

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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The HOMOEOPATHIC HERITAGE Turns

50 years

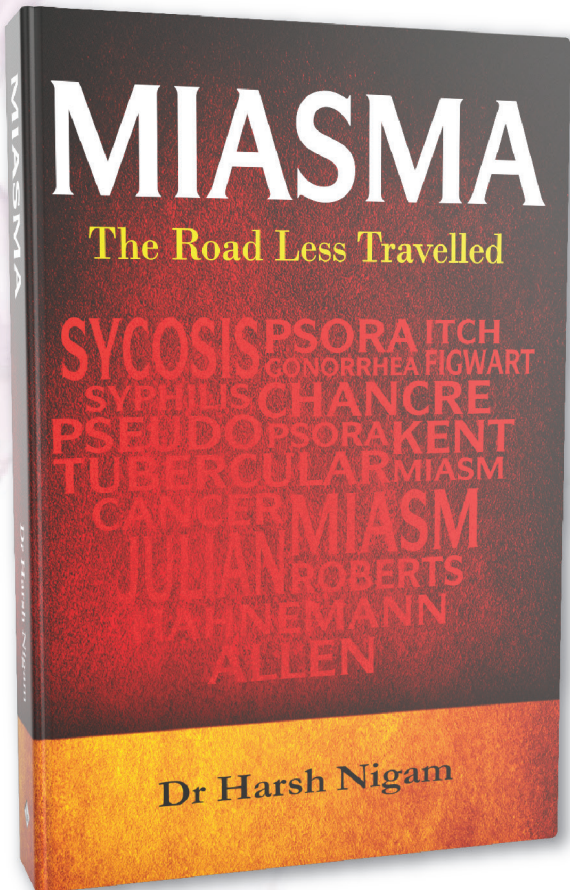


PEER REVIEWED

Management of Acute Ailments with Homeopathy

- Response of Individualised Homoeopathic Treatment in a Case of Chronic Ovarian cyst with Acute Upper Respiratory Tract Infection (URTI): A Retrospective Cohort Case Study
- Exploring The Role Of Homoeopathy In Managing Acute Lymphoblastic Leukemia In Pediatric Age Group: A Case Report

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The Road Less Travelled



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Dr. Harsh Nigam

- ☒ Why should you know miasma?
- ☒ What is Miasma- as per Hahnemann and by other stalwarts- Kent, Allen, Roberts, Julian and others Immunity & Miasma
- ☒ Miasma: Role in etiology and pathology of disease
- ☒ Miasma in management and prognosis of cases

THE HOMOEOPATHIC HERITAGE

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Dear Readers,

The fast paced lives today have remoulded the demands as well as the needs of a person in a very subtle yet significant manner. People want a fast recovery, be it so temporary! The complex interaction between medical technology including lengthy and invasive diagnostic procedures with these altered opinions of people has led modern medicine to gain affable acceptance by the majority for managing everyday acute hazards.



But Homeopathy is a simple science. It is important for all to know that a homeopath as a primary healthcare professional is concerned not just with prescribing a curative treatment based on the totality of symptoms but also advising appropriate management strategies and preventive steps to evade from one acute ailment becoming a recurrence.

This issue of The Homoeopathic Heritage themed 'Management of Acute Ailments with Homoeopathy' aims to throw light upon the relevance of Homeopathy as a therapeutic system which has, hidden in its literature, the vast potential to effectively and efficiently manage a huge array of everyday problems.

Over time and generations, man has changed. His ways and attitudes have changed. The fast paced lives today have remoulded the demands as well as the needs of a person in a very subtle yet significant manner. People want a fast recovery, be it so temporary!

The transformation in lifestyles, quality and more importantly the standard of living have brought each one of us to a point where in addition to becoming increasingly vulnerable to myriad forms of diseases, we have begun to equate health with heavy and strong medications and if that was not enough, with artificial supplements.

The complex interaction between medical technology including lengthy and invasive diagnostic procedures with these altered opinions of people has led modern medicine to gain affable acceptance by the majority for managing everyday acute hazards.

But Homeopathy is a simple science. Despite the scarce literature available on its 'scientific' modus operandi, homeopathy offers miraculous cures in both chronic and acute conditions.

Before we go on to understand the role of homeopathy in acute ailments, it is important for us, as physicians, to understand that the healthcare system is structured on four levels- the primary, secondary, tertiary and quaternary healthcare.

Primary Healthcare forms the first line of defence against any attack to the health of a person. The acute, self limiting conditions, functional and psychosomatic conditions, injuries etc along with screening for wellness, and regular health check ups form this level of the healthcare system.

Secondary healthcare system is disease-focussed, that is it includes doctors specialized in dealing with a particular disease. For example, cardiologists deal with heart problems, endocrinologists deal with hormonal issues, urologists deal with urinary troubles etc.

Similarly, tertiary healthcare goes a level up and involves the use of surgery and medical technology for relieving the patient of complex diseases. For example neurosurgery, oncosurgery, chemotherapy and radiotherapy etc. Quaternary care is further above the tertiary level and is highly specialized.

Having said that, Homeopathy, being a therapy which is highly individualistic, falls at the level of primary healthcare where physicians are not just doctors dealing with a variety of injurious attacks to the patient's health but also counsellors for the patient guiding him on the road to his recovery.

The self limiting conditions which have a sudden start, a rapid course and an abrupt end either in recovery or in death, called acute conditions are a

type of primary attack to health and require individualistic approach for their management as every person reacts in a unique way to the primary attack to his/her health. And this is precisely what makes it appropriate for us homeopaths to manage them using our principles at the level of primary healthcare.

While a common notion among our fraternity and even the lay people is that homeopaths are not concerned with the diagnosis and rely on the totality of symptoms alone, it is important for all to know that a homeopath as a primary healthcare professional is concerned not just with prescribing a curative treatment based on the totality of symptoms but also advising appropriate management strategies and preventive steps to evade from one acute ailment becoming a recurrence.

It is this reason why Hahnemann has directed all of us to be focussed on ‘restoring the sick to health, to cure’ which goes beyond mere absence of symptoms.

Quick Word on Issue Content

This issue of The Homoeopathic Heritage themed ‘Management of Acute Ailments with Homoeopathy’ aims to throw light upon the relevance of Homeopathy as a therapeutic system which has, hidden in its literature, the vast potential to effectively and efficiently manage a huge array of everyday problems- the acute conditions through medicines which harness the latent medicinal

power of the environment- plants, animals, minerals and the universe (imponderabilia) through the principles of magnetic energy in a way that the medicine is left with no crude material but only highly dynamized molecules. Besides opinion pieces and caselets from a number of students, young and seasoned practitioners of homeopathy, this issue features the stalwarts’ Expedition authored by Prof. Dr Subhas Singh, Director, National Institute of Homoeopathy, Kolkata, West Bengal, India and Clinical Update by Prof. Dr Rajat Chattopadhyay, Principal, The Calcutta Homoeopathic Medical College, Kolkata, West Bengal, India. The ‘In Italics’ column of this issue has been penned by Dr Nimai Chandra Dhole, Principal, JIMS Homoeopathic Medical College and Hospital and the book- Miasmatic Prescribing-2nd Extended Edition by Dr Subrata K Banerjee, reviewed by Prof (Dr) Babita Shrivastava, Dean, Madhya Pradesh Medical Science University, Jabalpur, Madhya Pradesh, India is a must read in the Book Review section.

The key piece in this issue is the desk editorial by Bray Williamson, author, ‘A Simplified Guide to Homeopathy’ and Homeopath, Classical Homoeopathic Clinic, Cornwall, UK.

Happy Reading!

Dr Rashi Prakash

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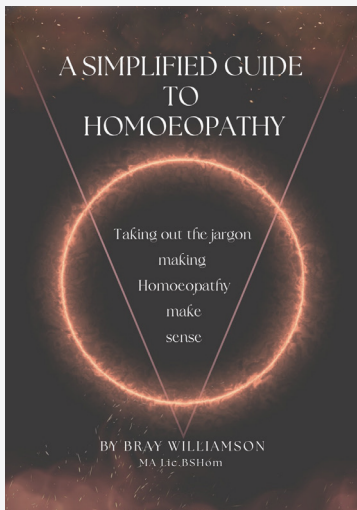
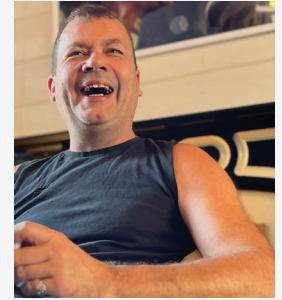
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Unbolt Yourself		
Issue	Topic	Date
May 2025	Efficacy & Scope of Biochemic Remedies in Homoeopathic Practice	Mar 15, 2025
Jun 2025	Importance of Dreams in Homeopathic Case Taking & Prescribing	Apr 15, 2025
Jul 2025	50 Millesimal Potencies: Scope and Utility	May 15, 2025

Acute Prescribing; The Homoeopathic Gateway

Bray Williamson

Author, 'A Simplified Guide to Homeopathy'
Classical Homoeopathic Clinic, Cornwall, UK



When a homoeopath prescribes for an acute condition which is a short-term, self-limiting condition such as an infection, injury, fever, cold, flu, digestive upset or emotional shock, The homoeopath should, in my view, see this as a gateway to educating the patient in homoeopathy. If we,

as homoeopaths have the desire for our profession to grow, then it is important for us to grasp every opportunity to encourage the general public to reach for a homoeopathic remedy rather than a pharmacological drug.

It is most important for a homoeopath to explain the process of remedy selection in plain, easy-to-understand language, and thus encourage the patient to play an active role in their recovery by inspiring confidence in homoeopathy. Over the years, I have discovered that many homoeopaths, when dealing with their patients, struggle with the use of plain simplified language and full comprehensive explanations.

This article is intended to address this problem by drawing on the principles I used when writing my book 'A Simplified Guide to Homoeopathy'.

Many patients can find the move from pharmaceutical drugs to homoeopathic remedies for acute treatment unnerving and for some it is even

frightening. This is why it is vital that as homoeopaths we explain the principles of acute prescribing to them, using language that the patient can relate to.

Patients firstly need to understand that the remedy being chosen will match their symptoms, and that the closer the match is, the more effective the remedy will be. To a homoeopath this sounds obvious but to a lay person with two sick children, both with fevers, the next part can be confusing. It is important to keep in mind that to a lay person, both children have a fever and so they would usually have given both of them paracetamol or ibuprofen.

As homoeopaths we assess each individual's symptoms so that when one of the children has a flushed red face, burning heat, throbbing headache and a dry mouth with a thirst for sips of water, and the other child has an intermittent fever, with changeable symptoms and a strong desire to be consoled and held with an improvement when carried, we may choose to prescribe Belladonna and Pulsatilla respectively. This individualisation must be explained clearly and simply to the parent so they can understand the nature of homoeopathy, and not become overwhelmed or confused.

Another area of confusion for the lay person, which can create unnecessary anxiety, is when to repeat a remedy and when to stop administering. With pharmaceutical drugs it is easy for them, as it is generally every 4 hours. As homoeopaths it is our duty to fully and simply inform the patient that a homoeopathic remedy can be repeated frequently if needed. This should be done by explaining that

when the remedy is given, the symptoms should lessen. However, as soon as symptoms start to return, they need to repeat the remedy, whether this is after 10 minutes or 10 hours and that once the symptoms have gone and do not return, they must stop administering the remedy completely.

In my book, 'A Simplified Guide to Homoeopathy' I also explain potency, which is another confusing area for the lay person. If we go back to the two fevered children the homoeopath may choose to give the child requiring Belladonna a 200c and the child requiring Pulsatilla a 30c. As part of opening the 'Gateway to Homoeopathy', it is important that the homoeopath clearly explains to the parent why those potencies were chosen. Due to the observation that for one child the illness is acting in a more powerful way.

Another important and often overlooked area of acute prescribing that can be used to open the 'Gateway to Homoeopathy' for lay people, is the manner in which the homoeopath takes the case. As all homoeopaths know, effective prescribing begins with a well taken case, yet this is not the experience for people who are used to pharmaceutical prescribing. Therefore, when asking about the main symptoms such as location, sensations, if anything makes it better or worse, whether the illness occurred suddenly or over a few days, how they are feeling emotionally and if their appetite or thirst is affected, it is important to explain that

these questions are how we find the remedy that matches their symptoms. This is then a good opportunity to simply explain the science of a homoeopathic proving, further opening the gateway to their homoeopathic understanding.

In my book, 'A Simplified Guide to Homoeopathy', you will find a simplified, clear explanation of homoeopathic proving, as well as an easy to understand explanation of the Vital Force. The book has been a great help to many of my patients who have said that the plain language makes these concepts much easier to understand, and helps them relate better to homoeopathy.

It is my opinion that a gateway book needs to be easy to understand and relevant to the reader. There is little point attempting to appear to be the smartest person in the room with esoteric writing, such as trying to reinvent the wheel with a treatise on how mercury in retrograde will affect the action of Antimonium Crudum. There is a distinct movement happening within the general populace, where more and more they are looking to move away from pharmaceutical medicine. This is one of the greatest opportunities in modern times to educate and to make homoeopathy a standard form of treatment for the people.

It was with this in mind that I added a section about hangovers to my book as this is quite common in the UK and other western countries, a sample of which I include below.

HANGOVER

A HANGOVER HAS A VARIETY OF SYMPTOMS that can happen after consuming excessive amounts of alcohol. The severity of a hangover can vary. The diuretic effect of alcohol increases urine production and leads to excessive fluid loss and dehydration. As the body processes the alcohol and the other elements within the drinks such as sulphites, artificial sweeteners, artificial colouring and flavouring, inflammation can occur. This is the cause of the hangover headache, body discomfort, and irritation to the stomach which can cause nausea and vomiting. Time, rehydration and a well chosen remedy will generally clear the effects of a hangover.

THESE ARE SOME OF THE COMMON SYMPTOMS OF A HANGOVER:

Headache

Tiredness

Nausea

Sensitivity to light and noise

Muscle aches

Dehydration

THESE ARE SOME OF THE HOMOEOPATHIC REMEDIES THAT CAN HELP SPEED UP RECOVERY:

1. ***Nux Vomica*** (*Nux Vom.*): This is the most frequently used remedy for a hangover. For nausea, a headache (especially over the eyes), irritability, and a sensitivity to light and noise.
2. ***Arsenicum Album*** (*Arsen. Alb.*): For a hangover with nausea, vomiting, and diarrhoea. May feel restless, anxious, and have a desire for small sips of water.
3. ***Bryonia*** (*Bry.*): For a hangover with a headache and nausea made worse from movement. A thirst for large amounts of water and a desire to lie still.
4. ***Gelsemium*** (*Gels.*): For a hangover with a heavy dull headache, dizziness, and a feeling of general weakness.
5. ***Kali Phosphoricum*** (*Kali Phos.*): For a hangover with mental exhaustion and a feeling of weakness with a strong dislike of any noise.
6. ***Lycopodium Clavatum*** (*Lyc.*): For a hangover with bloating, flatulence, and a heavy feeling in the stomach. There may also be a bitter taste in the mouth.

As can be seen, there is a simple description of this self-inflicted ailment with a selection of remedies in their simplest form.

For anyone wishing to push open the gateway further, there is a condensed materia medica at the rear of the book. Once again in plain language, which is accessible to all, and a useful resource for students beginning their homoeopathic training. Here is a sample of the Materia Medica simplification:

NUX VOMICA (*Nux Vom.*)

DERIVED FROM THE SEEDS OF THE STRYCHNOS NUX-VOMICA TREE, *Nux Vomica* is good for digestive disorders, including indigestion, constipation, and heartburn, usually with irritability and a desire for stimulants. It is also good for headaches, colds, and Influenza, especially when these are due to overwork or the over consumption of substances such as coffee, alcohol or rich foods. This remedy is used for the stress of modern living, especially for a driven personality type. It is also used after the abuse of stimulants with an increased sensitivity to light and noise after over consumption.

Keynotes: Over-indulgence, irritability, impatience, perfectionist nature, digestive issues, liver complaints. Overwork, excessive stimulant consumption, irregular dietary habits. Hangovers, headaches and Insomnia.

Better or Worse from: Worse from over-eating, stimulants, and mental exertion. Better from warmth. Symptoms may get worse in the morning.

Physical Symptoms: Digestive issues such as indigestion, bloating, and constipation. Headaches, Insomnia, and irritability associated with a high-stress lifestyle.

Mental and Emotional Symptoms: A driven personality, prone to over-work and stress. Irritability and sensitivity to external stimuli. Mental symptoms may be related to a sedentary lifestyle.

Common Uses: Over-indulgence, stress, or a sedentary lifestyle. Digestive disorders, headaches, Insomnia, and irritability. Symptoms resulting from over-eating, stimulant consumption, alcohol consumption and mental exertion.

It is my opinion that in the west we have a once

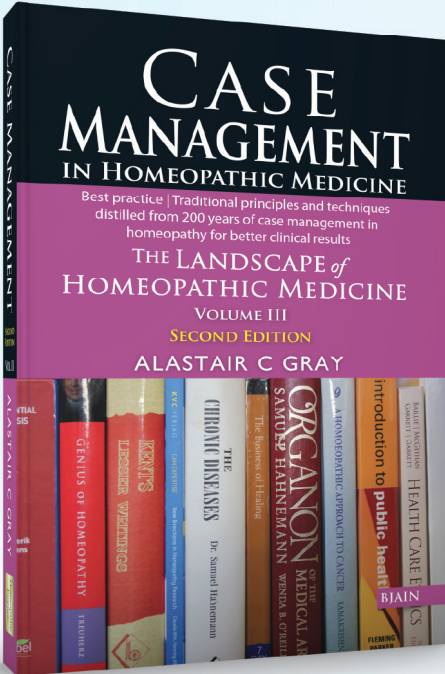
in a generation opportunity to promote and grow classical homeopathy. The general public are becoming more aware of, and disillusioned with pharmaceutical medicine. Indeed, there is a growing anger at the lies and misinformation that they have been told over decades and many are now looking for an empowering health care solution. It is my belief that the greatest disease of our time, causing irreparable harm to many people, is pharmaceutical medicine. We as homeopaths have the opportunity through acute prescribing and simple education to open up the gateway to

society using homeopathy. If we do not do this, we are not only failing the people, but we are failing as homeopaths in upholding that first aphorism of the organon.

'The physicians high and only mission is to heal the sick... to cure'

REFERENCES

1. 'Organon of Medicine' by Samuel Hahnemann
2. 'A Simplified Guide to Homeopathy' by Bray Williamson



BJAIN

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Arthur Hill Grimmer: An Energetic Homoeopathic Scholar

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Dr. Vignesh S.², Dr. Jyotidarshane², Dr. Binay Pratap Singh².

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Dr. Arthur Hill Grimmer was a famous homoeopath of the United States of America who was not only an ardent follower of Dr. Kent, but was fortunate enough to have the privilege of using same office as that of Dr. J.T. Kent's in Chicago. He was born on

29th August 1874, in San Jose, California, USA, in a large family.

Upbringing

Dr. Arthur Hill Grimmer was the eldest of nine siblings in his family. His parents were not very financially well but were known to be careful with money and were very industrious. As a child, his time was often distributed between household chores and playtime. After Grimmer's sixth birthday, the family moved to San Francisco. Here, Dr. Grimmer attended his first public school. While attending school, he supported his family by selling newspapers in various public places throughout San Francisco. This job also served as an experience for him. After about 2 years, the family decided to move to Oakland, California, where he finished his primary schooling.

When he was of 12 years age, his father decided to settle his family on 160-acre land in the mountains of Northern California in Lake County. This area was famous for the quicksilver mines. Just 2nd year after they had arrived on this huge forest land, Dr. Grimmer's father had suffered an injury

due to a fall and left him crippled for the rest of his life. This unfortunate incident however added another responsibility of family on the eldest member of the family, Dr. Grimmer, who was just 14 years old at the time.

The life here for the next 12 years was not easy. The family had to suffer many difficulties as money and supply of necessities were limited. But on the contrary, the natural supply with respect to fruits and berries was great. The initial years were filled with only a little flour, corn meals, coffee and sugar. Later, however, they were able to afford some farm animals such as chickens, poultry and cattle. His family hence learnt how to cope with nature and its elements and the changing seasons.

For Dr. Grimmer, his early years were filled with tedious hard work. Dr. Grimmer secured his first job to provide for the large family on a vast ranch. He did the work of a mucker which is removing the dirt and rock, for 8 dollars per month. Over the next three years, his younger brothers found similar jobs and the family was able to survive better.

A Well-Read Person

Despite the hardships, Dr. Grimmer had a positive outlook on the situation. His father possessed a library which had an amazing collection of books. Dr. Grimmer himself was a voracious reader. He read books on science and literature, ancient and modern history. Every night from his

14th to 34th year of life he allocated hours to reading, sacrificing his sleep time. He used to sleep for just 5 hours a night. He respected his father's tutoring efforts, for he was successfully able to pass his high school examination.

A Homoeopathic Prodigy

His father himself used to practise Homoeopathy with 60 polychrest medicines using the *Johnsons Family Guide*. Dr. Grimmer knew the indications of the 60 remedies by heart by the age of 7 years. He wished to become a homoeopath from an early age it is said that he even cured some sick at the age of eight.

Dr. J. E. Hoffman of Healdsburg, California guided him and ignited in him the fire of medical education. He encouraged him to study at *Herzing Medical College*, Chicago. Thus, believing his words, Dr. Grimmer left for further studies in September 1902. He graduated in 1906 at the age of 32 years. Here, he studied under Dr. James Tyler Kent, becoming his favourite student, later the secretary and a close friend. He also aided Dr. Kent in the formation of Kent's repertory and conducted small quizzes on the part of Dr. Kent before his graduation. It was from Dr. Kent that Dr. Grimmer learnt about the philosophical writings of Emanuel Swedenborg.

When Dr. Kent fell sick and was unable to attend his Saturday clinic in Chicago at Hahnemann's College, the responsibility of continuing Dr. Kent's exhaustive practice was assigned to Dr. Grimmer. His clinic was opened in 1906 and he spent more than 50 years in Chicago teaching and practising Homoeopathy.

It is estimated that Dr. Grimmer treated several thousand cases of cancer in his practice. He also used radionics and electronic homoeopathy in his treatment.

Literary contributions

Though Dr. Grimmer did not publish a single book during his long career, he wrote about 200 articles, including 29 devoted to Homoeopathic Materia Medica and 73 to various homoeopathic remedies.

The book *The Collected Works of Arthur Hill Grimmer*, was compiled and edited by Ahmed Currim and Audrey Grimmer, the daughter of Dr. Grimmer, posthumously.

He has literary works on cancer treatment, Cadmium and its salts and other drugs. He also spoke out against the fluoridation of water, vaccinations, adulterations, antibiotic drugs, poison sprays, food contaminations etc, and their contribution to the production of chronic diseases.

His other works are:

Gnaphalium

Homoeopathic Prophylaxis

Homoeopathic Medicine

The Cancer Problem: The Homoeopathic Solution

Demise

Dr. Grimmer retired in 1959 in Chicago and moved to Daytona Beach, Florida, where he passed away on 5th March 1967, at the age of 93 years.



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Keywords

Scaly lesions, Acquired Ichthyosis, *Graphites*, Homoeopathy

Abstract

Acquired ichthyosis, a rare non-hereditary skin disorder, is often associated with systemic conditions or medication use. This case report presents a unique instance of acquired ichthyosis following statin therapy after a percutaneous Transluminal Coronary Angioplasty (PTCA) procedure. This case report presents a 55-year-old female with severe itching, scaly skin lesions, burning sensations, and dryness, exacerbated at night. Her symptoms, including cracks at the joints and relief from cold water. Acquired ichthyosis was diagnosed, and *Graphites 1M* was prescribed after a detailed case analysis. Significant improvement was observed within ten days, with follow-up photographs confirming the effectiveness of the remedy. This case highlights the potential of *Graphites 1M* in treating acquired ichthyosis, particularly in cases associated with statin use.

Abbreviations

- AI- Acquired Ichthyosis
- HIV- Human Immunodeficiency Virus
- PTCA- Percutaneous Transluminal Coronary Angioplasty

Introduction

Acquired ichthyosis (AI) is an uncommon

condition that typically presents in adulthood and is often linked to various underlying medical conditions. Clinically, it resembles ichthyosis vulgaris, a benign hereditary disorder that typically appears during childhood ⁽¹⁾.

AI may be associated with underlying malignancies, infections, inflammatory, or metabolic disorders, or with medications⁽¹⁾. The most common associated malignancy is Hodgkin disease. Other less frequent associations include multiple myeloma, cutaneous T-cell lymphoma and other lymphoproliferative disorders, leiomyosarcoma, Kaposi sarcoma, and carcinomas of the breast, lung, liver, and bladder. Skin changes are most often noted following the diagnosis of the malignancy. ⁽²⁾

AI is often seen in human immunodeficiency virus (HIV) infection. It has also been reported in the setting of active tuberculosis infection. Acquired ichthyosis may be seen with chronic metabolic disturbances. It also occurs on occasion with connective tissue diseases.⁽²⁾

Drug-induced acquired ichthyosis may be caused by cholesterol-lowering agents, isoniazid, acitretin, butyrophonones, dixyrazine, maprotiline, cimetidine, allopurinol, hydroxyurea, and clofazimine.⁽²⁾

Conventional treatments for ichthyosis include application of creams and emollients in the form of petroleum jelly and vegetable oils for hydrating the skin. systemic therapies, or immune-modifying biologicals sustained for long term, expose patients to side-effects, toxicity and possible

long-term risk.⁽³⁾ Homeopathy, a system of alternative medicine, offers personalized treatment plans aimed at addressing the holistic health of the patient. Therefore, patient opted for homeopathy.

Case Report

A case report of a patient suffering from acquired ichthyosis presented here.

A 55-year-old female patient attended a homeopathic medical camp in Kongarkalan, Hyderabad, Telangana, on January 17, 2024, reporting the presence of scaly lesions distributed across her body. After having pursued various Ayurvedic and allopathic treatments without success, she sought assistance at the homeopathic camp, where she was recommended for hospital admission for further observation and treatment.

Case History

The patient came to us with scaly lesions all over the body since 6 months, complaints initially started as black spots over the extensor aspect of legs which further developed into scales and spread throughout the body sparing face, skin symptoms such as itching which is followed by burning, dryness and scaling of lesions with bleeding cracks at the bend of joints, itching is more severe at night leading to sleeplessness and is aggravated by skin to skin touch, particularly in between thighs and is ameliorated by cold water. Initially she used Ayurvedic and allopathic medications with no relief.

Apart from main presenting complaints, she also reported that she is a known case of Hypertension, she underwent PTCA in past for Single vessel Disease in 2023 Jan and was kept on medications such as statins, aspirins and antihypertensives. Nothing relevant in family history.

Table 1: Timeline of treatment

Date	Observation	Management
18-01-2024	Itching, scaly lesions on various parts of the body with burning and dryness of skin. Complaints are aggravated at night. Itching is ameliorated by cold water. Sleep – disturbed On examination of skin- cracks with crusts present at the joint bends Sleep- disturbed	RX - <i>Graphites 1M</i> 1 Dose Early morning Empty stomach

In her Generalities, she had moderate appetite, and moderate thirst, she had poor sleep due to itching. And other generals were good. She was basically a Hot patient Upon physical examination his height was found as 153 cm, weight as 48 kg, pulse 68/minute, BP 120/80 mm of Hg.

On examination of the skin, diffuse scaly lesions of varying size were noted all over the body with erythematous base and scaling, Lesions were irregular and widely spread sparing face, palms and soles. On further examination there were found to be cracks with crusting of skin at the bends of joints with unhealthy appearance of overall skin. The diagnosis was done based on the clinical findings.

Fig 2: Before treatment(20-1-2024)



Diagnosis: ICD-10 code for Acquired Ichthyosis-L85.1

Diagnosis was made based on clinical symptoms and history given by patient that she developed these complaints after PTCA and medications used such as statins which is one of the triggering factors for acquired ichthyosis.

