

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 49, No. 2, May 2023



Research Based Homoeopathic Practise

- An Approach to Hyperuricemia, Flagship Sign of Early Onset of Gout with Case Report
- My Head is Aching.....!
A Case Study of Anaemia Cured with Homoeopathic Medicine



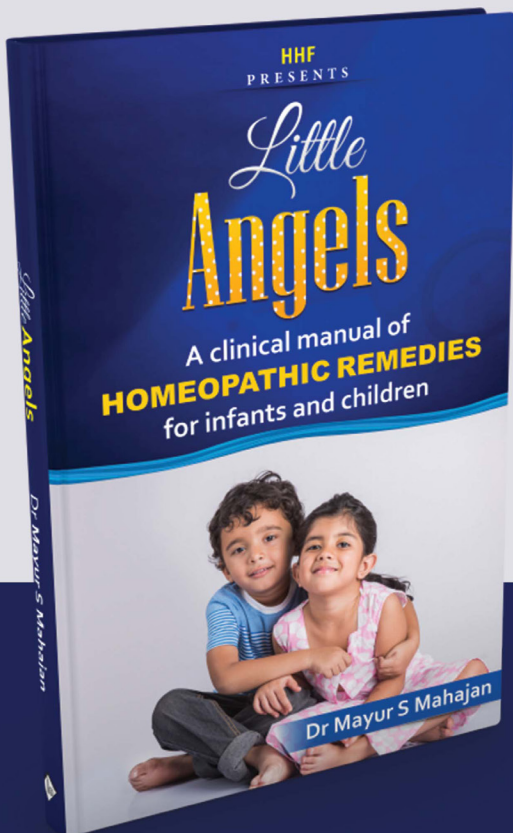
BJAIN

Little **Angels**

A Clinical manual of

HOMEOPATHIC REMEDIES

for infants and children



**Difficulty decoding a baby's
language in case taking?**

Let's Decrypt the Tiny Tot with
LITTLE ANGELS by Dr. Mayuresh Mahajan

**A Must-Read for All
Homeopaths of Today with-**

- Narration of cases in a way that 'brings the patient to life'
- Detailed and easy to decipher language
- Rubrics from Synthesis Repertory and Complete Repertory



THE HOMOEOPATHIC HERITAGE

Vol. 49, No. 2, May 2023,

Pages: 94

CHIEF EDITOR

Dr Farokh J. Master

MANAGING EDITOR

Dr Rashi Prakash

IN HOUSE EDITOR

Dr Aditi Srivastava

LANGUAGE EDITOR

Dayna Lynn Davis

ASSOCIATE EDITORS

Dr Abha

Dr Amit Sahani

Dr Anit Acharya

Dr Anum Zaheer

Dr Geeta Rani Arora

Dr Hitarth Mehta

Dr Kavitha Kukunoor

Dr Krutik Shah

Dr Manpreet Kaur

Dr Poorav Desai

Dr Shilpi Rastogi

Dr Shweta Singh

Dr Yashika Arora Malhotra

Dr Yogesh Niturkar

REVIEWERS

Dr Ashish Indani

Dr Clare Relton

Dr Chaturbhuj Nayak

Dr Eswara Das

Francis Treuherz

Dr Kamal Sethi

Dr Meeta Gupta

Dr Monika Kathuria

Dr Queenita Fernandes

Dr Raj Kumar Manchanda

Dr Robert Mathie

Dr Sandeep Sathye

Dr Yashveer

INTERNATIONAL ADVISORS

Dr Ajit Kulkarni

Chaim Rosenthal

Frederik Schroyens

Grant Bentley

Jan Scholten

Jeremy Sherr

Dr Kamlesh Mehta

Luc De Schepper

Dr L.M. Khan

Miranda Castro

Dr M.K. Sahani

Dr P. K. Sudhir

Roberto Petrucci

Dr Sanjay Sehgal

Dr Subhas Singh

Dr Subrata Kumar Banerjee

Dr Tarkeshwar Jain

Todd Rowe

Torako Yui

Dr Uttareshwar R. Pachegaonkar

Dr Yogesh Sehgal

EDITORIAL LEGACY: MENTORS

Dr D. P. Rastogi

Dr H. L. Chitkara

Dr Praful Vijayakar

Dr Robin Murphy

Dr S. P. Koppikar

BUSINESS CONSULTANT

Manish Jain

manish@bjain.com

For subscription, change of address,
exchange

of copy or any other complaint:
subscribe@bjainbooks.com

Layout and Design : Ankita Rajput

Website

www.bjainbooks.com

Published by: Mr Kuldeep Jain on behalf of
M/s. B. Jain Publishers (P) Ltd.

Printed at M/s Narain Printers & Binders,
D-6, Sector-63, NOIDA, UP-201307

Published from 1921/10, Chuna Mandi,
New Delhi - 110055

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

Manuscripts: The Publishers are not liable for manuscripts not sent on the Publisher's demand. In principle, only those papers will be accepted which have not been published previously, domestically or abroad. Furthermore, manuscripts may not be offered to other publications at the same time as they are under consideration for this journal. The article selected can be used in other language editions of the journal. Unsolicited manuscripts will not be returned.

Note: The views and opinions expressed by the authors of articles published in this journal are not necessarily those of the editors and publishers.

CONTENTS

EDITORIAL

Dr Rashi Prakash

5

EDITOR'S DESK

Research Based Homoeopathic Practice

Dr Yogesh Dhondiraj Niturkar

7

COLUMN: IN ITALICS

Why Learning our Homeopathic History is Important?

Dr. Vatsala Sperling

21

STALWARTS' EXPEDITION

A Memoir of Dr Cyrus Maxwell Boger

Dr Subhas Singh, Dr Dinesh Sura, Dr Vignesh K. S, Dr Niharika Shaw

12

SUBJECTIVE

Importance of Research in Homoeopathy

Dr Ambreesh Pandey

14

Organopathic Concept in the Homoeopathic Prescription in Relation to Hepatobiliary Disorders

Dr Kisor Kumar Naskar, Dr Rayba Khatoon, Dr Sanjay Sarkar, Dr Sumanta Kamila

17

Homoeopathic Practice Based on Scientific Research

Dr Vishakhaha R. Gohil, Dr Pooja Chauhan

22

RESEARCH STUDY

Efficacy of Homoeopathic Medicines in the Management of Anaemia amongst Adolescent Girls

Dr Srinivas Babu Kathi, Dr Boini Kavya, Dr Akhila Gundagana

26

An Experimental Study to Assess the Clinical Utility of Boger Boenninghausen's Characteristics & Repertory in Cases of Gout

Dr Gaurav Pachauri, Dr Reeti Pathak, Dr Seema Kumari Meena

34

Methodology for Validity and Reliability Testing of a New Questionnaire Used in Medical Research: Course Content for Research Methodology Subject

Dr Seema Gupta Sahu

40

CASE REPORT

Hyperbilirubinemia Treated with Homoeopathy, Evidenced- Based Case Report

Prof. Dr Yogeshwari Gupta, Dr Samridhi Sharma

44

Evidence- Based Case Report of Combined Cholelithiasis and Bilateral Nephrolithiasis

Dr Rup Nandi

52

An Approach to Hyperuricemia, Flagship Sign of Early Onset of Gout with Case Report

Dr Sumana Sengupta, Dr Mohan Giri, Dr Hasinur Jahan

59

CASE STUDY

My Head is Aching.....!

A Case Study of Anaemia Cured with Homoeopathic Medicine

Dr Uttara Agale, Dr D.G. Bagal



71

Alcohol Withdrawal Syndrome and its Homoeopathic Management

Dr Shweta Singh, Dr Rekha Juneja



82

BOOK REVIEW

Colubrid Snake Remedies and their Indications in Homeopathy Practice: "A Seminal Work by an Illustrious Researcher"

Dr. Ashok Raj Guru

92

Dear Readers,

Science thrives on evidence and our common sense allows us to believe only what we see or touch. It becomes extremely important therefore to explore the uncharted territories of nanoscience, quantum physics and work upon theories such as water memory, string theory etc. to first understand ourselves and then explain to the world what an advanced science Homoeopathy is!

Ever since man found his existence on earth, his efforts towards sustenance of life, survival or thriving amid the myriad life forms here, as well as towards further prolongation of his life have not ceased. A significant part of such efforts by man is formed by continual experimentation upon himself and others in pursuit of new facts and a thorough study of the existing literature done with the purpose of expanding the knowledge pool that has been created by his ancestors upon that which was created by their ancestors and so on.

If your interest lies in the history of medicine even in the mildest possible degree, you would have heard of the names of Charaka and Sushruta- the key figures in the birth and development of ancient Indian medicine, Ayurveda and modern surgery respectively. The Sushruta Samhita, an Ayurvedic text by Sushruta contains 184 chapters and description of 1120 illnesses, 700 medicinal plants, a detailed study on Anatomy, 64 preparations from mineral sources and 57 preparations based on animal sources. That said, it is obvious that such evolution of primitive medicine and surgery were the result of intensive research and experimentation.

Earlier this year, on January 03, 2023, NDTV had reported the discovery of a virovore- a virus that eats viruses. The research was carried out by a team from the University of Nebraska-Lincoln, and it discovered virus-eating microscopic organisms. Well, if that's true, have we found a cure to the pandemic? Or have we discovered a relief from all viral infections that the humankind ever has or ever will suffer from? The answer to both these questions is a mystery yet to be uncovered through further research.

The term 'Research' in the 'very-popular-in-the-medical-world'- Dorland's Medical Dictionary is defined as the diligent and systematic inquiry or investigation into a subject in order to discover or revise facts, theories, applications etc. Alternatively, we may consider research as the careful study of a subject especially in

order to discover new facts or information about it.

As per certain writers, the word 'Research' finds its origin in the French word 'recherche' which means 'to go about seeking'. And practically, no field, no aspect of life is untouched by experimentation and research.

When we talk about research in the medical context, the question of its purpose, its significance and its importance seems out of place because in research, be it related to the discovery of new diseases, the development of more sophisticated treatment modalities or simply increasing the existing knowledge pool of maintaining health, the medical world, being as dynamic and fluidic as life itself, finds its very basis.

Narrowing down the discussion to the field of Homoeopathy, we must not forget that the very foundation of the system of medicine was laid upon extensive experimentation and research using a wide variety of plants, animals and even energy sources that was done by our founder Dr. Samuel Hahnemann.

At present, as per the documents of the CCRH, several institutions of homeopathy from different parts of the world have come together with the Central Council of Research in Homeopathy, India to give their bit towards further research and development in the field. Additionally, CCRH has been a host to several guests and delegations in the year 2017-18 for international exchange or as resource persons for workshops.

Quick Word on Issue Content

This issue of The Homoeopathic Heritage is dedicated to 'Research-Based Homoeopathic Practice'. It is our sincere effort to acquaint our readers with not just the ongoing research and developments in the field of homeopathy at both institutional and individual levels, but also to bring to light the necessity of extensive research in Homeopathy.

With articles authored by young minds of Homeopathy and pieces of wisdom by the most experienced professors and doctors, this issue features a distinct column- '*In Italics*' by Dr. Vatsala Sperling this time talking about the importance of getting acquainted with the History of Homeopathy and in the section of 'Stalwarts Expedition', we have insightful words by Dr. Subhas Singh, Director, National Institute of Homeopathy, Kolkata on Dr. C. M. Boger and his life. Additionally, this issue portrays an incisive book review of the book- Colubrid Snake Remedies and their Indications in Homeopathy Practice: "A Seminal Work by an Illustrious Researcher" by Dr. Dr. Ashok Raj Guru, Member of the Board of Advisors of the British Institute of Homeopathy International, NJ, USA.

Science thrives on evidence and our common sense allows us to believe only what we can see or touch. It becomes extremely important therefore to explore the uncharted territories of nanoscience, quantum physics and work upon theories such as water memory, string theory etc. to first understand ourselves and then explain to the world what an advanced science Homoeopathy is!

Dr Rashi Prakash
rashi@bjainbooks.com

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

Call for papers for the upcoming issues:

Unbolt Yourself	
Issue	Topic
June 2023	Keynote Prescription In Homoeopathy
July 2023	Homoeopathy In Male Reproductive Diseases
August 2023	Alcoholism And Addictions: Role Of Homoeopathy

Research Based Homoeopathic Practice

Dr Yogesh Dhondiraj Niturkar

Research is to see what everybody else has seen, and to think what nobody else has thought.

- Albert Szent-Gyorgyi (A Nobel Prize Winner)

INTRODUCTION

History of Research in Homoeopathy

Christian Friedrich Samuel Hahnemann (1755-1843), the founder of homeopathy, was not satisfied with the conventional mode of treatment. Hunger diet, blood-letting, polypharmacy, leech application, inhuman treatment to psychiatric sick individuals and over drugging were the prominent reasons for Hahnemann to quit his practice. As he was proficient in different languages; Hahnemann took up the translation of books for his living as a full time engagement rather than practicing medicine. While translating a book by William Cullen's "A treatise of *Materia Medica*," he came across the statement that, "*Cinchona bark (quinine) can produce symptoms that are similar to malarial (ague) fever.*" The researcher within Hahnemann didn't allow him to just translate and move ahead; but instead it motivated him to validate the truth of the statement. He verified it on himself, family members, disciples, friends, relatives and found that all had symptoms of malaria. This verification led to the discovery and confirmation of the law of cures i.e. *Similia Similibus Curentur*. Further, Hahnemann went on experimenting in the search of the ideal manner of cure and during his search, he noted down his observations in *Fragmenta de viribus*, *Organon of Medicine*, *Materia Medica Pura*, and *Chronic diseases*. Hahnemann concluded his results of experiments as the fundamental laws that are uniform with the natural laws and hence in return they became the governing laws of homoeopathic practice. Thus, the statement given by Cullen became the precursor for the birth and further development of homoeopathy.

Hahnemann discovered different facets of homeopathy through his unprejudiced observation, accurate recording of the phenomena of the ex-

perimentation and made logical analysis of his findings. Hahnemann researched and validated drug proving, theory of chronic diseases (miasm), potentiation and many other homoeopathic principles. To cite an example about Hahnemann's dedication in the field of research in his practice can be understood by his study on fundamental cause of disease and the discovery of miasm after 12 years of study as mentioned in aphorism 80 foot note no 77.^[1] As we know that homoeopathy is based upon patient driven data in the form of symptoms, signs and experiences which dates back to 1830 when he published Vol.1 of *Materia Medica Pura*.^[2] There are many examples which demonstrates that the researcher within Hahnemann was of the highest order in the medical field. Thus, all the contribution of Hahnemann and later on of his disciples makes homoeopathy a science based upon research.

Significance of Research

Research in any field keeps the field growing and it plays a major role in the development of the science. For some it is a search of knowledge; for some it is a systematized effort to gain something new and for some it is the exploration of known to the unknown.^[3] As per the WHO, research is a quest for knowledge through diligent search or investigation or experimentation aimed at the discovery and interpretation of new knowledge. Scientific research plays a very important role in our efforts to maintain health and combating diseases. Research helps us to create new knowledge and develop proper tools for the use of existing knowledge. Not only does it enable health care providers to diagnose and treat diseases, but research also provides evidence for policies and decisions on health and development. Research and scientific methods may be considered as a course of critical inquiry leading to the discovery of fact or information which increases our understanding of human

health and diseases.^[4]

Recommendations for Incorporating Evidence Based Studies in Clinical Practice, Academics and Research

Homoeopathy continues to face criticism from its counterpart, despite the growing popularity, widespread acceptance and evidence generated in clinical trials.^[5] Though medicine has its roots in the art of practice, but scientific validation is of utmost importance. There are various well-designed research studies in homoeopathy, that primarily focuses upon understanding *modus operandi* of homoeopathy and its relationship to the healing process.^[6] The continuous growing interest in homoeopathic experimentation by scientists of other disciplines such as physicists/biologists/pharmacologists has led to substantial experimentation at molecular, cellular and clinical levels. Basic research in homoeopathy seeks to explore the less explored field of homoeopathic pharmacology towards generating scientific plausibility of ultra-high dilutions and understanding their mechanism of action.^[7] Several studies exist to support the positive effects of homoeopathy in day-to-day problems that patients report with at primary health clinics.^[8]

Central Council for Research in Homoeopathy (CCRH), an apex body of the Ministry of AYUSH, has developed Good Clinical Practice guidelines for clinical trials in homoeopathy (GCP-H) for researchers, practitioners, academicians and students interested in conducting ethical and credible homoeopathic research. Research in homoeopathy is vital to validate existing drugs and practices and develop new drugs, is detailed in this book. These generic guidelines delineate minimum standards for undertaking clinical research in public health and in social and behavioural areas with homoeopathic medicines.^[9]

Secondly, teaching and research are very closely related; students will be the researchers of tomorrow, they must learn by doing. The research aptitude in students helps them to gain knowledge beyond textbooks. There is a need to empower students with latest advancements of research outcomes for overall learning by starting from how to read Homoeopathic journals which include different types of research papers, enabling them

to learn case concepts and even conducting some experiments at their college laboratories. The homoeopathic colleges or institutions must be supportive of the research-oriented teaching, thereby providing adequate resources to the academics pursuing research and students inclined to understand scientific aspects of homoeopathy through experimentation. There are recommendations for incorporation of homoeopathy into mainstream health system, through

- (a) Universal access,
- (b) Fair distribution of financial costs for access,
- (c) Training providers for competence empathy and accountability,
- (d) Pursuit of quality care,
- (e) Cost effective use of the results of relevant research, and
- (f) Special attention to vulnerable groups such as children, women, disabled, and the senior citizens. Homoeopathy, if integrated into the primary health care (PHC) system, can be not only an answer to the most day-to-day illnesses reported in the outpatient department but also an economically viable option.^[10]

CCRH recommends and plans the following roadmap to clinical research in India:

- (a) Well designed observational studies,
- (b) Clinical audit,
- (c) Randomised Controlled Trials (RCT): Placebo-controlled or Standard Practice or Pragmatic RCT in usual care,
- (d) Comparison with standard therapy or usual care for which ethical issues of patient's safety are not hampered long-term follow up to assess recurrence,
- (e) Studies based on principles of homoeopathy like dose, potency, high vs. low potencies,
- (f) Centesimal vs. 50 Millesimal potencies,
- (g) Cost-effectiveness studies,
- (h) Replication of studies already conducted.^[11]

CCRH has published Standard Treatment Guide-

lines (STGs) for the use by a homoeopath at all the levels delivering the health services. Standard Treatment Guidelines (STGs) are systematically developed statement designed to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances. The guidelines can also be used by general practitioners in their private practice. The STGs are designed to be used as a guide to treatment choices and as a reference book to help in the overall management of patients, such as when to refer. It offers advantages to health care providers by giving an expert consensus, quality of care, standard and basis for monitoring. It also provides consistency and treatment efficacy. Council has made an attempt to develop a standardised guidelines for management of diseases, based on expert consensus, review of current published scientific evidence of acceptable approaches to diagnosis, management and/or prevention of specific diseases; data from research studies. Such a systematically developed statement can assist practitioners in rational

decision making about appropriate health care for specific clinical circumstances, help maintain quality standards and also represent one approach in promoting therapeutic effective and economically efficient prescribing that will add on the uniformity in therapeutic management and it will help to develop research aptitude in practitioners.^[12]

Reporting Guidelines in Research

Research results needs to be written properly and sharing of it for further advancement of the science. It is the presentation of evidence that is of great importance in the published scientific article. To ensure this transparency and accuracy of reporting medical research, several guidelines have been gradually introduced. The purpose of reporting guidelines in medical research is to create a manual for the authors to follow, which should lead to total transparency, accurate reporting, and easier assessment of the validity of reported research findings.

Guideline	Study Type	Website
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org/
CONSORT	Parallel-group randomized controlled trials	http://www.consort-statement.org/
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org/
CARE	Case reports	http://www.care-statement.org/
SPIRIT	Standard protocol items for clinical trials	http://www.spirit-statement.org/
MOOSE	Meta-analyses of observation studies in epidemiology	http://www.equator-network.org/reporting-guidelines/
ARRIVE	Animal Research: Reporting of In Vivo Experiments	https://www.nc3rs.org.uk/arrive-guidelines/

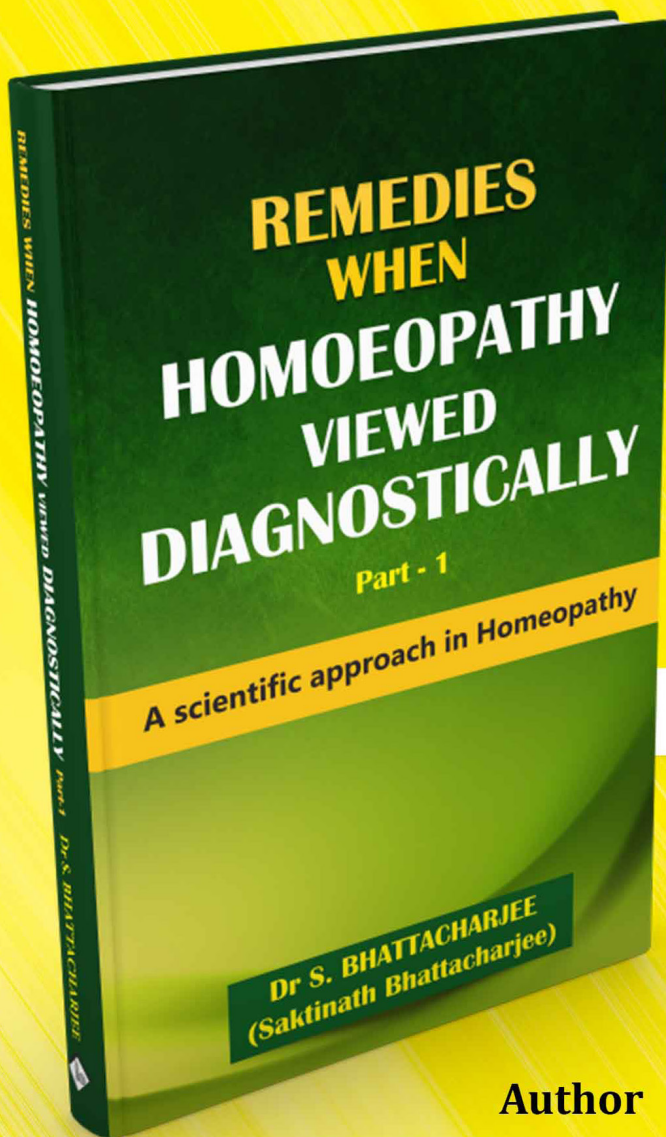
Table 1: Reporting Guidelines for Specific Study Designs ^[13]

CONCLUSION

Worldwide there is increasing evidence in the favour of homoeopathy as the choice of treatment in various diseases. Applied research in homoeopathy will demand standardization of practice and education for making homoeopathy more scientific and acceptable. Research aptitude, evidence based practice, application of concepts in case taking and processing, use of modern investigations, outcome assessment tools and adherence to standard practice guidelines will help registered medical practitioners for the growth of self, research and the science in totality.

REFERENCES

1. Hahnemann, S., 2002. *Organon of medicine*. B. Jain publishers.
2. Hahnemann, S., 1996. *Materia medica pura* (Vol. 2). B. Jain Publishers.
3. Manchanda RK, Improving validity and reliability of homoeopathy, Indian Journal of research in Homoeopathy, 2019 ;13:69-71
4. Nigwekar A M, Scope of research in Homoeopathy, Asian Journal of Homoeopathy Nov 2007
5. Mackay, J., 2001. *Health Research Methodology: A Guide for Training in Research Methods Second Edition* (Vol. 5). World Health Organization.
6. Shang A, Huwiler-Muntener K, Nartey L, Jüni P, Dörig S, Sterne JA, *et al.* Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *Lancet* 2005;366:726-32.
7. Rubik, B., 1989. Report on the status of research on homoeopathy with recommendations for future research. *British Homoeopathic journal*, 78(2), pp.86-96.
8. Khurana A. Building up the scientific evidence base of homoeopathy. *Indian J Res Homoeopathy* 2020; 14:1-2.
9. Manchanda RK. Integrating Homoeopathy in Health Care. *Indian J Res Homoeopathy* 2016;10:1-5.
10. Dastagiri P. Good clinical practice guidelines for clinical trials in homoeopathy. *Indian J Res Homoeopathy* 2023;17(1):46-47.
11. Manchanda RK. Research implementation in Education and clinical practice. *Indian J Res Homoeopathy* 2019;13:1-3.
12. Homoeopathy the science of gentle healing. Available at <https://www.ccrhindia.nic.in//admnis/admin/showimg.aspx?ID=9496>. Last accessed 1 May 2023
13. Manchanda RK. Best practices in Homoeopathic research. *Indian J Res Homoeopathy* 2016;10:163-6.



Remedies *when* **Homoeopathy** *Viewed* **Diagnostically**

A scientific approach in Homoeopathy



Author
Dr S. Bhattacharjee

PRICE- 345/-

PP -260

ISBN - 9788131919590

- Why does Lachesis ‘cannot bear anything tight anywhere’? Or, why does Pulsatilla show ‘no two stools alike’? All such unanswered questions are explained here diagnostically.
- The aim of this book is to find out a reasoning based approach in Homoeopathy to the disease-drug relation.
- The process of selection of a remedy should have a pathogenic conformity to become a scientific method for which a diagnostically established disease-drug relationship is required for a distinct impact towards curing a disease.

A Memoir of Dr Cyrus Maxwell Boger

Dr Subhas Singh, Dr Dinesh Sura, Dr Vignesh K. S, Dr Niharika Shaw

Life History

Dr Cyrus Maxwell Boger was an American homoeopath of German origin. He was born in Annville, Western Pennsylvania on 13th May 1861. It is interesting to note that he was a contemporary of Dr J. T. Kent. His mother was Isabella Maxwell Boger and father Professor Cyrus Boger who was the principal of Lebanon High School from where the young Boger did his primary schooling. He graduated from Philadelphia College of Pharmacy in 1882. Later, he studied Homoeopathy from Hahnemann Homeopathic Medical College, Philadelphia in 1888 and completed his post-graduation from Hering Medical College. At the age of 27 years, Boger started his clinical practice in a small town of Pennsylvania, Parkersburg. In a short time, he gained popularity for prescribing right medicine in incurable cases which had common symptoms. He gained popularity in distant parts of the USA and also in other countries with his successful practice and later became member of West Virginia Homoeopathic Society. Later in 1904, he became member and President of International Homoeopathy Association and was elected as Vice president of its Niagara Falls division. He used to frequently give lectures before scientific audience on materia medica at the Pulte Medical College in Cincinnati.

A Word on Case Taking

Boger always emphasized on proper and detailed case taking and believed that this is the first and very important step to find the simillimum. He was strongly against giving undue importance to a single symptom even if the symptom might be a characteristic or keynote. In his words, "*It is far better to be able to see the general picture of the case and use the keynotes as a differentiating point, just as we would use a modality*". According to him, running after keynotes while paying scant attention to general picture of case spoils many cases and leads to polypharmacy. He was aware of the importance

of last symptom of the disease or recent appearing symptoms of the case and frequently used it in his clinical practise which gave him some remarkable results.

Contributions

Dr Boger has immense contribution in Homoeopathy, notable amongst them are his clinical acumen and thus successful treatment of incurable cases and presenting his writings and teachings on Homoeopathy to the profession.

- His first few works include *Repertory of Symptoms of the Ovaries* in 1893 and *The Homoeopathic Therapeutics of Diphtheria* in 1898.
- Boger was an ardent follower of Dr Boenninghausen. He started translation of Boenninghausen's repertory from German to English and called it *A Systemic Alphabetic Repertory of Homoeopathic Remedies* with his own addition which was published in 1900.
- Boger also translated Boenninghausen's German repertory and included his own addition which was published in 1905, popularly known as *BBCR (Boger Boenninghausen Characteristic Repertory)*.
- In his clinical practise, Boger was amazed by the successful application of keynotes based on Boenninghausen's work. At the same time, it saddened him when he realised that it was getting misunderstood and misinterpreted by beginners. So, he started reading high valued symptoms of Boenninghausen more deeply and formed a small repertory *Materia Medica of Characteristic Symptoms with Index* which was later published in 1915 as *A Synoptic Key of the Materia Medica*.
- *General Analysis and Card Repertory* was developed by Boger in 1924 which underwent several editions. Repertory has total 305 cards

arranged alphabetically. Rubrics mentioned in cards are similar to as mentioned in *Synoptic Key*. This card repertory was useful to find the simillimum based on general symptoms of the case. Boger started teaching in the same year at the American Foundation of Homeopathic Post Graduate Course (established in 1921). The versatile Dr Boger used to teach philosophy, materia medica and repertory and continued teaching till his death.

- In 1931, Boger published his new angle in prescribing remedies related with time of month in *The Times of Remedies and Moon Phases*. Whenever a patient used to report a striking amelioration of the symptoms or complaints, that time was calculated and marked by Boger in the terms of different phases of moon. This compilation ultimately became the basis of this book which made it a well appreciated and used repertory in clinical practice.
- His proving of *Samarskite* is also a valuable addition to the profession. With the publication of his works his interest augmented more and more in the field and he started doing additions to Kent Repertory. Boger found that many rubrics and sub-rubrics in Kent's Repertory did not have prominent remedies but he found them very effective in his practise, this inspired him to start this exhaustive work but he could not publish it.
- In January 1929, *Homoeopathic Survey* (a small journal published by American Foundation for Homoeopathy) mentioned a method Boger used for changing a remedy's potency when

it is still indicated, but no longer working by electrical potentizer which was owned and operated by Boger himself.

- All the articles of Boger were compiled by Robert Bannan and were published as *Collected Writings of Dr. C. M. Boger* in 1993.

Personal Life

Boger got married three times in his life. His daughter from first marriage died at very young age. He had five daughters and four sons from his second marriage. His third marriage was with Anna M. Boger, his secretary and constant helper.

Boger died on 2nd September, 1935 at the age of 74 years after two weeks of illness from eating a can of home preserved tomatoes. He drove himself to hospital but died shortly on arrival. It was after his death that Homoeopathy started declining in America due to lack of properly trained physicians and finally vanished. After Dr Boger's demise, Dr H. A. Robert commented that "*Probably there has never been a more thorough student of Boenninghausen than the late Dr Cyrus M. Boger*".

