

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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PEER REVIEWED

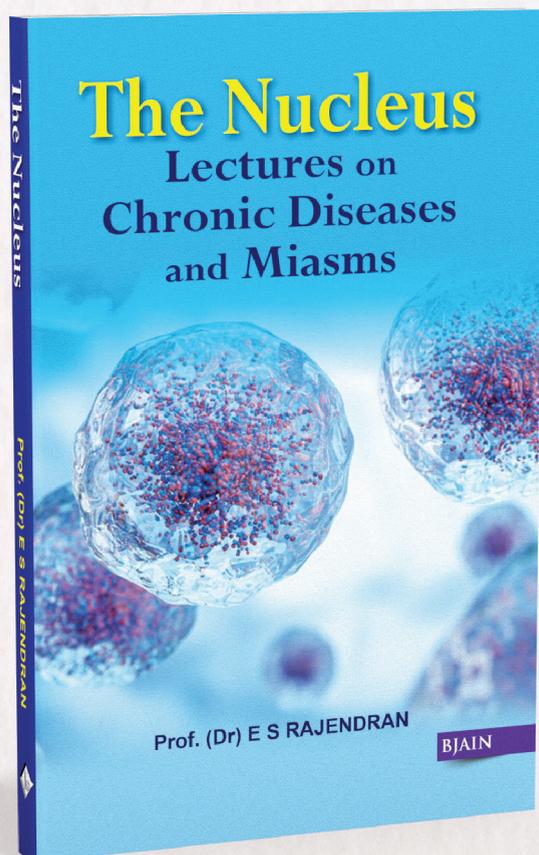


Importance of the Homeopath's Observations in Case Taking

- Homeopathic Management of Filiform Warts: A Single Case Study
- Disease Suppression: A Double-Edged Sword - Perspectives From Literature and A Case Report

The Nucleus

Lectures on Chronic Diseases and Miasms



Dr. E.S Rajendran

For those who struggle to grasp the utility of the concept of underlying cause of chronic disease this book is a gift connecting philosophy to practical relevance.

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Dr. Hahnemann's inquiry in the concept of the three miasms.

Opinions of various stalwarts on the theory of miasms and its evolutionary understanding.

Dr. Rajendran's attempt for clinical integration of the concept of miasms for the success of homeopathic practice.

Comparative studies of miasms through 45 case studies comprising both mental and physical features.

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Dear Readers,



In today’s world of hurried consultations and digital records, there is a growing need to restore the lost art of *seeing the patient as a whole*. The observation of minute details—be it the patient’s manner of walking into the clinic, their response to questions, or their choice of words—can direct the homeopath to the core of the case. This issue of *The Homoeopathic Heritage*, themed ‘Importance of the Homeopath’s Observations in Case Taking’, aims to demystify the subtle art of perceiving the patient beyond words, and to highlight how keen observation refines individualization and prescription. This issue is also adorned by an insightful ‘From the Editor’s Desk’ section authored by one and only our Dr Harsh Nigam, Senior Homeopathic Physician, Author

In the art and science of homeopathy, observation is the silent language through which the patient’s inner world reveals itself. While symptoms speak, it is the *homeopath’s perception*—the subtle noticing of expressions, gestures, tone, posture, and emotional undertones—that gives life and meaning to the case. Observation, in essence, is the bridge between the spoken word and the unspoken truth.

Hahnemann, in his *Organon of Medicine*, emphasizes that the physician must be a careful observer of both the disease and the individual. A patient may describe his suffering in words, yet the trained eye of the homeopath often perceives something deeper—the trembling of hands while narrating grief, the spark of irritation behind polite words, the dullness of gaze in a person who claims to be “fine.” These observations enrich the case beyond what any questionnaire or repertory rubric can capture. That’s why it said that our clinic is the real teacher.

In today’s world of hurried consultations and digital records, there is a growing need to restore the lost art of *seeing the patient as a whole*. The observation of minute details—be it the patient’s manner of walking into the clinic, their response to questions, or their choice of words—can direct the homeopath to the core of the case. Often, it is these unguarded expressions that reveal the miasmatic background or the true state of the vital force.

Reading facial features and using them as miasmatic indicators, in theory, is a relatively easy task, however like anything else it takes lots of practice to perfect it.

Every subtle expression and behavior noted during case taking can often find its reflection in the

repertory—these examples highlight the bridge between observation and rubric selection.

From the Mind chapter of Kent’s Repertory:

- *Mind – Ailments from embarrass*
- *Mind – Bashful*
- *Mind – Timidity / shy*
- *Mind – Aversion to strangers / aversion to company*
- *Mind – Fear – being observed, of*
- *Mind – Suspicious / mistrustful*
- *Mind – Reserved / taciturn*
- *Mind – Delusion – people are watching him*

From the Face chapter:

- *Face – Expression – timid / anxious / averted / downcast*

Synthetic Repertory (Barthel)

Mind – Avoids eye contact

Mind – Timidity (if shy)

For instance, the observation of a patient who tends to exaggerate or minimize his suffering can be understood through rubrics from Kent’s Repertory that reflect similar mental states.

When Patient Exaggerates Suffering

Related Rubric	Remedies	Interpretation
Mind – Complaining	<i>alum., aur., bism., bry., bufo., canth., cham., cina., coff., coloc., cor-r., lach., lyc., mosch., nux-v., sulph., etc</i>	Constantly complains; tendency to express suffering repeatedly.
Mind – Weeping – ailments from / pitifully / easily	<i>Pulsatilla, Ignatia, Natrum muriaticum, Sepia, Phosphorus, etc.</i>	Emotional exaggeration or dramatization.

Mind – Anxiety – about health	<i>arg-m., calc., Kali-ar., Nit-ac., phos., sep. etc</i>	Heightened sensitivity to own symptoms.
Mind – Hypochondriacal (See Sadness)	Acon., Aur-m., Ars-i., Ars., Carb-an., Carb-s., Caust., Cham., Cimic., Nat-a., Nat-c., Nat-m., ..etc	Over-concerned with minor ailments.
Mind – PITIES herself	<i>Agar., nit-ac.</i>	Feels miserable, dramatizes personal suffering.
Mind – Hysterical	Asaf. Aur. , Caust., Cocc., coff., Con., Gels., graph., grat., hyos., Ign., Nat-m., nat-p., Nit-ac., Nux-m., Nux-v.,...etc	Overreaction, exaggeration, emotional intensity disproportionate to cause.
Mind – Talks, continually / about complaints	<i>arg-n. asat. des-ac. Talco-pe. Mag-p. Nux-v. olib-sac. pop-cand. Sep. tax. zinc</i>	Focuses excessively on suffering.

These rubrics together express the exaggeration of suffering or heightened emotional tone during narration.

When Patient Minimizes or Denies Suffering

Related Rubric	Remedies	Interpretation
Mind – Indifference – to suffering / to pain / to everything	<i>Hell., Op., Stram</i>	Appears detached, dull to emotions or pain.
Mind – Cheerful – during suffering	<i>Apis, Ars. alb., Coffea Croc. s.Phos.</i>	Keeps cheerful despite illness; hides pain.
Mind – Delusion – is well, when sick/well, declares she is	<i>Apis., arn., ars.</i>	Believes or behaves as if not ill.
Mind – Ailments from suppressed emotions	Igna, Nat mur, Staph, etc	Tendency to suppress feelings and understate distress.
Mind – Reserved	<i>calc., hell., hyos., ign., mang., mur-ac., plat., plb., puls., stann..etc</i>	Conceals inner suffering, not expressive.

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

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
Oct 2025	Importance of the Homeopath's Observations in Case Taking	Aug 15, 2025
Nov 2025	Homeopathy as the Future Palliative Medicine	Sep 15, 2025
Dec 2025	Homeopathy in Neurological Problems	Oct 15, 2025

These convey the *minimization* or suppression of the perception of pain.

Quick Word On Issue Content

This issue of *The Homoeopathic Heritage*, themed 'Importance of the Homeopath's Observations in Case Taking', aims to demystify the subtle art of perceiving the patient beyond words, and to highlight how keen observation refines individualization and prescription. This issue features the life sketch of Dr. Harvey Farrington penned by **Prof Dr Subhas Singh**, Former Director, NIH Kolkata, India, in its Stalwarts' Expedition section. In addition, this issue is adorned by an insightful 'From the Editor's Desk' section authored by one and only our **Dr Harsh Nigam**, Senior Homeopathic Physician, Author. Research update on "Marburg Virus Disease"- by **Dr. Anupama Deshmukh**, Professor and HOD, Dept. of Community Medicine, BBHMC and Hospital and the 'In Italics' section written by **Prof. (Dr.) Pankaj Aggarwal, M.D. (Hom.); Ph.D. (Homoeopathy); PG Dip. in Palliative Care**. Lastly, the Book Review section featuring noteworthy books- 'Fifty Reasons for Being a Homeopath' by Dr. J. Compton Burnett reviewed by Dr. Rahul Yadav and another gem "Homeopathy Rediscovered Authored By Dr. Sibin, Reviewed by Dr. M. Mithun Kumar

Happy Reading!

Dr Mansi Tyagi

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Importance of Homoeopathic Physician's Observation In Case Taking: Necessity of Studying The Materia Medica

Dr Harsh Nigam

Senior Homeopathic Physician, Author



Homoeopathic physicians must study the patients as their Allopathic colleagues do. A homoeopath must make an accurate clinical diagnosis so as to enable him to prescribe an efficacious treatment and cure his patient. Not only must he have a thorough knowledge of the homoeopathic Materia Medica and grasp its subtle properties but he must also possess a particular clinical sense enabling him to seek not the apparent cause of symptoms but their deep and real cause. For this reason a homoeopathic physician must observe the patients.

If prescribing is to be made easy, it is to be done so by securing a perfect view of the *whole case* as would be expressed by saying that "The sole basis of the homoeopathic prescription is the totality of morbid signs and symptoms." This is what Hahnemann taught so many years ago. Observation is the key to higher form of case taking it is apt to call such a method as case receiving.

The quiet, silent manner of perception and observation is to be cultivated. The mind of a true physician is always working on discrimination between medicines, especially the polycrests.

Let me say that a part of the study of Materia Medica consists in the observation of sick people. A busy physician when he listens to the patient's story, he knows how such cases usually conduct themselves. He knows what to expect. He knows the natural trend of sickness and instantly recognizes what is strange and unusual, since he already knows what is natural. As you gain experience in homoeopathic practice you will get a much finer idea of this because your Materia Medica teaches you to observe more closely.

A busy, thoughtful and observing physician has a head full of things that he can never tell. So it may be said that years of observation in studying disease, studying the sick man along with the Materia Medica, will open to the mind a much grander knowledge of the sickness of humanity than can be had by practicing conventional medicine. Conventional medicine benumbs the ability to observe but encourages the use of pathology, radiology etc.

Necessity of "Seeing" The Patient

While sitting in our consultation room, the door opens and a patient enters. It is possible at a glance to observe at the outset some useful details. It would be absurd to make a diagnosis by just seeing a patient.

From a Typological and Miasmatic point of view a great many useful details emerge in a few minutes during the patient's first visit. Without being a great Typologist it should be easy to recognise The Carbonic, The Phosphoric or The Fluoric type. If you have a deep knowledge of Miasma you can observe active or latent miasma on the face of the patients.

The Necessity Of "Observing" The Patient

Let us now observe some patients. Here is a man who comes in looking very congested. His face and ears are red and he complains of the heat in the consulting room. When examined standing for sometime he begins to feel unwell. You start thinking of Sulphur. On further investigation all other characteristics of the remedy may or may not be found.

Non-Verbal Clues

Classical homeopaths have always used much more than only symptoms and signs to prescribe remedies. How did a situation arise in homeopathy where features other than symptoms were used to prescribe remedies? Not without a huge fight-is the answer.

In his under-rated book, *The Two Faces of Homoeopathy*, Anthony Campbell explains how scholarly English homeopaths like Hughes and Dudgeon were much more in favour of sticking to proper symptoms (ie, symptoms that were produced in provers or appeared in toxicology studies) whereas across the Atlantic, homeopaths, in particular Kent, began to add information other than symptoms appearing in the provings to the materia medica. This information has become central to almost all of the materia medica we now use. Kent's *Lectures on materia medica* remains a classic, whereas the books written by Hughes (in particular the scholarly *Cyclopaedia of Drug Pathogenesis*). Dudgeon and others are hardly read at all.

I believe that the reason for this is that while the English homeopaths were scientifically correct in trying to protect the *Materia Medica* from indiscriminate additions and especially those that were not symptoms but observations, the Americans were correct in being very vigilant in the clinic and observing what types of patients appeared to respond to the different remedies. Slowly these clinical symptoms found their way into the *Materia Medica* and are now central to most of the homeopathic drug pictures classical homeopaths take for granted.

Classical homeopaths explore those features of patients, that although not strictly symptoms, can be extremely useful in helping us find the appropriate remedy. They will consider:

Physical appearance, Dress, Body movements and Posture

Physical Appearance

Blue eyes and blonde hair may encourage a prescription of Pulsatilla. In India how many blue eyed blonde will you see in your clinical practice?

Will you not prescribe Pulsatilla if it is indicated in a dark haired brown eyed man.

The approach should be this, suppose Calcarea Carb is indicated in a person who has phosphoric and not carbonic typology you choose calcarea phos instead. If the typology is flouric you choose calcarea flour.

Dress

In an article called 'Homoeopathy a la mode', published anonymously Dr Marianne Harling explores the relationship of certain styles of dressing with particular homeopathic remedies. Here are a few examples of dressing sense and the remedies they may indicate.

- Arsenicum Album: Hering's 'Gentleman with a golden headed cane'. Warm underwear (for this chilly remedy!), fussy appearance.
- Nux Vomica: the truly well-dressed, in a formal sense.
- Ignatia: dresses like a 'drama queen' with more effort than elegance, dramatic colour combinations or paradoxically, all in black.
- Sulphur; I agree with Dr Harling that the idea of the 'ragged philosopher' is very misleading. It does occasionally apply but more often the patient wears bright clothes that often clash, and perhaps an excess of jewellery.
- Hyoscyamus: 'wants to be naked', so may take off all their clothes for any examination requested by the doctor.

I would again stress that prescribing on such observations only is bad homoeopathy.

Posture And Movement

The way a patient moves and sits should always be carefully noted. An exhibition of restlessness is a better indication for remedies such as Rhus-Tox and Arsenicum Album than whatever the patient may say. Books on 'body language' are readily available and every homeopath should at least take an interest in the subject.

CONCLUSION

1. As an unprejudiced observer I shall say that

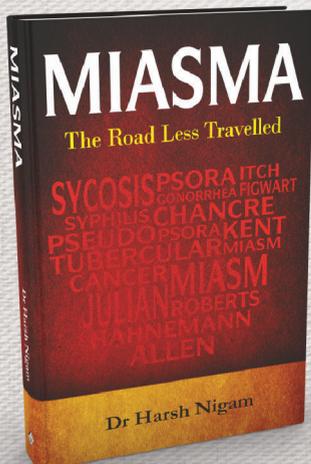
basing a prescription on non-verbal signs and symptoms is bad practice, at best these non-verbal symptoms can be used as tools to differentiate between similar remedies. The most important use of non-verbal symptoms is in taking a deeper history. As you become adept in understanding and reading facial expressions, the look in the eyes, body language you tend to lead the patient towards yet unexpressed hidden emotions and many a time a new door opens into the psyche of patient leading to a new volley of symptoms eventually presenting to you innermost core symptoms of the patients. This leads to the best and highest prescription since these internal symptoms form the core of the case along with physical generals.

2. Unprejudiced observation will help you to discriminate between similar remedies.
3. Unprejudiced observation can lead to Typological and Miasmatic signs which will help you to select the right therapeutic strategy and right potency.
4. Every patient has a certain distinctive quality, which is personal to him. It is fine to see,

observe and listen to a patient but we must not be misled by his apparent manifestations and by the mask by which the helpless individual tries to conceal his feelings, tendencies, habits, obsessions and manner. This requires an understanding of human nature and an unprejudiced attitude. We should make full use of the important information derived from a well understood typology, a sound knowledge of a patient's constitution, temperament and why should we not utilize the data derived from the study of human function?

A few judicious remarks, made with a definite purpose in view, will soon make the patient realize that his inner self has been considered and that for once he is in the presence of a physician who understands him. It is then he can confide in us, open his heart, describe the nature of his soul, his obsessions and preoccupations, and thus we may gradually appreciate the full extent of his disease.

When we reach this level of history taking, then our clinical approach becomes really humane and only then the physician feels equal to the task of restoring the patient to his normal state, and also to the state of directing and guiding him.



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MIASMA

(The Road Less Travelled)

Concept of Miasm &
How It Fits In
The Modern Day Homeopathy



Dr. Harsh Nigam

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



Dr. Harvey Farrington (1872 – 1957)

Exploring the Uncharted in Homoeopathy

Prof. (Dr.) Subhas Singh¹, Dr. Dodani Riya Rajkumar², Dr. Jyotidarshane²,
Dr. Gone Maniprasad²

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² Postgraduate Scholars, National Institute of Homoeopathy, Kolkata

Dr. Harvey Farrington was a prominent figure in the field of Homoeopathy, renowned for his deep scholarship, teaching, and clinical practice. He followed in the footsteps of his distinguished Homoeopathic physician father, Dr E.A. Farrington. A devoted pupil of Dr. James Tyler Kent, Farrington significantly contributed to Homoeopathic literature, notably through his book *Homoeopathy and Homoeopathic Prescribing* and revisions of key Materia Medica works. He served as a professor and wrote extensively in leading journals, shaping generations of practitioners. His lifelong dedication to Homoeopathy left a lasting legacy that continues to inspire the global Homoeopathic community.

Early Life and Education

Harvey Farrington was born on 12th June 1872 in Philadelphia, Pennsylvania, to Dr. Ernest Albert Farrington and Elizabeth Aitken Farrington. His father, Dr. Ernest A. Farrington (1847–1885), was a distinguished Homoeopathic physician, celebrated for his mastery of Materia Medica, his scholarly writings, and his inspiring teaching. Remembered as a man of intellect, integrity, and deep faith, he left an enduring legacy in the medical profession.

Harvey began his education in 1881 at the Academy of the New Church, then located in Philadelphia and now in Bryn Athyn, PA, where he earned his B.A. degree in 1893.

With a deep inclination towards medicine, he pursued his M.D. degree at the Hahnemann College of Philadelphia, graduating in 1896. He further refined his knowledge at Kent's Post-Graduate

School of Homoeopathics, Philadelphia, where he received the H.M. degree. After a year of dispensary service, he briefly practiced in Philadelphia before moving to Chicago in 1900, where he established his lifelong practice.

Career and Contributions to Homoeopathy

Dr. Farrington practiced extensively in Chicago and remained a devoted pupil of Dr. James Tyler Kent, under whose influence he blossomed into a distinguished teacher and writer in the American school of Homoeopathy.

He served as Professor of Materia Medica at the Hahnemann Medical College of Chicago, and earlier at Dunham Medical College of Chicago. His literary contributions have been invaluable. His book *Homoeopathy and Homoeopathic Prescribing* is regarded as a gem of Homoeopathic literature, offering profound insights into philosophy, materia medica, and repertory in a structured and practical manner.

He also revised and expanded his father's monumental work, bringing forth the 4th edition of E.A. Farrington's Clinical Materia Medica. Alongside Dr. W.A. Guild and Donald Gladish, he co-authored Postgraduate Course in Homoeopathy, a text that continues to guide generations of practitioners.

Dr. Farrington's scholarly writings graced eminent journals such as The Homoeopathic Recorder and The Journal of the American Institute of Homoeopathy.

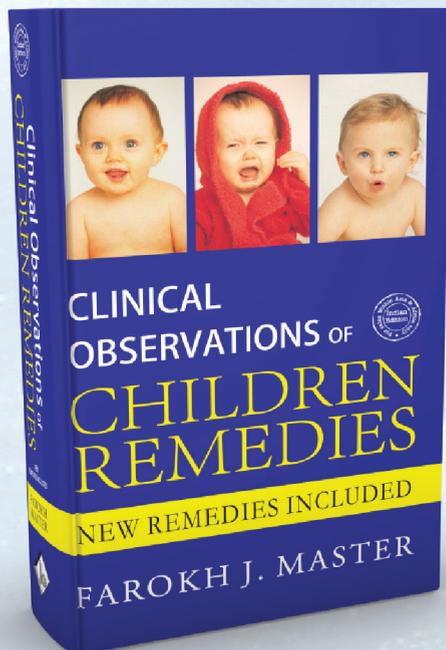
His numerous thought-provoking articles include:

- First Homoeopathic Hospital & Clinic (1953)
- After the Remedy Has Been Given (1954)
- Allen and Lippe
- Fagopyrum Aesculentum
- Miraculous Action of the Homoeopathic Remedy in Infants and Children
- Anterior Pituitarin in a Complicated Chronic Case

His contributions were recognized by his active memberships in the Illinois Homoeopathic Association and the Alumni Association of Hahnemann College of Philadelphia.

Final Days

On 9th June 1957, just three days before his 85th birthday, Dr. Harvey Farrington passed away due to pneumonia. His departure, so close to a new milestone, symbolically left his remarkable journey of service, scholarship, and healing just shy of completion yet his legacy remains timeless, continuing to inspire the Homoeopathic fraternity across the world.



ISBN :- 9788131909232



Clinical Observations Of Children's Remedies



Dr Farokh J Master

Part 1 covers all the aspects starting from behaviour, case taking, observation, physical examination of the children.

Part 2 contains Powerpoint presentation and skills in treating Newborns

Part 3 deals with the medicines part. 79 remedies are discussed in detail in this book. Each remedy is divided under two main heads; identifying features and other important symptoms which in turn are divided into mental and physical symptoms.



The Power of Observation: Hahnemann's Scientific Breakthrough By Prof. (Dr.) Pankaj Aggarwal, Delhi

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Before science was filled with microscopes and machines, it started with something simple and powerful- the human eye (senses), guided by a curious, compassionate heart. Many luminaries navigated the human race till the emergence of medical art and amongst many Master Hahnemann to reach further towards excellence. Ever wondered where Hahnemann's extraordinary gift of observation came from? It came from his father, a painter, who would have him sit for hours, just watching, noticing, feeling every stroke of the brush. That patience, that eye for detail, became the heartbeat of homoeopathy- an art he inherited, lived and perfected.

Observation.

It's more than just looking—it's witnessing. Noticing the tremble in a voice, the flicker in an eye, the sigh after a sentence. And in homeopathy, this sacred act of seeing lies at the very heart of healing.

For generations, medicine has been shaped by those who looked beyond the obvious. They didn't just diagnose—they listened, watched, and felt. And among these quiet revolutionaries stands one towering figure: Dr. Samuel Hahnemann.

Hahnemann didn't just found homeopathy—he infused it with a soul. He believed that before any

remedy is given, before any diagnosis is made, the physician must become what he called: "an unprejudiced observer." Someone who sets aside assumptions and deeply witnesses the patient in front of them—mind, body, and spirit.

Hahnemann's Doctrine of Observation:

Hahnemann's approach to observation unfolds vibrantly through his Organon of Medicine, in which the word "observation" appears 83 times—spanning the prefaces, introduction, and main text. These frequent references mark its place at the core of every aspect of homeopathic cure, discovery of principles, drug proving, case analysis in acute and chronic diseases, monitoring dietary and regimen changes, remedy selection, follow-up, and dose management.

Hahnemann's essay "The Medical Observer" outlines the qualities and mindset needed in a true physician, stating:

"It is true that only the careful observer can become a true healer of diseases."

He further contends that "a true practitioner of the healing art should be an unprejudiced observer"—an individual who discards transcendental speculation and attends solely to the facts and phenomena presented.

The Unprejudiced Observer: Aphorism 6

A cornerstone of homeopathic case taking is found in Aphorism 6, where Hahnemann writes:

"The unprejudiced observer - well aware of the futility of transcendental speculations which can receive no confirmation from experience - be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease."

This aphorism emphasizes three central sources for constructing the portrait of disease:

- The patient's subjective complaints
- Observations provided by family, friends, or attendants
- The physician's own observations

Although the physician's observation appears as the third source, it is essential for identifying subtle changes that go unnoticed by others, thus helping uncover the deeper nature of illness.

Systematic and Objective Case Taking:

In elaborating Hahnemann's perspective, Aphorism 83 urges physicians to "be impartial and use good judgment in every case, pay close attention to what they see, and be faithful in following the disease's progression."

Organon also recommends a detailed record of observations:

"When the physician has finished writing down these particulars, he then makes a note of what he himself observes in the patient, and ascertains how much of that was peculiar to the patient in his healthy state. How the patient behaved during

the visit - whether he was morose, quarrelsome, hasty, lachrymose, anxious, despairing or sad, or hopeful, calm, etc. What was the color of his face and eyes, and of his skin generally? Were his pupils dilated or contracted? What was the character of the pulse?"

During follow-up consultations, the physician's observation becomes supreme. Hahnemann writes in Aphorism 253:

"Among the signs that, in all diseases, especially in such as are of an acute nature, inform us of a slight commencement of amelioration or aggravation that is not perceptible to every one, the state of mind and the whole demeanor of the patient are the most certain and instructive. In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness and freedom of the mind, higher spirits—a kind of return of the natural state. In the case of ever so small a commencement of aggravation we have, on the contrary, the exact opposite of this: a constrained, helpless, pitiable state of the disposition, of the mind, of the whole demeanor, and of all gestures, postures and actions, which may be easily perceived on close observation, but cannot be described in words."

Aphorism 254 continues:

"The other new or increased symptoms, or, on the contrary, the diminution of the original ones without any addition of new ones, will soon dispel all doubts from the mind of the attentively observing and investigating practitioner with regard to the aggravation or amelioration; though there are among patients persons who are either incapable of giving an account of this amelioration or aggravation, or are unwilling to confess it."

The physician's acumen in observation helps determine not just physical improvement but subtle changes in mental state, attitude, and vitality—factors crucial to understanding the cure's progress.

Observation in Drug Proving:

The highest value of observation comes during drug proving. Here, Hahnemann demands that the physician systematically record not only

subjective experiences but also observable changes in behavior, mood, and appearance that the prover may not recognize or articulate. These objective details ensure the accuracy of the remedy's pathogenesis and avoid bias or incomplete profiles.

As Hahnemann's work in the "Medical Observer" reiterates, the aim is to "go back to the very beginning" of symptoms, beyond pathological tissue changes, which do not by themselves indicate the correct remedy. Instead, physicians must focus on phenomenological signs—those prior to physical pathology—since the vital force underlying disease remains invisible and can only be inferred from such observations.

The Art and Science of Observing: Practical Steps

Observation in homeopathy is a disciplined blend of art and science. A refined homeopathic observer:

- Maintains neutrality, avoiding premature judgment
- Attends to general and particular symptoms
- Notes changes in mood, behavior, and physicality
- Detects patterns in timing, sequence, and duration
- Observes patient interaction with environment, food, and medicine
- Records impressions with accuracy and honesty

This practice, rooted in objectivity and care, enables comprehensive understanding and effective remedy selection.

Challenges in Observation

Despite its importance, observation faces pitfalls:

- Bias from personal expectations or emotional involvement
- Inattention to minor or awkward details due to distractions in the environment
- Over focus on isolated symptoms, missing the whole picture
- Challenges in distinguishing true symptoms

from circumstantial or unrelated signs

Thus, Hahnemann's repeated instruction—in *Medical Observer* and throughout the *Organon*—is for the physician to remain unbiased, focused, and thorough.

Hahnemann's Enduring Legacy and the Value of Observation

Hahnemann's insistence on observation establishes it as the physician's guiding star. His wisdom remains as relevant now as ever:

"Aude sapere" — dare to know.

Proper case taking involves balance among subjective reports, family input, and direct physician observation. But as the case progresses and particularly during follow-up, the physician's keen perception and judgment are what guide the practice towards cure.

In words inspired by Hahnemann, "The true physician is first and always an observer." Observation bridges patient experience with objective reality, clarifying the totality of disease and illuminating the way to successful homeopathic treatment.

By integrating direct quotations from the *Organon of Medicine* and *Medical Observer*, this essay pays tribute to Hahnemann's enduring philosophy and demonstrates the continuing importance of detailed observation in modern homeopathic practice.

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Importance of Observation in Practice

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Keywords

Observation--- Symptoms/Signs--- Diagnosis of disease/remedy

Abstract

Observe, record, tabulate, communicate, use your five senses, learn to see, to hear, to feel, to smell, and know that by practice alone one can become an expert. This article integrates symptomatology in medicine with homoeopathy. Most important lesson learnt is that observe the patient he is telling us the diagnosis.

Introduction

No matter how much diagnostic tools shall be available at hand to the modern physician, still the bedrock of the physician’s art remains direct interaction with the patient, history taking and a thorough clinical examination. Role of observation comes into play as practical skills needed to detect clinical signs of disease.

LOOK for the site of pain, for presence and absence of physical signs that confirm or refute the differential diagnosis and also for abnormal patterns of breathing, scars, etc. ATTIRE gives clues about the personality, patients physical state, his social circumstances & state of mind, for example; With recent weight loss one may appear wearing baggy and loose clothes.

SIGNS & SELF NEGLECT is found in drug, alcohol dependence. Thyrotoxicosis patient will come dressed for summer too much covered due to heat intolerance. In GAIT, Is there evidence of pain,

weakness, hemiplegic gait after stroke, ataxic gait for cerebellar disease, little steps walk of Parkinson’s patient or chorea of Huntington’s disease.

Facial Expression & Speech provides clues to physical & psychological well-being. Reluctance to engage in consultation suggests underlying depression, Anxiety, fear, anger or grief perceiving all of these is essential to recognise these emotions. Abnormalities in character of speech such as slurring may be due to alcohol abuse, dysarthria may be caused by motor neuron disease, Hoarseness may be as a result of damage to recurrent laryngeal nerve. Slowing of speech is often observed in myxoedema.

Features	Diagnosis
Poverty of Expression	Parkinsonism
Startled Expression	Hyperthyroidism
Apathy, with poverty of expression & poor eye contact	Depression
Apathy with pale & puffy skin	Hypotension
Agitated Expression	Anxiety, Hyperthyroidism, Hypomania

DEFORMITIES are commonly found post trauma. Nerve palsies such as ulnar deviation at Metacarpophalangeal joints in Rheumatoid Arthritis. The- nar muscle wasting characteristic of carpal tunnel syndrome that occurs due to compression of the Median Nerve. Dupuytren’s contracture in which fixed flexion deformity affects the little and ring finger. Long thin fingers that are found in Marfan’s syndrome.

COLOUR as in peripheral cyanosis in nail bed, COPD is often the cause, due to reduced arterial oxygen saturation or the tobacco staining of fingers or yellow nail syndrome. TEMPERATURE as in the warm hands of hypothyroidism, in heart failure hands become cold & cyanosed because of vasoconstriction in response to low cardiac output. SKIN changes usually indicate systemic disease. Coarse skin and broad hands suggest Acromegaly. Tight contracted skin is indicative of Scleroderma. Specific callosities are usually the signs of manual labour.¹

NAIL which are pitting probably suggest Psoriasis. Spoon shaped nails are suggestive of Iron deficiency & clubbing is an indication of serious cardiac, respiratory or Gastrointestinal disease. Nature of hair in the homoeopathic sense also provides invaluable clues as in Premature greying of hair of Lycopodium, Fair & blond hair of Belladonna, Phosphorus, Pulsatilla, Spongia, Petroleum, etc.

HAND SHAKE

Features	Diagnosis
Cold, Sweaty	Anxiety
Cold, Dry	Raynaud's phenomenon
Hot, Sweaty	Hyperthyroidism
Large, Fleshy, Sweaty	Acromegaly
Dry, Coarse skin	Hypothyroidism or manual occupation
Delayed relaxation of grip	Myotonic dystrophy

Nature of handshake can also help homoeopaths individualise; Firm, dry & hot hands could indicate Nux-Vom, Sulphur, Whereas A cold, clammy and limp handshake can indicate Calcarea Carb. Some patients are inclined to hug the physician specially constitutions like pulsatilla and phosphorus. Often, we find patient's carrying a book to read while in the waiting room during consultation this shows their inclination towards reading as observed in remedies like Natrum-Mur, Carcinosis, Cocculus, Calcarea, etc.

Case of Hypotension with Influenza

A 52years old man, arrived from his home town

on 16th January 2023 in a lovely grey suit, looking as if he is a groom with black dye on beard and head. On 18th Morning he was feeling unwell after overeating (Paratha's). He was constipated and while straining he had fainting along with so much exhaustion, burning & weakness that he nearly fell down inside the bathroom, felt as if he will get a heart attack. The weakness lasted for 30 min and after that he recovered and could stand up and report to work. 1 month ago, a similar episode of syncope in his bedroom and his son came to his rescue. Since last 1 month problem of haemorrhoids with minor bleeding has cropped up. He was frightened after seeing few drops of blood in the commode. Then giddiness came. He has slowed down since last 1 month (Vasovagal syncope).

On 20th January 2023 morning he looked very exhausted and told me that he is feeling extremely chilly (Coldness felt in joints) and wants to be in the sun and desires to sleep the entire day. He even expressed his desire to lie down on a bed in the hot sun. He had not passed his stools this morning and was feeling very uncomfortable. He was unable to sleep previous night and went to bed at 4am. Since the time he has come from his hometown, he is unable to do intellectual work related to departmental planning. By nature, he has his own fixed ways, very stiff, upright posture always while walking or sitting and doesn't agree and doesn't listen. Speaks his own things. At lunch he was afraid to eat oily and spicy food, he did not eat rice. He said that he is not having proper taste and feels better if he doesn't eat. he just ate 3 theplas home-made due to insistence of his superior. Did not drink any water. Since was looking very sick that afternoon so I advised him to lie down on the hospital bed for just 2 hours. After 45min he walked inside the department saying that its already 5pm. I informed him that it was just 3.30pm. He was hot to touch and feverish. I inquired why he woke up so early and came. He said that he was afraid that I would forget to call him and that he might remain behind in work place. He was wanting to sit in the sun but had become so weak that he was walking unsteady like a drunkard. I helped him lift his chair and directed it toward the sun. He sat there and placed a stool before him and kept his legs over it. By 4pm he was grunting and tilting sideways on

his chair. Luckily my table was just next to him so he kept his hand on it and neck and head also tilted. I got alerted and stopped my work and ran to fetch for a sphygmomanometer B. P=90/50mmHg. If spoken he was arousable but then would sleep off again immediately. He only asked for coffee. I observed face was red due to sitting in the sun. Sweat under the left eye and his legs were falling off the stool. He was literally hanging down from the chair. I saw watery coryza dripping down from his nostril. He would wipe it off with his white towel. When other staff tried to inquire about his condition, he was unable express his symptoms. I was very frightening. He could not be left alone. From morning we saw chill, afternoon to evening we observed heat followed by sweat but thirstless throughout the day. No history of smoking nor alcohol consumption in his entire life (To exclude CVS involvement). His bleeding was in drops before and after stool. No blood streak to the stool. No protrusion of mass per rectum (hence it is internal haemorrhoid lesion). I ran to the library and referred BBCR Chapter general Modalities: Sun Ameliorated heat and light. Only one remedy CONIUM.

