting during menses.

2.) Diarrhea after taking boiled milk.

3.) Slight dull occipital headache.

4.) Fatigue.

5.) Yellowish leucorrhoea before menses.

History of Presenting Complaints

Patient was apparently well when she gradually developed pain in lower abdomen during menses since 12 years, but the severity has increased since 2-3 years which has resulted in discomfort and pain preventing from doing her usual chores. She consulted an allopathic doctor 4 years ago but did

not take the treatment because she did not want to take hormonal treatment as they suffered from financial crisis 2-3 years back due to loss in business.

Past History

H/O Chickenpox at the age of 11 years, got treated by allopathic.

Personal History

Diet- Non-vegetarian, fish.

Hobbies - Cooking, dancing.

Family History

Father-Diabetic

Mother-Hypertensive

Gynaecological History

Menarche: At the age of 13 years.

- LMP: 5/7/2022

Menstruation:-

- Duration: 5-6 days
- Quantity: Average / profuse
- Cycle (interval): 22-24 days (approx)
- Color: Dark Red
- Consistency: Clots present.
- Pattern of bleeding: 3-4 days active flow, rest days intermittent flow
- Any associated complaint: Bearing down sensation
- Any other vaginal discharge: Yellowish leucorrhoea before menses
- Inter menstrual bleeding: None

Obstetrical History

- $G_4P_2L_2A_2$
- Both are cesarean delivery.
- Boys – 7 years old and 5 years old.

Physical Generals:

Appetite	Good; 2 Meals A Day
Thirst	2-3 Liters Of Water In A Day (1 Glass At A Time)
Desire	Spicy, Fish
Aversion	Nothing Significant
Intolerance	Boiled Milk (Causes Diarrhea)
Taste	Normal
Sleep	Disturbed During Menses
Stool	1 Time A Day
Urine	4-5 Times A Day
Dream	Cannot Remember
Thermal Reaction	Chilly
Sexual Function	Does Not Want To Have Intercourse Because Of Fear Of Pregnancy

Journey of Life

- She has completed graduation (B.A.). Got married 9 yrs back. 2-3 years back they suffered from financial crisis due to loss in business. She wanted to support the family by doing some job but no one supported her. She got into a huge fight with her husband as he didn't allow her to do what she wanted. The fight was witnessed by other family members in front of whom her husband slapped her.
- Her husband was dominating since the very beginning. But the things became worse after financial crisis as he started having alcohol even more (wept during narration of her story). The financial condition was stable since 8 months but she developed fear of poverty since then.
- Does her household chores but doesn't care about husband anymore. Doesn't wait for him for dinner (earlier she used to wait for him and never had meals alone).
- Doesn't want to get intimate as she has the fear that she might get pregnant.

Mental Generals

- Irritability
- Sad and melancholic
- No intimate relationship with family members

- Feels that when she needed help, no one was there
- Consolation aggravates
- Insecurity about future
- Ailments from mortification
- Fear of poverty
- Fear of pregnancy
- Aversion to company
- Anger expressed

General Examination

Build - Lean and thin

Weight - 46kg

Temperature - 98.4F

Diagnosis: Adenomyosis (Secondary dysmenorrhoea, bulky uterus).

CASE ANALYSIS

Totality of Symptoms:

- ☐ Pain in lower abdomen during menses
- ☐ Backache during menses
- ☐ Yellowish leucorrhoea before menses
- ☐ Bearing down sensation

Case Study

- ☐ Sleep disturbed during menses
- ☐ Fear of pregnancy
- ☐ Fear of poverty
- ☐ Weeping
- ☐ Melancholia
- ☐ Insecurity
- ☐ Diarrhea after boiled milk

Evaluation of Symptoms

Symptoms	Common/ Uncommon	Intensity
Pain during menses	Common	3+
Bearing down sensation	Uncommon	2+
Fear of getting pregnant	Uncommon	3+
Fear of poverty	Uncommon	3+
Sleep disturbed during menses	Common	1+
Yellowish leucorrhea before menses	Uncommon	1+
Backache during menses	Uncommon	2+
Melancholia	Uncommon	1+
Diarrhea caused by boiled milk	Uncommon	2+
Insecurity	Uncommon	2+
Company aversion	Uncommon	2+
Consolation aggravation	Uncommon	2+

Miasmatic Analysis

Symptoms	Miasm
Ailment from mortification	Psora
Fear of poverty	Sycosis
Fear of pregnancy	Sycosis
Leucorrhoea before menses	Psora
Diarrhea from boiled milk	Psora
Pain in lower abdomen during menses	Psora
Bearing down sensation	Psora
Melancholia	Syphlis
Consolation aggravation	Psora

Predominant Miasm: Psora - Sycotic

Repertorisation:

(Synthesis Repertory)

➤ Mind - Ailments from - mortification

➤ Mind - Fear poverty, of

➤ Mind - Fear - pregnant; of getting

➤ Abdomen - Pain - menses - during - dragging bearing down

- Female - genitalia/sex - Leucorrhea - yellow, menses before; agg.
- Rectum-diarrhea-milk-boiled after.

REPERTORIAL ANALYSIS:

Fig 2 – Repertorization Sheet

Prescription

Sepia 1M/one dose

Phytum 30/ TDS /15 days

Justification for Prescription-

Patient was lean and thin.

The patient was chilly.

Fear of pregnancy was marked under this rubric only; one medicine was there that is *Sepia*.

FOLLOW UP OF CASE			
S.N O.	DATE	CASE DESCRIPTION	PRESCRIPTION
1.	18/7/2022	As per case totality	<i>Sepia 1M/1dose</i> SL 30/15days
2.	4/8/2022	Improvement in mental symptom, With leucorrhoea relief.	<i>Octain200/3</i> dose SL 30/tds/7days
3.	18/08/2022	Improvement in distension of abdomen.	<i>Rubrum</i> met200/3 dose SL 30/tds/7days
4.	24/08/22	Improvement in all symptom.	SL 30/tds/7days
5.	30/08/22	No complaints , relief in all symptom.	<i>Rubrum</i> met200/3 SL30/tds/7days

CONCLUSION

As dysmenorrheal affects females of reproductive age group that is one of the yielding groups of females, resulting in dramatically reduction in patient's quality of life and places a considerable burden on public health. Individualized medicines are prescribed as per homoeopathic law of nature i.e on the basis of totality of symptom. This case shows with documentary evidence the effectiveness of homoeopathic medicine in treatment of dysmenorhea with positive results from a very simpler mode of treatment.

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APPENDICES

Patient's Name : Mrs. Amna Khatoon **Age / Sex :** 28Y / F **Lab No :** A-717
Ref. By : Rama Clinic **Date :** 13-May-22
PNDT/APP-AUTH: 721/2021 **VALID UP TO** 01/11/2026
SONOGRAPHY EXAM BY VARSANA ESSENTIAL, HIGH RESOLUTION AND COLOR DOPPLER
U.S.G. WHOLE ABDOMEN
LIVER :- Is normal in size (10.32cm) and echo texture. It shows homogenous echogenicity in both lobes. Intra biliary radicals are normal and are not dilated. Portal vein is normal in size and appearance. Porto venous system is normal. Porta Hepatic is normal and does not show any Lymphadenopathy or any other lesion. No focal or any diffuse mass lesion seen.
PORTAL VEIN:- Normal in course and caliber.
C.B.D. :- Normal in course and caliber size.
GALL BLADDER:- GB is normal in shape, size and location. Wall is smooth in outline and is normal in thickness and echogenicity. Lumen is free any echogenic calculus. No evidence of any pericholecystic fluid collection seen.
PANCREAS :- It is well visualized, shows normal smooth homogeneous contour and echogenicity. No focal/ diffuse mass lesion seen. No collection seen in a pancreatic bed.
SPLEEN :- Normal in shape, size(8.15cm) and echo texture. Echogenicity is homogeneous and normal. Splenic hilum is normal with normal appearance of vascular pattern.
KIDNEY :- Right Kidney:- Right kidney is normal in shape, size (9.71x2.90cm) and echotexture. C.M. Differentiation is maintained. No hydronephrosis /calculus /mass lesion is seen.
Left Kidney:- Left kidney is normal in shape, size (9.78x3.55cm) and echotexture. C.M. Differentiation is maintained. No hydronephrosis /calculus /mass lesion is seen.
URETERS :- Both ureters are normal
RETROPERITONEUM:- No adenopathy seen. No ascitis is seen.
URINARY BLADDER :- Lumen is echo free. No calculus/mass lesion is seen. Wall thickness normal.
UTERUS:- Uterus is enlarged in shape, size (9.77x3.50x5.49cm) and echotexture. Myometrial echoes are homogenous and normal. Endometrial cavity is normal with normal endometrial echogenicity. No focal or diffuse mass lesion seen in uterus. Adenexa do not reveal any abnormal finding. No evidence of fluid is seen in Pouch of Douglas.
OVARIES :- Left ovary is normal in shape, size and echo texture. Small follicular cyst seen in right ovary measuring 1.18 x 1.01 cm.
IMPRESSION:- 1. BULKY UTERUS.
 2. RIGHT OVARIAN FOLLICULAR CYST.