ABOUT THE AUTHORS

1. **Dr Subhas Singh**, Director, National Institute of Homoeopathy, Kolkata
2. **Dr Dinesh Sura**, PGT, National Institute of Homoeopathy, Kolkata
3. **Dr Vignesh Kumar S.**, PGT, National Institute of Homoeopathy, Kolkata
4. **Dr Niharika Shaw**, PGT, National Institute of Homoeopathy, Kolkata

Importance of Research in Homoeopathy

Dr Ambreesh Pandey

ABSTRACT

Research is the process of systematic investigation of collecting and analyzing information of a subject, theory or event. Through research we establish facts, and to increase our understanding and knowledge of the subject. This research provides scientific information for the explanation of the nature and the properties of the world around us. But why research has to be conducted in homoeopathy? Which are the various areas where research can be undertaken in homoeopathy? While conducting research what are the challenges associated with research in homoeopathy? This article is just a breakthrough providing a glimpse into few of our vital questions like these.

Keywords: homoeopathy, research, homoeopathy, evidence-based medicine, psychology, philosophy, areas of research

INTRODUCTION

Even after several years of its discovery, Homoeopathy has not been able to establish itself strongly as an alternative to conventional medicine. The reason has been the lack of research in Homoeopathy. Due to the lack of evidential proof, the medical world neglects the astonishing results produced by homoeopaths in cases where modern medicine fails to cure them. It is essential to “re-search” and “re-validate” the existing works in homoeopathy with newer outlooks and thoughts ¹.

Homoeopathy has received the tag of ‘placebo therapy’, reason behind that the mechanism of action of homoeopathic drugs is not known till now apparently & the homoeopathic system is always criticized because of this. This system has faced many difficulties in front of medical community but has proved their efficacy by treating the patients from time to time ². Homoeopathy is regularly questioned for the potentisation process, and the action of the ultra-highly diluted medicines on the body. This system is engulfed in controversy regarding, “whether homoeopathy works, and if yes, how does it work?” ³. The reason has been the lack of evidence-based clinical trials of homoeopathic medicines. Lack of research has made Homoeopathy unanswerable in many instances.

In the UK, a fresh debate started about the efficacy of homeopathic medicines, the UK’s Science and Technology Committee has given its report and they have different opinions about the homoeopathic system. Now opponents of this system have pointed out that homoeopathy is not an evidence based medicine.

In the last 200 years of results in recovery, healing and cures is not fake, bogus or placebo effects!

Homoeopathy is an evidence-based medicine and the treatment decisions are purely individualized. If the principles of homoeopathy as laid down by Dr Hahnemann are followed, then it is an evidence based homoeopathy practice. To make this system achieve today’s scientific acceptance, there is a need for research studies and internationally accepted standards.

While detailing his ideas about ‘experimental design for clinical research in homoeopathy’, Dr ML Dhawale wrote:

“...we do not appear to be much wiser with the experience we have acquired over the years. Some salutary ‘RESEARCH’ is needed in this vital area ...”

Homoeopathy was made very rigid which is transmitted from generation to generation, from teacher to student, rather it is a science and a flexible approach should be adopted. Science should not be rigid rather it should be modified and studied again and again for better development.

For well establishment of any system of medicine there is a need for well researched and scientific understanding. Homoeopathy too needs to be well-researched to have a scientific standing, greater acceptability, and credibility.

In the present evidence-driven world, scientific research is the solution for homoeopathy to be internationally accepted and desired.² In the 21st century, research gained popularity in the science of medicine. Homoeopathy too realised the necessity for scientific research.⁴ In fact, research in Homoeopathy is known since antiquity, Hahnemann himself “re-searched” into the history to verify the theory discovered by him.¹

Research is the systematic study and investigations to establish facts and arrive at new conclusions.⁴ There are no shortcuts in research and it adopts a series of steps. The research planning in homoeopathy should be systematically organized and efforts should be taken to enhance health based on the evidence gathered from research.⁵ Collection and analysis of evidence follow a well-drawn protocol. Ethical standards should be adhered to by the researcher. Biostatistical tools are required to arrive at a valid conclusion.⁶

Objectives of Research in Homoeopathy

There are several scientific research trials conducted in homoeopathy that speak volumes regarding the efficacy of homoeopathy as a therapeutic system.² Research in homoeopathy is essential to fulfill the following objectives:

- To change the perception of homoeopathy in the health care community and to create acceptance in the eyes of the general public.
- To counter those who are tagging homoeopathy's positive outcomes the 'placebo' effect.
- To create confidence in homoeopathic practitioners.
- To validate 'homoeopathic pathogenetic trials'.
- To study the science in depth.

Areas to be Explored¹

Homoeopathic researcher must be well aware of the key attention areas for research in homoeopathy.⁴ There is a vast scope of research in homoeopathy in certain areas. Some of the areas that need to be explored in homoeopathy are:

- Clinical verification
- Homoeopathic pathogenetic trials
- Drug standardisation
- Fundamental or philosophical research
- Clinical research

Types of Research in Homoeopathy¹

There are several ways by which researches can be performed in homoeopathy, some of the types of research are:

- Fundamental research
- Drug-based research
- Evidence-based
- Clinical trials
- Disease-based research
- Literary research
- Descriptive research
- Conceptual research
- Empirical research
- Analytical research
- Quantitative research
- Qualitative research
- Diagnostic research

Pre-requisites for Research

Researchers are working on ideas, and in the coming years they should come forward with more research studies in regard to the following points:

- Highly diluted homoeopathic preparations - more research studies are required to prove the content and activity of these ultra high dilutions.
- Working of homeopathic remedies - a scientific explanation is required in which the effects of homoeopathic remedies can be explained.
- Design of research protocols – there is a need to design research methodology where the integral principle of homoeopathy intact that is *individualization* is kept intact.
- Randomized controlled trials - many randomized

controlled trials have provided the evidence that the effects of homoeopathic medicines differ from placebo. Such research studies are beneficial where the results of homoeopathy are reproducible from time to time and from one group to another.

- Long-term effects of homoeopathy - research studies need to be done to gauge the long-term effects homoeopathy in preventing chronic disease conditions.

For a good research, the below factors are necessary as well -

- A dedicated team.
- Institutional support
- Research funding
- Scientific and technical awareness
- Electronic exposure¹
- Establish multi-level ethical committees
- Establish peer review homoeopathic journal
- Develop guidelines for research

Challenges in Homoeopathic Research

There are many difficulties faced in any kind of research. They should be sorted out for better scientific establishment of the system. Some of the challenges faced in research are:

- A limited number of research studies³
- Lack of centralized database of research activities
- Funding and resource-related challenges¹
- Limited resources
- Lack of experience³
- Global guidelines
- Rational, multi-centric, large sample size studies
- Publication bias¹
- Reduced motivation, etc³

CONCLUSION

Research is the present and future of homoeopathy. The research conducted in homoeopathy should be targeted towards enhancing the reliability, validity, and credibility quotient of homoeopathy.⁴ There is a need to concentrate on continuing professional development, quality education, validation of homoeopathic pathogenic trials – drug proving, establishing peer-review homoeopathic journals, etc. Being research-orient-

ed is the need of the hour. All homoeopaths must all be “active contributors” to the development of homoeopathic science. Every possible resource should be used by homoeopaths to explore novel things and make homoeopathy the much-sorted mode of therapeutics¹. Newer research in homoeopathy is essential to add to its credibility and reliability.

REFERENCES

1. Arora S; Scientific Research in Homoeopathy: An overview, requisites, current scenario, challenges, and future; Published on January 25th, 2012; (Last accessed on 2021 August, 7th); Available from: <https://researchinhomoeopathy.org/scientific-research-in-homoeopathy-an-overview-requisites-current-scenario-challenges-and-future/>
2. Menon SG; Research in Homoeopathy: The need for awakening; Published on November 27th, 2012; (Last accessed on 2021 August, 7th); Available from: <https://www.homoeobook.com/research-in-homoeopathy-the-need-for-awakening/>
3. Why Research in Homoeopathy; (Last accessed on 2021 August, 7th); Available from: <https://researchinhomoeopathy.org/>
4. Kaur H; Homoeopathic Research-Understanding the Challenges; Journal of Traditional Medicine & Clinical Naturopathy; Published on December 31st, 2012 (Last accessed on 2021 August, 7th); Available from: <https://www.omicsonline.org/open-access/homoeopathic-research-understanding-the-challenges-2167-1206.1000118.php?aid=10633>
5. Manchanda R. K.; Key areas of homoeopathic research; Published on 10th June, 2016; (Last accessed on 2021 August, 7th); Available from: <https://www.ijrh.org/article.asp?issn=0974-7168;year=2016;volume=10;issue=2;spage=97;epage=100;aulast=Manchanda>
6. Indrayan A; Elements of medical research; Published on March, 2004; (Last accessed on 2021 August, 7th); Available from: <https://pubmed.ncbi.nlm.nih.gov/15115159/>
7. Sharma Varsha kapila : Need for Research in Homoeopathy, www. Homoeopathy 360.com

ABOUT THE AUTHOR:

1. **Dr Ambreesh Pandey**, PhD(Scholar), Assistant Professor, Department of Community Medicine, Govt. SDJH Medical College Azamgarh UP. Ex. Research Associate, Homoeopathic Drug Research Institute Lucknow, Central Council of Research in Homoeopathy New Delhi under Ministry of AYUSH Govt. of India

Organopathic Concept in the Homoeopathic Prescription in Relation to Hepatobiliary Disorders

By Dr Kisor Kumar Naskar, Dr Rayba Khatoon, Dr Sanjay Sarkar, Dr Sumanta Kamila

ABSTRACT

Organopathic concept suggests that certain remedies have some specific affinity for certain organs. The concept of organ remedy is not new; it developed with time from Paracelsus, Rademacher's, Burnett and French school of Homoeopathy. The following article aims at explaining the organopathic concept, the action of *Chelidonium majus* and various homoeopathic remedies for hepato-biliary disorders.

Keywords: homoeopathy, organopathy, hepatobiliary disorders, homoeopathic remedies

Abbreviations: Hepatocellular carcinoma (HCC), Poly lactide-co-glycolide (PLGA), reactive oxygen species (ROS), Cadmium chloride (CdCl₂), p-dimethylaminoazobenzene (p- DAB), *Chelidonium majus* (CM)

INTRODUCTION

Homoeopathy is considered to be an outcome of keen observation and dedication by Dr Hahnemann and on the other hand, organopathy is a fruit of analytical mind of Paracelsus. In traditional herbal medicine many substances have found their way into use by the application of the Doctrine of signature, whereby the plant's shape, coloring, habitat and other features have been utilized as guides to its therapeutic applications. Rademacher was able to distinguish clearly between "universal remedies" which were needed to treat the whole person, and "organ remedies" which were needed to treat individual parts. James Compton Burnett pointed out the difference between prescribing on the basis of symptom similarity and on the basis of organ-similarity, both of which he regarded as equally valid cases.^{[1][2][3][4]}

Organopathic method is based on the assumption that -

- certain remedies have specific affinity for certain organs, and
- there are patients in whom it is desirable or necessary to treat specific organs or systems so that the whole person may be properly cured.^[5]

Hepatobiliary Disorder

The hepatobiliary tract is the target of a wide variety of tropical infections. Its main function is food metabolism, energy supply, manufacturing of essential body proteins, production of bile, helps in digestion, elimination of toxic substances, regulation of body cholesterol, providing resistance to infection, blood clotting, etc.^[6] Disease is caused due to viral infection, obesity, alcohol, drugs and toxin, etc.^{[6][7][8]} Common symptoms and signs can be yellowish appearance of skin and eyes, abdominal pain, swelling of legs and ankles, nausea, vomiting, dark urine, pale stool, hepatomegaly, splenomegaly, purpura, caput medusa, spider angioma, and so on.^[9] Some diseases of hepatobiliary system include hepatitis, alcoholic and non-alcoholic fatty liver, cirrhosis, acute liver failure, hepatic encephalopathy, HCC, cholecystitis, gall stones, cholangiocarcinoma, etc.^{[6][7][8]}

Effectiveness of Homoeopathic Medicines in Treatment of Liver Diseases

In hepatobiliary disorders, its various functions such as metabolic, storage, detoxification, etc gets affected, which in turns affect rest of the body. Patients with chronic liver disease are often dis-

appointed with the frequent use of conventional medicines, which may not provide a permanent solution to their condition. Homoeopathy offers a simple and safer way to manage the condition at a deeper level. It also helps in safely tapering off the dose of allopathic medicines. With the application of its principles and detailed case history, homoeopathy has much to offer in liver disorders; homoeopathic medicines not only treat the symptoms but also treat the predisposition of a person to certain diseases, called miasm. ^[10]

When to Use Organ Remedies?

- In advanced physical pathology and to detoxify and tone the weak organ
- Patients whose entire symptomatology revolves around weakness or dysfunction of particular organ
- In cases where organ weakness may be present as obstacles to cure and it is found that the indicated constitutional remedies do not perform well until the weakness is rectified
- In cases where we see aggravation following constitutional prescription, can be lessened or avoided altogether by rational organ remedies. ^[11]

Prescribing Method

With organopathic focus, case taking is much more superficial than that of classical homoeopathy. Organopathic case taking requires the practitioner to have a vast knowledge of disease symptomatology and organ function. For an appropriate prescription Burnett considered fundamental foci for the action of an organ remedy i.e.

- There had to be a relation of a remedy to a particular organ, the character of action it was able to produce and its range of impact.
- There is a posological aspect to organopathy, that organ remedies had a stronger impact on disease in material doses and in repetitive prescription. The lower potencies or mother tinctures are employed in organ prescribing due to the reduced similitude that organopathic prescription has. ^{[5][11]}

Hepatotoxicity Induced by *Chelidonium Majus*

Animal studies suggest that a homoeopathic drug named *Chelidonium majus* exhibits anti-tumor, anti-genotoxic and enzyme modulating activity and thus may be effective in the treatment of liver cancer. The protective potential of *chelidonine*, the major active component of *Chelidonium majus*, and of its PLGA, poly encapsulated nano-form (*nano-chelidonine*), has been evaluated in the oxidative stress and hepatic toxicity induced by CdCl₂ in mice. The study's results showed that the exposure to CdCl₂ for 30 days (twice a week at the following dosage: 1.0 mg/kg body weight i.p.) caused oxidative stress through lipid peroxidation and accumulation of ROS. The administration of *nano-chelidonine* after CdCl₂ exposure markedly diminished lipid peroxidation and oxidative stress and restored GSH (glutathione) levels. Therefore, *nano-chelidonine* was suggested as a protective agent, in mice, against Cadmium toxicity. Also, the ability of CM to enhance the hepatic effects of acetaminophen at a sub-toxic dose was evaluated in rats. If administered alone, CM did not modify liver parameters in male rats while in female animals a rise of fibrinogen levels was observed. No changes in hepatic histo-morphology were noticed in both sexes. Liver alterations were observed after the administration of sub-toxic doses of acetaminophen, while the co-administration of CM did not enhance hepatotoxic effects. Additionally, the anti-tumor properties of CM and its modulation of enzyme activity in the liver have been studied on administering a homeopathic extract (in micro doses Ch-30 and Ch-200) of CM to mice, during hepato-carcinogenesis induced by p-DAB compared to control groups. All mice that were administered p-DAB developed liver tumors. Approximately 40% of the animals in which p-DAB was administered in association with *Chelidonium*, did not develop liver tumors. *Chelidonium*, a homoeopathic medicine showed an anti-tumor effect and an anti-genotoxic activity and favorably modulated the effects of certain enzyme markers. ^{[12][13]}

Organopathic Remedies for Hepatobiliary Diseases

Sulphur

- Troubles coexisting with active and transitory

congestion of the liver with general arterial hypertension

- Liver is hypertrophied and congested. Pain in the region of the liver
- Gone feeling in the pit of the stomach worse at 11 am; must eat all the time which causes amelioration
- Milk is badly tolerated and cannot digest eggs

Natrum sulphuricum

- Retention of water by the liver and tissues
- Sensation of pressure and fullness in the liver region
- Hypercholesterinaemia
- Improves production of bile

Phosphorus

- For fatty degeneration of liver, cirrhosis of liver, deep acute insufficiency of liver, chronic affections. Grave jaundice.
- Action on the blood functions of the liver
- Acts on pancreas
- Liver is hypertrophied and painful

Lycopodium clavatum

- Insufficiency of liver, retention of bile. Cirrhosis of liver, cholecystitis, acute or usually chronic jaundice.
- For an overworked liver
- Habitual remedy for hepatic insufficiency caused by alcoholism, atrophic cirrhosis, cirrhosis with sclerosis.
- Cholagogue as it eliminates the unused bile in the intestines more actively. Increases the rapidity of the intestinal transit.

Lachesis mutus

- Sensitive liver. Cannot keep anything tight around the body.
- For alcoholism
- Suspicious, jealous, vindictive
- For the action on blood and unbalanced humors.

Sepia officinalis

- Liver is big, painful, heavy, aggravation of

pain and worse by lying on the left side.

- Atony, venous insufficiency of the local organs.

Solidago virgaurea

- It is a remedy that helps the liver do its function at its best i.e by clearing the toxins. It has a similar action on the tissues of the kidney and liver.

Chelidonium majus

- Acts slowly but surely on the liver and digestive system.
- Acts on the right lobe of the liver.
- It acts on mucosa of the biliary apparatus and intestinal mucosa.

Cardus marianus

- Pre-cancerous stage of liver when jaundice has set in.
- Like Sepia, it has stasis and acts on the portal veins.

Taraxacum officinale

- Acts as a purifier and a tonic
- For pre-cancer and pre-ureamic stages

Hydrastis canadensis

- Hepatic insufficiency of old age when gastric motility and secretions are reduced.
- Surely in pre-cancerous and cancerous stages.

Chionanthus virginica

- Acts both on the liver and pancreas.

Berberis vulgaris

- Acts on digestive tract and the urinary apparatus.

Remedies According to Pathological Changes

Cirrhosis

- Sclerosis: *Aurum muriaticum*, *Aurum metallicum*, *Plumbum metallicum*, *Silicea terra*, *Iodium*, *Arsenic iodatum*, *Kalium hydriodicum*
- Syphilis: *Mercurius solubilis*, *Aurum metallicum* and *Plumbum metallicum*.

- Induration: *Graphites, Taraxacum officinale, Flouricum acidum, Conium maculatum*
- Fatty degeneration: *Phosphorus, Kalium bichromicum, Vanadium metallicum*
- Pigmentary: *Argentum nitricum*.
- Cancer: *Cardus marianus, Taraxacum officinale, Conium maculatum, Hydrastis canadensis, Cholesterinum*
- Ascites: *Cardus marianus, China, Senecio aureus, Apocyanum cannabinum, Digitalis purpurea, Aceticum acidum*

Hepatitis

- Beginning: *Aconitum napellus, Bryonia alba, Chamomilla*
- Developed: *Chelidonium majus, Mercurius solubilis, China, Nux vomica, Iris versicolor*
- Chronic: *Ammonium muriaticum, Cholesterinum, Kalium muriaticum, Kalium bichromicum, Hydrastis canadensis*
- Grave: *Vipera, Arsenic album, Lachesis mutus, Phosphorus*
- Alcoholic: *Nux vomica, Acidum sulphuricum, Ammonium muriaticum, Flouricum acidum*
- Portal Hypertension: *Aloe socotrina, Leptandra virginica, Collinsonia canadensis, Sepia officinalis, Pulsatilla pratensis*

Cholecystitis

- To see that bile is secreted well: *Solidago virgaurea, Cardus marianus, Berberis vulgaris, Taraxacum officinale, Hydrastis canadensis*.
- To relieve inflammation: *China, Baptisia tinctoria, Arsenic album*.^{[14][15][16]}

CONCLUSION

In homoeopathy, the most appropriate treatment protocol is based on the *Similia* principle; however organopathic concept is use as a localized, specific, targeted similimum, where we use the totality of the symptoms of the organs, tissues or functions with its modalities to choose a remedy. There is no disagreement between unicism and organopathic approach. We must see links between different approaches and how they complement

each other without losing their individuality, for opening wider scope for the benefit of ailing humanity and medical fraternity.

REFERENCES

1. Monk-Schenk M. Organ Remedies; Our Gift from Paracelsus and Rademacher, with Special Focus on the Liver and Spleen. Homeopath. 2002;87:14-19.
2. Clarke JH. Hahnemann and Paracelsus. Homeopathy. 1999;88(4):225-227.
3. Whitney J. The Legacy of Rademacher. The Homoeopath. 1996;(61):540-542.
4. Wholehealthnow. Specificity of Seat – James Compton Burnett and the Generalization of Locality [Internet]. Wholehealthnow; c2008 [cited 2023 Apr 14]. Available from: https://www.wholehealthnow.com/homeopathy_pro/burnett-specificity-seat.html
5. Blair J. Organopathy – a relevant approach? The Homeopath. 2009;28(3):92-99.
6. Walker BR, Colledge NR, Ralston SH, Penman I, editors. Davidson's principles and practice of medicine. 22nd ed. Churchill Livingstone; 2014.
7. Kumar P, Clark M. Kumar and Clarke's Clinical Medicine. 10th ed. Elsevier; 2020.
8. Das PC, Das PK. Text Book of Medicine. 6th ed. Kolkata: Current Book International; 2016.
9. Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, editors. Harrison's principles of internal medicine. 20th ed. Vol. 2. New York: McGraw Hill Education; 2018.
10. Clarke JH. A Dictionary of Practical Materia Medica. Vol. 3. New Delhi: B. Jain Publishers; 1997.
11. Monk-Schenk M. Organ Remedies; Our Gift from Paracelsus and Rademacher, with Special Focus on the Liver and Spleen. The Homeopath. 2002;(87):14-19.
12. Colombo ML, Bosisio E. Pharmacological activities of Chelidonium majus L. (Papaveraceae). Pharmacol Res. 1996;33:127-134.
13. Paul A, Das J, Das S, Samadder A, Khuda Bukhsh AR. Poly nano-encapsulation of chelidonine, an active bioingredient of greater celandine, enhances its ameliorative potential against cadmium induced oxidative stress and hepatic injury in mice. Environ Toxicol Pharmacol. 2013 Nov;36(3):937-47. doi: 10.1016/j.etap.2013.08.011. Epub 2013 Sep 2. PMID: 24007795.
14. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. Special ed. New Delhi: Jain Publishers; 2022.
15. Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: B. Jain Publishers (P) Ltd; 2015.
16. Pariclea6. Ehomeopath. [cited 2023 Apr 14]. Available from: <http://www.ehomeopath.com/pariclea6.html>.

ABOUT THE AUTHORS

1. **Dr Rayba Khatoon**, BHMS (WBUHS). PG Scholar (Part-I), Department of Practice of Medicine of The Calcutta Homoeopathic Medical College & Hospital. Kolkata- 09, WB.
2. **Dr Sanjay Sarkar**, BHMS. PG Scholar (Part-II), Department of Practice of Medicine of The Calcutta Homoeopathic Medical College &

Hospital. Kolkata- 09, WB.

3. **Dr Sumanta Kamila**, BHMS. PG Scholar (Part-II), Department of Practice of Medicine of The Calcutta Homoeopathic Medical College & Hospital. Kolkata- 09, WB.
4. **Prof. (Dr.) Kisor Kumar Naskar**, HOD. Materia Medica, The Calcutta Homoeopathic Medical College & Hospital. Kolkata- 09, WB.

In Italics

Why Learning our Homeopathic History is Important?

About our Columnist



Dr. Vatsala Sperling

MS, PhD, PDHom, CCH, RSHom

- Former Chief of Clinical Microbiology services at The CHILD's Trust, a children's hospital in Chennai, India, where she conducted research with the World Health Organization (WHO) and published extensively.
- After moving to the United States, Dr. Sperling pursued an education in homeopathy at Mi-sha Norland's School of Homeopathy, Devon, UK.
She continues to study and practice homeopathy in Vermont.
- She volunteers for the National Center of Homeopathy and has served on the board of directors of the North American Society of Homeopaths.
- Author of ten books including The Ayurvedic Reset Diet through Inner Traditions as well as many essays and articles on homeopathy, health, and spirituality

As students and practitioners of Homeopathy, we refer to literature from earlier centuries, repertories and materia medicas written by people who died way before our parents were born. These readings are done for our bread and butter. We simply cannot ignore the works of Samuel Hahnemann (1755-1843), James

continued on page.....25

Homoeopathic Practice Based on Scientific Research

Dr Vishakhaha R. Gohil, Dr Pooja Chauhan

ABSTRACT

Evidence-based studies can help validate and recognise homoeopathy as a scientific science, so for the enhanced understanding and acceptability of the homoeopathic science research should be undertaken on a larger sample size at multi-centric levels. With the help of research, homoeopathy should be explored and its buried treasure can be presented to the scientific fraternity and can strengthen medical care by introducing new findings and inferred ideas. This article provides some hints about the importance of conducting research in homoeopathy, what is clinical research? The importance of clinical trials in homoeopathy, the aims and objectives of clinical research, and evidence-based clinical research. Research is the present and future of homoeopathy.

Keywords: alternative system, CCRH, clinical research, complimentary system, homoeopathy, experiment

INTRODUCTION

Homoeopathy is currently practised in over 180 countries among which 42 countries have legal recognition as an individual system of medicine and in 28 countries it is recognized as a part of complementary and alternative medicine. Studies have identified homoeopathy to be the most frequently used complementary and alternative medicine therapy for children in European countries, which is according to WHO considered one of the most commonly used forms of T & CM. 3 out of 4 Europeans know about homoeopathy and 29% of them use it for their health care purposes.

Homoeopathy is an important component of India's pluralistic health care system which was introduced in India approximately two centuries ago. Homoeopathy, Ayurveda, Yoga, Naturopathy, Unani, Siddha and Sowa Rigpa are the alternative systems of medicine in which the Government of India has put many efforts for their growth and development, due to which an institutional framework for the centre of homoeopathy has been established.¹

Homoeopathy is a medical science which is based on exact empirical facts. All the observations in

the system of homoeopathy are made according to clearly defined criteria. Homoeopathy is a systemic, holistic and quantitative system which is closer to the new bio-psycho-social and systemic therapy.²

Art is the base of medicine, but scientific validation is important for new therapeutic practice. Many researches are done in homoeopathy, but modus operandi and its relationship to the healing process are still untouched territories.³ Homoeopathy was in a sense based on a foundation of research from the beginning, but the conventional system of medicine does not give much attention to the specific aims and methods of research in homoeopathy. However, the fundamentals of homoeopathy are very important for the experimental and clinical results. This is important because many prejudices still predominate during discussions of homoeopathy.²

Definition

The word research is derived from the middle French word "*recherche*", which means "*to go about seeking*". In history, 1577 was recorded as the year of the earliest use of this term⁴.

Research is defined as "the creation of new knowledge and/or the use of existing knowl-

edge in a new and creative way so as to generate new concepts, methodologies and understandings. This could include synthesis and analysis of previous researches to the extent that it leads to new and creative outcomes”⁵.

Clinical research in medical research is of 2 types, observational studies and clinical trials, which include human beings⁶. Clinical research is a component of medical and health research intended

to produce knowledge valuable for understanding human disease, preventing and treating illness, and promoting health⁷.

Clinical Research in homoeopathy helps in creating, proving and unifying scientific evidence (in terms of effectiveness and safety) of homoeopathic remedies, procedures and treatment regimes. This research helps in the prevention, and treatment of various diseases and in improving clinical care¹.

Scientific investigation of the main homeopathic principles

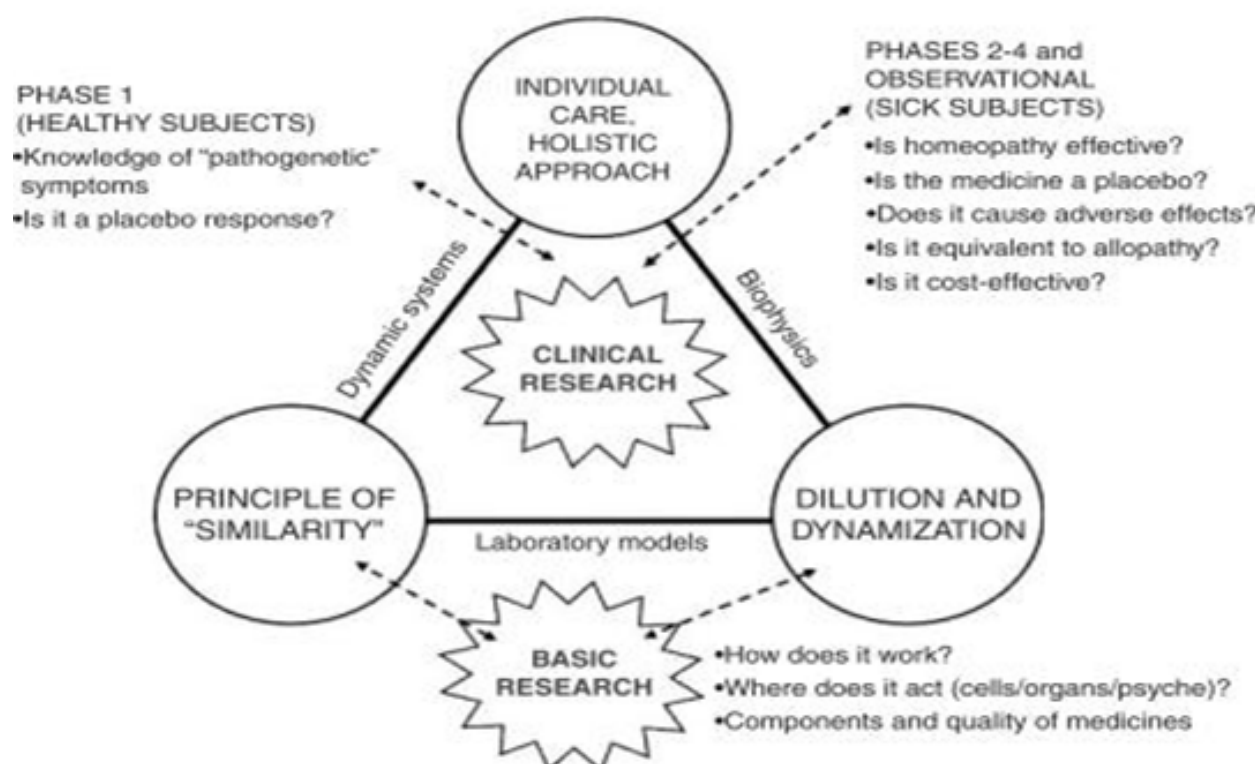


Fig 1: Scientific investigation of the Main Homoeopathic Principles⁸

Basic facts of homoeopathy should be understood for a better understanding of its research-related problems.