I referred Boger's synoptic key. In Bold letters PROGRESSIVE DEBILITY, sudden sick and weak. Faints at stool. Sweat under eyes. Modality; letting parts hang down (limbs and head from the chair). I ran and gave him Conium Maculatum 30, 1 single dose. Reasons for Conium (Boericke)- difficult gait, better fasting, worse from taking cold, worse from physical or mental exertion. H.C Allen keynotes-No inclination for business or study. Domineering. Even though sick wears beautiful clothes. Circulatory medicine. First rectum relaxed, not working, then taste relaxed, not working, then stomach relaxed, not eating, not drinking, then muscles relaxed (Ataxia)difficulty to walk. Wanted to be alone. Although he was sick, he was completely aware of which faculty came to

see him and asked what even in that drowsy state.

Date	Response	Remedy
20/01/2023	15 mins after medicine wakeful, expressions returned, advised increased fluid intake >>	Placebo
21/01/2023	Looking charming, no chilliness, Spo2 increased from 94 to 98, woke up at night but could sleep back again. B. P=110/70 mm Hg, No Fever >>>	Placebo
23/01/2023	Passed normal stool, no fainting, Flu resolved, more energetic >>>>	Placebo
28/01/2023	Resumed exercises & cooking, Sleep very refreshing, >>>>	Placebo
13/02/2023	B. P=130/70 mm Hg, No straining at stool. No relapse of complaints	Placebo

CONCLUSION

The observation of keeping legs raised on the stool is actually the recovery position recommended for hypotension patients as part of first aid measure, here the patient itself adopted this posture that is symbolic representation of the clinical state of hypotension. Only thing is that by keen observation one has to pick up the diagnosis which is advised in aphorism no 902. The future of homoeopathy depends on the skills of the artistic homoeopath who is competent.

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Observation as the Compass: Guiding Individualised Treatment in Homoeopathy

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“If the Homoeopathic Physician is not an accurate observer, his observations will be indefinite, and his observations are indefinite, his prescribing is indefinite”
- J.T. Kent (1900)

Keywords

Clinical Observation, Classical Homoeopathy, Remedy, Similimum.

Abstract

Samuel Hahnemann, father of homoeopathy, laid profound emphasis on the art of observation as the cornerstone of accurate diagnosis and remedy selection. In his *Organon of Medicine*, he repeatedly emphasises the importance of unbiased and attentive observation of the patient's symptoms, physical, mental, and emotional. Observation, in clinical practice, denotes the methodical act of perceiving and interpreting a patient's physical and behavioural cues. During a consultation, a homoeopathic physician carefully evaluates the patient's sex, estimated age, somatic constitution, posture, nutritional status, facial characteristics (facies), attire, manner of speech, and other relevant observable traits. These clinical observations, when integrated with the patient's reported symptoms, often guide the selection of an appropriate therapeutic intervention. Therefore, keen observational ability is considered an indispensable attribute of a competent homoeopathic practitioner.

Introduction

Samuel Hahnemann, the pioneer of homoeopathy, placed immense importance on meticulous

observation during patient consultations. He believed that a physician's primary task is to uncover the patient's unique and defining characteristics, as these are crucial for selecting the correct remedy. In his *Organon of Medicine*, Hahnemann specifically highlighted the patient's disposition, their mental and emotional state as a "decidedly characteristic symptom" that an attentive practitioner cannot afford to overlook. He stated, "The state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."² -**Hahnemann (1833)**

Types of Symptoms in Observation^{1,2,3,4}

Homoeopathic case-taking depends on two major classes of symptoms:

Subjective Symptoms

These are symptoms reported by the patient, such as burning pain, sadness, fatigue, or cravings. They form the narrative content of the case but are subject to memory, perception, or suppression.

Objective Symptoms

These are signs that are directly observed by the physician, friends, or attendants. They are externally perceptible, such as; facial expression, posture, or gait, skin colour, eruptions, or swelling, tone of voice, mannerisms, restlessness, sweating, trembling, offensive odours, secretions, fever, pulse, respiration, temperature changes. Objective symptoms are less prone to bias and are

especially useful in cases where the patient cannot articulate symptoms (e.g., infants, mute patients), suppresses emotions or symptoms, is mentally ill or unconscious. Thus, objective observation becomes an essential diagnostic and therapeutic guide in homoeopathic practice.

Role of Observation

In Objective Symptoms ^{1,2}

In homoeopathic case-taking, observation plays a foundational role. Observation is not limited to listening to the patient's words, but also includes careful attention to what is seen, heard, smelled, or felt by the physician during the consultation. Within this process, objective symptoms, which are observable signs noted independently of the patient's own report, hold immense importance. Objective symptoms include signs such as: Facial expression, skin colour, eruptions, Discharges, secretions, odour of breath, Changes in posture or gait, Tone of voice, mannerisms, and involuntary gestures, Pulse, temperature, respiration, etc. The patient's personal interpretation does not influence these signs and therefore, are considered more reliable in many cases.

In Miasmatic Diagnosis through Observation ^{5,6,7}

In homoeopathic practice, visual and behavioural observation plays a crucial role in identifying the underlying miasm. Objective indicators such as posture, facial expression, skin changes, and discharges often guide the physician in assessing the dominant miasm: Psora, Sycosis, or Syphilis.

Aspect	Psora	Sycosis	Syphilis
Skin Appearance	Dry, rough, scaly, dirty	Oily, greasy, warts, thickened skin	Ulcerated, cracked, dark eruptions, and offensive discharges
Facial Expression	Anxious, timid, worried	Secretive, dull, suspicious	Hopeless, melancholic, sunken eyes
Body Build/Posture	Lean, stooped, weak-looking	Stocky, flabby, overgrown structures	Emaciated, deformed, rigid or trembling
Sweat	Profuse but odourless	Offensive, excessive, oily	Night sweat, offensive, soaking

Discharges	Bland, non-offensive	Thick, yellow-green, offensive	Bloody, purulent, destructive
Extremities	Cold hands and feet	Puffy, swollen joints, bunions	Crippled, ulcerated, bone pains
Gait/Posture	Weak, dragging	Slow, heavy, stiff	Jerky, tremulous, awkward
Odor	Slight or absent	Offensive feet or axillary odor	Strong, fetid odor from ulcers or body
Mental Traits	Anxiety, over-concern for morality, religious scruples	Suspicious, obsessive, jealous	Suicidal thoughts, despair, destructiveness
Tongue	Pale, coated, dry	Thick, indented, swollen	Cracked, ulcerated, foul-smelling

In Physical Examination ^{1,2,6,13}

Area of Physical Examination	Observed Signs	Clinical Relevance in Homoeopathy
General Appearance	Emaciation, obesity, posture, gait, facial expression	Gives clues about vitality, underlying miasm (e.g., stoop in syphilis, obesity in sycosis)
Skin	Texture (dry/oily), eruptions, discoloration, ulcers, warts	Useful in identifying miasms (psoric: dry/itchy; sycotic: warty/oily; syphilitic: ulcerative lesions)
Eyes	Dullness, redness, sunken, glassy, twitching, pupil reaction	Indicates mental state, systemic conditions, or remedy states (e.g., <i>Belladonna</i> : dilated pupils)
Tongue	Coating, cracks, colour, moisture, tremors	Tongue signs correlate with digestive issues, remedy indications (e.g., yellow coating in <i>Mercurius</i>)
Voice and Speech	Tone, clarity, tremor, stammering, volume	Reflects emotional state (e.g., hysterical tone, whispered fear)
Pulse & Circulation	Rate, rhythm, strength, temperature of extremities	Indicates vitality; abnormal pulses guide towards deeper constitutional states
Perspiration	Quantity, odour, location (e.g., head, back), time (day/night)	Strong modality in prescribing (e.g., <i>Silicea</i> : offensive sweat on feet)

Discharges	Nature (thick, thin, bloody, purulent), odour, colour	Important generals; guides remedy selection (e.g., Pulsatilla: bland, thick yellow-green)
Sleep & Posture During Sleep	Position, restlessness, moaning, covering/uncovering	Observation of sleep posture and habits aids in individualisation (e.g., covering feet = Sepia)
Extremities	Swelling, deformity, tremor, stiffness, nails	May suggest chronic miasmatic states or remedy pictures (e.g., gouty swelling in Ledum)

In Repertory Perspective

Rubrics from Kent’s Repertory with Remedies⁸

Rubric	Remedies
Mind → Restlessness → Anxious	Acon., aeth., alum., arg-n., ars-i., Ars. err., graph., hell., hep., iod., Kali-ar., Kali-c. Nat-a., Nat-c., nat-m., nat-p., nit-ac., nux-v.,
Face → Expression → suffering	Acon., aeth., am-c., anac., ant-t., arg n., Ars., bor., Cact, Kali-c, lach., mag-c., mag-m., Mang, Sulph.
Extremities → Trembling → hands	Acon., Agar., all-c., Ant-t., apis., arg-n Calc-p., calc-s., Calc, Caust., chel, Plb, Stann, thuj., tub., valer., Zinc.
Skin discolouration → Bluish → spots	Arn., ars., carb-an., carb-v., Crot-h., dulc., euphr., ferr., hep., lac-c., Lach., op., Ph-ac., Phos., plat., plb., rhus-t., sars, Sec., sil., Sul-ac., sulph., tarent.
Perspiration → Odour → urine, like	Berb., Canth., caust., coloc., ery-a., Nit-ac.

Rubrics from Boenninghausen Repertory with Remedies⁹

Rubric	Remedies
Head → Hair → Gray	Ars., Graph., Kali-n., Kreos., LYC., Op., Ph-ac., Sec., Staph., Sul-ac., Sulph., Thuj.
Eyes → Look → wild	Ars., Bell., Cupr., Glon., Hyos., Op., Sec., Stram.
Face → Acne → Comedo	Abrot., ANT-C., ARS., Bar-c., Bell., Brom., Bry., Calc., Carb-v., Dig., Dros., GRAPH., Hep., KALI BR., Lach., LYC., PSOR., Sabin., SEP., SULPH.

Skin And Exterior Body → Desquamation, exfoliation, peeling, etc., of	Acon., Agar., AM-C., Am-m., Ant-t., Apis, Ars., Aur., Barc., BELL., Bov., Calc., Canth., MEZ., Rhus-t
Mouth → Tongue → Patchy, mapped	ARS., Cupr., Graph., Hydr., Kali-bi., Merc., Merc-c., Mur-ac., NAT-M., Nit-ac., Tarax.

According to Classical Homoeopathic Stalwarts

Samuel Hahnemann - The Foundation of Observation²

Hahnemann highlights the importance of observation as a fundamental skill for the physician in the Organon of Medicine. **Aphorism 6 (6th edition)** introduces the concept of the "unprejudiced observer", stating that the true physician must refrain from speculative assumptions and focus solely on the observable deviations in a patient's health. He writes, *"The unprejudiced observer... takes note of nothing in every individual disease, except the changes in the health of the body and of the mind... which can be perceived externally by means of the senses."*

In **Aphorisms 83 and 84**, he instructs the physician to carefully record what they see and perceive during the case-taking process. Hahnemann also cautions against being misled by the patient's subjective narrative alone, emphasising the importance of what is visibly and physically evident. Hahnemann describes the systematic method of case-taking, emphasising that the physician must carefully listen, observe, and record every symptom without distortion. Even the most minute and seemingly irrelevant symptoms may guide the prescription when observed properly.

According to Aphorism 213, Hahnemann regarded the patient's mental and emotional disposition as a pivotal element in the selection of the correct homoeopathic remedy. He calls it a *"Decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."*

Dr. J.T. Kent - Confirmation through Observation¹

Dr. Kent, known for his emphasis on mental generals and constitutional prescribing, acknowledged the importance of objective observation as

a way to confirm the internal state described by the patient. He explains that in many cases, the patient may be unaware or unwilling to disclose their emotional condition, but the physician can observe external manifestations like restlessness, trembling, expression of fear or irritation, cold perspiration, etc. Kent emphasised that truth in homoeopathy lies in the totality, and objective signs often verify or reject subjective claims, helping in selecting the correct similimum. Objective symptoms serve as confirmation tools and help to detect the truthfulness or accuracy of the subjective complaints. He noted that:

“A patient may deny anxiety, yet be trembling, pale, restless, and perspiring — this contradiction reveals the deeper truth.”

Kent’s Twelve Observations: A Clinical Tool for Remedy Assessment¹⁰

Dr. James Tyler Kent, a renowned homoeopathic philosopher and clinician, emphasised that careful observation after remedy administration is crucial for assessing the patient's response and guiding further treatment. His **Twelve Observations**, described in *Lectures on Homoeopathic Philosophy*, serve as a systematic framework for evaluating the **direction, depth, and quality of healing**. These observations are indispensable for clinical decision-making and provide insight into whether a chosen remedy is curative, suppressive, or merely palliative. Kent's observations can be categorised into **favourable, unfavourable, and doubtful responses**, and they help physicians understand the subtle dynamics of the patient's healing journey.

S. No.	Observation	Interpretation	Clinical Implication
1.	Long aggravation followed by long amelioration	Most favourable response in chronic cases	Remedy is well-selected; deep curative action is taking place
2.	Short aggravation followed by rapid improvement	Favourable in acute/sensitive patients	Remedy correct; strong vitality; quick curative response
3.	No aggravation, steady and continuous improvement	Gently favorable	Good vitality; mild yet effective action

4.	Initial improvement followed by sudden relapse	Partial/superficial remedy or external disturbance	Re-analysis or deeper acting remedy needed
5.	Return of old symptoms	Very favourable (Hering’s Law)	Disease retreating from centre to periphery; good sign
6.	Appearance of new symptoms	Unfavorable	Remedy incorrect or too frequent; may be a proving
7.	Local improvement with general decline	Suppression	Symptom relief is superficial; general health worsening
8.	Patient feels better, symptoms remain	Also suggests suppression	Need to assess for deeper pathology or change remedy
9.	Mental symptoms improve first	Neutral response	Remedy ineffective, patient not susceptible, or pathology irreversible
10.	Mental/emotional improvement before physical symptoms	Favorable	Vital force improving; physical symptoms will follow
11.	New and old symptoms persist	Unfavorable	Possible suppression or wrong remedy
12.	Symptoms change location but modality remains	False cure	Indicates deep pathology was unaddressed; deceptive response

Dr. H.A. Roberts - The Physician as a Keen Observer³

In The Principles and Art of Cure by Homoeopathy, Roberts states: “The physician must train himself to see what the ordinary eye overlooks and to hear what the average ear ignores.”

He highlights that observation is especially critical in cases where patients are unable or unwilling to express themselves. For Roberts, the patient's body speaks through movement, expression, and silence.

Dr. Constantine. Hering - External Signs Reflect the Inner Disease¹¹

Hering believed that external signs mirror internal pathology. In his clinical experience, discharges,

eruptions, and behavioural mannerisms were not to be ignored; they often reflected the miasmatic base of disease.

Dr. C.M.F. von Boenninghausen - Completing the Symptom Picture¹²

Although he favoured a generalist approach, Boenninghausen relied heavily on observable modalities and objective characteristics to complement subjective data. His repertorial work reflects this balance.

CONCLUSION

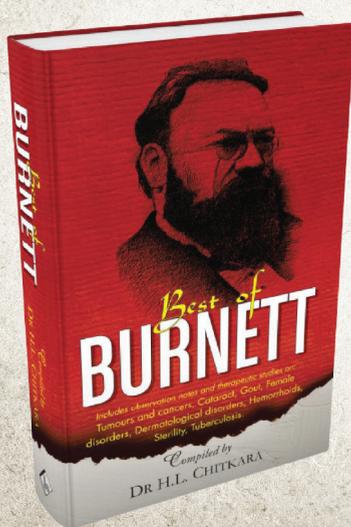
In homoeopathic case-taking, clinical observation plays a vital role by helping identify distinctive physical and behavioural signs, particularly when patients are unable or unwilling to express their symptoms clearly. By integrating these observable indicators with the patient's subjective complaints, practitioners can more precisely evaluate the totality of symptoms. This approach enhances remedy selection and aligns with the foundational methods advocated by Hahnemann and Kent.

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Observation: The Foundation of Effective Homoeopathic Practice

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Keywords

Observation, Case taking, Homoeopathy, Individualization, Totality of symptoms

Abstract

Observation is a pivotal element in homoeopathic case taking, serving as the bridge between patient narrative and effective individualized treatment. A homoeopath's ability to keenly observe extends beyond listening to verbal complaints; it encompasses noticing subtle physical signs, behavioural patterns, and emotional expressions that may hold the key to accurate remedy selection. Drawing from Hahnemann's principles, objective signs gathered through observation help fill gaps left by subjective reports, ensuring a complete and unprejudiced symptom picture. Carefully cultivated observation skills enable the practitioner to detect distinguishing features, monitor treatment progress, and adapt care uniquely to each patient. Ultimately, the art of observation transforms the homoeopath's role from mere diagnostician to true healer, anchoring personalized therapy and successful outcomes in clinical practice.

Introduction

A Homoeopath's power of observation plays a pivotal role during case taking, forming the backbone of accurate diagnosis and individualized treatment. Unlike conventional medical approaches that focus mainly on disease diagnosis, homoeopathy demands a careful study of every unique sign, symptom, and behaviour exhibited by the patient—both what is spoken and what is revealed nonverbally, such as gestures, emotions,

facial expressions, and physical characteristics. Master Hahnemann himself emphasized that only a careful observer can become a true healer of disease, as observation often unveils the subtle, characteristic features essential for selecting the most similar remedy.

Observation is not limited to recording what the patient narrates; it requires the homoeopath to be fully attentive and unprejudiced, noticing all phenomena with precision and sensitivity. Objective and subjective symptoms, minute peculiarities, and even incidental findings can be crucial in defining the totality of the case. Thus, the homoeopath's observation during case taking forms the critical link between patient individuality and successful homoeopathic prescription, setting the stage for genuine and lasting healing.

The Foundation: Hahnemann's Direction on Observation

Samuel Hahnemann emphasized, "True it is, that the careful observer alone can become a true healer of disease". His foundational text, the *Organon of Medicine*, sets out that every case must be studied afresh, with an unprejudiced mind, so that nothing relevant—no matter how small—escapes the physician's notice. According to Hahnemann, a complete and accurate case history is the only basis for correct homoeopathic prescribing, making unwavering attention to the patient absolutely necessary.

The Art of Observation in Case Taking

Homoeopathic case taking differs from standard medical histories. It requires the collection of not

just subjective symptoms (what the patient reports) but also objective signs—those the homoeopath alone can observe. These include:

- Physical appearance: facial colour, swelling, eruptions, posture, gait.
- Gestures and behavioural cues: restlessness, fidgeting, withdrawal, peculiar patterns.
- Speech and emotional expression: irritability, apathy, talkativeness, tearfulness.
- Changes in voice, breathing, or body Odors.

As the patient speaks, the observant homoeopath attends to both spoken words and subtler, non-verbal information, integrating these observations into a holistic picture of the patient's health and disease.

Why Observation Matters So Deeply in Homoeopathy

1. **Discovery of Peculiar, Characteristic Symptoms:** Homoeopathy rests upon individualization. Many times, what the patient considers trivial—like scratching at a certain time, or laughing while describing pain—proves crucial in remedy choice.
2. **Correlation with Materia Medica:** The similarities between the patient's symptoms (including subtle observations) and drug proving form the bedrock of remedy selection. Minute observations may reveal keynotes aligning with particular remedies.
3. **Unbiased Information for Analysis:** Patients may omit or misinterpret their symptoms. Objective observation by the physician compensates for these gaps, ensuring a complete and accurate symptom picture.
4. **Monitoring Changes and Remedy Action:** Initial observations serve as a baseline, allowing the practitioner to detect changes—whether improvements, stagnations, or aggravations—after remedy administration, thus guiding further treatment.

Clinical Examples Illustrating the Power of Observation

- **Headache Case:** A patient says, "I have a terrible headache," and holds his head with both hands, grimacing irritably. Rather than noting only the pain, the homoeopath records the modality (head pressed), the expression (grimace), and the mood (irritability). Such nuanced details may narrow the remedy selection from many hundreds to only a handful.
- **Peculiar Sensation:** A patient with abdominal pain describes it as "feeling as if something alive is inside." Not dismissing this, the homoeopath matches the peculiar sensation with remedy profiles.
- **Behavioural Markers:** A patient in a hypertension clinic acts indifferent while demanding a checkup. The flat affect, not merely blood pressure reading, may lead to remedies known for emotional dullness.
- **Flushed Face with Fever:** Face colour changes during fever points specifically to remedies like Belladonna, inferred from direct physician observation rather than patient description alone.

Hahnemann's Key Aphorisms on Observation

Certain aphorisms provide direct guidance:

- **Aphorism 6:** Emphasizes that a physician must be an "unprejudiced observer," seeing each case as new and unique.
- **Aphorism 83 & 84:** Highlight the necessity for fidelity in noting every deviation from health—what the patient tells, and what the homoeopath observes.
- **Aphorism 90:** Instructs that observations by the physician, such as complexion, behaviour, or breathing, are as important as symptoms described by the patient.

Building the Case: Combining Conversation and Observation

The most effective case taking merges attentive listening with detailed observation. Active engagement—maintaining eye contact, gentle physical examination, observing gestures—creates trust, makes patients comfortable, and encourages

honesty in sharing sensitive details.

Furthermore, touch and attentiveness have therapeutic value themselves, offering reassurance and building a rapport that facilitates open communication and more reliable case data.

Objective and Subjective Data: The Dual Axis

Subjective Symptoms: Patient's own words describing sensations, feelings, history, and complaints.

Objective Signs: What the homoeopath directly perceives—abnormal movements, skin colour, temperature, posture, Odor, and non-verbal cues.

Both data streams are necessary. Objective signs detected through keen observation help to clarify, confirm, or question subjective accounts, and offer crucial clues not always accessible via conversation.

Individualization: The Heart of Homoeopathic Practice

Individualization is possible only through painstaking observation. Two patients with a “cold” or “cough” may present with entirely different modalities, emotional states, or time patterns—details central to remedy differentiation. The homoeopath's observation skills make these differences visible, shaping truly personalized therapy and avoiding the pitfalls of one-size-fits-all approaches characteristic of other systems.

Observation in Follow-Up and Prognosis

Initial observations become the yardstick for future follow-ups. The homoeopath notes change not only in disease symptoms but also in the patient's overall demeanour, behaviours, and energy. Improvement in subtle objective signs (eye brightness, posture, expressiveness) may signal genuine healing, even if major subjective symptoms persist, or vice versa.

Avoiding Pitfalls: Prejudice and Inattention

Case taking suffers when prejudices (biases from past cases or stereotypes) blind observation. Hahnemann repeatedly urges the physician to set

aside all assumptions and approach each patient as a unique, new phenomenon deserving absolute focus.

Distraction, rushed appointments, or excessive reliance on written notes may cause essential details to be missed. Genuine observation demands presence and discipline from the practitioner.

Teaching and Cultivating Observational Skills

Observation is an art developed through practice, mentorship, and critical self-reflection, not just theoretical learning. Students and young practitioners learn best by directly observing senior homoeopaths, then gradually refining their own skills in active patient encounters.

CONCLUSION

Observation as the Homoeopath's Strongest Tool

Homoeopathy's efficacy rests on the principle of individualization, achievable only through meticulous observation. Whether through detecting characteristic gestures, peculiar symptom expressions, or subtleties in patient behaviour, observation transforms the clinical encounter from generic diagnosis to personalized healing. By integrating principles from the *Organon of Medicine* and *Materia medica* with the context of each unique life story, the homoeopath's observations guide the remedy choice and support the deeper principles of cure that set homoeopathy apart.

A true homoeopath enters each consultation as both scientist and artist—investigator and empath—where observation is not merely technical but the very soul of clinical practice.

The observation skill of a homeopath is fundamental to accurate case taking and successful treatment. Unlike conventional medical approaches that often focus solely on disease diagnosis, homoeopathy relies on detailed, holistic observation of the patient's physical, emotional, and mental state. This thorough observation helps capture the totality of symptoms, including subtle and peculiar signs, which guides the selection of the most suitable *similimum* remedy. By carefully noting

behavioural cues, modalities, and characteristic features, the homeopath individualizes the case, fostering a deeper understanding of the patient's unique health picture. Ultimately, meticulous observation not only strengthens the physician-patient relationship but also ensures that treatment stimulates the body's innate healing mechanisms rather than merely suppressing symptoms. Therefore, refining observational skills remains indispensable for every homeopath striving for effective and compassionate practice

Key Points

- Keen observation ensures individualized remedy selection and effective treatment.
- Both subjective and objective findings are required for a complete case.
- Hahnemann's aphorisms (especially 6, 83/84, 90) mandate unprejudiced, thorough observation.
- Observation is both learned art and scientific discipline, central to homeopathic excellence.

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Listening with the Eyes: The Importance of the Homeopath's Observation in Case Taking



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Keywords

Homeopathy, Observation, Case Taking, Non-Verbal Communication, Kent, Hahnemann, Sankaran, Healing Process, Similimum, Holistic Medicine

Abstract

Observation plays a vital and often underestimated role in homeopathic case taking. While verbal communication remains the primary conduit of information, subtle non-verbal cues—such as facial expressions, posture, gestures, dress, and tone—reveal a patient's inner state and unmask deeper layers of pathology. This article emphasizes the significance of keen observation skills, supported by examples from homeopathic stalwarts such as Hahnemann, Kent, Hering, Boger, and Sankaran. By highlighting the clinical importance of observing unspoken symptoms, verifying remedy selection, avoiding misdirection, and tracking the process of healing, the article encourages homeopaths to refine this skill and integrate it into everyday practice. Ultimately, observation acts as a bridge between the spoken word and the holistic reality of the patient, and is indispensable for accurate prescribing and individualized care.

Introduction

Homeopathy, rooted in the principle of individualization, demands more than symptom listing—it

seeks to understand the person in entirety. Case taking, the cornerstone of this process, is enriched not only by listening but also by observing. Samuel Hahnemann, the founder of homeopathy, laid great emphasis on being an “unprejudiced observer” in *Organon of Medicine*, Aphorism 6 (Hahnemann, 1921). This goes beyond passive seeing and implies a trained, active, and empathetic observation of every subtle cue the patient displays.

While patients may conceal, forget, or fail to verbalize certain aspects of their suffering, the body and behavior rarely lie. Therefore, observation allows the practitioner to witness the unsaid and to uncover patterns critical to selecting the correct remedy.

The Role of Observation in Homeopathic Case Taking

Observation involves keen awareness of the patient's behavior, expressions, gestures, posture, clothing, and energy. These aspects reveal much about their constitution, disposition, miasmatic tendencies, and pathological states. Areas of observation include:

Physical appearance and hygiene: Indicates vitality, self-esteem, or even neglect (e.g., Arsenicum vs. Sulphur).

Facial expressions and eye contact: Can show anxiety, suspicion, depression, or excitement.

Speech tone, pace, and rhythm: A slow,

monotonous tone may reflect a *Calcarea carbonica* personality, while a fast, high-pitched manner may indicate *Argentum nitricum* or *Lachesis*.

Body language: Repeated movements, fidgeting, or stillness help confirm mental symptoms.

Posture and gait: Stooped shoulders or a limping walk may correspond with remedies like *Pulsatilla* or *Rhus tox*.

Behavior with companions or surroundings: For example, a child clinging to the mother versus one aggressively interrupting can guide remedy differentiation.

Clinical Relevance and Examples

1. Recognizing the Unspoken Symptoms

A patient may not always verbalize what they truly experience. Children, the elderly, or those with limited language abilities rely more on non-verbal expression. In one classic case, a toddler with abdominal pain did not speak much. However, her flushed cheeks, restlessness, irritable cries, and the mother's remark—"She only calms when carried"—pointed directly toward *Chamomilla*, which resolved the symptoms swiftly (Hahne-mann, 1921).

2. Avoiding Misinformation and Pretense

Often patients underreport or overreport symptoms due to embarrassment, cultural conditioning, or misunderstanding. In such cases, objective observation helps prevent misdirection.

Dr. J.T. Kent (2006) described a patient who appeared cheerful and loquacious, yet her speech was disjointed and impatient. Though she reported only mild headaches and fatigue, her expressive face, dominating nature, and suspicion of the doctor's intentions led Kent to select *Lachesis*—a remedy fitting her temperament and overall state. This led to deeper, lasting healing.

3. Confirming the Chosen Remedy

Even when verbal symptoms align with a remedy, observation confirms the correctness of selection. Dr. C.M. Boger (1998) emphasized observing signs in children or non-communicative individuals. He treated a seemingly "healthy" child

described as energetic and well-fed, yet observed the child's pale skin, inattentive eyes, and persistent nasal rubbing. These subtle cues led him to prescribe *Calcarea phosphorica*, with excellent outcome.

4. Tracking the Progress of Healing

Dr. Constantine Hering (1879) introduced the "Law of Cure"—a principle derived from years of observation. According to Hering, curative responses in homeopathy progress from within outward, from vital organs to less vital ones, and in reverse chronological order of symptom development. For instance, if a patient who had asthma since childhood develops a skin rash (previously suppressed) after receiving *Sulphur*, this is a positive sign. Recognizing this pattern requires ongoing visual and behavioral observation.

5. Deeper Witnessing: Modern Insights

Contemporary homeopaths like Dr. Rajan Sankaran (2004) brought a new dimension to observation through case witnessing. He encouraged observing gestures, posture, metaphoric expressions, and subconscious responses. In one case, a woman expressed anxiety about her job, but repeatedly made a motion of being crushed or pushed down. Upon deeper inquiry, she described a feeling of being "weighed down by expectations." Sankaran prescribed *Strontium carbonicum*, which addressed her sensation of oppression and improved both mental and physical symptoms.

Developing the Observational Skill

Observation is a skill that improves with conscious effort and experience. Some practical steps include :

- Practicing active silence: Allow the patient to express freely without interruption. This enables spontaneous gestures and expressions to surface.
- Avoiding premature analysis: Jumping to conclusions may bias observation. Neutral witnessing allows clearer insights.
- Observing before and after consultation: Sometimes patients reveal more in the waiting area or after formal questioning is over.

- Training under experienced mentors: Learning from seasoned practitioners sharpens perception.
- Using video or recorded cases: Reviewing recordings helps in noticing subtle cues missed during live consultations.
- Maintaining observation journals: Recording unique patient behaviors and correlating them with outcomes aids future prescriptions.

Observation Across Constitutions and Temperaments

Different remedies manifest through distinct physical and behavioral traits. A homeopath must learn to recognize these remedy portraits through observation.

Remedy	Notable Observational Cues
Sulphur	Disheveled appearance, philosophical talk, poor hygiene
Arsenicum album	Restlessness, anxiety, meticulous dressing, fear of disorder
Pulsatilla	Soft-spoken, tearful, clings to relatives, avoids eye contact
Nux vomica	Impatient, irritable, precise, clenched fists or jaw
Ignatia	Sighing, contradictory behavior, emotional suppression

These observable characteristics often precede verbal confirmation and may serve as the deciding

factor when choosing between close remedies.

CONCLUSION

Observation is not a passive act—it is the silent language of healing. From Hahnemann’s unprejudiced observer to Sankaran’s symbolic case witnessing, the message is clear: the eyes of the homeopath must see what words do not reveal. Observation serves as both compass and confirmation in the journey of remedy selection. It illuminates the patient’s deeper suffering, strengthens the accuracy of prescription, and provides a continuous guide to the healing process. In the ever-evolving world of holistic medicine, this timeless tool remains essential and irreplaceable.

Let every homeopath strive to listen with the eyes, and in doing so, connect more profoundly with the person behind the symptoms.

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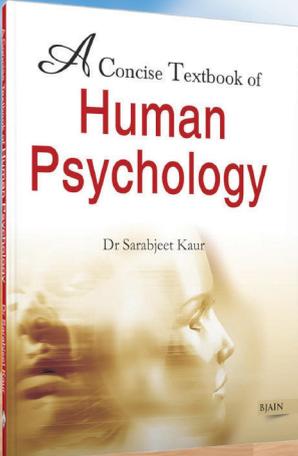


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Importance of Homoeopath's Observation in Case Taking



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Keywords

Homoeopathy Observation Case taking, Non-verbal symptoms, Similimum Totality of symptoms, Individualisation, Patient behaviour, Remedy selection, Clinical judgement

Abstract

Observation is one of the most essential and subtle tools in Homoeopathic case taking. It involves the physician's ability to notice and interpret a patient's non-verbal clues, behaviour, posture, expression, and overall demeanour during the homoeopathic case-taking. These observations often reveal vital clues about the patient's inner state, especially when the patient is unable or unwilling to verbalize their symptoms.

Homoeopathy emphasizes understanding the totality of symptoms, including mental, emotional and physical aspects, to select the most similar remedy. Observation becomes even more critical in cases involving children, unconscious patients or those with limited communication ability. Thus, cultivating strong observational skills is fundamental to accurate case analysis, individualization, and successful homeopathic treatment. This article explain.....should be naret

Introduction

Homoeopathy – It is the scientific system based

on the law of similia.

Case taking – It is an artistic process of selection of similimum from totality of symptoms framed upon analysis and evaluation of symptoms.

Observation – It means the act or instance of noting a condition, perceiving, accurate watching (Oxford dictionary).History revealed that Samuel Hahnemann by his good observation developed the holistic science i.e. Homoeopathy. Even Hahnemann's immortal work The Organon of Medicine was also the result of his hard work and clinical observations.

Even our homoeopathic Materia Medica is also based on the concept of proving drugs on healthy human beings. All the symptoms included in Materia Medica are based on observation and logic.

Aphorism No. 6

Hahnemann had stated that physicians should be an unprejudiced observer. A physician should focus his full attention on observing the feel and phenomena of disease.

Observation is an important aspect during case taking, it gives a comprehensive understanding of pt. in addition to verbal C non-verbal information given by the patient. A good and skilled full observation helps to gather information in a case where a patient may not be able to communicate or pt. may be unaware about it. Observations help to formulate specific C relevant questions during

case taking. Observation is an integral part of case taking C follow up treatment in homoeopathy. It exposes you personally to the patient.