Follow-up

Timeline including follow-up of the case

20-01-2024	Itching, scaling generalised and persisted Itching more in between thighs Burning present Dryness of skin and unhealthy appearance of skin Generals – Sleep- disturbed	RX – <i>Rubrum</i> 1 dose
21-01-2024	Itching and burning all over the body increased after previous medication Scaling and dryness persisted Vitals -stable Generals – sleep disturbed	RX - <i>Rubrum</i> 1 dose
23-01-2024	Itching and burning all over the body Mild better Scaling and dryness present Generals- good Sleep- improved	RX - <i>Rubrum</i> 4-4-4 Advised to apply petroleum jelly
27-01-2024	Complaints of itching and burning relieved Scaling decreased Dryness - decreasing Generals – good Sleep -improved	RX - <i>Rubrum</i> 4-4-4
30-01-2024	Complaints of itching and burning relieved to 90% Scaling reduced completely Dryness better Generals – good Patient discharged	RX - <i>Rubrum</i> 4-4-4 For 2 months
06-03-2024	Itching and Burning completely relieved Scaling completely reduced Generals- good	RX- <i>Rubrum</i> 4-4-4 For 3 months
26-06-2024	Generals – good no any new complaints	RX- <i>Rubrum</i> 4-4-4 For 3 months
23-10-2024	No any new symptoms reported so far	RX- <i>Rubrum</i> 4-4-4 For 2 months
11-12-2024	Patient was followed up regularly to check for any relapse or recurrence of symptoms No symptoms or any new complaints reported so far Generals – good	RX – <i>Rubrum</i> 1 dose

Case Analysis

Common Symptoms	Uncommon Symptoms
1. Dryness of Skin	1. Cracked skin at joint bends
2. Scaling of Skin	2. Itching in night
3. Sleep Disturbed	3. Itching ameliorated with cold water bathing
4. Burning	

Evaluation of Symptoms

Physical Generals

Sleep Disturbed

Particulars

- Dryness of skin, scaly eruptions, burning of

skin, cracked skin at joint bends,

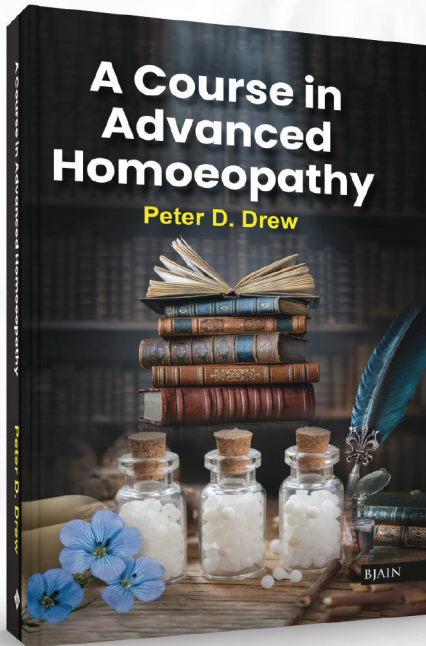
- Itching aggravated at night, Itching ameliorated with cold water.

Repertorial Totality

1. EXTREMITIES- CRACKED skin- Joints; bends of
2. SLEEP- DISTURBED
3. SKIN- DRY
4. SKIN- ERUPTIONS- burning
5. SKIN- ERUPTIONS- itching- night
6. SKIN- ERUPTIONS- scaly

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A Course *in* Advanced Homoeopathy



Peter Drew

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- ☑ The initial chapters introduce key topics such as the nature of homoeopathy, the concepts of sickness and health, homoeopathic medicines, and potency
- ☑ Advice on types of prescriptions and the role of miasms in treatment, followed by detailed discussions on case taking and case analysis.
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- ☑ Principles of prescribing and the analysis of follow-up consultations to make informed prescriptions

Integrating Homoeopathy in Acute Cardiac Emergencies: A Comprehensive Approach

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Keywords

Acute cardiac emergency, Angina pectoris, irregular pulse, myocardial infarction, Homoeopathy, organon of medicine, repertory

Abstract

Acute cardiac ailments are a critical subset of medical conditions that necessitate immediate attention due to their potential to cause significant morbidity and mortality. These conditions require rapid intervention to restore normal heart function and prevent further damage and complications. Homoeopathy is recognized as an important contributor in the management of cardiovascular diseases. A large number of cardiovascular disease related rubrics in the repertory and the documentation of cardiovascular symptoms in materia medica aid in the efficient treatment of these ailments. In this article some acute cardiac emergencies are briefly addressed with their homoeopathic management.

Introduction

Acute cardiac emergencies are the life-threatening conditions that must be recognised immediately to avoid delay in treatment and minimize mortality and morbidity. Cardiovascular diseases are the leading cause of death globally. According to the data of WHO,

Some acute cardiac ailments

- **Angina pectoris:** The acute myocardial

infarction (MI) is a medical emergency that occurs when there is acute myocardial injury with clinical evidence of acute myocardial ischaemia. The rise and/or fall of cardiac troponin value is detected. Coronary atherosclerosis is the underlying cause of myocardial infarction in most of the cases. Symptoms like substernal crushing or choking like chest pain which extends to arms shoulders and back are presented. Also, restlessness, sweating, pallor, anxiety, breathlessness is seen.⁽³⁾

- **Arrhythmias:** A cardiac arrhythmia is defined as a disturbance of the electrstimated 17.9 million people died from cardiovascular diseases in 2019, representing 32% of all global deaths. Of these deaths, 85% were due to heart attack and stroke. ⁽¹⁾ In 2016, India reported 63% of total deaths due to non-communicable diseases, of which 27% were attributed to cardiovascular diseases. ⁽²⁾ Therefore, Special consideration should be given to the cardiac emergencies.
- Homeopathy is a holistic medical system known for its effectiveness in treating a broad range of conditions, both acute and chronic. Although this medical system is widely known for treating a variety of chronic illnesses, it is not as frequently utilized in acute cardiovascular emergency situations because of the perception that it operates slowly. Nevertheless, this is untrue because many homeopathic treatments work well, especially for acute, complicated diseases. In this article, some acute cardiac ailments are discussed

along with their homoeopathic approach.

- This is a disease characterised by excruciating pains in the cardiac region accompanied by a sense of utter powerlessness and weakness, and fear of impending dissolution. Three characteristic features of angina are: a tight, constricting pain in the chest, neck, shoulders, jaw, or arms; the pain is triggered by physical exertion; resting typically relieves the pain within five minutes. By far the most frequent cause of angina pectoris is coronary atherosclerosis. Angina can also happen in cases of hypertrophic cardiomyopathy, aortic valve dysfunction, and coronary artery involvement from aortitis or vasculitis.⁽³⁾
- **Myocardial infarction:** The rhythm of the heart. Arrhythmias are often a manifestation of structural heart disease but may also occur because of aberrant conduction or depolarisation in an otherwise healthy heart. Arrhythmias usually occur as the outcome of pathology affecting the conduction system of the heart. Many arrhythmias are asymptomatic but prolonged tachycardias typically present with rapid palpitation. Dizziness, chest discomfort or breathlessness may also occur. Extreme tachycardias can also cause syncope because the heart is unable to fill adequately at extreme rates.⁽³⁾
- **Cardiogenic shock:** Shock means 'circulatory failure'. It can be defined as a level of oxygen delivery that fails to meet the metabolic requirements of the tissues. Hypotension is a common presentation of shock. There are signs of end organ under-perfusion like pallor, cold peripheries, faints, restlessness, capillary refill > 2sec, oliguria, tachycardia hypotension.⁽³⁾
- **Perspective of Organon of Medicine**
- According to the "Organon of Medicine" aphorism 72, acute diseases are rapid disturbances in the vital force that tend to resolve relatively quickly, though within a moderate timeframe. In acute diseases, tissue damage is typically more noticeable than constitutional symptoms. Consequently, by identifying the most apparent symptoms at that specific

moment, acute cardiac conditions can be addressed.⁽⁴⁾ According to Dr. Hahnemann, in aphorism 99, the physician finds it simplest to investigate acute disorders because all of the phenomena and health deviations are still fresh in the patient's recollection and are described to him on the spur of the moment without much enquiry. Furthermore, as Dr. Hahnemann stated in aphorism 86 regarding complete symptom, sensation and modalities are crucial in severe cardiovascular problems. Therefore, proper case taking with particular sensation with specific modalities will make these emergency cases manageable.⁽⁴⁾

Repertorial approach

The following are some crucial rubrics from the Synthesis repertory that can be applied in cases of acute cardiac emergencies.

For angina:

- CHEST-PAIN –Heart region of –extending to-arm-left; CHEST-PAIN-Heart-region of-extending to –nape of neck; CHEST-PALPITATION of heart-tumultuous, violent, vehement; MIND-FEAR-death, of; PERSPIRATION-PAINS- from; CHEST-PAIN-heart-bending forward agg.⁽⁵⁾

For myocardial infarction:

- CHEST-INFARCTION-myocardial; GENERALS- COLLAPSE; CHEST-PALIPITATION of heart-tumultuous, violent, vehement; CHEST-PAIN- Heart, region of-extending to-arm-left; CHEST-PAIN-Heart-extending to- hand-left; CHEST-INFARCTION, myocardial-accompanied by-angina⁽⁵⁾

For arrhythmia:

- GENERALS-PULSE-irregular; GENERALS-PULSE-atrial fibrillation; GENERALS-PULSE-fluttering; GENERALS-PULSE-tremulous; CHEST-PALIPITATION of heart-tumultuous, violent, vehement; CHEST- PARALYSIS-Heart; GENERALS-COLLAPSE⁽⁵⁾

For cardiogenic shock:

- GENERALS- DEATH APPARENT;

CHEST-PARALYSIS-Heart; GENERALS-COLLAPSE; EXTREMITIES-COLDNESS; SKIN-COLDNESS; PERSPIRATION-COLD⁽⁵⁾

Homoeopathic therapeutics

For angina and acute myocardial infarction

- *Aconitum napellus*: Tachycardia. Affections of heart with pain in left shoulder and stitching pain in chest. Palpitation with anxiety, fainting, and tingling in fingers. Pulse is full, hard, tense and bounding. Extreme fear of death and even predicts time of death.⁽⁶⁾
- *Natrium iodatum*: This remedy is found effective in disease of the heart, associated with the angina pectoris. There is an oppression in the region of the heart that is attended with a fear of death and a feeling as if something dreadful was about to happen.⁽⁷⁾
- *Cactus grandiflorus*: When with the angina pectoris there is an organic lesion. There is a sensation as if the heart were grasped by an iron band preventing its normal movements; with a continuous palpitation of the heart, which is aggravated by walking, and at night when lying on the left side.⁽⁷⁾
- *Ammonium carbonicum*: there is palpitation of the heart with dyspnoea. Cyanotic symptoms may be present. The pulsation is audible which gets worse from every motion. The breathing is difficult from cardiac attacks. Angina pectoris.⁽⁷⁾
- *Spigelia anthelmia*: Heavy aching in region of apex, with feeling as if a dull pointed knife were slowly driven through it. Violent palpitations <by curving chest forwards and by sitting down. Craving for hot water which relieves.^{(6) (8)c}
- *Arnica montana*: angina pectoris with severe pain in elbow of left arm. Stitching sensation in heart with feeble and irregular pulse. There is distressing dyspnoea with cardiac dropsy. Patient is irritable, morose and have fear of death.⁽⁶⁾
- *Lilium tigrinum*: there is a sensation as if heart is grasped in a vise and it feels full to bursting.

Pain in chest with sensation of a load on chest. There is a cold feeling about heart. Pulse is irregular and very rapid. Angina with pain in right arm. <in warm room.⁽⁶⁾

- *Cimicifuga racemosa*: Angina pectoris accompanied by numbness in the left arm that feels attached to the side. Heart's action ceases suddenly impending suffocation.⁽⁶⁾
- *Latrodectus mactans*: angina pectoris where precordial region seems to be the centre of attack. Pain extending to axilla and down the arm and forearm to fingers with sensation of numbness in the extremity. Feeble and rapid pulse.⁽⁶⁾

For arrhythmias:

- *Oxalicum acidum*: angina pectoris where heart symptoms alternate with aphonia. Sharp pain in heart and left lung extending to epigastrium which causes loss of breath. Patient sits erect with folded arms across chest. Fluttering heart.⁽⁶⁾
- *Mangnum*: pulse is irregular, sometime rapid and sometimes slow but it is constantly weak. Sudden shocks in heart and in side of chest from above downwards.⁽⁸⁾
- *Digitalis*: pulse is weak irregular intermittent and abnormally slow. Auricular fibrillations and flutter especially with rheumatic fever. The least motion causes palpitations. Sensation as if heart would stop beating if the patient moves.⁽⁶⁾
- *Amylenum nitrosum*: precordial anxiety with tumultuous action of heart. Fluttering of heart at slightest excitement. Pain and constriction about heart.⁽⁶⁾

Other medicines given in Kent's repertory under rubric irregular pulse are *arsenic*, *cocculus*, *sanguinaria*, *Chelidonium*.

For cardiogenic shock:

- *Hydrocyanicum acidum*: Feeling of suffocation, pain and tightness in chest, palpitation; pulse weak, irregular, cyanosis. Stage of collapse. Violent palpitation. Pulse, weak

irregular. Cold extremities.⁽⁶⁾

- ***Carbo vegetabilis***: Blood seems to stagnate the capillaries, causing blueness, The patient may be almost lifeless, but the Head is Hot with Cold Cyanosed Skin, coldness, breath cool. Pulse is imperceptible. Oppressed and quick respiration & must have air must be fanned hard.⁽⁶⁾
- ***Antimonium tartaricum***: Much palpitation, with uncomfortable hot feeling. Pulse rapid, weak, trembling Face cold, blue pale; covered with sweat. Rapid, short, difficult breathing; seems as if would suffocate.⁽⁶⁾

Other medicines are *veratrum album*, *camphora* etc.⁽⁶⁾

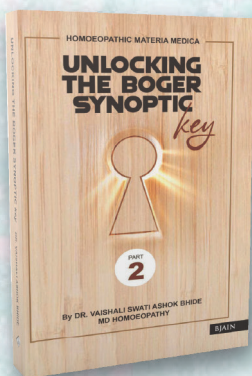
CONCLUSION

Since cardiovascular diseases account for a large number of deaths worldwide, managing cardiovascular emergencies has always been challenging for the medical system. As homoeopathy is a holistic healer and it has been shown to be effective in curing a vast variety of acute illnesses, it is an urgent necessity to use it in improving heart health. When it comes to cardiovascular emergencies, there are numerous medications in

homoeopathy that can offer superior supplemental care and give better results. Thus, the outcome will be magnificent if homoeopathic medications are prescribed for these acute cardiac instances in accordance with the organon of medicine's acute case treatment. This article is a sincere attempt to emphasise the significance of Homoeopathy in the cases of acute cardiac ailments.

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Management of Acute Ailments with Homeopathy: A Perspective from the Organon of Medicine and Other References

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Keywords:

Acute ailments, homeopathy, organon, lesser writings

Abstract

As described by Dr. Samuel Hahnemann in the *Organon of Medicine*, Homeopathy offers a holistic approach in dealing with acute ailments, addressing the rapid onset and self-limiting nature of such conditions. This article explores the theoretical and practical aspects of acute case management, emphasizing principles like individualization, the law of similars, and the vital force dynamics including insights from Kent and Boger.

Introduction

Acute conditions, as defined by Dr. Samuel Hahnemann in his seminal work, the *Organon of Medicine*, are illnesses of rapid onset and short duration, often self-limiting but requiring immediate attention to prevent complications. In homeopathy, the approach to acute cases is deeply rooted in the fundamental principles outlined in the *Organon*. This article delves into the philosophical, clinical, and practical aspects of managing acute ailments, with references to the *Organon* and the contributions of eminent homeopaths.

Acute Ailments: Definition and Characteristics

In §72-§82 of the *Organon of Medicine*¹, Hahnemann categorizes diseases as acute and chronic. Acute diseases are described as transient conditions caused by external factors or acute miasms,

for example epidemic influences. They present with rapid onset, a clear progression, and a tendency toward natural resolution if the vital force is not exhausted. Hahnemann differentiates between:

- **Acute miasmatic diseases:** E.g., cholera, influenza.
- **Non-miasmatic acute diseases:** E.g., trauma, exposure to environmental factors.

The essence of homeopathy lies in identifying the individual's response to these acute stimuli and selecting a remedy based on the totality of symptoms, ensuring a quick and gentle cure.

Philosophical Foundation in the Organon

Law of Similars

Hahnemann's principle of *Similia Similibus Curentur* ("Let likes be cured by likes") is the cornerstone of acute ailment management. In §6 of the *Organon*, he emphasizes the importance of recognizing symptoms as the outward manifestation of the internal derangement of the vital force. The chosen remedy should resemble the symptom pattern of the disease to stimulate the vital force toward recovery.

Example: In sudden onset fevers with restlessness and fear, *Aconitum Napellus* is often indicated as it closely mirrors the symptom picture of such acute conditions.

Vital Force and Susceptibility

In §31, Hahnemann describes the vital force as the

life-preserving energy that maintains harmony within the organism. Acute diseases are seen as disturbances of this force due to external or internal stimuli. The role of the homeopath is to assess the susceptibility of the patient and administer a remedy that aligns with the patient's vitality.

Dr. J. T. Kent elaborated on susceptibility in his *Lectures on Homeopathic Philosophy* (Lecture XIV: "Susceptibility")², emphasizing that remedies act only when the vital force is receptive. For instance, susceptibility guides the potency and repetition in acute cases.

Individualization

Hahnemann underscores the importance of individualization in §6¹, where he states that the physician's role is to observe the complete picture of the disease. Even in acute conditions, the exceptional symptoms of the patient are crucial in choosing the remedy.

Case-Taking in Acute Ailments

Hahnemann's guidelines for case-taking (§83-§104)¹ stresses the importance of capturing the "complete image" of the disease, even in acute conditions. Acute case-taking involves:

1. **Observation of present symptoms:** Noting peculiar, characteristic, and concomitant symptoms.
2. **Rapid collection of data:** Acute cases demand quick yet precise assessment.
3. **Understanding the progression:** Anticipating the natural course of the disease to intervene appropriately.

Potency and Repetition¹

The potency and repetition of remedies in acute cases depend on the intensity of symptoms and the vitality of the patient. Hahnemann's guidance in §247-§250 provides guidance on minimal doses and appropriate repetition intervals to ensure gentle and effective healing.

Some references of Stalwarts in Acute Case Management

Here are some writings on epidemics and acute diseases:

- **Cure and Prevention of Scarlet Fever-1801³:**

This essay showcases Hahnemann's pioneering work during the scarlet fever epidemic, highlighting his use of *Belladonna* as a prophylactic and therapeutic remedy. Hahnemann carefully differentiated between Scarlet Fever (characterized by a bright red rash and high fever) and a condition misdiagnosed as Scarlet Fever but actually representing a form of *purpura miliaris*. Scarlet Fever found its prophylactic and curative remedy in *Belladonna* and the condition resembling purpura required *Aconitum Napellus* as its specific remedy. These findings underscore the precision required in identifying remedies based on symptom differentiation, even during epidemics.

- **On the Value of Speculative Systems of Medicine-1808⁴**

While not directly about acute diseases, this essay critiques speculative approaches and reinforces the importance of symptom-based individualization in all cases, including acute conditions.

- **Dr. James Tyler Kent**

Kent's emphasis on constitutional prescribing extends to acute conditions. He believed that even in acute cases, remedies should align with the patient's temperament and susceptibility.²

- **Dr. C. M. Boger**

Boger's *Synoptic Key* highlights the importance of modality-based prescribing in acute ailments. He stressed peculiar modalities as critical factors in remedy selection.⁵

Scope and Limitations

Scope

1. Rapid and gentle relief in functional disorders.
2. Prevention of complications by addressing early symptoms.

3. Holistic approach considering mental, emotional, and physical symptoms

Limitations

1. Requires skilled case-taking and knowledge of remedies.
2. May need support from conventional medicine in life-threatening emergencies (e.g., appendicitis, myocardial infarction).
3. Patient's susceptibility/vitality may limit remedy effectiveness in certain conditions.

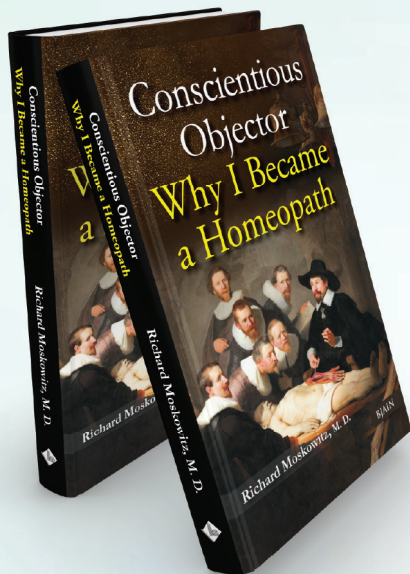
CONCLUSION

The management of acute ailments in homeopathy, rooted in the Organon of Medicine, offers a unique, individualized, and holistic approach. By adhering to the principles of similars, totality of symptoms, and vital force dynamics, homeopathy

provides rapid relief and prevents complications. The insights from Hahnemann and other stalwarts underscore the efficacy of this gentle system of medicine in acute conditions while respecting its scope and limitations. Further research and clinical documentation can enhance the understanding of homeopathy in managing acute ailments.

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Conscientious Objector

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Dr Richard Moskowitz

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Managing Allergic Rhinitis with acute Homoeopathic remedies

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Keywords

Acute, Allergic rhinitis, Homoeopathy

Abstract

Though there has been a widespread development of Homoeopathy among the civilised world, open acceptance of Homoeopathy has yet been criticised by modern medicine. The most important reason for this being, the failure to give immediate relief for the acute complaints, needing a rapid attention with a rapid relief of presenting complaints. This review is thus aimed at dealing with acute complaints of Allergic Rhinitis by acute remedies, their key indications with commonly used scales and International Classification of Diseases (ICD) codes for a better diagnosis in clinical practice.

Introduction

Unlike chronic diseases lasting for long days and requiring ongoing medical attention, acute ailments are of sudden onset, resolved in a matter of days or weeks and are treatable. The cause of acute diseases varies depending on the condition, causative agent, environmental toxin or allergens, maybe a result of injury or trauma.¹

In the words of Master Hahnemann, acute diseases (§72) are those diseases to which a man's vital force is deranged to rapid morbid process always in a moderate time. It is of three types (§73):²

- **Individual:** Attacking humans individually which is caused by any exciting factors.
- **Sporadic:** Several persons suffering here and

there at the same time by various meteoric and telluric influences.

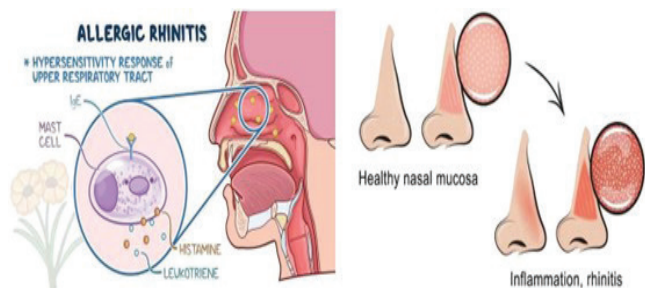
- **Epidemic:** Persons suffering from similar causes which are generally infectious/contagious prevailing among a large population.

Allergic rhinitis is a common troubling condition, basic management of which is well described; however, acute exacerbations of the chronic condition are seldom discussed resulting in poor management of the acute conditions. The incidence of allergic rhinitis is predominantly high in paediatric age-group and its incidence peaks between 2nd – 4th decades of life, gradually declining thereafter. Allergic rhinitis is an atopic disease characterised by various nasal symptoms like congestion, clear rhinorrhoea, sneezing, nasal pruritus, post-nasal dripping along with coughing and itchy palate and maybe associated with various ocular symptoms like itching, watery, red eyes where the clinical diagnosis is based on a thorough history and physical examination. Though everyone is in constant environmental allergen exposure, only a genetic predisposed individual develops symptoms. Allergic rhinitis can be classified as:

Seasonal/intermittent	Perineal/chronic
Caused by pollens from grass (commonest type aggravating mostly during harvest season), flowers, weeds, trees.	due to specific reaction to antigens derived from house dust, fungal spores, animal dander, physical or chemical irritants e.g. pungent odours or fumes including strong perfume, cold air, dry atmosphere.

Initial phase of allergic rhinitis is an immunoglobulin E (IgE) mediated response against inhaled allergens causing inflammation driven by type-2 helper (Th2) cells. Histamine stimulates

trigeminal nerve and nasal mucous glands thus triggering sneezing and rhinorrhoea respectively. Other immune mediators like Leukotrienes and Prostaglandins impacts by acting on blood vessels to cause nasal congestion.^{3,4,5}



INTERNATIONAL CLASSIFICATION OF DISEASE (ICD)-11 CODE⁶

The 5 clarifying diagnoses with their code CA08.0 are given below:

CA08.00	Allergic rhinitis due to pollen
CA08.01	Allergic rhinitis due to other seasonal allergens
CA08.02	Allergic rhinitis due house dust mite
CA08.03	Other allergic rhinitis
CA08.0Z	Allergic rhinitis, unspecified

DIFFERENT SCALES USE TO ASSESS ALLERGIC RHINITIS

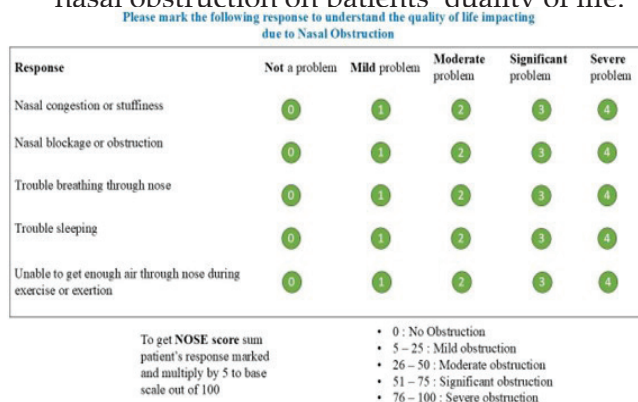
On a broader spectrum, the scale of assessment is necessary for evaluating the pre- and post-treatment changes for a better understanding of improvement.

- VISUAL ANALOGUE SCALE (VAS)** – It was first described in 1921 and referred at that time as “graphic rating method”. It is a psychometric measuring instrument designed to document the disease characteristic related to symptoms severity in individual patients and use it in order to achieve a rapid (statistically measurable and reproducible) classification of symptom similarity and disease control. It can also be used in routine patient history taking and to monitor the course of a chronic disease such as allergic rhinitis. More specifically the VAS has been used to assess the effectiveness

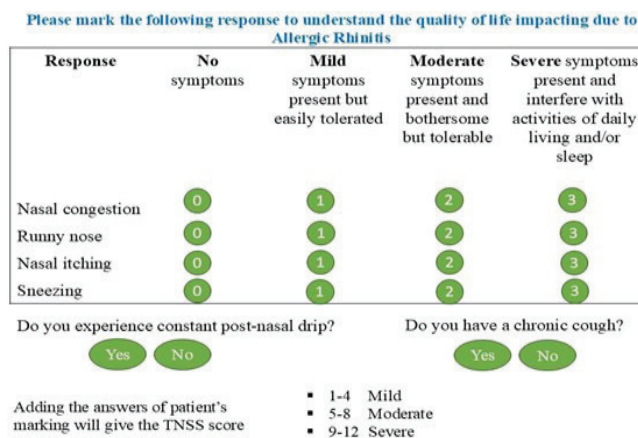
of allergic rhinitis therapy in real life.⁷



- NASAL OBSTRUCTION SYMPTOM EVALUATION SCALE (NOSE)** – The NOSE scale has been established and published in English in 2004 to overcome the controversies concerning objective methods of evaluation of nasal obstruction. It is simple to administer and has been proved to be a reliable and well validated instrument for assessing the impact of nasal obstruction on patients’ quality of life.⁸



- TOTAL NASAL SYMPTOM SCORE (TNSS)** – It is the sum of scores of each nasal congestion, sneezing, nasal itching and rhinorrhoea using a four-point scale (0-3).⁹



MANAGEMENT

- Simple measures like removal of dust from bed area, leaving windows open, renewing old pillows, avoiding pollens and antigens from domestic pets are beneficial.⁵
- Modern medicine revolves around treating specific symptoms by using anti-histamines and nasal spray of sodium cromoglicate and glucocorticoids acting as palliative, resulting in withdrawal and several side-effects on prolonged use.⁵
- In contrast, Homoeopathy believes in healing by increasing the dynamic nature of the deranged vital force to combat against disease by symptom-similarity and individualization and not on a particular symptom or disease.²

Acute Homoeopathic Approach

1. *Agraphis nutans* – Catarrhal condition with enlarged adenoids and tonsils, obstructed nostrils with free discharge from mucous membrane. Tendency to take cold on exposure to cold winds.¹⁰
2. *Allium cepa* – Copious, acrid, watery nasal discharge with sneezing. Feeling of lump at the root of nose and laryngeal symptoms. Fluent coryza along with headache, cough and hoarseness. Profuse, bland lachrymation from eyes, burning in eyelids with redness. <warm room, towards evening; >open air.¹⁰
3. *Ambrosia* – Hay-fever, lachrymation, intolerable itching of the eyelids, trachea and bronchial tube with asthmatic attack.¹⁰
4. *Anthemis nobelis* – Coryza with much lachrymation, sneezing and discharge of clear water from the nose <indoors. Constriction and rawness of throat. Tickling cough <warm room.¹⁰
5. *Aralia racemosa* – Hay-fever; frequent sneezing with rawness and burning behind sternum. The least air current causes sneezing with copious watery, excoriating nasal discharge of salty taste. Constriction in throat as of foreign body. Obstruction <spring. Asthmatic condition with dry cough coming on in first sleep about midnight <lying down.¹⁰
6. *Arsenicum iodatum* – Hay-fever, tingling of nose with constant desire to sneeze. Thin, watery, irritating foetid, excoriating discharge from anterior and posterior nares.¹⁰
7. *Arum draconatum* – Dry, sore, raw and tender throat <swallowing. Continuous disposition to clear throat. Croup, hoarse cough with sore throat. Asthmatic at night.¹⁰
8. *Arum triphyllum* – Hay-fever with pain at root of nose. Sore, acrid, excoriating discharge with obstruction must breathe through mouth. Raw feeling at the roof of throat and palate.¹⁰
9. *Arundo* – Hay-fever begins with burning and itching of palate, nostrils and conjunctiva. Coryza, loss of smell with sneezing.¹⁰
10. *Chromium kali sulphuratum* – Valuable in hay-fever along with cough and catarrh.¹¹
11. *Coccus cacti* – Constant hawking from enlarged uvula, coryza with inflamed fauces, accumulation of thick, viscid mucous expectorated with great difficulty. Tickling in larynx must swallow continually. Walking against wind takes breath away.¹⁰
12. *Cuprum aceticum* – Hay-fever with burning excoriating cough.¹⁰
13. *Euphrasia* – Catarrhal affection especially of eyes and nasal mucosa. Profuse acrid lachrymation and bland coryza <evening, indoors, warm from light; >dark.¹⁰
14. *Hepatica* – Tickling in throat with pharyngeal catarrh, profuse, serous sputa and hoarseness. Scrapped, thick, tenacious phlegm causing constant hawking; sensation about the epiglottis as if food particles remained.¹⁰
15. *Lemna minor* – Atrophic rhinitis with swollen turbinate. Asthma from nasal obstruction <wet weather.¹⁰
16. *Linum usitatissimum* – Itching in nasal passage; heat, burning and dryness with indescribably scraping. Hay-fever with irritation continuously from eyes and nose down to throat.¹¹
17. *Mentha piperita* – Husky voice, with dry throat as if pin crosswise inside it. Dry cough <from