Note: clinical correlation is necessary.


Dr. Bhajan Singh
 M.B.B.S., D.N.B.D.
 Radiologist & Sonologist

Before Treatment


IAMS HOSPITAL
 (UNDER VIMLARJUN TRUST)
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NAME: -AMANA KHATOON **AGE/SEX:** - 27YRS/ F **DATE:** - 26/08/2022
Date :


USG WHOLE ABDOMEN (TAS)

Liver: normal in size, shape and position and echotexture. Intrahepatic biliary system and portal vein is within normal limits.
Gall bladder: is well distended, walls are normal, lumen is clear.
CBD: normal in caliber.
Spleen: normal in size and echotexture.
Pancreas: is normal in echotexture and size.
Right Kidney: is normal in size, shape, position & echotexture. Pelvicalyceal systems are not dilated. Ureter could not be seen.
Left Kidney: is normal in size, shape, position & echotexture. Pelvicalyceal systems are not dilated. Ureter could not be seen.
Urinary Bladder is normal in distension. wall and lumen is clear.
Uterus - is normal in position, size, shape and echotexture. Endometrium is normal in size.
Ovaries - Normal in size and shape.
 No significant free fluid detected in peritoneal cavity.

Conclusion:-

- Normal study.

Please correlate clinically and with other investigations
 Thanks for .


 (SONOLOGIST)

Notes:-

1. This report is not valid for medico-legal purposes.
2. All anomalies cannot be ruled out at this stage.
3. Ultrasonography is the study of images on screen. Pathological & further investigations along with clinical correlation and a second opinion may please be taken before any major procedure/ operation.
4. Please intimate us for any typing mistakes and send the report for correction within 7 days.

After Treatment

Clinical Utility of Keynote Prescribing

Dr Shweta Singh, Dr Babita Kondle

ABSTRACT

Keynote prescribing is a crucial aspect of homoeopathy and plays an important role in selecting the appropriate remedy for a patient. By identifying the keynote symptom of a remedy, a homoeopath can match it with the specific symptoms and characteristics of the patient, leading to a more accurate and effective prescription. By identifying the distinctive symptoms of each remedy, it can provide individualized and effective treatment that is safe and efficient. Three different cases showed the positive results after keynote prescription.

Keywords: keynote, homoeopathy, prescription, guernsey, hering

Abbreviations: Centesimal (CH), Intensity of symptom (+++)

INTRODUCTION

Homoeopathy is a holistic system of medicine that aims to stimulate the body's natural healing processes by using highly diluted substances. One of the unique features of homoeopathy is the concept of individualization, where the treatment is tailored to each patient's specific symptoms and characteristics. Prescribing in homoeopathy is a complex process that requires a deep understanding of the patient's physical, emotional, and mental state, as well as a thorough knowledge of the vast materia medica.

Keynote prescribing is a fundamental aspect of homeopathic practice and is widely used by practitioners around the world. There are several benefits of using keynote prescribing in homoeopathy. Firstly, it allows for a more individualized and personalized approach to treatment. Each person is unique, and their symptoms may not fit neatly into a standard diagnostic category. Keynotes provide a way to identify the specific characteristics of a patient's illness and match them with the most appropriate remedy. By using keynotes to guide the prescription, the likelihood of selecting an inappropriate remedy is reduced.

Keynote prescribing can save time and resources.

Homoeopathy involves a detailed case-taking process and identifying the keynote symptom early in the consultation can streamline the process and allow the homeopath to focus on other relevant aspects of the case. Different stalwarts of homoeopathy used keynote symptoms as the basis of prescription and recorded their opinion towards keynote prescription.¹

The term 'keynote' was coined by Dr H. N. Guernsey. He illustrated keynote as the central and fundamental knowledge about a medicine which is necessary to obtain the full and complete comprehension about the use of law of the similar.²

CASE SERIES

Case 1

Presenting Complaints

It was a case of involuntary diarrhoea accompanied with bruxism.

A male schizophrenic patient aged 55 years had frequent, involuntary passing of loose stools in clothes since 15 days. Frequency of stool was 5-6 times in a day; yellowish, watery, painless stools with highly offensive odour+++.

Since it was a case which belonged to the category of mental diseases (schizophrenia), it was difficult to take out the subjective symptoms from the patient himself like his sensations, feelings, desires, dreams etc.

Along with the above complaints, there was a symptom which was peculiar and persistent and most characteristic which was the loud grinding of teeth which was continuous since the patient entered the clinic

Repertorial Analysis³

With the above data, repertorization was done to find out his simillimum. The following symptoms were considered-

1. Involuntary stools
2. Yellow stools
3. Offensive stool
4. Painless diarrhoea
5. Grinding of teeth

Prescription and Justification of Remedy⁴

Podophyllum 30 CH was prescribed which ranked highest in repertorization. The keynote symptom of *Podophyllum* patient that directed to this remedy was the constant desire to grind the teeth along with his complaint.

Podophyllum is known for its 5 'P's -

1. Putrid
2. Painless
3. Profuse
4. Prostration
5. Prolapse

Results shown marked improvement - frequency of stools reduced to 2-3 times per day and grinding of teeth vanished to surprise.

Case 2

Presenting Complaint

A Case of Migraine

A male patient aged 35 years complained of recurrent headache (right sided) since 4-5 years. The aggravation time was at night, after sleep specifically 2 am. During headache, there was strong desire for hot drinks and he felt better by drinking tea.

The perspiration was more over the palms++ with slight offensiveness. He was irritable, fastidious and very punctual.

Repertorial Analysis³

The symptoms considered for repertorization were as follows:

1. Headache, right sided++
2. Headache, ameliorated by drinking tea+++
3. Headache, aggravation at 2am++
4. Headache, aggravates after sleep+
5. Perspiration more over palms++

Prescription and Justification of Remedy⁴

Kali bichromicum 30 CH was prescribed as it was found to be the highest ranked remedy after repertorization. The keynotes which help in selection were - the midnight (2-3am) aggravation and the punctuality of Kali group remedies.⁴

Results showed significant improvement and the patient was very happy with the results of the remedy; he was relieved from the very next day and didn't experience any migraine attack thereafter.

One more follow up was taken a month later and the patient was found to be doing very well with no subsequent migraine attacks.

Case 3

Presenting Complaints

A Case of Cervical Spondylosis

A middle aged woman, teacher by profession had complaint of pain at the nape of neck since 1 month. The pain was accompanied with vertigo; aggravated especially when lying down+++ or turning in bed+. She also complained of her menstruation getting delayed by 20 days and scanty in the last few cycles.

Repertorial Analysis³

With the above data, repertorization was done to find out the simillimum. The following symptoms were considered -

1. Pain cervical region
2. Vertigo; lying down aggravation
3. Menses, late
4. Menses, scanty flow

Prescription and Justification of Remedy⁴

Conium 30CH was prescribed as it was found to be the highest ranked remedy after repertorization. The keynote symptom that helped in selection of *Conium* was vertigo; worse lying down and turning in bed with ovarian and uterine complaints, like late and scanty menses.⁴

Results showed improvement and the patient had much relief in her cervical pain and vertigo with the remedy. Her menstruation also showed up after the first dose of the remedy. One more follow up was taken after a month later and the patient was doing well and living a pain free life.

CONCLUSION

Keynote prescribing enhances the confidence and expertise of the homoeopath. By developing a deep understanding of the various remedies and their characteristic symptoms, homoeopaths can become more skilled in selecting the most appropriate remedy for each patient. Keynote prescribing is an essential aspect of homeopathy, and its importance cannot be overstated. The case series presented above showed that with the help of keynotes, remedies get highlighted and selection

becomes easier but as per the guidelines of Dr C. Hering 'every stool must have at least three legs if it is to stand alone', one must consider at least three individualising/ peculiar symptoms to prescribe. Therefore, other symptoms should also be taken care of during repertorization and while prescribing.

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2. **Dr Babita Kondle**, MD (Hom.), Senior Research at CCRH, New Delhi , Ex. Assistant Professor at Department of Repertory, Solan Homoeopathic Medical College & Hospital, Kumarhatti, Himachal Pradesh

Homoeopathic Management of Hyperuricemia: Case Series

Dr Kapil Das, Dr Subhash Chaudhary, Dr Ajay Kumar Yadav

ABSTRACT

Hyperuricemia is defined as high serum urate concentration caused by increased production or decreased excretion of uric acid, or a combination of both processes. Three cases of hyperuricemia are presented here which were treated successfully with individualized homoeopathic medicines and the results were evident within a few months. Clinical presentation and serum uric acid levels (pre & post treatment) were used to evaluate the individual therapeutic response of a homoeopathic medicine in each instance, which further clarified the role of constitutional treatment in homoeopathy.