According to Dr. J.T. Kent

“If the homeopathic physician is not an accurate observer, his observation will be indefinite, and so his prescription will be indefinite.”

Why Observation is a Clinical Tool in Homeopathy

1. When Communication Fails

Infants and toddlers

Non-verbal or autistic patients

Psychosis or dementia

Acutely distressed individuals (e.g., panic attack)

2. Differentiating Remedies with Similar Verbal Symptoms

Verbal complaint: "I feel anxious"

Arsenicum album → restless, checking watch, anxious look

Gelsemium → droopy eyes, dull face, tremulous

Aconite → panicked eyes, flushed face, clutches chest

3. Enhancing Accuracy

Objective signs are less prone to patient distortion or forgetfulness, e.g.:

Facial twitching

Eye movements

Excessive perspiration

Body odour, clothing habits

Case Categories Where Observation Dominates

A. Pediatric Cases

Chamomilla: Constantly crying, only stops when carried, irritable face

Cina: Rubs nose, grinds teeth, stiffens body

Calcarea carb: Fat, sweaty head, fearful expression

B. Geriatric Cases

Baryta carb: Childish gestures, fear of strangers

Lycopodium: Bossy at home, timid in clinic

C. Psychiatric Disorders

Stramonium: Frightened eyes, violent gestures

Hyoscyamus: Laughs, exposes body, silly behavior

cian, pt. is introverted.

E.g. - Child says nothing but during but observation physician notice :

- Child keeps scratching the head, it indicates itching scalp.
- Child becomes angry when interrupted, indicates irritability.
- Child is clinging to mother, indicates clinging behaviour.

Above signs help us to select remedies like Pulsatilla C Chamomilla which is based only on observation.

4. Pt's physical features :

What to observe in case

1. Physician has to just observe and carefully listen to the patient without any interruption. (Apho no. 83 to 104)
2. Observe the patient from head to foot.
3. During case taking, physicians observe verbal and non-verbal expressions.

Verbal – Symptoms expressed by a patient which helps in diagnosis and management.

Non-verbal – Gestures, facial expressions, way of entering and sitting in clinic, way of communicating, clothing style. E.g. -

1. The patient is sitting at the edge of the table, continuously moving his hands or legs while speaking expresses to the physician that the patient [has] nervousness and anxiety.

2. During a case taking the person only nods his head to look sideways and answers. This expresses to the physi

E.g. eyes, hair, face, skin etc...

5. During case taking, we observe both subjective C objective symptoms but sometimes physician by observing objective symptoms can also arrive at the right similitum.

E.g. A pt. comes with pain in the epigastrium region, feels heaviness which is aggravated by touch.

RUBRIC : stomach pain - epigastrium - touch agg. - pressing pain

Single remedy – Cuprum metallicum

The above case showed that physician by observing objective symptoms can also arrive to similitum.

Case Example 1: Non-verbal Child

Age: 5 years

Presenting Complaint: Delayed speech, tantrums

Verbal Input: None (mother reports frequent head banging)

Observations

Child avoids eye contact

Claps hands repetitively

Sits in a corner, rocks

Rubrics

Mind – rocking

Mind – autism

Mind – gestures, automatic

Remedy: Baryta carbonica 200C

Case Example 2: Elderly Woman with Dementia

Age: 76 years

Presenting Complaint: Confusion, aggression

Verbal Input: Incoherent muttering

Observations

Stares blankly

Becomes aggressive when touched

Talks to invisible people

Rubrics

Mind – delusions sees ghosts

Mind – suspicious

Mind – talks, alone

Remedy: Stramonium 200C

Tips for Developing Observational Power

1. Observe before asking questions your first impression is often most accurate.
2. Watch in silence - let the patient act without interference.
3. Use all senses: sight, hearing, smell (e.g., body odour in Sulphur or Merc sol).
4. Review video recordings (with consent) to analyze gestures.
5. Write down observations immediately - memory fades fast.

Common Mistakes in Observation

Mistake Consequence

- Overinterpreting behavior Leads to wrong rubrics/remedies
- Ignoring cultural/body language norms
- Misreading emotional state
- Relying only on verbal report
- Missing deeper pathology

Key Remedies Often Chosen by Observation

Remedy Key Observed Traits

- Arsenicum album Restless, anxious,

perfectionist

- Sulphur Dirty appearance, philosophizing
- Belladonna Dilated pupils, violent gestures
- Pulsatilla Weeping, clinging, seeks attention
- Veratrum album Maniacal behavior, exalted ideas

Rubric indicating a remedy in Padiatric based on observation.

1. Mind Looked at to be, evading the Look of other person spoken to, when *Nat murs, Plumbum*
2. Mind answering nodding by. Pulsatilla.
3. Mind obstinate children, chilly refractory and Clumsy - Capsicum
4. Mind obstinate children cry When Kindly

spoken to yet – Silicea

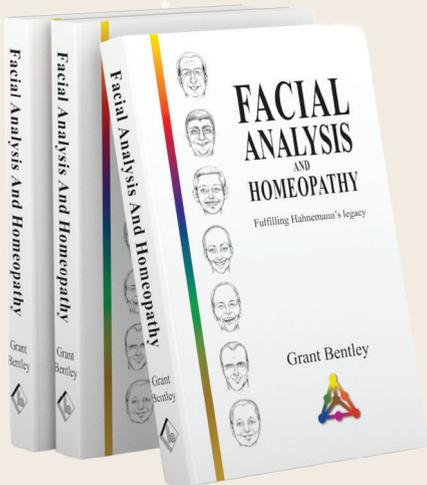
5. Mind obstinate children. fever during + Aconite.

CONCLUSION

In Homeopathy, observation is not passive. It is an active, skilled process that enriches case-taking by revealing the “Unspoken Story” of the patient. A good homeopathic physician sharpens their powers of observation to deeply understand the patient as a whole.

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- Extends the foundational work of Hahnemann, J.H. Allen & H.A. Roberts

ISBN- 9788131918265



Importance of Observations Through A Case Study

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Keywords

Homoeopathy, Case taking, Observations, Mental state, Individualization, Totality of symptoms, Case study

Abstract

Homoeopathy is based on the principle “Similia Similibus Curantur”, and has gained significant attention in various healthcare systems worldwide. Homoeopathic case taking is an art to gain the holistic derangement of the patient. In case taking both subjective symptoms and objective symptoms are important to construct the totality of symptoms. Objective symptoms observed by a keen observer which is an essential quality of a physician and by attendant, give us clues to individualizing the patient. Objective symptoms are of both types physical as well as mental. This article explores how much the observation i.e. patient’s emotion, activity and behavior is important for us to construct totality to reach up to the internal aspect of the patient. By studying mental rubrics regarding observations from synthesis repertory, we get an idea about what we should observe in case taking so that we can clearly understand the internal problem of the patient. The mental rubrics complement the physical symptoms which help in individualization of the patient and leads to similimum.

Introduction

Homoeopathy is a holistic system of medicine introduced by Dr. C.F.S. Hahnemann in the last of

18th century. Homoeopathy is based on the principle “Similia Similibus Curantur” that means “Like cures Like”. For a holistic approach, the physician should know about the patient’s present complaints and his mental and emotional state during sickness. These information about the patient is collected by a proper case taking.

Case taking is the systematic process of collecting all relevant information about a patient, including physical symptoms, psychological state, physician’s own observations, lifestyle, personal and family history and other contributing factors. Case taking is necessary to arrive at a diagnosis and treatment plan. The main goal of case taking in homoeopathy is to achieve the totality of symptoms present in the patient.

In aphorism 6 of Organon of medicine, Dr. Hahnemann discusses Portrait of the disease. To construct portrait of disease, the physician should have firstly Unprejudiced and after that listen the complaints of the patient with sound senses and also observe the patient’s activities, behavior and the abnormal signs.^[1]

Objective symptoms are as important as subjective symptoms because objective symptoms are also expressions of internal derangement. After construction of a portrait of disease, similimum is selected.

Objective symptoms are those symptoms which are observed by the physician himself. For this, a physician has a quality of keen observation. Objective symptoms are reflection of internal derangement of vital force and his mental state during sickness. E.g.- changes in color and consistency of

skin, patient's behavior during narrating his complaints as well as narrating his complaints by attendant, patient's facial expression, constitution, unusual findings on face and body.

Observations have great importance in our case taking to select the similimum because during drug proving every medicine reveals a peculiar character and their peculiar changes in mental state as well as changes in the organs.

In aphorism 7 of organon of medicine, and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease make known what remedy it requires the only thing that can determine the choice of the most appropriate remedy and thus, in a word, the totality.^[1]

In aphorism 15 of organon of medicine, "The affection of the morbidly deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism and representing the existing malady, constitute a whole; they are one and the same. The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force (just as the vital force is not conceivable without the organism), consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of facilitating the comprehension of it."^[1]

The totality of symptoms is constructed by two types of symptoms: the first one is subjective symptoms which are felt and narrated by the patient himself and the second one is objective symptoms which are observed by the physician itself and by the attendant. Objective symptoms are a reflection of the mental state of the patient. What does the patient think about his illness and what is his mental state during that time? How is he behaving with others during illness and how is he managing himself?

A sick person expresses his complaints in every situation whether he is conscious or unconscious

or subconscious. The physician should have to observe the external manifestation of the internal deranged vital force and form the totality.^[3]

The observation of the patient begins as soon as he enters the clinic just like how he enters the clinic and his gait, constitution, dress up, cleanliness or not, facial expression, his voice tone. After this when the patient comes to the physician, how he behave, style of explanation of symptoms, facial expression while narrating the complaints, his posture, his activity of hands, body and legs, where his eyes looking, talking with eyes contact or lowered eyes etc.^[2]

Observation is very important in case of children and unconscious patients because few or no subjective symptoms are found in these cases. Children do not have the understanding to know where they come and how they should live there. Children are innocent and do whatever they want everywhere. Case taking in children is completed only through observation of the child's activity, behavior like where he is scared or fearless, sociable or reserved or immediately starts talking to you in a friendly manner. If attention is paid to all these things then the case becomes absolutely clear and similimum is found easily.^[3]

In the case of an unconscious patient, the patient only gives objective symptoms through his physical body and from pathological reports. How is the patient's response to being touched in an unconscious state, his eye movement? Whether to reply to the questions or not and if the reply is right or wrong and what is his state after replying to the question. How are the patient's hands, lips, legs positions and moves or not?

CASE STUDY

Patient profile:-

A male child of 9 years old came to my clinic with a complaint of bed wetting. The patient was lean-thin, under weight and emotional. He was concerned about his condition and tried conventional treatments for the same complaint but could not get much benefit.

Past history:-

No medical history of womb life. No abnormal

history at birth. Time to time vaccinated. No complaints from which suffered for a long time. No history of surgery, accidents, burns and injuries.

Family History:-

Mother is a housewife and healthy without any obstetrician surgery. Two babies were born by normal delivery.

Father's job is in Border Security Force (B.S.F.), healthy.

One elder brother is healthy and loves the younger one so much and also cares about him.

Clinical findings:-

The patient was mild by nature and replied with a smile on every question. The patient was restless (stretching and moving the body while sitting). The patient was whispering in the mother's ear frequently. Biting his nails from teeth. The vital signs were within normal limits. On inspection of skin and extremities, no abnormalities are found.

On examination of conjunctiva under the upper eyelid, black streaks and spots are present which is a strong indication of worm manifestation.

Physical General:-

Appetite – Good, 3 meals/day.

Thirst – half glass of water frequently.

Desire – boiled eggs.

Aversion – Nothing specific.

Intolerance – Nothing specific.

Thermal – Hot

Stool – Yellow color with normal consistency, every early morning.

Urine – Frequent during the day due to frequent intake of water. Enuresis without any dreams alternate 1 or 2 nights.

Sleep – Deep sleep with enuresis, awake after urination, grinding of teeth in sleep, sleep on abdomen always and changes position like rotating 360° during sleep. Muttering of words that are used in playing games during the day.

Extremities – Nails were small due to biting from teeth.

Mental Generals:-

The patient occupation was conscious and friendly nature. Answer the questions with a slow voice and confusion. The patient was restless and had a good memory.

Miasmatic assessment:-

The main complaint of this case was nocturnal enuresis. The enuresis occurs due to functional weakness of the urinary bladder or any pathology or undeveloped organs but in this case only functional weakness is seen.

The other complaints like nail biting, grinding teeth, delirium during sleep, thirst for large quantity of water, sleep position and desire of eggs are also functional and physiological disturbances which comes under Psoric miasm.

During case taking, the observations like affectionate behaviour of patient, answering slowly and confusedly and also lack of confidence shows the miasmatic background of the patient.

From observations of all complaints, behaviour and expressions, most symptoms of the patient leads towards the Psoric miasm. Hence, the background of this case was Psora and the remedy is also Anti-psoric.

Provisional Diagnosis – Nocturnal enuresis (ICD-10 – N39.44)

The following characteristic symptoms were considered for the repertorisation:

1. Affectionate
2. Answers slowly and confusedly
3. Want of self confidence
4. Nail biting
5. Delirium during sleep
6. Mild children
7. Grinding teeth during sleep
8. Thirst for large quantity water

9. Enuresis in children at night during deep sleep and worms from
10. Sleep on abdomen with rotating in circle
11. Boiled eggs desire

Repertorisation was done using **RADAR 10.5.003 for windows** Software and the repertorial result is shown in Table no.1.^[4]

Therapeutic Intervention:

After thorough case taking, totality formation, converting symptoms into rubrics, repertorisation and studying Comparative Materia medica with differentiating closely associated medicine *Arsenic album* 200c was prescribed on 12th March 2025.

Basis of prescription:

Arsenic album was chosen based on prominent symptoms like affectation, mild, answering mode, confidence level, nails biting, sleep position, enuresis and thermal relation.

This Totality of symptoms after proper repertorisation along with consultation with various Materia medica provide logical basis for *Arsenic album* prescription in this case.

Arsenic album 200c 3 dose in distilled water in weekly intervals is prescribed to take empty stomach early in the morning & patient were told to report after 1 month.

Furthermore the dose & potency of *Arsenic album* were boosted as per the need of case.

Follow Ups and Outcomes:

The follow ups were done monthly with proper evaluation & were prescribed accordingly.

The elaborate case follow ups are explained in a summarized way in Table no 2.

Table 2: TIME LINE INCLUDING FOLLOW-UP OF THE CASE

Date	Symptoms	Medicine with potency, doses and repetition	Justification
12 th March 2025	Nocturnal enuresis alt. 1 or 2 nights, low confidence, mildness, biting nails, sleep position, delirium grinding teeth and hot preference.	<i>Arsenic alb.</i> 200c 3 doses in distilled water, one dose weekly early morning empty stomach, follows sac lac 200c/TDS/14 days.	To give the repertorial remedy and observe the changes.
11 th April 2025	Frequency of bed wetting is decreased to once in week, grinding teeth improved, no delirium but sleep position not improving.	Sac lac 200c 3 doses in distilled water, one dose weekly early morning empty stomach, follows PL 200c/TDS/14 days.	Medicine is acting good now and will have to wait and watch silently.
13 th May 2025	Only 3 times bed wetting occur in last month. Biting nails habit improving. Sleep position also improving and confidence level increases.	<i>Arsenic alb.</i> 1M 2 doses in distilled water, one dose fortnight early morning empty stomach, follows Sac lac 200c/TDS/14 days.	As medicine acting properly, we boost up the potency to fasten the improvement.
10 th June 2025	Only once bed wetting occur and all complaints improved.	Sac lac 200c 2 doses in distilled water, one dose weekly early morning empty stomach, follows PL 200c/TDS/21 days.	Medicine is acting profoundly.
15 th July 2025	All complaints are improved.	<i>Arsenic alb.</i> 10M 1 dose in distilled water early morning empty stomach, follows Sac lac 200c/BD/14days	For finishing the treatment.

Result:

The enuresis, grinding of teeth, thirst, sleep position and delirium has improved well and the patient feels better. Initially, *Arsenic album* 200c showed improvement. However, much significant improvement was observed with higher potency *Arsenic album* 1M and complete removal of all symptoms within a period of 4 months in homeopathic treatment with general improvement

of the patient's well being. And lastly *Arsenic album* 10M is given for finishing the case.

Discussion

The nocturnal enuresis is mostly presented as one sided disease. The patient was presented with involuntary urination at night during sleep and grinding of teeth, delirium, biting nails. This case was treated with individualized homoeopathic medicine. The case was cured with complete absence of grinding of teeth, delirium, worms manifestation, biting nails and enuresis. In this case mostly objective symptoms were taken and few subjective symptoms to form totality. The objective symptoms complement the subjective symptoms and give a clear picture of the disease as well as the patient. There is no effective treatment in modern medicine by observing this type of symptom.

In this case, after careful history recording, reparation and consultation with materia medica, *Arsenic album* medicine is selected for prescription. Improvement was seen in patients in the beginning which proved correct selection of remedy and there was little improvement with *Arsenic album* 200c. However marked improvement was observed with higher 1M potency. And lastly 10M potency is given to finish the case.

In this case, the subjective symptoms were less but objective symptoms are more and by combining these symptoms, totality of symptoms easily formed which leads to easy prescription in centesimal potency, with treatment goes on potency were boosted as per as requirement of the case and the result we can observe. In this case, we have seen the importance of objective symptoms which were observed by physician and attendant. This case demonstrates the usefulness of homoeopathic medications in treating Enuresis when provided according to homoeopathic principles.

In this case observations of patients like grinding teeth, delirium, sleep position indicating that the patient is suffering from worms manifestations and after that focusing on this indication a good approach is to treat the patient holistically.

CONCLUSION

By observing the case study of enuresis, this article aims to provide a comprehensive understanding

of how integrating objective rubrics of mind section and particular section can enhance remedy selection and treatment outcomes. Homoeopathic medicines has long been a subject of debate in the medical community, with some critics questioning its efficacy and others advocating for its individualized approach to healing. The integration of objective rubrics into the homoeopathic treatment process offers a promising avenue for improving remedy selection and treatment outcomes. By carefully evaluating the patient's behavior, speech, gestures, answering style and emotional expressions, homoeopaths can gain deeper insight into their overall state of health and well-being. This article has shown that the use of objective rubrics in conjunction with a patient's subjective symptoms profile can help homoeopathic practitioners more accurately selection of remedies along with the individual's unique needs.

As the field of Homoeopathy continues to evolve it is crucial to embrace innovations like objective rubrics to refine the art of individualized care. The hope is that such practices can provide not only more effective treatment but also a more holistic approach to patient care. By continuing to explore and integrate these frameworks, homoeopathic medicine may continue to flourish as a respected, scientifically grounded alternative to traditional medical therapies.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the forms, the patient has given his consent for his complaints and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published and due efforts will be made to conceal his identity but anonymity cannot be guaranteed.

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Observation: The Homoeopath's Silent Tool In Case Taking and Individualised Treatment

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Keywords

Homoeopathy, Hahnemann, Organon, Chronic disease, observations, individualized, unprejudiced, prescriptions.

Abstract

Observation means the act or instance of noticing a condition, perception, the faculty of taking notice, the accurate watching and noting of a phenomenon. Central to the practice, it encompasses attentive awareness of a patient's sex, age, posture, constitution, nutritional state, expressions, speech patterns, and other individual traits. These nuances often unveil the patient's peculiarities, essential for selecting the most appropriate remedy. A skilled observer must avoid non-observation (ignoring facts that challenge assumptions) and mal-observation (misinterpreting sensory data), instead maintaining impartiality and clear-sighted focus in clinical practice.

In summary, observation in homeopathy is a disciplined, practiced skill that demands attention, patience, and freedom from preconception. It is through precise, careful sensory perception of both subjective and objective symptoms that a holistic and individualized remedy can be identified—making the practitioner a true healer.

Introduction

Observation is the deliberate act of noticing and recording various conditions and behaviors. In medical practice, particularly in homeopathy, it involves attentively noting aspects such as a

patient's sex, apparent age, posture, constitution, nutritional state, facial expressions, manner of dress, speech, and other similar features. These observations are crucial as they often reveal the unique characteristics of a patient, aiding in the selection of the most appropriate homeopathic remedy.

Dr. Samuel Hahnemann, the founder of homeopathy, regarded the mending of the sick as the most noble of mortal vocations. He emphasized the importance of careful observation in clinical practice, asserting that it is essential for accurately perceiving each individual case. This approach enables the practitioner to provide the best possible care as a true healer.

Hahnemann emphasizes the importance of observation in clinical practice. Observation often exposes the peculiarity of the patients and therefore demands making a summary of such observations after noting the symptoms expressed by the patients.

In *Organon of Medicine*, Hahnemann states:

“The state of the disposition of the case frequently primarily determines the selection of the homeopathic remedy, as being a substantially characteristic symptom which can least of all remain concealed from the accurately observing physician.”
[1]

This highlights the critical role of observation in identifying the unique symptoms that guide remedy selection.

Furthermore, Hahnemann cautioned against biases in observation, distinguishing between

non-observation (overlooking facts that contradict preconceived notions) and mal-observation (misinterpreting facts). He advocated for an unprejudiced approach, focusing solely on what is perceptible to the senses without the influence of imagination or preconceived theories.

In summary, observation is a fundamental skill in homeopathic practice. It requires discipline, attention to detail, and an open mind to accurately perceive and interpret the unique symptoms of each patient, thereby facilitating the selection of the most appropriate remedy.

Observation is one of the most important phenomena in Homeopathy as well as in Paediatric age groups as they cannot express themselves through speech.

Observation And Its Significance

Role of objective symptoms

Objective symptoms, which are typically signs of pathological changes, are generally not very useful for prescribing unless they exhibit distinctive characteristics. However, those objective signs that are not directly diagnostic of a specific disease can become valuable during prescription, especially in cases involving infants, unconscious or mentally ill patients, individuals who are uncooperative, or those with intellectual disabilities.

Strong observational skills help in identifying the objective elements within subjective symptoms, aiding in the process of individualizing treatment. For example, a patient who lies with their face buried in a pillow due to severe light sensitivity (as seen in *Psorinum*), or one who repeatedly rubs and moves the liver region with their hands (as with *Podophyllum*), presents key objective clues.[3]

These objective symptoms are particularly significant when observed during sleep. In dermatological cases, while the structure of skin lesions often points to a diagnosis, the unique features—such as the lesion's location, laterality, spread, color, distribution, and consistency—are essential for tailoring treatment to the individual.

Diagnosis of Miasm

A homoeopathic physician must possess a thorough understanding of the three miasms to effectively treat chronic illnesses. Careful observation often reveals the miasmatic tendencies present in a patient. By honing observational skills, practitioners can identify these underlying traits more accurately.[5,6]

Some examples are given below:

1. Psoric Miasm

General tendency: Functional disturbances, hypersensitivity, and deficiency states

Physical signs:

Dry, rough, itchy skin eruptions that improve by scratching.

Tendency toward constipation with hard, dry stools.

Emaciation despite good appetite.

Mental/emotional signs:

Anxiety about future, fear of poverty.

Restlessness, dissatisfaction, lack of confidence.

Example case: A patient with recurrent eczema, extreme itching at night, and constant worry about finances, despite no actual hardship.

2. Sycotic Miasm

General tendency: Excess, overgrowth, and accumulation

Physical signs:

Warts, condylomata, thickened or overgrown nails.

Obesity with sluggish digestion.

Recurrent cystitis or tendency to form polyps.

Mental/emotional signs:

Secretive, suspicious behavior.

Fixed ideas, guilt, or shame about hidden matters.

Example case: A patient with multiple warts on hands, recurrent urinary tract

infections, and a secretive, withdrawn personality.

3. Syphilitic Miasm

General tendency: Destruction, degeneration, and deformity

Physical signs:

Bone pains at night, caries, ulcers with foul discharges.

Tendency to congenital deformities or recurrent miscarriages.

Cardiovascular degeneration (e.g., aneurysm, arteriosclerosis).

Mental/emotional signs:

Suicidal thoughts, despair, hopelessness.

Tendency to impulsive violence or destructive habits (addictions).

Example case: A patient with repeated history of mouth ulcers that never heal, destructive bone disease, and episodes of deep depression with suicidal ideas

Physical Examination of the Patient

Conducting a physical examination is a crucial component of case-taking. It

aids the physician in forming a provisional diagnosis and helps highlight

remedy indications.

Here are the important physical signs a physician should carefully observe:

General Physical Appearance:

Build, Posture, Gait, Skin color/complexion, Hair

Nails: brittle, thickened, deformed, ridged, spotted, Skin and External Signs,

Head and Face: Expression, Eyes, Tongue, Lips and mouth, Teeth and gums

Chest and Cardiovascular: Shape of chest, Heart sounds and murmurs,

Dyspnoea, Pulse.

Nervous System: Reflexes, Sensory changes, Motor changes, Mental state

during exam.

Abdomen: Distension, flatulent, ascitic, localized swelling, Tenderness or pain points, Visible veins or peristalsis, Enlargement of liver, spleen.

Extremities: Deformities, Joints: swelling, tenderness, stiffness, deformity,

Tremors, paralysis, restricted movements, Nails and fingers

Observation of the Sick Room

Sometimes, the setup and organization within the patient's room can reflect unique aspects of their condition. However, such observations should always be confirmed through proper questioning.

For instance, open windows during cold weather may indicate a preference for fresh air or a discomfort with enclosed spaces.

Organon's Perspective on Significance of Observation in Case Taking

In the 6th aphorism of the *Organon of Medicine*, Hahnemann emphasizes the need to observe each individual case without bias, in order to accurately construct the true and complete picture of the disease. In the accompanying footnote, he stresses that only by nearly attending to signs and symptoms—thereby uncovering the internal, unnoticeable changes—can a physician apply a truly radical and rational system of healing.[1,2]

In aphorism 83, Hahnemann outlines the essential qualities a physician must retain: impartiality, sound judgment, careful observation, and dedication to accurately portraying each case of illness.

Aphorism 90 provides detailed guidance for the case-taking process. After establishing the patient's reported symptoms, the physician must then record their own observations and determine which traits are unusual for the patient compared to their normal, healthy state.

In the footnote to this aphorism, Hahnemann offers examples of such observations: the patient's

behavior during the consultation—whether they appeared irritable, argumentative, rushed, tearful, anxious, despairing, calm, or hopeful—as well as physical indicators like facial complexion, eye and skin color, pupil size, and pulse characteristics.[1,2]

RUBRICS RELATED TO OBSERVATION [10,11]

Mental & Behavioral Observations

Mind – Delusions (e.g., thinks he is being followed)

Mind – Gestures – makes gestures (e.g., fidgety hands)

Mind – Restlessness (observable pacing, fidgeting)

Mind – Involuntary movements

Mind – Indifference to surroundings

Mind – Anxiety – observed during interview

Mind – Weeping – involuntary, without cause

Mind – Loquacity (talks excessively)

Mind – Laughing – immoderately, inappropriately

Facial and Physical Expressions

Face – Expression – anxious / frightened / sad / indifferent

Face – Pale / flushed / yellow / cyanotic

Eyes – Dull / staring / rolling / restless

Lips – Dry / cracked / blue

Mouth – Twitching / movements

Face – Twitching / distortions

Posture & Movement

Generalities – Position – lying on abdomen / back / side

Extremities – Trembling / twitching / jerking

Extremities – Paralysis – observed weakness

Generalities – Motion – ameliorates / aggravates

Voice & Speech Patterns

Mouth – Speech – incoherent / slow / rapid / stammering

Mind – Answering – slowly / promptly / refuses to answer

Mind – Talking – talking to self / irrelevant / continuous

Observable Physical Symptoms

Skin – Color – red / pale / jaundiced

Perspiration – Odor / location / stains

Respiration – Rapid / difficult / audible

Cough – Sound – barking / metallic / spasmodic

Temperature – Fever – high, with chills (measurable)

Pulse – Rapid / irregular / weak (if observed)

Discharges & Excretions

Nose – Discharge – green / bloody / acrid

Stool – Appearance – watery / mucous / undigested food

Urine – Color – dark / cloudy / scanty

Leucorrhea – Color / consistency

Special Rubrics for Clinical Observation:

Clinical – Observation, symptoms based on

Observation – Generalities

Research on Observation in Pediatric Respiratory Illness:

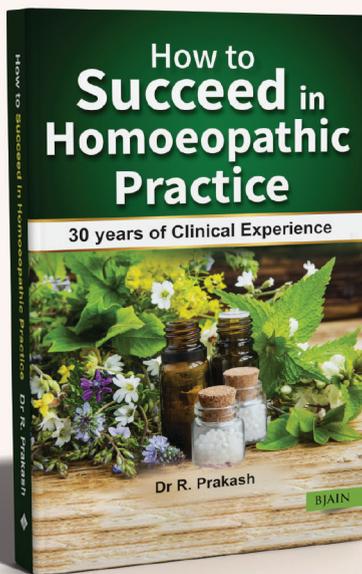
A study titled “*Importance of Observation as Pointers to Similimum in Acute Lower Respiratory Illnesses in Pediatric Age Group*” found that:

- In 97% of cases, observations contributed to constructing the reportorial totality.
- In 72% of cases, observations helped in identifying the similimum.
- In 70% of cases, observations were crucial for differentiating remedies using Materia

Medica. [12]

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Homoeopathic Perspective on Adenoids in Paediatric Age Group: A Review

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Keywords

Adenoidal Hypertrophy, Homoeopathy, Paediatric age, Review article.

Abstract

Adenoids serve as a critical component of the immune system, acting as a primary defence mechanism against foreign pathogens entering the body. Adenoidal hypertrophy demonstrates a significant prevalence in the paediatric population, characterized by heightened physiological activity during this developmental stage. As Adenoids begin to shrink around seven to eight years of age; symptomatic relief in most cases suffices but in severe and recurrent cases surgical removal is recommended. In contrast to the conventional mode, Homoeopathy can provide a safe and alternative mode of treatment to children by first tackling the infection and simultaneously increasing the immunity. This approach is particularly beneficial for children with chronic or recurrent conditions requiring adenoidectomy. This review evaluates the therapeutic potential of Homoeopathic medicines in addressing Adenoidal Hypertrophy in paediatric patients, highlighting their foundational holistic principles and individualized treatment strategies. Homoeopathy plays a vital role in managing adenoiditis if the medication prescribed is based on the totality of symptoms. Multiple contemporary publications from online sources and works of literature were used to compile this article. Homoeopathic remedies like *Agraphis Nutans*, *Baryta carbonica*, *Calcarea phosphoricum*, *Iodum*, *Sulphur*, *Tuberculinum* and others were found to be

effective in managing cases of adenoids.