Homoeopathy was founded by Samuel Hahnemann (1755-1843). He was searching for a “rational” medical therapy and he rejected the speculative view point of a medical education system which was prevalent at that time, but absurdly, his science of homoeopathy was later regarded as a “speculative system” which is contrary to the facts.²

As per the guidance of the Scientific Advisory Committee (SAC), various Studies on different diseased conditions are taken up. All India Institute of Medical Sciences (AIIMS), Indian Council of Medical Research (ICMR), National Institute of Communicable Diseases (NICD), National AIDS Control Organization (NACO), eminent homoeopathic educators and researchers had conducted different multi-centric clinical studies to ascertain the therapeutic utility of medicines.¹

Central Research Institutes

- I Dr D.P. Rastogi Central Research Institute (Y), Noida
- II National Homoeopathy Research Institute in Mental Health, Kottayam

Regional Research Institutes

- I Regional Research Institute (H), Gudivada
- II Regional Research Institute (H), Guwahati
- III Regional Research Institute (H), Puri
- IV Regional Research Institute (H), Imphal
- V Regional Research Institute (H), Jaipur
- VI Dr. Anjali Chatterjee Regional Research Institute (H), Kolkata
- VII Regional Research Institute (H), Shimla
- VIII Regional Research Institute (H), Mumbai
- IX Regional Research Institute (H), Agartala
- X Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Bhubaneswar¹

To establish the effectiveness of homoeopathic treatment, randomized controlled trials (RCT) are being conducted. The outcome of these studies is published periodically in national, international peer-reviewed journals. A total of 211 studies on various diseases have been conducted by the council till today, among them 178 studies (139 observational studies and 39 randomized clinical trials); are already concluded and 13 studies are in progress. Clinical studies are already done for many kinds of different diseases, like, HIV/AIDS, gastroenteritis, chronic sinusitis, influenza-like illness, benign prostatic hyperplasia, acute haemorrhoids, cervical spondylosis pain management, urolithiasis, acute rhinitis in children, acute encephalitis syndrome, COVID-19, acute otitis media, hypertension, thrombocytopenia due to dengue. Studies give more emphasis on the areas of medicine where no curative treatment is available in conventional medicine such as endemic diseases in certain parts of the country and the so-called surgical diseases.¹

For a critical and comprehensive review of research in homoeopathy, the reader is referred to Scofield's two-part reviews which address important research areas that are cost-effective at three distinct levels from the fundamental to the ap-

plied in homoeopathic practice:

- (1) The physics and chemistry of homoeopathy preparations,
- (2) Laboratory studies using homoeopathic preparations on cells and organisms, and
- (3) Clinical trials using homoeopathic medicines³

Clinical research has many objectives, among them a few are:

- 1. To formulate the aims and patterns of research on scientific lines in homoeopathy to initiate, develop, undertake and coordinate scientific research in fundamental and applied aspects of homoeopathy.
- 2. To exchange information with other institutions, associations and societies interested in the objectives similar to those of the council.
- 3. To collaborate research studies with other Institutes of excellence towards the promotion of homoeopathy.
- 4. To propagate research findings through monographs, journals, newsletters, I.E. & C, materials, seminars/workshops and develop audio-visual aids for dissemination of information to the profession and public¹.

The fundamental research aims to describe and understand the phenomena claimed by homoeopathy using the experimental method, not only to choose the remedy.⁹

Evidence-based trials are the aim of modern scientific parameters (double blinding; objective assessment criteria, statistical analysis, etc.) without opposing the doctrines of homoeopathy¹.

CONCLUSION

In homoeopathy, there is need for research; research is the present and future of homoeopathy. Being research oriented is a must; we all must be active participators in the development of homoeopathic science. To explore new things and to make homoeopathy an acceptable scientific science homoeopaths should use every possible resource. To enhance the reliability, validity, and credibility quotient of homoeopathy new research in this field is mandatory. Research and evidence-

based practice is the demand of homoeopathy for its scientific validation, but the progress is very slow, so experienced, qualified, energetic people must be allowed to work and modern types of equipment/ laboratory facilities should be utilized for this purpose. Homoeopathy can give be-fitted replies to the doubts raised by other schools of medicine with evidence and clarity.

REFERENCES

1. Central council for research in homoeopathy, Ministry of AYUSH, government of India, <https://www.ccrhindia.nic.in/index1.aspx?lsid=1671&lev=2&lid=610&Regid=0&langid=1>
2. Righetti M., Characteristics and Selected Results of Research on Homoeopathy, Ultra high dilution, page: 223-227, https://link.springer.com/chapter/10.1007/978-94-015-8342-8_22
3. Rubik B., Report on the status of research on homoeopathy with recommendations for future research. British Homoeopathic journal, volume 78, issue 2, April 1989, pages 86 – 96, science direct, <https://www.sciencedirect.com/science/article/abs/pii/S0007078589800535>
4. Librarianship studies & information technology, October 23, 2022, <https://www.librarianshipstudies.com/2017/11/research.html>
5. Research services, Definition of research, western Sydney university, https://www.westernsydney.edu.au/research/researchers/preparing_a_grant_application/dest_definition_of_research
6. What are clinical trials and studies? - National institute on ageing, <https://www.nia.nih.gov/health/what-are-clinical-trials-and-studies#:~:text=Clinical%20research%20is%20medical%20research,and%20compare%20changes%20over%20time>
7. Tunis S, Korn A, Ommaya A, Definitions of clinical research and components of the enterprise, appendix V, the role of purchasers and payers in the clinical research enterprise: workshop summary, National library of medicine, <https://www.ncbi.nlm.nih.gov/books/NBK220717/>
8. Pitari G., Scientific Research in homoeopathic medicine: validation, methodology and perspectives, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1876605/>
9. Bellavite P., Thoughts on research in homoeopathy, British Homoeopathic Journal, October 1998, Vol. 87, pp. 238- 240 <https://www.thieme-connect.com/products/ejournals/abstract/10.1054/homp.1999.0266>

ABOUT THE AUTHORS

1. **Dr Vishakhaba R. Gohil**, M.D Scholar, Organon of Medicine and Homoeopathic Philosophy
2. **Dr Pooja Chauhan**, M.D Scholar, Organon of Medicine and Homoeopathic Philosophy
Under the guidance of: Dr Heena Rawal, MD [HOM], Principal of Ahmedabad Homoeopathic Medical College, HOD – Department of Organon of Medicine

Taylor Kent (1849-1916), Margaret Lucy Tylor (1875-1943), William Boericke (1849-1929) and so on. Their writings are so relevant to our day-to-day job as homeopaths that we do not consider these as 'history books'. Still in print, these classic books are alive and well as if they were written in contemporary times.

I find it immensely interesting that just as these illustrious practitioners were writing about their experiences of homeopathy, the "history of homeopathy" was being written. As modern homeopaths, we are not aware about this history, and it is not taught in any great details even in our homeopathy medical schools. Can you imagine, just how completely unaware the regular public must be about history of homeopathy?

Such being the condition, you can also imagine the level of my excitement when I was asked to read a manuscript on this subject, written by Jerry M Kantor. In this manuscript, I could see a book that every student of homeopathy must read with PRIDE – pride in knowing that we have a very rich history. "Sane Asylums: The Success of Homeopathy before Psychiatry Lost Its Mind" is a book by Jerry Kantor. In this book, he presents copious verifiable information focused on a hero we can root for and a heroine we can relate to, alongside snippets about a slice of time (1875-1925) when the stars of homeopathy were ascending. Taking you on a fascinating stroll through medical history, Kantor shows how, in the late 1800s visionary medical doctors were treating mental illness with gentle and effective homeopathic remedies and achieving success rates far superior to current drug-based treatment modalities. Homeopathy as a treatment option had just emerged after an era when the insanes were known as beasts, as someone possessed, as sinners, as ill, defective, tortured souls, and troublemakers. These crude perceptions changed, and homeopathy offered an enlightened mental-health-care method, a practice set in motion by the

continued on page.....33

Efficacy of Homoeopathic Medicines in the Management of Anaemia amongst Adolescent Girls

Dr Srinivas Babu Kathi, Dr Boini Kavya, Dr Akhila Gundagona

ABSTRACT

Background: Anaemia is a serious global public health problem that particularly affects young children and pregnant women. WHO estimates that 42% of children less than 5 years of age and 40% of pregnant women worldwide are anaemic. Adolescent girls are at higher risk of anaemia due to period of physical growth, reproductive maturation which demands high macro and micro nutrients. Adolescent girls in rural areas are at higher risk of anaemia due to improper dietary habits.

Materials and Methods: Type of research: A Prospective study

Sample size: 60 (7)

Selection criteria and participant subject: Based on inclusion and exclusion criteria

Study design: Observational study

In this study all adolescent girls aged 16-25 years subjects were included from Mahatma Jyothiba Phule Telangana Backward Classes Welfare Residential Degree College For Women, Premises Of Pullareddy Engineering College, Behind Mars Pvt. Ltd., Wargal X Roads, Siddipet District-502 279 based on inclusion and exclusion criteria. Their follow-up was done when needed.

Observation and Results: In this study 60(7) subjects were included based upon inclusion and exclusion criteria. Their follow up was done every fortnight or as and when needed. Out of 60(7) subjects, 80 % are improved and 20% no change after study.

Conclusion: After the results were statistically analyzed, it was found that homoeopathic remedies were proved to be effective.

Keywords: anaemia, hemoglobin, adolescent girls, homoeopathic treatment

Abbreviations: World Health Organisation (WHO), Haemoglobin (Hb), Mean corpuscular volume (MCV), Mean corpuscular hemoglobin concentration (MCHC), Complete blood picture (CBP)

INTRODUCTION

Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs which vary by age, sex, altitude, smoking, and pregnancy status. The WHO criteria for anaemia as hemoglobin (Hb) levels < 12.0g/dL in

non-pregnant women and <13.0 g/dL in men (in adults). Its prevalence is more among developing countries, because of low socioeconomic status and indigent access to health care. Anemia leads to tiredness, heart palpitations, and difficulty in breathing. Children, women of reproductive age and pregnant women are at high risk of developing anemia. Maternal anemia is associated

with maternal and child morbidity and mortality such as increased risk of miscarriage, stillbirth, prematurity and low birth weight of the baby. About 20% of perinatal mortality and 10% of maternal mortality in developing countries is attributed to iron deficiency.

Objectives of Study

1. To study the effectiveness of homoeopathic remedies in the treatment of anaemia.
2. To study the efficacy of homeopathic drugs.

A REVIEW OF LITERATURE

In developing countries, the adolescent female are more exposed to nutritional challenges and studies showed that adolescent anemia was the greatest nutritional problem in developing countries India had reported high prevalence of anemia among adolescent girls, which is apparently higher when compared with the other developing countries. According to recent statistic, there were about 1.2 billion adolescents worldwide, who constitute one-fifth of the total world population .Developing countries account for about 5 million adolescent populations, and in India about 21% of the total population are adolescents.

Adolescent Anemia: A Need for Concern

Adolescents ageing 16-25 years occupy one fifth of the total world's population. India has the largest adolescent population in the world, about 21% of the Indian population comprises of adolescents. (Census of India, 2011) During this period, they will attain 25% of adult height and 50% weight of an adult. Specifically, the increase in the lean body mass, the expansion of the total blood volume and the onset of menstruation translate into a significant increase of girls iron requirements making them more susceptible to anemia (UNICEF, 2011).

India has the world's highest prevalence of iron deficiency anemia among women, with 60 to 70% of the adolescent girls being anemic due to poverty, inadequate diet, worm infestation, poor access to health services.

Classification of Anaemia

Anaemia is classified by two methods

- i) Morphological Classification
- ii) Patho- physiological Classification

i) Morphological Classification: Depends upon the size and color of RBC. Size of RBC is determined by mean corpuscular volume (MCV). Color is determined by mean corpuscular hemoglobin concentration (MCHC).

By this method, the anemia is classified into four types:

- a) Normocytic normochromic anemia
- b) Macrocytic normochromic anemia
- c) Macrocytic hypochromic anaemia
- d) Microcytic hypo chromic anemia

ii) Patho-physiological Classification: Anaemia is also classified on the basis of etiology, i.e. the study of cause or origin

- a) Anaemia due to increased blood loss: acute -post hemorrhagic anaemia, chronic blood loss.
- b) Anaemia due to impaired red cell production:
 - Cytoplasm maturation defects: Deficient haem synthesis: iron deficiency anaemia, deficient globin synthesis: Thalassaemia syndrome.
 - Nuclear maturation defects: Vitamin B12 and / folic acid deficiency: Megaloblastic anaemia.
 - Defect in stem cell proliferation and differentiation: aplastic anemia, pure red cell aplasia.
 - Anaemia of chronic disorders
 - Bone marrow infiltration
 - Congenital anaemia
 - Anaemia due to increased red cell destruction (hemolytic anaemia): Extrinsic red cell abnormalities, intrinsic red cell abnormalities.

Table 1: Anaemia Classification According to age

Population	Non -anaemic	Mild	Moderate	Severe
Children 6–59 months of age	≥110	100–109	70–99	<70
Children 5–11 years of age	≥115	110–114	80–109	<80
Children 12–14 years of age	≥120	110–119	80–109	<80
Non- pregnant women (15 years of age and above)	≥120	110–119	80–109	<80
Pregnant women	≥110	100–109	70–99	<70
Men (15 years of age and above)	≥130	110–129	80–109	<80

Table 2: Classification of Anemia According to WHO

Mild anaemia	11.9 gm to 10 gm Hb /100 ml blood
Moderate anemia	9.9 gm to 7 gm Hb/100 ml blood
Severe anaemia	<7 gm Hb/100 ml blood
Anaemia in non-pregnant women	<12 gm Hb/100 ml blood (above 15 years of age)
Anaemia in pregnant women	<11 gm Hb /100 ml blood

Causes of Anaemia:

Common causes of anaemia

There are many different types of anaemia. They could be nutritional or non-nutritional causes [heavy/chronic bleeding, infections, genetic disorders or cancers]. Nutritional anaemia, particularly, is the most widely prevalent form of anemia in the country.

a) Causes of iron deficiency anaemia and nutritional anaemia are:

Poor dietary intake of iron resulting in deficiency of iron in the body and thus iron deficiency anaemia [less intake of iron rich foods; gender discrimination in food allocation in a family aggravates the situation]

Low bio availability of iron habitual intake of cereal based diet high in phytate and poor consumption of iron absorption enhancers such as vitamin C result in low availability of iron. There could be dietary deficiency of vitamins such as folic acid, vitamin C, vitamin B12.

Non nutritional causes of anaemia: Accelerated increase in requirement for iron during adolescent period; Hookworm infestation; infection such as malaria; loss of blood in case of heavy menstrual

bleeding; teenage marriage and early pregnancy – teenage pregnancy places double burden on the physically and physiologically immature body of girls and results in increasing the likelihood of anaemia, maternal mortality, pregnancy complications and birth of low birth weight babies.

Grading of Anaemia

Mild (grade 1) - 10 g/dL to lower limit of normal

Moderate (grade 2) - 8 to <10 g/dL

Marked /severe (grade 3) - 6.5 to 8 g/dL

Life threatening (grade 4, 5) - Marked lows

Clinical Presentation of Anaemia: Symptoms of anaemia classically depends on the rate of blood loss.

Symptoms usually include the following:

- Weakness
- Tiredness
- Lethargy
- Restless legs
- Shortness of breath, especially on exertion,

near syncope

- Chest pain and reduced exercise tolerance-with more severe anemia
- Pica- desire to eat unusual and non - dietary substances
- Mild anemia may otherwise be asymptomatic

Signs of anaemia:

- Skin may be cool to touch
- Tachypnoea
- Hypotension (orthostatic)
- Pallor of the conjunctiva
- Jaundice- elevated bilirubin is seen in several hemoglobinopathies, liver diseases and other forms of hemolysis
- Lymphadenopathy
- Glossitis (inflammation of the tongue) and cheilitis (swollen patches on the corners of the mouth): iron/folate deficiency, alcoholism, pernicious anemia

Systemic Examination

Abdominal examination:

- Splenomegaly

Cardiovascular:

- Tachycardia

Neurologic exam: Decreased proprioception/vibration: vitamin B12 deficiency

Skin:

- Pallor of the mucous membranes/nail bed or palmar creases: suggests hemoglobin < 9 mg/dL

- Petechiae

- Koilonychia (spooning of the nails): iron deficiency

Investigation

Complete blood picture (CBP), Reticulocyte count, ESR, Peripheral blood smear, LFT, RFT, Iron Profile, LDH, Uric acid, Vitamin B12 and Folic acid level, Bone marrow examination, Hg elec-

trophoresis, Flow Cytometry, Direct and indirect Coombs test, Screening test for Hepatitis A, B and C.

Types of Anaemia

1. Iron deficiency anaemia: causes –blood loss (menses, GI blood loss), celiac disease, *h. pylori* infection.

History of pica (consumption of substances such as ice, starch, or clay)

Koilonychia (spoon nail), and glossitis (Plummer-Vinson syndrome) seen in severe iron deficiency anaemia.

2. Megaloblastic anaemia: Disorder of impaired DNA synthesis in hematopoietic cells affects all proliferating cells. Due to folic acid or vitamin B12 deficiency.

3. Aplastic anaemia: Aplastic anaemia is pancytopenia with bone marrow hypocellularity.

Other types of Anaemia: Hemolytic anaemia, Sick cell anaemia, thalassaemia, glucose 6 phosphate dehydrogenase deficiency anemia.

METHODOLOGY

1. Type of research: A Prospective Study
2. Sampling design: Prospective interventional study
3. Selection criteria:

Inclusion criteria:

1. All girls of age group 16-21years.
2. Cases of anaemia in two grades mild and moderate anaemia.

Exclusion criteria:

1. Who did not give consent
2. Girls <21 years.
3. Anaemia cases with complications
4. Participants subjects: Size of sample: 60(7)
: Duration of study: One year

OBSERVATION AND RESULTS

1. Age incidence

2. Sex incidence

3. Presenting complaints

4. Result of treatment

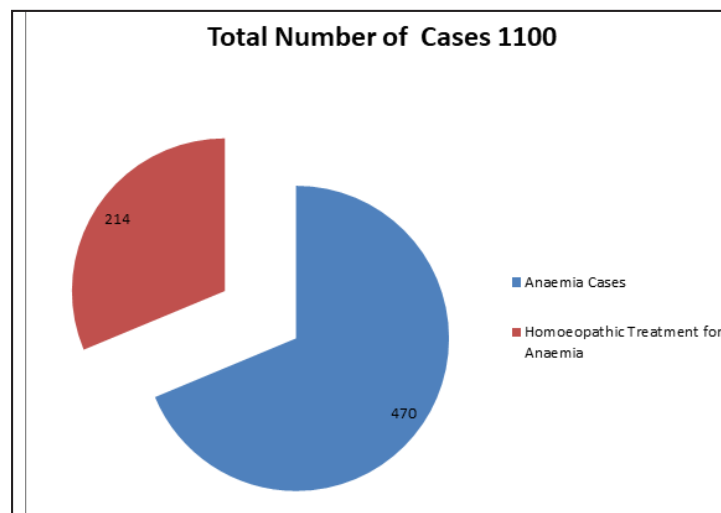


Fig 1: Total number of Cases

Total Number of Cases Taken for the Screening Test - 1100

Total Anaemia Cases - 470

Homoeopathic Treatment for Anaemia - 214

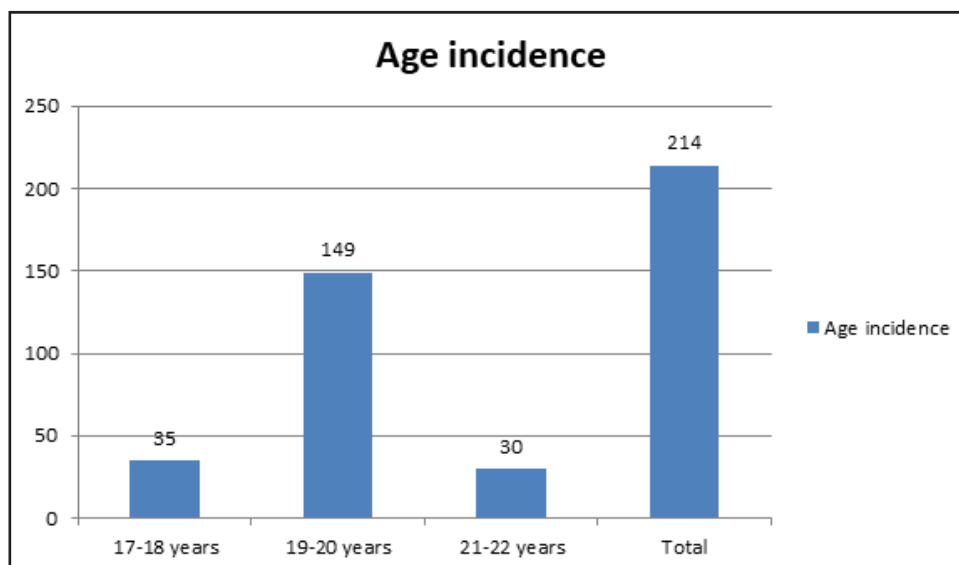


Fig 2: Age Incidence

Age Variations (2)	Age incidence
17-18 years	35
19-20 years	149
21-22 years	30
Total	214

Table 1: Age Variation

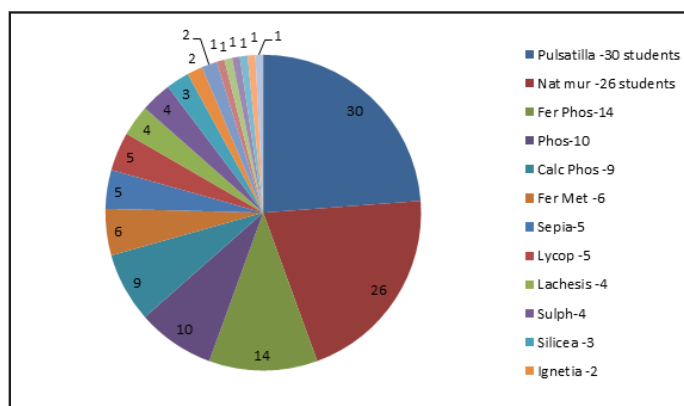


Fig 3: Remedies Indicated

REMEDIES	NO. OF STUDENTS
<i>Pulsatilla</i>	30
<i>Nat mur</i>	26
<i>Ferr Phos</i>	14
<i>Phos</i>	10
<i>Calc Phos</i>	9
<i>Ferr Met</i>	6
<i>Sepia</i>	5
<i>Lycop -5</i>	5
<i>Lachesis</i>	4
<i>Sulph</i>	4
<i>Silicea</i>	3
<i>Ignatia</i>	2
<i>Medo.</i>	2
<i>Nat sulph</i>	1
<i>Bry Alb</i>	1
<i>Cinchona</i>	1
<i>Merc sol</i>	1
<i>Carc</i>	1
<i>Acid Phos</i>	1

Table 2: Remedies Indicated

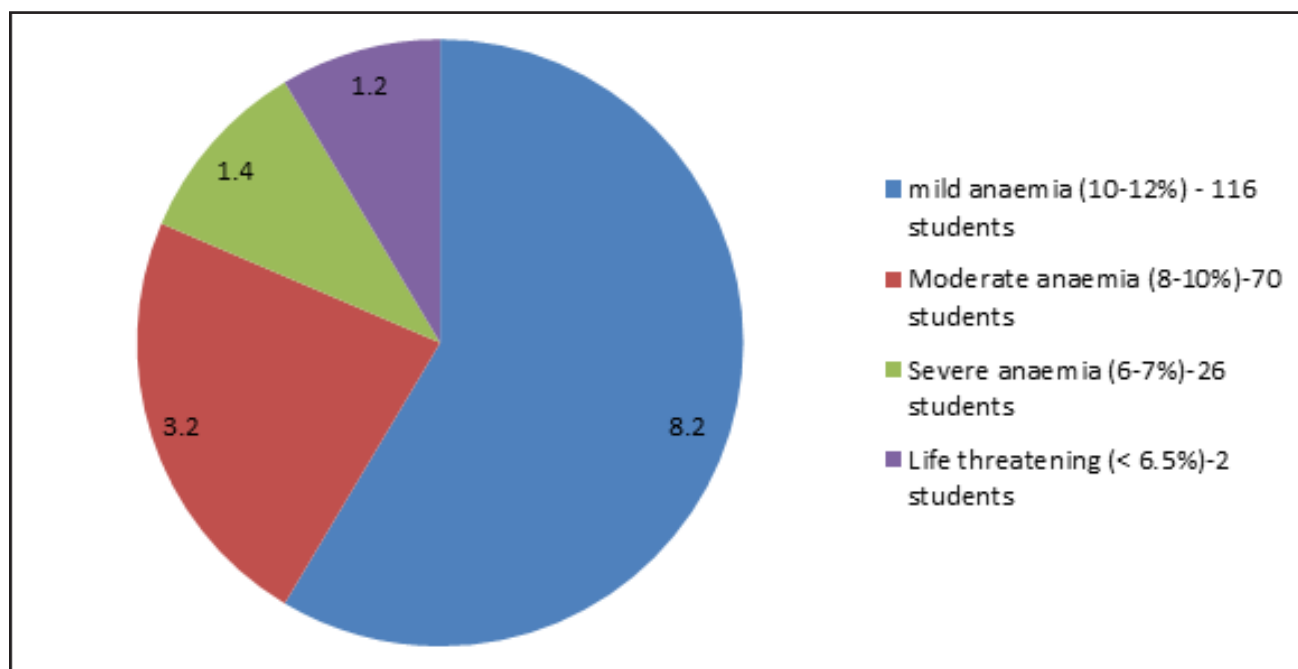


Fig 4: Grading of Anaemia

DISCUSSION AND CONCLUSION

Anaemia is one of the common clinical conditions witnessed in our day to day practice. The prospective interventional study shows that homoeopathic medicines *Pulsatilla*, *Nat. mur.*, *Ferrum phos.*, *Phosphorous*, *Cal phos.*, *Ferrum met* treated Anaemia successfully, and also improved the quality of life in adolescent girls.

In this study 80% subjects improved after giving *Pulsatilla*, *Nat. mur.*, *Ferrum phos.*, *Phosphorous*, *Cal phos.*, *Ferrum met* and 20% subjects showed no change.

Therefore, it is concluded that homoeopathic Medicines *Pulsatilla*, *Nat. mur.*, *Ferrum phos.*, *Phosphorous*, *Cal phos.*, *Ferrum met* are effective in treating anaemia in adolescent girls.

REFERENCES

1. Allen H C, "Allen's Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index". 10th Edition. New Delhi: B. Jain Publishers(P) Ltd.2017.
2. ASTER,ABBA,KUMAR.ROBBINS & CARTAN "Pathologic Basis of Disease". South asia edition vol 1.Newdelhi:Relx India Private Limited;2014.
3. Boericke William, "BOERICKE'S New Manual of Homoeopathic

Materia Medica with Repertory". Third Revised & Augmented Edition Based on Ninth Edition: New Delhi: B. Jain Publishers(P) Ltd.2016.

4. Hall E John, Raj Tony, Kurpad Anura,Vaz Mario. "Guyton and Hall TEXTBOOK OF MEDICAL PHYSIOLOGY." 2nd South Asia edition.New Delhi:Elsevier Relx India pvt ltd ;2016.
5. Hobson P. Richard, Strachan J.W Mark, Penma D Ian, Ralston H Stuart. "DAVIDSON'S PRINCIPLES AND PRACTICE OF MEDICINE." 23rd Edition .New Delhi: Elsevier;2018.
6. Kent J T, "Lectures on Homoeopathic Materia Medica" .Low Price Edition: New Delhi: B. Jain Publishers(P) Ltd.2016.
7. Loscalzo Longo, Hauser, Kasper, Fauci, Jameson, et al. "Harrisons Principles of International Medicine". 20th edition. Library of Congress Cataloging-in- Publication Data.2018.
8. Mohan Harsh " Text Book of Pathology" 8th Edition. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. 2019.
9. Munzal Y P, "API Text Book of Medicine". 10th Edition. The Association of Physicians of India: JAYPEE BROTHERS (P) Ltd. 2022.
10. ND Murphy Robin, "HOMOEOPATHIC MEDICAL REPERTORY A Modern Alphabetic and Practical Repertory". Third Revised Edition: New Delhi: B. Jain Publishers(P) Ltd.2010.
11. Park K. "Parks Textbook Of Preventive And Social Medicine." 26th Edition.Pune:M/S Banarsidas Banarsidas Bhanot;2021.
12. Sembulingam Prema, sembulingam K. "Essentials of Medical Physiology".8th edition. New Delhi:Jaypee Brothers Medical Publishers (P) ltd ;2019.
13. Radar Opus Homoeopathic Software
14. Zomeo Homoeopathic Software

ABOUT THE AUTHORS

1. **Dr Srinivas Babu Kathi**, BHMS, M.Sc., (EE) M.D(H)., PhD Scholar, Hamsa Homeopathy Medical College, Hospital Research Centre
2. **Dr Boini Kavya**, BHMS., M.D (H), Hamsa Homeopathy Medical College, Hospital Research Centre
3. **Dr Akhila Gundagona**, Internee ,BHMS - Batch 2017, Hamsa Homeopathy Medical College, Hospital Research Centre

founder of homeopathy, Dr Hahnemann, M.D, in 1792 when he took charge of an asylum for the insane and cured a very important patient, Herr Klockenbring, a police chief.

Kantor also shares the story of the madness of Mary Todd Lincoln, President Abraham Lincoln's widow, and her treatment by homeopath Dr. Richard J. Patterson, M.D, revealing how in a mere three months of homeopathic treatment, Mary began to live a normal life.