- air into larynx, tobacco smoke, fog, talking, with irritation in suprasternal fossa. Trachea painful to touch.¹⁰
18. *Menthol* – Short, dry cough <smoking. Asthmatic breathing with congestive headache.¹⁰
 19. *Naphthalene* – Coryza, hay-fever, spasmodic asthma >open air. Soreness in chest and stomach must loosen clothes.¹⁰
 20. *Penthorum* – Coryza with rawness in throat and wet feeling in nose which no amount of blowing will relieve. Thick, pus-like streaked bloody discharge.¹⁰
 21. *Phleum pratense* – Hay-fever with asthma, watery coryza, frequent sneezing with itching of nose and eyes.¹⁰
 22. *Pothos foetidus* – Asthmatic complaint <inhaling dust; >by stool. Sneezing with pain in throat.¹⁰
 23. *Rosa damanscena* – Useful at the beginning of hay-fever.¹⁰
 24. *Sabadilla* – Hay-fever, spasmodic sneezing with running nose. Coryza with severe frontal pain, redness and lachrymation of eyes. Left sided sore-throat >warm food and drinks.¹⁰
 25. *Saponaria* – Breaks the tendency of acute cold, coryza and sore-throat.¹⁰
 26. *Sinapis nigra* – Hay-fever, scanty, acrid nasal discharge with stoppage of left nostrils all day, in afternoon or evening. Cough >lying down.¹⁰
 27. *Skookum chuck* – Hay-fever with profuse coryza and constant sneezing.¹⁰
 28. *Solanum lycopersicum* – Hay-fever marked <from breathing dust. Oppression in chest with dry hacking cough at night.¹⁰
 29. *Sticta pulmonale* – Constant need to blow the nose, but no discharge. Hay-fever, incessant sneezing. Dry, hacking cough <night, inspiration; loose cough in morning.¹⁰
 30. *Trifolium pratense* – Coryza precedes hay-fever with thin, irritating mucous <open air.¹¹

DISCUSSION AND CONCLUSION

Managing acute exacerbation of any ailment is not easy, as it is of rapid character demanding serious attention to patients' symptoms. However, any devoted physician can easily record his patient's acute complaints because they are quite vivid in their mind due to their recent origin (§99).² This article aimed to highlight acute medicines which are though not constitutional remedies but for managing the acute exacerbation of allergic rhinitis for a better clinical prescription, along-with different suggestive scales for allergic rhinitis which are often ignored by many successful physicians in their clinical practice. Thus, resulting in low evidence-based papers for homoeopathic upliftment in this fast-pacing, evidence-based world. Allergic rhinitis being a psoric manifestation, will always require an administration of homoeopathic anti-psoric remedy for a permanent cure and to break the tendency but always after mitigating the acute phase of the chronic ailment by best selected acute homoeopathic remedy repeated every twenty-four, twelve, eight, four hours or every five minutes according to the severity of the symptoms (§247).²

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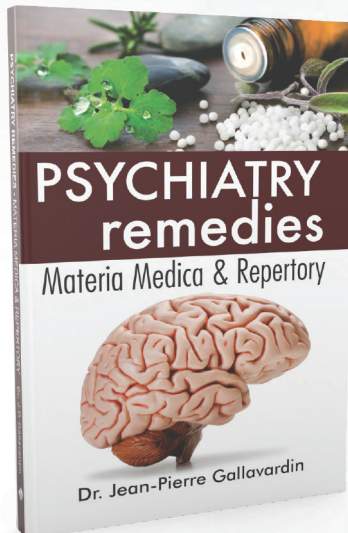
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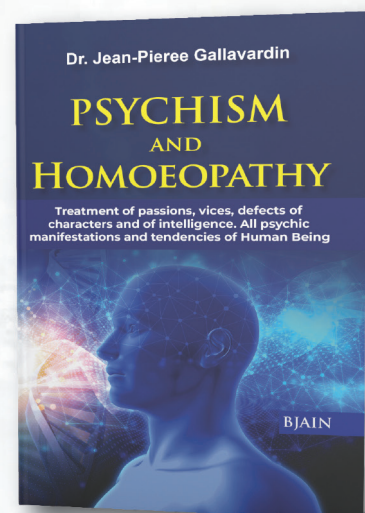
Psychism & Homoeopathy

Evidences of historic use of homeopathy as psyche modifiers, Charles Dulac's observations, cases from 'Alcoholism and Criminality' and 'Treatment of the Genital Passion', mental cases published in 'Medical Advance' (1893), content on Plastic medicine, and repertories of the medicines with psychic effects

Bonus:

Excerpts of unpublished manuscript of 'Repertory of Psychic Medicine, Materia Medica of all the psychic manifestations and tendencies of the human being'

Additional chapter on Psychic symptoms of animals



From Hahnemann to Modern Masters

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Keywords

Classical Homeopathy, Sankaran's Sensation Method, Scholten's Homeopathy, Homeopathic Schools, Astro homeopathy.

Abstract

Objective: This study aims to compare and analyze various schools of homeopathy, exploring their methodologies, benefits, limitations, and their alignment with or departure from Samuel Hahnemann's original principles. The objective is to provide a comprehensive understanding of these schools, highlighting the evolving landscape of homeopathic practice.

Methods: The study systematically examines traditional and modern homeopathic schools, focusing on their unique approaches to treatment and diagnosis. It explores the foundational Classical Homeopathy, which strictly adheres to Hahnemann's philosophy of single remedy prescribing based on the totality of symptoms and the Vital Force, alongside more contemporary schools such as Sankaran's Sensation Method, Bogerian Homeopathy, Scholten's Homeopathy, Shah's Homeopathy, and Predictive Homeopathy. Additionally, newer and unconventional methodologies, including B.S. Shashni's Method (incorporating hair analysis) and Astrohomeopathy (blending astrology with treatment), are discussed.

Results: The study reveals that modern schools introduce innovative concepts, such as multiple remedy approaches, an emphasis on emotional and psychological states, and scientific frameworks (e.g., Periodic Table of Elements)

that attempt to align homeopathic remedies with chemical properties. These schools provide a broader scope of treatment options but diverge from classical homeopathy in key areas like remedy selection, diagnostic tools, and the integration of non-traditional frameworks. The inclusion of unconventional methods like hair analysis and astrology further expands the boundaries of classical homeopathy, offering new diagnostic and treatment paradigms.

Discussion: While Classical Homeopathy remains the most established and comprehensive method, deviations introduced by schools like Sankaran's Sensation Method and Scholten's Homeopathy provide valuable contemporary alternatives, incorporating psychological, emotional, and scientific elements. Bogerian Homeopathy and Shah's Homeopathy offer a mix of constitutional and combination remedy approaches, which expand the range of treatment options for chronic and complex conditions. However, the study also identifies significant contradictions among these schools, particularly in their approach to remedy selection and the emphasis on emotional vs. physical symptoms. The balance between holistic versus scientific frameworks remains a central point of contention.

Conclusion: The study concludes that Classical Homeopathy remains the most reliable and foundational method for students seeking in-depth training in homeopathy, providing a solid understanding of traditional healing principles. However, modern schools like Sankaran's and Scholten's introduce valuable perspectives that can complement classical practice. The Shashni's Method and

Astrohomeopathy offer alternative approaches, expanding the treatment options available to patients and practitioners. A critical understanding of each school's strengths, limitations, and contradictions is essential for making informed choices in homeopathic practice.

Introduction

Homeopathy, a system of medicine developed by Samuel Hahnemann in the late 18th century, has evolved into various schools of thought over the years. While grounded in Hahnemann's original principles, these schools have introduced unique methodologies, treatments, and philosophies that reflect the dynamic nature of this holistic healing system. The central tenet of homeopathy is the law of similar, which states that diseases can be treated by substances that produce similar symptoms in healthy individuals. However, as homeopathy grew in popularity, practitioners began to develop their own interpretations and applications of this principle, leading to the emergence of different schools with varying approaches.

This article aims to explore and compare the

major schools of homeopathy, including Classical Homeopathy, Sankaran's Sensation Method, Bogerian Homeopathy, Scholten's Homeopathy, Shah's Homeopathy, Predictive Homeopathy, and other contemporary approaches like B.S. Shashni's Method and Astrohomeopathy. Each of these schools brings a unique perspective to remedy selection, patient diagnosis, and treatment protocols, often diverging from the foundational teachings of Hahnemann in significant ways. By examining the key philosophies, methodologies, and practical applications of these schools, this article seeks to provide a clearer understanding of the strengths, weaknesses, and contradictions inherent in each approach.

As homeopathy continues to evolve, understanding the differences between these schools is crucial for both practitioners and students, ensuring they can make informed decisions when choosing a method that aligns with their practice and patient needs. This comparative analysis will also shed light on how these schools integrate both traditional and modern concepts, influencing the future direction of homeopathic medicine.

A Comparative Overview of Homeopathic Schools: Exploring Methods, Approaches, and Innovations

School of Homeopathy	Founder/Inventor	Key Methodology	Treatment Approach	Key Features	Year Established	Relation to Hahnemann's Theory	Best Suited For
Classical Homeopathy	Samuel Hahnemann	Single Remedy, Totality of Symptoms, Vital Force	Single remedy prescribing based on the totality of symptoms and the Vital Force	Focus on holistic treatment, individualization, and Law of Similars	Late 18th Century	Strict adherence to Hahnemann's original principles	Students seeking foundational knowledge, patients needing traditional holistic treatment
Sankaran's Sensation Method	Dr. Rajan Sankaran	Sensation, Emotional State, Mental Symptoms	Focuses on identifying the sensation or emotional state underlying the symptoms, and treating the root cause of these emotional states.	Emphasizes the emotional and psychological dimensions of illness	Early 1990s	Deviates from Hahnemann's focus on physical symptoms, emphasizes emotional states	Patients with deep emotional and psychological issues, chronic diseases
Bogerian Homeopathy	Dr. Henry Clay Boger	Miasms, Repertorization, Constitutional Treatment	Focus on constitutional treatment and miasmatic remedies using repertorization for selecting the remedy.	Strong focus on miasms (underlying disease predispositions) and constitutional treatment	Early 20th Century	Builds on Hahnemann's miasmatic theory but adds systematic repertorization	Chronic conditions, constitutional treatment

Scholten's Homeopathy	Dr. Jan Scholten	Periodic Table of Elements, Scientific Framework	Uses the Periodic Table of elements to understand remedies based on their chemical properties and emotional characteristics	Scientific and modern approach, linking remedies to chemical elements and emotional states	Late 20th Century	Deviates from Hahnemann's vitalistic model, applies scientific reasoning	Modern practitioners interested in a scientific and structured approach
Shah's Homeopathy	Dr. V. P. Shah	Constitutional Remedies, Miasmatic Remedies, Combination Remedies	Uses combination remedies, and integrates miasmatic and constitutional analysis.	Focus on the overall constitution of the patient, embraces combination remedies	Early 1990s	Moves away from Hahnemann's single remedy approach by using combinations	Complex, chronic cases, personalized treatments
Predictive Homeopathy	Dr. B.K. Bose	Preventive Treatment, Family History	Focuses on preventive treatment, predicting potential health issues based on family history and genetic predispositions.	Prophylactic in nature, with an emphasis on early detection of health risks	Late 20th Century	Focuses on preventive care, deviates from Hahnemann's treatment of existing disease	Patients with a family history of disease, those seeking preventive care
B.S. Shashni's Method	Dr. B.S. Shashni	Hair Analysis, Bioenergetic Diagnosis	Uses hair analysis as a diagnostic tool to identify remedies, seeing hair as a bioenergetic medium.	Integrates bioenergetic analysis and unconventional diagnostic tools	Early 21st Century	Significant deviation from Hahnemann's methods, using alternative diagnostic tools	Practitioners exploring bioenergetic and alternative diagnostics in homeopathy
Astrohomeopathy	Various Practitioners	Astrology and Homeopathy	Combines astrological charts with homeopathic treatment to select remedies based on planetary positions and astrological influences.	Uses astrological charts to guide remedy selection, blends astrology with homeopathy	21st Century	Integrates astrology into homeopathic practice, a significant departure from classical homeopathy	Patients interested in astrological influences, those seeking alternative and holistic treatments
Vithoulkas Method	Dr. George Vithoulkas	Classical Homeopathy with Modern Insights, Similimum	Focuses on the Similimum (most similar remedy) through individualization, considering the totality of symptoms and spiritual health.	Integrates classical principles with modern insights, emphasizing spiritual and energetic aspects of healing	Late 20th Century	Adheres closely to Hahnemann's classical method but with modern updates on the energetic aspects of health	Students wanting a deep understanding of classical homeopathy with modern updates, patients needing individualized care
Sehgal's Method	Dr. Rajendra Sehgal	Individualization, Miasms, Combination Remedies	Focus on individualizing treatment by analyzing miasms, and using combination remedies. Emphasizes constitutional treatment.	Strong focus on treating root causes and using combination remedies for better efficacy	Early 21st Century	Combines classical principles with modern methods, but deviates from Hahnemann's single remedy approach	Complex diseases, especially those requiring combination remedies for improved results

Key Contradictions in Homeopathic Approaches: Remedy Selection, Symptom Emphasis, Scientific vs. Holistic Models, and Diagnostic Tools:

1. Remedy Selection: Traditional vs. Multiple Remedies

Classical Homeopathy emphasizes single remedy prescribing based on the totality of symptoms, staying true to Hahnemann's original approach. In contrast, schools like Shah's Homeopathy and Sankaran's Sensation Method use multiple remedies for complex cases, which deviates from the traditional one-remedy system.

2. Emphasis on Emotional vs. Physical Symptoms

Classical Homeopathy stresses the totality of symptoms, balancing both emotional and physical symptoms in the remedy selection process. However, Sankaran's Sensation Method and Scholten's Homeopathy shift focus toward psychological and scientific elements, respectively. Sankaran prioritizes emotional states, while Scholten emphasizes chemical properties and the scientific basis of remedies.

3. Scientific vs. Holistic Approaches

Scholten's Homeopathy integrates scientific frameworks, such as the Periodic Table of Elements, moving away from Hahnemann's vitalistic model of healing to a more scientific understanding of remedies. On the other hand, Vithoulkas' Method retains a close adherence to classical principles while integrating modern insights, emphasizing a holistic approach that considers both physical and energetic aspects of health.

4. Diagnostic Methods: Conventional vs. Unconventional Tools

Astro homeopathy and B.S. Shashni's Method introduce unconventional diagnostic tools, like astrological charts and hair analysis, which are unfamiliar to Classical Homeopathy. Classical methods focus primarily on symptom analysis, patient history, and the vital force, without incorporating these alternative diagnostic techniques.

"Which Homeopathy Approach Should Students Learn?"

The "best" school of homeopathy depends on the student's goals, philosophical alignment, and interests, as each school offers unique approaches, treatment methodologies, and diagnostic frameworks.

- **Classical Homeopathy** (Samuel Hahnemann): Ideal for **beginners** and students seeking **foundational knowledge**. It emphasizes **single remedy prescribing** based on the **totality of symptoms** and the **Vital Force**, adhering strictly to Hahnemann's original principles. This method is best for those wanting a **holistic** and **traditional** approach to healing and a deep understanding of Hahnemann's teachings. It provides a solid foundation for future practice.
- **Sankaran's Sensation Method** (Dr. Rajan Sankaran): Suited for students interested in the **emotional** and **psychological** aspects of health. Sankaran's method focuses on the **sensation** or emotional state underlying physical symptoms, making it effective for treating **chronic** and **deep-seated** conditions. This method deviates from classical homeopathy by prioritizing **emotional states** over physical symptoms, and is particularly beneficial for those interested in addressing the root emotional causes of illness.
- **Scholten's Homeopathy** (Dr. Jan Scholten): Best for students who prefer a **scientific** approach. Scholten's school integrates the **Periodic Table of Elements** to understand homeopathic remedies, linking them to their **chemical** properties and **emotional** characteristics. It provides a structured, modern framework for remedy selection and appeals to those who enjoy a more **scientific** and **systematic** approach to homeopathy.
- **Vithoulkas' Method** (Dr. George Vithoulkas): A balanced approach that retains **classical principles** while integrating **modern insights**. Vithoulkas emphasizes the importance of the **Similimum** (most similar remedy) and focuses on the **spiritual** and **energetic** aspects of healing. This method is ideal for students who wish to combine classical homeopathic principles with modern, more **holistic** approaches, addressing both physical and energetic

dimensions of health.

- **Shah's Homeopathy** (Dr. V.P. Shah): Best for those treating **complex** or **constitutional diseases**. Shah's method uses **combination remedies** and focuses on the patient's **constitution** and **miasms** (underlying disease predispositions). It is particularly useful for chronic conditions where personalized treatment is required.
- **B.S. Shashni's Method**: Suited for students interested in **bioenergetic analysis** and **unconventional diagnostic tools** like **hair analysis**. This method introduces alternative diagnostic tools, offering a unique approach to remedy selection and patient assessment.
- **Astro homeopathy**: Ideal for students interested in combining **astrology** and **homeopathy**. Astro homeopathy uses **astrological charts** to select remedies based on the **planetary positions** and **astrological influences**. This method appeals to those who want to integrate **spiritual** and **cosmic** aspects into their healing practice, offering a more esoteric approach to homeopathy.

CONCLUSION

The study of homeopathy reveals a wide array of schools, each offering unique approaches that cater to different aspects of healing. **Classical Homeopathy**, rooted in Hahnemann's foundational principles, remains the most comprehensive and ideal for students seeking a solid, traditional understanding of homeopathy. It offers a thorough grounding in remedy selection based on the totality of symptoms and the vital force, making it the best starting point for beginners.

However, for students with an interest in modern applications, **Sankaran's Sensation Method** and **Scholten's Homeopathy** offer valuable perspectives by incorporating emotional, psychological, and scientific frameworks, respectively. These schools expand the scope of treatment options, providing deeper insights into chronic conditions and complex patient profiles. **Vithoulkas'**

Method bridges classical homeopathy with modern insights, appealing to those who seek a holistic approach, addressing both physical and energetic aspects of health.

For practitioners exploring personalized treatment options for chronic diseases, **Shah's Homeopathy** and **B.S. Shashni's Method** provide innovative methods that move beyond traditional practices, such as combination remedies and bioenergetic analysis. Astro homeopathy, on the other hand, offers a more spiritual and cosmic approach, integrating astrology with homeopathic treatment.

Ultimately, the best school of homeopathy depends on the student's philosophical alignment, clinical goals, and personal interests. A critical understanding of each school's strengths, limitations, and unique methodologies is essential in choosing the most suitable approach for both students and practitioners in the evolving landscape of homeopathic medicine.

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The Evolution from Boenninghausen's Hexameter to Decameter: Why He Added a Seventh Axiom

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Keywords

Boenninghausen, Hexameter, Decameter, Theological Scholastics, Hippocratic medicine, characteristic symptoms, concomitant symptoms, Homoeopathy, disease diagnosis.

Abstract

In his exploration of the characteristic symptoms of disease, Boenninghausen drew upon the philosophical framework of Theological Scholastics, a medieval system used to address moral and spiritual deviations. Originally applied in a legal and theological context, the Hexameter—a diagnostic tool comprising six key questions—was adapted by Boenninghausen to understand the nature of diseases and their symptoms. However, Boenninghausen's approach went further by incorporating the concept of concomitant symptoms from Hippocratic medicine, which led him to introduce a seventh axiom into the traditional Hexameter, creating a new framework known as the Decameter.

Introduction

In the history of medicine and homeopathy, few figures have had as lasting an impact on diagnostic methodology as Boenninghausen. Known for his innovative contributions to the understanding and treatment of diseases through homoeopathy, Boenninghausen's approach was deeply informed by his background as both a criminal lawyer and a scholar of medicine. One of his most significant innovations was his adaptation of the Hexameter, a

medieval philosophical diagnostic tool, into what he termed the Decameter. By incorporating Hippocratic principles regarding concomitant symptoms, he transformed a six-question framework into a seven-axiom model, which became a cornerstone in homoeopathic diagnosis. This article explores the origins of the Hexameter, its evolution into the Decameter, and the philosophical influences that shaped Boenninghausen's approach.

The Hexameter: A Theological Framework for Diagnosis

In his quest to define the value of characteristic symptoms in homeopathy, Boenninghausen drew on the philosophical principles of Theological Scholastics, a 12th-century philosophical framework used to understand moral and spiritual diseases. This medieval philosophy, practiced by monk-theologians, aimed to explain how individuals deviated from their moral and spiritual obligations, often resulting in actions considered criminal or immoral, such as theft or addiction. Just as a physician addresses bodily ailments, monks sought to cure spiritual aberrations, believing that humans are not inherently sinful, but instead are shaped by their circumstances

1. Quis – Who is the patient (or, in the case of crime, who is the criminal)?
2. Quid – What is the disease (or, in the case of crime, what is the nature of the offense)?
3. Ubi – Where is the disease (or where did the crime take place)?
4. Cur – Why did the disease occur (or why did

the crime happen)?

5. Quamodo – How did the disease manifest (or how did the crime unfold)?
6. Quando – When did the disease occur (or when did the crime happen)?

Boenninghausen, who was also a criminal lawyer and defended his dissertation, *De Jure Venandi*, in 1806, was familiar with the utility of the Hexameter in the legal context. He saw its potential for application in understanding diseases and their symptoms in a holistic manner. For him, the Hexameter was not just a tool for theologians or lawyers, but also for homoeopaths. He used it as a framework to understand the core features of diseases, taking inspiration from its methodical approach to diagnosis. From Hexameter to Decameter: Integrating Homoeopathic Principles Boenninghausen was deeply influenced by the medical traditions of his time, particularly the teachings of Hippocrates, who emphasized the importance of concomitant symptoms in prognosis. Hippocrates observed that the presence of certain accompanying symptoms—those that arise alongside the primary complaint—can provide critical information about the disease's course and outcome. For instance, in cases of delirium, a patient falling into sleep could indicate a favourable prognosis.

Boenninghausen expanded upon this Hippocratic concept by incorporating the idea of concomitant symptoms into the Hexameter, recognizing their central role in the homeopathic understanding of disease. In doing so, he added a seventh axiom to the original six-question framework, transforming the Hexameter into the Decameter, a more complex tool for diagnosing diseases.

The Decameter framework, which Boenninghausen developed, consisted of the following seven questions:

1. Quis – Who is the individual? (This corresponds to the patient's personality and general constitution.)
2. Quid – What is the disease? (The peculiar pathology, symptoms, and sensations.)
3. Ubi – Where is the disease located? (The specific anatomical or functional location of the disease.)

4. Quibus Auxiliis – Concomitant Symptoms. (What other symptoms accompany the primary disease?)
5. Cur – What is the cause of the disease? (The underlying or triggering factors for the disease.)
6. Quomodo – What are the modalities? (Conditions under which the disease symptoms are aggravated or ameliorated.)
7. Quando – When do the symptoms occur? (Time modalities, the progression or timing of symptoms.)

The addition of the fourth axiom—concomitant symptoms—placed these symptoms at the center of diagnosis, highlighting their critical role in the determination of the characteristic symptoms that define a disease. This expansion was not merely an academic exercise but a practical tool to deepen understanding and enhance diagnostic precision.

CONCLUSION

The transformation of the Hexameter into the Decameter represents a significant step in the evolution of Homoeopathy. By merging the insights of Theological Scholastics, Hippocratic medicine, and homeopathy, Boenninghausen developed a comprehensive approach that has remained influential in the practice of homeopathy. Through this innovative framework, Boenninghausen bridged the gap between spiritual philosophy and scientific medicine, creating a tool that remains relevant in modern homeopathic practice.

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Homeopathy in the Battle Against Childhood Obesity: Addressing the 21st Century Health Challenge

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Keywords

Childhood Obesity, Overweight Children, Homeopathy, Individualized Treatment, Psychosocial Well-Being

Abstract

Overweight and obesity in school-going children have become significant public health concerns globally, often leading to physical and psychological issues. In the twenty-first century, obesity is becoming a global epidemic. It not only poses a serious risk for the onset of non-communicable diseases including diabetes, hypertension, and cardiovascular disease, but it also hinders the economic development of both industrialized and developing nations. While conventional treatments focus on diet and exercise, there is growing interest in alternative therapies like homeopathy for managing childhood obesity. Homeopathy is the most popular since, in addition to its many benefits over other treatments, it has very few, if any, negative effects after administration.

Introduction

The term overweight refers to excess body weight for a particular height, whereas obesity is used to define excess body fat.^[2] Obesity and overweight in children are defined using BMI percentiles for those over 2 years old and weight/length

percentiles for infants under 2 years old. Obesity is defined as a BMI at or above the 95th percentile, while overweight is defined as a BMI between the 85th and 95th percentiles.^[1]

Epidemiology And Childhood Obesity Burden

By 2030, almost 27 million children in India—or one in ten children worldwide—are expected to be obese, according to the UNICEF World Obesity Atlas for 2022. In terms of readiness to address obesity, it is ranked 99th out of 183 countries. The economic burden of overweight and obesity is predicted to increase from \$23 billion in 2019 to an astounding \$479 billion by 2060.^[4]

Incidence And Prevalence Of Childhood Obesity :

The global prevalence of childhood obesity has increased twofold in the 2–4 y age group and eightfold in the 5–19 age group in the past four decades.^[4] India is currently placed third after China and United States in the global burden of paediatric obesity.^[4]

A meta-analysis of 21 studies estimates the pooled prevalence of childhood obesity at 8.4% and the prevalence of childhood overweight at 12.4%. Notably, male children were found to be at a higher risk of developing obesity compared to their female counterparts.^[5]

Covid-19 Effect On Childhood Obesity

In comparison to the pre-pandemic period, the rate of increase in body mass index (BMI) virtually doubled during the COVID-19 pandemic, according to a study involving 432,302 children between the ages of 2 and 19 [5]. In 2020 (the long-haul COVID-19 period), the prevalence of obesity among adolescents aged 12 to 18 years rose to 12.1% from 11.1% in 2019 (the pre-COVID-19 era) [1]. It is anticipated that by 2030, there will be 250 million obese children in India. It is estimated that the percentage distribution of obesity in males and females by 2050, will be 60% and 50%. [6]

CRITERIA FOR OBESITY [7]

The main measurement used to diagnose obesity is body mass index (BMI). Age and sex have an impact on a child's normal BMI range. Tables for assessing childhood obesity have been released by the Centers for Disease Control. To find the matching BMI-for-age percentile, the BMI value for children and adolescents (ages 2 to 19 years) is plotted on the CDC growth charts. A BMI that is below the 95th percentile and at or above the 85th percentile is considered overweight, BMI at or above the 95th percentile is considered obese. [4]

Anthropometric and clinical measures utilized as indicators of obesity

Body mass index: Body mass index (BMI) is the most widely used parameter to define obesity. It takes into account weight as well as the height. It is calculated by the formula:

$$\text{BMI} = \text{Weight (kg)} \div \text{height (m)}^2$$

Children with BMI more than 85 percentile for age are considered at-risk for obesity while those more than 95 percentiles for age are obese. BMI is a good indicator of body fat but is unreliable in short muscular individuals.

Weight for height: This compares the child's weight to the expected weight for his/her height. Weight for height more than 120% is diagnosed as obesity.

Skin fold thickness: Skin fold thickness measured over the subscapular, triceps or biceps

regions is an indicator for subcutaneous fat. Age specific percentile cut-offs should be used with values more than 85 percentile being abnormal.

Waist circumference: This is a marker of abdominal adiposity, a key risk factor for metabolic and cardio-vascular effects of obesity.

Ideal body weight: Ideal body weight is calculated as

$$\text{IBW (kg)} = 22.5 \times \text{height (m)}^2$$

Ideal body weight more than 20% is considered obesity.

Risk Factors Contributing For Childhood Obesity [8]

1. Reduced physical activity
2. Increased sedentary life style: additional hours of television per day
3. Decreased sleeping time
4. Increased screen time: playing video games and getting more access to social media leads to anxiety, depression and inattention
5. Parenting style and parent life style
6. Parenting feeding style
7. Watching TV while eating
8. The consumption of fast foods, including items such as chips, baked goods, and candy.