Introduction

Adenoids are enlarged hypertrophied nasopharyngeal tonsils.¹ Children with a weakened immune functioning are more likely to suffer from this condition. The symptoms of adenoids are similar to those of Upper respiratory tract infections and hence can be misdiagnosed. Adenoidal Hypertrophy has a prevalence of 34% in the general paediatric population.¹ It varies between 42% and 70% depending on children having symptoms like Ear Nose Throat (ENT) symptoms, and patients suffering from obstructive sleep apnoea syndrome (OSAS).²

Adenoids along with tonsils are a part of lymph tissues that circle the pharynx. These together form the component of 'The Waldeyer ring'.³ The adenoid occupies the space between the nasal septum and posterior pharyngeal wall and is susceptible to infection as well as hypertrophy. The adenoids or Pharyngeal tonsils contain simple crypts, unlike the palatine tonsils which are made of complex crypts. ⁴ The adenoidal surface comprises ciliated epithelial cells enveloped by mucus. Hypertrophy of the nasopharyngeal tonsil leading to symptoms is termed adenoids. ⁵

Adenoids start to develop from birth and are most immunologically active between 4 and 10 years of age. Adenotonsillar hypertrophy is greatest between ages 3 and 6 years.⁴ They start regressing between ages 7 and 8, undergoing gradual atrophy until they completely disappear by adulthood.⁶ The prevalence of Hypertrophy of Adenoids in

India is 34% in the paediatric age group.¹

The pathogenesis of adenoidal hypertrophy is characterized by its inflammation. Adenoids can be infected by either bacterial or viral pathogens causing its inflammation. Adenoids mostly produce secretory IgA, which when transported to the surface provides local immune protection.⁸ It is usually infected by aerobic species, such as streptococci and *Haemophilus influenzae*, and anaerobic species such as *Peptostreptococcus*, *Prevotella* and *Fusobacterium*.⁴

Adenoids usually occur between 3 and 10 years of age due to allergies or infections as the Waldeyer ring is immunologically most active during those years; few children have adenoids since birth.^{5, 6} Mostly the cause is physiological, but if it produces symptoms like post nasal drip, nasal discharge, pyrexia; it is considered unhealthy.⁵

Predisposing factors are divided as endogenous and exogenous factors. Endogenous factors include pre-existing upper respiratory tract infection and chronic tonsillitis, post nasal discharge due to sinusitis, residual tonsillar tissue after tonsillectomy, low resistance diseases like agranulocytosis, leukaemia's or Hodgkin's disease and exanthema.⁵ Ingestion of cold drinks or foods which cause infection, contracting infection from infected individual, pollution and crowded ill-ventilated environment or imbedded foreign body are exogenous factors.⁵

Clinical features of acute adenoidal hypertrophy make it difficult to distinguish from general upper respiratory tract infection and rhinosinusitis. Patients show symptoms like nasal obstruction, nasal discharge, high grade fever, cough, postnasal drip, breathing through mouth and otitis media.³

Chronic adenoidal hypertrophy is defined as symptoms lasting for more than 3 months, and results in the adenoid harbouring bacteria and acting as reservoir of infection for the paranasal sinuses.³ Recurrent or chronic adenoidal hypertrophy is diagnosed based on clinical features more than examination findings. Most children present with blocked nose, mucopurulent posterior nasal drip, chronic cough and halitosis. They tend to continuously snort or gag on the mucus and develop a nasal intonation of speech.³

Adenoidal hypertrophy causes nasal obstruction thus making it difficult for the child to breathe. As a result symptoms like mouth breathing, snoring, nasal discharge, change in voice (rhinolalia causa), drooling of saliva through mouth and difficulty in eating arise. If the Eustachian tube is blocked then it is accompanied with earache, impaired hearing, acute otitis media, chronic suppurative otitis media (CSOM) and Eustachian catarrh.¹ When the adenoids get chronically infected by microbes it causes purulent discharge from nose, pharyngitis, tonsillitis, lymphadenitis, aggravation of bronchial asthma and bronchitis if present.⁵ The child is unable to attend school due to repeated illness thus affecting his/her school performance. Generally the child seems mentally backward and lethargic.¹

The child develops a dull or vacant expression with open mouth, irregular and crowded teeth (maloccluded teeth), pinched and narrow nose and high arched palate. This face is the typical adenoid face and is referred to as 'Adenoid facies'.⁸

Severe adenoids lead to Eustachian tube blockage, which causes a condition called "glue-ear", in which the secretions are unable to drain. These secretions can further get infected causing otitis media which requires immediate treatment as, if left untreated it can cause the eardrum to burst causing loss of hearing in the child.⁶

Adenoids are usually diagnosed based on its clinical features and Adenoid facies. Digital palpation can be done during the first few years of life but it is an unpleasant procedure so better avoided. The other ways to diagnose a case of adenoids include posterior rhinoscopy, indirect visualisation with a pharyngeal mirror or fibre optic bronchoscope, lateral pharyngeal X-ray. Examination under general anaesthesia is done to visualise or palpate adenoids.^{5, 8}

Symptoms of nasal obstruction may also occur in cases of rhinitis, sinusitis, antrochoanal polyp, deviated septum, allergies, Thornwaldt's disease, hypertrophy of nasal turbinate's and rarely benign tumours. High arched palate can be due to an orthodontic abnormality.⁵ Other causes for these non-specific symptoms of adenoids are Choanal atresia, Pyriform aperture stenosis, Intranasal encephalocele, Nasal dermoid, Nasopharyngeal

neoplasm, Acute or chronic otitis media, Cholesteatoma, Nasopharyngeal malignancy, Inverting papilloma, HIV.⁹

General Management

The general management of adenoidal hypertrophy primarily involves nasal breathing exercises to enhance airway patency. Adjunctive supportive measures include steam inhalation to preserve mucosal moisture, sufficient fluid intake for overall hydration, and refraining from cold foods or beverages to prevent mucosal irritation. Additionally, patients are advised to refrain from exposure to cold, damp environments and crowded areas to reduce the risk of respiratory infections. Bed rest is advised for severe symptoms.⁴

Conventional Management

Conservative management for patients with adenoid hyperplasia alone and no other signs and symptoms is to wait and keep a watch.¹⁰

Conventional management, for patients with adenoid hyperplasia suggests that off-label intranasal corticosteroids can have a beneficial effect.¹⁰ For patients with contraindications like submucous cleft palate, bleeding diathesis; conservative management should be considered.¹⁰ This may include use of antibiotics, anti-histamines, decongestants, improvement in health and hygiene and breathing exercises.^{5, 11}

One of the most commonly performed paediatric surgical procedures worldwide is adenoidectomy. The main indications of adenoidectomy to be considered are recurrent upper respiratory infections, otitis media with effusion, and obstructive sleep apnoea syndrome.¹²

The American Academy of Otolaryngology—Head and Neck Surgery (AAOHN) gives indications for adenoidectomy in patients.¹⁰ Some of the indications are presence of recurrent purulent rhinorrhea in a child less than 12 years of age¹³, hyponasal speech^{13, 15, 16}, upper airway obstruction associated with cardiopulmonary complications¹⁷, recurrent acute and chronic otitis media¹⁴,¹⁰ and secondary signs and symptoms such as adenoid facies.^{14, 18}

However, surgery does have its advantages and risks, which can cause emotional distress for the patient and the family.¹²

Complementary And Alternative Medicine

Complementary and alternative refer to therapies and products that people use as adjuncts to or as alternatives to western medical approaches.¹⁹ Traditional Chinese medicine includes acupuncture, herbal remedies, special diets, and meditative techniques such as tai chi.¹⁹ In India, Ayurveda uses the meditative practices of yoga, cleansing diets, and natural products. Homeopathic medicine and naturopathic medicine emerged in the west as responses to the then-ineffective and toxic conventional approaches.¹⁹ The use of complementary and alternative medicine and traditional medicine varies widely between and within countries.¹⁹ Traditional medicine is the major source of health care in developing nations. In contrast, in affluent countries, individuals choose complementary and alternative medicine based on their own beliefs.¹⁹

In Ayurveda Adenoid enlargement can be closely related to kanthashaluka, due to the striking similarities between the two disease types' clinical manifestations. Kanthashaluka is one of the seventeen throat diseases that affect the quality of life of people in general.²⁰

Nasya with AnuTaila results into regularization of deranged Dosha. The Kanchar Guggulu, Vriddhibadhika Vati Chandraprabha Vati-Sitopaladi Churna-Trikatu-Baheda churna have the inherent ability of alleviating vitiated tridosha.²⁰ Varanadikashaya induces a change in the internal environment of the body through blood purification, which results in the reduction of the presenting symptoms.²⁰

Siddha System of Medicine for the treatment of tonsillitis has internal, external and local applications. For the cure of tonsillitis, single herbs such as Akarakaram (Anacyclus pyrethrum), Athimathuram (Sweet flag), Arathai (Alpinia galangal), Aathondai (Capparis zeylanica), Chukku (Zingiber officinale), Milagu (Piper nigrum), Val milagu (Piper cubeba), Adathodai (Justicia beddomei) are used.²¹

Chinese medicine believes that the disease mostly belongs to the category of “HangSang,” “snoring sleep”, “sputum nucleus” based on clinical manifestation of adenoidal hypertrophy in children.²²

Danxi Xinfu believes that the pathogenesis of adenoidal hypertrophy is based on deficiency in origin and excess in superficiality.²² Because of children's delicate lung, the pathogenic factors come into and stay in the lung, inner heat builds up over time and finally burns the throat. Children's spleen is often insufficient, the spleen do not rise clear qi due to too much heat and transport irregularly, and then it accumulates as phlegm and gets stored in the lungs which then gathers in the nasopharynx.²² Adenoids are located in the nasopharynx, where the pharynx is the gateway to the lungs.²²

In the literature, Erchen Decoction and Shenling Baizhu powder are used to dry and revive the spleen in order to exhaust the source of phlegm. Shengma Jiedu decoction, often combined with drugs is used for treating people with excessive lung heat obstruction.²²

Compared with western medicine treatment, there is no consensus on the difference in clinical efficacy, and the lack may limit the application of Chinese Herbal Medicine for paediatric adenoid hypertrophy.²³

Since ancient times, turmeric has been used in the Indian system of medicine. It is also included in an Assyrian herbal that dates back to about 600 BC.²⁴

According to a review of published papers on the subject, the proposed adjunctive therapies like nasal irrigation, herbal therapy, bacteriotherapy and halotherapy can be used safely in the treatment of adenoidal hypertrophy, either alone or in conjunction with conventional medical therapy.²⁵

Homoeopathic Perspective

Homeopathy has been used as an alternative therapy for obstructive adenoids with the intention of reducing surgical symptoms.²⁶ Homeopathy not only treats the symptom or the disease but, treats the patients as an entire organism.²⁶ These remedies work in two phases, in the first phase, they

aim to reduce the infection and inflammation of the adenoids, while in the second phase, homeopathic remedies aim to minimize their chance of reoccurrence by improving immunity.⁶ Improvement of the obstructive symptoms and the radiological findings after individual homoeopathy, which are clinically relevant have been observed.¹ As far as therapeutic medication is concerned, several remedies are available to treat enlarged/infected adenoids that can be selected on the basis of cause, sensations and modalities of the complaints.⁶ Homeopathic remedies can therefore be helpful in the treatment of symptomatic Adenotonsillar Hypertrophy in children.²⁷

Therapeutics

Most frequently used medicines for adeno-tonsillar hypertrophy in children are *Calcarea carbonica*, *Calcarea Phosphoricum*, *Silicea*, *Phosphorous*, *Sulphur*, *Pulsatilla*, *Lycopodium* and *Tuberculinum*.²⁸

Agraphis nutans-

Children who are prone to catching cold on exposure to cold winds.³³ Hearing impaired due to enlarged tonsils.²⁹ Nostrils are obstructed. Adenoids with enlarged tonsils.^{29, 33} Throat and ear problems with a tendency to free discharge from the mucous membranes. Mutism of childhood with or without deafness.²⁹

Baryta carbonica-

It is suited to scrofulous children, especially if they are backward mentally and physically.²⁹ They tend to catch cold easily and always have swollen tonsils.^{29, 33} Tonsils tend to supurate after every episode of cold. Smarting pain in tonsils when swallowing. Child also suffer from loss of memory or mental weakness.²⁹ There is great sensitivity to cold. *Baryta* has peculiarly strong affinity for throat, especially the tonsils.³³ Child breathes through mouth due to adenoidal swelling adding to the general “stupid” look on face.³²

Baryta muriatica-

Suited for children with enlarged tonsils. There is paresis of pharynx and Eustachian tubes accompanied with bouts of sneezing and tinnitus.²⁹ Children have their mouth open and tend to talk through their nose.²⁹ Stupid looking child. Due to

Eustachian paresis there is difficulty in hearing.²⁹

Belladonna-

First hand remedy given when there is inflammation or swelling of glands and lymphatic's. Glands appear red and shining and are painful.³⁰ Affected parts are hot to touch and internal heat is present.³⁰ Tension of affected parts. Pain is a stitching type. Cold swelling of glands.³⁰ Tonsils enlarged in children causing constriction of throat and difficult deglutition.²⁹

Calcareo carbonica-

Suited to children with strong tendency toward glandular swelling. The tonsils are painfully swollen and inflamed.³⁰ Glands and tonsils are indurated.³⁰ Child suffers from a bad case of otorrhea and hearing difficulties. Cold swelling of glands. Susceptible to catching a cold at every change of weather. Frequent hawking of mucus.²⁹ Swelling of tonsils which gives rise to stitching pain.³³

Calcareo fluorica-

Cervical glands which are indurated of and have stony hardness.³⁰ Given in cases of follicular tonsillitis. The child has hypertrophy of Lushka's tonsil (adenoids/pharyngeal tonsils). Complaints are worse in change of weather.²⁹ Symptoms are better by heat or warm applications.²⁹

Calcareo phosphorica-

Tonsils and adenoids which are swollen making it impossible for the child to open his/her mouth without pain.²⁹ Adenoid growth.²⁹ Cough which is suffocative in nature which is better on lying down.²⁹ Children who are anaemic and peevish in nature.²⁹ Flabby child who tends to catch cold²⁹ and is generally intolerant to cold.³²

Ferrum phosphoricum-

It is used in first stage of inflammation; especially for catarrhal affections of respiratory tract.²⁹ Children with red and swollen tonsils.²⁹ Inflammation of Eustachian tube.²⁹ Children suffering from acute otitis media.²⁹ Given in cases of raw and swollen tonsils along with high fever.³⁰ Empty swallowing also gives rise to pain.³³

Hepar sulphuris calcareum-

Children having tinnitus with hardness of hearing.²⁹ Discharge from ears is like fetid pus.²⁹ Pain in throat is sharp lancinating or throbbing type which is worse on swallowing.³⁰ Patients are extremely sensitive to cold air.³⁴ They wrap themselves up even in hot weather.³⁴

Iodum-

Torpor and sluggishness in glands.³⁰ Glands are indurated, hard, large but usually painless in nature.³⁰ Children with affected adenoids or frequent cases of adenoidal hypertrophy. Eustachian tube is affected causing deafness.²⁹ Child suffers from laryngitis with painful roughness and has difficulty during inspiration.²⁹

Kalium sulphuricum-

Children having enlarged naso-pharyngeal mucous membrane, breathing through the mouth, snoring even after removal of adenoids.²⁹ There is watery, sticky, offensive and thin yellow discharge from ears along with Eustachian deafness.³³

Lycopodium clavatum-

Suited to children having allergies, eczema and respiratory problems who develop dark blue circles under the eyes and "adenoidal" faces.³¹ Right sided affections that then extend to the left side.³¹ Child has a tendency for recurrent tonsillitis and sore throats.³¹ Given in case of enlarged, indurated tonsils which are studded with many small ulcers.³⁰

Mercurius solubilis- Hydrargyrum-

Patients are sensitive to heat and cold; human "thermometer".²⁹ Children having fetid and bloody discharge through ears; thick yellow discharge.²⁹ Saliva is fetid and coppery and secretions are greatly increased.²⁹ Every change in weather causes ulcers and inflammation.²⁹ Children having glandular and scrofulous affection.³⁴

Mezereum-

Children suffering from post-nasal adenoids.^{29, 33} It is suited to patients who are sensitive to cold air.²⁹ Children who snore.³³ Tendency to sneeze frequently.³³ Thickening of tympanum.³³

Silicea

Tendency for cold to settle in throat.²⁹ Patient has swelling of parotid gland.²⁹ Pricking as of a pin in tonsil.²⁹ There is roaring in ears.²⁹ Face gets distorted with each effort to swallow due to tonsillitis.³⁰ Child is sensitive to noise and has a perforated ear drum.³³ Suited in cases of tonsils which are swollen and suppurating.³³

Sulphur-

Anti-psoric remedy as told by Hahnemann.²⁹ Child is very forgetful and has difficulty in thinking.²⁹ Whizzing in ears (tinnitus).²⁹ Child has sensitive hearing which is followed by deafness.²⁹ Adenoids are large and prevent the emptying of the Eustachian tube.³¹ ; catarrhal deafness.²⁹ There is congestion of single parts.

Thuja occidentalis-

Glands tend to enlarge. Children are prone to asthmatic attacks, cough which is dry and hacking in nature especially in the afternoon.²⁹ Chronic catarrh with thick greenish mucus.²⁹ They suffer from chronic otitis media with purulent discharge (otorrhea).²⁹ Perspiration smells sweetish.³²

Tuberculinum-

Children tend to emaciate rapidly.²⁹ Suited to mentally deficient children.²⁹ Tonsils and adenoids that enlarge easily.^{29,31} Adenoids in children that give rise to ear ailments causing chronic fluid accumulation in ears³¹ ; persistent, offensive otorrhea.²⁹ Cough which comes up during sleep and is dry, hard in nature.²⁹ Child has adenoidal (adenoid facies) look along with swollen and puffy skin. Child having adenoidal look with swollen, puffy skin and allergic shiner.³¹

DISCUSSION

Adenoids act as the first line of defence in children as they along with tonsils are predominantly affected.^{5,6}

A common approach acquired by the physicians to treat cases of adenoids is to give symptomatic relief. If the adenoids do not have any symptoms then there is no need for interference in such cases.¹⁰ The approach used by the physician

practicing western medicine normally consists of prescribing antibiotics and nasal steroid sprays in case an infection develops.^{5,11} In case the medicines fail to provide relief to the patient or the patient is suffering from recurrent or chronic adenoidal hypertrophy then surgical intervention is advised.¹⁰ Adenoidectomy does significantly improve a child's condition in certain cases but one cannot ignore the emotional and financial distress it causes to the patient and their family.¹²

Since conventional medicine provides no cure other than alleviating or suppressing the symptoms people often do choose other medicinal approaches. Thus complementary and alternative medicines are on rise in developing countries.¹⁹ Lifestyle changes along with these medicines help to bring about a significant change in the child suffering from adenoids.^{5,11} Since adenoids mainly develop due to increased immunological response by the child, the common approach in these medicinal system is to decrease the symptoms and increase the immunity subsequently.⁶

Homoeopathy is one of the most widely used system of medicine. The holistic approach used in prescribing homoeopathic medicines has been proven to be successful in boosting the child's immunity and restoring the body's internal balance. Homoeopathy is thus a safer and gentle option in case of treating Adenoids.^{1,6,26}

Being a non-invasive mode of treatment it ensures the well-being and overall development of the child in their early growing years. The remedy is chosen based on individualisation. Homoeopathic remedy will not only provide a symptomatic relief to the child but will also decrease his/her hypersensitivity by increasing the immunity. In many cases surgery can also be avoided if detected early and timely treatment taken.^{1,26,27}

Homoeopathic medicine is chosen based on the principle of symptom similarity. As a result in Homoeopathy a single or specific group of remedies cannot be used to treat all the cases of Adenoids and its complications. The symptoms given or shown by the patient are systematically recorded and evaluated by the physician.⁶ Therefore a thorough analysis of each individual case is required by the concerned physician to reach a totality to prescribe the said similimum. The

potency of the medicine is then chosen based on the susceptibility of the patient.

The homoeopathic remedies which can be prescribed in case of adenoids are *Agraphis nutans*, *Baryta carbonica*, *Baryta muriatica*, *Belladonna*, *Calcarea carbonica*, *Calcarea fluorica*, *Calcarea phosphorica*, *Ferrum phosphoricum*, *Hepar sulphuris calcareum*, *Iodum*, *Kalium sulphuricum*, *Lycopodium clavatum*, *Mercurius solubilis*- *Hydrargyrum*, *Mezereum*, *Phosphorous*, *Pulsatilla nigricans*, *Silicea*, *Sulphur*, *Thuja occidentalis* and *Tuberculinum*.²⁸

Study conducted by Srivastava P., emphasizes on the use of Homoeopathic remedies in adenoids with help of clinical cases.³⁵ Thirty cases were selected which included children between the age group of 2 and 10 years, and remedy was given based on totality of symptoms. This study showed that homoeopathic medicine is very effective in treating adenoids.³⁵ Also an evidence based case report by Vinitha E.R shows clinical improvement in adenoids. The remedy which was given in this particular case report was *Phosphorous* 200 for a period of 10 months at a month's interval.³⁶ Thus, it has been noted through various research articles that a well selected homoeopathic remedy has been able to bring about a significant change in a child suffering from adenoids.²⁷

CONCLUSION

Adenoidal hypertrophy is generally self-limiting with minimal long-term effects on paediatric health. However, early diagnosis and intervention are crucial to ensuring recovery and preventing complications. Continued research into non-invasive treatment options could further enhance patient care and outcomes, particularly exploring the efficacy and safety of homeopathic treatments for evidence-based, non-invasive care. More clinical trials are necessary to establish the efficacy and safety of homeopathy as a viable treatment for adenoidal hypertrophy.

CONFLICT OF INTEREST: NIL.

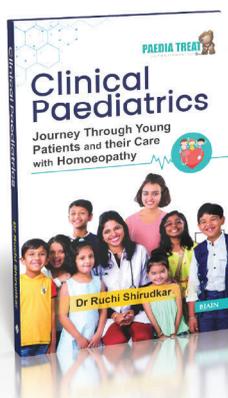
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NEW RELEASE



Clinical Paediatrics

Journey Through Young Patients & their Care with Homoeopathy

From the Author's Desk

Q. What makes paediatric case taking so unique and challenging according to you and how does this book address these challenges?

Ans. In paediatrics, the biggest challenge lies in the child's limitations with language, their moods, inhibitions, and the crucial role of non-verbal cues. Since we can't expect homeopaths to be experts in psychology or body language, I aimed to create a simplified, go-to book that can help decipher these complexities in pediatric cases. The key challenge is to pick up on non-verbal cues and understand that case-taking begins the moment the child enters the room, not just when they start speaking. In pediatric case-taking, the child's behavior often holds more significance than their words, making it a unique and distinct approach.



Dr Ruchi Shirudkar

The Silent Language: The Importance of The Homeopath's Observations in Case Taking.



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Keywords

Homeopathy, Case Taking, Observation, Simillimum, Hahnemann, Non-verbal Symptoms, Miasmatic Clues.

Abstract

This article explores the pivotal role of observational skills in homeopathic case taking. Through clinical insights and practical examples, it highlights how non-verbal cues—such as gestures, expressions, and behavioral patterns—guide the homeopath in identifying the simillimum. Emphasizing Hahnemann's foundational instructions, the article urges practitioners to integrate mindful observation as an essential diagnostic tool.

Introduction

In the sacred space between the healer and the one seeking healing, lies a subtle yet powerful dialogue — often unspoken. Homeopathy, in its purest form, is not merely a system of medicine. It is an art of listening, feeling, and most importantly, observing.

Every homeopath, at some point, realizes that the truest symptoms are not always what the patient says — but often, what the patient cannot say. Dr. Samuel Hahnemann, the founder of homeopathy, emphasized in Organon of Medicine (§83

onwards) that a physician must observe carefully and note what the patient does, not only what they say. This subtle art of “objective perception” is not an optional skill — it is the foundation of accurate prescribing.

Consider this for example: a patient enters the clinic, neatly dressed, but avoids eye contact, speaks in whispers, and keeps glancing at the door. Though their chief complaint is a skin eruption, your observation already paints a deeper picture — of anxiety, fear, or trauma. No rubric in the repertory may exactly say, “keeps glancing at the door,” but the spirit of the symptom speaks volumes.

Clinical observation goes beyond symptoms and enters the realm of personality, miasm, and constitution. It includes:

- Facial expressions (e.g., dullness, sadness, constant smiling)
- Posture and gait (confident stride vs. slouched body)
- Tone and tempo of speech (rapid, pressured, hesitant, monotonous)
- Behavior in waiting area (friendly, irritable, restless)
- Clothing and grooming (over-dressed in summer, mismatched clothes)

- Hygiene and body odor (signs of neglect, indicative of certain remedies)

- Reaction to questions (evasive, defensive, overly compliant)

Such observations are never to be judged — only recorded with compassion and neutrality. The goal is not to label but to understand.

Why Observations Matter More Than Words

1. Unconscious Revelations

Patients often suppress or are unaware of deeper issues. A woman may come for headaches but nervously twist her fingers throughout. That one gesture may lead you to *Cimicifuga* or *Ignatia*.

2. Differentiating Remedies

Phosphorus and Sulphur may both be talkative, but the former makes eye contact, is expressive and warm; the latter may be careless and jump from topic to topic. Observation sharpens remedy differentiation.

3. Spotting Incongruence

A patient says, "I'm not afraid," but you notice clenched fists and stiff posture. This contradiction is often the gateway to a deeper remedy state.

4. Recognizing Miasmatic Clues

Restlessness of syphilis, destructive energy of syphilis, or the anxious worry of psora often manifest in body language before they appear in speech.

For example - Case Vignette: When the Body Spoke Louder Than the Voice

A 45-year-old man once presented with c/o acidity and sleeplessness. His speech was measured, polite, and devoid of emotion. But as he described his diet, his left leg was shaking constantly. When asked about his work, he became visibly rigid. Slowly, layers unfolded — his job insecurity, suppressed anger, and perfectionism. He eventually broke down.

The prescription-*Lycopodium 200* — not from what he narrated, but from what his body revealed -showing the complete and true portrait of

disease.

The Observer's Art: Developing the Inner Eye

Observation in homeopathy is not about clinical detachment — it is about heightened presence.

To cultivate this:

- Slow down. Don't rush into rubrics.

- Watch without judgment. Neutrality invites truth.

- Note subtle shifts. Watch for sighs, silences, and eye movements.

- Practice mindfulness. A still mind perceives more.

- Reflect post-consultation. Often, connections appear after the patient leaves.

Observation: A Sacred Responsibility

When a patient sits before you, they offer more than just symptoms — they offer themselves. To truly see them is a spiritual act. As homeopaths, our gift lies not in how much we speak, but in how deeply we observe. Observation, when guided by empathy and honed by experience, becomes a tool of both diagnosis and healing. So next time you sit with a patient, listen not just to their story — but to the pauses, the twitches, the shrugs, and the tears that don't fall. Sometimes, the simillimum whispers through a glance or a gesture. And that is where the real healing begins. "Observation is not passive. It is the quietest form of listening — and the deepest form of care."

Rubrics Useful for Observation in Case Taking

Physical Appearance & Posture

Observed Behavior	Rubric	Repertory
Obese appearance	Generalities – Obesity	Kent, Synthesis
Emaciated, thin appearance	Generalities – Emaciation	Kent, Synthesis
Stooped posture	Generalities – Posture – stooping	Kent
Constant movement	Generalities – Restlessness – motion, constant	Kent

Weakness while sitting	Generalities – Weakness – on sitting	Kent, Synthesis
------------------------	--------------------------------------	-----------------

Speech & Voice

Observed Behavior	Rubric	Repertory
Speaks very fast	Speech – Hasty	Kent, Synthesis
Speaks slowly or pauses	Speech – Slow	Kent
Incoherent or jumbled speech	Speech – Incoherent	Kent
Doesn't want to talk	Mind – Talk – indisposed to talk	Kent, Synthesis
Talks continuously or excessively	Mind – Loquacity	Kent, Synthesis

Gestures & Movements

Observed Behavior	Rubric	Repertory
Uses expressive gestures	Mind – Gestures – expressive	Complete, Synthesis
Involuntary gestures or tics	Mind – Gestures – involuntary	Complete
Restlessness of hands or feet	Mind – Restlessness – hands/feet	Synthesis
Constant change of position	Generalities – Restlessness – must move	Kent

Eyes & Gaze

Observed Behavior	Rubric	Repertory
Stares blankly	Eyes – Staring	Kent, Synthesis
Rolling of eyes	Eyes – Rolling	Synthesis
Avoids eye contact	Mind – Aversion to being looked at	Complete
Fixed gaze	Eyes – Fixed look	Synthesis

Facial Expression

Observed Behavior	Rubric	Repertory
Anxious face	Face – Expression – anxious	Kent
Sad or gloomy expression	Face – Expression – sad	Kent
Dull, blank face	Face – Expression – stupid/dull	Kent
Grimacing/twisting face	Face – Expression – distorted/twitching	Synthesis

Mental & Emotional Signs

Observed Behavior	Rubric	Repertory
Indifferent or flat affect	Mind – Indifference	Kent
Weeping without reason	Mind – Weeping – involuntary	Kent, Synthesis
Angry or irritable tone	Mind – Irritability	Kent
Anxious with restlessness	Mind – Anxiety – with restlessness	Kent
Confused or distracted look	Mind – Confusion of mind	Kent
Slowly answers questions	Mind – Answers – slowly	Kent
Talks rapidly without logic	Mind – Loquacity – jumps from topic to topic	Synthesis

Hygiene & Self-Care

Observed Behavior	Rubric	Repertory
Untidy, not well-groomed	Mind – Slovenly / Dirty – neglects appearance	Synthesis
Obsessive about cleanliness	Mind – Fastidious	Kent, Synthesis
Aversion to bathing	Generalities – Aversion to bathing	Kent, Synthesis

Reaction Time & Attention

Observed Behavior	Rubric	Repertory
Answers slowly or after delay	Mind – Answers – slowly	Kent
Distracted, difficulty focusing	Mind – Concentration – difficult	Kent
Loses train of thought while speaking	Mind – Thoughts – vanishing	Kent, Complete

CONCLUSION

Observation in homeopathy reveals what words often conceal. By attentively noticing gestures, expressions, and behavior, the homeopath uncovers the patient's true state. This silent language guides accurate remedy selection and deepens the healing process, making observation a vital clinical skill.

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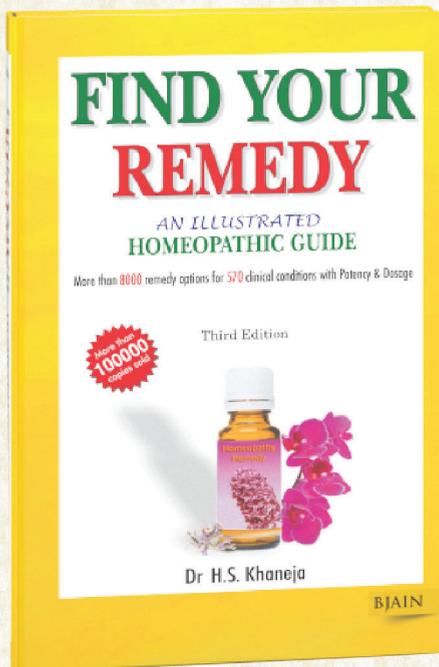
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FIND YOUR REMEDY

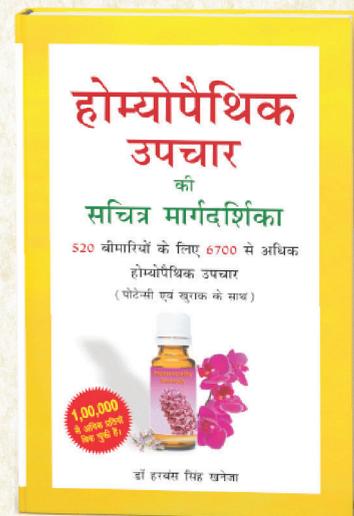


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Listening with the Eyes: The Silent Language of Observation in Case Taking

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Keywords

Behaviour, Classical, Constitution, Homoeopathy, Observation, Prejudice

Abstract

One of the most important, yet frequently undervalued tools in homoeopathic case taking is observation. The body language, posture, gestures, dress, facial expressions and non-verbal clues that convey more information than words are all examined in this article. We explore the ways in which pioneers such as Hahnemann, Boenninghausen, Kent and Hering etc. stressed the practitioner's function as a quiet observer, one who listens with the eyes just as much as the ears, drawing from traditional homoeopathic philosophy and clinical practice. This article highlights the indispensable importance of careful, intuitive observation in identifying the entirety of symptoms and accurately prescribing in a world that is becoming more and more dependent on verbal narratives and technology.

Introduction

According to Dr. Samuel Hahnemann's description of the homoeopathic method in the *Organon of Medicine*, the practitioner should "be a silent observer" in order to accurately and truthfully see the entirety of symptoms without distortion. [1] Subjective and objective symptoms including those that might only become apparent via close observation are valued more highly in homoeopathy. They include body language, tone of voice, habits, facial expressions and other non-verbal

indicators that frequently reveal a deeper disruption in the vital force. In homoeopathy, observation is more than just passive observation; it is an active, focused and skillful engagement that enables the homoeopath to understand the entirety of symptoms holistically and treat in accordance with the basic principles of classical homoeopathy. Additionally, observations extend beyond the consultation room. Caregiver's reports, patient behaviour in the waiting area, clothing choices and hygiene can all provide valuable insights into the patient's constitution and miasmatic background.

Observation in the Light of Homoeopathic Pioneers

Dr. Samuel Hahnemann – The Visionary Physician

Hahnemann viewed observation as a moral obligation. To him, the task of healing demanded a pure, unprejudiced mind, capable of seeing the patient as he truly is, not as the disease defines him. In *Organon Aphorism 6*, he speaks of grasping the "totality of the patient's suffering", a concept that transcends physicality and touches upon the vital spirit of the individual. Hahnemann considered observation to be a spiritual and intellectual surrender to the truth of the patient, requiring humility and detachment from all bias.^[1]

Dr. Clemens Von Boenninghausen – The Systematic Seeker

For Boenninghausen, observation was a disciplined journey into the mosaic of symptoms. He believed that the individual expression of disease lies in its modalities and concomitants, often

unnoticed unless the eye is trained to see beyond the surface. Boenninghausen's observation was almost mathematical, yet deeply human, it was an effort to find order in the chaos of suffering, a structured reverence for the uniqueness of every patient.^[2]

"The truth is often hidden in the unnoticed." - *Lesser Writings of Boenninghausen*

Dr. James Tyler Kent – The Mystic Philosopher of Homoeopathy

Kent saw disease as a disturbance of the innermost planes; will, understanding and memory. Therefore, observation was not limited to what is seen, but extended to what is perceived with the inner eye. He urged homoeopaths to study the mental and moral state, believing that the invisible governs the visible. Observation helps perceive changes in the patient's mental and emotional state, which are paramount in remedy selection. He stated that "the mental symptoms and their order are most important and must be carefully observed". This includes observing contradictions in speech and behaviour, involuntary gestures and peculiarities which patients themselves may overlook.^[3]

Kent's observation was contemplative and spiritual, rooted in intuition and insight, treating each case as an unfolding mystery of the soul.

"The remedy must be similar to the sickness in its very essence." - *Lectures on Homoeopathic Philosophy*

Dr. Herbert Alfred Roberts – The Observer of the Vital Direction

Roberts introduced the idea that observation must extend beyond the prescription, into the realm of healing trajectory. For him, the ability to discern true cure through Hering's Law of Direction of Cure was the physician's greatest observational achievement. He viewed observation as a moral compass, guiding the physician toward recognizing whether nature is healing or being hindered.^[4]

"A curative remedy clears up the whole case in the right direction." - *The Principles and Art of Cure by Homoeopathy*

Dr. Margaret Lucy Tyler – The Artist of Human Expression

Tyler regarded observation as a living art, requiring sensitivity, imagination and above all, human sympathy. Her writings reflect a belief that observation includes listening with the eyes and feeling with the heart, a profoundly humanistic approach. She saw the physician as both scientist and poet, one who must read between the lines of suffering, where the true story of disease is often hidden. Even minute observations, such as a child's reaction to touch or a patient's manner of coughing can guide the homoeopath toward the simillimum.^[5]

Dr. Constantine Hering - The Healer's Compass

Hering emphasized observation not only before prescription but after prescription, leading to his formulation of the "Hering's Law of Cure". His philosophy viewed observation as a means of tracking the vital force's return to harmony.^[6]

"Observe carefully the direction in which symptoms move after the remedy. That is where the soul speaks." - *Guiding Symptoms of Our Materia Medica*

Dr. Richard Hughes - The Empirical Thinker

Richard Hughes, a follower of the more physiological and material view of Homoeopathy, emphasized pathology-based observation. He stressed the importance of correlating symptoms with known disease processes but also acknowledged that individual symptoms must not be ignored. He called for a balanced observation; one that is scientific but not reductionist.^[7]

"Let us not lose sight of the patient, while we observe the disease." - *A Manual of Pharmacodynamics*

Contemporary Homoeopath

Dr. Prafull Vijayakar

Vijayakar, the founder of the school of Predictive Homoeopathy, emphasized on an observational approach that was grounded on science and genetics. He taught that the doctor's eye must carefully follow gene expression, miasmatic inheritance

and the course of cure.^[8]

“The homoeopath must observe like a geneticist and think like a philosopher.”

Dr. Rajan Sankaran

Dr. Sankaran introduced the concept of the "inner song", a deep pattern that runs through the patient's behaviour, expressions, dreams and gestures. He proposed the idea of "non-human-specific expressions," which include posture, movement, hand gestures and may represent the patient's underlying vital sense. He asserts that genuine comprehension is derived from observing the patient's unprompted words, reactions and expressions as well as from what they say.^[9]

“Observation in Homoeopathy is not passive seeing, but active experiencing.” - *The Sensation in Homoeopathy*

Dr. Madan Lal Sehgal

According to Sehgal, observation is about seeing the patient's attitude, judgment and emotional posture, listening beyond what is said. He believes that rather than only recording bodily symptoms, the doctor must develop into a silent, perceptive witness of the living mind.^[10]

Dr. George Vithoulkas

Vithoulkas, a teacher and reformer, emphasizes clarity and purity of observation, rooted in classical principles. He teaches that the homoeopath must be trained to distinguish real symptoms from irrelevant details, to avoid clouding the prescription.^[11]

“A good observer sees what matters and discards what distracts.” - *Levels of Health*

Dr. Jeremy Sherr

Sherr brings deep clarity on observing remedy provings and their subtle effects. He stresses clinical integrity, noting that the accuracy of prescription depends on the clarity of observation—free from prejudice, over-analysis or imagination.^[12]

“Observation is the lamp of truth; it must shine clearly and without distortion.”