But the true focus of the book *Sane Asylums* is Dr Selden Talcott, M.D, who emerges as a hero. After serving in the Civil War, he moved on to direct Middletown State Homeopathic Hospital from 1877 to 1902. He also wrote *Mental Diseases and Their Modern Treatment*, the very first systematic book about asylum-based homeopathic care, including the integration of sports (baseball) into the armamentarium of psychiatry. As the superintendent of Middletown asylum, Dr Talcott had a clear mission:

- Combine the philosophy of homeopathy, as described in the *Organon of the Medical Art* by Samuel Hahnemann, with the individualized homeopathic method of handling the mentally ill
- Demonstrate the efficacy of homeopathy
- Create a culturally and recreationally enriching, self-sustaining, farm-operating hospital
- Provide occupational therapy for the mentally ill
- Provide a sanctuary for the incurably mentally ill
- Include forward-looking scientific-medical research into patient care

continued on page.....51

An Experimental Study to Assess the Clinical Utility of Boger Boenninghausen's Characteristics & Repertory in Cases of Gout

Dr Gaurav Pachauri, Dr Reeti Pathak, Dr Seema Kumari Meena

ABSTRACT

Background - Boger Boenninghausen's Characteristics & Repertory (BBCR) has more clinical utility in cases having marked modalities, concomitants, pathological and objective symptoms. Gout is a metabolic disorder involving abnormal pathological signs and symptoms. Rubrics related to pathology including constitutions, diathesis that can be considered as one of the cause of the manifestations shown in this repertory. Hence, BBCR is used to analyse the clinical applicability in the cases of gout in age group 35 to 45 years.

Materials & Methods - An experimental placebo controlled study is adopted to assess the clinical utility of BBCR in cases of gout. Total 30 patients of 35 to 45 years were enrolled in this study. Chi Square test was used for statistical analysis.

Results-02 cases dropped out, 18 cases showed marked improvement. *Rhus toxicodendron*, *Lycopodium clavatum* were commonly prescribed in markedly improved cases.

Conclusion - The study showed significant improvement (60%) in cases of gout by using BBCR.

Keywords: homoeopathy, boger boenninghausen's characteristics & repertory, gout

Abbreviations: Boger Boenninghausen's Characteristics & Repertory (BBCR)

INTRODUCTION

Boger Boenninghausen's Characteristics Repertory was created by Dr Cyrus Maxwell Boger. The main philosophy of BBCR is based on Doctrine of complete symptoms and concomitants, Doctrine of pathological generals, Doctrine of causation and time, clinical rubrics, evaluation of remedies, fever totality and concordances. Different types of constitutions and diathesis with group of remedies are available, for example uric acid diathesis rubric is available in aggravation and amelioration in General Chapter ^[1]. Pathological generals tell the state of the whole body and its changes in relation to the constitution which help to concentrate on more concrete changes to select the similimum. Boger also gave importance to causation and general modalities followed by general sensations which hold the key in the

remedy as well as in the person. In arrangement of BBCR, rubrics related to location are followed by subdivisions of parts. Sensations are written in alphabetical order followed by time, aggravation, amelioration, concomitant and cross reference as separate sub sections ^[2]. Besides this gout is a metabolic disorder which affects joints and later the kidneys. It is a disorder where the uric acid is not metabolized properly ^[3,4]. The higher levels allow the uric acid crystals i.e., Monosodium Urate Crystals (MSU) to get deposited in and around the joints. This causes severe pain, swelling and redness of that area. It has been observed in previous studies that gout is more common in the patients with hypertension, cardiovascular diseases, obesity, and diabetes ^[5,6]. Therefore, in this study, the constitutional approach to treat the manifestations of gout has shown the significant utility of BBCR on pathological ground as well.

OBJECTIVES

The present study focused upon the effects of homoeopathic medication selected with the aid of BBCR in the cases of gout. The specific objective was to ascertain the clinical applicability of BBCR in improvement of quality of life of the patients suffering from gout.

MATERIALS AND METHODS

Study setting: The study was conducted at G.D. Memorial Homoeopathic Medical College & Homoeopathic Hospital, East Ram Krishna Nagar, Patna, Bihar OPD, IPD and various peripheral OPDs attached to hospital. The study duration was for one year; all cases were registered within 12 months of study with effect from March 2017 to March 2018. The cases are registered in the first 9 months so that minimum 6 follow-ups could be obtained from the last case.

Sample size: 30 cases were selected. 25 cases were selected as experimental group and 5 cases as control group by using simple random sampling method.

Study design: Randomized single blind experimental control study

Selection criteria

Inclusion criteria

1. Diagnosed cases of gout confirmed in accordance with the ICD 10 classification of disease, in diagnosis code M 10^[7].
2. Diagnosed cases of gout have been included in the study irrespective of their sex, caste, religion & duration of illness.

3. Patient agreeing to the information about study and signing the consent form.
4. Diagnosed cases of gout of age group 35-40 years were enrolled in the study.

Exclusion criteria

1. Patient who requires emergency medical treatment.
2. Systemic diseases with its complications.
3. Pregnant and lactating women.
4. Patient not taking medicines as per direction or not co-operating for follow up.

Details of Intervention

All the selected samples were prescribed constitutional homoeopathic medicine. Medicines were manufactured by standard homoeopathic pharmacy, which were GMP certified, as per norms of Homoeopathic Pharmacopoeia of India (HPI) which would be used in required potencies. Dispensing was done in globule, powder and liquid form. Potencies like 30, 200, 1M were administered as per instructions given by Dr Hahnemann in his *Organon of Medicine* (5th edition) and repetition of doses were done as per the requirement of the case ^[8].

Outcome Assessment Criteria

Chi square test (χ^2) was performed for statistical analysis in this study^[9,10]. Amongst the four categories of assessment criteria i.e. marked improvement and improvement were taken as a positive response and effective and no improvement as well as dropped out were considered as a negative response.

RESULTS

Result	Number of cases	Percentage
Marked Improvement	18	60%
Improvement	06	20%
No Improvement	04	13.33%
Dropped Out	02	6.67%
Total	30	100%

Expected value (e)

$$E1 = 25 \times 24/30 = 20$$

$$E2 = 25 \times 6/30 = 05$$

$$E3 = 5 \times 24/30 = 04$$

$$E4 = 5 \times 6/30 = 01$$

$$\text{Total calculation of } E1 + E2 + E3 + E4 = 20 + 05 + 04 + 01 = 30$$

$$\text{Calculation: } \chi^2 = \sum (O - E)^2 / E = 6$$

	CURED (MARKED IMPROVEMENT & IMPROVEMENT)	NOT CURED (NO IMPROVEMENT & DROPPED OUT)	TOTAL
EXPERIMENTAL CASES (MEDICINE)	O = 22 E1 = 20	O = 3 E2 = 5	25
CONTROL CASES (PLACEBO)	O = 2 E3 = 4	O = 3 E4 = 1	5
TOTAL	24	6	30

Table 2: Showing Improvement Outcome

DISCUSSION

Chi square test (χ^2) for DF 1 and critical value 0.05 comes out as 3.84, but the calculated value is 6 which is more than 3.84 showing that the expected results were less than the observed results [9,10]. Total 30 cases were selected out of which 5 cases were controlled and rest 25 were experimental cases. Each case of experimental case was prescribed homoeopathic medicine with the help of Boger Boenninghausen's Characteristics and Repertory and selection of potency and repetition of doses was done on the basis of principle of homoeopathy. Selected samples were collected from different sex, different economic status, different habitats and different aged group of 35 to 45 (inclusion criteria) so that efficiency of homoeopathic medicine can be elaborated properly. Total 15 medicines were used out of which *Rhus toxicodendron* was indicated in 06 cases and *Lycopodium clavatum* was indicated in 03 cases. 02 cases were dropped from the treatment in between, in which one was of the experimental group and other one was of controlled group. Marked improvement was observed in 18 cases which is about 60%, improvement was seen in 06 patients which is about 20%, and no improvement was observed in 04 cases which is about 13.33%. High social economy

status was represented by 06 cases which is 20%. Middle social economy status was represented by 15 cases which is 50%, low middle social economy status was represented by 04 cases and low social economy status was represented by 05 cases. Total 05 (16.67%) cases were of male sample and remaining 25 (83.33%) cases were of female. This study was conducted on limited number of cases for a limited time period. This clinical research is just a beginning; to reach at more rational and genuine conclusion and to re-establish the truth more extensive studies are required. In this regards it has to reach more scientific and rational conclusion.

CONCLUSION

BBCR has its significant clinical importance in selecting the most appropriate remedies for improvement of the uric acid diathesis; constitution related manifestations and other associated ailments which improves the quality of life of patients suffering from gout.

REFERENCES

1. Boger CM. Boenninghausen's characteristics materia medica & repertory with word index. New Delhi. B. Jain Publishers; 2002.
2. Khanaj VR. Reperire: repertory simplified. India. Indian Books & Periodicals Publishers; 2006.
3. Kumar V, Abbas AK, Fausto N, Aster JC. Robbins and Cotran pathologic basis of disease, professional edition e-book. India. Elsevier health sciences; 2014 Aug 27.
4. Penman ID, Ralston SH, Strachan MW, Hobson R. Davidson's Principles and Practice of Medicine E-Book. London. Elsevier Health Sciences; 2022.
5. Gibson TJ. Hypertension, its treatment, hyperuricaemia and gout. Current opinion in rheumatology. 2013 Mar 1;25(2):217-22.
6. Chen Y, Zhang N, Sun G, Guo X, Yu S, Yang H, Zheng L, Sun Y. Metabolically healthy obesity also has risk for hyperuricemia among Chinese general population: a cross-sectional study. Obesity research & clinical practice. 2016 Sep 1;10:S84-95.
7. ICD10data.com.2023.icd-10-cm diagnosis code M10[homepage on Internet].c2023 [updated 2023 Mar 1;cited 2023 Mar 1]. Available at: <https://www.icd10data.com/ICD10CM/Codes/M00-M99/M05-M14/M10-/M10>
8. Hahnemann S. Organon of medicine. 5th ed. New Delhi. B. Jain Publishers; 2002.
9. Banerjee B. Mahajan's Methods in Biostatistics for Medical Students and Research Workers. India. Jaypee the Health Sciences Publisher; 2018
10. Research methodology methods and techniques. New Delhi India. New age international (p) limited publishers; 2007.

ABOUT THE AUTHORS:

1. **Dr Gaurav Pachauri** , Assistant Professor, Department Of Physiology & Biochemistry, Shri B A Dangar Homoeopathic Medical College & Hospital, Rajkot, Gujarat.
2. **Dr Reeti Pathak** , Assistant Professor, Department Of Practice of Medicine, Shri B A Dangar Homoeopathic Medical College & Hospital, Rajkot, Gujarat.
3. **Dr Seema Kumari Meena**, Assistant Professor, Department Of Pathology & Microbiology, Shri B A Dangar Homoeopathic Medical College & Hospital, Rajkot, Gujarat.

PSYCHOSOMATIC DISEASES



Mind - Numero Uno Don of ailments

SUBSCRIPTION RATES 2023

	Current Issues			Life Membership		* (Allows 40% rebate on NJH Bks, Bound volume etc) Includes Registered post to USA and Australia or anywhere.
	1 Yr	5 Yrs	10 Yrs	Doctor	Stu & 65+	
India (Rs)	2023	2023-27	2023-32	10,000/-	8000/-	Mail to : National Journal Homoeopathy Smruti bldg no-1, Flat no 4, Phirozshah street, opposite Hi-life mall, Santacruz west, Mumbai 400054
Foreign USD	\$ 55	\$ 190	\$ 5000/-	\$ 700	--	
	...	\$				

**With myriad methodologies,
Homeopathic Case Taking is vast.
Wish to learn them all?**

**Get a perspective with the miraculous work of
ALSTAIR C. GRAY**

A three volume set on

**CASE TAKING (Volume 1),
METHOD (Volume 2)
CASE MANAGEMENT (Volume 3)
THE LANDSCAPE OF HOMEOPATHIC MEDICINE**



Dr. ALASTAIR C GRAY



**A Hundred
Schools of
Thought**

**A Thousand
Approaches**

**A Million
Methodologies**

Methodology for Validity and Reliability Testing of a New Questionnaire Used in Medical Research: Course Content for Research Methodology Subject

Dr Seema Gupta Sahu

ABSTRACT

It is important for researchers to choose a correct and relevant research tool, to obtain a result, that has internal as well as external validity. Validity and reliability, which measure how accurate and consistent is the research tool (primarily questionnaires), have been shown in different studies; but researchers normally overlook them before using a particular primary questionnaire. This has been connected to the lack of understanding of these tests. In medical science, impact of a chronic disease on health and/or the effects of medical intervention is measured through Health-related quality of life (HRQoL). Here, an attempt is made so that researchers try to choose the right research instrument by reading review articles that peek into and discuss the reliability and validity of a research instrument (questionnaires in particular). This article delineates the various types of tests regarding reliability and validity.

Keywords: validity, reliability, questionnaire design, research methodology

INTRODUCTION

A survey instrument consists of a series of standard questions meant to collect information.^[1] There are a variety of questionnaire formats, including social status, clinical information, and activity fields.^[2] HRQoL is a multidimensional construct that consists of least three broad domains – physical, psychological, and social functioning – that are affected by one's disease and/or treatment.^[3] Questionnaires are a tool for collecting evidence on a particular research topic.^[1,4] Still, those pieces of evidence are based on the reason for the study, which can be found in the study's problem statement.^[1,4] Since quantitative results are numbers that are easy to understand (how satisfied? how often? how many?), a structured questionnaire is often used to do a quantitative study. In health related social science research, qualitative data collection approaches are frequently employed.^[5] When it comes to health related social science research, questionnaires can be done by mail, post, in

person, or over the phone.^[5]

It could be based on a data tool that has already been tried and tested, or it could be made from scratch to quantify or measure a certain trait. These circumstances necessitate evaluating the validity and reliability of questionnaires.^[1,4,5]

Validity and reliability are terms that are used to talk about how accurate and consistent research tools are.^[6] Researchers are constantly worried about whether or not the tool they are using to measure the topic or construct they want to study is valid or not or whether the measurements are accurate or not. Whether the instruments used to measure the variables produce stable or consistent results (are they reliable? do they repeat?)^[1]

Validity

Validity refers to the extent to which a measurement measures what it purports to measure. The internal and external validities comprise the two

main categories of the validity test.^[2,4,7] External validity is how well the results of the study sample describe the whole population from which the study sample was taken. In contrast, internal validity is the degree to which a study's results are reliable with the hypothesised characteristics of the target population.^[4]

The level of systematic or inherent error in a questionnaire is its validity.^[4,5] The validity of a questionnaire can be determined by an expert panel through an investigation of theoretical components. This type of validity considers how accurately an operational measure conveys the idea underlying a theoretical construct (questionnaire). Translational or representational validity is the term used to describe this. Validity mainly are of two forms: face validity and content validity.^[8]

Face validity entails the expert examining the questionnaire items and agreeing that the test is a valid measure of the subject being measured, based solely on its presentation.^[9] This means they are figuring out if each thing they are measuring fits into a specific idea about the term.^[10]

Content validity is how well an instrument measures or evaluates the target construct.^[9,11,12,13] A content-valid instrument is typically built after a rational examination of the instrument by experts familiar with the construct of interest or professionals on the study issue.^[9,12,13] In particular, experts will evaluate the readability, coherence, and thoroughness of each survey questionnaire and form a consensus on which items should be included in the questionnaire survey.^[9] The rating could be either "positive" (given a score of "1") or "negative" (given a score of "0"), depending on what the rater has thought.^[9] However, several ratings have been produced and presented over time. These may be absolute numbers or Likert scale scores.^[14,15,16,17] Item rating and scale level rating have been proposed for content validity.^[9]

Criterion-related validity is examined while determining the relationship between test scores of a specific criterion.^[18,19] It evaluates the comparability of questionnaire results to other questions or predictors.^[4,19]

Construct validity is how well an instrument measures the intended attribute or theoretical construct it was made to measure.^[4,12,20,21,22,23,24] The comparison is based on a theoretical concept rather than a criterion.^[4,10,20,21,22,23,24] It is the most valuable and difficult metric of validity. Essentially, it measures the scale or instrument's practical importance.^[4,18] Four types of evidence can be used to illustrate construct validity, relying on the nature of the research problem: convergent validity, discriminant validity, know-group validity, and factorial validity.^[6]

Reliability

Reliability is how well the same measurements and procedures can be used to get the same results multiple times.^[2,4,7] The validity of a questionnaire will always be affected by differences between observers or measurement tools, like a questionnaire, or by the instability of the thing being measured.^[2,7] Equivalence, stability, and internal consistency (homogeneity) are the three pillars of reliability.^[4]

The questionnaire's reliability is typically tested with a pilot test. Three main ways could be used to evaluate reliability which are -

Test-retest reliability - is measured by having the same people fill out a survey twice at different times. This shows how consistent the answers are. Generally, it is considered good if the correlation coefficient (r) is more than 0.70.^[25,26]

Alternate form reliability - is the degree of concordance between two or more research instruments, including two different questionnaires based on the same study construct, administered at approximately the same time.^[11] Equivalency is even more important when multiple people give their subjective ratings or evaluations as part of measures.^[4,11] In such cases, equivalency may be established by examining inter-observer reliability, i.e., the consistency with which observers or raters form opinions.^[11]

The method for calculating inter-observer reliability is:

No. of agreements / No. of opportunities for agreement × 100.

Thus, in a state when raters concur 75 times over all out of 90 opportunities (i.e., distinct observations or ratings) results in an 83% agreement, or $75/90 = 0.83$ or 83%.

Internal consistency reliability refers to the degree to which the items on a survey measure the same thing.^[4] The split-half reliability index^[6] and coefficient alpha index^[19,27,28,29,30,31,32,33,34] are used to evaluate internal consistency. On occasion, the Kuder-Richardson formula 20 (KR-20) index was implemented.^[11,35] Both alpha and KR-20 indicate the mean of all potential split-half estimations.^[11]

The Split-Half Assessment

Splits the test into two segments (e.g., even or odd items; initial half or latter half of the items), presenting both forms to the same sample and correlating the results.^[8,11]

The Coefficient Alpha

When making scales for questions with different possible answers, like “5” for “strongly agree” and “1” for “strongly disagree.”

The Kuder-Richardson formula 20 (KR-20) is a predictor of the reliability of dichotomous variables (i.e., yes/no; true/false) in data scales.^[11]

The formula for computing KR-20:

$$KR - 20 = n / (n - 1) [1 - \text{Sum} (piqi) / \text{Var} (X)].$$

Where,

n = Total no. of items

$\text{Sum}(piqi)$ = Sum of the product of the probability of alternative responses

$\text{Var}(X)$ = Composite variance

Calculation of coefficient alpha (α) by Allen and Yen, 1979^[36]

$$\alpha = n / (n - 1) [1 - \text{Sum} \text{Var}(Yi) / \text{Var} (X)]$$

Where n = No. of items

$\text{Sum} \text{Var}(Yi)$ = Sum of item variances

$\text{Var}(X)$ = Composite variance.

As a general rule, the greater the reliability value, the more reliable the measurement. Nunnally and Bernstein have outlined the standard procedure for doing research^[37] which specifies that reliability values of 0.70 or above should be pursued.

CONCLUSION

This paper highlighted the significance of questionnaire validity and reliability as crucial research tools in medical science and health research. This article considered both the literary and technical relevance of these measures. To enhance researchers' skills and knowledge of these tests, several forms and techniques of analysing questionnaire reliability and validity were examined.

REFERENCES

1. Kember D, Leung DY. Establishing the validity and reliability of course evaluation questionnaires. *Assessment & Evaluation in Higher Education*. 2008 Aug 1;33(4):341-53.
2. Last JM. *A Dictionary of Epidemiology*. 4th ed. New York: Oxford University Press; 2001. [cited 2022 Dec. 22]. Available from: <https://global.oup.com/academic/?cc=in&lang=en&>.
3. Sprangers MA. Quality-of-life assessment in oncology. Achievements and challenges. *Acta Oncol* 2002;41:229-37.
4. Wong KL, Ong SF, Kuek TY. Constructing a Survey Questionnaire to Collect Data on Service Quality of Business Academics. *European Journal of Social Sciences*. 2012; 29(2): 209-221.
5. Norland-Tilburg EV. Controlling Error in Evaluation Instruments. *Journal of Extension*. 1990;28(2):23-41.
6. Bolarinwa OA. Principles and Methods of Validity and Reliability Testing of Questionnaires used in Social and Health Science Researches. *Niger Postgrad Med J*. 2015;22:195-201.
7. Rothman KJ, Greenland S, Lash TL. *Modern Epidemiology*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins. 2008 Sep 20.
8. Bhattacharjee A. *Social Science Research: Principles, Methods, and Practices*. 2012. [cited 2022 Dec. 08]. Available from: http://scholarcommons.usf.edu/oa_textbooks/3.
9. Sangoseni O, Hellman M, Hill C. Development and Validation of a Questionnaire to Assess the Effect of Online Learning on Behaviors, Attitudes, and Clinical Practices of Physical Therapists in the United States Regarding Evidenced-based Clinical Practice. *Internet Journal of Allied Health Sciences and Practice*. 2013;11(2):7.
10. Engel RJ, Schutt RK. *The Practice of Research in Social Work*. Sage Publications; 2016 Jan 27; [cited 2022 Dec. 08]. Available from: https://www.us.sagepub.com/sites/default/files/upm-binaries/45955_chapter_4.pdf.
11. Miller MJ. *Graduate Research Methods*. [cited 2022 Dec. 08] Available from: <https://www.yumpu.com/en/document/view/5528487/reliability-and-validity-michael-j-miller-phd>.
12. DeVon HA, Block ME, Moyle-Wright P, Ernst DM, Hayden SJ, Lazzara DJ, Savoy SM, Kostas-Polston E. A Psychometric Toolbox for Testing Validity and Reliability. *Journal of Nursing Scholarship*. 2007 Jun;39(2):155-64.
13. Polit DF, Beck CT. The Content Validity Index: are you sure you

- know what's being reported? Critique and Recommendations. *Research in Nursing & Health*. 2006 Oct;29(5):489-97.
14. Davis LL. Instrument Review: Getting the Most from a Panel of Experts. *Applied Nursing Research*. 1992 Nov 1;5(4):194-7.
15. Grant JS, Davis LL. Selection and use of Content Experts for Instrument Development. *Research in Nursing & Health*. 1997 Jun;20(3):269-74.
16. Haynes SN, Richard D, Kubany ES. Content Validity in Psychological Assessment: A Functional Approach to Concepts and Methods. *Psychological Assessment*. 1995 Sep;7(3):238.
17. Lynn MR. Determination and Quantification of Content Validity. *Nursing Research*. 1986 Nov 1;35(6):382-6.
18. Drost EA. Validity and Reliability in Social Science Research. *Education Research and Perspectives*. 2011 Jan;38(1):105-23.
19. Liang Y, Lau PW, Huang WY, Maddison R, Baranowski T. Validity and Reliability of Questionnaires Measuring Physical Activity Self-efficacy, Enjoyment, Social Support Among Hong Kong Chinese Children. *Preventive Medicine Reports*. 2014 Jan 1;1:48-52.
20. Strauss ME, Smith GT. Construct Validity: Advances in Theory and Methodology. *Annual Review of Clinical Psychology*. 2009 Apr 4;5:1.
21. Collier JA, Conlee MJ, Verhulst SJ. From Test Validity to Construct Validity and Back?. *Medical Education*. 2012 Apr;46(4):366-71.
22. Smith GT. On Construct Validity: Issues of Method and Measurement. *Psychological Assessment*. 2005 Dec;17(4):396.
23. Schimmack U. What Multi-method Data Tell us About Construct Validity. *European Journal of Personality*: Published for the European Association of Personality Psychology. 2010 May;24(3):241-57.
24. Anderson JL, Sellbom M. Construct Validity of the DSM-5 Section III Personality Trait Profile for Borderline Personality Disorder. *Journal of Personality Assessment*. 2015 Sep 3;97(5):478-86.
25. Singh AS, Vik FN, Chinapaw MJ, Uijtdewilligen L, Verloigne M, Fernández-Alvira JM, Stomfai S, Manios Y, Martens M, Brug J. Test-retest Reliability and Construct Validity of the ENERGY-Child Questionnaire on Energy Balance-related Behaviours and their Potential Determinants: The ENERGY-project. *International Journal of Behavioral Nutrition and Physical Activity*. 2011 Dec;8(1):1-2.
26. Litwin MS, Fink A. How to Measure Survey Reliability and Validity. *Sage Publications*; 1995.
27. Anderson AS, Bell A, Adamson A, Moynihan P. A Questionnaire Assessment of Nutrition Knowledge—validity and Reliability Issues. *Public Health Nutrition*. 2002 Jun;5(3):497-503.
28. Mackison D, Wrieden WL, Anderson AS. Validity and Reliability Testing of a Short Questionnaire Developed to assess Consumers' use, Understanding and Perception of Food Labels. *European Journal of Clinical Nutrition*. 2010 Feb;64(2):210-7.
29. Deniz MS, Alsaffar AA. Assessing the Validity and Reliability of a Questionnaire on Dietary Fibre-related Knowledge in a Turkish Student Population. *Journal of Health, Population and Nutrition*. 2013;31(4):497-503.
30. Anastasiadou SD. Reliability and Validity Testing of a New Scale for Measuring Attitudes Toward Learning Statistics with Technology. *Acta Didactica Napocensia*. 2011;4(1):1-0.
31. Classics Cronbach L. Coefficient Alpha and the Internal Structure of Tests. *Psychometrika*. 1951;16:297-334.
32. Tavakol M, Dennick R. Making Sense of Cronbach's Alpha. *International Journal of Medical Education*. 2011;2:53.
33. Shaik MM, Hassan NB, Tan HL, Bhaskar S, Gan SH. Validity and Reliability of the Bahasa Melayu Version of the Migraine Disability Assessment Questionnaire. *BioMed Research International*. 2014 Jul 9;2014.
34. Parry KW, Proctor-Thomson SB. Testing the Validity and Reliability of the Organizational Description Questionnaire (ODQ). *International Journal of Organisational Behaviour*. 2001;4(3):111-24.
35. Kuder GF, Richardson MW. The Theory of the Estimation of Test Reliability. *Psychometrika*. 1937 Sep;2(3):151-60.
36. Allen MJ, Yen WM. Introduction to Measurement Theory, Monterey, CA: Brooks/Cole, 1979.
37. Nunnally JC. *Psychometric Theory* 3E. Tata McGraw-Hill Education; 1994.

ABOUT THE AUTHOR

1. **Dr Seema Gupta Sahu**, BHMS, MD(Hom), MBA, Associate Professor, State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj, Uttar Pradesh, India

Hyperbilirubinemia Treated with Homoeopathy, Evidenced- Based Case Report

Prof. Dr Yogeshwari Gupta, Dr Samridhi Sharma

ABSTRACT

Hyperbilirubinemia is defined as increase in bilirubin concentration in body fluids which results in yellowish appearance of skin and mucous membranes. A case report of 24 year male who visited O.P.D. with sour eructations after taking fat food with burning in chest treated with *Lycopodium* is presented here.

Keywords: SGOT, SGPT, bilirubin, homoeopathy, *Lycopodium*

INTRODUCTION

Normal ranges of SGOT and SGPT is 10-40 IU/L[1]. Serum transaminases are normally present in the blood (less than 40 units).[2] Yellowish appearance of skin and mucous membranes results from an increase in bilirubin concentration in body fluids when its concentration exceeds 3 mg/dl and^[3] jaundice is usually detectable clinically when the plasma bilirubin exceeds 2.5 mg/dl.^[4] In latent jaundice, serum bilirubin level is between 1 and 2 mg/dl. Scleral tissue is rich in elastin and has a high affinity for bilirubin. Therefore, presence of scleral icterus is a highly sensitive index for detecting jaundice. It is best appreciated in natural light.^[3] Homoeopathic literature listed many medicines for altered SGOT, SGPT and bilirubin along with hepatomegaly and jaundice such as *Berberis vulgaris*, *Chelidonium*, *Lycopodium*, etc.^[5]

A case report of 24 year male who visited O.P.D. with complaints of sour eructations after taking fat food with burning in chest <eating food is presented below. LFT was further advised on 14/07/2021 as shown in Figure 2 (Report Dated 14/07/2021), results in elevation of S.G.O.T., S.G.P.T., bilirubin total, bilirubin indirect and total proteins whose values are depicted in reports in the end. Single homoeopathic medicine *Lycopodium* was prescribed after case taking which led to the improvement in the subjective symptoms narrated by the patient and gradually decreasing lev-

els of S.G.O.T., S.G.P.T., bilirubin total, bilirubin indirect and total proteins as shown in Table 3.

CASE HISTORY

A 24 year male visited O.P.D at Swasthya Kalyan Homoeopathic Medical College and Research Centre, Sitapura, Jaipur.

Presenting Complaints

The patient reported with complaints of sour eructations after taking fat food with burning in chest <eating food. History of taken much food rich in fat 1 year ago. The patient was tall, healthy having fair complexion.

Physical Generals

Appetite - was decreased and he always preferred warm food.

Thirst - for large quantity of water which he drunk at long interval

Desire - for namkeen

Stool - satisfactory with normal bowel habits

Perspiration - increased on upper body, no odor, no staining.

Thermal reaction – Ambithermal

Sleep - Sleep for 5-6 hrs having unrefreshing sleep

Mental Generals

Patient was anxious before starting the conversation but after sometimes he started expressing the instances which happened with him in past. He told that he had a history of disappointed love. Angry sometimes, throws things in anger. When someone contradicted him he became angry. He was very anxious about his health. He was suspicious whether the problem will be resolved by us or not. When he was sad he seeks solitude.

Systemic Examination

Weight 94.6 Kg

Height – 180 cm

BMI - 29.19

Pallor – Absent

Icterus - Present

Oedema - Absent

Cyanosis – Absent

Blood Pressure –114/76 mm Hg

Respiratory Rate – 20/min

Pulse – 79beats/min

Tongue is dry with teeth imprints

Patient is having Thumping sign negative

Schamroth window test is negative

P/A Right Hypochondrium - intercostal tenderness absent

Diagnostic Assessment

LFT was done to know the present status of liver function as shown in Figure 2 (Report Dated 14/07/2021) which revealed elevated S.G.O.T., S.G.P.T., bilirubin total, bilirubin indirect and total proteins. Findings of abnormal LFTs were as follows - S.G.O.T. 178 U/L, S.G.P.T. 132 U/L, bilirubin total 3.81 mg/dl, bilirubin indirect 3.61 mg/dl, total proteins 8.6 g/dl.