The first 1,000 days from conception to age 2 are crucial in influencing the risk of childhood obesity. Factors such as parental obesity and prenatal conditions (like high preconception weight, gestational weight gain, and maternal smoking) increase this risk. Interestingly, intrauterine growth restriction followed by rapid growth in infancy can lead to central adiposity and cardiovascular risk in adulthood. Breastfeeding offers modest protection against obesity, while infants with high negative reactivity are at greater risk for becoming obese. [1]

Sleep is a critical factor in obesity risk, Research shows that short sleep duration in young, healthy men leads to lower leptin levels and higher ghrelin

levels, increasing hunger and appetite. Additionally, sleep debt negatively impacts glucose tolerance and insulin sensitivity, with potential connections to orexins and neuropeptide Y, which influence feeding and metabolic processes.^[1]

Etiology Of Obesity

Obesity in children is the result of a complex interplay of a number of environmental, genetic, and ecological factors, including the family, community, and school.

Satiety control is a crucial aspect of appetite and weight management, influenced by the interplay between the hormone leptin and ghrelin, along with other cytokines and hormones. Low leptin levels during fasting increase appetite and decrease energy expenditure, while increased leptin levels decrease appetite and increase energy expenditure during feeding and weight gain.^[9]

Etiology of obesity

1. Constitutional- 95% case it includes- environmental factors

Environmental Factors

Childhood obesity is influenced by various factors, including psychosocial distress, maladaptive coping strategies, parental feeding styles, stress, depression, Various perinatal factors—such as birth size, breast-feeding status, antibiotic use, environmental chemicals, microbiota, and adverse life experiences. Increased caloric consumption, such as sugar-sweetened beverages and fast foods, is linked to obesity. The environment, including reduced physical activity and increased time spent in sedentary activities, such as television and electronic games, also contributes to obesity. The school environment, where children spend a significant portion of their daily calories, also plays a role in the development of childhood obesity.^[10]

2. Pathological

- Endocrine: Cushing syndrome, GH deficiency, hypo- thyroidism, pseudohypoparathyroidism
- Hypothalamic: Head injury, infection, brain

tumor, radiation, post-neurosurgery

- Drugs: Antiepileptic drugs, steroids, estrogen
- Genetic syndromes: Prader Willi, Laurence Moon Biedl Bardet, Beckwith Weidemann, Carpenter syndromes
- Monogenic disorders: Leptin deficiency, leptin resistance, abnormalities of MC4 receptor and proconvertase

Complication/ Obesity-Associated Comorbidities^[1]

- Cardiovascular- Dyslipidemia, Hypertension
- Endocrine-Type 2 diabetes mellitus, Metabolic syndrome, Polycystic ovary syndrome
- Gastrointestinal-Gallbladder disease, Nonalcoholic fatty liver disease
- Neurologic-Pseudotumor cerebri, Migraines
- Orthopedic-Blount disease (tibia Vara), Musculoskeletal problems, Slipped capital femoral epiphysis
- Psychologic-Behavioral complications
- Pulmonary-Asthma, Obstructive sleep apnea

Prevention And Management

It has been discovered that bariatric surgery helps teenagers with extreme obesity lose excess weight and improve their comorbidities. However, little is known about the long-term safety and effectiveness of bariatric surgery in teenagers.^[10]

Behavioral Interventions for Childhood and Adolescent Obesity ^[10]

Dietary approaches

- Encourage consumption of at least five servings of fruits and vegetables each day
- Reduce consumption of foods high in calories, such as saturated fats, salty snacks, and high glycemic foods like candy;
- limit consumption of beverages that contain sugar; limit eating out, especially fast food;

- Eat breakfast every day; and
- Refrain from skipping meals

Physical activity

1. Reduce sedentary behavior to less than two hours per day, including watching television, using the Internet, and playing video games.
2. Take part in enjoyable, age-appropriate, and skill-appropriate activity.
3. Gradually increase the amount of time, frequency, and intensity of exercise as tolerated.
4. Engaging in physical activities for over an hour every day

Homoeopathic Approach

Homoeopathy has a great scope in managing overweight and obesity through its dynamic, individualized, and holistic perspective, which recognizes that although apparently an organ is diseased, but actually the man as a whole is sick. Various factors play a significant role in the development of overweight and obesity, including age, sex, genetic predisposition, physical inactivity, socioeconomic status, eating habits, psychosocial influences, familial tendencies, endocrine factors, alcohol consumption, education, smoking, ethnicity, and drug use.

According to Samuel Hahnemann's teachings in the Organon of Medicine, particularly Aphorism 5, it is essential to consider these factors to identify the fundamental cause of chronic diseases, often linked to chronic miasms. Hahnemann emphasized the importance of understanding the patient's complete history, including their physical constitution, moral and intellectual character, occupation, lifestyle habits, social and domestic relationships, age, and sexual function, to provide effective treatment.^[12]

Homoeopathic Therapeutics Of Overweight And Obesity^[13]

Indications of common homoeopathic medicines for obesity

ANTIMONIUM CRUDUM: Tendency to grow

fat, obese people with thickly coated white tongue and digestive disturbances of varying degrees. The constitutions are very irritable and fretful. child cannot bear to be touched or looked at. The child has a desire for acids and pickles. All the complaints are aggravated by heat and cold bathing.

CALCAREA CARBONICUM: Calcarea carb is often recommended for individuals who are generally overweight or tend to gain weight easily. Children who need Calcarea carb may have a tendency to sweat excessively, particularly on the head during sleep. They may also be slow to develop both physically and mentally.

These children often have a strong desire for eggs and indigestible things like chalk or pencils and they are prone to diarrhea. Calc. child is fat, fair, flabby, perspiring, cold, damp and sour. Calc is especially suited to Scrofulous constitutions who take cold easily with increased mucoid secretions, children who grow fat, are large bellied with a large head, pale skin, chalky look, and the so-called leuco phlegmatic temperament. they are prone to diarrhea.

CAPSICUM ANNUM: suited to persons who are fat, indolent, opposed to physical exertion, aversion to go outside in their routine and get homesick easily. Persons having feeble digestion and lax fiber. Chilly subjects with lack of vital heat. There is a general uncleanliness of the body. Children; dread open air; always chilly; clumsy, fat and disinclined to work or think.

FERRUM METALLICUM: Flabby, anemic and plethoric persons with false plethora and relaxed muscles. Easily irritable constitutions having voracious appetite. From the least pain, emotion or exercise child face is flushed.

FUCUS VESICULOSIS: obesity associated with non-toxic goiter with flatulent tendency and obstinate constipation. It Increase the rapidity of digestion.

KALIUM BICHROMICUM-It is especially indicated in fleshy, fat, light complexioned children subjected to catarrhs. Catarrh with tough, stringy, viscid secretion. Snuffle in children, especially for fat, chubby babies. Symptoms tend to increase in

the morning and all pains migrate quickly with rheumatic and gastric symptoms alternating.

SENEGA- It is suited to plethoric persons; or persons tending to obesity; tall, slender, sprightly women; fat chubby children. Faintness when walking in open air. Anxiety; with hasty respiration.^[18]

SULPHUR-Sulphur is used as a constitutional medicine in obesity, especially when children exhibit symptoms such as a dislike for bathing, a strong craving for sweets, offensive perspiration, worsening of symptoms while standing, unhealthy skin, and abrupt or ill-mannered behaviour. It is often prescribed to address underlying constitutional issues contributing to both physical and behavioural imbalances.

NUX VOMICA-It is especially suited to children who gained weight due to sedentary life, founds in prolonged office work and overstudy. the child is quick, active, nervous and irritable and zealous fiery temperament. desire for stimulants. Child are easily chilled, avoid open air.

PHYTOLACCA BERRY: Clinically found to be efficacious in obesity.

Other Medicines

- Phytoline
- Kali carbonicum
- Pulsatilla
- Esculentine
- Lac defloratum
- Calotropis gigantea
- Thyroidinum
- Graphites

Repertorial Approach

KENT REPERTORY ^[16]

- MIND-SADNESS-obesity, with
- EXTERNAL THROAT-COMPLAINTS of external throat - Thyroid gland - accompanied

by obesity (see GENERALS Obesity-children-thyroid)

- STOMACH APPETITE-diminished-accompanied by obesity (see GENERALS Obesity accompanied appetite)
- STOMACH INDIGESTION-accompanied by obesity
- ABDOMEN-OBESITY
- FEMALE GENITALIA/SEX-MENSES-painful - accompanied by- obesity
- EXTREMITIES-THICK-Thighs and buttocks (see GENERALS-Obesity-thighs)
- GENERALS-FAT people (see Obesity)
- GENERALS OBESITY
- GENERALS-OBESITY-accompanied by-goitre (see EXTERNAL-Goitre accompanied - obesity)
- GENERALS-OBESITY-accompanied by indigestion (see STOMACH - Indigestion accompanied obesity)
- GENERALS-OBESITY-accompanied by respiration-asthmatic (see RESPIRATION Asthmatic-accompanied - obesity)
- GENERALS-OBESITY-accompanied by-respiration - difficult (see RESPIRATION - Difficult accompanied - obesity)
- GENERALS-OBESITY-accompanied by-respiration-wheezing (see RESPIRATION Wheezing-accompanied)
- GENERALS-OBESITY-accompanied by-weakness (see Weakness - accompanied - obesity)
- GENERALS-OBESITY-accompanied by-Heart; weak (see CHEST-Weakness-heart accompanied obesity)
- GENERALS-OBESITY-sadness; during (see MIND-Sadness-obesity)
- GENERALS-STOUT people (see Obesity)
- GENERALS-WEAKNESS-accompanied

by- obesity

- GENERALS-WEIGHT, increasing (see Obesity)
- GENERALS WEIGHT, puts on easily (see Obesity)
- STOMACH APPETITE-diminished-accompanied by

PHATAK REPERTORY [14]

- corpulence, see obesity
- obesity
- obesity, atrophy, limbs, of, with
- obesity, body fat, legs thin

MURPHY REPERTORY [15]

- constitution, obesity
- constitution, obesity body fat, but legs thin
- constitution, elderly, people dyspepsia, in those in great loss of vitality
- constitution, elderly, people obesity
- constitution, young people
- children, obesity, in
- children, obesity, in young people, in
- constitution, obesity children
- sugar obesity, and
- fat people (see obesity)
- diseases, obesity body fat, but legs thin
- diseases, obesity children, in
- diseases, obesity elderly people
- diseases, obesity stout and robust

BOERICKE REPERTORY [13]

- Generals, OBESITY (adiposis, corpulence),
- OBESITY, in children

A CLINICAL REPERTORY BY JOHN HENRY CLARK-[18]

- Obesity-Asa., Ca. ar., Cap., Gph., Lc. v. d., Li. c., Lrs, Sbl, Thyr, Thri.
- Corpulence-Am. br., Aur., Ca. ar., Calc., Fuc., Pho., Phyt., Ts. fg. See also Obesity.

COMPLETE REPERTORY [17]

- GENERALITIES- OBESITY- children, in: alum. Ant-c. Bac. Bad. Bar-c. Bell. CALC. Caps. Cina. Ferr. Graph. Ip. Kali- bi. Lac-d. Lap-a. Sacch-a. Seneg. Sulph.
- GENERALITIES- OBESITY- children, in – fat anaemic babies with iodine appetite: lap a.
- GENERALITIES – OBESITY – young people, in: Ant-c. Calc. Calc- act. Lac-d. Lach.

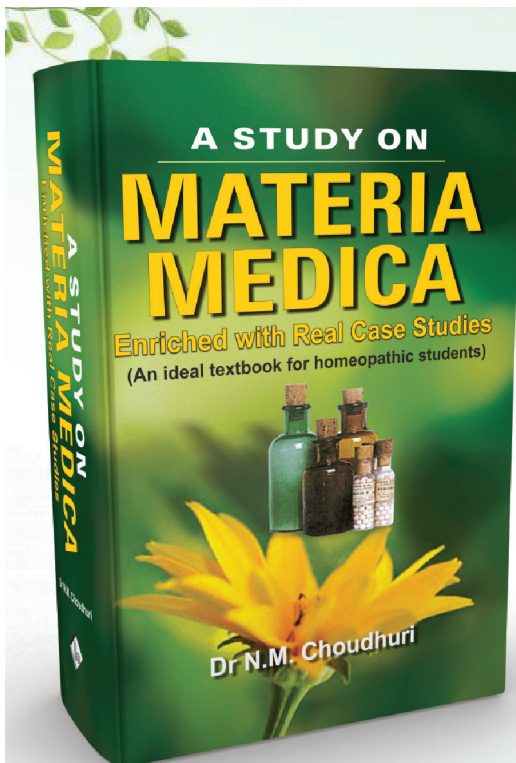
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Dr N. M choudhury

The Role of Homoeopathy in Managing Acute Health Challenges

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Keywords

Homoeopathy, Acute Ailments, Complementary therapy

Abstract

Homeopathy, a holistic system of medicine, has been increasingly utilized for managing acute health challenges, including respiratory infections, digestive disturbances, fevers, and injuries. This article explores the principles underlying homeopathic treatment, such as the Law of Similars and individualized care, while highlighting its benefits in acute conditions. Common remedies, including *Arnica montana*, *Aconitum napellus*, and *Belladonna*, have demonstrated efficacy in clinical scenarios. Supporting evidence from clinical trials underscores its potential in specific acute ailments, suggesting that homeopathy serves as a safe and complementary approach to conventional medical care. This article aims to clarify the effectiveness of homeopathy in managing acute illnesses and emphasize the importance of allowing homeopathic doctors to handle these conditions.

Introduction

Homeopathy, a system of medicine founded by Dr. Samuel Hahnemann in the late 18th century, is renowned for its individualized and holistic approach to health. It operates on the principle of "like cures like," using highly diluted substances to stimulate the body's natural healing response. Acute illnesses, characterized by their sudden onset and short duration, are common occurrences

in daily life and often require prompt intervention. Conditions such as fevers, respiratory infections, digestive disturbances, and injuries can significantly impact a person's well-being. From a homeopathic perspective, treating acute illnesses involves understanding the unique symptoms and overall state of the individual rather than just addressing the disease itself.

Remedies are carefully selected based on the patient's physical, emotional, and mental symptoms, offering a tailored and gentle approach to healing. This introduction explores the homeopathic philosophy in managing acute illnesses and highlights its potential as a safe and effective treatment modality in a range of acute health conditions.

Homoeopathic approach to Acute illnesses

Homeopathy operates on the philosophy of stimulating the body's innate immune mechanism to deal with illnesses. Understanding what classifies as an acute illness and its context is crucial for facilitating the healing process. Here are some examples:

Acute Exacerbation of Chronic Diseases	Chronic diseases like ulcerative colitis and rheumatoid arthritis often have acute exacerbations. In such cases, the focus should be on managing the disease's root cause. Simply addressing the acute phase with any medicine may not lead to long-term success. Homeopathy aims to treat these acute exacerbations while also addressing the chronic condition holistically.
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Acute Episodes of Periodic Diseases	Periodic diseases such as epilepsy, bronchial asthma, malaria, menstrual colic, migraines, allergies, and neuralgia have acute attacks interspersed with asymptomatic intervals. Managing these conditions requires understanding the dual phenomenon of acute and chronic symptoms. Homeopathic treatment involves acute prescribing based on the presenting totality of symptoms during an episode and a chronic prescription for the underlying condition. This approach ensures that the acute stage is managed effectively, allowing the chronic treatment to work in tandem.
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Review of literature

Dr Hahnemann included acute diseases under dynamic diseases and further classified them as:

- In aphorism 99, the investigation of acute diseases or those that have only existed for a short time is much easier for the doctor, because all the phenomena and deviations from health that he recently lost are still fresh in his mind. the patient and his friends, they still remain new and striking. The doctor certainly demands to know everything, demands to know everything even in such cases; but he has much less to ask; they are mostly spontaneously detailed for him.
- In aphorism 152, the worse an acute illness is, the more certain a suitable medicine will be found for it, if a sufficient number of medicines are known with regard to their positive effects from which to choose. Among the lists of symptoms of many remedies, it will not be difficult to find one from whose individual disease elements and antitype the curative artificial disease, like the sum of the symptoms of a natural disease, can be compiled, and such a remedy is the required remedy.
- In acute diseases, symptoms develop rapidly; and patients remember them all. The physician in such cases certainly requires to know everything; but he has much less to ask; his symptoms are mostly spontaneously detailed. For acute diseases, take the acute symptoms, record each one carefully, and find out all there is to know about them. However, if

you are dealing with an acute condition, limit yourself to only dealing with the acute condition. Acute manifestations manifest themselves with surprising clarity, and the inclusion of chronic symptoms that manifested themselves in other periods only confuses the picture. According to Hahnemann, the totality of symptoms in a case means a group of related symptoms that do not so much express the disease as the individual who is suffering

Treatment of acute cases

Treatment of acute cases as described by Sarkar B. K:

1. Examine the entire complex of symptoms and select the drug according to the overall symptom.
2. If the summary clearly points to a drug, it is best to give it first in medium potency (12 or 30) and watch; two or three hours of repetition.
3. But if an apparently well-indicated remedy fails to relieve the case, try it in a much lower or higher strength before deciding that it has been wrongly chosen and that it must be changed.
4. When a short-acting drug has almost cured the patient, a corresponding deep-acting drug is often required to complete the treatment.

Diet for acute diseases

- In acute diseases, the physician is only required to advise friends and nurses not to hinder the voice of nature by refusing all that the patient urgently desires in the way of food, or by endeavouring to persuade him to take anything.
- The desire of a patient afflicted with an acute disease in regard to food and drink is certainly chiefly for things which afford palliative relief; however, they are not strictly curative in nature and merely provide a kind of deficiency.
- The satisfaction of these desires should be within moderate limits. General symptoms

are those that describe the patient as a whole, usually these symptoms are described with phrases like: "I feel...". Or "I am.

The Importance of Homeopathic Management of Acute Illnesses

Patients often believe that managing acute symptoms with conventional medicine and using homeopathy for chronic conditions is a balanced approach. However, this practice can hinder the homeopathic doctor’s ability to assess the disease in its totality. Here are key points to consider:

- **Holistic Treatment:** Homeopathy treats the patient as a whole, addressing physical, mental and emotional aspects of health, not just the symptoms. Treatment is tailored to the unique symptoms and constitution of each individual, ensuring a personalised approach.
- **Consistency in Treatment:** Allowing homeopathic doctors to handle both acute and chronic conditions ensures a consistent treatment approach. This consistency is vital for understanding the patient’s overall health and tailoring the treatment accordingly.
- **Strengthens Immunity:** Homeopathic treatment enhances the body’s natural defence mechanisms, helping to resolve acute illnesses effectively without suppressing symptoms.
- **Effective Management:** Homeopathic hospitals have historically managed acute illnesses effectively, on par with conventional medicine. For instance, during my tenure at a homeopathic hospital, we successfully treated numerous acute cases, demonstrating homeopathy’s efficacy in such scenarios.

Acute Diseases Where Homeopathy Should Be Considered

Homeopathy can be highly effective in managing various acute conditions, including:

- **Viral Infections:** Common colds, influenza, and viral gastroenteritis.
- **Respiratory Issues:** Bronchitis, acute asthma exacerbations, sinusitis, and tonsillitis.

- **Gastrointestinal Complaints:** Diarrhea, food poisoning, and acute gastritis.
- **Skin Conditions:** Acute urticaria (hives), eczema flare-ups, and insect bites.
- **Musculoskeletal Problems:** Acute sprains, strains, and injuries.

Examples of acute conditions managed by Homeopathy

Common Cold and Flu	
Arsenicum Album	For restlessness, fatigue, and watery nasal discharge.
Belladonna	For sudden onset of high fever, flushed face, and throbbing headache.
Gelsemium	For flu with drowsiness, chills, and weakness.
Eupatorium Perfoliatum	For body aches and fever with deep pain in the bones.
Fever	
Aconitum Napellus	For sudden fever with anxiety, restlessness, and dry skin.
Ferrum Phosphoricum	For mild fever with no specific symptoms.
Bryonia	For fever accompanied by dryness, thirst, and irritability.
Diarrhea	
Podophyllum	For profuse, watery diarrhea, often early in the morning.
Chamomilla	For diarrhea in children, especially with irritability and teething.
Aloe	For diarrhea with urgency and abdominal cramping.
Cough and sore throat	
Spongia Tosta	For dry, barking cough.
Hepar Sulphuris	For sore throat with hoarseness and sensitivity to cold.
Phosphorus	For tickling cough that worsens at night.
Injuries and Trauma	
Arnica Montana	For bruises, muscle pain, and after physical trauma.
Hypericum	For nerve pain or injuries to areas rich in nerves, such as fingers or toes.
Ruta Graveolens	For sprains, strains, and tendon injuries.
Headache	
Belladonna	For throbbing headaches with sensitivity to light and noise.

Natrum Muriaticum	For headaches caused by grief or emotional stress.
Iris Versicolor	For headaches with nausea and blurred vision.
Skin Ailments (e.g., Burns, Rashes)	
Calendula	For minor cuts, abrasions, and skin healing.
Cantharis	For burns with blistering.
Apis Mellifica	For red, swollen skin with stinging pain

CONCLUSION

Homoeopathy offers a complementary approach to managing acute health challenges by focusing on individualized treatment and stimulating the body's innate healing mechanisms. With its emphasis on natural remedies, minimal side effects, and holistic care, homoeopathy can be particularly effective in addressing various acute conditions, such as respiratory infections, digestive issues, and minor injuries. However, it is essential to integrate homoeopathy with evidence-based conventional medicine, especially in severe or life-threatening situations. Homeopathy's holistic approach ensures that both acute symptoms and underlying causes are addressed effectively, leading to better long-term health outcomes.

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Acute Episode of Migraine with Vestibulitis Managed with Homoeopathy

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Keywords

Modalities---BBCR---Moschus

Abstract

This is an acute case of severe attack of migraine with vestibulitis in a 45 year old woman. This case demonstrates the role of B.B.C.R repertory in arriving at the similimum and efficacy of a remedy like Moschus that helped resolve the whole acute crisis without any further intervention from E.N.T consultants or Neurologist.

Introduction

A migraine is much more than a bad headache. It can cause debilitating, throbbing, one-sided head pain that can leave you in bed for days. Movement, light, sounds and other triggers may cause symptoms like fatigue, nausea, vision changes, irritability and more. The headache gets worse with physical activity, strong odours, bright lights, loud noises. Migraines are disruptive. They can interfere with your daily routine and affect your ability to meet personal and social obligations.

Case 1

On 7th September 2024 on the eve of Ganesh Chaturthi, my sister in law requested me to speak

to her sister who was unwell. Actually the patient was insisting on meeting an ENT specialist but all consultants were unavailable on account of the festival, hence I got an opportunity. The case was taken telephonically. She was a 45 years old lady, mother of two boys, slim built presenting with severe attack of migraine since the last two days, that prevented her from leaving her house for marketing or any other business. Continuous temporal headache (heaviness) that prevents her even from standing up. Constantly lying down, not cooking anything for her children in the last two days. The heaviness of the head relieved by sleeping. Headache aggravated in the evening at 6pm. Headache relieved by warmth. Aggravated by closing the eyes as she gets vertigo. Complained of severe stinging pain going from one ear to the other ear. No appetite for food. Dryness of mouth with desire for cold water. Her head is better by warmth but stomach is better by cold. Normally also she is fond of drinking cold water. Wants fan always in her apartment. Thermally Ambithermal.

She sounded incapacitated and intoxicated. Normally she is such a high-spirited lady that she drives 40kms to see her mother and back in one day. Generally hurried, talkative and impatient, likes to dance and giggle loudly. Later the patient informed that she was suffering from fever and cold for the last 6 days which was being treated

with allopathic medicines, but with no improvement. Gradually the fever disappeared and the headache that was earlier intermittent, got continuous. I looked for the remedy which covers aversion to food because she was not eating anything and she was taking only ORS. Remedy must have better by warmth, evening aggravation of headache and aversion to food which can be confirmed from Materia Medica's like Clarke's and Burt's.

Case Discussion

Literature says that partial remedies act very well in acutes because data may be very limited as is the case here. In acutes we go from particular to general, considering the seat of disease, type of disease, modalities and concomitant. Generally it is considered that the importance of L.S.M.C format totality is in reverse order. That is Concomitant comes first, then comes modalities, then sensation followed by location. But in some cases location & sensation is so intense, modalities are also intense, concomitant may be vague one, that time the patient shows more thirst, with heaviness and dryness of mouth with thirst generally we tend to think of the remedy like Bryonia. But Bryonia doesn't cover vertigo aggravated when closing eyes. Diagnosis of the case: **Acute migraine with vestibulitis** (Sudden spinning, Difficulty staying upright, difficulty concentrating).

B.B.C.R repertory was used, Rubrics considered were

1. Headache, Internal;Aggravation with earache³.
2. Vertigo aggravation closing eyes³.

Two remedies stood out Thuja and Moschus. Finer differentiation was done by referring to the materia medica. Remedy prescribed was **Moschus L.M 1** administered on 7th September 2024 in the morning at 11.30am(two doses 15 minutes apart).

Follow up same evening

When the physician visited the patient at 8.30pm same day evening. She was found in sitting position and nicely talking to her friend who had visited her. She informed that she had eaten lunch in the afternoon and felt 60% better.

FOLLOW UPS

Date	Symptoms	Remedy
07/09/2024 Morning	Headache, Earache, Appetite Loss, Weakness	Moschus L.M1, 2 doses
07/09/2024 Evening	60% better, Appetite Improved	Placebo
10/09/2024	85% improved, Still recovering from weakness	Placebo
08/12/2024	No complaints, No recurrence of symptoms	Placebo
11/01/2025	No relapse of symptoms	Placebo

Prescribing points of Moschus

We know Moschus for its hysterical temperament that wants attention, hysterical appearance and attitude. There is exaggerated fainting associated with several ailments as in faints which coughing, while laughing, while having spasms, while eating, while bathing, while drinking, during menstrual period, etc⁴. Faints on slightest excitement. They are affected by trivial things, may faint while speaking to you during case taking as there was contradiction in your reaction & dislike strongly smelling agents. When angry while they are giving bad words & breaking things and sudden fainting occurs⁴. There is an intense cold feeling found in Moschus. For example, they might faint from contact with cold water, since they are very sensitive to cold air. They may faint often in winter. Either the whole body may be cold to touch or the affected part may be cold. Coldness³, convulsive attack and fainting attack are important indications for its prescribing. Patient may narrate several sufferings but one often finds it hard to discover prescribing symptoms- this is because the patient has nicely decorated the symptoms to skip the brunt of family's reaction. Many times even the patient herself doesn't know what to speak and how to convey the symptoms.

They are strong willed, very obstinate children who are pampered by their parents. Very cunning by nature and fainting is a method adopted by them to get their work done. They can be very talkative, speaking 8-10 hours at one stretch till the face becomes blue and then they faint. If a physician gets 4-5 moschus patients then any doctor

will fall ill. However remember one thing that no matter how complaints may start in different way but the end point will always be the same that is fainting. Empty and louder laugh is a hysterical laugh, one such that belongs to Moschus. Continuous laughter in people who have dissatisfaction in their lives. These people express the dryness and disappointment of their lives by being lost in the form of such a loud laugh. But alas! I wish it was possible to relieve oneself this way. The complaints of moschus have their origin as an effect of domination by others. Mochus wives will present with sudden appearance of headaches whose appearance may be traced with great difficulty during case receiving to the rough speech of the in-laws or husband's reprimand which was followed up with fainting and ever since the headaches have started. Domination may also be from the father or the brother, and the trend after marriage is continued further by the husband and in-laws.

Face red but cold on touch or pale face which is hot on touch are the strong confirmatory symptom of moschus⁴. We find such opposite symptoms in moschus. Chewing motion of lower jaw with mouth closed or gesticulation is another sign of moschus. Backache before menses, and discomfort during menses. Severe diabetes mellitus with dark coloured offensive urination during the night¹. Severe pressing pain in frontal sinus region which the patient considers as a headache. Desire for black coffee and stimulants like beer & brandy³. Moschus patients are not foody types with very low appetite.

Moschus is a remedy indicated in poor reaction⁴.

It is full of imaginary sufferings⁴. Noises in ear as if of a cannon. Greatly distended abdomen with a lot of flatulence, creating tension as if she is wearing tight clothes². Relieved by belching⁴. Oppression of chest and deep breathing. Sudden nervous suffocation or anxious palpitations¹. Spasmodic complaints. Sleepy during the day and awakened repeatedly at night⁴. Psoric-tubercular is the miasmatic background of this remedy. Externally cold but internal heat. Aggravated by any sort of suppressions⁴ and aggravated by motion, especially the vertigo.

CONCLUSION

In such a type of Acute case, the trigger and modalities become the way of approaching the case and B.B.C.R repertory helps us to arrive at the similitum with ease. Without the help of the right selection of repertory it is next to impossible to arrive at the similitum which was Moschus in the above mentioned case that cured the acute episode of migraine with vestibilitis in just a few hours. Therefore, Homoeopathy yields instant results in acute diseases.

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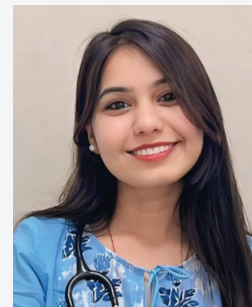
Completing 50 years is a remarkable milestone, & it's a testament to the dedication, passion, and commitment of the entire team. By encouraging and publishing research studies, The Homoeopathic Heritage has helped advance the understanding of homeopathy and its applications. As The Homoeopathic Heritage celebrates its 50th anniversary, I would like to extend my warmest congratulations to the entire team. May this milestone mark the beginning of many more years of excellence, innovation, and service to the homeopathic community.