- *The Dynamics and Methodology of Homoeopathic*

Provings

Non-Verbal Symptoms from Allen's Keynotes^[13]

Aconitum Napellus

- Fearful, anxious look
- Restlessness
- Looks terrified, predicts death

Antimonium Tartaricum

- Cold, pale, cyanotic appearance, covered with cold sweat.
- Drowsy but irritable when aroused.

Arsenicum Album

- Anxious expression; restless, changing place continually from one bed to another.
- Holds affected parts due to burning pain.

Baryta Carbonica

- Timid, hides behind mother.
- Delayed physical and mental development.

Belladonna

- Blue eyes.
- Restlessness with a flushed face and sudden violence.
- Boring the head into a pillow.

Calcarea Ostrearum

- Profuse head sweating during sleep.
- Flabby, slow to crawl/walk.
- Appears fearful and shy, especially with strangers.
- Large head and abdomen.

Carbo Vegetabilis

- Bluish face, cold extremities.
- Wants to be fanned constantly (even during collapse).

- Involuntary belching.

Chamomilla

- One cheek red and hot, the other pale and cold.
- Throws things in anger.
- Child cries loudly and is only pacified when carried.

Cina Maritima

- Constantly rubbing nose.
- Cross and irritable; strikes and kicks.
- Grinds teeth during sleep.

Gelsemium Sempervirens

- Dull, drowsy, droopy appearance.
- Trembling, tongue, hands and legs.
- Lack of eye contact; sluggish movement.

Hepar Sulphur

- Cringes or screams with pain during touch.
- Extremely sensitive to cold air, wrapped up even in hot weather.

Lachesis Mutus

- Throws bedcovers off.
- Great loquacity, want to talk all the time.

Lycopodium Clavatum

- Upper part of body emaciated, lower part semi-droical.
- Prematurely old appearance.

Opium

- Stertorous (snoring) breathing with half-closed eyes.
- Lying in an unconscious state but with a flushed face.

Plumbum Metallicum

- Expressionless face; mask-like, ash coloured.

- Skin of face, grease and shiny.

Silicea Terra

- Children with large head, distended abdomen, open fontanelles.

Stramonium

- Loquacious with wide-eyed terror.
- Sudden violence or laughter without cause.
- Twitching of single muscles or groups of muscles, Chorea.

Sulphur

- Constant heat on the vertex, with cold feet.
- Stoop-shouldered person who walks and sits stopping.

Veratrum Album

- Cold sweat on forehead.
- Collapsed state with sunken eyes and hippocratic face.

Observational Rubrics from Synthesis Repertory^[14]

MIND ANSWERING, gestures; with

MIND ANSWERING, irrelevantly

MIND ANSWERING, loudly

MIND ANSWERING, monosyllables; in

MIND ANSWERING, nodding; by

MIND ANSWERING, questions; in

MIND ANSWERING, repeats the question first

MIND CURIOUS

MIND DELIRIUM alternating with, consciousness

MIND DELIRIUM, lips move as if talking

MIND GESTURES, makes hands; involuntary motions of the Grasping mouth, everything in the mouth

MIND GESTURES, makes hands; involuntary motions of the, wringing the hands

MIND GESTURES, makes violent, angry; when

MIND GESTURES, makes, angry

MIND GESTURES, makes, childish

MIND GESTURES, makes, coition; motions as of

MIND GESTURES, makes, groping; as if

MIND GESTURES, makes, hands; involuntary motions of the

MIND GESTURES, makes, impatient

MIND GESTURES, makes, indicates his desires by gestures

MIND GESTURES, makes, pulls hair of bystanders

MIND GESTURES, makes, repeating the same actions

MIND GESTURES, makes, strange attitudes and positions

MIND GESTURES, makes, wriggling

MIND IMPATIENCE

MIND LOQUACITY

MIND SITTING inclination to sit, lie down; sitting in bed and will not

MIND SITTING inclination to sit, looking at the ground

MIND SPEECH whispering

MALE AND FEMALE GENITALIA/SEX, HANDLING GENITALS

A Clinical Illustration: Watching Closely, Healing Deeply

A man who worked as a tea vendor on the side of the road used to acquire malaria every three days before noon, with the chilling period ranging from 7 a.m. to 12 p.m. Numerous quinine had been ineffective, and Dr. D.N. Koppikar's prescriptions, which were dependent on time modality etc. failed to stop the attacks. One day Dr.

D.N. Koppikar and Dr. S.P. Koppikar was walking along the road about 9 A.M. and was surprised that there was no one in the shop and a lot of loud quarreling or talking was going on just behind the partition, which separated the living quarters. was there some quarrel ? They peeped in and saw that Shopkeeper, alone, lying on a mat, shivering and Talking in delirium. Dr. D.N. Koppikar rushed back home and he sent Dr. S.P. Koppikar came back with Podophyllum 200 in a bottle of cold water, to be given to the patient every 2 Hours just a tablespoon per dose. He never got another malarial Paroxysm.^[15]

There is a prescription totally based on Observation that Patient have Loquacity during chills. Podophyllum is single remedy in the Knerr's Repertory under the rubric "FEVER CHILL Mental condition, Loquacity, Great".^[16]

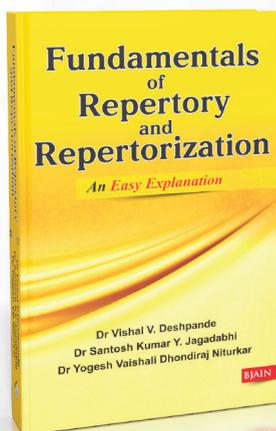
CONCLUSION

Observation in Homoeopathy is more than clinical skill; it is a form of communion with the patient's vital force, To understand the silent but powerful language of posture, demeanor, gestures and expressions. These nonverbal clues can sometimes indicate more about a patient's suffering than can be expressed in clinical histories. Enhancing this silent ability as homoeopaths fosters greater empathy, improves our ability to diagnose and eventually results in a more customized and successful prescription. The silent power of observation is still one of the most important instruments in holistic therapy in a world when data and diagnostics are becoming more and more prevalent.

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RELEASE

Fundamentals of Repertory & Repertorization

An Easy Explanation

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Authored by

Dr. Vishal V. Deshpande

Dr. Santosh Kumar Y. Jagadabhi

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Part 1: Core Concepts

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The Healing Gaze: Unlocking the Silent Power of Observation in Paediatric Homoeopathic Case Taking

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Keyword

Paediatric case taking, Homoeopathy, observation, Miasmatic diagnosis.

Abstract

“A well-taken case is half cured,” said Elizabeth Wright. Case taking forms the foundation of effective homeopathic treatment, particularly in pediatrics. It requires collecting detailed, individualized information to build a complete symptom picture. In children, challenges arise as infants cannot speak and older ones may struggle to express themselves. Parental observations, along with the homeopath’s sharp interpretive and observational skills, are vital. Rapport-building, effective communication, and attention to nonverbal cues enhance accuracy. This article explores the key principles and challenges of pediatric case taking, emphasizing observation as central to successful homeopathic practice.

Introduction

Homoeopathy, founded by Dr. Hahnemann, emphasizes individualized treatment based on the totality of symptoms. Case taking is essential, relying on accurate observation and interpretation. Pediatric cases pose challenges, as young children often cannot clearly express their symptoms, making careful observation vital for remedy selection¹. The significance of non-verbal communication in understanding human behavior has been well-documented. Research studies indicate

that approximately 65% of human communication occurs through non-verbal channels². Body language, encompassing facial expressions, gestures, postures, and eye movements, serves as a fundamental means of expression, especially in children who have limited verbal capabilities³.

Vital Elements In Recording Paediatric Cases

The Power of Observation

Observation is the cornerstone of paediatric homeopathic practice. A child’s facial expressions, body language, reactions to stimuli, play behaviour, and interaction with the caregiver all offer critical insights. These non-verbal cues often reveal the inner state of the child more truthfully than spoken words⁴.

Caregiver’s Narrative

Parents provide vital information regarding the child’s birth history, developmental milestones, sleep, feeding patterns, and behavioural traits. While valuable, this narrative must be validated and supplemented through direct observation by the Homeopath⁴.

Emotional and Behavioural Traits

Children express their emotional state through actions rather than explanations. Observing fears, irritability, clinginess, and reactions to consolation helps the homeopath understand the child’s temperament and individuality.

Physical Generals and Particulars

Appetite, thirst, perspiration, thermals, stool, urine, and skin characteristics offer clues for totality. These are carefully observed and questioned in a child-friendly, non-invasive manner⁷.

Birth history and developmental milestones:

In homeopathic case-taking, birth history and developmental milestones are vital, as factors like gestational age, delays, or birth-related injuries can guide remedy selection. For example: *Calcar- ea Phos* suits children with delayed walking or dental growth, while birth injury or feeding difficulties may call for *Natrum sulphuricum*, *Natrum muriaticum*, or *Cicuta*⁴.

Mother's History During Pregnancy:

Includes mother's health during pregnancy, illnesses, stress, medications, diet, infections, or toxin exposure, offering insight into prenatal factors that may influence the child's current physical or emotional health⁴.

Obstetric History (Including After Breastfeeding):

Encompasses the maternal obstetric background, including previous pregnancies, type of delivery, any labor complications, the newborn's birth weight, and postnatal care, as well as information on breastfeeding duration, challenges faced, weaning timeline, and feeding practices following breastfeeding⁴.

Family and Past History

Inherited tendencies, chronic conditions, and past treatments must be noted to understand the miasmatic background and susceptibility of the child.

Importance Of Observation In Case Taking

Case-taking in paediatric homeopathy requires a sensitive and personalized approach, primarily relying on detailed caregiver accounts and careful observation, as children often convey their symptoms through subtle non-verbal cues.³

Darwin demonstrated that basic nonverbal behaviors are universal—an insight crucial in pediatric case-taking, where infants cannot verbalize symptoms. Homeopaths rely on keen observation and maternal input, using patience, attentiveness,

and sensitivity to interpret both verbal and non-verbal cues effectively.³

One thing that comes out of every book or experience of senior doctors is OBSERVATION. As Dr. Pravin said in his book entitled "Essentials of Paediatrics," the art of paediatric case taking lies in three points: "Observation, interpretation, and confirmation from the parents."

"Importance of Observation in Pediatric Case Taking – from Different Stalwarts"

- In the *Organon of Medicine* (§6, §83–104), Dr. Samuel Hahnemann stresses keen observation—seeing, hearing, and sensing changes—especially in children, where limited speech makes gestures, cries, and physical reactions key to understanding their inner state.⁵
- In *Lectures on Homoeopathic Philosophy*, Kent urged homeopaths to "see with purpose," noting that in children, behaviour often reveals mental and emotional states more than spoken words⁶.
- In the *Therapeutic Pocket Book*, Boenninghausen highlighted that when subjective symptoms are lacking in children, observable modalities—like facial expressions, skin tone, and environmental reactions—are essential for accurate remedy selection.⁷
- Dr. Constantine Hering emphasized noticing subtle, peculiar signs in children, as these objective changes often indicate internal disturbances and guide accurate case analysis.⁸
- In his *Synoptic Key*, C.M. Boger stressed noting environmental reactions, physical expressions, and habits in children, often missed in verbal case-taking.⁹

GOAL OF USING OBSERVATION DURING CHILD CASE EVALUATION

There are three primary objectives of observation in the case-taking process.

1. Disease diagnosis
2. Miasmatic diagnosis and
3. Therapeutic diagnosis

Disease diagnosis: It helps identify curable and incurable diseases, enabling physicians to plan a treatment course. Although it is important for the prognosis of the disease, it is of the very least importance for any homeopathic physician.

Miasmatic diagnosis ^{10,11,12}

It is an essential objective of case taking that helps in selecting the most suitable remedy. Some of the important indications that trace the miasmatic background of the patient are given in Table No. 1.

Observation	Miasmatic Indication			
	Psora	Sycosis	Syphilis	Tubercular
Lean, emaciated, anxious look	0			
Flabby, obese, oily skin		0		
Pale, cachectic, sunken eyes, unhealthy look			0	
Talks with fear, anxiety, lacks confidence	0			
Slow, monotonous speech, often with sadness			0	
Boastful, secretive, or evasive speech		0		
Fast, restless talking with excitement				0
Stooped posture, dark expression			0	
Constant movement, fidgety, restless limbs				0
Desires open air, worse in closed rooms				0
Warty growths, thick discharges		0		
Dry, itchy, non-specific rashes	0			
Rapidly healing and breaking out eruptions				0
Suspicious, jealous, fixed ideas		0		
Overgrowths, infiltration, suppression history		0		

Destruction, ulceration, degeneration			0	
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Therapeutic diagnosis ^{13, 14, 15}

Therapeutic indications of some important medicines based on observation are given in Table No. 2.

Medicine	Key Observational Symptoms
<i>Chamomilla</i>	Constant crying, irritable - Wants to be carried - One cheek red, one pale
<i>Belladonna</i>	High fever, red face - Dilated pupils, staring eyes - Jerking movements
<i>Pulsatilla Pratensis</i>	Mild, clingy, weepy child - Seeks attention, affectionate - Aversion to warmth
<i>Cina Maritima</i>	Picks/rubs nose - Irritable, doesn't want to be touched - Teeth grinding at night
<i>Bryonia Alba</i>	Wants to lie still - Cries when moved - Thirsty, dry lips
<i>Aethusa Cynapium</i>	Vomiting milk soon after feeding - Eye rolling, weakness, Restless, anxious look
<i>Sulphur</i>	Dirty appearance, scratching - Warm-blooded, throws off covers - Untidy behavior
<i>Calcarea Carbonica</i>	Fat, fair, flabby child - Sweats on head - Delayed milestones, sluggish
<i>Silicea Terra</i>	Delicate, shy, chilly, slow in development, lacking self-confidence, obstinate but gentle, easily fatigued, and prone to recurrent infections with poor assimilation.

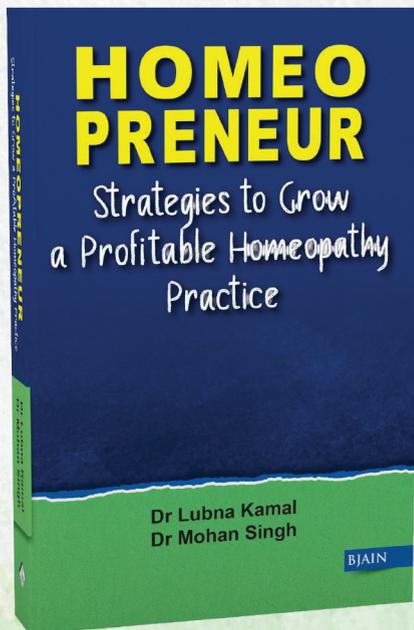
CONCLUSION

Observation plays a vital role in pediatric case taking in homeopathy, as children often cannot fully express their symptoms verbally. Keen observation helps the physician understand the child's physical, emotional, and behavioral cues, forming a more accurate totality of symptoms. It bridges the gap between unspoken complaints and individualized treatment, thereby enhancing the selection of the most suitable remedy and ensuring a safe, effective, and holistic approach to healing.

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HOMEOPRENEUR

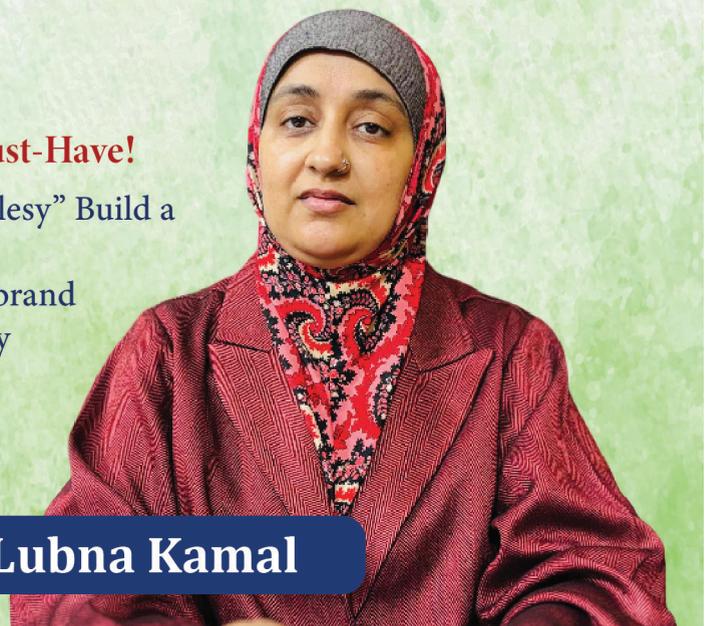
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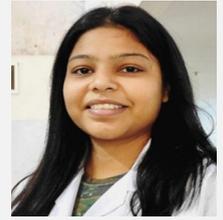
Dr. Lubna Kamal



Homoeopath's Eye: Evaluating the Crucial Role of Observation in Case Taking.

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Keywords

Homoeopathy, observation, non verbal clues, case taking, patient behaviour, individualization.

Abstract

Observation means the act or instance of noticing a condition, perception, the faculty of taking notice, the accurate watching and noting of a phenomenon (Oxford Dictionary). It is a fundamental yet often underemphasized component of homoeopathic case taking. While patient-reported symptoms provide crucial information, it is the homoeopath's ability to keenly observe non-verbal clues that often reveals the deeper dimensions of a case. It fosters a deeper therapeutic connection, enhancing trust and communication between the practitioner and patient. By integrating observation with analytical and empathetic listening, the homoeopaths can form a more accurate and holistic understanding of the case, leading to more effective remedy selection and improved clinical outcomes. This article explores the depth and significance of observation in homoeopathy, detailing how it aids in accurate diagnosis, individualization and remedy selection. It also highlights historical perspectives, practical techniques and modern relevance of observational skills in clinical settings.

Introduction

Homoeopathy emphasizes the principle of treating the individual as a whole by understanding the patient's physical, mental and emotional constitution. Central to this process is the case taking procedure—a deep and detailed exploration

of the patient's suffering. While questions and answers form the backbone of this process, the often-overlooked pillar is observation.

Observation, in the homoeopathic sense, means more than simply watching a patient. It includes conscious attention to every visible, audible and even palpable sign that a patient may unconsciously reveal. From the tone of voice and facial expressions to the way a patient reacts under stress, every detail matters. This form of silent, mindful listening adds a unique dimension to case understanding and plays a vital role in selecting the most suitable remedy.

Medical Observer by Hahnemann

From lesser writings of Hahnemann.

“...In order accurately to perceive what is to be observed in patients, we should direct all our thoughts upon the matter we have in hand, come out of ourselves, as it were, and fasten ourselves, so to speak, with all our powers of concentration upon it, in order that nothing that is actually present, that has to do with the subject, and that can be ascertained by all the senses, may escape us.”

A physician should be able to focus his full attention on observing the facts and the phenomenon of disease. A true observation cannot be done without proper attention. His attention should be that nothing, which is present would escape his notice. Master Hahnemann in his essay “MEDICAL OBSERVER” writes “ True it is, that the careful observer alone can become a true healer of disease.”

This capability of observing accurately is never

quite an innate faculty; it must be chiefly acquired by practice, by refining and regulating the perceptions of the senses, that is to say, by exercising a severe criticism in regard to the rapid impressions we obtain of external objects and at the same time the necessary coolness, calmness and firmness of judgment must be preserved, together with a constant distrust of our own powers of apprehension.

The Significance of Observation in Homoeopathic Philosophy

Dr. Hahnemann, in his *Organon of Medicine*, repeatedly emphasized the role of the physician as an unprejudiced observer. In aphorism 6, he states, "The unprejudiced observer... takes note of nothing in each individual disease except the changes in the health of the body and of the mind... which can be perceived externally by means of the senses." This aphorism alone underscores the centrality of observation.

The entire homoeopathic approach hinges upon the totality of symptoms, not merely their verbal description. A patient may describe anxiety in words, but only observation can distinguish whether the anxiety manifests as trembling, restlessness, sweating or withdrawal. These physical expressions help differentiate between remedies like *Arsenicum album*, *Argentum nitricum* or *Gelsemium*.

Dr Stuart Close says, "The technique of an examination for the purpose of diagnosing the disease is quite different from that of the examination for making the homoeopathic prescription."

The examiner should be constantly on the alert and observing while making an examination. The patient may be unconscious or delirious; or an infant, unable to talk; or insane. He may be malingering or trying to deceive as to the real nature or cause of his disease. Knowledge of the natural history and phenomena of disease will aid in forming a true picture of the disease.

The Art of Observation- More Than Meets the Eye

In homoeopathy, observation begins the moment the patient enters the consulting room. It is a continuous process and includes:

- Facial expressions and demeanour: A weeping patient who hides their tears may indicate *Natrum Muriaticum*, while one with excessive cheerfulness hiding inner grief might be *Ignatia*.
- Posture and gait: Stooping posture may suggest *Sulphur* or *Calcarea Carbonica*, while hurried and restless walking may point towards *Argentum Nitricum*.
- Speech pattern and tone: A rapid, pressured speech might reflect *Lachesis*; a soft, timid voice might belong to a *Pulsatilla*.
- Physical traits and odours: Offensive perspiration, body smell, or even dishevelled clothing style might offer clues. These physical observations are vital, especially when patients are reserved or unable to articulate their emotions.

Observation in Children and Non-Communicative Patients

- In paediatric cases, mentally challenged individuals or those with speech difficulties, observation becomes primary. The way a child plays, throws tantrums, clings to the mother (*Chamomilla* or *Cina*), or avoids eye contact (*Baryta Carb* or *Stramonium*) — all contribute more than words ever can.
- In the matter of mood or temper of the mind, for instance, he will be able to judge from the patient's manner of relating or expressing his sufferings and his behavior toward his attendants, whether he is sad or cheerful; calm or anxious, confident or afraid, indifferent, morose, censorious, malicious, irritable, suspicious or jealous.

Observation in bed ridden patients

If the patient is confined to bed, the examiner will observe his position in bed, his manner of moving or turning, his respiration, the state of his skin, color or odor of perspiration, odor of exhalations from mouth or body, physical appearance of excretions, relation of the patient's sensations to atmosphere and temperature is shown in amount of covering, ventilation of room, ice bags, hot water

bottle, etc.,-all these, and many other little points, noticeable by the alert examiner, perhaps without asking a question, will be valuable guides in the choice of the remedy. They should be recorded as such.

Observation of Sick room

At times the arrangement of the articles in the sick room signifies the peculiarity of the patient. But this must be verified with appropriate enquiry:

- If windows are open even in winters or cold weather may indicate the desire for open air or intolerance of closed room.
- A child rests comfortably while lying on the shoulder of his mother but become irritable and peevish when lying down expresses her/his peculiar nature which should be noted.
- Dim or shaded light in the room, darkness and preference of solitude provide important therapeutic hints to the medical practitioner.

Miasmatic Observation

- Observation of miasmatic expressions forms an essential component of case taking in homoeopathy. Beyond the overt symptoms narrated by the patient, the physician's attentive eye can often discern the underlying miasmatic influence through posture, complexion, gestures, facial expressions and subtle behavioural tendencies.
- For instance, **psoric** manifestations may be reflected in restlessness, anxiety, hypersensitivity or a lean and delicate appearance. **Sycotic** traits are frequently observed as fixed or rigid expressions, concealment of complaints, excessive growths or suspicious and reserved behaviour. In contrast, **sypilitic** miasm often reveals itself through destructive tendencies, ulcerative changes, despair or expressions marked by hopelessness.
- Integrating such miasmatic observations during the clinical encounter not only sharpens the physician's perception but also strengthens the process of individualization. It provides a deeper insight into the patient's

chronic predisposition, thereby assisting in the accurate selection of the similimum and contributing to long-term management and prognosis.

Role of Observation in the Repertorial Approach

Many repertories (especially Kent's Repertory and Boenninghausen's Therapeutic Pocket Book) include rubrics based solely on observation:

- Face – expression – anxious – useful for *Arsenicum Album* or *Aconite*
- Mind – loquacity – *Lachesis*, *Sulphur*
- Mind – gestures, makes – *Hyoscyamus*, *Tarentula*

Boenninghausen emphasized in his concept of "Complete Symptom" that modalities and objective symptoms are often more reliable than subjective expressions, especially when patients are poor narrators of their own ailments.

Classical Teachings and Modern Clinical Relevance

- Hahnemann, in §84 of the Organon, said: "The patient details his sufferings; the physician listens, writes, and observes in silence."
- Kent added "The true artist in homoeopathy sees more than what is said."

Today, where busy practice may lead to rushed interviews, maintaining the skill of silent observation is more relevant than ever. A practitioner who sees without judgment and observes without interruption often perceives the truth behind the case.

Types of Observational Clues

1. Physical Appearance: Posture, grooming, cleanliness, skin tone, clothing style and gait often provide immediate clues.
2. Nonverbal clues: It is also called as "gesture cluster" a group of movement postures and actions that reinforce a common point. Similarly, single observation (that too if not unequivocal) in clinical practise should not be

the basis of prescribing but rather should serve as a clue in the search of similimum which should be selected on basis of 'cluster of observations and subjective concomitants'. These observational insights help identify characteristic symptoms, detect inconsistencies in the patient's narrative and contribute to the individualization process that is central to homoeopathic practice.

Moreover, clinical observation enables the practitioner to perceive subtle emotional and physical shifts that the patient may not consciously recognize or articulate.

What to observe in any case?

- Physician has to just observe and listen to patient very carefully.
- She/he doesn't have to ask much to patient.
- Many things in observation are non verbal like gestures, the way he/she is communicating with physician, the most important thing is his/her behaviour with the attendance.
- Observing the patient from top to bottom.
- How he/she is entering inside the chamber.
- His/her built, look.
- His/her face, eyes.
- His/her neck.
- His/her hairline, forehead, nose, ears, teeth texture of hair texture of skin.
- His/her way of answering to the physician.
- His/her sitting posture.
- His/her clothing style.

All these observations are going to help us in decoding the Similimum.

Good observational skill enables to notice the **objective** component of many subjective symptoms and is useful in individualization.

For example;

- Lying with face buried in pillow in intense

photophobia (*Psorinum*).

- Chilliness or sensitiveness to cold air is manifested wearing a fur cap, overcoat or shawl even in hottest summer (*Psorinum*).

- Patient is constantly rubbing and shaking the region of liver with his hands in abdominal complaints (*Podophyllum*).

- Repugnance to cold or cold air, chilly when uncovered and feels better by covering the whole body (*Nux Vomica*).

- Burning sensation of a part, feels better by applying the cold things (*Sulphur*).

The Homoeopathic physician must have a comprehensive knowledge of the three **miasm** for enabling her/him in treating chronic disease with good results. The attention in observation itself will give an idea of miasmatic trait in the individual. The miasmatic features from the patients can be traced out using observational skill.

Some of the important observation of patients indicating homoeopathic medicines

- Patients who threaten Doctors when they don't get cured Dr since 2yrs I m coming but I m not getting see to it I have 10....15 boys which can do anything for me once I raise my voice. Mostly "*Tarentulla*".

- Patients who keep on complaint about their neighbours and surrounding people's "*Mercurius Solubilis*".

- People who keeps on complaining about the injustice happening in society but they cannot do anything for it..... "*Causticum or Staphysagria*".

- People who torments about their complaint to every one Look what I am having this is increasing in size repeatedly "*Zincum Metallicum or Nitric Acid*".

- Waiting curiously in the waiting room for his turn, roaming about--- "*Arsenicum Album*".

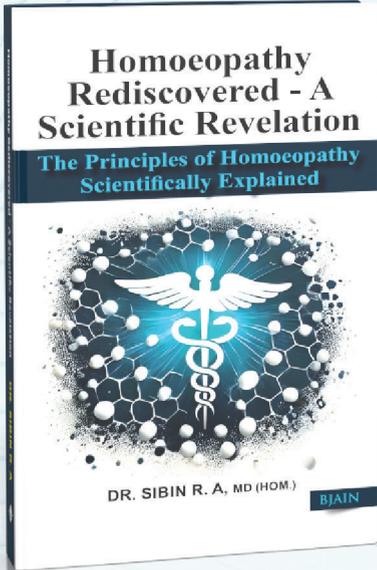
CONCLUSION

In the intricate world of Homoeopathy, where healing stems not just from medicines but from

deep understanding, the power of keen observation becomes irreplaceable. A homoeopath's eye—trained to notice the subtle, the silent and the significant often holds the key to unlocking the simillimum. From facial expressions to unconscious gestures, from peculiar habits to silent sufferings, every detail can guide the physician closer to the patient's core disturbance. As technology evolves, let us not forget that the most valuable diagnostic tool remains the observant, empathetic, and perceptive mind of the homoeopath. For in the art of healing, to truly see is to truly cure.

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DR SIBIN R A

Understanding The Patient Beyond Symptoms: A Deep Dive into Case Taking in Homoeopathy

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Keywords

Homoeopathy, case taking, individualization, mental symptoms, similimum.

Abstract

Homoeopathy is a holistic approach to medicine that focuses deeply on individual- specific treatment and emphasizes individualization. This article explores the vital role of in-depth case taking in understanding the patient beyond presenting complaints. It discusses how emotional patterns, behavioural traits, life history, and subtle observations contribute to forming the totality of symptoms necessary for accurate remedy selection. In doing so, it emphasizes that true healing in homoeopathy requires seeing the person as more than just their disease. Elizabeth Wright Hubbard, a prominent American homoeopath, emphasized that “a careful case-taking is more than half cure.”

Introduction

In classical homoeopathy, the focus is not only on the disease but on the person who suffers. Unlike conventional medicine, where diagnosis often ends at identifying the pathology, homoeopathy begins where pathology ends the individual experience of illness. Every symptom is a doorway into the patient’s inner world, and it is through careful, deep case taking that a homoeopath learns to understand the whole person.

“Think and ponder on all that thou readest, judging and reasoning, analysing and comprehending, and evolving sound principles, till all objective truth is subjectified and assimilated to thy being

and character.” quote from Shri Keshub Chander Sen; In the context of Homeopathy / Case Taking:

In case taking, we collect objective symptoms (what we observe) and subjective symptoms (what the patient feels). But beyond just recording these, the physician must analyse, understand, and internalize the patient’s experience. The practitioner should not mechanically write down symptoms but should comprehend them so deeply that the true essence of the case becomes clear. Only then can the right remedy be selected — when the objective facts and subjective experience of the patient are fully understood and personalized by the physician.

The Need to Go Beyond Symptoms⁸

1. Individualization: The Cornerstone

Each person reacts differently to illness based on their genetic makeup, personality, emotional history, and life circumstances. Two patients with the same pathology may require entirely different remedies depending on their mental and general symptoms. Individualization can only be achieved through comprehensive case taking.

Aphorism 5

“The physician must understand what needs to be cured in disease (knowledge of disease), what has curative properties in medicines, and how to match the curative aspects of the medicines to the specific needs of each individual case (individualization).”

Aphorism 6

“The unprejudiced observer takes note of only

what is altered in the health of the individual patient."

Relation:

Hahnemann emphasized the principle of individualization recognizing that no two patients are alike, even if they present with the same pathology. The homeopath must tailor treatment to the unique expression of the disease in each person.

2. Mental and Emotional Dimensions

Mental symptoms often hold more importance than physical ones in remedy selection. A patient's fears, dreams, delusions, griefs, anger, suppressed emotions, and reactions to events are all crucial. These non-pathological elements reflect the inner disturbance of the vital force.

Aphorism 210

"It is undeniable that the emotional and mental state of the patient almost always plays a decisive role in acute as well as chronic diseases."

Aphorism 211

"In every case of disease, special attention must be given to the patient's disposition and state of mind, as these are crucial aspects to be addressed during treatment.

Aphorism 213

"The mental and emotional symptoms are often the most important and decisive for remedy selection."

Relation:

Hahnemann clearly taught that mental and emotional symptoms often guide remedy choice more than general physical symptoms.

3. Observational Skills of the Homoeopath

Sometimes what a patient doesn't say is more important than what they do. Keen observation of gestures, facial expressions, tone, hesitation, contradictions help uncover the peculiar, queer, rare symptoms (PQRS) that define the case. The physician must be both a listener and an observer.

Aphorism 6

"The unprejudiced observer, well aware of the futility of transcendental speculations, perceives nothing in each single case of disease except the changes in the health of the body and mind."

Aphorism 83

"The individualizing examination of a case of disease demands nothing of the physician but freedom from prejudice and sound senses, attention in observing, and fidelity in tracing the picture of the disease."

Aphorism 153

In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure. Dr. von Bonninghausen, who has already distinguished himself by his labours in connection with the new system of medicine

Relation:

Homeopaths must be excellent observers — noticing tone of voice, gestures, facial expressions, contradictions, and PQRS symptoms. Hahnemann stresses careful, unbiased observation as essential to understanding the true nature of the disease.

Components of deep case taking

- Chief complaints with modalities and sensations
- Mental and emotional symptoms
- Past medical history and personal history
- Family history and inherited tendencies
- General symptoms: sleeps, thermals, thirst, appetite, food desires/aversions
- Life story and stressors

- Miasmatic background

Clinical relevance and remedy selection

Remedy success hinges on the clarity of the case. Incomplete or superficial case taking leads to wrong prescriptions, frequent remedy changes, or suppression. On the contrary, understanding the patient deeply allows selection of the simillimum, which can bring lasting cure on the mental, emotional, and the physical planes.

Challenges in Deep case taking

- Time constraints in busy practice
- Patient unwillingness or inability to express deeper issues
- Practitioner's own lack of experience or sensitivity
- Cultural and language barriers

Yet, with practice, training and a sincere desire to understand the patient, these challenges can be overcome

Case taking according to different authors

KENT'S INSTRUCTIONS ABOUT CASE TAKING³

Dr. J. T. Kent, in his famous book "Lectures on Homoeopathic Philosophy" has given a lucid description and useful guidelines about the examination of the patient. The summary of the instructions is as follows:

1. All the information obtained from the patient should be recorded in the patient's own words.
2. The case record should be constituted in such a way that the physician can record symptoms even while talking to the patient.
3. Bystanders, if anxious, do not give correct information.
4. The physician should not put words into the patient's mouth. He should frame collateral questions and not direct ones.
5. The physician must be able to collect symptoms with regard to pathology, diagnosis,

prognosis and material medica. Symptoms with respect to material medica are the key to the prescriptions.