Diagnosis

Hyperbilirubinemia

CASE ANALYSIS

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
1. Anger from contradiction+++	1. Warm food desire+++	1. Skin discolouration - yellow
2. Suspicious+++	2. Thirst for large quantity at long intervals	2. Sour eructations after taking fat food
3. Throws things around in anger++	3. Desires Namkeen	3. Burning in chest <eating food
4. Anxiety about health++	4. Appetite decreased	
5. Aversion to company	5. Perspiration more on upper part of body	
6. History of disappointed love		

Table-1 Analysis and Evaluation of Symptoms

S. No.	SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
1.	Anger from contradiction	+	+	
2.	Suspicious		+	+
3.	Throws things around in anger			+
4.	Anxiety about health	+		
5.	Aversion to company			
6.	Warm food desire	+	+	
7.	Desire Namkeen (Spices)		+	
8.	Perspiration more on upper part of body			+
9.	Skin discolouration -yellow		+	
10.	Sour eructations after taking fat food	+		
11.	Burning in chest <eating food	+		

Table-2 Miasmatic Analysis of Symptoms

Miasmatic Diagnosis ^[6]: Psora-Sycotic

Totality of Symptoms

1. Anger from contradiction
2. Throwing things around in anger
3. Suspicious
4. Anxiety about health
5. Company aversion
6. Thirst for water at long intervals for large quantity
7. Sour eructations after eating
8. Warm food desire
9. Skin discolouration yellow

Rubrics

1. MIND-ANGER-Contradiction From
2. MIND-ANGER-Throwing things around
3. MIND-SUSPICIOUS
4. MIND-ANXIETY-Health about
5. MIND-COMPANY-Aversion to
6. STOMACH-THIRST-Large quantities for-Long intervals at
7. STOMACH-ERUCTATIONS TYPE OF-Sour, eating-after
8. GENERALS-FOOD AND DRINKS-Warm food-desire
9. SKIN-DISCOLORATION-Yellow

		bry.	lyc	ars.	sulph.	ph-ac.	nux-v.	sep.	ferr.	ign.	phos.	nit-ac.	calc-p.	cham.	sil.	calc.	nat-c.	op.	thui.	verat.	lach.	nat-m.	aur.	bar-c.	puls.	acon.	con.	dig.	aur-mn.	chin.	merc.	am.	aur-s.	carb-v.	coc.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
		8	7	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
		17	18	11	11	7	13	12	11	10	10	9	8	8	8	7	7	7	7	6	10	10	9	9	9	8	8	8	8	7	7	7	6	6	6	6
3. Clipboard 3																																				
1. MIND - ANGER - contradiction; from	(51) 1	2	3	1	-	-	2	3	3	3	-	1	1	-	2	-	1	1	2	2	-	-	3	-	-	-	-	-	-	-	1	-	-	-	1	
2. MIND - ANGER - throwing things around	(17) 1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3. MIND - SUSPICIOUS	(136) 1	3	4	3	3	1	2	2	-	1	2	2	2	1	1	1	2	2	1	1	3	-	2	3	3	3	1	3	2	1	2	2	1	1	2	
4. MIND - ANXIETY - health; about	(56) 1	1	3	1	1	1	3	1	-	1	2	1	1	-	-	2	1	-	1	-	2	1	-	2	2	1	-	-	2	-	1	1	2	-	-	
5. MIND - COMPANY - aversion to	(241) 1	2	2	1	2	1	3	3	2	3	1	-	2	3	-	1	2	1	2	1	2	4	2	3	2	1	2	2	2	2	-	1	2	2	-	
6. STOMACH - THIRST - large quantities, for - long intervals, at	(8) 1	3	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
7. STOMACH - ERUCTATIONS, TYPE OF - sour - eating - after	(32) 1	2	1	-	1	1	-	-	2	-	2	2	-	1	2	-	-	-	-	-	-	3	-	1	-	-	2	1	-	1	-	-	-	1	-	
8. GENERALS - FOOD and DRINKS - warm food - desire	(31) 1	2	2	3	-	2	-	-	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
9. SKIN - DISCOLORATION - yellow	(179) 1	2	3	2	2	1	3	3	2	2	3	3	2	2	2	2	1	2	1	1	3	2	2	-	2	3	3	2	1	3	3	2	1	2	1	

Figure 1. Repertorization Table

Follow up and Outcomes					
Date	Change in Symptoms	Prescription	Justification of Potency and Doses	Investigations Done	Result
20/07/2021 [Figure-3]	<ul style="list-style-type: none"> Burn-ing in chest is relieved. Icterus Absent Sour Eructa-tions after taking rich food - S.Q. 	Rx <i>Rubrum</i> 30 T.D.S. X 7 Days	As there is symp-tomatic relief and reduction in S.G.O.T., Bilirubin Total, Bilirubin Indirect & Total Proteins values reduced therefore no medication was given.	LFT	S.G.O.T. 145 U/L , S.G.P.T. 235 U/L , Bilirubin Total 1.2 mg/dl , Bilirubin Indirect 0.8 mg/dl , Total Proteins 7.2 g/dl
28/07/2021 [Figure-4]	<ul style="list-style-type: none"> Sour -eructa-tions after taking rich food is relieved. 	Rx <i>Rubrum</i> 30 T.D.S. X 30 Days	As there is symp-tomatic relief and reduction in S.G.O.T., Bilirubin Total, Bilirubin Indirect & Total Proteins values reduced therefore no medication was given.	LFT	S.G.O.T. 107 U/L , S.G.P.T. 197 U/L , Bilirubin Total 0.8 mg/dl , Bilirubin Indirect 0.4 mg/dl , Total Proteins 7.9 g/dl

31/08/2021 [Figure-5]	<ul style="list-style-type: none"> LFT Findings suggests to repeat medication. 	Rx <i>1.Lycopodium</i> 200/ 1 Dose stat <i>2.Rubrum</i> 30 T.D.S. X 30 Days	LFT findings suggests to repeat medication as there is increase in values of Bilirubin Total & Indirect from previous follow up values.	LFT	S.G.O.T. 63 U/L , S.G.P.T. 108 U/L , Bilirubin Total 1.2 mg/dl , Bilirubin Indirect 0.8 mg/dl , Total Proteins 7.2 g/dl
6/10/2021 [Figure-6]	<ul style="list-style-type: none"> LFT Findings suggests to repeat medication. 	Rx <i>1.Lycopodium</i> 200/1 Dose stat <i>2. Rubrum</i> 30 T.D.S. X 30 Days	LFT Findings suggests to repeat medication.	LFT	S.G.O.T. 62 U/L , S.G.P.T. 105 U/L , Bilirubin Total 1.0 mg/dl , Bilirubin Indirect 0.7 mg/dl , Total Proteins 7.0 g/dl
1/12/2021 [Figure-7]	<ul style="list-style-type: none"> LFT done shows further reduction in values 	Rx <i>Rubrum</i> 30 T.D.S. X 30 Days	LFT done shows further reduction in values therefore no medication was given.	LFT	S.G.O.T. 44 U/L , S.G.P.T. 64 U/L , Bilirubin Total 1.0 mg/dl , Bilirubin Indirect 0.7 mg/dl , Total Proteins 6.8 g/dl

Table-3

Intervention

First Prescription: *Lycopodium* 200/ 1 dose stat given on 14/07/2021 followed by placebo thrice daily for 7 days.

Basis of Prescription: Detailed case taking was done according to homoeopathic principles given in *Organon of Medicine*. Analysis and evaluation of symptoms was done. Totality was made and case was repertorized by using synthesis repertory in RADAR 10.5 (Shown in Figure 1). After analysing

the case and matching the reportorial result with the Materia Medica it was concluded that the indicated medicine is *Lycopodium* for this case.

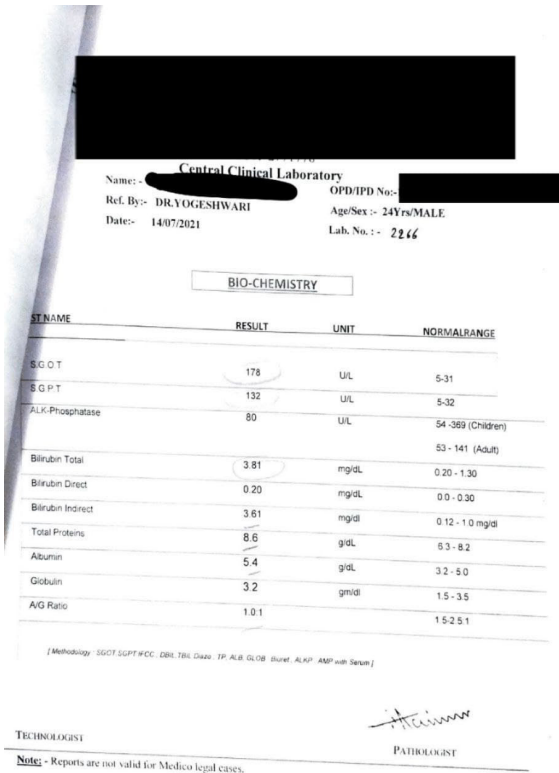


Figure 2

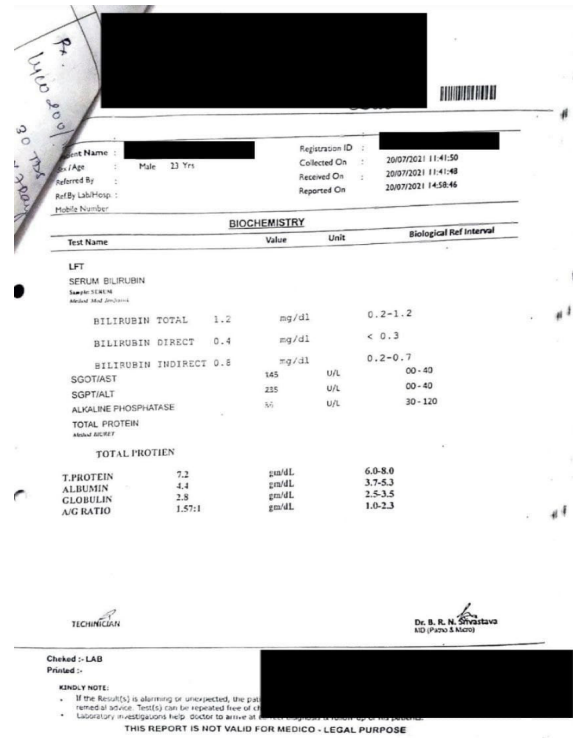


Figure 3

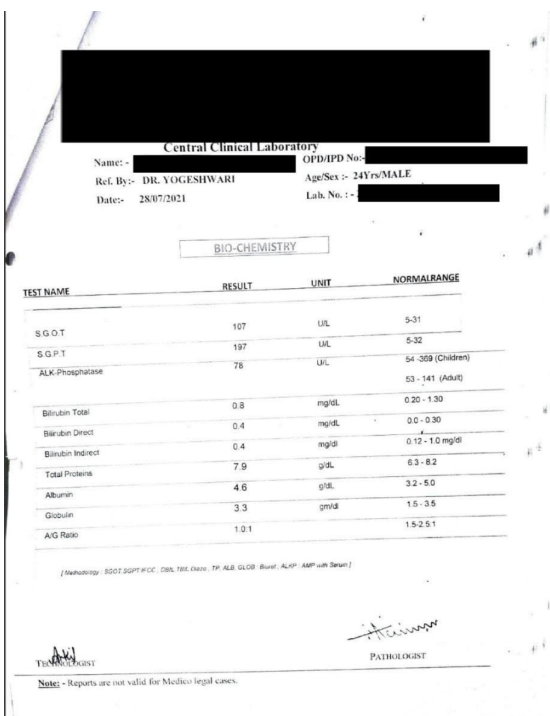


Figure 4

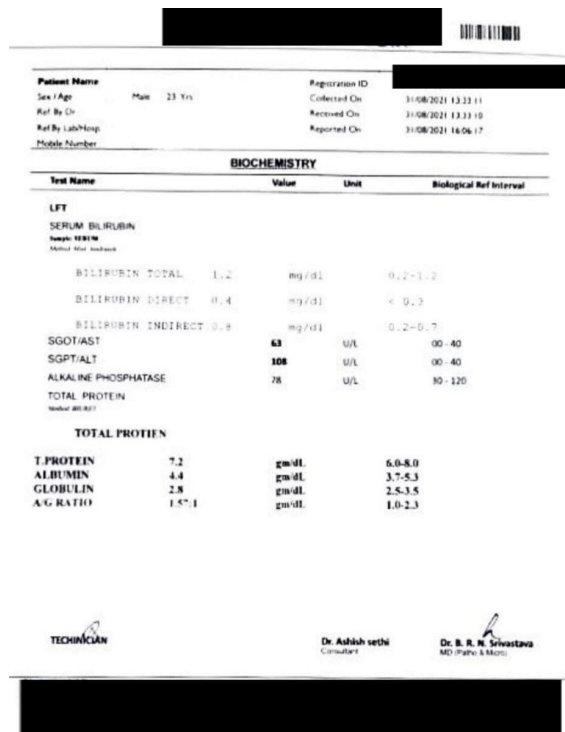


Figure 5

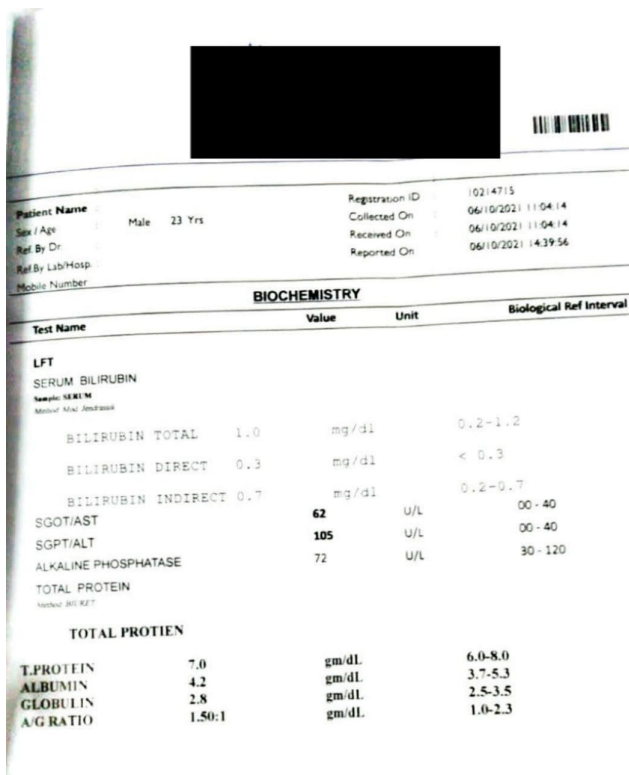


Figure 6

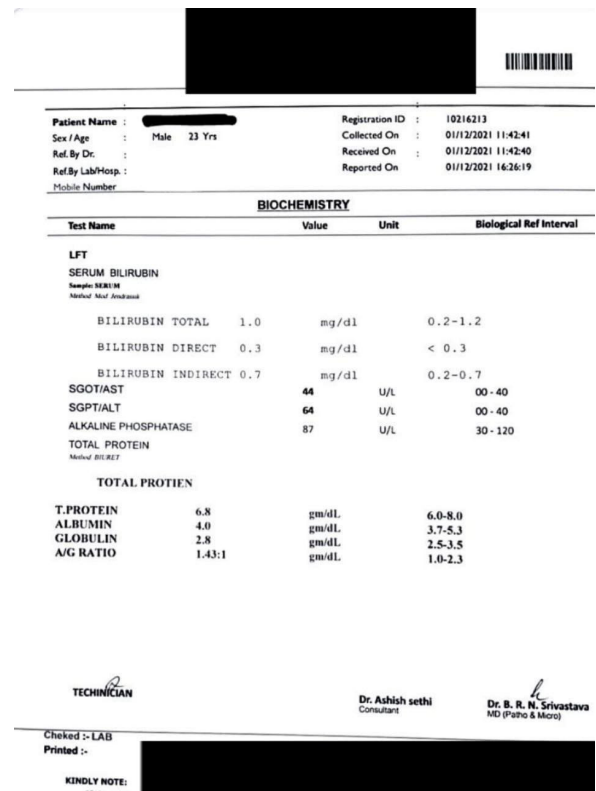


Figure 7

DISCUSSION AND CONCLUSION

This case shows altered LFT (S.G.O.T. 178 U/L, S.G.P.T. 132 U/L, bilirubin total 3.81 mg/dl, bilirubin indirect 3.61 mg/dl, total proteins 8.6 g/dl) which was first investigated on 14/07/2021 as shown in Figure-2 and according to the totality of symptoms *Lycopodium* was prescribed. Further investigations showed its positive results as shown in Table-3. The desired outcome of this case i.e. reduction in LFT which was lastly investigated on 1/12/2021 (S.G.O.T. 44 U/L, S.G.P.T. 64 U/L, bilirubin total 1.0 mg/dl, bilirubin indirect 0.7 mg/dl, total proteins 6.8 g/dl) shown in Figure 7, was achieved following the fundamentals of homoeopathy.

REFERENCES

1. Algappan R . Manual of practical medicine . 4th ed , Jaypee brothers medical pub .p.823
2. Algappan R . Manual of practical medicine . 4th ed , Jaypee brothers medical pub .p.304
3. Algappan R . Manual of practical medicine . 4th ed , Jaypee brothers medical pub .p.306
4. Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 2nd ed., Elsevier Health Sciences .p.479
5. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory, New delhi: B.Jain Publishers; 2007.p.108,169,364
6. Roberts HA. Principles & art of cure by homoeopathy: A modern textbook with word index: 3rd edition. New Delhi, India: B Jain; 2022.

ABOUT THE AUTHORS

1. **Prof. Dr Yogeshwari Gupta**, Prof, MD (Hom.), Principal & HOD Materia Medica, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India. Former Dean, Homeopathy, Rajasthan Ayurveda University, Jodhpur, Rajasthan, India.
2. **Dr Samridhi Sharma**, MD (PGR) Part-II- Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India.

As a leader, Dr Talcott provided training to scores of medical doctors from across the country who founded satellite asylums that treated hundreds and thousands of mentally ill. All these asylums followed the treatment plan that Dr Talcott had envisioned.

The medical team at Middletown also worked seamlessly with Dr Clara Barrus, M.D, chief-educator for the nurses, who wrote a medical masterpiece, *Nursing the Insane*. She practiced and taught her students kindness and gentle discipline, rest for physical and mental recuperation, massage, enforced protection when necessary, healthy diet, exercise, amusement, occupation, moral and physical hygiene, and finally, individualized homeopathic care. Various extracts from her book show that treatment of the insane at Middletown was based on a holistic model. It did not include profiteering, giving the insane a disease label and forcefully pushing toxic pills down their throats.

Kantor describes in detail how such sane treatment of the insane included an eternally American sport, baseball. Dr Talcott revolutionized care of his patients by observing that they were totally riveted in watching a game of baseball. He enabled the formation of baseball teams comprised of his insane patients. These teams played and won several games. These accomplishments enhanced not only the patients' physical prowess, but also their self-esteem and team-spirit, helping them recover their sanity beautifully. It was the first time ever that a medical treatment plan included a prescription for sports.

After reaching the peak of success, the stars of homeopathic insane asylums began to fade in the 20th century. The homeopathic insane asylums morphed into conventional hospitals deeply entrenched in the 20th-century material-mechanical scientific model. Patented and profitable pharmaceutical medicine, drug-mar-

continued on page.....70

Evidence- Based Case Report of Combined Cholelithiasis and Bilateral Nephrolithiasis

Dr Rup Nandi

ABSTRACT

Gall Stone disease (Cholelithiasis) & Renal stone (Nephrolithiasis) are universal diseases and major cause of morbidity & mortality throughout the world, and nowadays is a frequent problem in developing countries, representing a major health problem. A patient, Smt. Shanti Gorai, aged 40 years, suffered from combined cholelithiasis and bi-lateral nephrolithiasis with symptoms of pain in epigastric & lumbar region and vomiting with nausea for nearly 4 months. After the failed treatment with allopathic medicines she switched over to homoeopathic treatment seeking better aid. Proper case taking and repertorization were done with a heartfelt result.

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

INTRODUCTION

Cholelithiasis is a chronic recurrent disease of the hepatobiliary system. Different types of gall stones- cholesterol, mixed and pigmented; different types of renal stones- Calcium oxalate (MC), Phosphate, uric acid, Cystine calculus. In the world urolithiasis is the most common urological disease in living beings and is the most painful and prevalent urological disorders of the urinary system. Both intrinsic and extrinsic factors affect the susceptibility of a population to develop stone in gall bladder and kidney. In India the occurrence of gall bladder and kidney stone is considered to be approximately 4 – 6% & 10 - 12% in a total population respectively.

CASE HISTORY

Presenting Complaints

A 40 years lean-thin old women came to me in KTR PHC (SHD); OPD Reg. No- 854/22, On 25/05/2022,

Name-SHANTI GORAI, Kantarangani, Purulia (W.B), complained of - Pain (Colicky) in the epigastric region for last 5-6 months and back pain

sometimes radiating to both groin for last 9-10 months

Modalities –

< night, oily food, exertion; hyperacidity

> eructations, back pain> urination

Associated Problem

- H/O- Operation in kidney (unspecific)
- Nausea & vomiting; sour eructations; increased appetite, thirstlessness etc.
- Irregular bowel habit,
- On examination – abdomen – tender, Murphy's sign ++; Tongue – coated, moist.
- On the basis of only presenting complaints and associated problems & modalities first prescription was (25.05.22)

Rx,

Cinchona officinalis 30, 5 ml; TDS X 3 Days, 1 Spoonful water 2-3 Drop medicine.

Advice :

1. Take plenty of water; avoid oily & spicy food
2. USG Of whole abdomen immediately
3. Routine blood examination
4. Follow up & to bring all the previous reports as early as possible

1st follow up (31.05.22)

On the next visit, she brings all the previous reports including USG report. Pain on abdomen slightly improved; nausea and vomiting slightly better than before.

Proper case taking was done and it was found that there was a repeated history of admissions in hospital. For easy understanding the sequence were divided as series.

H/O Development of Presenting Complaints:

SERIES No. 1 - The pain in back initially was on 01/09/2021, admission on private hospital and discharge date was 07/09/2021. Treatment – Conservative

Series No. 2- Again the patient was admitted in a private hospital; dated 28.09.2021, was diagnosed as a - case of bilateral nephrolithiasis with hydro-nephrosis (Rt.) with strictured urethra. Procedure performed: Stricture urethra surgery + Rt. RGP + Rt. URS+ Rt. Nephro-pyelolithotomy + Rt. DJ stenting were done 29/ 09/21; discharge date 01 /10/ 2021.

Series No. 3 - Patient was admitted again in same private hospital on 24/11/2021 with the same complaint. Diagnosis – Bilateral nephrolithiasis with stricture urethra- post stricture urethra surgery + Rt. RGP+ Rt. URS + Rt. DJ stent in SITU+ Stone fragment in SITU. PROCEDURE PERFORMED – Rt. RGP + Rt. URS + Rt. DJ stent REMOVAL+ Stone fragment removal+ OIU were done on 25/11/2021; discharge date 26/11/2021.

Series No. 4- Same problem like series no. 1 & 2, patient again got admission this time in a Govt., SD hospital dated on 05/04/2022. USG REPORT- Shows Rt. kidney calculi 6.4 mm & Lt. renal tiny calculi 4.1 mm; diagnosed as – Bi –lateral nephrolithiasis.

Past History

Chicken pox at the age of 9-10 yrs of age, treated with conventional medicines.

Family History

Nothing significant

Personal History

- Occupation – house worker,
- Marital status – married;
- Relation with family members –not good with husband, husband suffering from Syringomyelia.

Physical Examination

- Vitals- No pallor, icterus, edema
- BP – 110/70 mm Hg
- Pulse – 72/minute
- RR – 17/ minute
- Chest: Bilaterally clear
- CVS – S1, S2 Audible
- Abdomen- Soft, tenderness on rt. upper quadrant

Physical Generals

- T/R -Hot (+)
- Thirst - is now improve but still moderate (+)
- Appetite - ++++
- Desire – Sweets (+++)
- Stool – irregular, unsatisfactory, often hard
- Urine – clear, urination > backache.
- Sleep- 1st sleep disturbed due to pain & nausea.

Modalities - < night & morning, exertion; > eructations, urination.

Mental Generals

Long continued anger leading to silent grief

Diagnosis

Cholelithiasis and Bilateral Nephrolithiasis

Totality of Symptoms

- Colic pain in the epigastric region; < night, oily food
- Pain on back generally > by urination; Renal Calculi
- Increase appetite
- Desire for sweets
- Eructations improved her condition
- She had often sour eructation any time
- She had long continued anger which turned into grief, after that all the complaints have aroused

CASE ANALYSIS

Analysis & Miasmatic Evaluation^{3,4}-

PSORA	SYPHILIS	SYCOSIS
Pain on back generally > urination	< Night	Colic pain
Increase appetite, Desire for sweets		Renal calculi – Psora+ Sycosis, pain on urination.
Eructation >, Sour eructations		Infiltration and deposits
Long continued anger which turned into grief		
Bilious nausea, vomiting		
Constipated, stool- hard		

Repertorial Totality

SYMPTOMS	RUBRICS
She had colic pain in the epigastric region (Gall stone colic)	ABDOMEN- Pain, aching, dull pain, liver, colic, gall stones
She had increased appetite	STOMACH- Appetite, increase
She desire sweets	STOMACH – Desires, sweets
Eructations improved her condition	STOMACH – Eructations, ameliorate
She had sour eructation any time	STOMACH – Eructations, sour
Pain on back (kidney region) generally improve by urination	URINARY ORGANS-Kidney, pain, urination after amelioration.
Renal stone	URINARY ORGANS- Urine ,sediment, red, renal calculi
She had long continued anger which turns into grief, after that all complain arises	MIND – ANGER, IRASCIBILITY, ailments after anger with silent grief

Repertorization Sheet (Kent) – (software - hompath)

Remedy	Lyc	Sep	Nux-v	Calc	Arg-n	Kali-c	Berb	Bry	Carb-v	Lach	Chin	Ign	Bell	Dig	Dios	Nat-c	Nit-ac
Totality	21	11	8	8	7	7	6	6	6	6	6	6	5	5	5	5	5
Symptoms Covered	7	5	5	4	3	3	3	3	3	3	2	2	3	3	3	3	3
Kingdom																	
[Kent] [Mind]ANGER, IRASCIBILITY (SEE IRRITABILITY, QUARREL...	3		1									3	1			1	
[Kent] [Abdomen]PAIN:Aching,dull pain (see Boring,Gnawing,et...	3	2	2	2		2	3	2		2	3		3	1	2		
[Kent] [Stomach]DESIRES:Sweets: (36)	3	2	1	2	3	2		2	2		3					2	
[Kent] [Stomach]ERUCTATIONS:Ameliorate: (64)	3	2	2		3	3	1	2	3	2		3		2	2	2	2
[Kent] [Stomach]ERUCTATIONS:Acrid: (55)	3	2	2	2						2			1	2	1		2
[Kent] [Kidney]PAIN:Urination:After amel: (3)	3																
[Kent] [Urine]SEDIMENT:Sand:Gravel (small calculi): (15)	3	3		2	1		2		1								1

Prescription

- After repertorisation, *Lycopodium* possessed highest grade and highest matching of the symptoms. Here, *Lycopodium* was selected on the basis of physical as well as mental symptoms of the patient. After consultation with materia medica & repertorial result *Lycopodium* was prescribed in this case.
- Advice** – intake of plenty of water, lime juice, to avoid any kind of spicy and fatty food, avoid heavy work.
- In any acute emergency contact with any State General/ Sub-divisional Hospital.

Follow ups

DATE	MEDICINE	RESPONSE
25/05/22	<i>China</i> 30 /9 D; TDS x 3days	Back pain and vomiting complaints slightly improved.
31/05/22	<i>Lycopodium</i> -200/3 D; 1 day <i>Rubrum</i> 0/1- 20 D; OD x 20 days	Pain in abdomen and back pain slightly improved; nausea and vomiting slightly better than before.
03/07/22	<i>Rubrum</i> 0/2 – 20 D; OD x 20 days	Pain in abdomen and back – improved, nausea, vomiting – 2 times only
21/07/22	<i>Rubrum</i> 0/3 – 20 D; OD x 20 days	Pain in abdomen only 2 times, nausea 3 times, no vomit, back pain – Nill
18/08/22	<i>Nat. phos</i> 6X/5 gm; ODx15 days	Pain in abdomen only 2 times, nausea- 1 time, no vomit, back pain – Nill

19/09/22	<i>Lycopodium</i> 200/2 D; 1 Day interval; <i>Rubrum</i> 0/4– 20 D; OD x 20 days	Pain in abdomen 4 times, no nausea, vomit – 1 time, back pain – Nill
31/10/22	PL 0/5 – OD x 20 days	Pain in abdomen only 2 times, nausea and vomit, back pain – Nill.
17/11/22	<i>Rubrum</i> 0/6 – 20 D; OD x 20 days	Pain in abdomen only 1 time, nausea and vomit, back pain – Nill
24/11/22	<i>Bryonia alba</i> 30/9 d, TDS x 3 days	Cough and common cold. Pain in abdomen only 2 times, nausea & vomit, back pain – Nill
30/11/22	<i>Rubrum</i> 0/7– 20 D; OD x 20 days	Pain in abdomen only 2 times, nausea and vomit, back pain – Nill
19/12/22	<i>Lycopodium</i> 200/1 D, OD; <i>Rubrum</i> 0/8– 20 D; OD x 20 days	Pain in abdomen only 2 times, nausea and vomit, back pain – Nill
04/1/23	<i>Rubrum</i> 0/9 – 20 D; OD x 20 days	Pain in abdomen – Nill; nausea & vomit, back pain – Nill
21/1/23	PL 0/10– 20 D; OD x 20 days	Improved overall

*D- Drops

Result and Interpretation

The frequency of epigastric and lumbar pain associated with nausea, vomiting is now less, 1-2 times now a month, other general symptoms also improved. Clinically and radiologically the patient showed remarkable improvement and USG of whole abdomen that showed (Dated – 23/10/22) GB is only partially contracted but visualized lumen is clear, however no calculus demonstrated in gall bladder & kidney.

CONCLUSION

The case report illuminates the importance of knowledge of disease, indication of homoeopathic medicines with successful prescription and also the importance of repertorization in individualised Homoeopathic prescription as a promising complementary / alternative treatment. Knowledge of disease helps the homoeopaths to know the sick man in a homoeopathic way. Nano-particle laden homoeopathic medicine is capable enough to alleviate such complex diseases without surgical intervention.

APPENDICES

Consent of the patient – Taken from patient with signature for the purpose of sharing pictures.