Keywords: hyperuricemia, serum uric acid, individualized homoeopathic medicine, homoeopathy

INTRODUCTION

Hyperuricemia is defined as a plasma (or serum) urate concentration greater than 405mol/L or 6.8 mg/dL (> 7.0 mg/dL for men and > 5.7 mg/dL for women).¹ This elevated level is caused by increased production, decreased excretion of uric acid, or a combination of both the processes.^{1,2} An increase alcohol intake, red meat, refined grains, and sugar-rich meals are associated with high serum uric acid (SUA) levels.³ Hyperuricemia was more common in males with increased age.⁴ The most prevalent complication of hyperuricemia is gout, affecting 3.9% of the US population and 0.12-0.19% of the Indian population.^{2,5} Unless a patient has gout or nephrolithiasis, the majority of patients with high SUA are asymptomatic.² Current treatment options for hyperuricemia include anti-hyperuricemic or urate - lowering medications, however, these may have the potential to produce serious adverse effects.^{2,6}

Homoeopathy can play an important role in treating conditions like hyperuricemia as an alternative therapy. Various homoeopathic drugs like *Lycopodium clavatum*, *Nux vomica*, *Sulphur*, *Acid benzoic*, *Colchicum*, *Urtica urens* etc. are found to be effective in reducing SUA levels when prescribed on the basis of totality of symptoms.⁷

CASE SERIES

CASE 1

A 50-year-old male visited the outpatient department (OPD) of National Institute of Homoeopathy (NIH) on Nov 01, 2021, complaining of lower abdomen discomfort from 4-5 months which was aggravated after eating with frequent urging of urine for 3-4 months. His urination was unsatisfactory and evacuated with burning sensation. He took allopathic treatment for his complaints without much relief and then decided to take homoeopathic treatment for his complaints. He was also complaining about occasional arthritic pain in several large and small joints of body for 1 month which appeared suddenly in nature and lasted for several hours. He also complained of distension of abdomen after eating which was ameliorated after eructation.

Habits - He had addiction of smoking and took alcohol occasionally.

Patient was anxious, mild and cooperative.

He had desires for cold food and drinks⁺⁺, onion⁺⁺, sweet, meat and had an aversion for potatoes⁺⁺⁺.

His USG of abdomen indicated left renal cyst, cystitis and fatty liver. His fasting and postprandial

glucose levels were slightly increased. After initial investigation, his SUA level was 7.9 mg/dl (24-11-2021).

The diagnosis came under specific code, N28.1 and E79.0 in ICD-10, which depicted cyst of kid-

ney and hyperuricemia respectively.⁸

In this case, after analysis and evaluation, repertorisation was carried out by the HOMPAT Classic computer software, using Kent Repertory.⁹ Repertorial result is shown in Figure 1.

Remedy Name	Thuja	Sep	Rhus-t	Ars	Ag-n	Lyc	Puls	Sulph	Merc	Merc-c	Acon	Bell	Calc	Canth
[KT] [Mind]Mildness	13	10	10	10	9	9	9	9	9	9	8	8	8	8
[KT] [Stomach]Desires:Onions,raw	7	6	5	4	4	4	4	4	3	3	4	4	4	4
[KT] [Bladder]Urination:Unsatisfactory:Feeling as if urine remained in urethra	2	2	1		2									
[KT] [Stomach]Aversion:Potatoes	1													
[KT] [Abdomen]Distension:Eruptions:amel	1	1												
[KT] [Urine]Burning	3	1	2	3	2	2	2	3	3	3	2	3	1	3
[KT] [Bladder]Urination:Frequent	2	2	2	1	3	3	3	3	3	3	1	2	3	2
[KT] [Stomach]Desires:Cold drinks	2	2	2	3	2	2	1	1	3	3	3	2	2	1

Figure 1: Repertorial Sheet

Therapeutic Intervention and Follow-Up

Considering the repertorial totality and consultation with materia medica, *Thuja* was selected as an individualised homeopathic remedy for this case.

He received a monthly dose of the homeopathic remedy *Thuja* Q1 for alternate days (AD) upto Q6 and improvement of his presenting symptoms were observed. At 4 months after treatment the frequent urging and burning of micturition was improved, and no joints' pain and distention of abdomen was noticed. His SUA levels had also dropped, from baseline 7.9 mg/dl [Figure 2a] to 6.4 mg/dl [Figure 2b] (26-06-2022). His USG abdomen revealed absence of fatty liver but renal cyst

persisted.

CASE 2

A 48-year-old male visited the OPD of NIH on Dec 13, 2021, complaining of lower back pain for 3-4 months, which was worse in the morning especially when rising from bed. Along with complaining of several joints' pain especially on fingers, wrist and ankles for 2-3 months, he also complained of occasional urticarial eruptions which aggravate from bathing and excessive exercise. His mother suffered from diabetes mellitus. Patient was irritable, angered easily and desired company of friends and relatives. His SUA level was high and low back X-ray showed lumbar spondylosis. The diagnosis came under specific code, M47.817 and E79.0, in ICD-10, which depicted lumbar spondy-

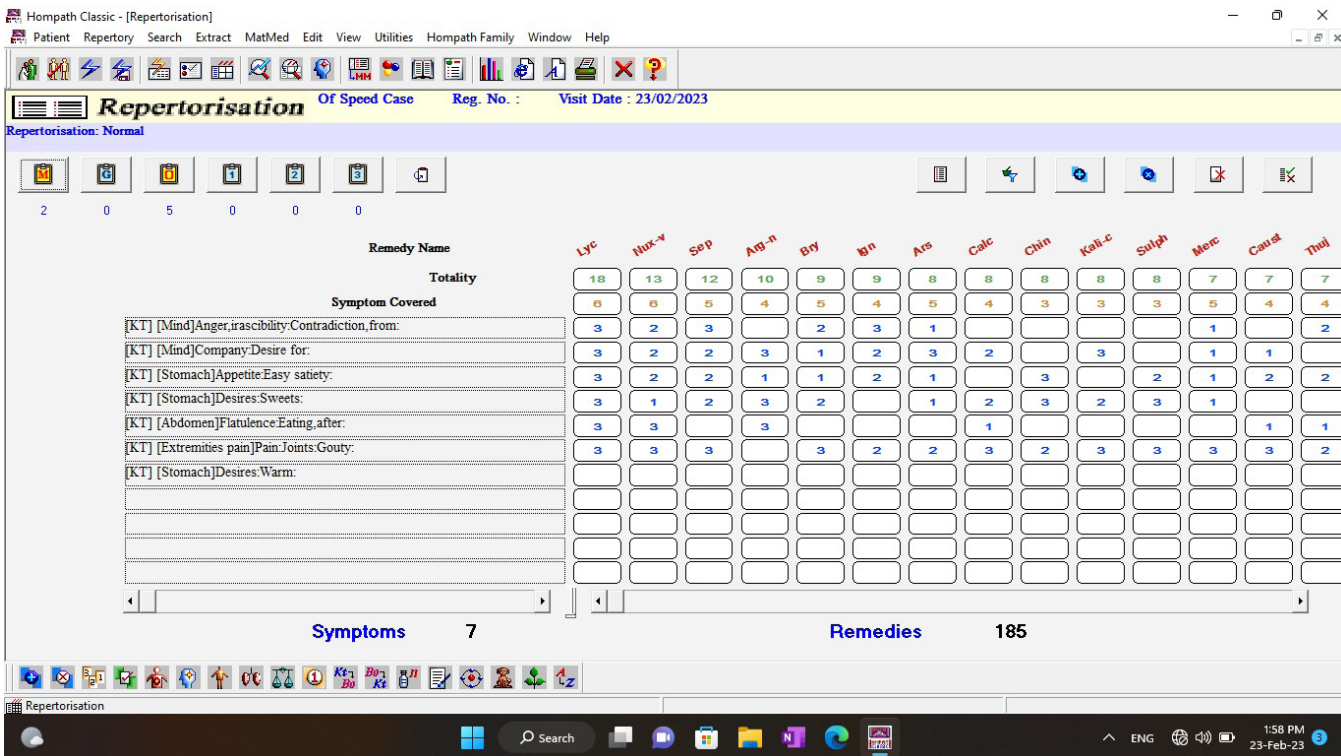


Figure5: Repertorial Sheet

Therapeutic Intervention and Follow-Up

Considering the repertorial totality and consultation with materia medica, *Lycopodium clavatum* was selected as individualised homoeopathic remedy for this case.

He received an initial dose of the homeopathic remedy *Lycopodium clavatum* 30/2 dose, OD, followed by Rubrum for 1 month. His complaints became standstill after initial improvement, so *Lycopodium clavatum* 200/2 dose, OD was prescribed in 2nd month, followed by Rubrum. At 3 months (from initial prescription) after treatment his presenting complaints were very much improved along with reduction of SUA levels, from baseline 8.2 mg/dl (04-12-2021) [Figure 6a] to 5.0 mg/dl (19-02-2022) [Figure 6b].