6. The physician should set his mind to work instantly to ascertain the condition of the patient and what relation they maintain to Materia medica

M.L. DHAWALE'S INSTRUCTIONS¹

Case taking essentially is a social intercourse between a physician and a patient under certain pre-determined conditions.

During the course of a successful clinical interview a happy relationship develops between the two. This has been technically termed as 'rapport'.

Homoeopathic Physician should undertake the training in the following areas-

1. Accurate, unprejudiced observation.
2. Cross-Section Study of the patient.
3. Longitudinal-Section Study of the patient.
4. Diagnosis of the Disease.
5. Diagnosis of the Patient:
6. Diagnosis of the Homoeopathic Remedy

HERBERT A. ROBERTS INSTRUCTIONS⁴

Herbert A. Roberts has given very useful instructions about taking the case in his book, 'The Principles and the Art of Cure by Homoeopathy'. The summary of his instructions are as follows:

1. The first requisite in taking the case is that the physician must have a case record
2. The attitude of the physician should be one of absolute rest and poise with no preconceived ideas or prejudices.
3. The physician must not fail to get a picture of the type of ailments from which the members of his family have suffered. Consanguinity plays an important part in hereditary tendencies as well as in making a prescription.
4. Special care is to be taken while recording the past history of a patient to inquire about his recover from each illness.

5. While inquiring into complaints, the physician should continue listening until the patient has exhausted his story. He should take care of the following points:
 - a. Avoid all leading questions.
 - b. Never ask direct questions.
 - c. Never ask alternating question

STUART CLOSE'S INSTRUCTIONS ⁵

Stuart Close, late professor of homoeopathic philosophy, New York Homoeopathic Medical College and Flower Hospital, author of 'The Genius of Homoeopathy' has given very useful guidelines for examination of the patient in his book. The summary is as follows:

1. The physician should keep in mind that our method of examining a patient varies according to the particular end in view i.e. homoeopathic prescription.
2. The selection of the homoeopathic remedy is based very largely and sometimes almost entirely upon the phenomena or deductions drawn from the phenomena of subjective, conscious experience, perceived only by the patient and stated by him to the examiner, his friends or the physician himself.
3. The physician must first gain the patient's confidence and relieve him, as far as possible, from a sense of restraint and embarrassment
4. The physician's attitude should be calm, dignified, but at the same time quiet and sympathetic; a demeanour confident but not pompous; simple and direct, but not aggressive; cheerful, but not flippant; serious, but not grave or funeral

BIDWELL'S INSTRUCTIONS

1. It is not simply a matter of recording symptoms found in a patient but knowing the value of symptoms.
2. It is not the disease we want to make a record of; it is the individualised diseased patient.
3. The whole aim of the physician is to secure the

language of nature.

4. It is necessary to know disease not from pathology not from physical diagnosis, no matter how important these branches are, but the symptoms, the language of nature.
5. The physician should be aware of the three mistakes made in examining the case interruption of a patient, asking direct questions and making answers confirm to some remedy they have in mind.
6. Physicians must allow the patient to tell his symptoms in his own language.
7. In obscure cases the symptoms of which have been masked by drugging, homeopathic and otherwise operations etc so that these present with only few common symptoms, the simillimum must be found after thorough study of MM.

CONCLUSION

True homoeopathic healing begins when we stop treating diseases and start treating individuals. Going beyond symptoms is not a luxury but a necessity in homoeopathic case taking. The deeper the case understanding, the closer we come to the simillimum — and therefore, to a true and lasting cure.

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Listening With The Eyes: Homeopathic Case Taking in The Absence of Words

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Keywords

Homoeopathy, non-verbal patients, cognitive impairments, neurological disorders, personalized medicine.

Abstract

Typically, Homeopathic case taking relies on patients' verbal descriptions to gather a comprehensive picture of their symptoms. However, in cases where patients can't communicate effectively, such as infants, those with speech difficulties, unconscious patients, or uncooperative individuals, doctors must rely heavily on observation to collect vital information. This observational study explores the application of homeopathic principles in treating non-verbal patients, including those with severe cognitive impairments, autism, and neurological disorders. Homeopathic remedies were selected based on individualized assessments, considering physical, emotional, and environmental factors. The results suggest that homeopathy can be a valuable adjunctive therapy for non-verbal patients, offering a personalized and non-invasive approach to healthcare. Further research is warranted to confirm these findings and establish homeopathy's potential in this underserved population.

Introduction

Homeopathy, rooted in the art of individualization, hinges on understanding the unique presentation of each patient. While language is an essential medium for case taking, it is not always available. In such cases, the homeopath must turn

to a more refined instrument—the power of observation. The title "Listening with the Eyes" encapsulates the essence of this vital skill: the ability to perceive, interpret, and understand the unspoken expressions of disease when verbal communication is absent or limited. Whether due to infancy, disability, coma, dementia, psychiatric conditions, or even extreme emotional suppression, there are many instances where patients cannot articulate their complaints. It is here that the physician's powers of observation become not merely useful but indispensable. This article explores the theoretical foundation, practical methodology, and profound significance of observation in the homeopathic treatment of non-verbal patients.

The Foundation: Hahnemannian Emphasis on Observation

Dr. Samuel Hahnemann emphasized the necessity of perceiving "what is to be cured in disease" (Organon of Medicine, Aphorism 3) ^[1]. This perception includes both subjective symptoms and objective signs. In Aphorisms 83 and 84, Hahnemann specifically advises the physician to observe the patient's demeanour, gestures, expressions, voice, and bodily condition during consultation ^[1]. For non-verbal patients, these observations become the core of understanding the case.

Understanding Non-Verbal Patients in Homeopathic Context

Non-verbal patients fall into several categories, including:

- Infants and Toddlers
- Mentally Disabled Individuals
- Autistic Patients
- Comatose or Semi-Conscious Patients
- Geriatric or Dementia Patients
- Psychiatric Cases
- Emotionally Suppressed Individuals

In each of these cases, observation forms the bridge between the patient's inner experience and the physician's understanding [2].

What to Observe: The Four Layers of Objective Case Taking

1. Physical Appearance and Constitution

This includes the patient's build, posture, skin colour, facial expressions, deformities, gait, and overall hygiene. These form a significant part of the generalities needed for case analysis [3].

2. Behavioural Patterns

Behaviour often reveals more than speech. Hyperactivity, destructiveness, apathy, or obsessive routines all offer clues about the remedy picture.

3. Emotional Tone and Facial Expression

The face is a canvas of emotion. Expressions like blankness, fear, sadness, or forced smiling help deduce the mental state [4].

4. Reactions to Environment and People

Look for oversensitivity to stimuli, indifference, clinging, or avoidance of eye contact—all of which help establish characteristic modalities [3].

Parent or Caregiver Input as a Supplement

Caregivers act as a second voice for the non-verbal patient. It is crucial to differentiate between their interpretation and observation. Structured and open-ended questions allow for unbiased inputs that complement clinical observation [4].

Rubrics Based on Observation in Repertory

Repertories such as Kent's and Synthesis include

many rubrics derived from pure observation:

Mind – Gestures – makes gestures

Mind – Restlessness – children in

Face – Expression – anxious

Sleep – Position – on abdomen

Generalities – Odor – offensive

These rubrics become the primary basis for selection when verbal symptoms are unavailable [5].

Remedy Differentiation through Observation

Observation allows fine differentiation between similar remedies:

Belladonna vs. Stramonium: Both have violence and fear, but Belladonna shows suddenness and high sensitivity, while Stramonium reveals deeper, sustained terror and hallucinations [6].

Cina vs. Chamomilla: Cina shows aversion to being looked at, head-banging; Chamomilla wants to be carried but remains irritable.

Baryta carb vs. Silicea: Baryta carb is fearful and clinging; Silicea is obstinate and chilly.

Such differentiation is key in paediatric and geriatric cases [6].

Observation in Acute and Critical Condition

In comatose or emergency settings, physical signs like posture, facial tension, odour, breath pattern, and skin colour become diagnostic. Examples:

Cold sweat with feeble pulse → Carbo veg

Pale, expressionless face → Opium

Convulsions with flushed face → Belladonna [7]

These signs are often the only means of identifying the remedy in urgent situations.

The Role of Smell and Sound

Hahnemann encouraged the use of all senses [1]. In non-verbal cases, homeopaths must tune into:

Odors: e.g., offensive sweat (*Sulphur*), decaying smell (*Psorinum*)

Sounds: Groaning (*Helleborus*), sighing (*Ignatia*), high-pitched crying (*Chamomilla*, *Belladonna*)

These subtle signals can be decisive when conventional inputs are absent ^[7].

Case Examples

Case 1: A 2-Year-Old with Delayed Speech and Hyperactivity

The child was uncontrollable in the clinic—climbed furniture, laughed excessively, and ignored danger. History revealed poor sleep and sensitivity to touch. Based on this behaviour, *Tarentula hispanica* was prescribed with significant improvement ^[8].

Case 2: Dementia Patient

An elderly man with dementia showed total indifference, vacant stare, and resisted care. The family reported a previous obsession with orderliness. *Helleborus niger* was given and led to a marked return in responsiveness ^[8].

Limitations and Challenges

Subjectivity: Different physicians may interpret cues differently
Cultural Bias: Behaviour norms vary across cultures.

Environment: Clinic settings may not reflect natural behaviour.

Observer's Bias: Personal expectations may cloud judgment ^[9].

These can be minimized through experience, standardized training, and validation from multiple observations.

Training for Effective Observation

Developing clinical observation skills involves:

Clinical Exposure: Watching diverse cases sharpens perception.

Reflection: Reviewing case videos or notes post-visit.

Documentation: Recording every observation improves memory.

Use of Aids: Observation checklists and structured

notes ^[10].

Training the "observational eye" is an ongoing process for every homeopath.

Complementary Role of Modern Tools

Video Recordings: Help analyse behaviour outside the clinic.

Caregiver Diaries: Document behaviour patterns at home.

Wearable Devices: Monitor sleep and activity patterns.

Behavioural Scales: Provide structured input for objective analysis ^[11].

These tools support—though never replace—the homeopath's trained eye.

Views of Important Stalwarts on Observation in Non-Verbal Case Taking-

Observation has been a cornerstone of homeopathic case taking since the inception of the science. The great stalwarts of homeopathy have repeatedly stressed that, in situations where verbal communication is absent—such as in infants, the unconscious, the mentally challenged, or even in animals—the physician must sharpen the art of seeing, hearing, and sensing beyond spoken words.

Samuel Hahnemann, in *Organon of Medicine* (§6), states that "the unprejudiced observer... takes note of nothing in every individual disease, except the changes in the health of the body and of the mind which can be perceived by the senses." This instruction is particularly vital when the patient cannot describe their suffering. Hahnemann emphasizes that objective signs—alterations in complexion, demeanour, movements, respiration, and even odours—are not supplementary but central to forming the complete totality of symptoms ^[1].

J.T. Kent took this further, insisting that the physician's eye must be trained to notice what the patient cannot articulate. He emphasized observation of facial expressions, posture, gait, mannerisms, and spontaneous gestures. For Kent, these are not mere ornaments to the case record—they

are often the most faithful indicators of the patient's inner state. He remarked that, "The countenance is the mirror of the mind, and the observing physician can read in it the nature of disease" [2].

C.M. Boger, known for his concise yet profound clinical approach, stressed the value of observing peculiarities in non-verbal patients. He recommended paying close attention to cravings and aversions, peculiar reactions to temperature, position, or motion, as well as habitual attitudes. For Boger, such observable peculiarities often carry greater weight than general symptoms because they speak to the individuality of the patient and guide remedy selection [12].

H.A. Roberts broadened the concept of observation beyond the confines of the consulting room. He urged homeopaths to watch the patient in their natural environment or in moments when they are unaware of being observed. This might include how a child plays, how a person reacts to strangers, or how they respond to noise, light, or touch. Roberts believed that such unguarded behaviours often reveal the true, unmodified picture of the disease [13].

Margaret Tyler, drawing from her extensive paediatric and veterinary experience, emphasized that in children and animals, gestures, the tone of crying, the type of restlessness, and feeding behaviour can often be more reliable than verbal histories. She taught that the physician must develop an almost "maternal sensitivity" to such clues, treating them as keynote indications [14].

CONCLUSION

"Listening with the eyes" is more than a poetic expression—it is a clinical necessity in homeopathy. When words fail, gestures speak. When the tongue is silent, the body whispers. It is the

physician's responsibility to perceive these subtle signs and use them to unlock the totality of the patient's disease. In non-verbal cases, observation becomes the voice of the silent and the key to cure. As Hahnemann instructed, to truly cure, one must truly perceive—not only what is said, but especially what is seen. By paying close attention to non-verbal cues, the practitioner can fill in gaps in understanding, ensuring no crucial details are missed. This approach preserves the personalized nature of homeopathy and improves the accuracy of remedy selection. It turns communication challenges into opportunities for deeper insight, fostering a stronger therapeutic relationship and increasing the chances of a successful outcome.

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Eyes Before Algorithms: The Unshakable Importance of The Homoeopath's Observational Case-Taking In The Artificial Intelligence Age

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Keywords

Homeopathy, Observation, Individualization, Artificial Intelligence

Abstract

As Artificial Intelligence (AI) becomes increasingly integrated into healthcare systems, its potential impact on Homeopathic or other system of medicine warrants critical attention. In homeopathy, where successful treatment is grounded in individualized case-taking and keen observation, the human element is irreplaceable. This article says that homeopaths should protect and give importance to careful observation skills, especially the ability to notice and understand what they see in patients, because it is a basic part of good treatment. Emphasizing the principle of "Eyes Before Algorithms" we examine the limitations of AI in replicating intuitive and empathetic understanding, and advocate for its role as a supportive tool rather than a diagnostic replacement.

Introduction

The healthcare sector is undergoing a rapid technological transformation driven by advancements in artificial intelligence (AI). Machine learning algorithms, predictive analytics, and clinical decision-support systems are increasingly employed in diagnostics, patient monitoring, and treatment across various disciplines ^(1,2). While these

innovations offer considerable benefits, they raise critical questions in fields like homeopathy, where diagnosis and remedy selection rely on the qualitative nuances of the patient narrative. Homeopathy emphasizes individualization, and at the heart of this lies in the art of case-taking. The homeopath's perceptive observation not just of subjective symptoms but also of emotional tone, body language, and subtle inconsistencies which is crucial for accurate diagnosis and treatment ⁽³⁾. This article introduces the concept of "Eyes Before Algorithms" to assert the irreplaceable role of human perception in clinical decision-making.

Observational Case-Taking: The Core Of Homoeopathic Practice

Observation is the soul of Homeopathy. Homoeopathic observation is the gateway to totality . As Dr. Hahnemann taught it is not merely the collection of symptoms, but the perception of the individual's inner essence made manifest through their expressions, gestures, behaviour, and even their silences. A true homeopath must become a silent witness, an attentive observer, tuning in to the subtle language of nature speaking through the patient. It is through careful observation that we recognize the strange, rare, and peculiar symptoms about which Dr. Hahnemann in his book Organon of Medicine in aphorism 153 has directed us to note.

This is the very thread that leads us to the simillimum. We observe not just what is said, but

how it is said means the tone, the pace, the emotion behind the words. We observe the body language, the posture, the expressions, the aura that surrounds the person. We note the reaction to pain, the modalities, the idiosyncrasies, the peculiar cravings or aversions, all of which sketch the unique portrait of the patient. Observation allows us to see beyond the disease to the disease – the disharmony at the vital level. It demands patience, presence, and purity of intent, for the deeper the observation, the clearer the image of the vital disturbance.

As Dr. Kent said, “The physician must cultivate a state of interior quietness, so he can see with the inner eye.” Only then similitum can be perceived, and true healing begin. Unlike conventional medicine, which often relies on lab results and imaging technologies, homeopathy operates through a synthesis of symbolic, narrative, and experiential data. We homeopath observes how illness is uniquely expressed through the patient's behaviour, reactions, and energy.

Classical texts and contemporary practitioners alike stress that these observable characteristics often carry more weight than the subjective symptom alone (4,5). Dr. Samuel Hahnemann in his book Organon of Medicine emphasized the importance of keen observation. *Aphorism 6* states, "The unprejudiced observer takes note of nothing in every individual disease other than the changes in the health of the body and of the mind." This emphasises that the homeopath's role is to perceive the subtle and often non-verbal expressions of disease.

Examples of some common clinical observation in practice⁶

	OBSERVATION AND MEDICINE
GENERAL APPEARANCE & POSTURE	<ul style="list-style-type: none"> • Patient sits bent forward, pressing abdomen with both hands - <i>COLOCYNTHIS</i> • Walks stooping forward, cannot straighten without pain - <i>RHUS TOXICODENDRON</i> • Tall, slender, narrow-chested - <i>PHOSPHORUS</i> • Lean, stoop-shouldered, stooping posture - <i>SULPHUR</i> • Face alternates between red and pale in moments - <i>FERRUM METALLICUM</i>

FACIAL EXPRESSION AND SKIN COLOUR	<ul style="list-style-type: none"> • One cheek red and hot the other pale and cold- <i>CHAMOMILLA</i> • Flushed hot face, dilated pupils, throbbing carotids- <i>BELLADONNA</i> • Pale, flabby face with sweat on head- <i>CALCAREA CARBONICA</i> • Expression of anxiety and premature old age- <i>LYCOPODIUM CLAVATUM</i> • Mild, yielding expression, eyes tearful- <i>PULSATILLA</i>
MOVEMENTS AND GESTURE	<ul style="list-style-type: none"> • Rolls head from side to side on pillow- <i>BELLADONNA</i> • Constantly rubs or picks nose- <i>CINA</i> • Clutches throat when coughing, as if to prevent- <i>SPONGIA TOSTA</i> • Sudden laughter followed by sudden weeping while talking- <i>IGNATIA AMARA</i> • Involuntary sighing- <i>IGNATIA AMARA</i> • Makes foolish gesture, grimaces, plays with hand- <i>HYOSCYAMUS NIGER</i>
BEHAVIOUR	<ul style="list-style-type: none"> • Child irritable, must be carried, quiet only then- <i>CHAMOMILLA</i> • Sudden terror, clings to people, shrieks on waking- <i>STRAMONIUM</i> • Extreme restlessness, changes place constantly- <i>ARSENICUM ALBUM</i> • Aversion to be touched or spoken to- <i>ANTIMONIUM CRUDUM</i> • A patient continuously sips water while narrating- <i>ARSENICUM ALBUM</i> • A child with high fever still plays energetically - <i>BELLADONNA</i> • Reserved, emotionally guarded state, which may contradict their verbal expression of "I'm fine."- <i>NATRUM MURIATICUM</i> • A weeping patient who feels worse from consolation- <i>NATRUM MURIATICUM</i>

Observational clues such as hesitation before answering, changes in posture, or emotional incongruities can indicate key aspects of the patient's state that guide remedy selection. These elements are not only non-quantifiable but also non-transferable to current AI systems, which lack the capacity for empathetic and intuitive understanding.

Artificial Intelligence in Healthcare: Opportunities and Limitations

Artificial Intelligence (AI) works very well in

fields like radiology and dermatology, where the information is clear, structured, and mostly based on images ⁽⁷⁾. But AI has a big limitation. It needs measurable and standardized data to function. Homeopathy is different because it depends a lot on personal, subjective symptoms from the patient, which are hard to measure or standardize ⁽⁸⁾. Some AI repertory tools exist to help homeopaths, but they cannot replace the deep understanding that comes from years of real-life practice. Things like emotional connection, symbolic meaning, and the full context of a patient's life are still beyond what AI can understand ⁽⁹⁾. Hahnemann also explains this in his book *Organon of Medicine* in Aphorism 83, where he says that a doctor should be free from prejudice and should have sound senses attention in observing and fidelity in tracing the picture of disease. He must carefully listen to the patient's symptoms, hear from relatives or friends, and observe the patient's expressions, movements, and general behaviour. This complete and human way of understanding cannot be turned into computer data.

Integrating AI as a Supportive Tool

Even with its limits, AI can still be useful in homeopathy. It can help organize case records, assist in repertorization, and monitor a patient's progress over time. The idea of the "augmented homeopath" means using technology to support and strengthen human judgment, not replace it. The first consultation, the most important part of homeopathic treatment, should always be a personal, human interaction based on careful observation and empathy. Observation here is not an extra step but a vital one, giving insights that no computer can copy. For example, Kent's description of *Lachesis muta* mentions patients who talk too much and feel worse when symptoms are suppressed. Only by watching the patient closely can a homeopath notice that they become restless or upset when someone interrupts them, an important clue to confirm the remedy.

Clinical Education and Policy Implications

To preserve the essence of homeopathy in the future, education must highlight the irreplaceable value of the homeopath's own observation. Directly watching the patient, listening attentively

to their symptoms, and understanding their unique way of expressing illness are central to accurate case-taking and remedy selection. With AI tools becoming more common, there is a risk that students may rely too much on technology and lose the art of perceiving subtle, non-verbal cues. Training should therefore build strong skills in human observation, interpretation, and empathy. Policy guidelines must also clearly state that AI is only a supportive tool, never a substitute for the practitioner's judgment. Homeopathic colleges should actively train students to connect what they observe in a patient with the descriptions found in the *Materia Medica*, miasm theory, and Hahnemann's *Organon of Medicine*. For example, in a Sulphur case, a careful observer might notice the patient's untidy appearance and love of discussing big, philosophical ideas (the "ragged philosopher") even when physical complaints are minimal. Recognizing and linking these outward signs with the inner disease state is a skill that no algorithm can replace.

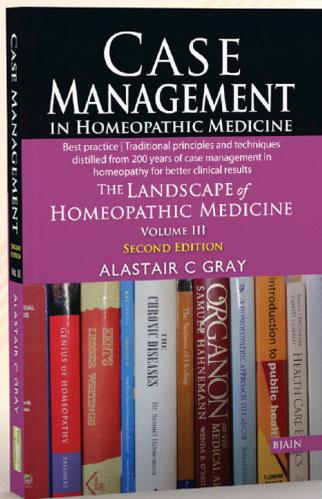
CONCLUSION

In an era increasingly dominated by digital technology, the importance of human observation in homeopathic case-taking cannot be overstated. The clinician's gaze attuned to the subtleties of human behaviour, emotion, and expression remains central to effective practice. While AI can assist in organizing information and streamlining processes, it cannot replace the interpretive depth and empathetic connection offered by the human practitioner. We advocate for a future in which "Eyes Before Algorithms" is not merely a slogan but a guiding principle, ensuring that the art of healing retains its human core even amidst technological progress.

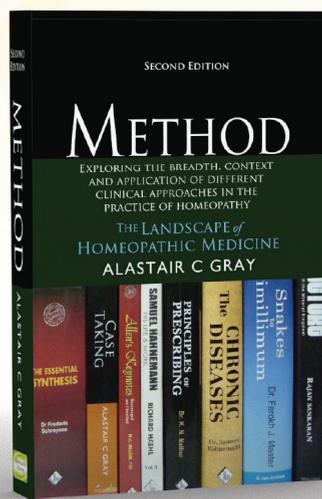
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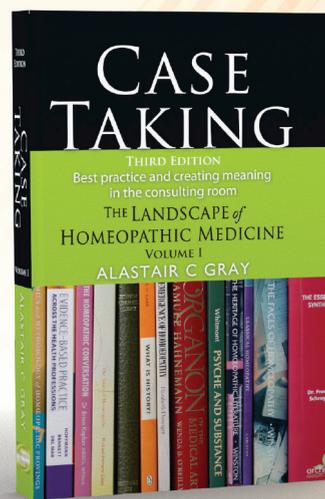
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"A Trio of Thought. Deepen Your Understanding With These Must-Reads."



Alastair C Gray

The Role of Observations in Telemedicine based Case Taking: Enhancing Learning from Virtual Platform

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Abstract

The importance of case reports in Homeopathy has been the core for the development of Homeopathy since its discovery. Telemedicine had emerged as a revolution in correspondence patient management. However, the manner of holistic approach remains the same; only the difference is of being virtual rather than physical. Case reports document how clinical experiences can be used as (1) a scientific tool to assess therapeutic effects, (2) to generate hypotheses for research and (3) to validate Homoeopathic prescription. There are guidelines available on how Homoeopathic case reports can be reported. CARE, CASE HOM, WissHom case guidelines support the writing of a high quality Homeopathic case report.

The objective of this case is to (1) demonstrate Homoeopathic Case Management showcasing the practice of Evidence Based Medicine by using telemedicine and (2) to integrate modern pathological & research insights with Homoeopathic Principles.

Tele-Homoeopathic Case Taking (Telemedicine)

- Mrs. CS, a 50 yrs old female, housewife, mother of 2 children belonged to a rich family initiated telecommunication.
- Her husband is a businessman.

Chief Complaints:

- C/O Severe itching & eruptions at groins and genital region since 1 month.
- Severe discomfort and burning at genital area.
- Pt is anxious and worried about this complaint as it is not under control.
- For above complaints pt consulted her Diabetologist, gynecologist & took treatment from 2 dermatologists but complaints are as it is.

Associated Complaints

- Heavy menses since 2 cycles
- Severe Abdominal pain throughout the cycle
- Since skin C/O had started menses further worsens itching, burning and discomfort at genitalia.
- Period is continuous for around 8 days.
- Fresh blood with clots
- Took allopathic medicines from Gynecologist and dermatologists but nothing is working.
- **Increased Cholesterol levels** since 3 years & **Diabetes Mellitus type 2** since 20 years.
- Taking oral medicines for cholesterol, diabetes & skin complaints.
- Insulin injections as Diabetes is uncontrolled.

Patient as a person

Table 1: Patient as a person

Mental Generals	Physical Generals
<ul style="list-style-type: none"> • Calm disposition • Anxious about her health • Fear: MIL, dog, darkness • Easily takes on stress & becomes anxious • Lack of confidence • Sedentary Lifestyle 	<ul style="list-style-type: none"> • Stocky built, obese, fair complexion • Perspiration General, profuse • Stool: Occasionally unsatisfactory. • Urine: Normal • Menses: Normal but since 2 cycles heavy and profuse menses (Ass. C/O) • Thermal status: Chilly → Now Hot since taking Allopathic medicines

History of Treatment:

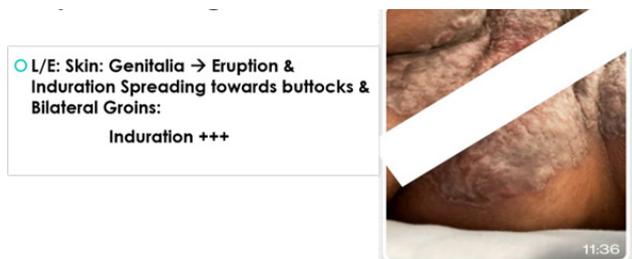
Table 2: History of treatment

Date	Consultant	Diagnosis/Treatment for skin C/O	Rx
5/3/21	Dermatologist	Tinea Cruris: Antifungal, Antihistaminic, Antiallergic	<ol style="list-style-type: none"> 1. Cap Itrasys-200 (Antifungal) 2. Lulifin for LA (Antifungal) 3. Tab Pantop 40 (Anatacid) 4. Tab Prucros 20 mg (Antihistaminic) 5. Tab Atarax 25 mg (Antiallergic)
11/3/21	Diabetologist & Endocrinologist	Antimicrobial Rx	<ol style="list-style-type: none"> 1. Surfaz SN (Antimicrobial) 2. Tab Celin (Vitamin C) 3. Tab Calcimax Forte (Minerals & Vitamins) 4. Tab Zincovit (Antioxidant) 5. Tab Crevast (Antilipid) 6. Tab Jardiance 10 mg, Tab Zomelis MEF, Tab Amryl 1 mg (OHA for uncontrolled DM)
25/3/21	Obstetrician & Gynecologist	Menorrhagia	<ol style="list-style-type: none"> 1. Tab Primolut – N, Tab. Trenaxa MF (Hormone, Antifibrinolytic Agent) 2. Tab Drotin DS (Antispasmodic)
12/4/21	Dermatologist	Candidial Vulvitis: Antibacterial, Antifungal, Antiallergic, Antihistaminic	<ol style="list-style-type: none"> 1. Tab Phexin BD 750 mg (Antibacterial) 2. Cap Onitraz Firte 200 mg (Antifungal) 3. Tab Hhlevo (Antihistaminic) 4. Tab Bilahist M (Antiallergic) 5. Ebernet for LA (Antifungal) 6. Fudic for LA (Antibacterial) 7. Fungicross for LA (Antifungal) 8. Abzorb for LA (Antifungal)

14/4/21	Dermatologist	Herpes Genitalia and Neuropathy: Antiviral	<ol style="list-style-type: none"> 1. Tab Herpival 1 gm (Antiviral) 2. Herpvex for LA (Antiviral) 3. Tab Nurokind-G (Rx for neuropathic Pain)
---------	---------------	--	--

O/E findings from the image shared in message format in the practice of telemedicine

Figure 1: On examination findings from the patient's image



Case Processing:

Table 3: Case processing

Telecommunication Applications (Mode of Communication)	Audio Text Based Visual photo
Tele Consultation Process	Initiated by Pt → Registered Homoeopathic Practitioner (RHP)
Type of Consent	Implied
Type of Consult	First & F/U Consult
Timing of Info Transmitted	Non-Emergency (NE)
Type of disease	Complex Disease (4 chronic diseases → Locations → Endocrine, CVS, Female Reproductive System & Skin)
Disease Diagnosis	Candidial Vulvitis → Weak Immunity, Diabetes Tinea Cruris → Obesity, Profuse Perspiration & DM Herpes Genitalia → DM + Triggering factor → Menses
Stage of Disease	Chronic
Co-morbidities	DM Type II with Dyslipidemia with Menorrhagia

Miasm	<p>◀ Psora → Location → Skin → Itching, Burning, Suppression of Skin disease</p> <p>Physiological Functioning → Hyperactive → Perspiration Profuse, Menses Heavy Profuse → Menorrhagia</p> <p>◀ Sycosis → Subjective Distress ++ → Poor response to treatment</p> <p>◀ Tubercular → Uncontrolled Diabetes Mellitus Type II</p> <p>(Mixed Miasm:- Psora → Sycosis → Tubercular)</p>
Susceptibility & Sensitivity	<p>Subjective Level: ◀ Mental: High</p> <p>◀ Physical: Moderate</p> <p>Objective Level ◀ Pathology: High</p>
Potency	To start with Moderate potency → Review after Remedy Response assessment.
General Vitality	Poor
Prognosis	Favourable → Unfavorable

Fig. 2 Perceiving Patient as a person

Perceiving Patient as Person



Totality of symptoms

1. Anxiety fear
2. Fear of dark
3. Fear of dogs
4. Lack of confidence
5. Menses profuse
6. Menses painful, dysmenorrhea
7. Genitalia burning smarting pain
8. Poor Reaction
9. Obesity
10. Profuse perspiration

Fig. 3 Repertorial sheet
Repertorization Sheet

Remedy	Sulph	Calc	Nat-m	SI	Kali-c
Totally	36	36	35	31	30
Symptoms Covered	12	10	11	10	9
[Complete] Mind/Psychological themes: Anxiety, fear:	4	4	4	4	3
[Complete] Mind/Fear: Dark, etc:	3	3	3	1	3
[Complete] Mind/Fear: Drops, etc:	1	3	3	1	0
[Complete] Mind/Confidence: Want of self:	1	3	3	4	3
[Complete] Female Genitalia/Menses: Profuse:	4	4	4	4	3
[Complete] Female Genitalia/Menses: Painful, dysmenorrhea:	4	4	3	3	4
[Complete] Female Genitalia/Pain: Burning, smarting/Menses: During:	1	0	1	3	3
[Complete] Boger's General Analysis /Reaction, poor:	4	0	0	0	0
[Complete] Generalities/Obesity:	3	4	3	3	3
[Complete] Perspiration/Profuse:	4	4	4	4	4
[Complete] Female Genitalia/Itching/Burning:	3	4	3	0	0
[Complete] Female Genitalia/Eruptions:	4	3	4	4	4

Materia Medica Understanding of Calc Sulph

Sulphur and calcarea carb are the two closely coming remedies. Sulph 36/12 and Calc carb 36/10. Female genitalia burning, smarting menses during and another rubric reaction poor is not covered by Calc carb. Materia medica reference will help in selecting the similimum.

In this case quick reference of "A synoptic Key of the Materia Medica" by C M Boger was done. In Sulphur *deficient reaction* and in Calc sulph *poor reaction and skin won't heal* were the important characteristic & guiding symptoms for the selection of the remedy in this case. Burning & smarting pain during menses is covered by Sulphur. Therefore, Calc Sulph was selected in view of the mental, physical and particular symptoms in the case.

Fig. 4: Sulph and Calc sulph reference from Boger's A Synoptic Key of the Materia Medica

SULPHUR.		CALCAREA SULPHURICA.	
REGION.	VENOUS CIRCULATION.	WORSER.	WORSER.
ORGANS ABDOMEN.	NUTRITIVE Liver.	SUPPRESSION BATHING.	CONNECTIONS TISSUE.
Chest.	Rectum.	EXERTION. STANDING.	Glands.
SKIN; folds of.	SKIN; folds of.	WHEN (IN BED).	Mucous Membranes.
VERTEX SOLES.	SKIN; folds of.	HEATED) from woollen, etc.	Bones. Skin.
Chest. Joints.	SKIN; folds of.	Periodically (11 A. M.) Climacteric.	Cutting palms; (r) ovary. Tendency to suppuration. Pus thick, yellow, lumpy, bloody. Catarrh. ABSCESS, running; ears; teeth; recurrent (Pyro). Ulcers, malignant; corneal; deep. Fistulae.
	DEFICIENT REACTION (Ars. Carb-v. Pot. Ver-s.). Empty, overful, rough (Nausea) or asleep feeling. Local burning or congestion. Effusion. Deposition. Foul, acrid or blood streaked discharges. RED ORIFICES; tarsi, lips, ears, etc. (Alb.). Weak, faint spells. STOOPEL, LANK, UNCURED AND UNWASHED. Emaciation. Psora. Scrofula. Rheumatism.—Slow, lazy and always tired. Hopeful. Dreamers; estatic reil-	BETTER.	BETTER.
		Motion. Warm Application.	Bathing. Open Air. Eating. Heat (Local). Uncovering.