Response of Individualised Homoeopathic Treatment in a Case of Chronic Ovarian cyst with Acute Upper Respiratory Tract Infection (URTI): A Retrospective Cohort Case Study

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PEER REVIEWED

Keywords

Ovarian cyst, URTI, Individualised Medicine, Homoeopathy, Belladonna, Lycopodium.

Abstract

A patient under the Homoeopathic treatment of Right Ovarian Cyst for which she was prescribed Lycopodium as constitutional remedy. In between the treatment she had developed an episode of severe acute URTI for which based on acute totality the individualised medicine prescribed was Belladonna, which gave rapid relief in the all symptoms. It was observed in further follow up of her chronic ailment that her Ovarian Cyst also disappeared. The observation of this cohort case study had shown that there is an effective follow well relationship of Belladonna with Lycopodium.

Introduction

Homoeopathy is a holistic system of medicine, which is based on symptoms similarity and equally effective in acute as well as in chronic diseases. The principle of Homoeopathy is based on individualization and single medicine for any illness as it treats not only disease but the patient as the whole. It is notable that homoeopathic remedies also have inert relationship with each other and that has been given by Dr. Gibson Miller in Table of Relationship of Remedies as mentioned

1. Remedy
2. Complements

3. Remedies that follow well
4. Inimicals
5. Antidotes
6. Duration.^[7]

Scientific Homoeopathic prescribers assert that there is a specific clinical relationship among Homoeopathic remedies. Hence prescription which follow a certain sequence are of much clinical importance as it may speed up the cure. A successful second prescription depends upon the meaningful knowledge of remedy relationship which is lacking in many of us. A proper clinical knowledge of remedy relationship will help us in correct prescription. This term second prescription is very well known to all of us, but its real utility, and practical importance is not well known. It not only helps in second prescription, but in first prescription since it helps in the proper planning of the next remedy to be prescribed.^[6]

Infections of the Upper Respiratory Tract has a tremendous impact on public health. Although most URTIs are caused by viruses, distinguishing patients with primary viral infection from those with primary bacterial infection is difficult. Signs and Symptoms of bacterial and viral URTIs are, in fact, indistinguishable.^[1]

Acute coryza is the most common URTI and is usually caused by rhinovirus infection. The usual symptoms are general malaise, nasal discharge, sneezing and cough. Involvement of the pharynx causes a sore throat, and that of the larynx a hoarse or 'lost' voice. If complicated by tracheitis

or bronchitis, chest tightness and wheeze typical of asthma occur. Specific investigation is rarely warranted and treatment is symptomatic. [2]

Case History

A 27year old female patient came to OPD [A-HMIS ID- 102023117586] National Institute of Homoeopathy, Narela Delhi, presented with a 3-day history of a productive cough with yellow expectoration which was aggravated at night, dryness and soreness of the throat, accompanied by chest pain while coughing and fever (100.3°F). The patient was shifted in IPD [610/IPD/48/24] of National Institute of Homoeopathy Narela Delhi.

On physical examination, the patient is febrile(100.3°F), with tachycardia heart rate (112 bpm) and mild tenderness upon palpation of the chest. On Auscultation of chest no abnormal sounds were found.

Treatment History :

Took Allopathic treatment for 2 days with no relief, after which patient visited NIH, Delhi.

Physical Generals

Appearance- Lean thin, dark complexion.	Thermal- Chilly
Appetite- Good, no significant change	Sleep- Disturbed due to cough,
Thirst- Increased	Dream- Nothing specific
Desire- Spicy food,	Perspiration- Soles, non-odorous,
Stool- Clear	Urine- Nothing specific

Diagnosis

An unspecified acute upper respiratory tract infection (URTI) J06.9. (ICD-10)

Method of Repertorization

Selection of Repertory:

After thorough case taking & proper analysis and evaluation the totality of this case was framed. It was found that expression of this case had deductive logic hence Kent Repertory was selected and Repertorization was done using by in Homopath

Zomeo Software.

Totality of symptoms	Rubric Selection
Dryness of throat	[Throat] Dryness
Chest pain while coughing	[Chest] Pain: Cough, During
Thirst increased fever during	[Stomach] Thirst: Heat: During
Expectoration yellow	[Expectoration] Yellow
Sore throat	[Throat] Pain: Sore
Cough night aggravation	[Cough] Night

Figure 1-Repertory Sheet

Repertorization Sheet - Zomeo (Offline) Pro Ltd
Physician Name : Dr. NIH, Patient Name : , Reg. No. : A-XXXX ID - 102023117586

Remedy	Bell	Calc	Lyc	Puls	Sulph	Sep	Acim	Arn	Phos	Merc
Totally	16	16	16	15	15	14	13	13	13	13
Symptoms Covered	6	6	6	6	6	6	6	6	6	5
[Kent] [Throat] Dryness:	3	3	3	3	3	3	2	2	3	3
[Kent] [Chest] Pain: Cough, During:	3	2	3	3	3	2	2	1	3	2
[Kent] [Stomach] Thirst: Heat: During:	3	2	1	2	2	1	3	3	2	0
[Kent] [Expectoration] Yellow:	1	3	3	3	2	3	2	2	3	2
[Kent] [Throat] Pain: Sore:	3	3	3	1	2	2	1	2	1	3
[Kent] [Cough] Night:	3	3	3	3	3	3	3	3	1	3

Reportorial Result:

Belladonna -16/6, Calcarea carb- 16/6, Lycopodium- 16/6, Pulsatilla- 15/6, Sulphur- 15/6

Remedy Prescribed:

Belladonna 30 C was prescribed every half hourly for 4 hours.

Follow-up and Observations

Date/time	Medication/ doses	Temperature	Observation
13/12/2024 12:00 pm	Belladonna 30 1 st dose	100.3° F	Cough with chest pain, thirst increased with dryness of throat
13/12/2024 1:00 pm	Belladonna 30 3 rd dose	100.5° F	Cough slight better, thirst same with dryness
13/12/2024 2:00 pm	Belladonna 30 5 th dose	100.0° F	New symptom- headache with vertigo sensation. Cough much better.
13/12/2024 3:00 pm	Belladonna 30 7 th dose	99.6° F	Headache better Cough better Dryness of throat decreased.

Exploring The Role Of Homoeopathy In Managing Acute Lymphoblastic Leukemia In Pediatric Age Group: A Case Report

PEER REVIEWED

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Keywords

Carcinosinum, Homoeopathy, Pediatric

Abstract

Background

Acute Lymphoblastic Leukemia is a cancer of the blood especially of white blood cells & bone marrow & was the first disseminated cancer shown to be curable. It is diagnosed in about 2400 Children greater than 15 years of age in the US & has a peak incidence in 2-3 years. It is characterized by low-grade fever, bony pains, anemia, lymphadenitis etc.

Case Report

This is the case of a 7-year-old child having ALL, CALLA Positive on allopathic medications & chemotherapy. The Patient presents with complaints of abdominal pain, bony pains and inflammation, anorexia, loss of weight, the offensive smell from mouth etc. Considering both physical & mental symptoms *Carcinosinum 200* was prescribed. Over the period patient shows improvement in his symptoms. This improvement shows the potential effectiveness of Homoeopathy in ALL. The results are verified using the Modified Naranjo Criteria.

Introduction

Childhood cancers are a rare but important cause

of morbidity and mortality. Common childhood malignancies include Leukemia, Brain Tumors & Lymphoma. Leukemia is the most common malignant neoplasm in childhood. It affects children under 15 years of age group. It is a cancer of the blood & bone marrow. Leukemia may be defined as a group of malignant diseases in which genetic abnormalities in a hematopoietic cell give rise to an unregulated clonal proliferation of cells. ^{(1), (2)}

Acute Lymphoblastic Leukemia (ALL) is the most common childhood malignancy accounting for 1/4th of all childhood cancers. It is a heterogeneous group of malignancies with several distinctive genetic abnormalities that result in varying clinical behavior. It accounts for 25% of all childhood cancer in the United States & occurs most often in children aged 1-4 years.

The incidence of ALL in children is around 3-4 cases/100,000 children under 15 years old each year⁽¹⁾ In the USA it is about 40 cases/1 million people aged 0-14 years. The incidence rate is higher in male children as compared to female children.

Childhood ALL is caused by changes to how the blood stem cells function especially how they divide into new cells. The exact cause of these cell changes is not known. The risk factor is anything that increases the chance of getting a disease. It may be associated with Genetic or Environmental risk factors. Genetic factors include Down Syndrome, Fanconi Anemia, Bloom Syndrome etc. Environmental factors include Ionizing radiation, Drugs, Alkylating Agents etc. ^{(1),(2)}

ALL is developed as the Bone marrow & Thymus make blood stem cells which are immature and become mature blood cells over time. A blood stem cell may become a Myeloid Stem Cell or a Lymphoid Stem Cell. A Myeloid Stem Cell becomes either RBC, WBC or Platelets. A Lymphoid Stem Cell becomes a lymphoblast cell & then one of three types- B lymphocytes, T Lymphocytes & Natural killer cells. ALL occur because too many stem cells become lymphoblasts that do not mature into B lymphocytes or T lymphocytes. These cells are also called leukemia cells. ⁽³⁾

According to French-American-British (FAB) criteria ALL is morphologically classified into L1 morphology lymphoblast (80-85%), L2 lymphoblast (15%), & L3 lymphoblast (1-2%). Phenotypically, surface markers show that approximately 85% of cases of ALL are B lymphoblastic leukemia, about 15% are T lymphocytic leukemia & only 1% are derived from mature B cells. ⁽¹⁾

Malignancies in children are often difficult to detect because the signs & symptoms are often non-specific and mimic many common disorders of childhood. The duration of symptoms in a child with ALL may vary from days to weeks and in some cases it takes a few months. The symptoms include Anorexia, Fatigue, Malaise, Irritability, Intermittent Low-Grade Fever etc. It also includes severe bone & joint pain, particularly in the lower extremities. As the disease progresses signs & symptoms of bone marrow failure become more obvious with the occurrence of Pallor, Fatigue, Exercise Intolerance, Bruising, Epistaxis etc. Organ infiltration can cause Lymphadenopathy, Hepatosplenomegaly, Testicular Enlargement, CNS involvement & Respiratory Symptoms. ⁽¹⁾⁽²⁾

The prognosis of ALL is based upon several factors. It includes the age at which the disease is diagnosed, sex, initial leukocyte count, race and ethnic background. It also considered whether the leukemia cells began from B lymphocyte or T lymphocyte. Whether it is associated with Genetic or Environmental factors.

Clinical presentation, peripheral blood counts & morphology are indicative of the diagnosis of ALL. Diagnosis is confirmed by peripheral smear examination & bone marrow aspiration as well as biopsy at the time of initial diagnosis. Diagnostic

tests include blood examination to evaluate no. of WBC, Lumbar puncture for CSF examination and Chest x-ray to see if there is a mass of cells in the thymus that may affect breathing. Conventional cytogenetic & fluorescence in situ hybridization should be performed on the bone marrow specimen to look for common genetic alterations in ALL.

Treatment may include Chemotherapy, Radiation, Blood Transfusion, Bone Marrow Transplantation, Medications etc.

Role of Homoeopathy in ALL in Pediatrics

Homoeopathy is a widely practiced alternate system of medicine around the world. Many peoples use Homoeopathy as an alternate system of medicine for malignant conditions. Homoeopathy is widely used as a palliative & supportive therapy in cancer patients. It overcomes the side effects of chemotherapy, Radiation therapy, medications etc. Homoeopathic treatment is an add-on to conventional therapy with almost no interaction with conventional drugs due to the small doses and is largely attributed to improving lives by providing symptomatic relief, increasing survival time and boosting patients' immunity. It also copes with Anxiety, stress & depression. It controls the symptoms and stimulates the body's self-healing ability. Homoeopathy does not have adverse side effects and it helps to improve the general quality of life.

For children with acute as well as chronic illnesses, constitutional homoeopathy care can offer one type of approach that addresses the underlying cause of the illness & hopefully presents solutions to emotional, behavioral, pathological & psychological problems. As the Homoeopathic medicines are pleasant in taste & easy to take they treat the child as a whole rather than just their symptoms.

In cases of cancer, the diagnosis often leaves the patient with a sense of depression, anxiety, & fear. Homoeopathy can influence the psyche of the patient and help him to deal with the emotional disturbance.

Numerous Homoeopathic medicines are useful in childhood malignancies like *Carcinosinum*,

Phosphorus, Medorrhinum etc. *Carcinosinum* is indicated when there is a family history of cancer. *Carcinosinum* is one of the principal nosode of cancer and is one of Dr. Burnett’s preparations. It is used in treating depraved inherited conditions in children with good effects.⁽⁹⁾ It is also indicated for anemia which is a common symptom of leukemia, bony pains, weakness, fatigue and mental symptoms like depression fear etc.

Case Report

A 7-year-old boy from Maharashtra consults a Homoeopathic physician with k/c/o Acute Lymphoblastic Leukemia, CALLA positive on 22nd April 2022 with the presenting complaints of severe abdominal pain which was better by bending double, pain and inflammation of bones, anorexia, severe generalized weakness, body ache, the offensive smell from mouth and itching at anus & thrombocytopenia (5000/cumm) etc.

In this case, we referred to a case report of Dr. Ghulam Yaseen who cured a case of ALL in a 5-year-old child using Homoeopathic remedies like *Antim tart 200, Hydrastus 3x, Calcarea Phos 3x, Natrum Mur 3x*.⁽¹⁰⁾

Details of chief complaint

The patient is FTND born with cephalohematoma which subsided on its own after a month. When the child was a year old he started suffering from constipation which was treated by Ayurvedic treatment. Then at the age of 4-5 years, he developed white patches over both buttocks for which he was given Leech Therapy to stop the spread. Also, he was recurrently suffering from UTI. A few months ago he started having pain in the right hip & thigh region. The patient was unable to walk because of severe pain. During this time he developed hepatomegaly and splenomegaly so there was pain at both the right & left hypochondriac & epigastric region. He was frequently suffering from low-grade intermittent fever. There was anorexia and generalized weakness, also patient lost weight and was found sleep disturbances. The patient was admitted to a hospital with the above symptoms and diagnosed with Acute Lymphoblast Leukemia of B cell origin & CALLA positive in April 2022. It is a Hereditary Autoimmune

Disease. Then the patient was shifted to ABC Cancer Hospital for further treatment. After a few days the patient started suffering severely from the side effects of chemotherapy and their platelet count decreased up to 5000/cumm at this stage patient consulted a Homoeopathic physician.

Family History

No confirmed history of cancer in the family.

Personal History

Parents’ marriage is 2nd-degree Consanguineous Marriage.

Appetite – Reduced	Micturition– The patient suffers from recurrent UTI.
Desire-Sweet & Meat	Stools- Twice a day, satisfactory.
Aversion – Not specific	Sleep –disturbed due to pain.
Thirst – a small quantity of water at small intervals.	Dreams –Not remembered.
Thermals: Hot patient	

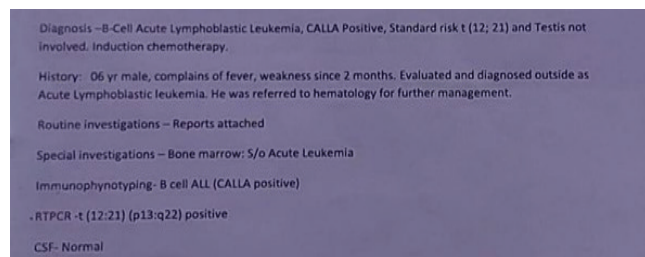
Mind

Mentally the patient was very mild. He does not like to mix up with others and also does not like to talk. He has a yielding disposition. The patient has a desire to be held and feels better when carried over shoulders. He is more attached to his father and sister. He was fed up with his suffering and being hospitalized.

Diagnosis

Acute Lymphoblastic Leukemia, CALLA positive (ICD 11- 2A71)

Fig.1: Diagnostic Report



Investigations : Date: 22/04/2022;

1. CBC- Hb = 5g/dl; platelet count = 5000/cumm

2. CRP-104.09
3. Weil test- Positive
4. Cytology report-c/o Acute leukemia

Analysis of Symptoms

1. Mental General Characteristics	<ul style="list-style-type: none"> • Desire to be held • Feels better when carried over shoulders • Patient is very mild • Yielding disposition
Mental General Common	<ul style="list-style-type: none"> • He was fed up with his suffering and being hospitalized.
Physical General Characteristics	<ul style="list-style-type: none"> • It is a hereditary autoimmune disease • Patient has bony pains • Inflammation of bones
Physical General Common	<ul style="list-style-type: none"> • Desire for sweet & meat • Severe generalized weakness. • Loss of appetite. • Offensive smell from mouth. • Disturbed sleep.
Particular characteristic	<ul style="list-style-type: none"> • Abdominal pain is better by bending double.
Particular common	<ul style="list-style-type: none"> • Itching at anus.

Evaluation of symptoms

1. Grade 1	<ul style="list-style-type: none"> • Desire to be held. • Patient is very mild. • Yielding disposition. • It is a hereditary autoimmune disease. • Abdominal pain is better by bending double.
2. Grade 2	<ul style="list-style-type: none"> • Feels better when carried over shoulders. • Patient has bony pains. • Inflammation of bones. • Desire for sweets and meat.
3. Grade 3	<ul style="list-style-type: none"> • Severe generalized weakness. • Loss of appetite. • Offensive smell from mouth. • Disturbed sleep. • Itching at anus.

Totality of symptoms

1. Desire to be held.
2. Feels better when carried over shoulder.
3. Very mild.

4. Yielding disposition.
5. An autoimmune disease.
6. Complaints of bone marrow.
7. Pain and inflammation of bones.
8. Pain in the abdomen which is ameliorated by bending double.

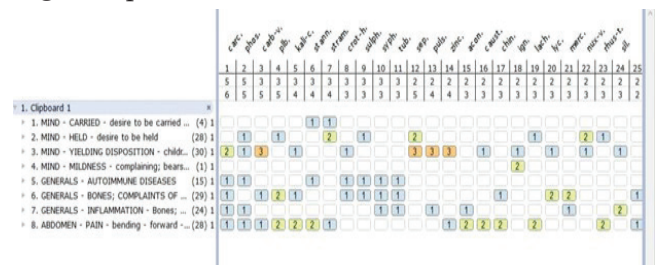
Repertorial Totality

On analysis of symptoms, the following rubrics were considered and repertorised using synthesis repertory :

1. Mind-Held-desire to be held
2. Mind-carried-desire to be carried-shoulder over the
3. Mind-yielding disposition-children in
4. Mind-mildness-children in
5. Generals-autoimmune disease
6. Generals-Bone-complaints of marrow
7. Generals-inflammation bones of-bone marrow of
8. Abdomen-pain-bending double-amelioration

Based on the totality and repertorisation *Carcinosinum 200 C* was prescribed (3 doses at intervals of 1 hour) on 22 April 2022 and the same remedy was prescribed for the next two days (TID) along with *Sacchrum Lactis* (SL).

Fig.2: Repertorisation Chart.



Remedy with reasoning

Carcinosinum 200 was given as the disease is a hereditary autoimmune disease. Remedy is finalized by focusing on physical as well as mental symptoms. Physical symptoms such as abdominal pains are better by bending double, bony pains and inflammation. Mentally we consider yielding disposition, feeling better by carried over shoulders etc.

200 Potency was chosen and prescribed with infrequent repetition depending upon factors affecting susceptibility. 200 potency is given as the patient is a child and infrequent repetitions are given because of pathological changes, low immunity etc.

Differentiation of remedies between *Carcinosinum* & *Phosphorus*:

Carcinosinum 200 is given as it is one of the

remedies for inherited cancerous conditions & suspected malignancy. There is a tendency for multiple infections. In *Carcinosinum* troubles start in early age and also there is a tendency to inflammation and cancer miasm.

Phosphorus is not given as there is no specific history of inherited diseases and mainly it is indicated for hemorrhagic diathesis.

Table1: Follow ups:

Date	Response	Prescription	Interpretation
26/4/2022	Platelet count was increased. The patient is suffering from side effects of chemotherapy like reduced appetite, weakness, hair fall etc.	<i>x-ray</i> 200 OD×8 days <i>Carcinosinum</i> 200 C OD×8 days <i>SL</i> ×BD×8 days	Previously <i>Carcinosinum</i> 200 was given which increases the platelet count. <i>X-ray</i> 200 is given for repeated exposure to X-rays often followed by Cancer ⁽⁶⁾ .
12/5/2022	History of a single episode of vomiting and fever otherwise good results. Appetite is increased. No other complaints. Improvement in the blood counts and weakness reduces. A picture of the investigations is attached below.	<i>SL</i> ×TID×15 days	<i>Carcinosinum</i> 200 helps in the improvement of blood count and improved patient appetite.
2/6/2022	History of fever and itching at anus. Sleep is improved.	<i>Phosphorus</i> 200×BD×15 days <i>SL</i> ×BD×15 days	<i>Phosphorus</i> 200 is given depending upon acute totality.
16/6/2022	The patient has improved his appetite. Weight gain (from 17 kg to 19 kg). Itching subsides. Hair fall is still present due to chemotherapy.	<i>Carcinosinum</i> 200×OD×3 days <i>X-ray</i> 200×OD×15 days	<i>X-ray</i> 200 is given to palliate the side effects of chemotherapy
30/6/2022	The patient was apparently alright. No new complaints.	<i>SL</i> ×TID×1 month	
20/7/2022	Patient shows changes In his behavior now inclined towards talking and wanting to mix up with others.	<i>SL</i> ×TID×15 DAYS	
5/8/2022	Patient presented with c/o mouth ulcers which are painful and have a tendency to bleed. Ulcers caused as a result of Post chemo.	<i>Borax</i> 200×BD×1/2 dram <i>SL</i> ×TID×15 days	<i>Borax</i> 200 is given as the ulcers have a tendency to bleed and it is an indicated remedy for mouth ulcers in children.
21/8/2022	The patient was apparently right. No new complaints.	<i>SL</i> ×TID×15 days	<i>Borax</i> 200 reduces the mouth ulcers and hence as the patient does not have any complaints <i>SL</i> is given.
10/9/2022	H/O fever 2 days ago and having coryza which gets worse by cold and dampness. The patient is restless for a few days.	<i>Rhus Tox</i> 200×BD×3 days	<i>Rhus tox</i> 200 is given as the patient is restless and fever and coryza is agg. by cold and dampness.
7/10/2022	Patient presents with complaints of fever, vomiting, and itching all over the body which is caused due to chemotherapy. The patient says that he feels very hot.	<i>Carcinosinum</i> 200×BD×4 days <i>SL</i> ×TID×15 days	<i>Carcinosinum</i> 200 is given based on totality and it also helps to improve previous symptoms.
8/11/2022	The patient was apparently right. There are no new complaints. Weight gained by 2 kg.(from 19 kg to 21 kg)	<i>SL</i> ×TID×1 month	
13/12/2022	No new complaints. The patient was informed that chemotherapy had finished.	<i>Carcinosinum</i> 200×stat dose <i>SL</i> ×TID×1 month	<i>Carcinosinum</i> 200 is given to remove the tendency to improve his general well-being.

9/1/2023	The patient was apparently alright. No new complaints. There is increased appetite and weight gain. Weakness reduces. Along with physical symptoms, there is an improvement in mental symptoms. Now he behaves like a normal child, mixing up with others.	SL×TID×1month	As the patient does not have any complaints we continue with SL.
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Figure 3: CBC reports after 15 days of Homoeopathic treatment.

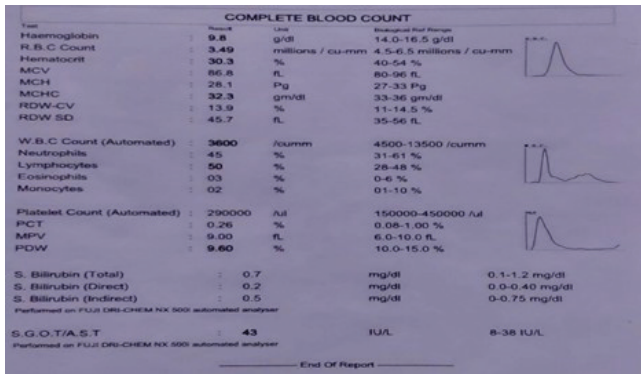


Figure 4: Microscopic examinations are found to be normal after Homoeopathic treatment.

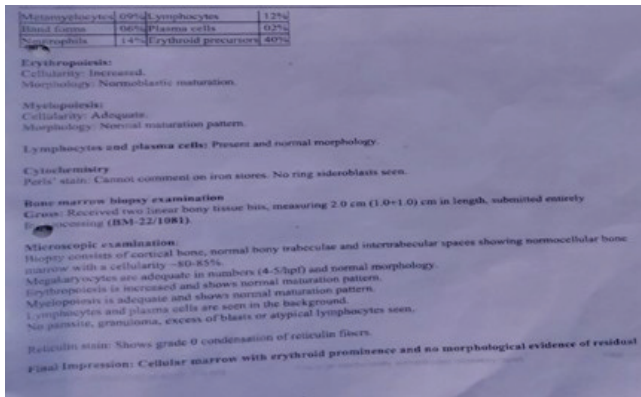


Table 2: Outcomes were assessed using Modified Naranjo Criteria:

DOMAINS	SCORE
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	2
3. Was there an initial aggravation of symptoms?	1
4. Did the effect encompass more than the main symptom or condition (i.e. were other Symptoms ultimately improved or changed)?	2
5. Did overall well-being improve? (suggest using a validated scale)	2
6. A- Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0

6. B- Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance?-from deeper to more superficial? -from the top downwards?	2
7. Did old symptoms (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	1
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider the known course of the disease, other forms of treatment, and other clinically relevant interventions)	0
9. Was the health improvement confirmed by any objective evidence? (Eg. Laboratory test, clinical observation, etc.)	2
10. Did repeat dosing, if conducted, create similar clinical improvement?	2

The case was assessed as per Modified Naranjo Criteria 11 for Homoeopathy and the total score was 16.

Discussion

The patient was on allopathic medications since diagnosis and had chemotherapy. After a few days, he stopped responding to allopathic medications and blood counts were succeedingly decreased. Even after the blood transfusion, the blood counts especially the platelet count does not return to normalcy.

The patient was suffering from symptoms like intermittent type of fever, severe abdominal pain, bony pain, anorexia, weight loss, hair fall, sleep disturbance, severe generalized weakness etc. Mentally he was very mild and had a yielding disposition. He did not like to talk with others and mix up with others. Though he was suffering from such a situation he was not complaining about anything.

Based upon totality & susceptibility *Carcinosinum* 200 was prescribed to the patient. From the very next day patients’ parents reported that the platelet count had increased from 5000 to 11000/cumm and within 15 days it reached up to 290000/

cumm. The patient required infrequent repetition of *Carcinosinum 200* to get relief from long-standing symptoms. The patient was also prescribed X-RAY 200 to remove the side effects of chemotherapy. He was also prescribed remedies like *Borax & Rhus Tox* to treat acute exacerbations.

The introduction of Homoeopathic medicines improved his physical as well as mental symptoms. Physically he gets relief from abdominal pain, bony pains, fever, generalized weakness, mouth ulcers, hair fall, itching at the anus etc. It also increased his appetite and weight. The patient experienced sound sleep after taking Homoeopathic medications. Mentally after medications the patient started being more vocal & inclined to have more conversations with others. The Homoeopathic improvement is assessed by using Modified Naranjo Criteria.

CONCLUSION

Homoeopathy can play a significant role in managing symptoms of ALL in the pediatric age group. It stimulates the child's curative power to cure them. It can help to personal growth of children. Homoeopathy helps in a reduction in days of hospitalization, improves his immunity and mental stability. It is concluded that we can use *Carcinosinum* to cure the cases of Acute Lymphoblastic Leukemia in the pediatric age group. Further research is required about how Homeopathy manages the cases of ALL.

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Role Of Homoeopathy To Cure Autism

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Keywords

Autism, Autism Treatment Evaluation Checklist, Attention deficit hyperactivity disorder, Case study, Homeopathic treatment.

Abstract

The prevalence of autism and other developmental problems has recently reached pandemic levels. In such a case, it's critical to identify unique and cutting-edge interventions and treatments that can lessen the severity and complexity of the disease and assist the youngster in achieving their optimal level of functioning. To heal the autistic child, an integrated and multidisciplinary approach is required. Here, homoeopathic medicine can be beneficial. The positive results of homoeopathic treatment for autism will be covered in this article. Here, we will discuss some case studies and find out how homoeopathic treatment is useful in the treatment of autism.

Introduction

Similia Similibus Curanter, the principle underlying the law of similars, is the foundation of the homoeopathic therapeutic system. Alternatively said, "What can cause can cure." The same problems are treated in a diseased person with substances that can create symptoms in healthy people. This theory was first found by Dr. Hahnemann, a highly successful practitioner of traditional medicine, after studying ancient manuscripts and conducting experiments on himself. His research first focused on cinchona bark. Hahnemann persisted in conducting trials using other chemicals that supported this notion. Another intriguing aspect is that numerous ancient medical systems make reference to the "rule of similars."

Paracelsus and Hippocrates both used this system. Ancient Ayurvedic literature like "vishasya vishamevam aushadam" and "samaha samena shantih" cite the fundamental tenet of homoeopathy. Understanding how the homoeopathic model differs is crucial. Homoeopathic medicines work dynamically by boosting the body's own defense mechanisms. Homoeopathic medicine only serves as a stimulant during therapy, allowing the body to rid itself of the illness force and heal itself. In other words, it gives the body the push it needs to heal. The primary objective of symptom matching is to find a drug that has the same symptoms as the child and, when given to the patient, both gets rid of and stops the major symptoms. Homoeopathy works on a nanoscale, thus the effects of the therapeutically created symptoms just disappear, leaving you healthy and disease-free. The body can heal itself thanks to this resonance. Homoeopathy refers to this process as potentization, that brings forth the substance's energy and aids in boosting. Recent studies by scientists in a variety of disciplines, including engineering and materials science, have improved understanding of how homoeopathic medicines function and helped disprove the myth that they do so due of the placebo effect.