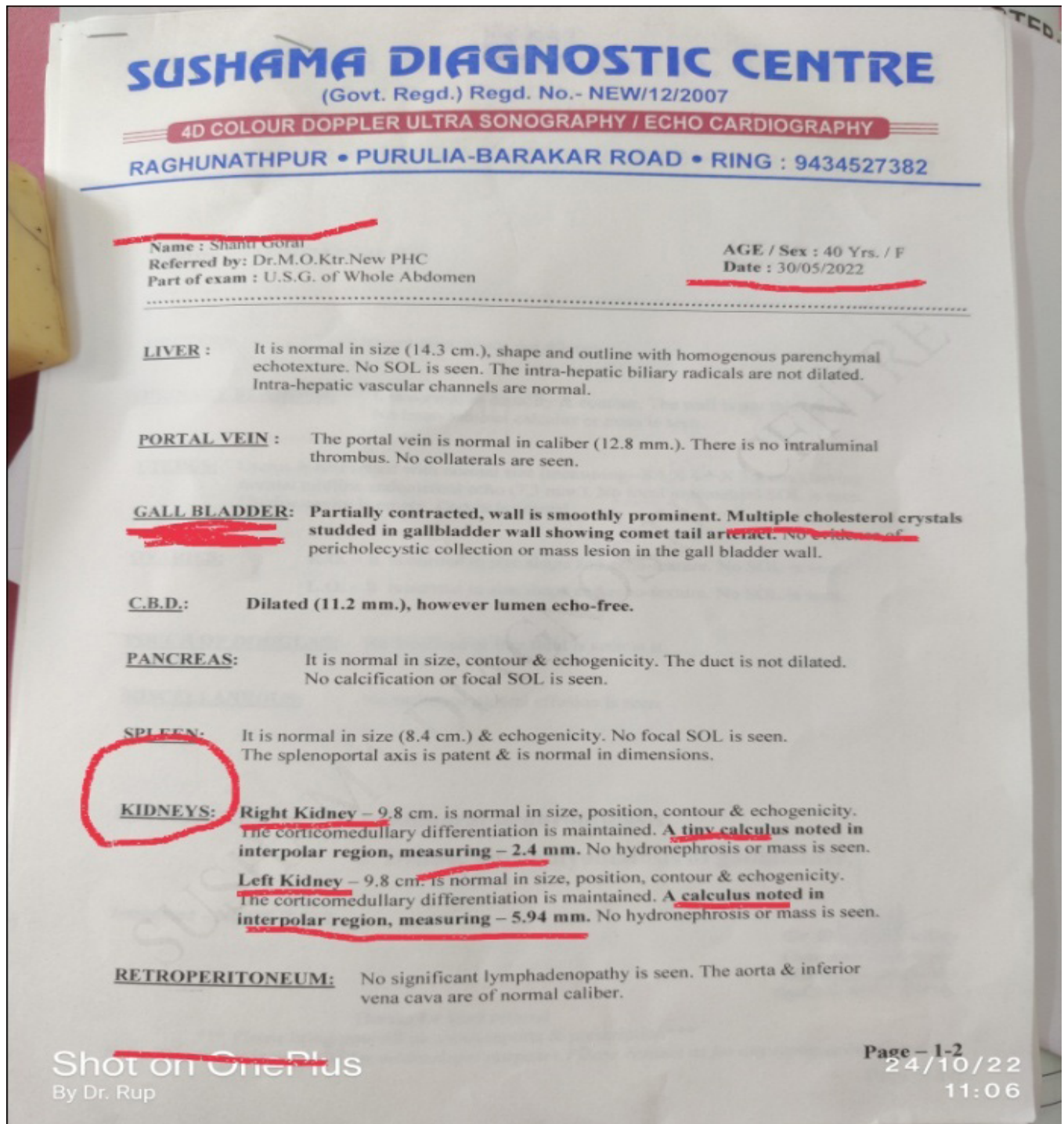


Figure 1 – USG on 30.05.2022, showing Multiple GB Stone with bi-lateral renal stones

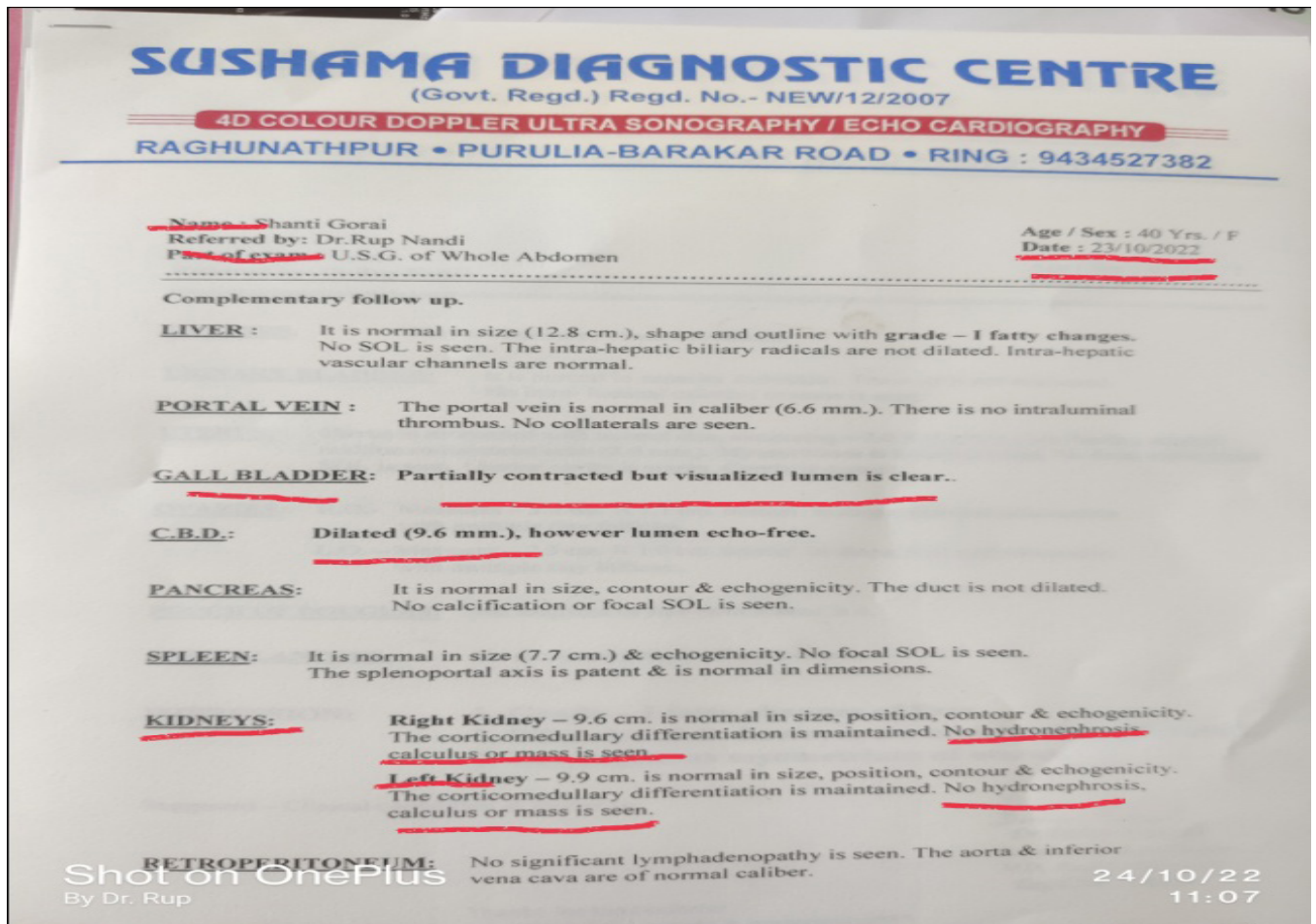


Figure 2 – USG ON 23/10/22 showing no evidence of GB stones and renal stones

REFERENCES

1. Romero V, Akpınar H, Assimos DG. Kidney stones: a global picture of prevalence, incidence, and associated risk factors. Rev Urol. 2010; 12[2-3]: 86-96
2. Bailey Hamilton, Bulstrode J.K. Christopher, John McNeill Love, O'Connell Ronan; Bailey & Love's Short Practice Of Surgery. 27th Edition, Publisher CRC Press, 2018; PP – 1375-1410& 1198-1205
3. Roberts H A: The Principles and Art of Cure by Homoeopathy, a Modern Textbook. Reprint Ed. New Delhi: IBPP; 2004.
4. Speight P: A comparison of the Chronic Miasms (Psora, Pseudo-Psora, Syphilis, Sycosis). Revised ed. England: Health Science Press; 2010.
5. Hahnemann S: Organon Of Medicine, translated from the 5th ed., with an appendix by R E Dudgeon, with additions and alterations as per 6th ed., translated by William Boericke, and Introduction by James Krauss; New Delhi : B. Jain Publishers (P) Ltd; 2000

ABOUT THE AUTHOR

1. **Dr Rup Nandi;** BHMS, M.D (HOM.), Homoeopathic Medical Officer, KTR PHC, Adra, Purulia, (GOVT. OF W.B)



An Approach to Hyperuricemia, Flagship Sign of Early Onset of Gout with Case Report

Dr Sumana Sengupta, Dr Mohan Giri, Dr Hasinur Jahan

ABSTRACT

Hyperuricemia is a notably hereditary disease, though primarily affecting middle to older age group, but early onset of gout is emerging in younger generation because of association with obesity, lifestyle, purine rich diet etc. and in majority the first indication of development of gout, is hypertension, nephrolithiasis, CKD, DM, metabolic syndrome subsequently. Repertorial approach in hyperuricemia with its complication may assist homoeopathic doctors to crack this type of cases quickly. This is the case of early onset gout, is improved as per modified Naranjo Criteria & laboratorial evidence of gradual decrease of level of serum uric acid after administration of homoeopathic medicine *Lycopodium*, *Sulphur*, *Bacillinum*.

Keywords: hyperuricemia, complication, homoeopathy, repertory, *Lycopodium*

Abbreviations: Hyperuricemia(HU), Diabetes Mellitus (DM), Uric acid (UA), Chronic kidney disease (CKD), Cardiovascular disease (CVD), Hypertension (HTN), Meta- tarsal-phalangeal joint (MTP), Disease (DS), Individualized homoeopathic medicine (IHM)

INTRODUCTION

Hyperuricemia is defined as serum UA concentration $> 7.0\text{mg/dL}$ in male & 6.0mg/dL in female¹. It is a highly hereditary disease, along with having sedentary lifestyle, obesity, high purine diet and fructose & alcohol consumption play a pivotal role in development of gout, CKD, metabolic syndrome, HTN, CVD, DM not only in middle aged to elderly men & postmenopausal women but also in younger generation (before age of 40 years), termed as early onset gout^{1,2}.

Imbalance between uric acid production [from endogenous ($500\text{--}600\text{mg/day}$) & exogenous ($100\text{--}200\text{mg/day}$) purine source] and renal (70%) & intestinal excretion (30%) of uric acid causes hyperuricemia⁴. It can be caused by rare genetic disorders such as hypoxanthine - guanine phosphor-ribosyl- transferase (HPRT) deficiency and phosphor- ribosyl- pyrophosphate (PPRP) synthetase (PRS) hyperactivity^{3,4}.

Gout is caused by deposition of monosodium urate monohydrate crystals in around synovial

joints. It may be present as acute, cluster & chronic attack. While podagra is affection of first MTP joint, it also affect ankle, mid foot, knees, small joints of hands, wrist and elbow, rarely axial skeleton and large proximal joint^{4,5}.



Figure 1 - Chronic Tophaceous Gout

Uncontrolled HU and multiple attacks of acute gout leads to chronic gout characterized by presence of **Tophi**; white color spot in irregular firm nodules distinguished clinically from rheumatic nodules in extensor surfaces of fingers, hands, and forearms, elbows, Achilles tendons, helix of the ear^{4,5}. Sometimes they ulcerate with white gritty discharge, may get infected over time^{4,5}. A very rare form of tophaceous gout is Miliarial gout⁵ presented as “*milia-like*” widely distributed papules containing white to cream-colored material on an erythematous base. Tophi may be present without attacks of acute gout in cases of CRF, OA.

Renal Complications¹⁴

Late manifestations of severe HU are nephrolithiasis and urate nephropathy or chronic tubule-interstitial nephritis¹ characterized by albuminuria, hypertension, renal failure. Also, may occur uric acid nephropathy, reversible cause of acute renal failure in dehydration, blastic phase of leukaemia, lymphoma, and chemotherapy etc⁴.

Investigation and General Management ^{4,5}

Though needle-shaped crystals and negatively bi refringent crystals on polarized microscopy of synovial fluid is confirmatory for gout, but cases are usually monitored with serum uric acid level. Radiography of affected joints, blood tests regarding metabolic syndrome are also required. Avoidance of purine rich diet, alcohol moderation of fructose rich food is essential along with therapeutic management.^{4,5}

Homoeopathic View

A recently conducted randomized, double-blind, placebo-controlled trial⁶ on 58 patients of HU at D.N. De H.M.C. & Hospital revealed significant efficacy of IHM over placebo. Other clinical trials and case reports also showed favorable result of IHM in HU.^{7,8,9,10}

As homoeopathic mode of treatment¹¹ considers holistic view of case considering exciting and fundamental causes, accessory circumstances, constitutions, diathesis etc.; hereditary root of HU points to fundamental cause of it. Gouty diathesis is predominantly sycotic¹²; according to H. A. Roberts¹³ sycotic manifestations show slowness of

recovery, pain in small joints within filtrations & gouty concretions or chalky deposits. Meat arouses the latent sycosis as in psora. Miasmatic analysis in RCT⁶ trial on HU also elicits predominance of sycotic miasm in majority cases, followed by psora, syphilis, pseudopsora⁶. They prefer beer, rich gravies and fat meats- well seasoned with salt and pepper which corroborate with epidemiological review of this disease. Sycosis produces cardiac disturbances from reflex rheumatic trouble. Sycotic & syphilitic heart conditions are much more dangerous than psora, they die suddenly without warning^{12,13}. Diabetes is pseudo-psoric in nature, but it becomes severe with the sycotic taint. Bright's disease is a combined manifestation of three stigmata^{12,13}.

Repertorial Approach

C.B. Knerr in his repertory¹⁴ gives extensive rubrics under uric acid diathesis and gouty diathesis in Stages of Life and Constitution (diathesis) chapter. Total eighteen remedies including four medicines of highest grade like *Benzoicum acidum*, *Ledum palustre*, *Lithium carbonicum*, *Lycopodium clavatum* are mentioned here. Under gouty diathesis eighteen sub rubrics are present with single remedy rubrics in many of them. Examples as follow-

- **Drunkards:** NUX V
- **Indigestion, flatulent:** LYCO
- **Urine, fetid:** Benz-ac
- **Urine, glucosuria:** Phos
- **Bronchitis, chronic:** Sulph
- **Hemorrhage, protracted urine:** Sabina
- **Iritis:** RHUS-T
- **Deafness, paralytic:** Petr
- **Headache, intermittent, pains semi-lateral:** Coloc
- **Serous effusion in chest in arthritic pleurisy:** Colch

Under gout rubric many important sub rubrics indicate remedies of HU & its complications. Examples as follow -

- **[Inner Head] Apoplexy: Men addicted to drinking and sexual excesses, in, with**

disposition to gout and hemorrhoids: Sep

- **[Urinary Organs] Kidney: Bright's disease (albuminous nephritis): Gout, with, and mercurio-syphilis:** Kali-Iod
- **[Heart, Pulse and Circulation] Heart: Gout:** Benz-ac, Colch, Lith-c
- **[Lower Limbs] Knees: Gout: Inflammation and abscess, repeated after a fall, with pain and loss of sleep:** Guaiacum officinale
- **[Lower Limbs] Knees: Gout: CALC CARB**
- **[Upper Limbs] Elbows: Gout: Joints filled with solid exudate:** Kali iod
- **[Lower Limbs] Toes: Gout: Big, left then right:** *DULC*
- **[Upper Limbs] Hand: Gout: Tophi:** Ign
- **[Limbs in General] Joints: Gout: Climacteric, during, period:** *Salicylicum Acidum*

CASE HISTORY

Presenting complaint:

A male patient, aged 26 years of low socio-economic condition attended OPD of D.N. De Homoeopathic Medical College and Hospital presented with pain in sole of left foot and wrist and bilateral knee joints for last one year, with previous report of uric acid level of 7.9 mg/ dl (13.3.2021). No tophi or swelling was evident. RA Factor was negative.

History:

It started one year before, first in right knee then shifted to left, previously on modern medicines for 9 months without any significant relief.

Addiction:

Alcohol once in 7 or 15 days for the last 2 years, occasional smoking.

Past history:

1. Recurrent jaundice in childhood treated by modern medication.
2. H/o Tinea corporis, 3 years back, treated with ointment.

Family History:

Sister- has gout. Mother- pulmonary tuberculosis

Physical Generals

Appetite-easy satiety, can't tolerate hunger
Thirst- 3 litres of water/ day
Desire for warm food, sweets, fish, green chili
Aversion - to vegetables
Thermal reaction - chilly patient, tendency to take cold easily
Stool regular and offensive
Urine -clear
Tongue was dry, clean
Sweat - especially on armpit and offensive.

Mental Generals

He is an introvert in nature, doesn't want to reveal much. He dislikes being alone, feels irritated on waking up in morning.

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

Totality of Symptoms and Miasmatic Analysis of the Case

After considering physical, mental generals, nature and side affinity of the particular symptoms; totality is formed. As per the totality, past h/o, family h/o the case is predominantly multi-miasmatic in nature.

Repertorization

Remedy	Lyc	Sulph	Ars	Sil	Nux-v	Sep	Merc	Rhus-t	Carbn-s	Nit-ac	Psor	Arg-n	Carb-v	Ferr	Kali-p
Totality	20	16	14	15	14	13	11	11	12	12	12	11	11	11	11
Symptoms Covered	8	7	7	6	6	6	6	6	5	5	5	5	5	5	5
[Kent] [Stomach] Appetite:Easy satiety:	3	2	1	2	2	2	1	1	2	1	1	1	0	2	0
[Kent] [Stomach] Desires:Warm:Food:	2	0	3	1	0	0	0	0	0	0	0	0	0	2	0
[Kent] [Stomach] Desires:Sweets:	3	3	1	0	1	2	1	2	0	0	0	3	2	0	1
[Kent] [Stomach] Aversion:Vegetables:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Generalities] Heat:Vital,lack of:	2	2	3	3	3	2	2	3	2	3	3	2	2	3	3
[Kent] [Generalities] Cold:Tendency to take:	3	2	1	3	3	3	3	2	2	3	3	2	2	2	3
[Kent] [Stool] Odour:Offensive:	1	3	3	3	2	1	1	1	3	2	3	3	3	0	3
[Kent] [Perspiration] Odour:Offensive:	3	3	2	3	3	3	3	2	3	3	2	0	2	2	1
[Kent] [Extremities pain]Pain:Right then left:	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 2: Repertorial Sheet

After considering totality repertorisation was done from software version of Homopath Zomeo indicating following medicines for the case shown in the fig- 1. The score from highest to lowest for top 5 medicines are as follows: *Lyc* > *Sulph* > *Ars* > *Sil* > *Nux v*. *Lycopodium* qualified all selected rubrics except one and even in better gradation than the other close remedies. After consulting materia medica following symptoms are given much emphasis: complaints go from right to left, addiction for alcohol, appetite easy satiety, desire for sweet and warm food, on these symptoms finally *Lycopodium* 30, 2 doses were prescribed.

Follow - up Schedule:

Visit	Present condition	Prescription
13/11/2021 First visit	Pain in left wrist, soles and bilateral knee joints with uric acid level 7.9 mg/dl (on 13/3/2021) and was advised for serum uric acid investigation	1. <i>Lycopodium</i> 30/2 doses; 2. Placebo 30/TDS

20/11/2021	No pain in left wrist and right knee, pain in left sole and left knee still present. Appetite and thirst improved. Serum uric acid- 8.0 mg/dl on 13/11/2021	1. Placebo 30/TDS
04/12/2021	No pain in left sole, pain in right hypochondrium for 1-week, hard stool.	1. <i>Lycopodium</i> 200/ 1dose; 2. 2. Placebo 30/TDS
15/01/2022	No pain. Stool clear.	Placebo 30/TDS
12/02/2022	Pain in left knee for 1 week. Stool regular and clear.	1. <i>Lycopodium</i> 200/ 1dose
26/02/2022	No pain. Hard stool but clear. Serum uric acid- 6.02 mg/dl.	Placebo 30/TDS
21/5/2022	Re- appearance of pain for last few days	1. <i>Lycopodium</i> 1M/ 1 dose
15/6/2022	No pain. Serum uric acid- 5.63 mg/dl.	Placebo 30/TDS
30/7/2022	Re - appearance of pain	1. <i>Lycopodium</i> 1M/ 1 Dose
8/10/22	Tinea appeared in both upper thigh, re - appearance of old symptom	Placebo 30/TDS
29/10/22	Tinea persists, severe itching	<i>Sulphur</i> 6 / 2 doses
5/12/2022	Tinea persists, stool constipated, occasional knee pain	Placebo 30/TDS
10/12/2022	Serum uric acid- 4.6 mg/dl (9/12/2022) Tinea persists, much itching, addiction for alcohol once in 15 days	<i>Bacillinum</i> 30/ 1 dose on the basis of family history of Tuberculosis

Modified Naranjo Criteria

Items	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		

2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms? (Need to define in glossary)		0	
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5. Did overall wellbeing improve? (Suggest using validated scale)	+1		
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6 (B) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1		
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 known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	

9. Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = 12 As the total score is '12' so causal attribution is definite and improvement is solely due to homoeopathic medicines.

GOVERNMENT OF WEST BENGAL
D. N. DE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
 12, GOBINDA KHATICK ROAD, KOLKATA - 700 046
 63, A. P. C. ROAD, KOLKATA - 700 009

DEPARTMENT OF PATHOLOGY & MICROBIOLOGY


Name Sonu Das Age 26 Sex M
 OPD/IPD No. 25362 Date 13/11/21 Tests for : (TC, DC, Hb, ESR, MP, Blood gr, Urea, Creatinine, Uric Acid, FBS, PPBS)

Hb :	gm /dl	Platelet count	/cu mm
TLC	/cu mm	Malaria parasite	
DLC :		ABO Blood Group	
Neutrophil	%	RA factor	
Eosinophil	%	Blood glucose	mg/dl
Basophil	%	(fasting)	
Lymphocyte	%	Blood glucose (PP)	mg/dl
Monocyte	%	Blood Urea	mg/dl
		Creatinine	mg/dl
		Uric acid <u>8.0</u>	mg/dl
ESR (Westergren/Wintrobe method)			
1st hour :	mm		
2nd hour :	mm		
Mean ESR	mm/hour		


HOD/Incharge [Signature] Technician [Signature] Pathologist [Signature]

Scanned with CamScanner

Before the Treatment: 3/11/21 – 1st Visit

TEST REPORT		New MEDI life DIAGNOSTIC CENTRE		REFERRAL LABORATORY	
AN ISO 9001 : 2015 CERTIFIED COMPANY		ISO 9001:2015		ISO 15189:2013	
Quality is our Identity					
Associate Name :	ABM/ 775	Received On :	23/02/2022		
Patient's Name :	SONU DAS	Reported On :	23/02/2022		
ID Number :	NMLD/187836/B-14486	Age/Sex :	20Y /MALE		
Referred By :	DR. S.K. GUPTA M.B.B.S.D.P.H.A.M.H	Sample Source :	O.S.S.		
DEPARTMENT OF BIOCHEMISTRY					
TEST DESCRIPTION	RESULT	UNIT	BIOLOGICAL REF. RANGE		
URIC ACID(SERUM)	6.02	mg/dl	M: 3.4-7.0, F: 2.5-6.0		
Comment:					
N.B : Increased level observes idiopathically and in renal failure, disseminated neoplasms, toxemia of pregnancy, psoriasis, liver disease, sarcoidosis, ethanol consumption, etc. Many drugs elevate uric acid, including most diuretics, catecholamines, ethambutol, pyrazinamide, salicylates, and large doses of nicotinic acid.					
Comment : All reference ranges are age and sex matched. Reference limits mentioned herein are in accordance with the literature provided along with the kit which may change with the change in the chemistry or the kit.					
# End of Report #					
MEDI life					
Checked by:		 DR.(PROF) MUKUL RAY CHAUDHURY MBBS MD KOL PHD (LONDON) EX-HEAD DEP OF PATH UNIVERSITY COLL.OF MEDICINE (C.U)			
DR. A. SAMANTA M.Sc. PhD(Cal)	DR. SUBRATA BOSE M.B.B.S., D.C.P.	CHIEF - CONSULTANT 100, Anandapalit Road,, Ananda Bhawan, Ground Floor, Near Entally Post Office,, Entally, Kolkata - 700 014 Email: newmedilifediagnosticcentre@gmail.com, Website : www.newmedilife.com // Help Line: 8240204610			
Scanned with CamScanner					

During the Treatment: 23/02/22

TEST REPORT		MEDI Life		REFERRAL LABORATORY	
AN ISO 9001 : 2015 CERTIFIED COMPANY		DIAGNOSTIC CENTRE			
Associate Name :	ABM/ 180	Received On :	15/06/2022	Clinic/Pro/med/ Page 1 of 1	
Patient's Name :	SONU DAS	Reported On :	15/06/2022		
ID Number :	NMLD/209298/F-16148	Age/Sex :	26Y /MALE		
Referred By :	DR. HOSPITAL	Sample Source :	O.S.S.		
DEPARTMENT OF BIOCHEMISTRY					
TEST DESCRIPTION	RESULT	UNIT	BIOLOGICAL REF. RANGE		
URIC ACID(SERUM)	5.63	mg/dl	M: 3.4-7.0, F: 2.5-6.0		
Comment: N.B : Increased level observes idiopathically and in renal failure, disseminated neoplasms, toxemia of pregnancy, psoriasis, liver disease, sarcoidosis, ethanol consumption, etc. Many drugs elevate uric acid, including most diuretics, catecholamines, ethambutol, pyrazinamide, salicylates, and large doses of nicotinic acid. Comment : All reference ranges are age and sex matched. Reference limits mentioned herein are in accordance with the literature provided alongwith the kit which may change with the change in the chemistry or the kit.					
# End of Report #					
DR. A. SAMANTA M.Sc. PhD(Cal) Consultant Biochemist		DR. SUBRATA BOSE M.B.B.S., D.C.P. Consultant Pathologist		 DR.(PROF) MUKUL RAY CHAUDHURY MBBS MD KOL PHD (LONDON) EX-HEAD DEP OF PATH UNIVERSITY COLL.OF MEDICINE (C.U) CHEF - CONSULTANT	
Checked by:					

Scanned with CamScanner

During the treatment: 15/06/22



VIKASH 10d Ananda Palit Road Kolkata West Bengal



New Medilife Diagnostic Centre
 10D, Anandapalit Road, Ananda Bhawan, Ground Floor
 Near Entally Post Office, Entally, Kolkata-700014
 Processed by Line : 9433328124

Name	: SONU DAS	Billing Date	: 09-12-2022 03:59:19
Age	: 28	Sample Collected on	: 09-12-2022 03:58
Sex	: Male	Sample Received on	: 09-12-2022 04:00:43
P.ID	: B652167	Report Released on	: 09-12-2022 05:37
Phone no.	:	Ref No	: 9596761378
Referring Doctor	: DR. HOSPITAL	Report Status	: Final
Referred By	:		

DEPARTMENT OF BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNIT	BIOLOGICAL REF. RANGE
URIC ACID(SERUM)	4.6	mg/dl	M: 3.4-7.0, F: 2.5-6.0
method : Enzymatic Method			

Increased level observes idiopathically and in renal failure, disseminated neoplasms, toxemia of pregnancy, psoriasis,

liver disease, sarcoidosis, ethanol consumption, etc. Many drugs elevate uric acid, including most diuretics, catecholamines, ethambutol, pyrazinamide, salicylates, and large doses of nicotinic acid.

Comment :

All reference ranges are age and sex matched. Reference limits mentioned herein are in accordance with the literature provided along with the kit which may change with the change in the chemistry or the kit.



DR. A. SAMANTA
 M.Sc. PhD(Cal)
 Consultant Biochemist

DR. SUBRATA BOSE
 M.B.B.S., D.C.P.
 Consultant Pathologist

DR.(PROF) MUKUL RAY CHAUDHURY
 MBBS MD KOL PHD (LONDON)
 EX-HEAD DEP OF PATH
 UNIVERSITY COLL OF MEDICINE (C.U)
 CHIEF - CONSULTANT



Our Services : Pathology, Cardiology, Gastroenterology, Neurology related various tests done here. • One of the largest chain of referral laboratories in India

Last Blood test – 9/12/22

DISCUSSION

The case showed a patient of 26 years suffering from gout with family history of gout who responded very well with IHM. After proper analyzing the totality and repertorisation *Lycopodium* 30, subsequently 200, 1M was prescribed.

There was reappearance of old skin symptoms (tinea) after pain of gout had subsided which depicted that cure is along the path of Hering's law of Cure as reversal of order of symptoms. On persistence of tinea, *Sulphur* was prescribed as it follows *Lycopodium* well and as per repertorization, followed by *Bacillinum* on family h/o of pulmonary tuberculosis to remove the block. Along with medication patient was also advised to avoid purine rich food & general management.

Improvement of the patient was started immediately after medication in terms of sign and symptoms as per Modified Naranjo Criteria and within short period of time **serum uric acid level declined from 8.0 mg/dl (13.11.21) to 6.02 mg/dl (23.02.22), further to 5.63 mg/dl (15.06.22) to 4.6 mg/dl (9/12/2022).** The Modified Naranjo Criteria score after treatment was 12, so causal attribution is Definite and the improvement was solely due to homeopathic medicines.

CONCLUSION

IHM showed promising treatment effect in patient with hyperuricaemia in early onset gout and may well tackle the complications of HU with help of repertories.

ACKNOWLEDGEMENT

Authors are grateful to the Prof. (Dr.) Shyamal Kumar Mukherjee, Principal and Administrator of D. N. De Homoeopathic Medical College & Hospital for his valuable guidance and encouragement and to all the staff of college & hospital for their constant support.

DECLARATION OF PATIENT CONSENT

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

FINANCIAL SUPPORT AND SPONSORSHIP

None

CONFLICTS OF INTEREST

None declared.