Table 4: DLQI assessment

Sr. No.	Dermtology Life Quality Index (DLQI) Questions	Before Treatment (Over the last week)
1	Over the last week, how itchy, "scratchy", sore or painful has your skin been?	Very much (3)
2	Over the last week, how embarrassed or self conscious, upset or sad have you been because of your skin?	Very much (3)
3	Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?	Very much (3)
4	Over the last week, how much have you changed or worn different or special clothes/shoes because of your skin?	A lot (2)
5	Over the last week, how much has your skin trouble affected any social or leisure activities?	Very much (3)
6	Over the last week, how much has your skin made it difficult for you to do any sport?	A lot (2)
7	Over the last week, has your skin prevented you from working or studying? If "No", over the last week how much has your skin been a problem at work or studying?	Very much (3)
8	Over the last week, how much trouble have you had because of your skin with other people calling you names, teasing, bullying, asking questions or avoiding you?	A lot (2)
9	Over the last week, how much has your skin caused sexual difficulties?	Very much (3) No relation since c/o
10	Over the last week, how much of a problem has the treatment for your skin been, e.g. by making your home messy or by taking up time?	Very much (3)
	Score	27

Table 5: Scoring method of DLQI

Scoring Method		
Sr. No.	Answers	Score
1	Very much	3
2	A lot	2
3	A little	1
4	Not at all	0
5	Not relevant	0
6	Question no. 7, 'prevented work or studying'	3

Sr. No.	Score	Interpretation of DLQI Score
1	0-1	No effect at all on patient's life
2	2-5	Small effect on patient's life
3	6-10	Moderate effect on patient's life
4	11-20	Very large effect on patient's life
5	21-30	Extremely large effect on patient's life

Pt's score 27

Table 6: DLQI Score before & after Homoeopathic intervention

Sub-Scale	No of Items per scale	Before	After		
			29/04/21	24/05/21	24/08/21
Symptoms & Feelings (SF)	Q 1 & 2 (2)	3 + 3	2 + 2	1 + 1	0 + 0
Daily Activities (DA)	Q 3 & 4 (2)	3 + 2	2 + 1	1 + 0	0 + 0
Leisure (L)	Q 5 & 6 (2)	3 + 2	2 + 2	1 + 1	0 + 0
Work or School (WS)	Q 7 (1)	3	1	1	0
Personal Relationships (PR)	Q 8 & 9 (2)	2 + 3	2 + 2	1 + 1	0 + 0
Treatment (T)	Q 10 (1)	3	2	0	0 + 0
DLQI Score		27	18	8	0

Case Summary

Discussion: (Case Taking: 19/04/21 Follow Up: - 29/4/21- 24/08/21 (4 months)

- The whole case was managed through the principles of telemedicine. (Table 3)
- Mrs. SRM, a 50 yrs old female, housewife, mother of two children belonged to a rich family consulted on phone. She is a known case of Diabetes Mellitus Type II & Dyslipidemia.
- She consulted on telephone for her C/O severe itching, & eruptions at groins and genital region since 1 month.
- Severe discomfort and burning at genital area. For above complaints patient had consulted her Diabetologist, gynecologist & dermatologist.
- On local examination the skin at groins and genitalia was thickly indurated and spreading as per the image sent on Whatsapp of the physician. (Fig. 1)
- The case taking was done as per the guidelines for perceiving patient as a person (Table 1 & Fig. 2)
- The diagnosis made by dermatologist was of tinea cruris, candida vulvitis, herpes genitalia and neuropathy (Table 2).
- Pt was highly concerned about her skin complaints & menses as it had affected her Quality of life (QOL).
- Too many allopathic medicines (Table 2) were prescribed resulting into suppression and alteration in the form of disease.
- Case processing was done as per the principles of Homoeopathy and telemedicine. (Table 3)
- Homoeopathic medicine was prescribed in view of the current totality as there was no time to wait for getting original unmodified picture of the disease. (Table 3, Fig 3 & 4)
- Allopathic Rx for skin complaints were stopped before starting Homoeopathy Rx.

Follow Up

Fig. 5: Follow up & therapeutic management



2/5/21: Second follow up: Feeling better Rx Continue as it advised.

Fig. 6: 3rd Follow up

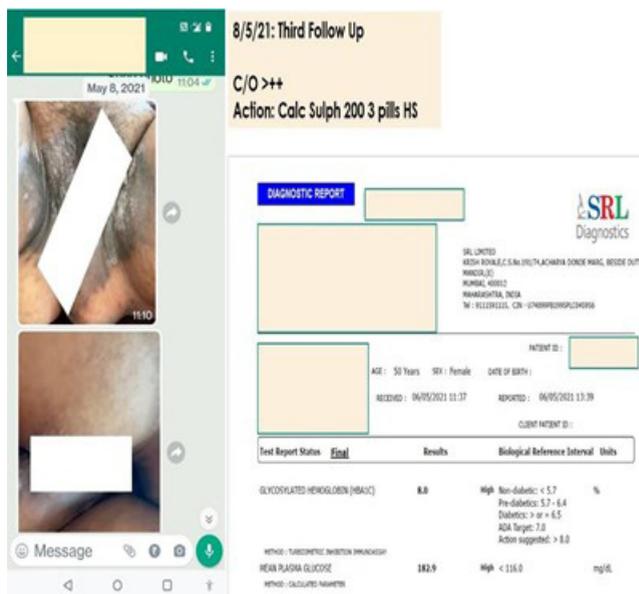
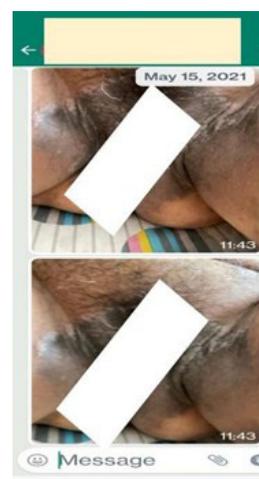


Fig 7: 4th Follow up



15/5/21: Fourth F/U C/O >+>

Action Calc sulph 200 3 pills HS

Fig. 8: 5th & 6th Follow up

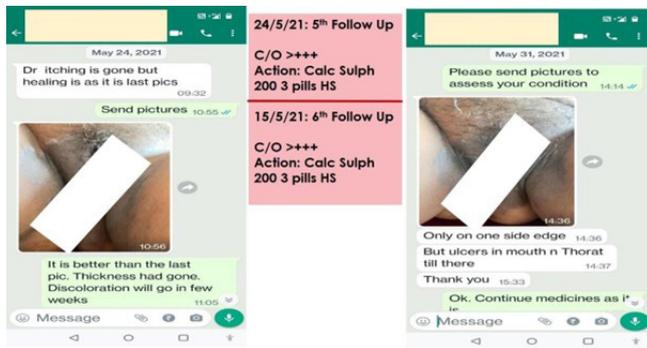
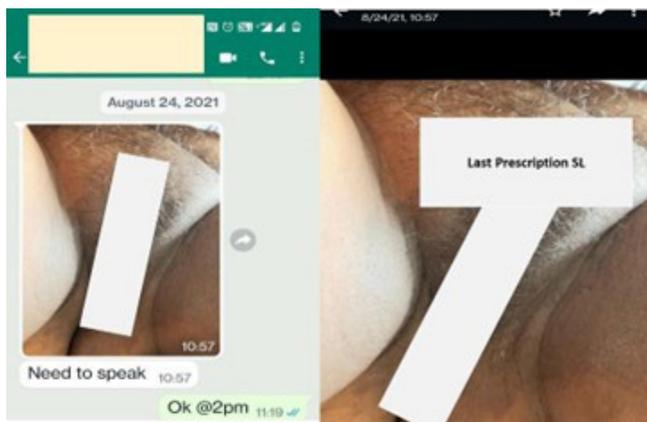


Fig 9: Last follow up



Assessment by MONARCH inventory (Improved version of the Modified Naranjo Criteria for Homoeopathy)

Table 7: Outcome Assessment

Sr. no.	Items	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		--
3	Was there a homoeopathic aggravation of symptoms?	-	0	-
4	Did the effect encompass more than the main symptom or conditions, i.e. were other symptoms, not related to the main presenting complaint, improved or changed?	-	0	-
5	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioral elements)	+2	-	-
06	(a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
	(b) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: - from organs of less importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	-	0	-
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8	Are there alternative causes (i.e. 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)	-	0	-
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	+2		--
10	Did repeat dosing, if conducted, create similar clinical improvement?			0*

MO: dified, NAR: anjo, C: riteria for H: omeopathy-

Causal Attribution Inventory was identified as a **valid tool for assessing the likelihood of a causal relationship between a homeopathic intervention and clinical outcome.**

Improved wordings for several criteria have been proposed for the assessment tool, under the new acronym **"MONARCH"**.

Causal: relating to or acting as a cause.

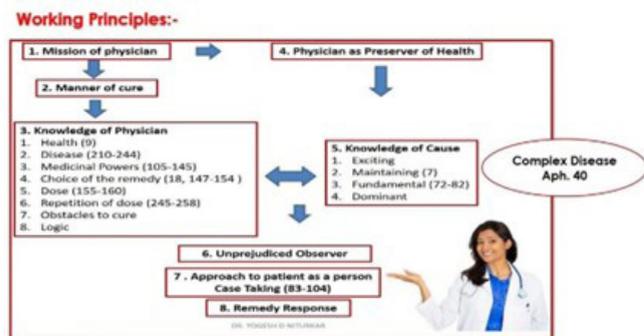
Results:

- On 19/04/24, as per the totality of symptoms *Calc sulph* 200 single dose as a constitutional remedy and *Ars Alb* 200 qds was advised in acute state.
- She reported that her Blood sugar levels are within 250 mg/dl but didn't share her reports even after insistence of its importance in the management of skin complaints.
- All of her complaints were initially under control; then near normal and later on became normal. (Fig. 5-9)
- Her menses returned to normal.
- In between she had long journey by car at that time itching was aggravated and *Ars Alb* 200 3 pills qds resulted in > of itching.
- The remedy response (Fig. 5-9) of the selected Homoeopathic medicine indicates that mental, physical and particular complaints were cured.
- Before Homoeopathic Intervention Dermatology Life Quality Index (DLQI) score was 27 and afterwards within 4 months of Homoeopathic intervention it was 0 (Table 4-6).
- Causal Attribution Inventory was indicated the likelihood of a causal relationship between a homeopathic intervention (*Calc sulph* as a chronic and *Ars Alb* as an acute remedy) and the clinical outcome i.e. cure was observed. (Table 7).
- The case taking was recorded as per the CARE

guidelines.

- The working principles (Fig. 10) in this case were based upon the guidelines given by Hahnemann in his Organon of Medicine. A comprehensive working model (Fig 11) was established as a part of learning.

Fig 10: Working principles

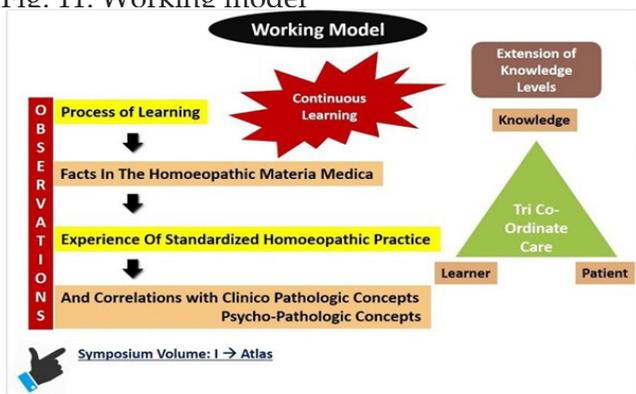


enhances the process of learning (b) helps in perceiving the facts as given in the HMM (c) acts as a foundation for Standardized Homoeopathic practice (d) helps in developing correlations with clinico pathologic & psycho pathologic concepts and (e) aids in extension of knowledge levels for qualitative tri co-ordiante care i.e. knowledge care, patient care & learner care. (Fig 10 & 11)

CONCLUSION

The case highlights the core concepts of (a) Case taking (Telemedicine) (b) Case Processing (c) Prescription (d) Outcome Assessment (e) Research Perspective. This case demonstrates the importance of case record in Homoeopathic case management showcasing the practice of Evidence Based Medicine (EBM) by the application of the principles of Telemedicine.

Fig. 11: Working model

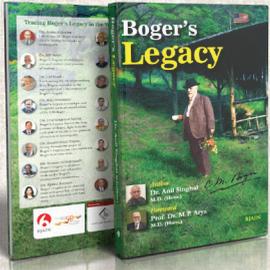


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Learning:

Significance of observations in clinical practice (a)



Boger's Legacy

ISBN:-9788131966525

"Instinctive wishes for perfection keep one to dive into the treasure of natures among universal surrounding. Developing conscientiousness about the minute details makes one an acute observer who keeps on acquiring every detail and keep on updating himself. Dr. Cyrus Maxwell Boger put himself into the arena of homoeopathy with initial influence of his educationist father and later on big impact coming from Dr. Boenninghausen...."





Reviewed by
Dr M K Sahani
(Author & Teacher)
Former Chairman of the Education Committee,
Central Council of Homeopathy, Gov. of India.

Importance of Detail Observation Through A Case of arthritis with rarely used remedy Radium Bromatum

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Abstract

In Homoeopathy, observation during case taking is considered one of the most critical aspects of understanding the patient's disease state.

According to the organon of medicine by dr samuel hahnemann, particularly in aphorism 83 to 104, proper case taking must include detailed observation-not only of the patient's word but also his general appearance posture, gait, behaviour calmness, restless, irritable, voice & speech tone, clarity, hesitation. In aphorism number 6 unprejudiced observation dr samuel hahnemann explain it homoeopath's observation during case taking is through careful, unbiased, and minute observation which ultimately lead to the complete image of the disease which is the foundation of homoeopathic prescription. This article explain... should be written.

Keywords

Homoeopathy, Symptoms Direction, Case Report

CASE STUDY

Patient profile

A patient of 31 years old, married lady came to the clinic suffering from joint pain and numbness. A patient came with an investigation but no significant cause was found in it and day by day the condition of joint pain and numbness getting bad she was concerned about his condition as she tried conventional medical treatment but could not get much benefit. On examination, there is swelling and redness of finger joints. When I asked her

what is your concern regarding this she said if this condition remains as it is so how could I do my duty. I asked her how it started is there any stress in your life so patient explain it in detail

Life space

The patient said actually sir last year I had gone through a family problem. Sir, my husband is a mamma boy and he listen to her mother. She further said sir we had one disputed land and my in-law's and I wanted to sell it as soon as possible but it was going to be very difficult to sell-out . For that I go to many mandir, do poojas , do lots of prayer so that land deal should take place as early as possible...

One day all my prayer's my effort my hard work came true and the land deal took place and a handsome amount of money came home. But what happened sir as the deal became successful my husband took all the money and went to my mother in laws room and gave all money into her hand. I am there but he did not even look at me, not even notice me, not giving me any credit. I got furious and angry. I feel neglected, I feel "how could he do such a bad thing to me", Sir I had done lots of effort but what I got in return not a single word of appreciation. Since that moment, that day my joints start paining I get deeply hurt by this rude behaviour of my husband

And my finger became numb and lost all sensation in the joint... she also said when I do any good work he never appreciates me for e.g. If I made tasty food, everybody would appreciate it but my husband just ate it and did not utter a single word of appreciation instead he always

criticised me. I get frustrated by this behaviour of my husband. Actually in my mother's home I am the most valuable child. My parents fulfil all my demands. I am the centre of attraction there. Everybody's revolving around me. That much attention caring I received there.

But here it looks as if I am nobody to them. Many times I feel what is my **value** here. I am just a marriage material and nothing feels neglected, no importance to my work.

Past Medical History

No Significant history found In patient.

Family History

Father has had diabetes since 6 yrs and is taking allopathic medicine.

Medical History

The patient had tried various allopathic painkillers and other medicines which were prescribed by the doctor for joint pain and swelling.

Clinical Findings

Vital signs were within normal limits, with heart rate 74 beats per minute, blood pressure 120/80mmhg. A general physical examination of the patient revealed swelling and redness of finger joints.

Physical General

Appetite- Good 2meals/day.

Thirst – 4-5 liters per day

Desire - sweet

Aversion – Nothing specific.

Intolerance – Nothing specific.

Thermal – hot prefer winter

Stool – Normal two times a day yellow colour.

Urine – clear colour, no pain before, during and after urination.

Sleep – disturbed due to pain feels unfreshed at morning.

Menstrual History

Menses : Regular monthly

Duration: 4 days

Colour: bright red no clotting

Assessory symptoms: pain in abdomen before menses

Mental General

The patient is very sensitive and angry. Feels neglected, forsaken, feels nobody in the home who gave her appreciation. Feels despair and wants light of recognition for the things she has done for family. Anger over husband and family members.

Provisional Diagnosis - Arthritis

Miasmatic analysis - Sycotic miasm : Due to inflammation and swelling

Analysis of the case -

1. This patient is very sensitive and talkative. If you see this case I just ask 2-3 questions and the patient gives a detailed history of her life.
2. The patient is very angry about being neglected.
3. inflammation of joints and numbness

The following characteristic symptoms were considered for the Repertorisation:

1. Anger from being neglected (Mental General symptoms)
2. Delusion he or she being neglected (Mental General symptoms)
3. Delusion appreciated she is not (Mental General symptoms)
4. Delusion criticized she is (Mental General symptoms)
5. Delusion valued she is not (Mental General symptoms)

Case Report

- Extremities inflammation of joints (physical general symptoms)
- General numbness (physical general symptoms)

Repertorial Analysis

me (0)
united
This analysis contains 322 remedies and 12 symptoms.
Intensity is considered

Sum of symptoms	rad.br. puls. calc. carb. plat. arg-n. ars. ham.							
	1	2	3	4	5	6	7	8
01. MIND - ANGER - neglected; from being neglected	1	2	-	-	-	-	-	-
02. MIND - DELUSIONS - neglected - he or she is neglected	1	26	-	-	-	-	-	-
03. MIND - DELUSIONS - appreciated, she is not	1	26	-	-	-	-	-	-
04. MIND - DELUSIONS - criticized, she is	1	36	-	-	-	-	-	-
05. MIND - DELUSIONS - valued; he is not	1	21	-	-	-	-	-	-
06. MIND - DELUSIONS - repudiated; he is - others; by	1	3	-	-	-	-	-	-
07. MIND - IRRITABILITY - people; with	1	8	-	-	-	-	-	-
08. MIND - FORSAKEN feeling - isolation; sensation of	1	72	-	-	-	-	-	-
09. MIND - LOQUACITY	1	203	-	-	-	-	-	-
10. EXTREMITIES - INFLAMMATION - Joints - chronic	1	50	-	-	-	-	-	-
11. EXTREMITIES - NUMBNESS - Toes - First	1	8	-	-	-	-	-	-
12. GENERALS - NUMBNESS	1	72	-	-	-	-	-	-

Repertory Software used

Radar Synthesis 9.0 version

Prescription

Radium Bromatum 30c was prescribed on the date of consultation 21/09/2022. on the basis of mental and physical symptoms of the patient. Also in Boericke materia medica Sir mention that this remedy Radium brom work on joint pain but Mental state of patient is not mentioned. After repertorisation mental symptoms from radar software I get a clear picture of mental and physical similimum of Radium bromatum.

Follow Ups and Outcomes

Date	Symptoms	Medicine with Potency, doses and Repetation	Justification
21 st September 2022	Swelling of joints and numbness redness	<i>Radium brom</i> 30c 3 doses daily od early morning	Selection constitutional remedy on the basis of totality of mental and physical symptoms
4 th October 2022	Swelling reduced numbness is there	Sac lac 200 tds for 7 days	Medicine is acting good now and will have to wait and watch silently

22 nd October 2022	Swelling reduced but pain in joint and anger about neglect is still there	<i>Radium brom</i> 200 single dose	Physically patient feels better but mental and emotional issue still not resolved
15 th November 2022	Patients feel better no swelling, patient forget his anger and move on	Sac lac 200 tds for 15 days	Medicine is acting profoundly mentally and physically patient is happy
1 st December 2022	Patient feels better no pain, no swelling, no numbness	Sac lac 200 tds for month	Medicine acting properly no need of repetition

Discussion

Psychodynamics of case:

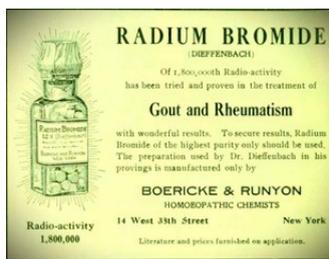
As we all know, the patient is suffering from joint pain. Though all her reports are normal still she feels tremendous pain because her pain lies in her mind. This is a classic case of conflict between “will & understanding” according to our stalwart DR J T KENT sir. What a patient desires in her life in her will and what she gets. I will give you a brief understanding of mine toward a patient's disease. Pt is suffering from numbness which means she loses sensation of finger day by day.

Remedy Understanding:

Radium bromatum

I have studied this remedy but the mind section is not so explored. Basically I will give you the theme of *Radium Brom*. It is a radioactive substance and has fluorescent properties as we know radium used in watch dial, on highway roads, so that at night it reflects light. Same doctrine present in mental psychics of patients. He feels he is an important person and deserves that appreciation and value but people around him do not show respect to him that's why he feels neglected, despised and criticized. All metal people feel that they are great and other people also understand their greatness but if not then they badly hurt and get angry easily...

there is one rubric lies in *radium brom* is **LIGHT DESIRE FOR** here he wants light “to be in centre of attraction personality”



CONCLUSION

As this case Study Shows, Importance of observation during case taking as we not only focus on physical symptoms but give importance to mental condition of patient and homoeopathic medicine act well in balancing state of body and help in restoration of health.

Declaration of patient consent

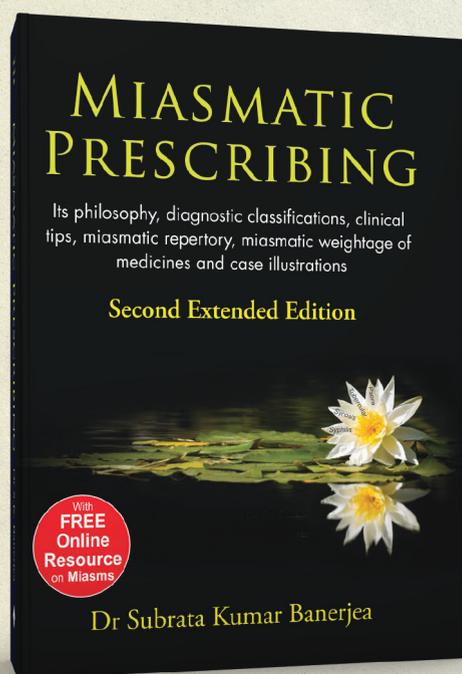
The authors certify that they have obtained all appropriate consent from the patient. The patient understands that his name and initial will not be published and due efforts will be made to conceal his identity but anonymity cannot be guaranteed.

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2. Radar Synthesis Repertory Treasure Edition for cross reference.
3. Organon of Medicine of aphorism about observation in case taking.



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A Clinical Case of Hydrocephalus: Diagnosis and Homeopathic Management

Dr. Raju Gangwar

Associate Professor, Shree H.N.Shukla

Homoeopathic Medical College and Hospital Rajkot Gujarat



Abstract

Hydrocephalus is a condition marked by excess cerebrospinal fluid in the brain, often leading to symptoms like head enlargement, irritability, and neurological signs in infants. This case of an 8-month-old male with jerky head movements and irritability following fever was managed with classical homeopathy. Remedies such as Apis mellifica, Belladonna, and Aethusa cynapium were prescribed based on symptom totality. The child showed no recurrence of fits and good overall recovery.

Introduction

The term Hydrocephalus is derived from the Greek word which means water in the brain where it is known as Cerebro spinal fluid (CSF). Which is present inside the brain & spinal cord. Hydrocephalus is a condition of CSF circulation disturbance with imbalanced CSF flow dynamics of various reasons and develops as a symptom of an underlying disease. According to our database of more than 500 primary surgeries, more than 60% of pediatric hydrocephalus need their first surgical treatment during infancy, while approximately 74% of shunted patients have received surgery during infancy at an age younger than 24 months [unpublished data]. The causes of hydrocephalus are heterogeneous such as the pathophysiologic mechanism leading to disturbed CSF flow. Due to pressure effect of this fluid patient show various sign n symptoms like Jerking, Inflammation, vertigo,etc.Here a Pediatric case is well handled with Homoeopathic Dynamic medicine under me who takes allopathic medicine since so many days in Hospital in ICU ward but.not relief of any complaint & comes in our OPD with faith

in n homoeopathy & permanently cure by Homeopathy.

Preliminary Data:

Patient Id No.:	Date: 24/11/2024
Patient Name: Maulik Maru	Age: 8 Month
Marital Status: Unmarried	Sex: Male
Qualification: -	Occupation: Job
Address: Rajkot	Religion: Hindu

Chief Complain:

LOCATION	SENSATION		CONCOMITANT
• Head	• Involuntary head jerky movements suddenly, for a few minutes, since 10-12 days.	< after sleep, morning	Weeping & irritability

Onset – Sudden After fever

Duration – 10-12 DAYS

Associated Complain: None

Physical General

Appetite: Reduced

Thirst: Thirstless

Urine: NAD, Watery, no burning.

Stool: Normal consistency. No complaint before, during and after stool

Cravings & Aversion: - None

Thermic Reaction: Hot

Sleep: On abdomen. Disturbed due to abdominal pain..

Perspiration: Not specific
 Addictions: None
 Allergy/Disagree: None
 Milestones: All at normal age
 Vaccination: On time
 Menstrual History: Not applicable
 Obstetric History: Not applicable
 Past History: Nad

Family History: Nad

Mental Symptoms & Physician's Observation:
 Irritable

Provisional Diagnosis of The Disease: Acute Meningitis?

Totality of Symptoms:

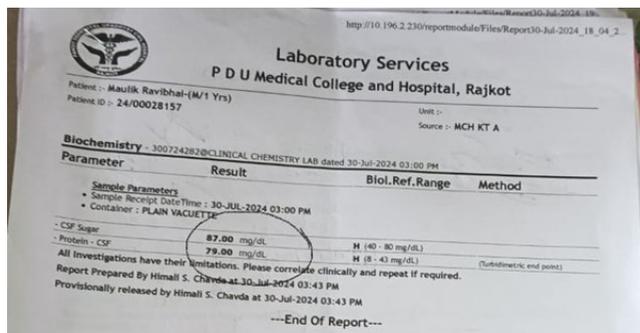
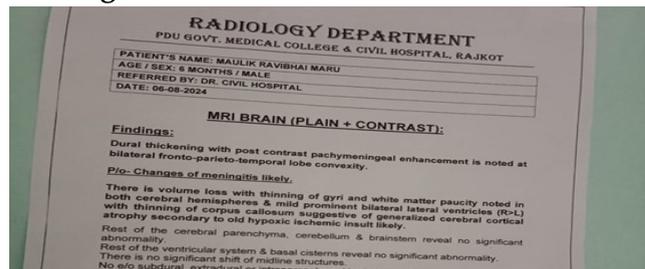
- Involuntary head jerky movements suddenly,
- < in sleep, morning
- Weeping & irritability

1 VERTIGO - VERTIGO
HEAD
2 HEAD - BORES head in pillow
3 HEAD - HYDROCEPHALUS
FACE
4 FACE - SWELLING
STOMACH
5 STOMACH - THIRSTLESS
GENERALS
6 GENERALS - JERKING
Remedies ΣSym ΣDeg Symptoms
apis 6 17 1, 2, 3, 4, 5, 6
bell. 6 14 1, 2, 3, 4, 5, 6
bry. 6 13 1, 2, 3, 4, 5, 6
op. 6 13 1, 2, 3, 4, 5, 6
stram. 6 13 1, 2, 3, 4, 5, 6
puls. 6 12 1, 2, 3, 4, 5, 6

Remedy Marks:

1. Apis Mel.
2. Belladonna
3. Cicuta

Investigations



Prescription:

1. Apis mel 30 (10 drops orally)
2. Belladonna 200 (3 Powder packet)

Follow Up:

DATE	COMPLAINTS	PRESCRIPTION
01/10/2024	<ul style="list-style-type: none"> • Diarrhea during dentition • Fever since morning • 2 times stool • Sleep disturbed and weeping at night 	<ul style="list-style-type: none"> • Aethusa cynopium 30 (3 powder packet) • Ferrum phos 6x 2 tablets TDS
14/10/2024	<ul style="list-style-type: none"> • Slight jerking at today morning and before 2 days • Teething complaint • Rest is okay 	<ul style="list-style-type: none"> • Sulph 200 single dose • Ferrum phos 6x 2 tablets TDS
16/10/2024	<ul style="list-style-type: none"> • No Fits • Feels Better 	<ul style="list-style-type: none"> • SL 4 pills TDS/3days
23/10/2024	<ul style="list-style-type: none"> • No Fits, No Dentition Complaint • New Symptoms Of Acute Cold And Cough 	<ul style="list-style-type: none"> • Allium cepa 30c 3 PACKETS • SL 7 packets for 7 days

CONCLUSION

This case highlights the potential of individualized homeopathic treatment in managing early symptoms of hydrocephalus, offering a safe and effective approach in pediatric care.

A CASE OF TREATMENT OF RECURRENT HAND, FOOT AND MOUTH DISEASE WITH INDIVIDUALISED HOMOEOPATHY

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KEY WORDS

Vesicular, HFMD, homoeopathy, paediatric, MONARCH

ABSTRACT

Hand, foot and mouth disease is a common viral illness of infants and children. Symptoms include fever, sore throat, painful apthae in mouth, rashes in hands and feet. In contrast to the allopathic view, which considers the skin ailments to be local and isolated, Homoeopathy through its individualistic approach shows the way for holistic healing. Here, in this article is a case report where recurrent HFMD which was not being helped much with the conventional medicine was treated with individualised homoeopathic medicine quickly, also improving her general health. MONARCH score was 10 indicating a definite association between homoeopathic medicine and the observed outcome.

INTRODUCTION

The most common occurring dermatoses in paediatric patients attributing to viral infections include: Hand, Foot and Mouth Disease (HFMD), Molluscum Contagiosum, Chicken Pox and Herpes (Simplex and Zoster). Hand, Foot and Mouth Disease occurs worldwide as a sporadic as well as an epidemic disease. Incidence is greatest in summer, early autumn and occurrence common in school going children aged 5-10 years.¹

HFMD is a syndrome characterised by vesicular

stomatitis and cutaneous lesions of the distal extremities.¹ Almost all of the viral infections of skin in paediatric age group (viz Herpes, Chicken Pox, Molluscum Contagiosum) are caused by Varicella Zoster virus except HFMD which is usually caused by coxsackie A virus (A16)². The cause of HFMD is coxsackievirus which is a member of the Picornaviridae family, which includes non-enveloped single-stranded RNA viruses.

The virus can spread through direct contact with unwashed hands and surfaces contaminated with faeces. It is also transmissible by discharges i.e. stool, urine, saliva or respiratory secretions. Symptoms include fever, sore throat, painful apthae in mouth, rashes in hands and feet with headache, anorexia and malaise. The incubation period is 3–6 days and children are particularly infectious until the blisters have disappeared.

Diagnosis is usually made by clinical picture alone. The characteristic presentation states painful, red blisters in the mouth with papulovesicular rashes on hands and soles. It is clinically differentiated by other viral disease by its presentations. Herpes Simplex (Type I) produces intraepidermal vesicles around the mouth and lips and or genitalia (Type II) whereas Molluscum Contagiosum causes small, pearly umblicated papules.³

The other methods of treatment pay least attention to the internal cause of the disease, rather focus on its external manifestation. Repeated efforts to remove just the external malady in turn suppress the internal cause and ultimately create a one-sided disease which is least amenable to cure.

Even the curable cases become incurable by repeated suppression and results into a lifelong cycle of repetition.⁴

For the treatment to be *judicious, sure, efficacious and radical*, homoeopathy believes that *without the co-operation of the whole organism*, or any internal disease no external malady (excluding injury) can arise, persist or even grow worse *without some internal cause*⁵ (Aphorism 189, 191) Hence, its treatment too should be directed internally without any external application.

The following case highlights this holistic homoeopathic approach. The case report is of a female child aged 5 years who had episodes of HMFD infection in the recent past, each time treated with allopathy but the present episode was not being helped with, individualized homoeopathic medicine given orally without any external application not only cured her of the hand, foot and mouth eruptions but broke the recurrence and improved her general health rapidly.

CASE STUDY

Description of patient and present complaint-

A female child aged 5 years came with the complaint of painful eruptions mostly papular and some vesicular on her hands, foot, elbow and knees, there was little itching as well since 3-4 days. There was aphthous like ulceration in the buccal mucosa, could not tolerate spicy. It was associated with low grade fever since 2 days. There was no marked modality.

History of presenting complaint-Eruptions first appeared in the hands and feet and lastly in the mouth. She had initially taken allopathic medication for this episode also but there was no marked relief.

Past history-

She has had two more such episodes in the recent past where she had taken allopathic medication. Along with this the patient had a recurrent tendency to cold, cough and fever.

Family history-

Mother suffers from migraine.

Physical generals-

Thermal reaction:- Hot

Appetite: was very less, no. of meals was 2-3 but was forced by her mother for it and she would have only a few bites.

Thirst: thirstless, 1-2 glasses per day Desire: nothing specific

Aversion: milk and onion

Intolerance: non- vegetarian diet especially meat
Urine: clear

Stool:stool satisfactory and soft but no fixed time and daily Sleep: sound, 9-10 hours .

Dreams: of ghosts

Perspiration: moderate, mostly on trunk and face.
Tongue: moist and clean

Mental generals-

Mentally she was mild and gentle, polite, sweet one would want to caress her and was fearful of dark and ghosts.

PROVISIONAL DIAGNOSIS:(ICDB08.4.)

The diagnosis of Hand, foot and mouth disease was made clinically because of the sites of involvement and appearance of the lesion and association with low grade fever.

CASE ANALYSIS:

Basis of prescription-

As there was no marked modality or concomitant and considering her complaint to be recurrent we focused on the constitution and hence gave due weightage to the generals.