Homoeopathic Treatment Principles

1. **Vital Force Doctrine:** Homoeopathy holds to the idea of the vital force. This and the Ayurvedic idea of pranashakti are partially related. Every living thing is maintained by an electromagnetic energy field. Every cell in the body contains this vital power, which is what gives it life. Homoeopathic treatment focuses on this dynamic level, which can become out of balance when there is illness. When the vital force's imbalance is corrected, self-healing

at the physical level is aided.

- 2. Potentization:** A method called as potentization is used to create homoeopathic medications. In this method, treatments are electrified rather than just diluted to bring out their therapeutic characteristics at the nanoscale.
- 3. Law for Simplex:** Single Remedy: Based on symptoms matching & individualization, only a single remedy is taken at a time.
- 4. Individualization:** Homoeopathy thinks that the patient, not the ailment, should be treated. According to homoeopathy, every person is different and has distinctive qualities—even identical twins are really not identical. Various people will experience the same sickness in different ways.
- 5. Law for Minimum Dose:** To prevent unneeded aggravations, the remedy strength is regulated so that it is just a little bit greater than the disease force.
- 6. Drug Proving Doctrine:** Drug proving is a method used to demonstrate the medicinal effects of drugs. Healthy individuals are administered these substances, as well as the symptoms they produce are reported.
- 7. Hering's - Law for Cure Direction:** As per this law, treatments must go from inside to outside, from more prone to the less vital organs, from upper to lower, as well as in the opposite direction from how they initially emerged, as per Hering's Law for Direction of Cure. As an illustration, the child with autism might encounter a recurrence of the dermatitis they had as infants, which would lessen their behavioral symptoms.

Autism Spectrum - Disorder (ASD)

Reduced social interaction and communication issues are hallmarks of the neurodevelopmental disease known as autism spectrum disorder (ASD), repetitive or confined actions, and unusual or severely restricted interests. When a condition is referred to be a "spectrum disorder," it means that both the type and intensity of symptoms can vary greatly; no two kids will exhibit the same symptoms or behaviors. Mild to severe symptoms are

possible, and they frequently evolve over time. Around 62 persons out of every 10,000 people are thought to be afflicted by autism worldwide. It might be difficult to recognize signs and get a diagnosis for ASD because of its vast spectrum of symptoms and severity.

In situations with autism, it's crucial to make the diagnosis using clinical judgment and trustworthy diagnostic instruments. The homoeopathy could make the diagnosis and rule out any comorbidities with the aid of a thorough personal history, a neurodevelopmental assessment, hearing and vision testing, and other diagnostic techniques. The Indian Scales for Screening of Autism, M Chat, and the Vineland Societal Maturity Scale (VSMS) are some of the few measures utilized for patient evaluation and Childhood Autism Rating Scale (CARS).

There isn't a single medication that could be used to cure autism. The use of drugs to treat comorbid diseases like epilepsy is discussed, as well as symptoms of hyperactivity, violent conduct, maladaptive behavioral patterns, and self-destructive behavior. Similar to other neuropsychiatric illnesses, ASD is treated using the same basic pharmacotherapeutic principles. Typical medications include antidepressants, psychostimulants, antipsychotics, anti-epileptics, and stimulants. Because each of these medications has a different set of side effects, it is best to use them only after discussing the advantages and disadvantages with a doctor. A multimodal and integrative strategy can help autistic youngsters function at their highest capacity.

The Autism Treatment Evaluation – Checklist (ATEC) looks at speech, language, and communication skills, peer interaction, sensory-cognitive sensitivity, health and mental issues. It aids in assessing therapy outcomes. Higher ratings represent more serious issues, whereas lower scores represent less severe issues.

The scoring guide for the ATEC is as follows :

ATEC less than 30	The child is in the top 10% of all students at this level. A child that receives a score < 30 or much better, less than 20 — would be more or less able to interact in two-way dialogues and behave normally. These kids stand a good chance of growing up to be autonomous adults who lead regular lives.
ATEC less than 50	The child is already in the 30 % as a result. The likelihood of the child becoming somewhat autonomous is high. More importantly, it is unlikely that he or she will need to be admitted to a facility or "nut house". Being able to accomplish progress up to this level already is regarded as highly significant by several parents of autistic children.
ATEC more than 104	Even though 180 is the highest possible score, someone with a score of over 104 would be in the 90 percentile and be regarded as having very severe autism.

Case studies of children suffering from autism and their homoeopathic treatments

Case 1. Mr. A, 8 years, Male: ASD with ADHD

Mr. A was found to have both ASD and Attention deficit hyperactivity disorder (ADHD). The main things that worried his parents were how hyperactive he was and how slowly he was learning to talk. He also didn't look you in the eye and couldn't pay attention for very long. He was smart and could understand things well, but he was very impatient and therefore would finish things quickly. He was crazy about numbers and was great at math. He didn't copy well and had trouble getting along with other people and working in a group. He had times when he wasn't there, but his EEG pattern was normal. He had poor sleeping habits. The main signs were that he's very stubborn and inflexible, and he couldn't take "no" for an answer. Whenever he is angry, it would be best to ignore him and leave him alone. He could hear things very clearly. At the clinic, he would stop what he would do and listen intently to sounds as well as voices that no one else could hear. He attempts to hug as well as persuade his parents so they won't scold or punish him. He is a boy who is very interested and curious. He was afraid of the dark and didn't like dark people for some strange reason. He also gets scared when he views a black veil or anything black. This fear has made him dislike ads with dark people in them. He prefers to be with men and tries to stay away from girls.

Remedies of Homoeopathy Used and Improvements Seen

Here is a quick rundown of some of the ways to treat a child's symptoms based on how they look. When a remedy is provided as per the "law of direction of cure" in classical homoeopathy, the symptoms change, as well as you keep going back to where it all started. The ideal scenario is when you're at the core as well as find that the life force is in good condition and hasn't been screwed up. Even though this is tough to do, homoeopathy can indeed least get a system to work as well as it can while causing the patient as little pain as possible. This is why old symptoms, involving physical ones, could perhaps come back with homoeopathy while mental or emotional ones get better. Also, the old sign disappears completely on its own and doesn't cause any trouble. The treatment goes by the most major organs to some less significant ones, which is really the reverse of how they show up. This is why we see changes from intellectual/cognitive domain towards the emotional domain as well as from the emotional domain to a physical domain when a child receives homoeopathic medicine. I only talked about a few of treatments that were used to show how homoeopathic medication works or how it changes from one treatment to the another based on the monthly reviews. The remedies are not listed in the order of when to use them.

The main signs and symptoms mentioned are the ones that happen when a healthy person takes the medicine. When this list of symptoms matches what the child is going through, giving the same treatment helps to get rid of the symptoms of the disease. The homoeopathic treatment as well as the Improvements Seen in the children's stories below all took place over the course of one year.

Samples of Remedies of Homoeopathy utilized

1. Pulsatilla (Wind - Flower)	
The Most Important Signs	Easy to cry. Timid, irresolute. Fears of being alone, dark, and haunted at night. Likes to be kind. Children like to be fussed over and held. Easy to lose hope. A sick fear of the other sex.

Changes witnessed	Response to commands are improved now as he understands more, and he sits as well as listens to stories. His hyperactivity is slightly less, but it still bothers him. He still has a fear of the color black, but he colors with black. Better communication and clearer speech, more awareness of the environment, and less fixation on numbers.
2. Belladonna (Deadly Night Shade Plant)	
The Most Important Signs	He is impatient, rips things, lives in his own world, has a cough, likes to play in water, wants to talk, and plans to change clothes a lot.
Changes witnessed	Completing schoolwork at home, showing more emotion with friends, having better speech but bad story-telling skills, putting together jigsaw puzzles quickly and being able to explain how he does it, and being able to cough less.
3. Lycopodium (Club Moss)	
The Most Important Signs	The most essential signs are having trouble writing, focusing, being hyperactive, angry, restless, excited, and having trouble breathing.
Changes witnessed	Better ability to focus, less restlessness, Good report card from school, can talk well in mother tongue.

Case study 2: Ms. B, 4 years: ASD

Ms. B was very restless and hyperactive, and she didn't listen to what the therapist said. She was always moving in the middle. Parents were most worried about delayed benchmarks, difficulties with gross motor movements, hypotonia, trouble squatting, standing, as well as climbing stairs, poor manual dexterity, delayed language acquisition, impulsive behavior, stimming-mid-line movements, gestures, poor response to calling names, short attention span, impatience, and sound sensitivity. The main symptoms were being mentally and physically sensitive and easily affected by changes in the environment. She was a happy little girl. She liked to be the center of attention and would get angry if the conversation didn't center around her. She was very active, but her sense of touch and balance were not as good as they could be. She was very set in her ways and very possessive of her mother. When she's upset, she requires to be calmed down. She loves to get dressed up and look in the mirror. She needs

praise and thanks all the time. Even though she liked loud music, she couldn't stand the noise from the mixer or blender. She has a good ear and can hear sounds from far away, even if they are very quiet. She is crazy about music and does her best work when it is playing. She didn't sleep well and her head would sweat.

Homoeopathic Treatment utilized

1. Calcarea - Carb (Calcium- Carbonate)	
The Most Important Signs	Delays in reaching developmental milestones as well as struggling to walk, being fair as well as chubby, being physically and mentally sensitive, desiring attention, being subject to high sounds, being impolite, having difficulty with gross motor skills, as well as getting sick frequently are all indicators of autism.
Changes witnessed	She understands and responds appropriately to sit, stand, school, as well as school friends (she usually goes to the nearby play-home), repeats the last word of a sentence, says a lot of jargon-speak, and some of it is meaningful but and most of it is not, could even stand up from sitting down, which is a significant improvement, falls asleep a little better than ever before, has much more temper tantrums than before, as well as eats more than she used to.
2. Silicea (Grit)	
The Most Important Signs	Poor assimilation and, as a result, poor nutrition. It goes even further and causes neurasthenic states, which make people more sensitive to nervous stimulation and give them stronger reflexes. Lack of life-giving heat. Mind and body make a sign. Great sensitivity to getting sick.
Improvements Seen	She talks more now and keeps repeating a lot of what we say. She tries very hard to put words together though, and it seems like she is trying to tell us something. She kept touching all kinds of things. Her sleep has gotten worse, but her appetite has gotten better. She moves through obstacles with more confidence, and it looks like she's surrendering her fears bit by bit. She seems to like watching cartoons on TV, which is unique and shows that she can understand well and follow directions well. There are more head banging and temper tantrums. She still doesn't have a good handle on things.
3. Pulsatilla (Wind Flower)	
The Most Important Signs	Seeking attention and stubborn, prone to crying. She is timid, uncertain of herself, constantly thirsty, irritable, cold, and she enjoys receiving sympathy. Children want attention and hugs.

Improvements Seen	She began to speak meaningful phrases, rashes emerged all across her body except on her head and face, she could sit on stools and benches without back support, and that she could walk up stairs with minimal assistance. Her self-stimulating activity (hand stims) has diminished, she reacts better to her name, her peers have improved, & her sleep has improved, but she still has a profound hearing loss.
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After homoeopathic treatment, benefits can be seen as:

1. Less impulsive behavior
2. Improvements in the ability to sit still and the ability to pay attention.
3. Improvements in sensory perception skills and sensory integration.
4. The right way to show how you feel.
5. Both fine and gross motor skills are getting better.
6. Better eye contact and social skills.
7. Better speech, language, and communication skills.
8. Fewer panic attacks and temper - tantrums
9. Enhanced patterns sleep
10. Better immunity as well as less chance of getting sick

CONCLUSION

Autism is a complex phenomenon, with biological, psychological, psychodynamic, or maternal conditions during pregnancy all potentially playing a part in its development and maintenance. Identifying early symptoms to make a diagnosis, ruling out comorbidities, and planning therapeutic approaches may be the first challenges. Understanding how symptoms change over developmental phases and so as a result of therapies is crucial. Understanding the principles of homoeopathy, how to use them, and the obstacles to recovery in various circumstances are all beneficial.

The case studies above are just a few examples of how homoeopathic treatment has helped children who have been seen at the clinic. Autism and other diseases like it affect more than a million children in India and other places as well. Some kids have been able to go to regular schools again after getting homoeopathic treatment. With help of homoeopathic treatment, the healing process moves

faster and changes happen more quickly. This is also important because these kinds of improvements usually take longer to show when only occupational therapy as well as speech therapy are used. Children who can't talk have started to talk on their own after a year to a year and a half of homoeopathic treatment after their parents start treatment when they are young.

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Homoeopathic Approach in a Case of Acute Bacterial Cheilitis: A Case Study

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Keywords

Acute bacterial cheilitis, Homoeopathy, Bleeding cracked lips, Nitricum acidum.

Abstract

Acute Bacterial Cheilitis is a rare but clinically significant inflammatory condition affecting the lips, typically presenting with erythema, swelling, fissuring, and crusting, often accompanied by pain. This case highlights the potential of homeopathic individualized treatment in cases of acute bacterial cheilitis. A 14-year-old male patient presented with complaints of bleeding crack and pain in the upper and lower lips and at the angles of the mouth, with a pus-filled ulcer inside the lower lip for a week. The patient was treated with Nitricum acidum 30C and followed up after one week, resulting in complete symptom resolution with in that time.

Introduction

Visible skin lesions can create substantial difficulties for individuals with cheilitis, especially since in-person communication is the most common form of social interaction. Therefore, it is crucial to accurately identify and appropriately treat inflammation of the lips and surrounding skin.

Lip inflammation may be acute or chronic and mostly occurs in the area of the vermilion, but it can also spread to the surrounding skin and, less often, to the oral mucosa. It can be caused by numerous factors, including infections, exposure to, or contact with, certain substances (irritants and

allergens), chronic sun exposure, nutritional deficiencies, and certain skin or systemic illnesses. [1] Angular/infective cheilitis usually appears in the corners of the lips, commonly as a two-sided inflammation with erythema, deep fissures of the labial commissure. A primary bacterial or candidiasis infection can occur, mostly unilaterally and often in patients with suppressed immune systems (HIV), during long-term antibiotic and corticosteroid therapy, after trauma or physical stretching (e.g., following a dental procedure). Secondary infections occur frequently in children, especially who suffer from atopic dermatitis.^[2]

Conventional treatment of acute bacterial cheilitis predominantly involves antibiotic therapy. However, the growing challenge of antibiotic resistance necessitates a more integrated approach. Homeopathy provides a holistic alternative by addressing the infection, as well as the patient's constitutional factors, symptoms, and predispositions, thereby reducing dependence on antibiotics and fostering long-term health.

Case history

A 14 year old, male child visited pediatric OPD of National Institute of Homoeopathy, Delhi on 16th December 2023 (**A-HMIS Registration No. 102023117980**) with following complaint for one week.

Chief complaint of patient

- Cracked lips, angle of mouth with bleeding.

- Swelling of upper and lower lip.
- Pus filled ulcer inside the lower lip.
- Dryness around mouth with itching.
- Difficulty in eating and drinking due to pain while opening mouth.

On Oral examination

Lips dry, bleeding cracks. Angle of mouth cracked. Clots of blood are visible on both upper and lower lip. Inside of upper lip is normal; inside of lower lip small ulcers are present on red base with red edges and yellow center.

Modalities

Pain Agg. Opening mouth, at night, warm application, Amel. Keeping mouth closed.

Physical Generals

- Thirst : 2-3 lit/24 hour, desire normal water
- Desire: Meat and egg
- Perspiration: Scanty on palm and axilla
- Build: Lean, thin, tall child with dusky complexion. Dark black hair. Not able to talk properly because of pain in lips.

Mental Generals

- Sadness due to pain.
- Anxious for his illness.

Differential Diagnosis

1. Herpes Simplex Virus (HSV) Infection
2. Actinic Cheilitis (Solar Cheilitis)
3. Exfoliative Cheilitis
4. Contact Dermatitis
5. Pemphigus Vulgaris
6. Systemic Conditions (e.g., Vitamin Deficiencies, Autoimmune Diseases)

Provisional Diagnosis: ICD-10: K13.0 Acute Bacterial Cheilitis

Figure 1: Pre-treatment lips and Post-treatment lips images

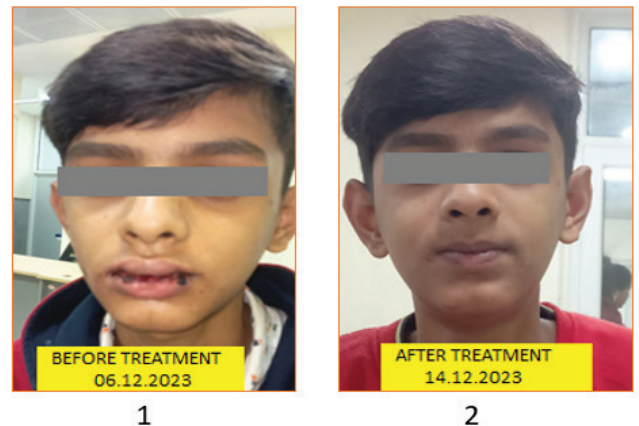


Table no. 1 : Symptom totality & Repertorial totality

Symptoms Totality	Repertorial Totality
All complaints agg. at night	GENERALS – NIGHT – air egg.; night
Desire for meat	GENERALS – FOOD and DRINKS– eggs – desire
Desire for egg	GENERALS – FOOD and DRINKS– meat – desire
Complaints agg.by warm	GENERALS – WARM – agg
Cracked upper and lower lips	FACE – CRACKED – Lips – Lower
Cracked corners of mouth	FACE – CRACKED – Lips –Upper
Dryness of lips	FACE – CRACKED – Mouth; corners of
	FACE – DRYNESS – Lips

Repertorial Totality

Repertorisation of this case was done Manually using synthesis repertorium homoeopathicum syntheticum 9.1 edition.^[3]

Table no. 2: Repertorial chart

REMEDIES	SUM SYM	SUM DEG	SYMPTOMS
Sulphur	7	11	1,2,3,4,5,6,7
Nitricum acidum	6	11	1,3,4,5,6,7
Calcarea carbonica	6	9	1,2,3,4,6,7
Lycopodium	6	8	1,3,4,5,6,7
Pulsatilla	5	10	1,2,4,6,7
Sepia	5	10	1,2,3,4,7

Remedy Selected: Nitric acid

DATE	INDICATION OF PRESCRIPTION	MEDICINE AND DOSES
1 st Visit 06.12. 2023	<ul style="list-style-type: none"> Bleeding crack of both lips Crack in corners of mouth Pain in upper and lower lip Pus filled ulcer inside lower lip Dryness around the mouth Complaint aggravated in night and due to warm application 	1) Nitricum acidum 30/ TDS /4globule /2 day 2) Sac lac / OD/4 globule/ 7 day
1 st Follow up 14. 12. 2023	<ul style="list-style-type: none"> Bleeding cracks healed completely Dryness around mouth relived completely Pus healed ulcer healed completely No new complaint. 	1) Sac lac/ OD/4globule 3 day

Discussion & Result

In this case, after thorough analysis, the totality was formed including which included Physical Generals and intense particular symptoms such as bleeding, cracks, dryness of lips; aggravation at night and warm application. The cracks were bleeding significantly. The Selection of remedy was done using Synthesis Repertory.^[3] The repertorisation chart is shown in table no.2 reportorial results showed 'Sulphur' & 'Nitricum acidum' on top. The final selection of remedy was based on marked symptom of 'excessive bleeding from the cracks in mouth and lips with consulting Boericke's Materia Medica^[4]; hence Nitricum acidum 30C was prescribed.

Repetition of dose was done according to Organon of Medicine, mentioned in aphorisms no. 246 and 248. We give the patient one or several teaspoonful doses, in long lasting disease daily or every second day, in acute disease every two to six hours and in very urgent cases every hour or oftener.^[5] Symptoms completely resolved within one week.

Indications of Nitric Acid

Nitric acid is suited to person of dark; swarthy

complexion, with black hair and eyes; lean person of rigid fiber; brunette rather than blonde, nervous temperament.^[6] This acid has a marked affinity for the margins of the outlets specially of the throat, anus and mouth. It causes hemorrhages; easily, bright or bloody water. Patient are greatly debilitated, trembling, shivery, sensitive and sore.^[7] Ulcers in mouth with pricking pain. Ulcer rapid, raw, ragged, with proud flesh or plugs of pus.^[8] Nitric acid has aggravation in evening and at night; after midnight; contact; change of temperature or weather; during sweat; on waking; while walking.^[9]

CONCLUSION

This case report highlights the effectiveness of homeopathy in acute bacterial cheilitis, where Nitricum acidum 30C was selected as an individualized remedy, leading to clear positive outcomes. The findings from this case are expected to encourage and inspire confidence in young homeopaths to treat acute conditions using individualized homeopathic medicines.

Acknowledgement

I gratefully acknowledge the active participation and cooperation of the patient's guardian throughout the course of treatment, which significantly contributed to the successful management of the case. I would like to express my heartfelt gratitude to my Institution, NIH Delhi.

Declaration of patient's consent

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

Conflicts of interest: None declared.

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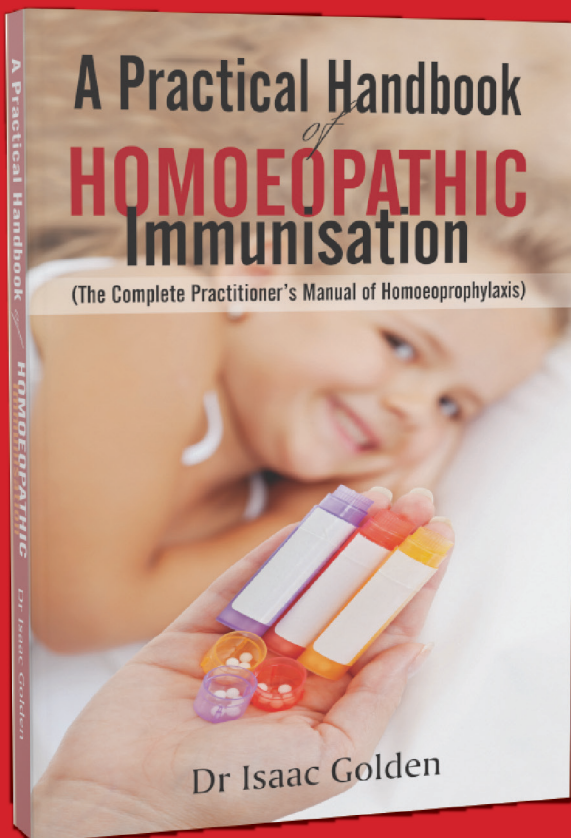
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ENTER INTO THE LABYRINTHS OF “HOMEOPROPHYLAXIS”



A Practical Handbook Of Homoeopathic Immunisation



Dr Isaac Golden

ISBN:- 9788131938492

Acute Illness: Pyrexia & Individualized Homoeopathic Treatment

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Keywords

Fever, Homeopathy, Rhus Toxicodendron

Abstract

Pyrexia or Fever, is an elevation of body temperature above the normal physiological range representing an acute illness. Homoeopathy provides a good relief in such condition. A 70 years elderly male patient reported with complaints of high-grade fever with chills and body ache, was admitted at NIH Delhi IPD, responded well with individualized homoeopathic treatment, Rhus Toxicodendron 30C gave instant relief in fever within hours with no relapse and total well-being. The aim of this article is to showcase the effectiveness of homeopathic medicine in treating the acute conditions like fever.

Introduction

Fever is the abnormal elevation of temperature above 37.2°C in the morning and 37.7°C in the evening. In many cases it is associated with other features such as discomfort, burning of the eyes, chills, rigors, aches and malaise. Accurate temperature recordings are essential and can be obtained from various sites, such as the oral cavity, axilla, or rectum, with rectal readings. Rectal temperatures are generally 0.4°C higher than oral readings. Modern advancements, including digital thermometers and thermocouples, glass thermometer provide highly precise measurements in different set ups. Patterns of fever vary, such as abrupt spikes in infections like pneumonia or gradual step-ladder trends in enteric fever.¹ In

newborns and premature infants, immature thermoregulation mechanisms pose additional risks, emphasizing the need for vigilant observation. The temperature is elevated by increasing heat production and reducing heat loss. Heat production is increased by increasing the metabolic rate and rapid muscular contractions as in rigors. Heat loss by radiation is reduced by peripheral vasoconstriction. Different patterns of fevers are continuous fever, remittent fever, Intermittent fever, Pel-Ebstein's fever. Presence of fever is a definite indication for proper evaluation, and if the cause is not obvious it necessitates review of history and physical signs, laboratory investigation and close observation^[2]

Case History

An elderly patient Mr. J, 70 years from Narela, Delhi visited NIH, Delhi OPD on 2/01/25 (A-HMIS ID-102024162328), with fever of 102.4F with chills for 3 days. Patient was also presented with pain whole body with a feeling of restlessness. The patient expressed relief by continuously changing positions in the bed.

Patient was admitted to NIH, Delhi IPD (662/IPD/05/25) for further observation and treatment. Patient was apparently well three days ago when he was exposed to rain. A few hours later, he began to experience discomfort, restlessness followed by the onset of fever with chills and generalized body aches. No other medication was taken for the presenting complaint.

On General examination, the patient is febrile (102.4oF) with heart rate 101bpm. Pallor, cyanosis,

clubbing were absent. The tongue was dry and slightly white coating was present. On Respiratory examination no abnormality was found, CVS- S1, S2 Normal, GIT examination-soft, non-tender, CNS: conscious and oriented.

Treatment History

No other medication was taken for presenting complaints. Patient is on medication for hypertension for 10 years.

Physical Generals

Appearance – mesomorphic, dark complexion	Desire- milk and milk products
Appetite- diminished	Thermal- chilly
Thirst- decreased	Sleep- sound
Stool- satisfactory, clear	Dreams- nothing specific
Urine- nothing specific	Perspiration- generalised, adequate

Diagnosis: Fever, unspecified (ICD- 10 R50.9)

Totality of symptoms

- i. Fever with chills after exposure to rain
- ii. Restless want to continuous change in position
- iii. Appetite- diminished
- iv. Thirst- decreased
- v. T/G- chilly.

Repertory analysis

After thorough case taking & proper analysis and evaluation the totality of this case was framed. It was found that expression of this case had deductive logic hence Kent Repertory was selected and Repertorization was done using by in Hompath Zomeo Software.

Repertorial totality

- i. [Mind] Restlessness, nervousness; Bed: Tossing, about in
- ii. [Stomach] Thirstless

- iii. [Stomach] Appetite: Diminished
- iv. [Chill] exposure; Rains, during
- v. [Fever] Heat in general
- vi. [Generalities]Cold: In general, agg:

Figure 1: Repertorial Sheet

Repertorial analysis

Ferrum met 13/6, Rhus- tox 135, Arsenic album 12/5, Lycopodium 12/5, Belladonna 11/6, Pulsatilla 11/5.

Selection of remedy

Rhus Toxicodendron 30C (water dose) was prescribed to be taken every 15 minutes for 6 hours. After 6 hours, the dosage was reduced to be taken every 30 minutes

Potential differential field

Rhus Toxicodendron 30C was chosen as fever with chills was started after exposure to rain and patient was very restless with amelioration of continuous tossing about the bed which was given as 3+++ in Kent repertory. Tongue was dry, thermal was also chilly.

Table1: Follow-up and observation

Date and time	Medication/ dose	Fever recorded	Other symptoms
2/01/25 2:45 pm	Rhus-tox 30C (1 st dose in half cup of water.	102.4 F	Pain whole body, restlessness, appetite thirst decreased

2/01/25 3:pm	Rhus-tox 30C (2 nd dose in half cup of water)	102.4 F	Pain whole body persis- tence, restless- ness, appetite slight better, thirst dimin- ished
2/01/25 5:30pm	Rhus-tox 30C (7 th dose in half cup of water)	101.8 F	Pain whole body still per- sist, restless- ness present, appetite and thirst dimin- ished
2/01/25 8pm	Rhus-tox30C (17 th dose in half cup of water)	100.2 F	Pain whole body slight better, patient is still restless. Appetite and thirst slight improved.
3/01/25 4pm	Rhus-tox30C (24 th dose in half cup of water)	98.6 F	Pain whole body better, restlessness better. Appe- tite and thirst are improved.
3/01/25 5pm	Placebo	98.6 F	Patient gener- al condition is improved.

2nd follow up: 06/01/2025 No relapse of fever.

Discussion

This case highlights the importance of individualized homeopathic medicine in treating the case of fever. Rhus Toxicodendron 30C (water dose) was prescribed to be taken every 15 min for 6 hours. After 6 hours, the dosage was reduced to be taken every 30 minutes for 4 hours. After the sixth dose of Rhus Toxicodendron 30C, the patient’s temperature began to decrease. By the seventeenth dose, the temperature had returned to normal at 98°6F with general improvement in appetite and thirst.