DISCUSSION AND CONCLUSION

Three case reports of hyperuricemia with good

results are reported here. The HOM CASE CARE guidelines¹⁰ were followed in reporting these cases. The cases were diagnosed based on clinical presentation and investigation reports. Repertorial totality was considered when prescribing the medicines, as well as consultation with homoeopathic materia medica. Many homoeopathic studies on gout shows promising results in terms of lowering serum uric acid levels and enhancing quality of life.^{11,12,13,14} Three cases were treated on the basis of totality of symptoms. Out of three cases, the first was treated with *Thuja occidentalis*, the second with *Urtica urens*, and the third with *Lycopodium Clavatum*. In each case, advice was given for daily exercise, healthy and low purine rich diet, to avoid smoking and alcohol. Miasmatically all joint pains of the small and larger joints are sycotic; and the medicines prescribed here, especially *Thuja* and *Urtica urens*, carry a dominant sycotic weightage.¹⁵ The cases described here had various symptoms and were treated according to

homoeopathic principles. These were supported by evidence from pre and post treatment SUA results [Figure 7]. The other co-morbid conditions involving both the mental and physical planes such as irritability, appetite, flatulence, frequent urging and burning micturition were treated with the same individualized medicines.

Homoeopathic management has the ability to not only reduce serum uric acid levels, but also to play a substantial role in enhancing the wellbeing and quality of life of hyperuricemia patients without any negative consequences. This case series demonstrated that homoeopathic medications had a beneficial therapy impact in hyperuricemia. However, a case series of only three patients is insufficient to establish certain efficacy of homoeopathy in hyperuricemia; hence, more controlled trials with large sample size can be undertaken in the future, which will further validate our findings.

Figure 7: Three hyperuricemia cases showing SUA levels before and after treatment respectively.

INFORMED CONSENT

All three patients willingly gave their consent for the publication.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICTS OF INTEREST

None declared.

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JEEVAN DEEP
Digital X-Ray, E.C.G.,
Colour Doppler U.S.G. & Pathological Clinic
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L.I.C.I. Approved by India Government

No.7, Dighir Par, Canning Town,
South 24 Parganas
Mobile: 9732659812
9734293496
Business Hours : 8 A.M. to 6 P.M.
Thursday : Half Closed

Patient Name	██████████	Patient ID	JD/5322	Reg. Date	24-11-2021
Patient Age	60 Years	Gender	MALE	Receiving Date	24-11-2021
Referring By Dr.	OF N.I. OF HOMOEOPATHY	Reg. No.	5322	Date Of Report	24-11-2021

REPORT ON BIO-CHEMISTRY			
TEST NAME	RESULT	UNIT	NORMAL RANGE
URIC ACID, Specimen : Serum Method : Uricase- POD Method	7.9	mg/dl	3.4-7.0 mg/dl

TEST DONE BY FULLY AUTOMATED ANALYZER EM 200 (TRANSASIA)

N.B:- All reference ranges are age and sex matched. Reference limits mentioned are accordance with the literature provided along with the kit.

----- The end of Report -----

Mulashila Pandit
PATHOLOGIST / PATHOLOGY - IN - CHARGE
Dr. (MS.) Mulashila Pandit
Biochemist, M.Sc. Ph.D. (Cell)

Figure 2a: SUA Level before Treatment

JEEVAN DEEP
 Digital X-Ray, E.C.G.,
 Colour Doppler U.S.G. & Pathological Clinic
 Licence Approved by West Bengal Government
 L.I.C.I. Approved by India Government

No.7, Dighir Par, Canning Town,
 South 24 Parganas
 Mobile: 9732659812
 9734293496
 Business Hours : 8 A.M. to 6 P.M.
 Thursday : Half Closed

Patient Name	[REDACTED]	Patient ID	JD/2625	Reg. Date	26-06-2022
Patient Age	51 Years	Gender	MALE	Receiving Date	26-06-2022
Referring By Dr.	OF N.I. OF HOMOEOPATHY	Reg. No.	2625	Date Of Report	26-06-2022

REPORT ON BIO-CHEMISTRY			
TEST NAME	RESULT	UNIT	NORMAL RANGE
URIC ACID. Specimen : Serum Method : Uricase- POD Method	6.4	MG/DL	3.4-7.0 mg/dl

All biochemical tests performed using Eeba Mannheim CHEM-7 Semi-autoanalyser.

N.B:- All reference ranges are age and sex matched. Reference limits mentioned are accordance with be literature provided along with the kit.

----- The end of Report -----

Malabika Pandit
 PATHOLOGIST / PATHOLOGY - IN - CHARGE
 Dr. (MS.) Malabika Pandit
 Biochemist M.Sc. Ph.D. (Cal)

Figure 2b: SUA Level after Treatment.

MEDIONN
HEART TO HEART
What happens to you, Matters to us.

158737

Name: [REDACTED] Registration No.: 04/Dec/2021 08:27AM
 Age/Gender: 45 Y/Male Registered: 04/Dec/2021 08:31AM
 Patient ID: 032112040015 Sample Collected: 04/Dec/2021 01:34PM
 BarcodeNo: 10175431 Analysed: 04/Dec/2021 04:23PM
 Referred By: Dr. NATIONAL INSTITUTE OF HOMOEOPATHY Reported:

Nationality : Indian

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
GLUCOSE (F)	87	mg/dl	70 - 100	Hexokinase
Sample Type: Plasma Test has been performed on Architect4100				
URIC ACID	8.5	mg/dL	3.5 - 7.2	Uricase
Sample Type: Serum Test has been performed on Architect4100				

*** End Of Report ***

MEDIONN
HEART TO HEART
What happens to you, Matters to us.


Dr. Debojyoti Ghosh
Consultant Pathologist
Reg. No.-64998(WBMC)
Checked By : PUNAM CHANDRA

Dr. Arghyadip Sahoo
Consultant Biochemist
Reg. NO.-65611(WBMC)


CIN NO. : U74999WB2016PLC218034
MEDIONN DIAGNOSTICS LIMITED
 Regd. Off.: 13, BURNT SALT GOLA LANE, HOWRAH- 711131

CENTRAL LABORATORY: 56/2, RAM LOCHAN SHIRE STREET, BELURMATH, HOWRAH-711202

Figure 4a: SUA Level before Treatment



MEDIONN
HEART TO HEART
What happens to you, Matters to us.




Name: [REDACTED]	Registration No.: 202704
Age/Gender: 49 Y/Male	Registered: 19/Feb/2022 09:01AM
Patient ID: 032202190032	Sample Collected: 19/Feb/2022 09:12AM
BarcodeNo: 10195965	Analysed: 19/Feb/2022 01:44PM
Referred By: Self	Reported: 19/Feb/2022 02:14PM

Nationality : Indian


DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
GLUCOSE (F)	87	mg/dl	70 - 100	Hexokinase
Sample Type: Plasma				
<small>Test has been performed on Cobas6000</small>				
URIC ACID	7.6	mg/dL	3.5 - 7.2	Uricase
Sample Type: Serum				
<small>Test has been performed on Architect4100</small>				


(1) Identity of the patient Not Verified. (2) Not for Medico Legal Purpose. (3) Please Clinically Correlate.
End Of Report




MEDIONN
HEART TO HEART
What happens to you, Matters to us.



Dr. Debojyoti Ghosh
Consultant Pathologist
Reg. No.-64998(WBMC)
Checked By : SUMAN MALIK



Dr. Arghyadip Sahoo
Consultant Biochemist
Reg. NO.-65611(WBMC)



CIN NO. : U74999WB2016PLC218034

MEDIONN DIAGNOSTICS LIMITED
Regd. Off.: 13, BURNT SALT GOLA LANE, HOWRAH-711101

CENTRAL LABORATORY : 56/2, RAM LOCHAN SHIRE STREET, BELURMATH, HOWRAH-711202

Figure 4b: SUA Level after Treatment



JEEVANDEEP

APANJAN NURSING HOME PRIVATE LIMITED

HOWRAH AMTA ROAD, MAKARDAH, HOWRAH - 711 409
Phone : 033-2670 5300 Mobile : 7044230310, 8337047097

Patient ID: OPD	Patient Name: [REDACTED]	
Age : 48Yrs	Sex : Male	Received Date:- 28/01/22
Referred by : Dr. S.Bhar		Report Date : - 28/01/22

Report Of Blood Biochemistry

Test Name	Value	Units	Normal Range
Uric Acid	8.2	Mg/dl	F:-2.5-6.0, M:- 3.0 - 7.0

Checked By A. Jany

DR. SUBRATA BOSE
MBBS, DCP
(CONSULTANT PATHOLOGIST)

Figure 6a: SUA Level before Treatment



JEEVANDEEP

APANJAN NURSING HOME PRIVATE LIMITED

HOWRAH AMTA ROAD, MAKARDAH, HOWRAH - 711 409

Phone : 033-2670 5300 Mobile : 7044230310, 8337047097

Patient ID: OPD	Patient Name: [REDACTED]	
Age : 48Yrs	Sex : Male	Received Date:- 04/05/22
Referred by : Dr. S.Bhar		Report Date : - 04/05/22

Report Of Blood Biochemistry

Test Name	Value	Units	Normal Range
Uric Acid	5.0	Mg/dl	F:-2.5-6.0 , M:- 3.0 - 7.0

Checked By... *A. Jany*

DR. SUBRATA BOSE
MBBS, DCP
(CONSULTANT PATHOLOGIST)

Figure 6b: SUA Level after Treatment.