REFERENCES

1. Eckenstaler R, Benndorf RA. The Role of ABCG2 in the Pathogenesis of Primary Hyperuricemia and Gout-An Update. *Int J Mol Sci.* 2021 Jun 22;22(13):6678. doi: 10.3390/ijms 2213 6678. PMID: 34206432; PMCID: PMC8268734.
2. Waheed Y, Yang F, Sun D. Role of asymptomatic hyperuricemia in the progression of chronic kidney disease and cardiovascular disease. *Korean J Intern Med.* 2021 Nov;36(6):1281- 1293. doi:10.3904/kjim.2020.340. Epub 2021 Jul 8. PMID: 33045808; PMCID: PMC8588983.
3. Yanai, H.; Adachi, H.; Hakoshima, M.; Katsuyama, H. Molecular Biological and Clinical Understanding of the Pathophysiology and Treatments of Hyperuricemia and Its Association with Metabolic Syndrome, Cardiovascular Diseases and Chronic Kidney Disease. *Int. J. Mol. Sci.* 2021, 22, 9221. <https://doi.org/10.3390/ijms22179221>
4. Lodcalzo J et al (Ed). *Harrison's Principles of Internal Medicine*. 21th ed. New Delhi: McGraw Hill LLC, 2022: 8672- 73, 8692, 10366, 10385, 10427-431
5. Pradhan, Swetalina; Sinha, Ruchi; Sharma, Preeti; Sinha, Upasna. Atypical Cutaneous Presentation of Chronic Tophaceous Gout: A Case Report. *Indian Dermatology Online Journal* 11(2): p 235-238, Mar-Apr 2020. | DOI: 10.4103/idoj.IDOJ_205_19
6. Ghosh P, Ganguly S, Mukherjee SK, Dutta S, Shaikh AR, Ali SS, Singh NK, Bhattacharya P, Koley M, Saha S. Individualized Homeopathic Medicines in Treatment of Hyperuricemia: Evaluation by Double-Blind, Randomized, Placebo- Controlled Trial. *Homeopathy.* 2022 Sep 19. doi:10.1055/s-0042-1751272. Epub ahead of print. PMID: 36122588.
7. Nayak C, Pattanaik N, Chattopadhyay A, Misra P, Bhar K, Michael J, Koley M, Saha S. Individualized homeopathic medicines and *Urtica urens* mother tincture in treatment of hyperuricemia: an open, randomized, pragmatic, pilot trial. *Complement Integr Med.* 2020 Oct 20;18(3):599-608. doi: 10.1515/jcim-2020-0129.
8. Saha S, Sarkar P, Chattopadhyay R, Saha S. An open-label prospective observational trial for assessing the effect of homeopathic medicines in patients suffering from gout. *Indian J Res Homoeopathy.* 2019; 13:236-43.
9. Gautam P. A case report of HU with nephrolithiasis treated with homeopathy. *Indian J Res Homoeopathy* 2021; 15:147-154
10. Bala R, Shrivastava A. Case report on hyperuricemia presenting as one-sided disease. *Homoeopathic Links.* 2019; 32:105-111
11. Hahnemann CFS. *Organon of Medicine* translated from the 5th ed. with an appendix by
12. R.E. Dudgeon, with additions and alterations as per 6th ed translated by William Boericke, and introduction by James Krauss. Reprint ed. New Delhi: B. Jain Publishers Pvt Ltd, 2000
13. Schepper L D. Hahnemann Revisited. 4th Impression. New Delhi: B. Jain Publishers Pvt Ltd, 2010: 355-419
14. Roberts HA. *The Principles and Art of Cure by Homoeopathy.* Reprint ed. New Delhi: B. Jain Publishers Pvt Ltd, 2000: 208-226, 229-240
15. Knerr CB. *Repertory of Hering's Guiding Symptoms of our*

Materia Medica. Augmented and Revised ed. New Delhi: B. Jain Publishers Pvt Ltd; 2006

<https://sso.uptodate.com/contents/images/RHEUM/73021/Inflamedtophaceousgout>

.jpg

ABOUT THE AUTHORS

1. **Dr Sumana Sengupta**, Assistant Professor, Department of Practice of Medicine, D. N. De Homoeopathic Medical College & Hospital
2. **Dr Mohan Giri, Professor & HOD**, Department of Practice of Medicine, D. N. De Homoeopathic Medical College & Hospital
3. **Dr Hasinur Jahan**, Assistant Professor, Department of Homoeopathic Materia Medica, Kharagpur Homoeopathic Medical College & Hospital

keting, electric shock, and surgeries for handling the insane, and Freudian psychotherapy became fashionable. The esoteric spirituality and humane treatment that constituted the backbone of Talcott and Barrus's handling of the insane was no longer considered scientific.

Though drug-based psychiatry is the go-to in our modern times, reading the history of homeopathy particularly with regards to insane asylums, helps us all feel proud of our past. It motivates us to dream a future when people with mental illness would be treated in fully integrative asylums with homeopathy included in the comprehensive healthcare armamentarium. In this dream the insane will be treated as people instead of someone mad. I personally and strongly believe this dream can come true when, as a society, we move forward to invest in sanity.



My Head is Aching.....!

A Case Study of Anaemia Cured with Homoeopathic Medicine

Dr Uttara Agale, Dr D.G. Bagal

ABSTRACT

A 22 years old college going female came with complaint of headache alternating from one side to another since one year. Headache is worse after coming from college, after studies. Complaint started after malaria with fatigability after mental exertion, with irregular menses. Her Hb% before treatment was 8.8 gm% on 29/7/2022 and during treatment increased gradually to 9.4% on 23/9/2022 and then to 11.8 gm% on 22/11/2022. In this case of anaemia Murphy's Repertory is used and case is repertorised with diagnostic as well as constitutional rubrics to compare reportorial results and to elicit the authenticity of Murphy's Repertory.

Keywords: anaemia, murphy's repertory

INTRODUCTION

Anaemia is a condition in which one lacks enough healthy red blood cells to carry adequate oxygen to your body's tissues. There are many forms of anaemia, each with its own cause. Anaemia can be temporary or long term and can range from mild to severe. In most cases, anaemia has more than one cause. Signs and symptoms of anaemia vary depending on the cause and severity of anaemia.

Signs and symptoms, might include:

- Fatigue
- Weakness
- Pale or yellowish skin
- Irregular heartbeats
- Shortness of breath
- Dizziness or lightheadedness
- Chest pain
- Cold hands and feet
- Headaches

At first, anaemia can be so mild that it is difficult to notice, but symptoms worsen as anaemia worsens. It has one important sign i.e, **Pallor** which is the most common and characteristic sign which may be seen in the mucous membranes, conjunc-

tivae and skin.

Anaemia can affect other systems of the body as well -

1. Cardiovascular system - A hyperdynamic circulation may be present with tachycardia, collapsing pulse, cardiomegaly, mid systolic flow murmur, dyspnoea on exertion, and in the cases of elderly, congestive heart failure.

2. Central nervous system- The older patients may develop symptoms referable to the CNS such as attacks of faintness, giddiness, headache, tinnitus, drowsiness, numbness and tingling sensations of the hands and feet.

3. Ocular manifestations- Retinal haemorrhage may occur if there is associated vascular disease or bleeding diathesis.

4. Reproductive system- Menstrual disturbances such as amenorrhoea and menorrhagia and loss of libido are some of the manifestations involving the reproductive system in anaemic subjects.

5. Renal system- Mild proteinuria and impaired concentrating capacity of the kidney may occur in severe anaemia.

6. Gastrointestinal system- Anorexia, flatulence, nausea, constipation and weight loss may occur.¹

CASE REPORT

In the case report below, are covered the symptoms of central nervous symptoms and gastrointestinal symptoms like giddiness, headache, tinnitus, drowsiness, numbness and tingling sensations of the hands and feet and constipation.

Preliminary Data:

Date -29/07/2022

Name - Miss. N. G.

Age -22 years

Sex - Female

Religion- Hindu

Occupation- Student

Marital status- Unmarried

Presenting complaint

Patient came with complaint of headache alternating from one side to another since one year.

Sensation - Heaviness of head

Modalities –

Headache < after coming from college, after studies

Location	Sensation	Modalities	Concomitant
Head- right side to left side	Heaviness of head.	<noise ⁺³	After mental exertion
Onset – sudden	Throbbing pain ⁺³	<light ⁺³	
Duration – since 1 year		>sleep ⁺³	
Progression – gradually increasing			

History of Presenting Complaint

Patient was good in studies but then started the complaint of headache before one year of suffering from malaria. After that the patient was not able to concentrate in studies and scored low in her exams. Whenever patient started studying she could not sit for more than 2 hours straight but previously she used to study extensively. Now there is easy fatigability after mental exertion.

Associated Complaints

- Constipation, difficulty in evacuating stools, frequency- often 2-3 days after, hard stools, has to strain a lot. Stools are regular but unsatisfactory.
- There is coldness of hands and feet especially in the morning.
- Pain in calf muscles after physical exertion.

Past History

H/o of Malaria 1 year back

Family History

No H/O any major illness.

H/O Drug Allergy /Interaction - Not Specific

Personal History

Diet- Vegetarian and Non Vegetarian

Habit- None

Addiction- None

Menstrual History

Menarche: At the age of 13 years

LMP: Irregular menses comes at interval of around 40-45 days

Details of Menstrual Cycle:

Cycle: For the last 1 yr menses were regular; 3-4 days having 28 days cycle

Quantity: Has to change 1 pad daily

Consistency: Thick

Colour and Stains: Dark red and clotted

Odour: Offensive

Character: Watery

Complaints before, during and after menses:
Pain in abdomen

Leucorrhoea: nil

Obstetrics History - Not Applicable

Physical Generals

Appetite- Takes meal twice/day, but only 1 roti in meal, patient feels hungry but can't eat food properly, few bites are enough for her.

Desire – Sweets⁺³

Aversion – Nothing Specific

Thirst – 2-3litres/day,

Perspiration – Normal, more over face

Urine – 4-5 times /day

Stool – Once/day, unsatisfactory

Sleep – Sound, Refreshing

Dreams – Not Remembered

Thermals – Chilly

Mental Generals

- Patient stays with her parents and younger sister.
- She has anxiety of very small things⁺³.
- She has fear of dark⁺³, means she can't sleep lights off.
- She is very sensitive, emotional and cannot hurt others⁺³.

- She does not like to work⁺³.

Physical Examination

Built- Normal

Height- 5'6"

Temperature – Afebrile

Pulse- 89/min, regular

Blood pressure- 120/80 mm Hg

Respiratory rate – 16 cycles/min

Nutrition- Average

Skin- Non-greasy

Hair- Lustrous

Complexion - Wheatish

Pallor – Absent

Cyanosis- Absent

Icterus – Absent

Nails – Pale, brittle and flat.

Oedema – Absent

Systemic Examination-

1. Cardio-Vascular System - S₁ S₂ Normal
2. Central Nervous System - Conscious, oriented
3. Respiratory System- A_E B_E clear
4. Per Abdomen- Soft, non-tender
5. Genito- Urinary System- No abnormality detected

Local Examination- No significant findings

Investigations

CBC (Hb estimation)-29/7/2022- Hb % - 8.8 %

23/9/2022- Hb% -
9.4gm%

22/11/2022- Hb% -
11.8 gm %

Diagnosis

Anaemia

CASE ANALYSIS

Analysis and Evaluation of Symptoms

Sr. No	Grade	Symptom Evaluation with Intensity	Analysis of Symptoms	Miasmatic Analysis
1.	I	1. Headache-heaviness	Characteristic Particular Sensations	Psora
		2. Headache - Right side then left side ⁺³	Characteristic Particular side Modality	Psora
		3. Headache – Throbbing pain ⁺³	Characteristic Particular Sensation	Psora
		4. Headache - <light ⁺³	Characteristic Particular Aggravating modality	Psora
		5. Headache - < noise ⁺³	Characteristic Particular Aggravating modality	Psora
		6. Headache - >sleep ⁺³	Characteristic Physical Ameliorating modality	Psora
2.	II	7. Desire - Sweets ⁺³	Characteristic Physical General	Psora
		8. Thermal - Chilly	Characteristic Physical General	Psora
		9. Appetite decreased few mouthfuls fills up the stomach	Characteristic Physical General	Psora
		10. Constipation, hard stools, has to strain a lot. Stools are regular but unsatisfactorily	Characteristic Physical General	Sycosis
3.	III	11. She has anxiety of very small things ⁺³	Characteristic Mental General	Psora
		12. She has fear of dark ⁺³	Characteristic Mental General	Psora
		13. She is very sensitive, emotional and cannot hurt others ⁺³	Characteristic Mental General	Psora
		14. She does not like to work ⁺³	Characteristic Mental General	Psora
		15. There is coldness of hands and feet esp. in morning	Characteristic Particular symptoms (Sensations)	Psora
		16. Pain in calf muscles after physical exertion	Characteristic Particular symptoms (Sensations)	Psora

Totality of Symptoms

1. She has anxiety of very small things⁺³.
2. She has fear of dark⁺³, means she can't sleep with lights off.
3. She is very sensitive, emotional and cannot hurt others⁺³.
4. She does not like to work⁺³.
5. Desire - Sweets⁺³
6. Thermal – Chilly
7. Appetite decreased with few mouthfuls filling up the stomach.
8. Constipation, difficulty in evacuating stools, frequency- often 2-3 days after, hard stools, has to strain a lot. Stools are regular but unsatisfactory.
9. Headache –heaviness in Head.
10. Headache - Right side then left side⁺³
11. Headache – Throbbing pain⁺³

12. Headache - < light⁺³

13. Headache - < noise⁺³

14. Headache - > sleep⁺³

15. There is coldness of hands and feet esp. in morning

16. Pain in calf muscles after physical exertion.


Repertory Selected and Justification for selection of Repertory- Synergy software - Murphy's Repertory 3rd edition- it is rich in clinical rubrics, physical generals, mental generals as well as particulars.

Process of Repertorisation- Total addition process

PDF/Non Reportorial Totality –

Thermal – Chilly

Repertorization



Total

Rubrics

Kingdom

	Lyc.	Nux-v.	Phos.	Chin.	Ars.	Calc.	Gels.	Sulph.	Bell.	Nat-c.	Sep.	Sil.	Bry.	Arn.	Nat-m.	Carb-v.	Caut.	Ign.	Kall-c.	Stram.	Mag-m.	Rhus-t.	Anac.	Zinc.
Total	32	24	24	25	23	22	21	25	22	21	21	20	18	17	21	18	17	17	17	17	15	15	14	13
Rubrics	15	12	12	11	11	11	11	10	10	10	10	10	10	10	9	9	9	9	9	9	9	9	9	9
Kingdom																								
MurphyIII - M; mind; anxiety, general(351)	3	2	3	3	3	3	2	3	3	3	2	2	3	2	2	3	3	2	3	2	2	3	2	2
MurphyIII - M; Mind; fears, phobias, general; dark(73)	2	1	3	1	2	2	1	1	1	1	1	1	1	1	1	2	2	2	1	3	1	1	1	1
MurphyIII - M; Mind; sensitive, mental, oversensitive, emotional(234)	3	3	3	3	2	1	3	3	3	2	2	3	1	2	3	2	3	3	2	3	3	1	3	1
MurphyIII - M; Mind; indolence, averse to work, etc.(81)	3	3	2	3	2	1	3	3	2	2	3	1	2	3	2	2	2	2	1	1	1	1	2	
MurphyIII - F; Food; sweets, general; desires(147)	3	1	2	3	3	2	1	3	2	2	1	2	1	2	1	2	1	1	2	2	2	2	1	1
MurphyIII - F; Food; appetite, general; loss, of appetite; fullness, from sense of(5)	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MurphyIII - R; Rectum; constipation, general; insufficient, incomplete, unsatisfactory(70)	3	3	1	1	1	1	1	3	1	3	2	3	2	2	3	1	2	2	3	2	1	2	2	2
MurphyIII - H; Head; heaviness, sensation(227)	2	3	2	3	2	2	3	3	2	2	2	2	2	2	3	3	1	2	1	1	2	2	1	2
MurphyIII - H; Headaches; throbbing, headaches(164)	3	1	2	3	2	1	2	3	3	2	2	3	2	2	1	2	2	2	2	2	1	2	1	1
MurphyIII - H; Headaches; right, sided, headaches; right, then left(9)	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MurphyIII - H; Headaches; light, general; agg.(56)	2	1	2	2	2	3	2	2	3	2	2	2	2	2	1	3	1	2	1	2	1	1	1	1
MurphyIII - H; Headaches; noise, from(71)	1	3	2	2	3	1	1	3	2	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1
MurphyIII - F; Feet; cold, feet; morning(17)	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MurphyIII - H; Hands; coldness, hands; morning(13)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MurphyIII - L; Legs; pain, legs; calves(64)	1	2	1	1	2	3	2	1	1	1	1	1	2	1	1	1	1	1	1	1	2	2	1	1

Fig:1 Repertory Sheet-1



Total
Rubrics
Kingdom

Lyc.	Phos.	Ars.	Calc.	Nux-v.	Bry.	Chin.	Sulph.	Bell.	Nat-m.	Carb-v	Nat-c.	Sep.	Caustr.	Ign.	Sil.	Acon.	Kali-c.	Arn.	Kali-bi.	Zinc.	Nit-ac.	Lach.	Gels.	Ph-ac.	Arg-n.	Cocc.	Merc.	Kali-s.	
25	24	23	21	20	18	24	24	22	21	19	19	18	17	17	17	16	16	15	12	12	20	18	17	17	16	15	15	14	
11	10	10	10	10	10	9	9	9	9	9	9	9	9	9	9	9	9	9	9	8	8	8	8	8	8	8	8	8	
Kingdom																													
MurphyIII - M; Mind; anxiety, general(351)	3	3	3	3	2	3	3	3	3	2	3	3	2	3	2	2	3	3	2	1	2	3	2	2	2	3	3	2	3
MurphyIII - M; Mind; fears, phobias, general; dark(73)	2	3	2	2	1	1	1	1	2	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	
MurphyIII - M; Mind; sensitive, mental, oversensitive, emotional(234)	3	3	2	1	3	1	3	3	3	3	2	2	2	3	3	3	3	2	2	1	1	2	3	3	3	3	2	3	
MurphyIII - M; Mind; indolence, averse to work, etc.(81)	3	2	2	1	3	1	3	3	2	3	2	2	3	2	2	1	2	2	2	2	2	2	2	3	3	2	1	1	
MurphyIII - F; Food; sweets, general; desires(147)	3	2	3	2	1	2	3	3	1	1	2	2	2	1	1	1	2	1	1	1	2	1	1	1	3	2	3		
MurphyIII - C; Clinical; anemia, general(227)	1	3	3	3	2	2	3	3	2	3	2	2	2	2	1	1	2	2	2	1	3	2	1	2	2	2	3	1	
MurphyIII - H; Head; heaviness, sensation(227)	2	2	2	2	3	2	3	3	2	3	3	2	2	1	2	2	2	1	2	2	2	3	3	3	2	2	1	2	
MurphyIII - H; Headaches; throbbing, headaches(164)	3	2	2	1	1	2	3	3	3	1	2	2	2	2	2	3	2	2	2	1	1	2	3	2	1	1	1	2	
MurphyIII - H; Headaches; right, sided, headaches; right, then left(9)	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
MurphyIII - H; Headaches; light, general; agg.(56)	2	2	2	3	1	2	2	2	3	3	1	2	2	1	2	2	1	1	1	1	1	1	1	2	2	1	2	1	
MurphyIII - H; Headaches; noise, from(71)	1	2	2	3	3	2	1	1	3	1	1	2	1	1	2	1	1	1	1	1	3	2	1	2	1	2	1	1	

Fig 2: Repertory Sheet-2

Probable Remedies:-

Sheet 1	Sheet 2
<i>Lyc</i> -32/15	<i>Lyc</i> - 25/11
<i>Nux vom</i> - 24/12	<i>Phos</i> -24/10
<i>Phos</i> - 24/12	<i>Ars</i> - 23/10
<i>Chin</i> - 25/11	<i>Calc</i> - 21/10
<i>Ars</i> - 23/11	<i>Nux vom</i> -20/10
<i>Calc</i> -22/11	<i>Bry</i> -18/10
	<i>China</i> - 24/9

Prescription

1. *Lycopodium* 1 M / 1 dose stat
2. *Five Phos* 6X/ 4-4-4 / 7 days

Justification of Selection of Medicine

A. *Lycopodium*

1. Appetite decreased, few mouthfuls fills up the stomach.
2. Constipation, difficulty in evacuating stools, frequency- often 2-3 days after, hard stools, has to strain a lot. Stools are regular but

unsatisfactory.

3. Headache - Right side then left side³

Differential Drugs-

1. *Nux vom* was not given as there was no desire for stimulants and A/F from sedentary habits.
2. *Phos* is not given as patient was not having aggravation from cold things,
3. *China* is having A/F malaria as well as A/f loss of vital fluids, but it is not covering the rubrics of loss of appetite, headache and aggravation of headache.

B. Five Phos 6X-

- Five Phos 6X Tablet is a general tonic used in day to day life by many. It is used by **exhausted people from a lot of mental work, physical work, and generalised weakness**. It gives

strength at the nervous, physical spheres along with improving general body energy.²

Auxillary Management

Following the diet as advised by the physician

Investigations

PATHOLOGY LABORATORY
Phone : (0) 022-22908196, 27744401 / 05
Telefax : 022-27745439
Lab Ext. : 2033
E-mail : gdpfmc@yahoo.com

DR. G. D. POL FOUNDATION
Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE & CHARITABLE HOSPITAL
Institutional Area, Sector - 4, Kharghar, Navi Mumbai - 410 210.

REG NO. : OPD / 9
NAME :
AGE : Years SEX : Female
REF. BY : Dr Uttara DATE :

TESTS	RESULTS	UNITS	REFERENCE RANGE
Hemoglobin	: 8.8	gm%	11.5 - 16.0

Dr. HITESH PAGARE
(M.D. Pathologist)
Pathologist

Laboratory test results should be interpreted in correlation with clinical findings.
Unexpected results should be confirmed with fresh specimen.

Scanned by TapScanner

Report-1- Dated- 29/7/2022 -Before

PATHOLOGY LABORATORY
Phone : (0) 022-22908196, 27744401 / 05
Telefax : 022-27745439
Lab Ext. : 2033
E-mail : gdpfmc@yahoo.com

DR. G. D. POL FOUNDATION
Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE & CHARITABLE HOSPITAL
Institutional Area, Sector - 4, Kharghar, Navi Mumbai - 410 210.

REG NO. : OPD / 3
NAME :
AGE : Years SEX : Female
REF. BY : Dr Uttara DATE :

TESTS	RESULTS	UNITS	REFERENCE RANGE
Hemoglobin	: 9.4	gm%	11.5 - 16.0

Dr. HITESH PAGARE
(M.D. Pathologist)
Pathologist

Laboratory test results should be interpreted in correlation with clinical findings.
Unexpected results should be confirmed with fresh specimen.

Scanned by TapScanner

Report- 2- Dated- 23/9/2022- During the treatment

PATHOLOGY LABORATORY
Phone : (0) 022-22908196, 27744401 / 05
Telefax : 022-27745439
Lab Ext. : 2033
E-mail : gdpfmc@yahoo.com

DR. G. D. POL FOUNDATION
Y.M.T. HOMOEOPATHIC MEDICAL COLLEGE & CHARITABLE HOSPITAL
Institutional Area, Sector - 4, Kharghar, Navi Mumbai - 410 210.

REG NO. : OPD / 5
NAME :
AGE : Years SEX : Female
REF. BY : Dr Uttara DATE :

TESTS	RESULTS	UNITS	REFERENCE RANGE
Hemoglobin	: 11.8	gm%	11.5 - 16.0

Dr. HITESH PAGARE
(M.D. Pathologist)
Pathologist

Laboratory test results should be interpreted in correlation with clinical findings.
Unexpected results should be confirmed with fresh specimen.

Scanned by TapScanner

Report-3-Dated- 22/11/2022- After

Follow Ups

Date	Follow up	Prescription	Justification for selection of medicine	Scale Score by VAS Scale
12/8/22	Headache reduced by 20 % after taking the medicine. Appetite- Now slightly increased Thirst- 2-3 lit/day Urine- 4-5 times/day Stool- Once/day, satisfactory	1. <i>Sac lac</i> /1powder stat. 2. <i>Sac lac</i> /4pills /tds / 15 days	Patient was feeling better by 20% and so did not require the medicine	7
26/8/22	Headache reduced by 50 % after taking the medicine. No other new complaints Appetite- Adequate Thirst- 2-3 lit/day Urine- 4-5 times/day Stool- Once/day, satisfactory Nails- Started improving pinkish in colour	1. <i>Sac lac</i> /1powder stat. 2. <i>Sac lac</i> /4pills /tds / 15 days	Patient was feeling better by 70% and so did not require the medicine	5
9/9/22	Headache reduced by 80 % after taking the medicine. Pain in calf muscles decreased. No other new complaints Appetite- Adequate Thirst- 2-3 lit/day Urine- 4-5 times/day Stool- Once/day, satisfactory	1. <i>Sac lac</i> /1powder stat. 2. <i>Sac lac</i> /4pills /tds / 15 days	Patient was feeling better by 80% and so did not require the medicine	2

23/9/22	<p>No episode of headache till now.</p> <p>Pain in calf muscles decreased and now patient doesn't have coldness of hands and limbs.</p> <p>No other complaints</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- Once/day, satisfactory</p> <p>Brittleness of nails decreased.</p>	<p>1. <i>Sac lac</i> /1powder stat.</p> <p>2. <i>Sac lac</i>/4pills /tds / 15 days</p>	Patient did not have any episode of headache	0
7/10/22	<p>No episode of headache till now</p> <p>No any other complaints</p> <p>Patient can now concentrate continuously in studies.</p> <p>No fatigue after mental exertion.</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- Once/day, satisfactory</p>	<p>1. <i>Lyco</i> /1M / 1powder stat.</p> <p>2. <i>Sac lac</i>/4pills /tds / 15 days</p>	Patient did not have any episode of headache	0

21/10/22	<p>Patient again got a few episodes of headache but with less intensity.</p> <p>No new complaints</p> <p>General Condition</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- No straining required, satisfactory</p>	<p>1. <i>Ignatia</i>/ 200/ 1 Powder stat</p> <p>2. <i>Sac. lac</i> /4pills/ TDS for 15 days</p>	<p>Patient had episodes of headache with same complaints but of less intensity</p>	4
06/11/22	<p>Patient better by 50%</p> <p>No new complaints</p> <p>General Condition</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- Once/day, satisfactory</p>	<p>1. <i>Sac lac</i> /1powder stat.</p> <p>2. <i>Sac lac</i>/4pills /tds / 15 days</p>	<p>Patient was feeling better by 50% and so did not require the medicine</p>	2
22/11/22	<p>No episode of headache till now</p> <p>No other complaints.</p> <p>General Condition</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- Once/day, satisfactory</p>	<p>1. <i>Sac lac</i> /1powder stat.</p> <p>2. <i>Sac lac</i>/4pills /tds / 15 days</p>	<p>Patient did not have any episode of headache</p>	0

30/11/2022	<p>There was no episode of headache till now.</p> <p>No other complaints</p> <p>Patient feeling better.</p> <p>General Condition</p> <p>Appetite- Adequate</p> <p>Thirst- 2-3 lit/day</p> <p>Urine- 4-5 times/day</p> <p>Stool- Once/day, satisfactory</p>	<p>1. <i>Sac lac</i> /1powder stat.</p> <p>2. <i>Sac lac</i>/4pills /tds / 15 days</p>	Patient did not have any episode of headache	0
------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	----------------------------------------------	---

Result

Intensity of Pain Before Treatment on VAS SCORE	Intensity of Pain After Treatment on VAS SCORE	Inference
9	0	Improved

CONCLUSION

In this study a case of anaemia was explained which was having chief complaint of headache but if lab diagnosis was not properly done one could have diagnosed it as migraine because of which there are chances that the diet advice and actual clinical symptoms can be overlooked.

So, it is always advisable to be an unprejudiced observer and analyse, observe and evaluate the patient not only on clinical signs and symptoms but also to extract h/o of patient, i.e., anamnesis in order to restore the sick to cure. In this case of anaemia *Murphy's Repertory* is used and the case is repertorised with diagnostic as well as constitutional rubrics to compare reportorial results and to elicit the authenticity of *Murphy's Repertory*. Constitutional medicine *Lycopodium* is given along with *Five Phos 6X* as a general tonic, especially, general tonics are required when patients are weak during convalescence.

REFERENCES

1. Mohan Harsh, Textbook of pathology, seventh edition, New Delhi, B. Jain publisher (P)Ltd. 2016, p.g- 261- 275
2. Homoeopathy Plus , Schusslers Tissue salts–A Medicine chest for whole family, Pioneer Avenue Tuggerah, 2259, NSW, Homoeopathy Plus, May 2022, Australia <https://homeopathyplus.com/tissue-salts-a-complete-medicine-chest-for-the-home-prescriber>

ABOUT THE AUTHORS

1. **Dr Uttara Agale**, M.D.(Hom), Associate Professor, Dept. of Repertory, Y.M.T.H.M.C, Kharghar, Navi Mumbai
2. **Dr D.G. Bagal**, M.D (Hom.), Professor, Vice Principal, Dept. of Repertory, Y.M.T.H.M.C, Kharghar.

Alcohol Withdrawal Syndrome and its Homoeopathic Management

Dr Shweta Singh, Dr Rekha Juneja



ABSTRACT

Nowadays psycho-active substance used disorders are common lethal conditions; among these, alcohol is the commonest which results into serious medical, psychological and sociological problems. It is legally available and an easily accessible substance which may be associated with other risk factors and co-morbidities. The withdrawal symptoms develop after abrupt cessation of alcohol use that has been heavy and prolonged and craving are the factors responsible for addiction and relapses. Homeopathy has its important role to help addicts in taking them out of this mire of alcohol addiction and offers a great help to detox and remove the craving.

Keywords: alcohol, withdrawal, homoeopathy, psychoactive substances, ethanol

Abbreviations: Blood alcohol concentration (BAC), Centesimal (C), Central nervous system (CNS), Delirium tremens (DT), Indian made foreign liquor (IMFL), In patient department (IPD), Twice a day (BD), Pulse rate (P/R), World Health Organisation (WHO)

INTRODUCTION

Alcohol is the commonest psychoactive substance with dependence producing properties giving rise to numerous health and social consequences and one of the leading cause of death and disability globally 1,2,3,4. The main active ingredient of the alcoholic beverages is Ethanol which is a well known central nervous system (CNS) depressant. Alcohol may be classified as a sedative, tranquillizer, hypnotic or anaesthetic depending upon the quantity consumed and its concentration varies across the alcohol preparations (Table 1) ⁽⁴⁾.