Rhus-tox stands for Adynamic; restless, trembling in case of fever. Typhoid; tongue dry and brown;

sordes; bowels loose; great restlessness. Intermittent; chill, with dry cough and restlessness. During heat, urticaria. Hydroa. Chilly, as if cold water were poured over him, followed by heat and inclination to stretch the limbs.^[4]

In Organon of Medicine, Apho. 247, it has been instructed that a remedy must be selected on Similimum and to be given in smallest dose with frequent repetition based on disease’s nature and its pace of progression. In acute diseases remedies need to be repeated at much shorter intervals may range from every 24, 12, 8,4, 1 hour or even often as every 5 minutes in extremely acute cases.^[5]

CONCLUSION

The case report highlights the effect of individualized homeopathic treatment in resolving a case of Acute Fever. The patient was discharged with a normal body temperature, improved overall condition, and no recurrence of fever during follow-up visits. This outcome emphasizes the need for further research involving a larger number of cases to validate the effectiveness of homeopathy in case of fever.

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ASD (autism spectrum disorder) treated with Homoeopathy

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Keywords

Autism Spectrum Disorder, Homoeopathy, Baryta carb.

Abstract

This is a case of a 2-year-old male child presented with a complaint of difficulty in speech since he started speaking. It is a case of delayed milestones, there is mental and physical retardation of growth seen in the child. On examination - unclear speech, responding absent & no eye contact was found in the patient.

Repertorization was done using synthesis repertory using RADAR Software in order to choose the individualized remedy. Medicines were shortlisted & selected on the basis of totality of symptoms. The patient responded well to the individualized homoeopathic treatment.

Introduction

Autism is a disorder of social development that affects the development of the brain, and hence the behavior of a person. Autistic people live in their own world. This is a generalized developmental disorder of the so-called autistic spectrum observed for the first time by American psychiatrist Leo Kanner (Kanner, 1943). In parallel with

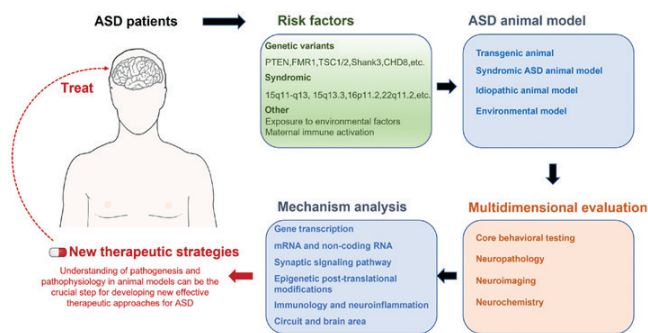
Kanner, Austrian pediatrician Asperger (1944) observed similar autism clinical symptoms that underlie the Asperger syndrome - another autism spectrum disorder. Autism is often accompanied by extreme behavioral challenges. Autism is diagnosed by observing the deficiencies in behavior in three areas that are the social interaction, communicative ability and the range of activity and interests, which is limited.[1]

Some children may appear somewhat different as they develop, either because they avoid eye contact or conversations with their parents or other individuals, demonstrate a particular obsession with certain objects, or become withdrawn and uninterested to social interaction. Well, it is likely that they suffer from infantile autism, a quite common disorder, and that affects their adolescence and even in adulthood. Autism Spectrum Disorders are defined as a set of disorders that affect neurological development.[2]

The word "Spectrum" refers to a series of syndromes and stages of detriment that can be experienced by children with autism. The Autism Spectrum range in children from mild to severe symptoms, with many of children with Autism diagnosed with intellectual disabilities.[3] Although the main characteristic of autism is a syndrome that affects social interaction and communication

in many of its manifestations, other traits are also associated, among which we can mention behavioral problems, anxiety, depression, disorders in sleeping. Also, other disorders could be accompanied such as eating and hyperactive disorders. Additionally, the autistic child usually shows a significant delay in language acquisition, uses words inappropriately and without communicative coherence. If your child loses attention easily, you may have to read our article about attention deficit disorder.[4]

Figure 1. Translation cycle of ASD research. Epidemiological studies of ASD patients can identify abnormal genes and underlying risk factors, including genetic mutations, copy number variations (CNVs), environmental exposures, and maternal immune activation during pregnancy. Based on these data, different animal models will be developed and characterized for their variations. A comprehensive analysis of animal models combined with human pathology to understand the pathogenesis of ASD holds promise as a new therapeutic strategy to feed back to patients.[9]



Etiology

The etiology of autism is not known at this time. However, a number of risk factors have been identified, including familial inheritance; genetic mutations leading to abnormalities of brain structure or function; birth to older parents; low birth weight; exposure to heavy metals, environmental toxins, or both; viral infections affecting the central nervous system; and fetal exposure to specific medicines, such as valproic acid and thalidomide. Authorities at the National Institute of Neurological Disorders and Stroke believe that both genetics and environment play a role in the etiology of autism. A common misconception is that some forms of vaccination can cause autism. This is

simply not true, and the work that led to this idea has been retracted.[5][6]

Signs and symptoms of autism spectrum disorder as described in DSM-5 (299.0) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by

- Deficits in social–emotional reciprocity (eg, abnormal social approach and failure of normal back-and-forth conversation; or reduced sharing of interests, emotions, or affect)
- Deficits in non-verbal communicative behaviours (eg, poorly integrated verbal and non-verbal communication, abnormalities in eye contact and body language, or deficits in understanding and use of gestures)
- Deficits in developing, maintaining, and understanding relationships (eg, difficulties adjusting behaviour to suit various social contexts; or difficulties in sharing imaginative play or making friends)

Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by

- Stereotyped or repetitive motor movements, use of objects, or speech (eg, simple motor stereotypies, lining up toys, or flipping objects)
- Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal and non-verbal behaviour (eg, extreme distress at small changes, difficulties with transitions, or rigid thinking patterns)
- Highly restricted, fixated interests that are abnormal in intensity or focus (eg, strong attachment to or preoccupation with unusual objects)
- Hyperreactivity or hyperactivity to sensory input, or unusual interests in sensory aspects of the environment (eg, apparent indifference to pain or temperature, or adverse responses to specific sounds or textures).[7]

Diagnosis

The diagnosis of autism is based on clinical observation; no biomarkers have yet been found to assist with making the diagnosis, which is almost

always made during childhood. Genomic screening is helpful in some individuals with known genetic diseases. The diagnosis usually requires evaluation by a team of specialists including psychologists, occupational therapists, and speech language pathologists.[8]

Case History

Personal Data

Name - Kairav Gupta

Age - 2 years

Sex - Male Child

Religion - Hindu

Dated - 01/5/2023

Presenting complaint

- The patient is presented with a complaint of difficulty in speech.
- Making little or inconsistent eye contact.
- Appearing not to look at or listen to people who are talking.
- Infrequently sharing interest, emotion, or enjoyment of objects or activities (including infrequent pointing at or showing things to others)
- Not responding or being slow to respond to one's name or to other verbal bids for attention
- Onset was gradual

Past History: Nothing Significant

Family History

Maternal: Nothing specific

Paternal: Nothing specific

Physical Generals

Thermal reaction: Chilly Patient

Appetite: Decreased (Takes only little milk) Thirst: Thirsty

Desire: sweet

Aversion: Any Food

Intolerance: Nothing specific

Bladder: Clear (D4N1), non-offensive

Bowel: Regular, satisfactory

Sleep: Refreshing

Perspiration: Scanty, non-offensive

Mental Generals :

The child is shy in nature, late in taking on the activities, inattentive, absentminded, Mentally sluggish & fear of strangers.

Provisional Diagnosis: Autism Spectrum Disorder [10]

Totality of symptoms:

- Speech difficult
- Fear - strangers
- Mentally & physically weak
- Timid
- Appetite decreased
- Dullness of mind

Rubrics: [11]

1. MIND - FEAR - strangers, of
2. MIND - TIMIDITY
3. MIND - DULLNESS - children; in
4. GENERALS - DWARFISHNESS
5. GENERALS - EMACIATION - children; in
6. GENERALS - FOOD and DRINKS - food - aversion
7. MOUTH - SPEECH - difficult

Analysis and Evaluation :

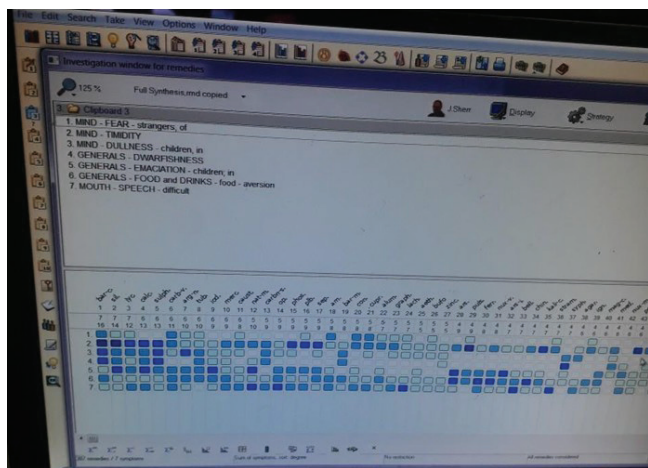
Individualized Homoeopathic medicine was

prescribed to the patient after analysis and evaluation of the case totality was having certain characteristics symptoms like " Difficulty in Speech, Dullness of mind, Decreased appetite, Fear of strangers " were important mental Generals in this case. " Delayed Milestones " were important Generals of this case.

Repertorization was done on RADAR 10 Software using Synthesis treasure edition, 2009 [11] by Frederick Schroyens with repertorial result showing top 5 remedies starting from *Baryta carb.*[12], *Silicea*, *Lycopodium*, *Calcarea carb.*, and *Sulphur*.

Prescription - *Baryta carbonicum* [12]30/bd/ 15 days

Repertorial sheet [11]



Follow Up:

Date	Symptoms	Prescription
01-05-2023	Patient's first visit	<i>Baryta carb</i> [12] 30/bd
19-05-2023	Unclear speech slightly improved	Placebo
03-06-2023	Further improvement in speech and mental activity and alertness	Placebo
18-06-2023	Improvement in walking	Placebo
08-07-2023	Further improvement in speech and walking	<i>Baryta carb</i> 30/bd
28-07-2023	Improvement further continues	Placebo
25-08-2023	Generals good, improvement continues	Placebo

Basis for prescription -

All the medicines which were highest in

repertorization were taken into consideration and differentiated according to their symptoms. Here the patient is timid, extremely fearful of strangers and mentally dull, unable to walk, unable to speak was present which suggest *Baryta Carbonicum*[12] as the most suitable remedy.

CONCLUSION & DISCUSSION

Symptoms narrated by the attendant along with consideration of both mentals and physicals and particulars this has led the physician to prescribe the above prescribed medicine.

Homoeopathic medicine selected based on homoeopathic principles proved to be very effective in this case of autism and shown remarkable results in the treatment. *Baryta Carb* has been selected on the basis of mentals generals, physical generals and particulars by keeping in mind the knowledge of materia medica and homoeopathic philosophy. Medicine was given in very few doses which appeared very effective in treatment of this case. Improvement in this case proved that homoeopathy is very much effective in psychiatric cases and genetic disorders those does not have any cure in conventional medicine.

According to Dr Close[13] the selection of the potency is to be done on the basis of susceptibility:

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
2. Age: Medium and higher potency for children.
3. Higher potencies for sensitive, intelligent persons.
4. Higher potencies for person of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal condition even, the crude drugs may be required.

He also writes "Different potencies act differently in different cases and individuals at different times under different conditions. All may be

needed. No one potency, high or low, will meet the requirement of all cases at all times.”

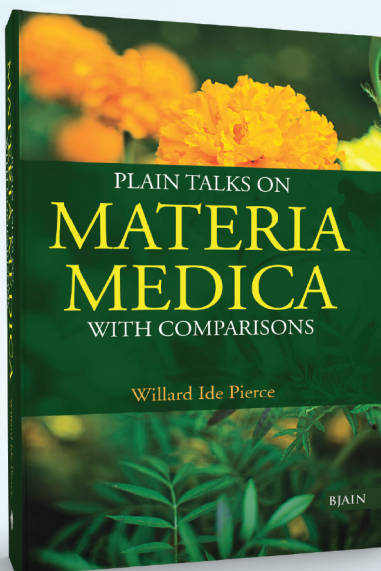
Potency was selected on the basis of susceptibility of the patient and organic condition of the disease, the susceptibility of the patient was low so 30 potency was selected.

This case of autism spectrum disorder re-established the strength of homoeopathy and proves that homoeopathic principles and philosophy are very effective on implementation on the practical grounds in diseases related to mind. It also elicited that homoeopathy can cure such type of cases in very few doses in a very short period of time without any aggravation and side effects.

Conflict of Interest- None

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WITH COMPARISONS

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Peptic Ulcer Disease: An Overview

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Abstract

Peptic ulcer disease (PUD) is a common gastrointestinal ailment characterised by the formation of ulcers in the stomach or duodenum. It is frequently caused by *Helicobacter pylori* infection, overuse of nonsteroidal anti-inflammatory medicines (NSAIDs), and stress. Despite the availability of conventional treatments such as proton pump inhibitors (PPIs) and antibiotics, PUD is a recurring illness, necessitating the investigation of new therapeutic options. This review focusses on the role of homoeopathy in the treatment of peptic ulcer disease. Individualised to each patient's symptoms and constitutional characteristics, homoeopathic therapies seek to treat the underlying causes of PUD, encourage recovery, and stop recurrence. The review also addresses how homoeopathic treatments can supplement conventional therapy, promote healing, and improve overall patient outcomes.

KEYWORD

Peptic Ulcer Disease, recent updates, homoeopathy.

Introduction

ICD-11 -DA61

The term "peptic ulcer disease" refers to a stomach or duodenal mucosal lesion that penetrates the muscularis mucosa and reaches the deeper layers. This ulceration results from an imbalance between the gastrointestinal tract's defensive

systems, such as prostaglandins and the mucosal barrier, and its aggressive forces, including stomach acid and pepsin. Due to active inflammation, ulceration may spread to excavation. Gastric ulcers are typically seen in the lower curvature of the antrum or the body-antrum junction. The first part of the duodenum is generally affected by a duodenal ulcer, most notably the anterior wall. It typically manifests as epigastric pain or dyspepsia with periodicity that is influenced by food intake, but it can also be asymptomatic for years.^[1,2] PUD can affect people of the O blood group.^[3] The intricate processes in PUD are brought on by a combination of host and bacterial factors, as well as vulnerability to infection-induced changes in immunological tolerance. Duodenal ulcers typically measure less than 1 cm; however, they can grow up to 3–6 cm. Some genetic variables that are significant for PUD were identified by genome-wide association study (GWAS) research. This explains the immunological tolerance response to inflammatory damage, the vulnerability to *H. Pylori* infection, and the imbalance between acid and pepsin. There are eight identified genes: MUC1, MUC6, FUT2, PSCA, ABO, CDX2, GAST, and CCKBR.^[4]

The revised guidelines emphasize the use of bismuth-based quadruple therapy as the first line of treatment for *H. pylori* eradication in regions with high levels of antibiotic resistance. This treatment plan, which consists of metronidazole, tetracycline, bismuth subsalicylate, and a proton pump inhibitor (PPI), has proven to be more effective than triple therapy, particularly in areas with

high levels of clarithromycin resistance. Current recommendations advise patients who need long-term NSAID medication to take PPIs or misoprostol and emphasise the significance of stopping NSAIDs whenever feasible. Furthermore, for people who are susceptible to ulcer development, selective COX-2 inhibitors are regarded as an alternate option for pain management.^[1,5,6] All patients with a history of PUD who are treated with NSAIDs or anti-platelet agents are taken under H. Pylori eradication programme.^[7] The identification of antibiotic resistance in H. pylori infection has resulted in a more individualised treatment approach.

EPIDEMIOLOGY

PUD is a global health issue with a lifelong prevalence. In high-income nations, the prevalence is 50% among adults over 50 years, but in low- and middle-income nations, it is 90% of people. Gastric ulcers are more common in women, while duodenal ulcers are more common in men.^[8] The incidence rate in the United Kingdom is 500,000 per year. The lifetime frequency is 11.22% in India. The incidence is 6–12% worldwide. Incidences are higher in the fifth and sixth decades. The World Health Organization (WHO) reports that in 2019, the prevalence worldwide was 99.4 per 100,000.^[9]

ETIOLOGY WITH ITS MECHANISM

FIG 1: Showing etiological factors

Etiological Factor ^[10,11,12,13]	Mechanism
Helicobacter pylori	Chronic infection leads to gastric inflammation, increased acid secretion, and impaired mucosal defense.
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Inhibit COX-1 enzyme, reducing prostaglandin production, leading to reduced mucosal protection and increased gastric acid secretion.
Excessive Gastric Acid Secretion	Overproduction of gastric acid causes damage to the mucosa, leading to ulceration, especially in the presence of impaired mucosal defenses.
Genetic Factors	Genetic predisposition, including polymorphisms in cytokine genes and gastrin receptors, may influence susceptibility to ulcers.

Smoking and Alcohol Use	Smoking impairs mucosal defense and promotes gastric acid secretion, while alcohol can irritate the gastric lining, worsening ulcer formation.
Stress	Acute or chronic stress can increase acid secretion and impair mucosal defenses, contributing to ulcer formation in susceptible individuals.

CLINICAL FEATURE

Epigastric pain (dyspepsia) is a hallmark symptom but not diagnostic. Patients with silent ulcers may remain asymptomatic. Pain is gnawing, aching > by food and recur after 2-4 hrs. Pain may aggravate after meals or may not be affected by the meal. It is periodic and rhythmic. Attacks often last for days to weeks with intervals of months to years. Constitutional symptoms as nausea, vomiting, anorexia, and weight loss may be seen. Physical examination is usually normal except in cases of complication of gastric outlet obstruction or perforation where tenderness or succussion splash may be present.

DIAGNOSIS

- Upper endoscopy is the diagnostic investigation for PUD. The biopsy is done in all cases.
- Computed Tomography is required to exclude the complications of PUD such as perforation, penetration or obstruction.
- H. Pylori infection can be diagnosed by invasive and non-invasive procedures.

Noninvasive

- ▶ PCR assay: stool polymerase chain reaction is done in patients with PUD or following successful H. Pylori eradication. It has specificity 95%
- ▶ urea breath test by 13C isotope mass spectrometer. It has high sensitivity and specificity.
- ▶ Faecal antigen test: specificity 95%

Invasive

- ▶ Histology
- ▶ Rapid urease test: specific 95%
- ▶ Microbiological culture is the gold standard for H. Pylori.

MANAGEMENT

Maintaining regular and balanced diet at 3-4 hrs. interval. Restricted or reduced use of aspirin and NSAIDs to prevent further damage of mucosal wall. Cessation of smoking, as smoking is responsible for the non-healing of the ulcerated mucosa and recurrence of PUD. Mental, physical and social well-being can be improved by minimising stressors.

Conventional treatment:

Antibiotics for H. Pylori combined regiment with 2-3 antibiotics and PPI and bismuth to achieve the eradication. H. Pylori eradication programme includes screening of PUD individuals for testing and taking them under antibiotic treatment in combination with bismuth and PPI regimens for 14 days, which achieved an 85% eradication rate. *Proton-pump inhibitor (PPI)* and H2 receptor antagonists as acid anti-secretory agents.^[12] It binds with acid-secreting enzyme H⁺-K⁺-ATPase and inactivates them. It may cause false negative results; for this reason, it should be kept on hold for 14 days before testing. Surgery is only required in cases of complications of PUD or when persistent or recurrent ulceration despite medical therapy.

DIFFERENTIAL DIAGNOSIS^[1,2,14]

FIG 2: Differential Diagnosis of PUD

Differential Diagnosis	Key Features
Gastroesophageal Reflux Disease (GERD)	Characterized by heartburn, regurgitation, and a burning sensation in the chest or upper abdomen, especially after meals. GERD does not involve ulcers.
Functional Dyspepsia	Symptoms include chronic upper abdominal discomfort, bloating, and early satiety without any identifiable structural abnormality like ulcers.

Eosinophilic Gastritis	Presents with nonspecific symptoms such as nausea, vomiting, and abdominal pain. Often associated with peripheral eosinophilia and a history of allergies.
Pancreatitis	Epigastric pain radiating to the back, associated with nausea, vomiting, and elevated pancreatic enzymes (amylase and lipase).
Gastric Cancer	Symptoms overlap with PUD, including upper abdominal pain, weight loss, early satiety, and gastrointestinal bleeding. Gastric cancer is more insidious and progressive.
Zollinger-Ellison Syndrome (ZES)	Severe, recurrent ulcers, often in unusual locations like the duodenum and jejunum, caused by gastrin-secreting tumors (gastrinomas) .
Biliary Colic or Gallbladder Disease	Pain localized to the right upper quadrant or epigastric region, often triggered by fatty meals, and may be associated with nausea and vomiting

MIASMATIC BACKGROUND OF PEPTIC ULCER DISEASE

An important factor in homoeopathic treatment for Peptic Ulcer Disease is its miasmatic basis. Understanding an individual's constitutional miasm helps the homeopath choose the most effective treatments. A history of stress, anxiety, poor digestion, or inadequate coping strategies may be present in psoric individuals. Psora often predisposes people to situations where stress exacerbates physical symptoms, as is typical for PUD. Sycosis contributes to the formation of ulcers in PUD by causing inflammation and excessive stomach acid production. Individuals with a sycotic constitution may produce too much acid in the stomach, be prone to indigestion and bloating, or be more susceptible to persistent infections such as H. pylori, which can lead to ulcers. Peptic ulcers in a syphilitic background may be more severe, exhibiting deep and extensive tissue destruction, particularly when the ulcer is associated with a long-standing infection or tissue degeneration.

HOMOEOPATHIC THERAPEUTICS ^[15,16,17,18]

Arsenic alb: Vomiting of blackish and brownish substances (due to decomposed blood) Intense

burning pains in stomach. Always worse after eating or drinking.

Atropinum: Hard swelling in pyloric region, just above naval towards right; very sensitive to touch.

Anacardium: The great characteristic of the remedy is the great relief after eating; the symptoms return, however, and increase in intensity until the patient is forced to eat again for relief. The gastralgia of the **Anacardium** is relieved by eating, and that of the **Argentum nitricum** is worse from eating.

Bismuth: Pressure as from a load in one spot, with pressure in spine, > by bending backward, nausea and vomituration after eating; vomiting of all fluids as soon as taken.

Carbo Vegetabilis: There is a burning in the stomach extending to the back and along the spine to the interscapular region. There is great distension of the stomach and bowels, which is temporarily relieved by belching. The flatulence of **Carbo vegetabilis** is more in the stomach, and that of **Lycopodium** more in the intestines. The eructations are rancid, sour or putrid. There is heaviness, fullness and sleepiness after eating.

Ignatia: Pain is located in a small circumscribed spot. Relief from eating. Pains may appear gradually and subside suddenly or appear as suddenly as they disappear.

Kali bichrome: Ulcers, excavating in depth without spreading in circumference; pressure and heaviness in stomach after eating; dizziness, followed by violent vomiting of a white mucus; acid fluid, with pressure and burning in stomach; vomiting of sour, undigested food; of bile, with pinkish, glairy fluid; of blood, with cold sweat on hands; hot face.

Phosphorus: It corresponds to rumination and regurgitation. Craving cold food and cold drinks is characteristic of Phosphorus, and they relieve momentarily but are vomited as soon as they become warm in the stomach. It has a special relation to destructive and disintegrating processes, and hence is one of the remedies for cancers, indurations, erosions, etc.

Lycopodium: A grand characteristic of

Lycopodium is this: the patient goes to meals with a vigorous appetite, but after eating a small quantity of food, he feels so full. Here, it is seen that the distress is immediately upon eating, not a half hour after, as in **Pulsatilla** and **Anacardium**.

Pulsatilla: A sensation as if food had lodged under the sternum are characteristics of this remedy. A bad taste is a special indication for Pulsatilla. There is a craving for lemonade and an aversion to fats.

Nux Vomica: Atonic dyspepsia with a putrid taste in the mouth in the morning compelling the patient to rinse out the mouth, with a desire for beer and bitters, and an aversion to coffee will strongly indicate Nux.

Uranium nitr: Vomiting of sour, watery fluid or blood; tasteless or eructation, burning, gnawing pains paroxysms; great thirst, no appetite.

Morgan Gaertner: flatulent indigestion: eructation excessive. Eructation of bad odour. Sour mouthfuls (Pyrosis). Fulness epigastrium, unrelated to food. Pain in epigastrium after food. Vomiting after food afternoon or night. History of duodenal ulcer.

Sycotic co.: Nausea. Anorexia. Burning pain in stomach. Eructation (acid); bilious attacks. Pain and distension in epigastrium. Flatulence. Nocturnal vomiting, must empty stomach. Acidosis attacks.

Dys. Co.: Pain > eating. Indigestion for years- distension and discomfort. Eructation; heartburn. Ptosis stomach; dilation; splashing. No heartburn, no vomiting, no nausea, no pain.

Proteus: Acidity; heartburn; sourness. Flatulence. Hunger pain is not better with eating. Vomiting after meals. Dilated stomach. Bilious at menstrual period.

Gaertner: Pains stomach. Vomited everything. Vomiting < after sweets. Headache and vomiting, acidosis attacks. Dilated stomach.

Morgan (PURE): Waterbrash; heartburn, Sour, acid, bitter, mouthfuls. Eructation; pyrosis. Burning in throat and stomach. Pain and acid with food. Nausea; vomiting haematemeses. Duodenal

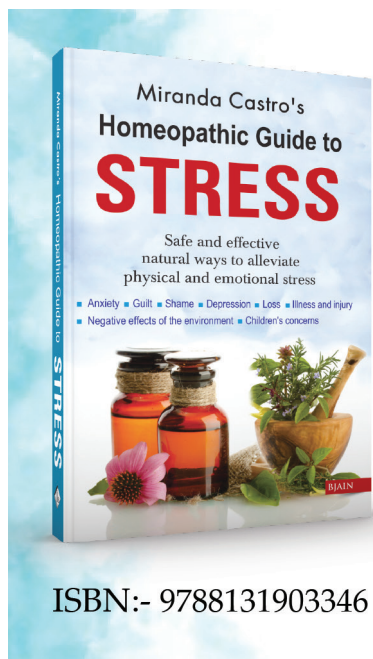
and peptic ulcer.

CONCLUSION

Homeopathy offers a complementary treatment modality for Peptic Ulcer Disease. It focuses on the whole person and considers both the physical and psychological aspects of the illness. While scientific evidence continues to grow, homeopathy's personalized, constitutional approach remains a promising avenue for patients seeking more natural, side-effect-free alternatives. By treating the individual holistically, homeopathic remedies may provide lasting relief and contribute to the long-term management of peptic ulcers.

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Nano Wonders: Revolutionizing Homoeopathy with Nanotechnology

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Keywords

Homoeopathic medicine, Nanoparticles, Nanotechnology, Ultra dilutions, Avogadro's number

Abstract

Homeopathy, a system of medicine founded on the principle of "like cures like," has been practiced for centuries, garnering both scepticism and acclaim. In recent years, the convergence of homeopathy with nanotechnology has sparked renewed interest and potential for advancing this ancient practice. The integration of nanotechnology into homeopathy offers exciting prospects for enhancing the efficacy, safety, and understanding of homeopathic remedies.

Introduction

Nanotechnology revolutionizes medical science with its microscopic precision, offering breakthroughs in diagnostics, drug delivery, and therapy. Nanoparticles, sized at the molecular level, enable targeted drug delivery, minimizing side effects and enhancing efficacy. In diagnostics, nano-based biosensors detect biomarkers with unprecedented sensitivity, facilitating early disease detection. With ongoing research, nanotechnology holds immense potential to transform medical treatments, paving the way for personalized medicine and significantly improving patient outcomes.⁽¹⁾

Nanotechnology & Homoeopathy

Nanostructured forms of homeopathic remedies may exhibit altered physical and chemical properties, potentially enhancing their interaction

with biological systems. Furthermore, **nanotechnology enables precise control over particle size and distribution, which could contribute to standardization and reproducibility in homeopathic preparations.** While still in its nascent stages, the application of nanotechnology in homeopathy holds significant potential for advancing the field and improving patient outcomes through optimized remedies and delivery systems.

However, a major lacuna has been the **lack of evidence of physical existence** of the starting material. The main difficulty in arriving at a **rational explanation stems** from the fact that homeopathic medicines are used in **extreme dilutions**, including dilution factors exceeding Avogadro's number by several orders of magnitude, in which one would not expect any measurable remnant of the starting material to be present. In clinical practice, homeopathic potencies of 30c and 200c having dilution factors of 10^{60} and 10^{400} respectively, far beyond Avogadro's number of 6.023×10^{23} molecules in one mole, are routinely used.⁽²⁾

Research Studies done in relation to Nanotechnology

1. "Extreme homeopathic dilutions retain starting materials: A nanoparticulate perspective Homeopathy."⁽³⁾

Medicines selected in this study were metal-based, and were so chosen that the metals would not arise either as impurities or as contaminants. The six metals and their respective homeopathic medicines were gold (*Aurum metallicum* or *Aurum met*), copper (*Cuprum metallicum* or *Cuprum met*), tin (*Stannum metallicum* or *Stannum met*), zinc (*Zincum metallicum* or *Zincum met*),

silver (*Argentum metallicum* or *Argentum met*) and platinum (*Platinum metallicum* or *Platinum met*). Three potencies: 6c, 30c, and 200c were selected. The dilution factor for 6c is 10^{12} which is less than **Avogadro's number**, whereas the dilution factors for 30c and 200c are well above. Market samples of these medicines in **90%v/v ethanol** were obtained from two reputable manufacturers

Following physio-chemical aspects were examined:

- The presence of the physical entities in nanoparticle form and their size by **Transmission Electron Microscopy (TEM)** by bright-field and dark-field imaging.
 - Their identification by matching the **Selected Area Electron Diffraction (SAED)** patterns against literature standards for the corresponding known crystals.
 - Estimation of the levels of starting metals by a 500-fold concentration of medicines, followed by chemical analysis using **Inductively Coupled Plasma-Atomic Emission Spectroscopy (ICP-AES)**.
 - **The result of this study demonstrated the presence of nanoparticles** of the starting materials and their aggregates even at extremely high dilutions. The confirmed presence of nanoparticles challenges current thinking about the role of dilution in homeopathic medicines.
2. **“Establishing the interfacial nano-structure and elemental composition of homeopathic medicines based on inorganic salts: a scientific approach.”**⁽⁴⁾

In this study they investigated the inorganic salt based homeopathic medicines such as *Natrum muriaticum*, *Kali muriaticum*, *Calcarea sulfuricum*, *Natrum sulfuricum* to show that these salts also remain in detectable quantities in the high potency medicines despite super Avogadro dilutions. Moreover, they are embedded in a silica layer containing nano-voids or air-bubbles. The study further shows similar findings for metal-based medicines by re-examining the gold one in detail and explaining why the silica coating was

not seen in our earlier work.