Role of Keynotes in Selecting a Similimum in Treating Local Diseases – A Case Series

Dr Raja Satish Kumar Bilugudi, Dr Gouri Ningthoujam, Dr Partha Pratim Pal

ABSTRACT

The homoeopathic system of medicine is based upon the idiom “*Similia Similibus Curantur*,” but to apply this in extracting the disease picture from the patient is a massive task. According to Hahnemann’s classification of diseases, there are certain cases where we observe paucity of symptoms (one-sided or local diseases) in which keynotes can lead us in a bright path in prescribing the similimum. Hence, in this article we tried to present such kind of cases where there were very few symptoms and how keynotes lead us to prescribe the correct remedy.

Keywords: keynote, local diseases, case series, homopath fire-fly app

Abbreviations: Saccharum lactis (SL)

INTRODUCTION

A mong the pioneers of homeopathy practitioners from its day of inception, some were found to give more importance to mental symptoms, some gave prime importance to physical, some said about pathological stage, some followed keynote prescription etc. In the investigation of proper case, along with the complete accurate nature of the present complaints, all the changes, sufferings and symptoms observable in the patient’s health are to be taken in conjunction to form a complete picture of the disease.^[1] In local maladies (which are components of one-sided disease only) where the generals are lacking, modalities and concomitants, the exact character of the local affection in terms of the location, sensation and pathology character when combined in a keynote format, an appropriate similimum can be portrayed. Keynote method of prescribing is one type of method by which we can also frame the totality.^[2] Hahnemann has quoted regarding the same in § 153 of the *Organon of Medicine*.^[1]

Guernsey says, the term “keynote” is not to be regarded as in itself definitive, nor did he wish it to be taken as a piece of scientific nomenclature. It occurred as being in a very great degree expressive of a fact in medicine, and as such alone is it to be accepted. It is the expression of a fact, a truth, central and fundamental; the knowledge of which, in homoeopathic theory and practice, is necessary to the full and complete comprehension

and the most extended use of the law of the similars. It is charged against the keynote system that it is in conflict with the doctrine that teaches the necessity of meeting the totality of the symptoms, i.e., the doctrine of true homoeopathy. This is by no means true. The “keynote” is simply suggestive; suggesting by the shortest, surest and most practical method, a remedy; separating and isolating it from all other medicines as having the characteristic symptoms in marked degree and consequently, the remaining symptoms constitute together the totality of a case. Therefore, it does not in any way interfere with the doctrine of “The Totality”: it insists, on the contrary, upon the essentiality of that doctrine, and is the guide to its being properly and practically carried out.^[3] In fact, it is strictly Hahnemannian and moreover, the precise nature and character of the local affection may sometimes portray the keynotes in such cases.^[2]

A homoeopathic physician must develop a habit of constant comparison and differentiation of pathogenesis and symptomatology of drugs to gain the knowledge of the individuality of the remedy something that is peculiar, uncommon or sufficiently characteristics of the remedy in order to select the similimum. It is called “keynote” or “a characteristic” or “a red strand of the rope”.^[4]

Hering said: “Every stool must have at least three legs, if it is to stand alone” and advised to select at least three characteristic symptoms as the basis for prescribing.^[2] On his guiding symptoms, he says that it is an attempt to give our materia medica in such a form as will make the selection of a curative medicine in any given case as easy as possible.^[5]

Adolph Lippe says, “In order to effectively cure, it is first necessary to ascertain the characteristic symptoms of the patient, and to find the medicine which corresponds in the characteristics with those of the patient.”^[6] Keynotes are a highlight of a remedy’s best known characteristic symptoms and modalities; it must be a somewhat peculiar symptom, one not shared with many other remedies.^[7]

Case Series

The below mentioned cases whose basic clinical picture is discussed along with the keynotes that

helped in confirming the similimum is presented in short case formats along with repertorisation sheet done by using Kent’s repertory in Homopath Firefly Mobile App.^[8]

Case 1

Presenting Complaints

A Case of Tinea Interdigitale

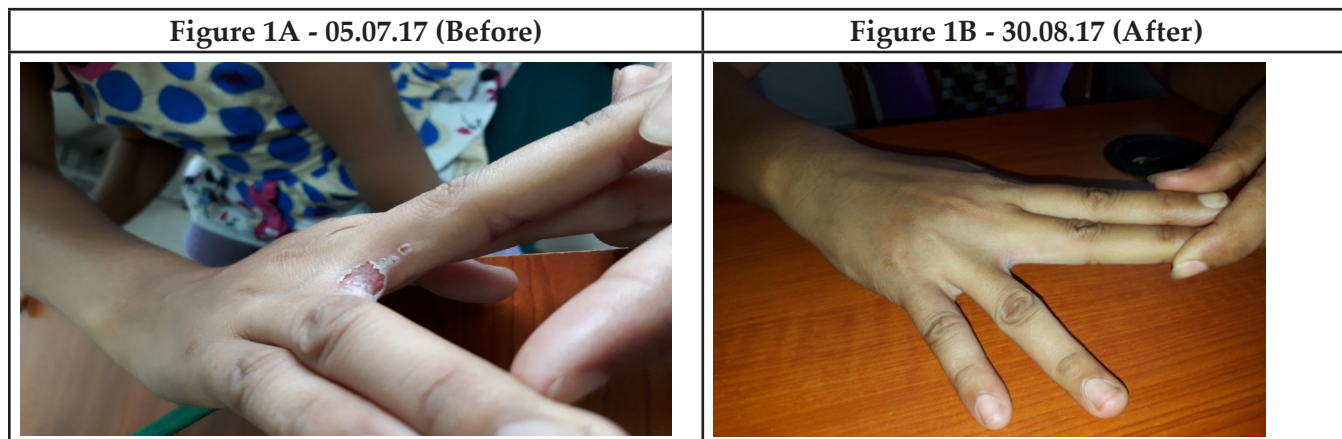
A female patient J. D aged about 27 years came on 05.07.17 with complaints of white macerated eruptions between middle and index finger of right hand. Patient was suffering for the past 2 months. Peeling of skin with violent itching was her main complaint. Other than that she did not have many symptoms. On enquiry, *it was revealed that on washing hands complaints were aggravated, there was perspiration on palms and she felt some heat in the palms.* Considering these keynotes on repertorisation, *Sulphur* was prescribed.

Repertorisation							
Filters Applied: Sort by Totality							
Symptoms: 5				Remedies: 107			
Remedy Name	Sulph	Psor	Phos	Sep	Lyc	Acon	Nux-v
Totally / Symptoms Covered	12 / 5	7 / 3	6 / 3	6 / 3	5 / 4	5 / 2	5 / 2
[Kent] [Extremities]Eruption:Hand:Between the fingers:Itching: (4)	3	3			1		
[Kent] [Extremities]Eruption:Hand:Between the fingers: (15)	2	2	1	1	1		
[Kent] [Extremities]Heat:Hand:Palm: (66)	3		3	2	2	3	2
[Kent] [Extremities]Perspiration:Hand:Palm: (60)	3	2	2	3	1	2	3
[Kent] [Skin]Eruptions:Itching:Washing :Agg: (2)	1						

Figure 1 – Repertorial Sheet

Table 1: Follow Up Timeline		
Date of Visit	Symptoms/Indications	Medicine Prescribed with Potency and Doses
05.07.2017	Baseline presentation	<i>Sulphur</i> 30/1 dose. SL/1 week.
20.07.2017	Peeling of skin was less, itching better, no new eruptions seen	SL/15 days

10.08.2017	Peeling of skin better	SL/15 days
30.08.2017	Skin symptoms completely disappeared	No medicine



Case 2

Presenting Complaints

A Case of Wart

A child P.S aged 5 years came with a complaint of a solitary, small, jagged looking and hard to touch wart on left side of the face around forehead since 2 years. Mother said that there was a slight increase of size in the past 2 years. There were

not much symptoms of the suffering other than a small peduncle observed on examination. On enquiry, mother revealed that he had certain fear and anxiety while going to bed. He can't sleep immediately after going to bed. He clinged to his mother and slept a little late. He could not sleep without his mother beside. After repertorisation, *Causticum* was the remedy prescribed. In this case, fear or anxiety in the bed played as a keynote in selecting *Causticum* along with other common symptoms.

Repertorisation							
Filters Applied: Sort by Totality							
Symptoms: 4							
Remedies: 27							
Remedy Name	Caust	Nit-ac	Thuj	Lyc	Dulc	Sep	Kali-c
Totally / Symptoms Covered	11 / 4	8 / 3	7 / 3	6 / 4	5 / 2	4 / 2	3 / 2
[Kent] [Mind]Fear (see Anxiety):Bed, of the: (16)	2			1			1
[Kent] [Skin]Warts (see excrescences):Pedunculated: (10)	3	3	2	2	2		
[Kent] [Skin]Warts (see excrescences):Jagged: (8)	3	3	3	2		2	
[Kent] [Face]Warts: (9)	3	2	2	1	3	2	2

Figure 2

Table 2: Follow Up Timeline

Date of Visit	Symptoms/Indications	Medicine Prescribed with Potency and Doses
19.08.2016	Baseline presentation.	<i>Causticum</i> 30/1 dose. SL for 15 days.
03.09.2016	No change observed.	<i>Causticum</i> 200/ 1 dose
19.09.2016	Size and the thickness of the wart was seen to decrease	SL for 15 days.
13.10.2016	Complete disappearance of the wart, but no change in his fear while going to bed.	SL 15 for 15 days
26. 11. 2016	Fear while going to bed persists.	<i>Causticum</i> 1M/ 1 dose SL for 1 month.
30. 12. 2016	No further change.	SL for 15 days.
12. 01. 2017	He was better with sleep.	SL for 15 days.