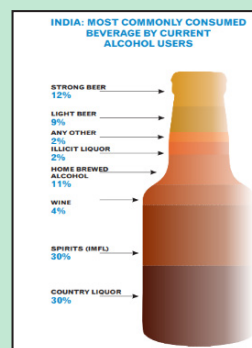


Table 1. TYPES OF ALCOHOLIC PREPARATIONS⁽⁴⁾

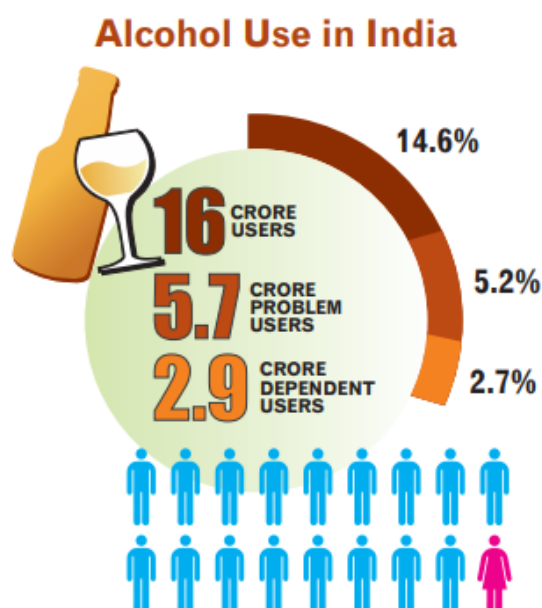
Preparation of Alcohol	Alcohol by volume (%ABV)
Beer (Standard)	3-5
Beer (Strong)	8-11
Wines	5-13
Fortified wines	14-20
Spirits (Whisky/Rum/ Gin/ Vodka/ Brandy etc.)	38-43

Problem Statement ⁽⁵⁾

The World Health Organization (WHO) estimates that 380 million people are affected worldwide with alcoholism i.e. 5.1% of the total population above 15 years of age. About 14.6% of the Indian population, between 10 and 75 years of age, uses alcohol. The consumption of alcohol is considerably higher among men (27.3%) in comparison to women (1.6%).

Country liquor or 'desi sharab' (30%) and spirits or Indian Made Foreign Liquor (about 30%) are the predominantly consumed beverages. States with high prevalence (<10%) of alcohol use disorders are Tripura, Andhra Pradesh, Punjab, Chhattisgarh, and Arunachal Pradesh.

Current evidence indicates that alcoholism is 50–60% genetically determined & 40–50% is due to environmental and peer group influences.



Harmful and Dependent Use

About 5.2% of the population is affected by harmful or dependent alcohol use and need help for their alcohol dependence problems. The prevalence of dependent pattern of alcohol use is estimated to be 2.7% while 2.5% of the general population between 10-75 years of age uses it in harmful manner.

Alcohol Withdrawal

The characteristic clinical syndrome develops after abrupt cessation of alcohol use that has been heavy and prolonged (i.e. usually daily or almost daily use for at least a few months) is known as its withdrawal syndrome. The withdrawal symptoms typically begin when BAC decline sharply (i.e., within 4-12 hours) after alcohol use has been stopped or reduced. ^(4,6)

Table 6. Alcohol withdrawal symptoms⁽⁴⁾

	Early Withdrawals	Late Withdrawals (Delirium Tremens)
Prevalence	Commonly seen	5% of patients in withdrawals

Clinical Signs	Anxiety, restlessness features Sweating, tachycardia Fine tremors, Insomnia, vivid dreams Anorexia, Nausea, vomiting Seizures (seen in up to 5%)-usually generalized tonic-clonic	Severely impaired sensorium (which may be fluctuating) Disorientation, confusion, psychomotor agitation Coarse tremors Marked autonomic hyperactivity(tachycardia, hypertension, fever, sweating tachypnoea etc) Illusions or Hallucinations (visual, tactile, auditory) Seizures may occur
Time frame	Onset: 6 - 48 hours of last drink	Onset: 24 hours up to a week of last use, usually peaks at 24 - 36

These signs or symptoms cause clinically significant distress and impairment in social, occupational, or other important areas of functioning with an intense craving for alcohol usually peaking in intensity during the second day of abstinence are likely to improve markedly by the fourth or fifth day.

However, symptoms of anxiety, insomnia, and autonomic dysfunction may persist for up to 3-6 months at lower levels of intensity. The severity of withdrawals depends on the amount of consumption and duration of use.

All patients in alcohol withdrawals should be asked questions to assess the orientation to time, place and person. Any sign of disorientation or impaired sensorium must be taken seriously. DT is a medical emergency, requiring prompt management (mortality risk is 5-15%)⁽⁴⁾

Homoeopathic Management

The initial phase of treatment of alcohol dependence which includes the treatment of withdrawal syndrome which surfaces after abrupt cessation of alcohol, assessment of medical complication with treatment of those requiring acute intervention is known as *detoxification*.

The purpose is to minimize subjective and objective discomfort as this is an important reason for relapse and to prevent development of more serious symptoms. Usually the alcohol detoxification can be completed in 7-10 days. However the duration of treatment vary individual to individual

depending on the severity of dependence, susceptibility of the patient and nature of the remedies.

Homoeopathy can be used as a standalone or as an add-on to conventional treatment. The treatment can be based on presenting symptomatology, akin to Dr Hahnemann's guideline for treatment of acute mental condition arising by abuse of such psychoactive substances. Such acute exacerbations should not be treated immediately with anti-psoric remedies, but should be treated with acute remedies, non anti-psorics, at first to subdue the suddenly surfaced acute state (Aphorism 221 of the *Organon of Medicine*).⁽⁷⁾

There are numerous acute remedies like *Aconite*, *Agaricus*, *Arsenicum album*, *Belladonna*, *Nux vomica*, *Chamomilla*, *Coffea cruda*, *Hysocyamus*, *Stramonium*, *Veratrum album*, *Zincum met* etc. can be prescribed based on the individual's acute totality to subdue the effects of the psychoactive substances.

CASE HISTORY

Case 1: 48 years old male admitted in the IPD of Muskan Foundation on 5th Feb 2022 for alcohol dependence since 28 years, complained of sleeplessness since 3 days. Tremors in hands, marked anxiety and weakness was noticed.

The appetite was decreased. The patient has a strong desire for spicy food. Perspiration was more on forehead. The patient was chilly.

On mental sphere, the patient was well oriented and cooperative, used to suppress his anger and

was fastidious.

On examination, pulse rate was rapid, thready, 140 per minute.

Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
<ul style="list-style-type: none"> -Suppressed anger++ - Fastidious++ 	<ul style="list-style-type: none"> -Loss of appetite++ -Thirst increased+ -Desire for Spicy -Sleeplessness++ -Perspiration: profuse on forehead+ - Thermals: Chilly patient 	<ul style="list-style-type: none"> -Alcoholism - Weakness+++ -Trembling of hands+ -Rapid & frequent pulse++

Characteristics Symptoms Considered for Repertorization are:⁽⁸⁾

Repertory		Repertorisation													
Repertorisation		Type Keywords for Quick Repertorisation (Ctrl+F)													
Symptoms : 10 Remedies : 361 Filters : Normal															
Remedy		Ac	Nat	Pho	Seph	Nat	St	Acn	By	Op	Cul	Mec	Znc	Dib	Mec
Totally		25	22	20	20	19	19	18	18	18	18	18	17	17	16
Symptoms Covered		10	10	8	8	9	8	8	8	8	7	7	9	8	9
Kingdoms		4	4	3	3	3	3	3	3	3	3	3	3	3	3
[Boenning] (Mind)[ALCOHOLISM, INTOXICATION, ETC.] (67)		4	4	3	3	3	3	3	3	3	3	3	3	3	3
[Kent] (Sleep)[SLEEPLESSNESS: (226)		3	3	3	3	3	3	3	3	3	3	3	3	3	3
[Kent] (Stomach)[APPETITE Diminished: (112)		1	1	1	1	1	1	1	1	1	1	1	1	1	1
[Kent] (Head)[PERSPIRATION Forehead: (74)		2	1	3	1	1	1	2	1	3	2	3	1	3	2
[Kent] (Stomach)[THIRST Extreme: (167)		3	2	3	3	3	3	3	3	3	3	3	3	3	3
[Kent] (Extremities)[TREMBLING Hand: (131)		2	3	3	3	3	3	3	3	3	3	3	3	3	3
[Kent] (Generalities)[WEARINESS/NERVOUS (SEE LASSITUDE/WEARINESS): (309)		3	2	3	3	3	3	3	3	3	3	3	3	3	3
[Boenning] (Apprehension and Amelioration)[EMOTIONS:Anger, vexation, etc.Silent grief, suppressed etc., with agg: (23)		2	1	1	1	2	3	3	3	3	3	3	3	3	3
[Boenning] (Mind)[FASTIDIOUS: (3)		2	2	2	2	2	2	2	2	2	2	2	2	2	2
[Kent] (Generalities)[PULSE: frequent, accelerated, elevated, exalted, fast, innumerable, rapid: (158)		3	3	3	3	3	3	3	3	3	3	3	3	3	3

Prescription

Arsenicum album 30/ TDS for 3 days

Justification for the Selection of Remedy Prescribed^{9,10,11}

On repertorial analysis, *Arsenicum album* came to be of the highest ranked remedy, covering maximum number of symptoms of the patient. Considering the materia medica, *Arsenic* is a well known remedy for marked anxiety of any kind. The remedy '*Arsenic*' has characteristics mental restlessness with rapid disproportionate pros-

tration along with the thirst for small quantity of water, which matches with that of the patient. The prescription was based more on well-marked mental and physical symptoms, so *Arsenic* i.e. 30C was chosen, considering the susceptibility of the patient.

Follow-up

DATE	COMPLAINTS		PRESCRIPTION
8.2.22	Weakness++ Sleepless but Drowsy++ Mild tremor still present	On Examination BP 142/90 mm Hg P/R 106 bpm	<i>Arsenicum album</i> 200/ BD for 3 days
12.2.22	Weakness+ Drowsiness+ Sleep little better Mild tremor still present	On Examination BP 140/90 mm Hg P/R 106 bpm	<i>Arsenicum album</i> 200/ OD for 3 days
20.2.22	Sleep- better, sound sleep Tremors much decreased	On Examination P/R 88/min BP 130/80 mmHg	<i>Arsenicum album</i> 200/ OD for 3 days
27.2.22	Sleep- sound sleep Tremors decreased History of grief Suppressed anger Feeling of Insecurity	On Examination P/R 88/min BP 130/80 mmHg	<i>Natrum carbonicum</i> 200/ 1 dose Followed by <i>Rubrum met</i> 30/ BD for 1 week
4.3.22	Sleep- sound sleep No Tremors	On Examination P/R 88/min BP 130/80 mm Hg	<i>Rubrum met</i> 30/ BD for 1 week

Case 2: A 42 years aged male admitted in IPD of Muskan Foundation on 25th March 2022 had an injury over his upper lip when intoxicated with alcohol. Also complained of oral apthae and palpitations; aggravation, evening.

His appetite was decreased with no desire to eat anything. Thirst was for 2-3 litres/ day, little quantity at a time. He desired salty food. The tongue was coated white with bluish discoloration. The

thermal reaction was hot. He was very calm in nature.

On examination, the blood pressure was raised i.e. 162/88 mmHg

Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
<ul style="list-style-type: none"> Calm 	<ul style="list-style-type: none"> Loss of appetite++ Thirst, small quantity at a time Desire for salty things Perspiration: scanty Thermals: hot patient Tongue; coated white with bluish discoloration 	<ul style="list-style-type: none"> Alcoholism Palpitations Ulcers, mouth Hypertension

Prescription

Syphilinum 200/ 1 dose

Followed by *Rubrum met* 30/ TDS for 1 week

Justification for the Selection of Remedy Prescribed^{9,10,11}

Syphilinum was given as the symptoms showed syphilitic character like ulcers, palpitation, hypertension, evening/night aggravation. Desire for stimulants and there is family history of alcoholism which favors this remedy.

Follow-up

Date	Complaints		Prescription
26/3/22	Palpitations much decreased Ulcers – same Appetite improved	On examination: <ul style="list-style-type: none"> BP 150/90 mm Hg P/R 110/min 	<i>Rubrum met</i> 30/ BD For 2 days
27/3/22	Mild headache > sleep after < afternoon	<ul style="list-style-type: none"> On examination: BP 130/80 mm Hg P/R 88/min 	<i>Rubrum met</i> 30/ BD For 5 days
28/3/22	General condition much better		<i>Rubrum met</i> 30/ BD For 5 days

Case 3: A male aged 42 years admitted in IPD of Muskan Foundation for alcoholism on 9th September 2021 complained of sleeplessness the whole night after abstinence. His appetite was decreased; thirst was increased for 3 - 4 litres per day. He desired sweets and was intolerant to spicy food. His perspiration was more over the forehead. His

stools were unsatisfactory. The patient was hot thermally. He was irritable, got angry on slightest trifles and liked solitude.

Analysis & Evaluation of Symptoms

Mental Generals	Physical Generals	Particulars
<ul style="list-style-type: none"> -Irritable+++ -Angry on slightest trifles -Likes to be alone+ 	<ul style="list-style-type: none"> -Loss of appetite++ -Thirst increased+ -Desire for Sweets+ -Intolerance to spicy food++ -Sleeplessness++ -Perspiration: profuse on forehead+ -Thermals: Hot patient 	<ul style="list-style-type: none"> -Alcoholism

Characteristics Symptoms Considered for Repertorization are: ⁽⁸⁾

The screenshot shows the Repertorisation software interface. The top bar includes 'Repertory', 'Repertorisation', and 'Speed Case'. Below the bar, there's a search bar 'Type Keywords for Quick Repertorisation (Ctrl+F)'. The main area displays a table with 14 columns representing different symptoms and 14 rows representing different remedies. The table is color-coded with green, yellow, and red cells indicating the strength of the match. The left sidebar shows a list of symptoms and remedies, with 'Symptoms : 7', 'Remedies : 332', and 'Filters : Normal' displayed at the top.

Prescription

Sulphur 200/ 1 dose

Followed by *Rubrum met* 30/ TDS for 3 days

Justification for the Selection of Remedy Prescribed ^(9,10,11)

On repertorial analysis, *Nux vomica*, *Sulphur* came

to be of the highest ranked remedies, covering maximum number of symptoms of the patient. Considering the materia medica, *Sulphur* seemed to be most suitable as it has characteristic desire for sweets and thermal reaction as hot, matches with the constitution of the patient. The prescription was based more on well-marked mental symptoms, so medium potency of *Sulphur* i.e. 200 C was chosen, considering the susceptibility of the patient.

Follow up

Date	Complaints	Prescription
12/9/21	Appetite- improved, can't tolerate hunger Sleep better, sound Thirst - moderate Stool- satisfactory, 2 times in a day Much flatulence Irritability decreased Dominant personality On examination: <ul style="list-style-type: none"> P/R 84/MIN BP 120/80 mm Hg 	<i>Lycopodium</i> 200/ 1 dose Followed by <i>Rubrum met</i> 30/ BD for 3 days
16/9/21	No new complaints Gastric complaints much better Sleep- sound sleep Irritability decreased	<i>Rubrum met</i> 30/ BD for 1 week
23/9/21	General condition better	<i>Rubrum met</i> 30/ BD for 1 week

General Management

A calm, well-lit, predictable, non-threatening environment should be maintained to help patient come out of withdrawals in a safe and comfortable way. Diet plays a crucial role in the management of alcohol effects. Most of the alcoholics tend to be malnourished and deficient in vitamins, minerals. Therefore healthy and nutritious diet, multi-vitamin and mineral supplements, hematinics should be promoted which has the most important role in recovery. When the craving comes on, it may sometimes be allayed by eating a few raisins. An orange eaten before breakfast lessens the craving.⁽¹²⁾

Patients should be motivated to do regular exercises, yoga, dance therapies etc. Counseling may be needed to motivate the alcoholics according to the patient's orientation and the likings.

DISCUSSION

Alcoholism is associated with a wide spectrum of consequences which includes serious medical, psychological, sociological problems. There are no legally-binding regulatory frameworks to control the abuse of this dependence producing substance. As a result, alcohol consumption has increased in quantity and frequency over the past 30-40 years. In this era, those adults who drink alcohol serve as a role model for the youngsters. Alcohol becomes a symbol of prestige and higher social status for today's generation. The withdrawal symptoms developed approximately 4-12 hours after the abstinence of alcohol intake make the patient's life miserable and painful results into continuation of the substance and increase the rate of relapses. The early and speedily intervention and counseling is needed at this point to save the patient from this agonized disorder. Homoeopathy showed significant improvement in reducing

the intensity of the withdrawal symptoms and also helps in reducing the craving for alcohol and hence helps the patients in quitting and prevents the relapses. No side effects were noticed in the cases discussed above and the treatment is cost effective.

ACKNOWLEDGEMENT

We acknowledge the contribution of Dr Bharat Bhushan, General Secretary, Muskan Foundation for providing technical inputs.

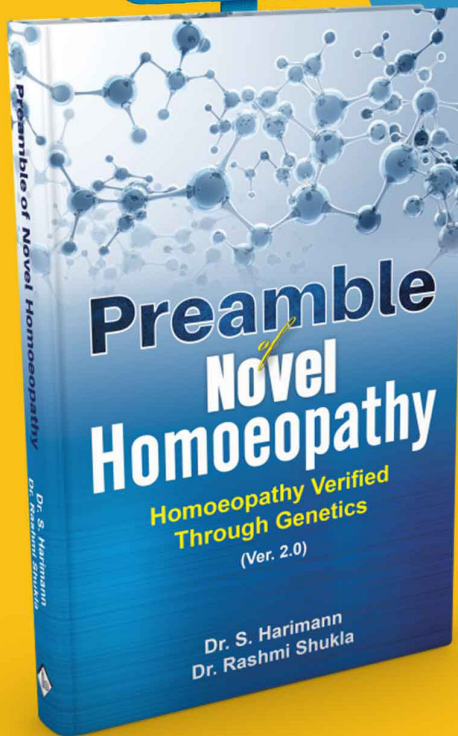
REFERENCES

1. Organization W. H. Global Status Report on Alcohol and Health 2018. Geneva, Switzerland: World Health Organization; 2019.
2. Gebeyehu ET, Srahbz Biresaw M. Alcohol Use and Its Associated Factors among Adolescents Aged 15-19 Years at Governmental High Schools of Aksum Town, Tigray, Ethiopia, 2019: A Cross-Sectional Study. *J Addict*. 2021 Mar 20;2021:5518946. doi: 10.1155/2021/5518946. PMID: 33824774; PMCID: PMC8007373.
3. Bhalerao, Rupali & Varanasi, Roja & Siddiqui, V.A.Siddiqui & Nair, Janandhanan & Oberai, Praveen. (2014). A randomized controlled trial in the management of alcohol dependence: Homoeopathic vs. standard Allopathic treatment. *Indian Journal of Research in Homoeopathy*. 8. 10.4103/0974-7168.147308.
4. Lal R, Pattanaya RD, editors. Substance Use Disorders: Handbook for Physicians. New Delhi: National Drug Dependence Treatment Centre All India Institute of Medical Sciences; 2013. 1, 22-24 p
5. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK. Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India; 2019.
6. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5). American Psychiatric Association.
7. Organon of Medicine by Samuel Hahnemann, student edition
8. Homopath software
9. Boericke W, Pocket Manual of Homoeopathic Materia Medica & Repertory, B Jain Publishers (P) LTD. 2006
10. Clarke John Henry. A dictionary of Practical Materia Medica. Vol 3, B Jain Publishers Ltd.2000. pg1328-1329, 1344
11. Allen H. Allen's Keynotes Rearranged & Classified. 10th ed. New Delhi: B. Jain Publishers Pvt. Ltd.; 2006.
12. Clarke JH. The prescriber, Ninth edition, Health science press 1972. Pg 90-91, 152.

ABOUT THE AUTHORS

1. **Dr Shweta Singh**, MD (Hom.), PhD Scholar, Tania University, Sri Ganganagar
2. **Dr Rekha Juneja**, MD (Hom.), Professor, SGNRPMC, Tania University, Sri Ganganagar

NEW RELEASE



Preamble of Novel Homoeopathy

Homoeopathy Verified
Through Genetics

(Ver. 2.0)

Author:-

Dr S Harimann

**WAKE UP! ARISE & DON'T STOP
UNTIL MISSION IS ACCOMPLISHED!**

- A compilation of 45 years of author's experience which explains the scientific basis of Homoeopathy on the lines of genetics and nano-technology
- A spectacular work which can be called as an attempt to establish Homoeopathy as a main stream of medicine providing a concrete foundation to the science
- The author's zeal and struggle is commendable to explain time tested 'Organon' and its precise approach along with research work in the field of Homoeopathy

Colubrid Snake Remedies and their Indications in Homeopathy Practice: "A Seminal Work by an Illustrious Researcher"

About the Reviewer



Dr Ashok Raj Guru, DHM, FBIH, PhD, is a practicing homeopath based in rural Pune, India. He is a published author and presenter at various academic venues. Currently, he serves on the Board of Advisors of the British Institute of Homeopathy International, NJ, USA. He can be reached via rajguru.ashok@gmail.com

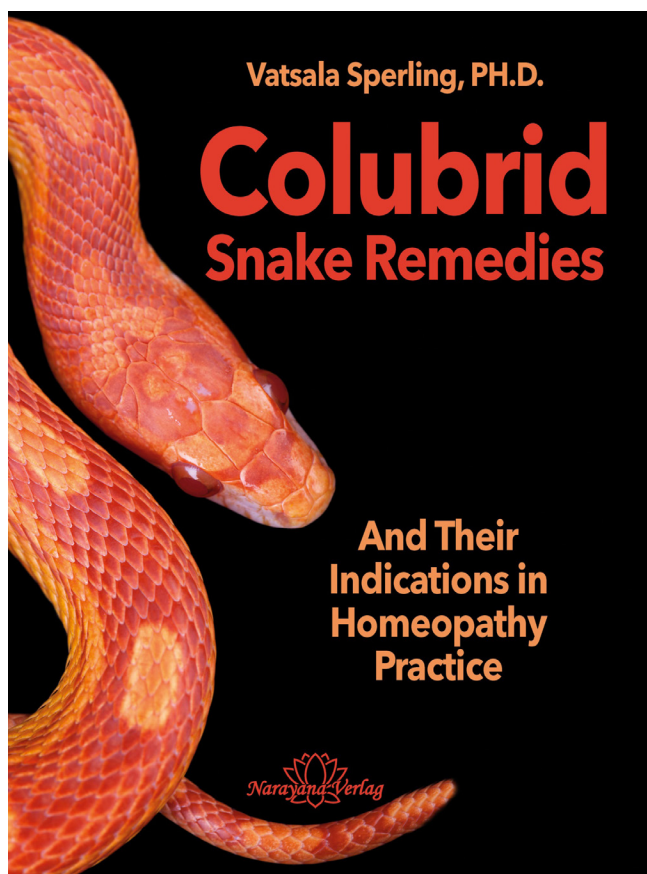
SNAKES evoke a mixed response. On the one hand, they have been revered in every culture since ancient times and on the other hand, they are also considered the most abominable creatures. But aside from their importance in rituals and worship, they have also been associated with the healing arts. Homeopaths since early times introduced many well-known snake remedies, such as *Lachesis*, *Crotalus*, and others. The choice of these remedies was based primarily on poisoning records and *provings*. As we all know, provings can never elicit all the possible symptoms in all possible combinations of constitutions, age groups, and other variations in humans. Therefore, in the last two decades, many new approaches have evolved to understanding remedies. One such approach is

based on **understanding a remedy based on its source**. Animal kingdom remedies are associated with issues of survival and instinctual expressions. These include competition, domination, persecution, sexuality, and group behavior as well as affection, care, and mischief.

The latest book by Vatsala Sperling is a groundbreaking study and analysis of the not-so-common snake remedies. The author spends a lot of time in the rainforests of super-rural Costa Rica, home to some of the most feared and dreaded snakes. She learned from the natives that several snake species look scary but are not venomous. On the contrary, they keep the rodent population down without posing a threat to humans. Such snakes, unlike the dangerous venomous ones, thrive near human habitations. Surely one could venture to consider these snakes as sources of remedies too. This set her on the quest to understand and benefit from these non-venomous snakes.

Dr Vatsala is a scientist by training and received a gold medal from the President of India for academic excellence. Before moving to the US, she was the Chief of Clinical Microbiological Services at India's largest children's hospital. She was initiated into the healing arts by her mother who taught her the elements of Ayurveda. Later she took up the study of Homeopathy and qualified as a professional practitioner of homeopathy from the United Kingdom. Presently, she runs a successful holistic practice in the United States. In addition to this, she is fluent in several Indian languages including Sanskrit. Her rich and diverse background spanning across science and spirituality gives her an exceptionally unique perspective.

Dr Vatsala takes inspiration from the pioneering work of Drs Bhawisha and Shachindra Joshi in adapting narrative medicine for the study of



remedy sources. Narrative medicine is about honoring the stories of illnesses of patients. By placing events in the lives of patients on a timeline, and by noting the metaphorical expressions and gestures of patients it is possible to connect the dots and point to a remedy using the principle of *similimum*. This approach has far-reaching consequences. Instead of just limiting oneself to the physical, mental, and emotional expression of symptoms, one can map the behavior and energy of the patient with a specific animal.

This book first summarizes the general characteristics, predatory and anti-predatory behavior, and venom effects of snakes. Further, for readers who are unfamiliar with the periodic table/maps of animals, this book provides a sufficiently comprehensive summary to get a clear understanding.

This book is about snake remedies derived from the *Colubridae* family. This family includes king snakes, water snakes, milk snakes, garter snakes, racers, rat snakes, and many others. The *Colubridae* family has nearly 1,866 members, and this

book explores five of them. The peculiarity of this family is that they mimic venomous snakes. Mimicry can occur in form, color, appearance, or even acoustics (hissing). This gives these snakes an evolutionary advantage, because by mimicking the dangerous snakes they deter predators by deceit and do not have to invest in the venom apparatus. Such mimicry is not limited to snakes and is found in butterflies, ants, and spiders too. As we all know, sometimes, even bank robbers steal money with toy guns!

Dr Vatsala outlines in detail the mimicry as well as the anti-predator behavior of the subfamilies of *Colubridae*. This helps the reader develop a thorough understanding and build a solid foundation in the application of newer approaches such as Kingdoms, Sensations, and the Periodic Table and Maps. The author explains how *Colubridae* family finds its place in Row 4 of the periodic table or Map of the animal kingdom which deals with self-protection. Interestingly, we humans are dominated by the characteristics of Row 3 (development of ego) and Row 4 (self-protection). It is important to note that only two contemporary authors, Sankaran and Vermeulen have written about the *Colubridae* family. These authors have only presented the biology, habitat, and reproductive behavior, but illustrative and homeopathic cases of *Colubridae* snakes are conspicuously absent. This book fills this important gap.

The examples in the book have been selected with care – they illustrate remedy selection based on the periodic table of animal maps. In each case study, the author walks you through actual human actions, gestures, words, and behavior and pairs them with corresponding snake characteristics. Each case study is more than just analyzing the sum of the symptoms - it guides the reader on how to be a keen listener and stay an unbiased observer. This leads to discovering how patients, through their expression, lead you to the appropriate remedy.

Each case is summarized in a tabular form listing the prominent animal themes, the snake themes, and the corresponding *Colubridae* themes. The principal expression themes and symptoms are gathered and matched with suitable rubrics

from the Complete Repertory. Thereafter, analysis results are filtered for the animal kingdom. *Colubridae* remedies are not represented in our materia medica and repertories and thus, these remedies do not show up at all. What does one do in such a situation? I will not put a spoiler in my review by revealing the secret and I would encourage you to read the book to work around this roadblock!

There are six case studies that cover five *Colubridae* remedies. The selection of these remedies is based purely on matching human expressions to the behavior of these snakes. There is no reference to any Homeopathic Pathogenetic Trials (HPT) or drug provings. In other words, drug choice is based purely on a speculative premise of mapping. The results obtained by using these drugs are shown as very effective, but it is felt that the reader would have liked to know how they compared with findings confirmed by HPTs. For example, in February 2011 Peter Fisher collated provings of *Natrix Natrix* where he compared and confirmed her findings with published provings.

In Case 1 the author concludes by stating that the patient “*has received other remedies too, depending on his symptoms and the chief area of discomfort/disturbance, and usually these do not run him down as they did before Natrix*”. It would have helped if the author had shared the details of case management and the remedies utilized over the 9-month-long timeline. This would

have helped understand remedy relationships such as collateral, complementary, inimical, or antidotal actions.

The book is truly the seminal work of a dedicated researcher. It will serve as an excellent resource not only to students and practitioners of homeopathy but also to those practicing narrative medicine and doing research in the fields of Batesian mimicry, evolutionary studies, and ophiology. It is very well written, and the production quality is excellent. Dr Vatsala shows how she has symbiotically integrated the newer trends of sensation, narrative medicine, periodic table, and the effective use of gestures and words. While the quality of the editing is excellent, the reviewer has one suggestion – use shorter sentences. There are many sentences with a word count ranging from 45 to 75 words. Such long sentences reduce readability. It has been found that when the average sentence length is 14 words, readers understand more than 90% of what they are reading. At 43 words, comprehension drops to less than 10%. Long sentences force users to slow down and work harder to understand what they are reading. The book has excellent high-resolution photographs of the snakes referred to in the book, but it would have helped the reader if pictures of the *Colubridae* were shown alongside the species they mimic.

In conclusion, I would say that this book deserves to be on the bookshelf of every serious homeopath.



Congratulations

to all the winners of
B Jain Books Quiz Marathon
April 2023

Homeopathy360

You think, We Link...

One Stop Resource Centre For You

STAY UPDATED, STAY AHEAD

Be the voice of Homeopathy

LATEST NEWS



EVENTS



ARTICLES



VIDEOS



INTERVIEWS



CAREER & JOBS



BOOK REVIEW



Get your work published!