What Nanotechnology will contribute?

- Enhanced Bioavailability and Efficacy

One of the **primary challenges in homeopathy has been ensuring the delivery and absorption** of highly diluted remedies. Nanotechnology addresses this challenge by manipulating materials at the nanoscale, resulting in increased surface area and improved solubility. Nanostructured forms of homeopathic remedies may exhibit enhanced bioavailability, allowing for more efficient absorption and distribution within the body. This could potentially lead to improved outcomes and reduced dosage requirements.

- Targeted Delivery and Reduced Side Effects

Nanotechnology enables precise targeting of specific cells or tissues, minimizing off-target effects and reducing adverse reactions. **By encapsulating homeopathic remedies** within nanoparticles, researchers can direct them to the desired site of action, thereby **enhancing their therapeutic effects** while minimizing systemic exposure. This targeted approach holds promise for treating chronic conditions and minimizing the risk of toxicity associated with conventional medications.

- Improved Understanding and Standardization

Nanotechnology also offers insights into the fundamental mechanisms underlying homeopathy. By studying the behaviour of nanoparticles in biological systems, researchers can gain a deeper understanding of **how homeopathic remedies interact with the body at the molecular level**. This knowledge can inform the development of **standardized protocols** for preparing and administering homeopathic remedies, addressing concerns regarding reproducibility and variability in practice,

- Challenges and Future Directions

Despite the promising potential of nanotechnology in homeopathy, several challenges remain. These include the need for rigorous characterization of nanostructured remedies, standardization of preparation methods, and **evaluation of**

long-term safety profiles. Additionally, ethical considerations regarding the use of nanomaterials in healthcare must be carefully addressed to ensure patient safety and regulatory compliance

Collaborative efforts between researchers, clinicians, and regulatory agencies will be essential for advancing the field of nanotechnology in homeopathy. By leveraging the latest advancements in nanoscience and applying them to homeopathic practice, we can unlock new possibilities for personalized, targeted, and evidence-based healthcare.

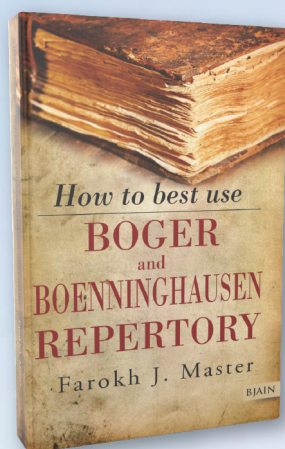
CONCLUSION

Nanotechnology's integration into homeopathy offers a promising avenue for enhancing the efficacy and understanding of homeopathic remedies. By manipulating materials at the nanoscale, homeopathic remedies can potentially achieve greater bioavailability and therapeutic effects. This article emphasized the importance of incorporating

nanotechnology into homeopathic research to enhance its scientific credibility and reproducibility. It highlighted the potential of nanoscale phenomena to elucidate the mechanisms of action underlying homeopathic remedies, ultimately leading to more evidence-based practices and improved patient outcomes.

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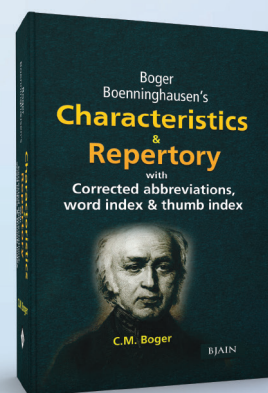


How to Best Use Boger & Boenninghausen Repertory?

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Key Takeaway:

Learn the concept & plan of Boger Boenninghausen's Characteristics & Repertory Real Cases from Dr Master's own Clinic & His Insightful Experience with this book



Efficacy of *Nitricum Acidum* 200 In Hypersomnia with Score More Than 6 On Epworth Sleep Scale (ESS) In IV BHMS Students – A Pilot Study

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Keywords

ESS, hypersomnia, *Nitricum Acidum*

Abstract

The pilot study investigated the efficacy of *Nitricum Acidum* 200 in alleviating hypersomnia among IV BHMS students with an Epworth Sleep Scale (ESS) score of more than 6. Over three months, 09 students were selected using quota sampling. Those with ESS scores of 8-9 received *Nitricum Acidum* 200 once every 15 days, while those with scores of 10-14 received it weekly. ESS scores were monitored monthly.

Results showed significant improvement in both groups, with ESS scores reduced to 6-7 in the former and 8-9 in the latter. Notably, students reported increased alertness between lectures and reduced post-lunch sleepiness. No cases with ESS scores exceeding 15 were observed, suggesting the potential for further study expansion.

In conclusion, *Nitricum Acidum* 200 demonstrated promise in managing hypersomnia among IV BHMS students, irrespective of gender or sleeping patterns. The study highlights the potential for homeopathic interventions in addressing hypersomnia, particularly in this specific population. Expanding the sample size could enhance the study's significance and prompt further research.

Introduction

Hypersomnia is characterized by [excessive daytime sleepiness (EDS)], difficulty in maintaining the alert awake state during the wake phase (morning) of the 24-hour sleep-wake cycle; affecting daily functioning and life quality & alertness by decreasing suboptimal performance. It is too common now but remains neglected; performing such research can improve on Quality of life with increased concentration. Often mistaken for fatigue, it overwhelms concentration and energy. It is more prevalent in today's generation due to lifestyle changes.

1. This research aims to boost mental resilience in Hypersomnia patients by assessing *Nitricum Acidum*'s efficacy in improving prostration, weakness, impaired perception, drowsiness, debility, concentration, alertness, and energy level.
2. This study aims to quantitatively assess the improvement & changes in Hypersomnia symptoms through the analysis of Epworth Sleep Scale (ESS) scores following *Nitricum Acidum* treatment.
3. The ESS, an eight-question self-administered questionnaire, is employed in this research.
4. Participants rate their sleepiness on a scale from 0 to 3 for each question. The scale changes will help us to understand how homeopathic

medicine acts effectively with the ability to alter different parameters of the Epworth sleep score. Homoeopathic Institute students are deliberately chosen to enhance research purity & clarity, ensuring a precise assessment of *Nitricum Acidum* efficacy in treating hypersomnia. This approach fosters a clearer understanding of the treatment's effectiveness. The research seeks to establish a clear dosage-response relationship by correlating *Nitricum Acidum* potency (200 potency or daily dose) with changes in ESS scores over time.

5. It also evaluates the likelihood of dozing using a specific aspect of the Epworth Sleep Scale. Finally, the study contributes to medical and homeopathic knowledge by exploring *Nitricum Acidum*'s potential in managing Hypersomnia of students and patients and enhancing the quality of life for affected individuals.

Material And Method

It is a pilot study of 3 months duration.

- a. Study Design- Experimental Uncontrolled Study
- b. Study Setting- IV BHMS students of the Institute
- c. Study Population- Students who face recurrent troubles of hypersomnia
- d. Sample Size- 09 cases
- e. Sampling Technique- Quota Sampling
- f. Method of Selection of Patients

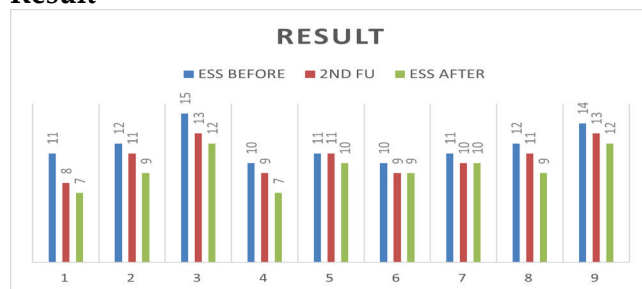
Inclusion Criteria	Exclusion Criteria
1. IV BHMS Students of age 20 years and above	1. Immune-compromised patients.
2. Patients with a documented ESS score of more than eight on At least two consecutive assessments to confirm the presence of hypersomnia.	2. Patients who are currently under any other homeopathic treatment to ensure the accuracy of the results.
3. Students having any or no chronic illness.	3. Patients who do not understand English, Marathi, or Hindi(required for communication & Consent Paper Approval)

- g. Intervention- *Nitricum Acidum* 200 will be

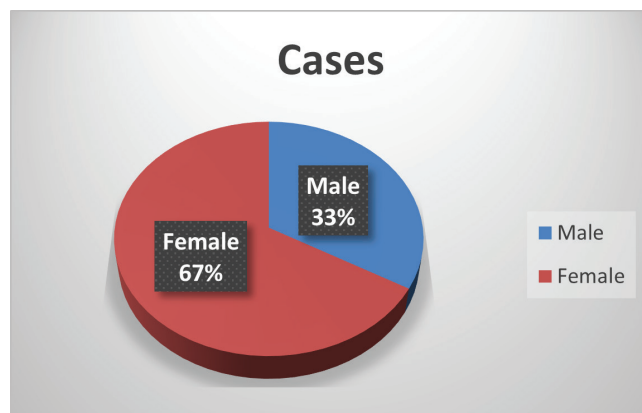
given to the students as per the ESS Score.

1. For ESS score 8-9: *Nitricum Acidum* 200 once every 15 days.
2. For ESS score 10-14: *Nitricum Acidum* 200 weekly dose.
3. For ESS score above 15: *Nitricum Acidum* 200 daily dose
- h. Method of Measurement- Monthly follow-up has been taken. All 3 follow-ups were analyzed after 3 months.
- i. Study Instrument- Epworth Sleep Scale (ESS)
- j. Data Collection Relevant to Objective- All the data was recorded in the case paper including a general physical examination.
- k. Data Management and Analysis Procedure- an Excel sheet has been made. Each case was analyzed as 0 Months (Before study), 1 month (during study), and 2 months (end of study).

Result



1. Out of 09, 3 cases were male and 6 cases were female.



2. Out of 09, 3 cases had a score of 8-9; they were

started with *Nitricum Acidum* 200 one dose in 15 days. After 3 months, all 3 cases showed significant improvement and showed scores 6-7 on ESS. They were having enough or average sleep.

3. The remaining 6 cases had ESS between 10-14; so they were started with *Nitricum Acidum* 200 weekly dose. After 3 months, the ESS was 8-9.
4. There is significant improvement seen in sleep during the middle breaks between lectures. Decrease in sleepiness in the morning and increase in alertness and concentration.
5. There is a characteristic reduction in sleep post-lunch of the enrolled students.

Discussion

This pilot study demonstrated significant improvements in hypersomnia symptoms among IV BHMS students treated with *Nitricum Acidum* 200. By targeting students with excessive daytime sleepiness due to irregular sleep patterns and academic stress, etc. the study found that *Nitricum Acidum* 200, was administered based on ESS scores. The tailored dosage regimen—ranging from doses every 15 days to daily doses—ensured treatment effectiveness correlated with the condition's severity.

The use of IV BHMS students minimized variability, and the Epworth Sleep Scale (ESS) provided an objective measure of sleepiness and alertness improvements. Significant reductions in post-lunch sleepiness and enhanced daytime alertness were observed, crucial for students' concentration and energy needs. Despite the promising results, the small sample size limits generalizability, and future research should include larger, more diverse populations and controlled designs to establish a definitive causal relationship.

Overall, *Nitricum Acidum* 200 shows potential in

managing hypersomnia in students, warranting further research to validate and expand upon these findings. Future research can build upon these initial findings to determine the true potential of *Nitricum Acidum* as a therapeutic option for hypersomnia.

CONCLUSION

1. There are significant changes seen in the sleeping hours due to *Nitricum Acidum* 200.
2. *Nitricum Acidum* 200 helps to reduce the post-lunch sleep in students.
3. There is no case of ESS of more than 15, so if more cases can be enrolled, the significance of the study can be elevated.
4. *Nitricum Acidum* 200 helps in both genders and all sleeping patterns.

Acknowledgment

We extend our heartfelt appreciation to Dr. Sukumar Magdum & Dr. Shubhangi Magdum for providing unwavering support throughout this research endeavor.

Conflict of Interest- Nil

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Exploring The Wonderful Curative Nature Of Homoeopathy Medicines In Acute Ailments

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for more than 15 years

Keywords

Acute ailments, Homoeopathy , Utilities ,History, Clinical practice , Homoeopathy medicines

Abstract

Homoeopathy is a holistic system of medical treatment treating various illnesses ranging from acute to chronic. From the beginning of scarlet fever in Dr.Hahnemann's days till date Homoeopathy specializes in treatment of epidemics. Also in acute trauma , shock, stress , fevers , fractures , insect stings Homoeopathy medicine swiftly acts in a dynamic manner and restores equilibrium of patients.

Introduction

Dr.Hahnemann founder of Homoeopathy says, "Imitate me, but imitate me properly , if you wish to obtain a safe , quick and harmless recovery". He laid a pathway for rapid, gentle, permanent cure. In the words of Dr.Guernsey , great Pioneer of Homoeopathy, "By those of us who practice the true scientific art of healing , the blind are made to see , the insane to become rational again. We dissipate tumors of all kinds , open all occluded passages and remove all morbid and material growths and accretions that result from disordered vital force . It remains for us to remove the bounds of incurable diseases and to declare possibilities to all , because we are following on that true stream of science which flows from infinite to finite". Glimpses of wonderful action of Homoeopathy medicines in acute ailments from History of Homoeopathy as well as reportorial approach

explained in this article.

Historical acute cures

- Greatest Pioneer of Homoeopathy, Dr.Constantine Hering suffered in 1821, an injury in the right index finger while dissecting an exhumed body, followed by severe inflammation, high fever and hence planned for amputation. On the advice of his friend Dr.E.Kummer, he took Arsenicum Album 30. His words reflect the wonderful cure "With skepticism, I took the drops in the evening and the next day was much better, a week later restored. And no more doubt ever".
- Dr.Burnett was in charge of an admission ward of a large Children's Hospital. Most cases were early fever, quite high sometimes with diagnosis not established. He instructed a nurse of the hospital to administer a few drops of Fleming's tincture of Aconite mixed in a large bottle of water to all cases on the one side of the ward as soon as they were brought in; Those on the other side were treated with orthodox medicine. On the next morning visit, he found nearly all children on the Aconite side, feverless, mostly playing on their beds while those on the other side had to be sent to various wards like pneumonia ward etc. This went on day after day and soon the bottle was baptized as "Dr.Burnett's Fever Bottle"!
- Dr. H.N. Guernsey was an expert in Gynaecologist and obstetrician .That was really his specialty, though he was a master of materia medica and a Professor in Homoeopathic

College.

- Dr. Koppikar found after quite a few years of practice, that he had become known as 'Specialist in boils, carbuncles and abscesses'; Especially Gunpowder, cured many cases.
- Dr. Norton and George Royal were specialists in eye diseases though Dr. Royal taught Materia medica and wrote 'Textbook of Materia medica'.
- The wonderful master prescriber Dr. R. T. Cooper was known more for his ENT work.
- The most famous Doctor for mental diseases or psychic illnesses was Dr. Gallavardin, who had a unique mastery of mental symptoms of our best remedies and used them in quite high potencies, wonderfully helping in all sorts of mental illness including alcoholism, which he said was only a disease to be cured.
- Dr. Clarke's book "Gunpowder as a war remedy". He explained that it was used as a 'great antibiotic' long before Sulphonamides and Penicillin were discovered.
- Dr. Edmond Carleton the famous Surgeon Homoeopath mentions the peculiar experiences of one of his cured patients, who had been free from Appendicitis pain by the remedy Ignatia 200 and became an ardent Advocate of it, offered it as a cure for serious cases of Appendicitis.
- Dr. Tyler quoted Dr. Schwartz in her 'Homoeopathic Drug Pictures' that is almost specific in Rheumatoid arthritis. "I thought this was the best opportunity to try the remedy "Antimonium Crudum".
- 'Some Emergencies of General Practice' was a lecture given by Dr. Borland in the year 1946, where he discussed how to deal with the attacks of anginas, earache, neuralgia, general cardiac failure, acute colic etc

Repertorial Approach: References from Kent Repertory

Page No	TITLE
1368	Injuries
1399	Post Traumatic Shock
1331	Insect stings
109	Commotion-concussion
140	After a fall
138	Troubles of head following concussion
141	Mechanical injuries
282	Post traumatic loss of vision
236	Cataract after contusion /surgery
242	Inflammation of eye after Trauma
646	After effect of Lithotomy
666	Anuria following trauma of vertebral column, suppression of urine from concussion
715	Abortions following injury
835	Tumors of breast following trauma-induration after contusion
1019	Traumata to limbs, extremities, injuries
1292	Traumatic fever

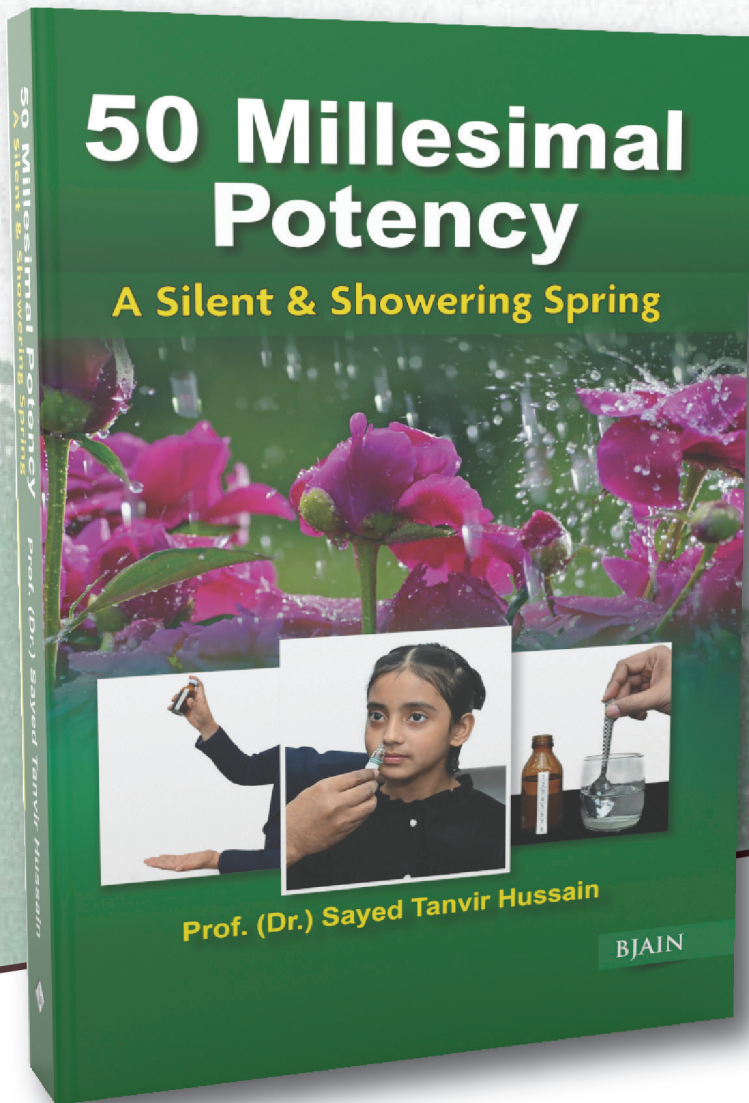
CONCLUSION

Efficacy of Homoeopathy medicines from simple fevers to severe angina pectoris demonstrated through various Homoeopathic literature. With much clinical research Homoeopathy medicines which are used to treat acute ailments to be established for future generations !

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6. Dr. Clarke- Gunpowder as a war remedy
7. Dr. Edmond Carleton-Homoeopathy in medicine and surgery
8. Dr. H. L. Chitkara- Best of Burnett

50 Millesimal Potency



Dr. Sayed Tanvir Hussain

Readers'

"Dr. Tanvir has been an inspiration for me when it comes to LM Potency, and I personally witnessed the results which he got with his cancer patients using LM potencies. Dr. Tanvir Husain's book on LM Potency is a comprehensive & practical guide that covers the history, theory, & practice of LM Potency. I feel proud of him for being able to come out with such a valuable reference for students & researchers who want to explore the scientific and philosophical aspects of LM Potency."



Dr. Santhosh Kumar



"I have been through this book on 50 Millesimal Potency, written by Dr. Tanvir Hussain I found here a vivid explanation to the subject in context, almost in a very easy and comprehensible language. Hence I strongly recommend this book to all the students and practitioners of homeopathy."

Prof. (Dr.) Nayeem Unnisa Begum

"I would like to express my appreciation for Dr. Tanvir's expertise in homeopathy. His book on 50 Millesimal Potency, is a must read for anyone practicing homeopathy. I highly recommend that you kindly take the time to go through Dr. Tanvir's book & understand the benefits of using 50 Millesimal in your practice."



Dr Enab Makki



Dr. M. A. Rao

"Dr. Tanvir has dedicated his life to promote LM Potencies with practical experience on these potencies. He has mastered successfully in treating cancer cases with LM potencies. In his book, Dr. Tanvir has clearly dealt with various editions of Organon, posology, reasons for using LM Potencies, administration of LM Potencies, mode of administration and so on. This book is a masterpiece for those who want to practice Homeopathy sincerely and those young Homeopaths who want to take Homeopathy as their career."

Perspective



Prof. Dr. Klaus-Henning Gypse

"We are happy to learn that Dr. Tanvir Hussain gave to the Indian homoeopathic community this valuable publication about Hahnemann's last discovery in regard to dosage. It is to be hoped that the Indian homoeopathic colleagues will make more use of these potencies for the benefit of their patients. To Dr. Tanvir Hussain goes the merit that he undertook the task to bring more information about this kind of dosage to the public."

"I am a big fan of Dr. Tanvir Hussain since about 20 years. He is an ardent follower of Dr. Hahnemann, having the spirit of 'Aude sapere'. I congratulate him for his commendable work on 50 Millesimal Potencies. The credit of promoting & propagating LM potencies goes to Dr. Tanvir Hussain. Many homoeopaths, including me have started using LM potencies after attending his lectures and reading his book."



Dr. Ayesha Ali



Late. Dr. N. Srinivasa Rao

"Dr. Tanvir, congratulations for a wonderful exposition on LM potencies. I'm very impressed by your presentation wherein you have methodically built the evolution and the journey of the 'Potency'. A systematic study of our Master's mind at its best. Keep up the good work! You make us proud!"

"This book has proved a U turn for me. I thank Dr. Tanvir Hussain for sharing this treasure of Organon with homoeopathic fraternity, and strongly recommend this book for all those who want to be 100% Hahnemannian."



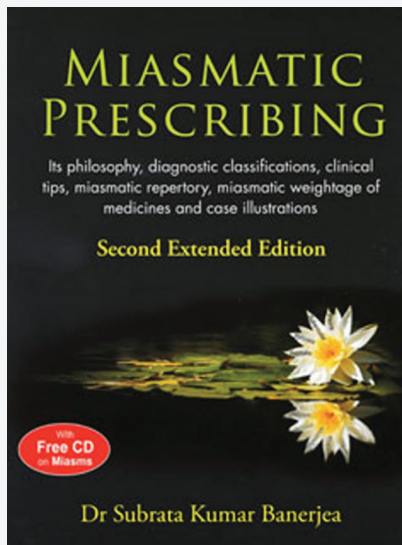
Dr. Ravinder Kochhar



'Miasmatic Prescribing: Its Philosophy, Diagnostic Classifications, Clinical Tips, Miasmatic Repertory & Miasmatic Weightage of Medicines' by Dr. Subrata Kumar Banerjea

Dr. Babita Shrivastava

Prof. & H.O.D, Dept. Of Organon of Medicine, Govt. Homeopathic medical college & hospital, Bhopal, Dean, MPMSU Jabalpur



This book on **“Miasmatic Prescribing by Dr. Subrata Kumar Banerjea”** Second Extended Edition published by B.Jain Publishers Dr. Subrata, a distinguished homoeopath and author, has inspired countless lives through his profound mastery of Materia Medica. With six gold medals and over 35 years of experience, he passionately combines clinical wisdom with humanitarian efforts, offering hope and healing while uplifting the underprivileged in India.

The book offers a comprehensive exploration of miasm through a well-structured format, beginning with a thoughtful preface and an insightful preface to the second edition. The author introduces ten key principles that elucidate the defining characteristics of miasm, making the content

accessible and engaging. Divided into nine parts, the book covers essential topics such as the philosophy of miasm, diagnostic classifications, and practical applications.

The text meticulously dissects the principles of miasms, presenting a structured methodology for practitioners to identify and address underlying pathogenic influences in patients.

The book is well-structured, featuring case studies that illustrate the practical implementation of the concepts discussed. Through case studies and detailed explanations, readers gain insight into how miasmatic analysis can enhance treatment outcomes. The author adeptly combines theoretical foundations with practical applications, making complex concepts accessible

Part One provides an insightful exploration of philosophy and its utility in homeopathy, including Hahnemannian classification and rationality of miasms. It clarifies terminology, addresses common misconceptions, and provides valuable clinical tips for miasmatic prescriptions, making it a comprehensive resource for understanding the nature and application of miasms in practice.

In Part Two, the author masterfully explores the intricacies of miasmatic diagnostic classification, providing a comprehensive analysis of each organ system. The detailed comparisons of the four miasmatic manifestations are particularly enlightening, as they highlight their unique characteristics

and the interconnectedness of symptoms across various domains, including sleep, dermatology, and gastrointestinal issues. The author's meticulous examination of symptoms related to extremities, nails, sexual health, urinary, rectal, and abdominal conditions offers valuable insights into their miasmatic origins. This informative work not only enhances understanding of miasmatic theory but also serves as a practical guide for practitioners in the field. Highly recommended for those seeking deeper knowledge in this area.

In part three, the author delves into the miasmatic diagnosis of clinical classification, emphasizing its clinical and practical implications. He explores various organ systems and compares them across four miasms providing insightful analysis. This comprehensive approach enhances understanding of diagnostic methodologies, bridging theory and practice.

In Part Four the author skillfully integrates lessons learned from his father, transforming them into practical applications. His dedication to sharing this knowledge with readers is evident, as he bridges generational wisdom with contemporary insights, offering valuable guidance.

In Part Five, the author delves into the complexities of miasmatic diagnosis, particularly in cases of chronic diseases where suppression may obscure the true nature of the illness. The beautifully crafted miasmatic repertory serves as a crucial tool for practitioners, helping to identify the predominant miasm influencing a patient's condition. By offering clear guidelines on how to approach mixed miasmatic cases, the repertory enables practitioners to select appropriate remedies and tailor their treatment plans, ultimately enhancing patient care and recovery.

Part six emphasizes the importance of precise miasmatic weightage in medicines highlighting the need for careful consideration in administration. Understanding these distinctions ensures effective treatment and minimizes potential medicinal aggravation, ultimately enhancing patient care and outcomes.

In Part Seven, "The Modern Prescription," the author outlines a practical approach to homeopathy, addressing both clear symptom cases and unclear

symptoms those complicated by drug dependency. He emphasizes tailored strategies for ambiguous symptoms, guiding practitioners in effectively navigating challenging cases while ensuring optimal patient care and individualized treatment plans.

In Part Eight the author masterfully clarifies complex concepts through practical case illustrations. His approach demystifies the confusion often encountered in prescribing, guiding readers to interpret miasmatic data effectively. This insightful perspective equips practitioners to navigate real-world challenges with confidence and precision.

In the ninth part, the author emphasizes the importance of keen observation in diagnosing conditions. By closely examining a patient's hair, facial expressions, lips, skin, nails, and even their dressing sense and hobbies, one can distinguish between ailments of psora, syphilis, sycosis, or tubercular miasm, showcasing the art of clinical observation.

This beautifully designed book, complete with an index, is an invaluable resource for understanding complex topics. While it requires multiple readings for full comprehension, some may find the concepts challenging. However, the dense terminology may pose challenges for novices. Its structured layout and clear explanations facilitate easy navigation, making it a valuable addition to any homeopath's library.

Additionally, the integration of contemporary research enhances its credibility, making it a valuable resource for practitioners and scholars alike.

The author adeptly integrates case studies, providing practical insights that bridge theoretical concepts with real-world application. The text serves as both a guide for practitioners and a resource for students of homeopathy. Overall, this book is a valuable addition to the homeopathic literature, offering innovative perspectives that enhance the art and science of prescribing.

A must-read for those committed to advancing their homeopathic expertise. The book serves as both a reference and a guide for enhancing diagnostic skills.

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