Figure 2A - 19.08.16 (Before)



Figure 2B - 12.01.17 (After)



Case 3

Presenting Complaints



A female patient S. D aged about 35 years came with complaints of cracks in the skin of palms associated with a characteristic burning sensation since 4 months. On examination the cracks were at inter digital joints and expressing no other symptoms. On enquiry, she said *that she felt anxious and restless*

while doing work. After repertorisation, *Graphites* was the remedy prescribed considering the keynote *restlessness while going to work.*

Repertorisation								
Filters Applied: Sort by Totality								
Symptoms: 4				Remedies: 145				
Remedy Name	Graph	Sulph	Merc	Caust	Iod	Kali-c	Nit-ac	
Totally / Symptoms Covered	10 / 4	6 / 3	5 / 3	5 / 2	4 / 2	4 / 2	4 / 2	
[Kent] [Mind]Indolence, aversion to work: (138)	3	3	1	2	2	2	3	
[Kent] [Mind]Restlessness, nervousness:Sitting, while:At work, while: (1)	3							
[Kent] [Extremities]Cracked skin:Fingers:Joints of: (6)	2	2	1					
[Kent] [Skin]Ulcers:Discharges:Watery: (29)	2	1	3	3	2	2	1	

Figure 3

Table 3: Follow Up Timeline		
Date of Visit	Symptoms/Indications	Medicine Prescribed with Potency and Doses
31.05.2014	Baseline presentation	<i>Graphites</i> 200/1 dose SL for 15 days.
07.06.2014	Cracks of the skin reduced, burning less.	SL for 15 days
27.06.2014	Cracks of skin much reduced, no burning.	SL for 15 days
08.08.2014	Cracks of skin same as it was in the last visit, complaints came to a standstill.	<i>Graphites</i> 1M/ 1 dose. SL for 1 month
24.09.2014	Complete disappearance of skin cracks, no change in aversion and restlessness in work.	SL 15 days.
26.09.2014	No change in mentals.	<i>Graphites</i> 10M/1 dose. SL for 1 month

Figure 3A - 31.05.14 (Before)	Figure 3B - 26.09.14 (After)
	

Case 4

Presenting Complaints

A Case of Alopecia areata

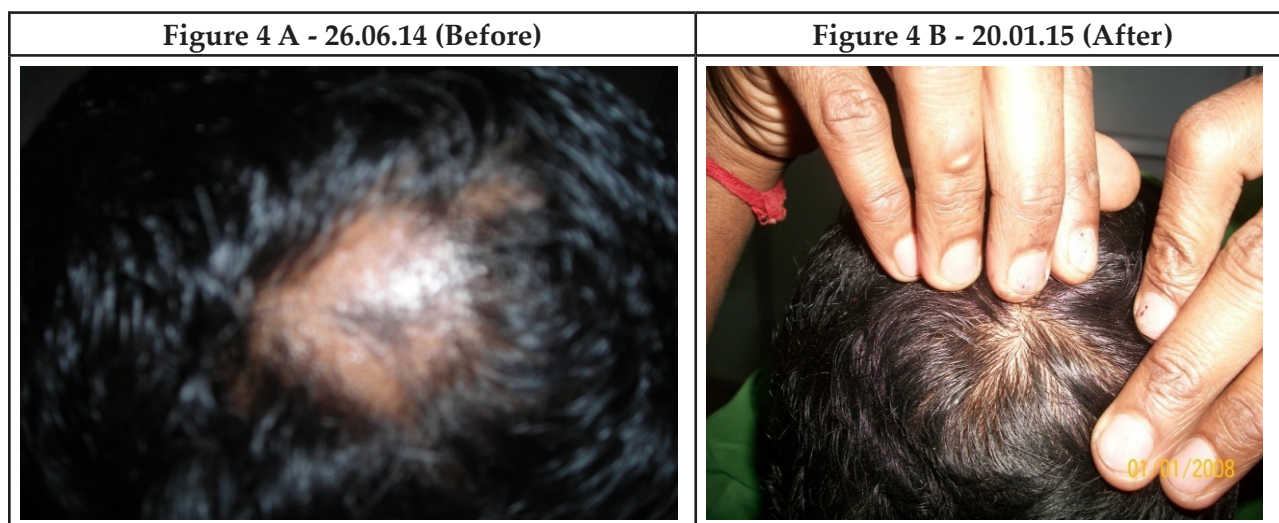
A male patient D. T aged about 31 years complained of losing his hair in patches since 2 months which was gradually increasing. Along with this he complained of dandruff with severe

itching. No other characteristic symptoms regarding diseases have been observed. So on enquiry of his mind, he revealed that *he had indifference to his children and very anxious in the evening after coming home from work. He had severe aversion to answer any questions. He warned his wife not to ask any questions whatsoever.* Considering these keynotes after repertorisation, *Phosphorous* was prescribed.

Repertorisation							
Filters Applied: Sort by Totality							
Symptoms: 5				Remedies: 102			
Remedy Name	Phos	Sep	Lyc	Calc	Nux-v	Sulph	Agar
Totality / Symptoms Covered	10 / 5	7 / 3	5 / 3	5 / 2	5 / 2	5 / 2	4 / 3
[Kent] [Mind]Indifference,apathy etc.:Relations, to:Her children: (5)	3	3	2				
[Kent] [Mind]Anxiety:Evening: (74)	2	3	2	3	2	3	1
[Kent] [Mind]Answers:Aversion to: (53)	1				3	2	2
[Kent] [Head]Hair :Baldness:Patches: (7)	2	1	1	2			
[Kent] [Back]Pain:Burning:Spine:In spots: (2)	2						1

Table 4: Follow Up Timeline

Date of Visit	Symptoms/Indications	Medicine Prescribed with Potency and Doses
26.06.2014	Baseline presentation	<i>Phosphorus</i> 0/1 OD/ 1 Month.
01.08.2014	Hair fall better with new hair growth observed in the patchy bald area of scalp, reduced dandruff and less itching of scalp. No change in his mental symptoms.	<i>Phosphorous</i> 0/1 Every alternate day/ 1 month.
10.12.2014	Full hair growth seen in the patchy bald area of scalp, no itch and no dandruff. Even anxiety has been better now.	SL/ 15 days.
20.01.2015	No anxiety but indifference is still there.	<i>Phosphorous</i> 0/2 OD/1 Month.



Case 5

Presenting Complaints

A Case of Eczema

An infant 5 months old presented with scaly, crusty brownish eruptions on the back of the

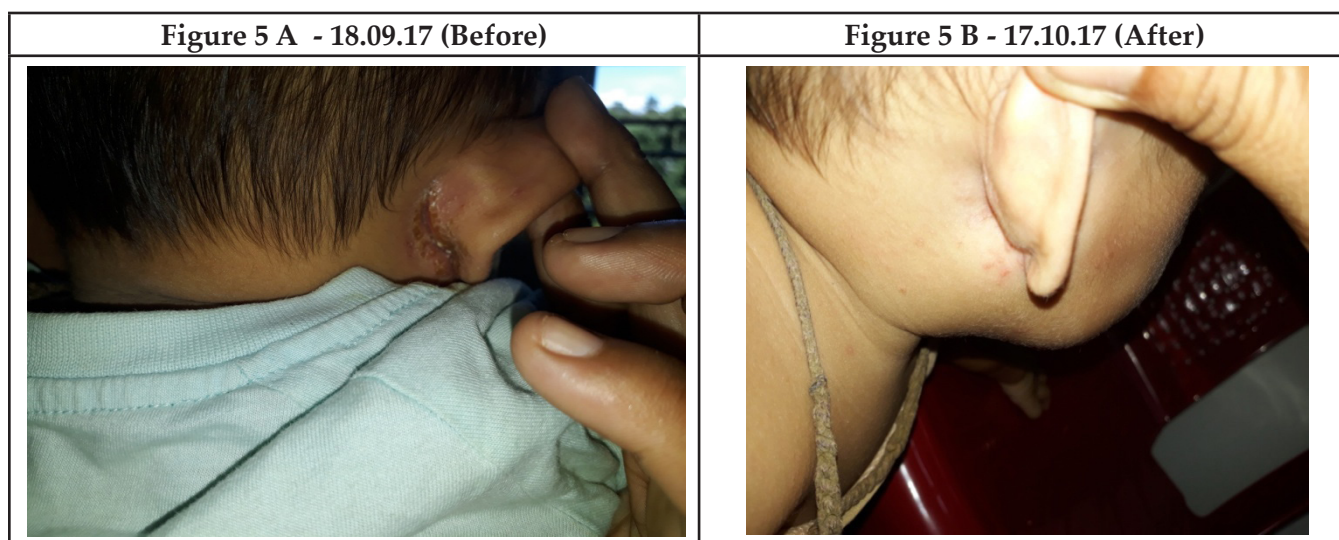
right ear in the junction of the pinna on the posterior auricular surface with mild sticky discharge since 2 weeks. Mother said that *one month back same symptoms had appeared on the left ear, and she observed that baby's feet were offensive*. Considering these keynotes, case has been repertorised and *Graphites* was prescribed.

Repertorisation							
Filters Applied: Sort by Totality							
Symptoms: 4				Remedies: 44			
Remedy Name	Graph	Calc	Lyc	Psor	Sil	Merc	Petr
Totality / Symptoms Covered	10 / 4	5 / 2	5 / 2	5 / 2	5 / 2	4 / 2	4 / 2
[Kent] [Extremities]Odour of feet,offensive without perspiration: (3)	2				2		
[Kent] [Ear]Eruptions:Behind ears: (40)	3	3	3	3	3	2	3
[Kent] [Ear]Eruptions:Behind ears:Left then right: (1)	2						
[Kent] [Ear]Eruptions:Moist: (13)	3	2	2	2		2	1

Figure 5

Table 5: Follow Up Timeline		
Date of Visit	Symptoms/Indications	Medicine Prescribed with Potency and Doses
18.09.2017	Baseline presentation	<i>Graphites</i> 30/1 Dose SL/7 days

25.09.2017	Drying up of eruptions seen with brownish scab formation, no discharge; nasal discharge absent	SL 1 dose
02.10.2017	Eruptions absent	SL 1 dose
17.10.2017	Disappearance of skin lesion with only scar marks remaining	No medicine



DISCUSSION AND CONCLUSION

In all the above cases the characteristic symptoms of the disease are very minimal, but on enquiring the patients and attendants in some cases gave certain kind of characteristic symptoms which are keynotes of the remedies. These keynotes helped very well in confirming the remedy after repertorisation.

All the cases in homoeopathy cannot be like an open book, in such cases as illustrated above, one or two keynotes will give us a hint in selecting a similimum especially in skin diseases and clinical conditions in infants, where it is very difficult to get characteristic symptoms. So a keen physician by considering these keynotes can produce cure in most of the cases.

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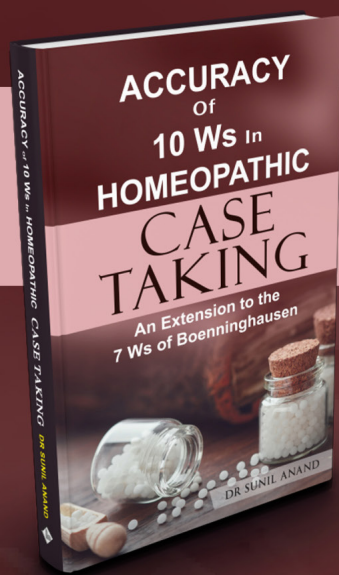
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ACCURACY OF 10WS IN HOMEOPATHIC CASE TAKING

An Extension to the 7 Ws of Boenninghausen

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

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

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Significance of Keynote Prescription in Our Homoeopathy Practice

Prof. (Dr) Goutam Das, Dr Bhavana Chaudhary

ABSTRACT

This article states the importance of the keynote prescription in our homoeopathy practice, sheds the light on the teachings of *Organon of Medicine & Homoeopathic Philosophy*, and its advantages, disadvantages and misinterpretations.

Keywords: music, medicine, history, sources, prescription, significance, advantage, disadvantage

INTRODUCTION

Homoeopathy is the science as well as an art of therapeutic practice based on the 'Law of Similia' where a similar medicine is applied to the sick person having to produce similar symptoms (but different in kind § 26 ^[1]), in healthy person.

- We need to apply most similar medicine in order to cure a patient via matching of symptoms.
- There are several ways of matching the symptoms of the medicines with the sick persons, at least more than 37 ways are founded amongst them - prescription on miasm, constitutional, past history, family history etc. where keynote prescription is the one.
- All prescriptions depend upon the nature and presentation of the given case. For this process, available keynote symptoms of the medicine are matched with the sick person.
- Whatever are the ways of the prescriptions ultimately only one is selected, two or three symptoms are chosen as characteristic in the case representing the keynote of the medicine.

Therefore, we may say that whatever are the ways of the homoeopathic prescriptions, homoeopaths prescribe finally on the keynotes' approach; it makes the job quick, practical, effective and viable way of homoeopathic prescription. This article discusses about keynote, with its origin, history,

character and uses. ^[2]

Definition

Keynote prescription is one of the methods of such various way of prescriptions which in which the remedy is chosen on the basis of single or group of symptoms which represent the medicine as a whole with an uncommon, peculiar and the characteristic signs and symptoms of the individual patient.

Origin

The term 'keynote' is related to music. Commonly, in music 'keynote or tune' is used to accommodate the whole music. It's the fundamental note or tone of the whole piece.

- So, the keynote characterizes a piece of music.
- The same concept has been adopted in our homoeopathy. It indicates the identity of the medicine on the basis of which we can individualize and differentiate single medicine from others especially from similar actions.
- Hence, keynotes are the characteristic of the medicine. A thorough study of books on keynote reveals the keynote symptoms; we can find them from the given case from generalities, causations, modalities, particulars, suppression, past history, family history etc. indicating the keynotes which are not to pertaining to a particular sphere of the

case rather it belongs to the whole of the case or the medicine.

- The term 'keynote' is merely analogous with materia medica and music, Dr Stuart Close says, "This analogy is shown in the use of the other musical terms in medicine".^[3]

At least three keynote symptoms are required in order to make a successful prescription, as suggested by Dr C. Hering in his 'three legged stool' concept.

For example, 'anxiety' is the keynote of *Arsenicum album*, but *Arsenicum Album* is not the single medicine in materia medica which covers the anxiety, so if we prescribe *Arsenicum album* only on this keynote, the result will be uncertain.

Evolution of Keynotes in Homoeopathy

Our Master Hahnemann faced the challenge as to what is curative in medicine and what is curable in disease? All the homoeopaths have tried to solve the issue ... similia! ... similar of what?

- Dr H.N. Guernsey (1817 - 1885), an American homoeopath, observed certain symptoms in each medicine which were present in most of the provers or cases and were the main theme of the medicine around which the all symptoms revolved. He started collecting those symptoms and found practically very useful in his prescription.
- The concept of keynote was first used by Dr Jacob Janeas (1800 - 1877), an American homoeopath, but the term 'keynote' was first popularly used in homoeopathy by Dr H.N. Guernsey. He published a book 'Keynote to the Materia Medica', in 1875, which was a compilation of his lectures delivered to the students of 'Hahnemann Medical College of Philadelphia' during 1871 - 1873.
- Dr William Burt's work on the original of the characteristic or keynote system for the choice of remedies in diseases' was brought in 'Treatise on Obstetrics', the most reliable work. In medicine and in the introduction to the famous book 'Application of Principles of Homoeopathy to Obstetrics', he stated the basic idea of keynote and its relation with the

characteristic symptoms, which represent the medicine or the patient as a whole.

- Since, the concept of keynote prescription was widely popular in homoeopathic practice. Master Hahnemann also pointed out in *Aphorism 153*, about the same. Different stalwarts have understood the significance of keynotes in homoeopathic materia medica and in prescription. They have highlighted this by various names such as 'Genius of the remedy', 'Red line symptoms', PQRS (peculiar, queer, rare, strange), 'Beacon light symptoms', Determinative symptoms, Three-legged stool, etc. Being inspired with this idea a good number of books have been published^[4] such as:

1. *Application of the Principles and Practice of Homoeopathy to Obstetrics and the Disorders Peculiar to Women and Young Children*, 1897, by Dr H.N. Guernsey
2. *Keynote to the Materia Medica* - 1887, by Dr. H.N. Guernsey
3. *Keynotes and Characteristic with Comparisons of some of the Leading Remedies of the Materia Medica with Bowel Nosodes* - 1898 by Dr H.C. Allen
4. *Leaders in Homoeopathic Therapeutics with Grouping and Classification* -1899, by Dr E.B. Nash
5. *A Synoptic Key of the Materia Medica* - 1931, by Dr. C.M. Boger
6. *Characteristic Materia Medica* by Dr William Burt
7. *Keynotes and Redline symptoms of the Materia Medica*, by Dr Adolph Von Lippe

Broadly speaking, among various classifications of materia medicas one is keynote type. After the era of schematic types, a new thought was introduced, the keynote types, where special importance is given to the rare, peculiar, uncommon, striking and characteristic symptoms of the medicine for finding out the simillimum quickly.^[5]

Uses of Keynotes

Homoeopathy is a simple way of therapeutic but incomprehensive, immature, unscientific approach makes homoeopathy in complex, whereas

keynote prescription makes the task easy by two ways:

1. Proper knowledge of keynote symptoms of the medicines and its skillful application.
2. Technique to get the indications from the patients during case taking, to form the portrait and the totality of symptoms.

Advantages

Keynote symptom is weighty, prominent and characteristic feature which directs the physician's attention to the remedy or a group of remedies.

- Dr Henry N. Guernsey introduced this method of prescription. It's not in conflict with the prescribing on totality of symptoms of Dr Hahnemann; both are actually the same with different names.
- Hahnemann's striking, singular, uncommon, peculiar (characteristic) symptoms and Dr Guernsey's keynotes are synonymous term.
- Both are trying to point out the curative remedy by considering the totality of symptoms to prescribe correctly.
- Whereas, the significance of keynote prescription is that it is less laborious and time saving also. ^[6]

Disadvantages

Prescribing purely on the basis of keynote symptom is not permissible as it tries to cut down those important symptoms in order to prescribe quickly.

- If we neglect the mental and physical general symptoms, failure will ensue.
- If we take keynote prescription in the final selection of the remedy, failure is inevitable. (E.g. < from motion - *Bryonia*, < in midnight, midday- *Arsenic* etc.) ^[7]
- The so-called keynote symptoms are the characteristic that point unmistakably to a small group of remedies; they rarely indicate a single remedy.

- The keynote could be considered as reliable pointer but should fit in with the others features also before selected as remedy.
- Failure to appreciate this significant limitation has led to a wholesale abuse of the keynotes and has brought this excellent system into undeserved disrepute. ^[8]

CONCLUSION

In homoeopathy, we prescribe on the basis of symptoms similarity, these are not numerical but quantitative rather than qualitative. Master Hahnemann mentioned two ways of similarities – one, the 'striking, singular, uncommon, peculiar (characteristic)' symptoms (§ 153) ^[9] another is the 'alter state of disposition and mind of the patient (§ 211, 212). ^[10] Selection of our prescription are based on these two ways only, whatever we may name it, we will prescribe either on the first or the second way as per availability of prescribing signs and symptoms of the patient. Such prescriptions like "... great anxiety with sweat (Ars., Graph.) ... great awkwardness about his movements and he drops things (Apis) ... advance in years prematurely (Bar. carb.) ... astute in his madness (Anac.) ... mental aberration when alone (Elaps, Phos., or Stram.)" ^[11] etc. are the misunderstandings of the idea of keynote prescription.

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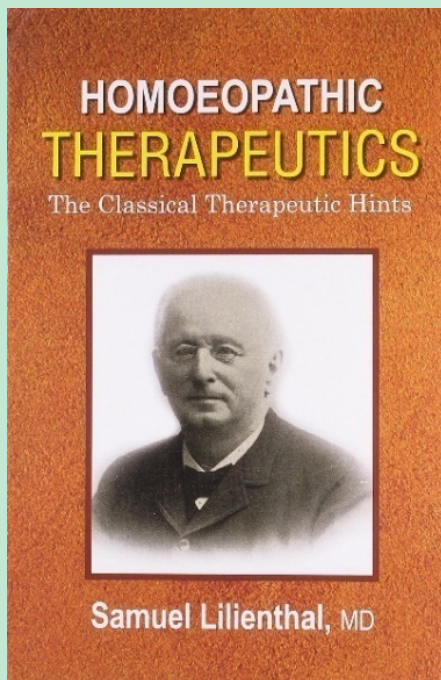
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Homoeopathic Therapeutics - The Classical Therapeutic Hints by Samuel Lilienthal

Dr Dipika Sindha, Dhruvika Patel



The purpose of this review is to emphasize the consequential of one of the therapeutic book of homoeopathy that is *Homoeopathic Therapeutics* by Samuel Lilienthal. This book provides listing of disorders with its remedy differentiation

and repertorization.

ABOUT THE AUTHOR

Dr Samuel Lilienthal (1815-1891) was from Germany, and became a pioneer homeopath in America. He received his Doctor of Medicine Degree from the University of Munich in 1838. Dr Samuel Lilienthal was the author of many great books including "*Homeopathic Therapeutics*". For many years, with the support of Dr Constantine Hering, he was the editor of the *North American Journal of Homeopathy*. In 1874, Boericke and Tafel from Philadelphia visited him in New York and requested that he prepare a textbook on diseases of the skin, for the use by homoeopathic practitioners, as a result of that request, a great treatise on skin diseases and their homeopathic treatments was completed in two years by Samuel Lilienthal and published by Boericke and Tafel in 1876, in his book, *Diseases of the Skin*.

Purpose

1. The purpose of this book is to provide a perspective of homoeopathy and its progress over the ages.
2. To enable the students as well as homoeopathic practitioner to have vast approach to all clinical cases suggesting a wide range of remedies for numerous medical conditions.
3. To enhance the art of prescription of students and homoeopathic practitioner through easy reference guide.

Arrangement of the Book

1. This is a complete work and an easy reference listing various disorders with remedy reference both in alphabetical order having 1154 pages.
2. There are 578 number of disorders mentioned in this book.
3. This book contains vast array of ailments and clinical conditions with thorough and reliable remedy differentiations.
4. This serve as an invaluable guide to effective remedy application by comparing the characteristic of each remedy given under every pathological condition.

➤ Arrangement:-

- Preface to 4th Edition
- Preface to 5th Edition
- Preface to 3rd Edition
- Homoeopathic Therapeutics- arranged in alphabetical order
- Index- arranged in alphabetical order

- Majority of the disorders mentioned in homoeopathic therapeutics have been arranged in following way:-

- Disorder with its short description
 - Repertory section
 - Materia Medica section
- In few disorders there only repertory part is mentioned.
- Symptoms under few medicines are mentioned in bold letters which signifies the importance of that symptom.
- There is also a provision of detailed explanation of pathological conditions, with a vast remedy collection and a view on its scientific differential diagnosis.

Arrangement of Disorders

- Name of disease & its another terminology.
 - In majority of disorder short description of the disorder is also mentioned.
 - Repertory part
 - Materia Medica part- Medicines are arranged in alphabetical order.
 - In some disorders, specific symptoms along with repertorization and materia medica part are mentioned. Few of them are:-
- Amaurosis/Amblyopia- pale sightedness, things look blue, diplopia, flying spots and gauzes.

-Asthma- pattern of breathing in asthma, and other condition related with asthma.

Cough- character of cough, expectoration, aggravation, amelioration, accompanied by Febris intermittens- marsh intermittent fevers, chills returning at, thirst, as regards the relation of the stages, as regards secondary symptoms, characteristic symptoms.

Special Features of the Book

- Causes of disease- few causes of disease have been mentioned with its repertory part- from sexual abuse, bathing, mental exertion, heat of sun etc.
- Children, diseases of- here the author has sub-

divided the diseases of children into 29 further headings along with their materia part and in a few, repertory part is also mentioned such as - Asphyxia neonatorum, tetanus and trismus neonatorum, erysipelas neonatorum, cephaloematoma etc.

- Constitution- Age, sex and temperament
- Disease related to specific organ, poisoning conditions are also mentioned in this book.
- Disorders related to mental condition are also discussed here.

Merits

- This book gives an easy reference to diseases, materia medica and repertory part all in one book, for students and the homoeopathic practitioners.
- There are many medicines mentioned for one particular disease condition which provides easy differentiation of remedies.
- For some disease conditions there is also a mention of specific symptoms which provides more accuracy for selecting the proper medicine.

Demerits

- Some disease terminologies used in this homoeopathic therapeutic book have not been updated with the terminologies of modern medicine.
- There is no proper maintaining of the order in the homoeopathic therapeutic part.
- Lack of uniformity is seen in many of the disorders mentioned.

In summarising , the book Homoeopathic Therapeutics by Samuel Lilienthal is one stop compilation of several disorders with its explanation along with its materia medica part and repertory part needed for selection of medicine that enable students and homoeopathic practitioners to enhance their art of prescription.

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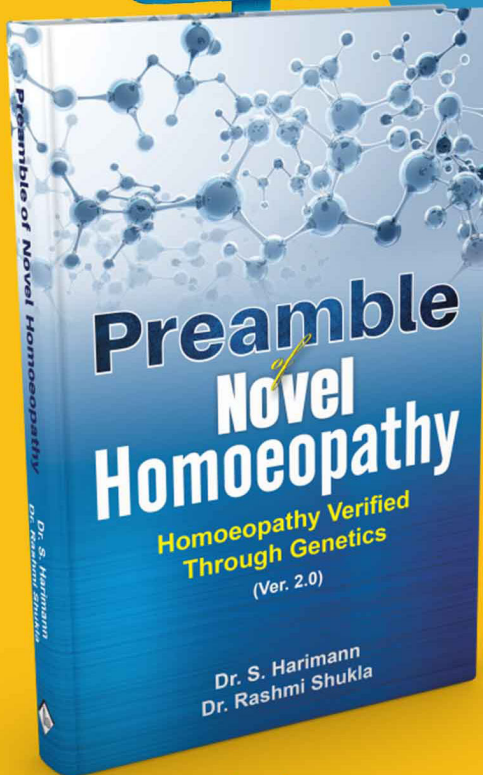
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