Symptoms were analysed, evaluated and then following symptoms were selected for repertorisation, HOMPATH ZOMELO ELITE software was used, case repertorised using Kent's repertory):

1. Mild and gentle

2. Fearful of dark and ghosts
3. Thermally hot
4. Appetite was very less
5. Aversion to milk and onion,
6. General aggravation from non-vegetarian diet (Meat etc)
7. Thirstless

Table 1: REPERTORIAL SHEET (HOMPATH ZO-MEO ELITE: Kent's Repertory)

Remedy	Puls	Sulph	Phos	Lyc	Carb-v	Sep	Sil	Caust	Nat-m
Totally	21	15	13	13	11	11	11	10	10
Symptoms Covered	9	8	7	6	6	6	5	7	5
Kingdom	Plants	Minerals	Minerals	Plants	Minerals	Animals, Sarcodes	Minerals	Minerals	Minerals
[Kent] [Mind]MILDNESS: (60)	3	2	2	2		2	3	1	3
[Kent] [Mind]FEAR (SEE ANXIETY);Ghosts, of: (24)	2	2	2	2	2	1		2	
[Kent] [Mind]FEAR (SEE ANXIETY);Dark: (22)	2		2	2	2			2	
[Kent] [Generalities]WARM :Agg: (80)	3	2	2	2	1			1	2
[Kent] [Generalities]FOOD:Meat -Agg: (17)	2	1					1	1	
[Kent] [Stomach]AVERSION:Milk: (30)	2	2	1		2	2	2		
[Kent] [Stomach]AVERSION:Onions: (1)									
[Kent] [Stomach]THIRSTLESS: (87)	3	1	1	2		2		1	1
[Kent] [Stomach]APPETITE:Wanting: (203)	3	3	3	3	2	3	3	2	3
[Kent] [Sleep]DREAMS:Ghosts,spectres: (31)	1	2			2	1	2		1

THERAPEUTIC INTERVENTION:

After thorough case taking, totality formation, analysis and repertorisation and consulting Materia Medica and differentiating closely associated medicines, Pulsatilla-30/2 doses were prescribed on 7th June,2024.

FOLLOW UP:

First follow up was done within 5 days then at around 15 days interval, later at 1-2 month interval. The case showed remarkable improvement, patient reported that from the very next day, mouth ulcer disappeared, the hand and elbow papules and vesicles began to dry up, the foot eruptions resolved the last. Most of the scars vanished in just few days. After 2- 3weeks, a few foot papules and scabs remained so 2 doses of Pulsatilla-30 were repeated as the condition was standstill, following which there was complete resolution of the lesions and the improvement in

general health continued. Gradually her appetite improved drastically, even her thirst got better and she looked healthier and brighter. No horrifying dreams now. She has been under follow up for around an year but had no more episode of HFMD after this episode with a general good health.

Table-2: FOLLOW UP TIMELINE:

Date	Complaint	Prescription
07 June 2024	Painful papules and few vesicles on palm, foot, elbow, knees Apthous like ulcer in mouth Mild fever	Pulsatilla -30/2 doses BD*1 day
12 June 2024	Eruptions drying up, healing had begun from the next day of prescription, a few papules still there on the foot Mouth ulcer completely healed Fever had gone just the next day after the prescription	Sac Lac 30
26 June 2024	All eruptions had almost healed except for a few in foot(standstill)	Pulsatilla-30/ 2doses BD*1day Followed by Sac lac 30
12 July 2024	All eruptions gone and no recurrence Appetite and thirst had improved a lot No frightful dreams now Patient brighter and healthier in appearance	Sac lac 30

TABLE 3: PICTORIAL PRESENTATION OF FOLLOW-UPS

1ST VISIT 07.06.2024	2ND VISIT 12.06.2024	4th VISIT 12.07.2024
		
		Cured at the 2nd visit
		
		

DISCUSSION

A clinical case report is considered a weak level of evidence for establishing causal relationship. But keeping in view the highly individualistic approach of homeopathy and the resources involved, we need to strengthen the reporting of case records, one such tool is MONARCH Score. The case improvement is evaluated using MONARCH scoring (Table: 04) where a score of '10' after 30 days of treatment was scored by the case. A score of 10 indicates a 'definite' association between homoeopathic medicine and the observed

outcome.

To provide some context, here are the score ranges and their corresponding interpretations:

- Definite: Total score ≥ 9
- Probable: Total score 5-8
- Possible: Total score 1-4
- Doubtful: Total score ≤ 0

Table-4: Modified Naranjo Criteria⁶, MONARCH Score=10

Domains	Yes	No	Notsure
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition(i. e. were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve?	+1		
Direction of cure: did some symptoms improve in the opposite order of The development of symptoms of the disease?	+1		
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:– from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?			0
Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were Previously thought to have resolved) reappear temporarily during the course of improvement?			0
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	
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

CONCLUSION

Repeated local suppressions deteriorate the general health and increase the individuals susceptibility to fall prey to diseases of same or more severe nature. An interruption in recurrence is seen only when a correction in the point of focus is done i.e. the internal malady and not merely the external manifestations. Thus, an improved health status is achieved with permanent cure of the external and internal disease. This case report highlights the achievement of internal individualised homeopathic medicine by curing the external eruptions, breaking the recurrence and simultaneous improvement in general health. This report helps us conclude the scope and role of homeopathy in acute as well as recurrent, infectious eruptive diseases. However, more similar cases and studies are required.

DECLARATION OF PATIENT CONSENT :

The authors certify that they have obtained all appropriate patient consent forms. In the form, the

patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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CONFLICTS OF INTEREST: None declared.

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A Case of Atopic Dermatitis Cured with a Single Dose of Homoeopathic Similimum: Evidence of Rapid Constitutional Response

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Keywords

Atopic dermatitis, Homoeopathy, Single dose, Similimum, Individualized treatment.

Abstract

Background: Atopic dermatitis (AD) is a chronic, inflammatory skin condition characterized by intense pruritus, dryness, and eczematous lesions. Conventional treatments often offer temporary relief and may be associated with side effects. This case highlights the successful treatment of long-standing AD using a single individualized dose of a homoeopathic similimum.

Case Summary: A 34-year-old male presented with a 10-year history of atopic dermatitis, marked by persistent redness, itching, dry scaly patches primarily affecting the face along with other complaints to O.P.D of NHMC, Delhi. He reported significant physical discomfort, sleep disturbances, and emotional distress. The condition was refractory to conventional therapies with no relief.

A detailed case-taking was conducted following classical homoeopathic principles. Based on totality of symptoms and repertorisation, a single individualized remedy was prescribed. Within weeks of administration, the patient experienced significant improvement in itching, skin lesions, and overall well-being. Follow-up over a few months showed complete and sustained remission without recurrence or need for repetition of the remedy.

Conclusion: This case demonstrates the potential effectiveness of individualized homoeopathic

treatment in chronic atopic dermatitis. A single dose of the similimum led to complete and lasting remission, suggesting a promising role for homoeopathy in managing chronic inflammatory skin diseases. Further controlled studies are warranted.

Introduction

Atopic dermatitis (AD) is predominantly characterized by eczema, dry skin, and itching. Numerous hereditary and environmental factors, and their mutual interactions, participate in the development and clinical manifestations of AD, which can vary significantly in appearance, intensity, and course. The latest findings regarding AD pathogenesis point to a disturbance in the function of the epidermal barrier, a disruption of the immune response, colonization of the skin by microorganisms, an increased tendency toward infection, and certain psychological factors among other causes/triggers. ^[1]

Typical Manifestations

Many patients with atopic dermatitis have a general tendency to present with dry skin (xerosis) due to the low water content and an excessive water loss through the epidermis. The skin is pale because of increased tension in the dermal capillaries and the ability to sweat is reduced. There is an increased cholinergic response to scratch, so-called white dermographism or skin-writing, resulting in hives at the affected site. The palms of the hands and feet may show hyperlinearity, and the individuals' hair is dry and fragile. Often, there is a double skinfold underneath the inferior

eyelid (Dennie-Morgan fold) that becomes exaggerated in times of increased disease activity. The eye surroundings may be darkened due to post-inflammatory hyperpigmentation. In adult patients, the lesions frequently localise to the face and neck, head-and-neck dermatitis, and a considerable portion of patients, around 30%, develop atopic hand eczema, which may interfere with workplace activities. [2]

Treatment

Atopic dermatitis is not curable, and many patients will experience a chronic course of the disease. Accordingly, the treatment of atopic dermatitis aims to-

1. Minimise the number of exacerbations of the disease, so-called flares.
2. Reduce the duration and degree of the flare, if flare occurs.[2]

The role of single individualized homoeopathic medicine is paramount, as emphasized by Hahnemann in his *Organon of Medicine*, particularly in § 272-276 [4]. These aphorisms highlight the importance of selecting a single, well-matched remedy based on the totality of the patient's symptoms, rather than treating the disease name alone. In this case, a single homoeopathic medicine was prescribed after careful case-taking, considering the mental, emotional, and physical constitution of the patient. The potency and dosage were selected in accordance with the patient's vitality and susceptibility and undue repetition was avoided as per Hahnemann's direction (§245) [4]. The individualized approach allows for a deeper, holistic healing process, aiming not only to relieve the skin condition but also to strengthen the patient's overall health and resistance. This method reflects the true spirit of classical homoeopathy and its curative intent.

CASE REPORT

A male patient aged 34 years visited in Feb. 2025, O.P.D of NHMC, Delhi with predominant complaint of itching lesion on face since 10 years along with other ailments. On further enquiry the following case was taken.

Presenting complaint:

1. Reddish, dry, itching lesions on face, scalp, neck and ears since 10 years.

Sensation- Biting (itching)

Modalities- < sun, spicy food

2. Mass per rectum with pain since 3 years.

Sensation- Stitching (needle like)

Modalities- < sitting

Concomitant- Bleeding

History of Presenting complaint: Patient was apparently fine 10 years back when he started experiencing development of itching, reddish lesion on the malar area for which he took allopathic medication. The lesion, after a few weeks of remission, reappeared and expanded in area gradually from malar area to scalp, ears and neck. He took allopathic treatment in the form of topical applications for a couple of years but the lesion remained static and evolved into dry, flaky, reddish, itching lesions. The patient also took homoeopathic treatment for a few months with no relief. Three years ago a patient developed bleeding per rectum and over a few months a mass developed which became painful and aggravated while sitting. The patient underwent allopathic treatment with no significant relief.

Treatment history: Patient was on allopathic treatment along with homoeopathic treatment for 2-3 years.

No significant past and family history was elicited.

Physical generals

- THERMAL REACTION – Hot ++
- THIRST – Thirsty +
- APPETITE – Good
- STOOL- Constipated occasionally with hard stools
- DESIRE- Cold drinks in excess

Complete Dynamics - Practitioner edition

General View Navigate Book Case Analysis Help

Show all remedies

Generic symptoms

Unnamed case

Analysis February 1, 2025

Analysis uses 8 rubrics.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
8 Mind; Delusions, imaginations; wretched, she looks, when looking in a mirror	3														
132 Mind; Despair; recovery, of	1	1	3	4	1	4	1	4	4	3	1	3	1	4	1
111 Face; Eruptions; eczema	3	4	3	4	3	3	1	1	4	3	3	1	1	1	1
28 Rectum; Constipation; hemorrhoids, from	3	3	1	3	3	1	1								1
56 Rectum; Pain; sitting; agg.	1	4	4	4	4	2	1	1	4	3	2	3	3	1	1
34 Skin; Eruptions; sun, from	1	4				1	3								1
106 Skin; Itching; biting	1	3	2	3	3	3	1	1	3	3	3	1	3	3	1
19 Generalities; Food and drinks; cold; drinks; desires; quantities, large	3	3	1						3	3					4

Mental generals

During conversation, the patient revealed that due to his presenting complaint he felt very disgusted about his appearance as others used to mock him and was completely hopeless about recovery because the condition was mentioned to him as incurable.

The noteworthy observations that were made:

- Timidity (entered really hesitatingly in the OPD)
- Reserved (took a long time to express his perception of the situation)

Repertorial Totality: COMPLETE DYNAMICS SOFTWARE

Basis of Prescription: Natrum muriaticum was selected on the basis of repertorial totality and also due to similarity on constitutional and mental level and referring symptoms from homoeopathic materia medica.^[3]

Prescription :

Date of Visit	Prescription	Symptoms
1/2/2025	Natrum muriaticum 200/ 1 dose Sac lac 30 4 pills BD X 2 weeks	1. Reddish, dry, itching lesion on face, scalp, neck and ears Sensation- Biting (itching) Modalities- < sun, spicy food 2. Mass per rectum with pain. Sensation- Stitching (needle like) Modalities- < sitting Concomitant- Bleeding
14/2/2025	Sac lac 30 4 pills BD x 2 weeks	1. Dryness of scalp- Better Redness- Slightly Better Itching- Same 2. Pain per rectum- Relieved Mass per rectum- Slightly better

28/2/2025	Sac lac 30 4 pills BD x 2 weeks	1. Lesion disappeared over scalp with improvement over other areas. Dryness- Relieved Redness- Mildly present Itching- Better 2. Mass per rectum- Better
11/3/2025	Sac lac 30 4 pills BD x 2 weeks	1. Lesion better over face and ears. Redness- Mildly present. Itching- Mildly present 2. Mass per rectum- Relieved
24/3/2025	Sac lac 30 4 pills BD x 4 weeks	1. Lesion positive over neck only. Itching- Mildly present
22/4/2025	Sac lac 30 4 pills BD x 4 weeks	All complaints relieved
17/5/2025	Sac lac 30 4 pills BD x 4 weeks	All complaints relieved
12/6/2025	Sac lac 30 4 pills BD x 4 weeks	All complaints relieved
10/7/2025	Sac lac 30 4 pills BD x 4 weeks	All complaints relieved
5/8/2025	Sac lac 30 4 pills BD x 4 weeks	All complaints relieved





BEFORE



AFTER

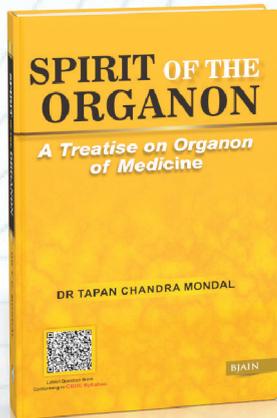
CONCLUSION

This case report showcases the remarkable potential of homoeopathy in treating atopic dermatitis through the administration of a single dose of a carefully selected similimum. The swift and sustained improvement observed in the patient underscores the effectiveness of individualized homoeopathic treatment, revealing its capability to address complex chronic conditions with precision and care. This exemplifies the wonders

of homoeopathy, offering a promising, holistic, and patient-centered approach to healthcare as our master Dr. Hahnemann intended in his aphorisms. The findings from this case inspire confidence in the therapeutic possibilities of homoeopathy and warrant further exploration and validation through larger clinical studies to fully harness its potential in the management of atopic dermatitis and beyond.

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Spirit of The Organon

A Treatise on Organon of Medicine
Reader's Perspective

"Dr. Tapan Chandra Mondal, M.D (Hom) is the senior most professor and author of Organon of medicine. His book, Spirit of Organon, is the most well-received book so far. The book spirit of organon has been there for years. It was famous among students of India. Initially it was in point by point form covering each topic in elaborated form. Now the book has been presented in textual form, which in turn is my favorite format. Textual form is more analytical and explanatory. New topics on history of medicine, introduction to organon, unprejudiced observer are very neatly crisply narrated by the author.

Topic on logic of homeopathy, idiosyncrasy and allergy is laudable. The presentation, the page layout of the book is very nice to read and legible. Objective questions, model question papers form different universities explains the interest of the author on students and their academics. A special collection of Indian homeopathic pioneers is a new asset to this book. No doubt the author has taken painful steps to perfect his book. Model questions at the end of each chapter has been a style of Dr.T.C. Mondal and he maintained the legacy as it is in this format too.

No doubt this book reaches the students, teachers of organon, practitioners as well. I wholeheartedly wish Dr.T.C.Mondal great success in his new venture.

Strength:



Dr. G. Nagendra Babu

B.H.M.S, M.D

Disease Suppression: A Double-Edged Sword – Perspectives From Literature and A Case Report

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PEER REVIEWED

Keywords

Suppression, Layer of suppression, Miasm, Genetic constitutional similimum, Hering's law of cure

Abstract

Disease suppression, while often perceived as symptomatic relief, can alter the natural course of pathology and lead to deeper systematic disturbances. Suppression may occur through inappropriate or prolonged use of topical, palliative or allopathic treatments that eliminate local manifestations but fail to address the root cause of disease. In this, reviews the concept of suppression as discussed in homoeopathic literature and presents a case report where apparent relief of local symptoms through suppressive measures led to systematic aggravation. This finding underlines the importance of holistic approaches in management, where disease expression is understood as a necessary outlet rather than an inconvenience to be silenced.

Introduction

Homoeopathy is based on a holistic concept of treating the patient as a whole, which is a *task* to accomplish in chronic cases, where suppression is a very crucial dimension to be addressed. The concept of suppression is central to homoeopathic philosophy, suggesting that symptoms can be suppressed, leading to deeper, more complex problems. The suppression is an important subject in Homoeopathy because no other mode of

treatment gives importance to the effect of suppression of disease from the superficial layer leading to various functional or organic changes in a more important part. This is pernicious for the human race. Nowadays, mostly patients are coming into Homoeopathy after taking so many allopathic treatments and other modes of treatments. For achieving the "Ideal cure" we have to remove the mask, i.e. the suppressive phase of disease.

Suppression refers to the disappearance of an existing disease manifestation at the expense of new suffering involving a more vital organ of the body. It can be categorized into two types: **natural suppression** and **artificial suppression**.

Natural suppression occurs due to factors like shock, fright, fear, excessive joy, grief, and disappointed ambitions, as well as natural external factors that affect the body's normal functions. Meanwhile, artificial suppression is a result of external applications, prolonged allopathic treatments, natural secretions of the body, and surgical means.

When a disease is suppressed, it can surface in other parts of the body. For instance, skin eruptions may transform into asthma, and suppressed foot sweat can lead to neuralgic headaches, or otitis may replace facial neuralgia.

According To Dr. Samuel Hahnemann

Dr. Hahnemann mentioned in aphorism 36-39 where he discussed what happens when two dissimilar diseases meet in the body. The weaker disease will be temporarily thrown back or

suppressed. When a new stronger disease will complete its course, the old one reappears. The new dissimilar disease can be produced by the means of drugs also, mainly allopathic and sometimes wrongly selected homoeopathic medicine given for a longer time. So, suppression is a sequel or a phenomenon produced when one disease is superadded by another dissimilar disease.

Dr. Hahnemann guides the physicians in aphorism 52 to sense their responsibility and to discontinue to use, exclusively, allopathic methods, palliative methods, when nature and art prove that one of three unfortunate effects must result, viz Palliation or Suppression by superadding another dissimilar disease or complication with a few drug disease. He advises us to utilize the homoeopathic method, in accordance with the eternal and infallible law of cure.

In aphorism 205 and 206 Dr. Hahnemann tells us that chronic disease develops when primary symptoms of any miasm are suppressed. In aphorism 207 he said, the internal chronic sickness may also be complicated and disordered with previous allopathic medication. It must be ascertained, if possible, what medicines have been used and what effects were produced.

According To Dr. J. T. Kent

Dr. Kent correlates suppression with drug-disease. He insists us to enter into the use of appropriate medicines and apply principle to the progress of disease. Suppression of psora causes cancerous affections, organic disease of the heart and lungs, phthisis, and general destruction of the body. When constitutional symptoms cannot follow the suppression of the acute miasm, they will follow suppression of the chronic miasm and become very serious.

According To Dr. H.A.Robert

Some external features that may suppress the normal functions of the vital force, and through the vital force the normal functioning of the body. Suppressed emotions, palliative effect of medicines, external applications, suppress the natural secretion of the body and removal of disturbing organs by surgical way, these are a few of the

common suppressions caused by either physicians or laymen, or from circumstances, and but a few of the forms that are constantly met. Suppression is the source of many functional disturbances. Suppressing emotion not only affect the single individual, but extend their influence to the next generation.

According To Dr. Stuart Close

Suppression of disease is the removal of the external symptoms of disease by external, mechanical, chemical or topical treatment; or by means of powerful drugs, given internally in massive doses, which have a direct physiological or toxic effect but no true therapeutic or curative action. The suppressed case always "goes bad". Such treatment fails because it is one sided or superficial. It is not guided by knowledge of the true nature and causes of disease and their relation to its external manifestations.

According To Dr. J. H. Allen

Suppression is one of the causes for development of chronic miasm. Chronic miasms are secondary phenomena after suppression; mainly due to surgical intervention and local applications. As the miasms are multiplied, the disease processes become still more complex and multiplied, so that the effects of a suppression is then more complex in its phenomena, therefore more dangerous to life. The suppressed action of a chronic miasm means much to the patient, to the family and to the race in general.

According To S. P. Dey

When a physiological process suddenly stops or a disease symptom is forcefully removed before the disease is cured, it is called suppression. If this happens naturally, it's known as natural suppression, and if it's caused by artificial means, it's called artificial suppression. After a suppressed state is resolved, it may not always return in the same manner. For instance, if a tumor is surgically removed, it may reappear in a different location, or the suppressed condition may manifest in a new form. For example, the suppression of tuberculosis could lead to the onset of a mental disorder. When appropriate treatment is administered,

tuberculosis may not reoccur; instead, a milder condition such as bronchitis may emerge, ultimately leading to the patient's recovery.

According To Luc De Schepper

According to the principles of homeopathy, symptoms are seen as outward signs of an underlying disorder, rather than the disorder itself. Homeopathic treatment aims to address the root cause of the illness, rather than simply alleviating the symptoms. Treating only the symptoms without addressing the underlying disorder may lead to suppression, where the illness is masked but not truly healed, potentially intensifying the internal disease.

Levels of suppression:

- a. Physical level
 - ~ Outer level : Skin
 - ~ Deeper level : Organs and Joints
 - ~ Deepest level : Neurological
- b. Emotional level
- c. Mental level

According To Dr. Prafull Vijayakar

Dr. Prafull Vijayakar was one of the renowned homeopaths who was devoted to the cause of homeopathy. Disease or illness is a process at the genetic level i.e. represented at a tissue, organ or system level. [13] He gave a theory of suppression with disease progression in 7 layers. "It is based on basic principles of immunology, genetics, embryological, human biochemistry and neuro endocrinology, all scientifically explainable principles" as he said.

Human being has essentially 7 layers of suppression, denoted in the chart in order of importance from down upwards based on embryological origin i.e. from skin to nervous tissues.

TYPES OF SUPPRESSION:

1. Location-to-location
2. Organ-to-organ

3. System-to-system (in same layer)
4. System-to-system (in different layer)
5. Miasmatic transfer

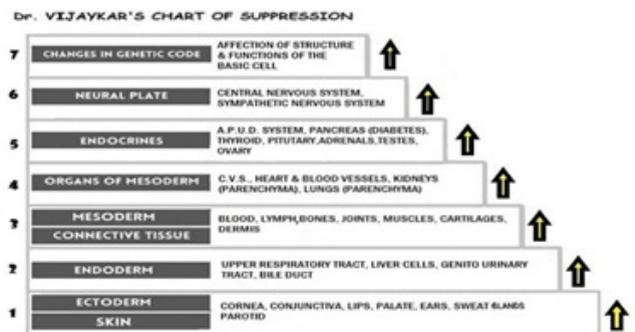
When diseases of different miasmatic constitutions (Psoric, Syphilitic or Sycotic) are suppressed in any layer they will travel to the deeper layers. If an exact similimum is selected, the disease will be cured from deeper layer to outer layer... same as "Hering's direction of cure".

Dr. Vijayakar named this similimum as "Genetic constitutional similimum". He believes that genetic code is entirely responsible for the constitution of an individual. To prescribe genetic constitutional similimum, following criterions are taken into consideration as it is responsible for development of these criterions.

Hering's Law of Cure

It is based on embryology, which is the process of nature. Therefore, it is referred to as Nature's law of cure. Cure should take place

1. From more important organs to less important organs,
2. From above downwards
3. From centre to periphery
4. In reverse order of symptoms appeared.



CASE RECORD FORM

CHIEF COMPLAINTS

A 43 years female patient came into OPD on 04/09/2023, has known a case of Gout since 1.5 years. Before 1.5 years, she had suffered from

bronchial asthma. She had taken many steroids (budecort inhaler & Methylprednisolone medicines) since 3.5 years for her asthmatic complaints. Now, attacks of asthma are reduced (1-2 attacks/6-7 months), but complaints joint pain started 1.5 years ago. Complaints started with sudden onset of severe stabbing pain in the left big toe joint especially at night. Frequency of attacks was 1-2 days/2-3 months. Then it gradually affects the left knee and ankle joints. Swelling, redness and warmth of affected joints. Pain radiates to the foot and ankle. Now the frequency of attacks has increased (3-5 days/1-2 months). Complaints increased at night, warm weather or heat and sudden change of temperature. Complaints relieved by cold application and rest. The patient took allopathic treatment for joint pain, but there is not much relief in pain and also worse complaints of asthma (2-3 attacks/ 4-5 months). So now, the patient wants to take homoeopathic treatment.

ASSOCIATED COMPLAINTS

Patient had Bronchial Asthma since 3.5 years. Complaints started with constant dry coughing at night and cold weather. She had taken allopathic medicines and coughing got better. Then suddenly, she had suffered with attacks of breathlessness and chest tightness with wheezing. Then she was hospitalized and diagnosed with Bronchial Asthma. Take steroids (Budecort inhaler and Methylprednisolone medicines). Frequency was reduced (1-2 attacks/6-7 months) due to allopathic medicines. Now, frequency has increased (2-3 attacks/ 4-5 months) since she was taking allopathic medicines for gout complaints. Dry coughing with mucus expectorations and sometimes breathlessness which is increased at night and when lying down.

Patient having complaints of hard stool for 5 months. Has to strain for defecation. Stool passes unsatisfactorily. Having feeling of stool remains in rectum.

GENERAL MAKE-UP

Appetite	2-3 chapati/meal, unsatisfactory appetite
Thirst	Thirstless even dry mouth , Hardly 3-4 glasses/day
Urine	3-4/0 D/N, No any complaints

Stool	2-3/0 D/N, Hard, unsatisfactory stool
Desire	Sour (+2), Egg (+2)
Aversion	Not any specific
Sleep	6-7 hours, Sometimes disturbed due to pain.
Dream	Not any
Perspiration	Profuse on whole body
Addiction	Tea, 2 cups/day
Allergy	Not any
Tendency	To catch cold easily in every change of weather
Sensitivity	To heat, light
Thermal:	Hot
Covering	Not likes
Fan	All seasons
Bath	Cold water in every season
Season	Likes Winter
Body-sides	Left side
Speech	Slow
Energy / Activity	Dullness
Vaccination	All done
Milestones	At proper age.

IN CASES OF FEMALE

Menstrual History:	
F.M.P.	Not remembered
L.M.P.	Menopause before 2 years
Cycle	Was regular
Characteristics	Not any
Leucorrhoea	Not any complaints
Obstetric History:	
No. of pregnancy	2
Nature of delivery	F.T.N.D
No. of abortion	0
C/o during pregnancy	Not any

PAST HISTORY: - (Past illness including operation, since childhood – treatment done and result etc. Birth history in children, etc.)

No.	Age	Disease	Treatment Taken	Result
1.	35 years	Eczema - left leg	Allopathic Treatment	Relieved

2.	40 years	Left renal calculi	Allopathic Treatment	Remove calculi Relieved
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FAMILY HISTORY

No.	Relation with Patient	Alive / Dead	Disease	Cause of Death
1.	Father	Dead	Hypertension	MI
2.	Mother	Dead	Gout	Accident
3.	Brother	Alive	Renal Stone	-
4.	Sister	Alive	OA	-

LOCAL EXAMINATION: Locomotor System

- Inspection: Swelling of left big toe joint, left knee and ankle joint.
- Palpation: Warmth and tenderness of affected joints.
- No pain and restriction in movement.

INVESTIGATIONS: Serum Uric Acid: 8.3 mg/dL

MENTAL MAKE-UP

The patient was born and brought up in a middle class family. She is very emotional and sensitive. She becomes angry at silly matters and weeping after anger since childhood. Very moody, anxious and irritable at small matters. Indecisiveness and lack of confidence, she needs reassurance. She is very unpredictable and often lost in thoughts. Often making theory – constant theorizing. Want support and consolation. Very careless for everything. She is very sensitive to criticism. Fear of darkness, being alone and fear of future events.

OBSERVATIONS (during case taking):-

- Anxious look and slow reactions.
- Avoid eye contact and direct confrontation.
- Soft, slow and hesitant speech with an emotional tone.

CASE PROCESSING

DIAGNOSIS OF DISEASE: Gout

DIAGNOSIS OF PHASES OF DISEASE

- Chronic fully developed miasmatic disease

JOURNEY OF DISEASES WITH LAYER OF SUPPRESSION

No.	JOURNEY OF DISEASES	LAYER OF SUPPRESSION
1.	Integumentary System • Eczema – At 35 years	I layer - Ectoderm
2.	Respiratory System • Bronchial Asthma – at 40 years	II layer – Endoderm
3.	Genito-Urinary System • Renal calculi – at 40 years	II layer – Endoderm
4.	Locomotor System • Gout – at 41 years	III layer – Connective tissue

LAYER OF SUPPRESSION: Connective Tissue – III layer

TYPE OF SUPPRESSION

- ▶ System-to-system in different layer
- ▶ Artificial Suppression (Allopathic Treatment)

TOTALITY OF SYMPTOMS

- Sensitive to criticism
- Indecisive and lack of confidence – timidity
- Weeping after anger
- Daydreaming
- Fear of darkness, being alone and future events
- Desire for sour, eggs

REPERTORIZATION

Remedy Name	Puls	Calc	Phos	Arn	Hai/m	Hae-v	Sil
Totally	17	15	15	13	12	12	12
Symptom Covered	10	9	7	8	8	8	7
[C] [Mind] Sensitive, oversensitive: Reprimands, criticism, reproaches, to:	1	1		1	1	1	
[C] [Mind] Confidence: Want of self:	2	1	1	1	2	1	3
[C] [Mind] Irrresolution, indecision:	2	2	2	2	2	2	2
[C] [Mind] Weeping, tearful mood: Tendency Anger After:	1				1	2	
[C] [Mind] Day-dreaming: Tendency for:	1	1	2	1		2	2
[C] [Mind] Fear: Dark:	2	2	2	1	1	1	1
[C] [Mind] Fear: Alone, of being:	2	1	3	3	1	1	1
[C] [Mind] Anxiety: Future, about:	2	3	3	2	2	2	2
[C] [Generalties] Food and drinks Sour, acids Desires:	2	2	2	2	2		
[C] [Generalties] Food and drinks Eggs Desires:	2	2					1

PRESCRIPTION

Rx – *Pulsatilla* – 200 C, Single dry dose

Case Report

Sac Lac – 4 pills, BD for 28 days

AUXILLARY MEASURES

- Avoid protein rich food and eggs.
- Drink plenty of water.
- Apply cold applications on affected parts.

FOLLOW-UP

DATE	OBSERVATION AND FINDINGS	PRESCRIPTION
03/10/2023	Pain in the left big toe, knee and ankle (+3). Swelling, redness (+2). Dry coughing with mucus expectoration (+2). Breathlessness (+2). Hard stool (+2). Appetite increase. Thirst increase (+1). Sleep sounds are sometimes disturbed due to pain. Dullness reduced (+2). Anger (+2). Theorizing (+2)	Rx. - Sac Lac – 4 pills, BD for 28 days.
01/11/2023	Pain reduced (+2). Swelling and redness (+2). Dry coughing with mucus expectoration (+2). Breathlessness (+2). Hard stool (+1). Thirst increase (+1). Sleep sound sometimes disturb due to pain (+2). Dullness (+2). Anger (+2). Theorizing (+2)	Rx. - Sac Lac – 4 pills, BD for 28 days.
30/11/2023	Complaints as it is. Breathlessness (+3). Dullness (+3). Anger (+3). Theorizing (+2)	Rx. – <i>Pulsatilla</i> 200 C, Single Dry Dose. Sac Lac – 4 pills, BD for 28 days.
30/12/2023	Reduced breathlessness (+2). Coughing with mucus expectoration (+2). Pain in left big toe, knee and ankle (+2). Swelling (+2). Redness (+1). Dullness (+2). Thirst increased. Stool constipated. Anger (+2). Theorizing (+1)	Rx. - Sac Lac – 4 pills, BD for 28 days.
29/01/2024	Breathlessness (+2). Coughing with mucus expectoration (+2). Pain in left big toe, knee and ankle (+1). Swelling (+2). No redness Dullness (+2). Stool constipated (+2). Anger (+2). Theorizing (+1)	Rx. - Sac Lac – 4 pills, BD for 28 days.
02/02/2024	Complaints remain as it is. Increased anger and theorizing.	Rx. – <i>Pulsatilla</i> 1M, Single Dry Dose. Sac Lac – 4 pills, BD for 28 days.
04/03/2024	Breathlessness (+2). Coughing with mucus expectoration (+2). Pain in the left big toe, knee and ankle (+1). Swelling (+1). Dullness (+1). Stool constipated (+2). Anger (+2). Theorizing (+1)	Rx. - Sac Lac – 4 pills, BD for 28 days.

02/04/2024	No pain in toe, ankle and knee joint. No swelling and redness. Breathlessness (+1). Coughing (+1). Mucus expectoration (+2). Anger (+1). Theorizing (+1).	Rx. - Sac Lac – 4 pills, BD for 28 days.
04/05/2024	Breathlessness (+2). Coughing with mucus expectoration (+2). Anger (+1). Dullness (+2). Hard stool (+2). Thirst increased. Sleep sound. No pain in joints. Serum Uric Acid : 6.9 mg/dl	Rx. – <i>Pulsatilla</i> 10 M, Single Dry Dose. Sac Lac – 4 pills, BD for 28 days.

(BEFORE TREATMENT)

Test	Result	Unit	Biological Ref. Interval
S. Uric Acid	8.3	mg/dL	3.4 - 7.0

(AFTER TREATMENT)

Test	Result	Unit	Biological Ref. Interval
S. Uric Acid	6.9	mg/dL	3.4 - 7.0

DISCUSSION

Patient had history of Asthma who had taken allopathic treatments which caused interiorization of disease leading to Gout. The disease had shifted from Endoderm (2nd layer) to Connective Tissue (3rd layer). When similitum was prescribed, there was a shift of disease from deeper layer to the outer layer i.e. Connective Tissue (3rd layer) to Endoderm (2nd layer). So, the direction of cure follows the theory of suppression.

CONCLUSION

The case highlights how suppression alters the natural course of disease and how the similitum restores the proper direction of cure. The patient's asthma (endodermal involvement) was suppressed by allopathic treatment, leading to interiorization and the development of gout (connective tissue level). This shift to a deeper layer illustrates suppression. When the correct homoeopathic remedy was prescribed, the disease expression moved outward—from the connective tissue back to the endoderm—demonstrating Hering's Law of Cure, which states that cure proceeds from within outward and from more vital to less vital organs. This shows that while suppression drives disease inward, the similitum re-establishes balance by bringing it outward to a less vital plane.

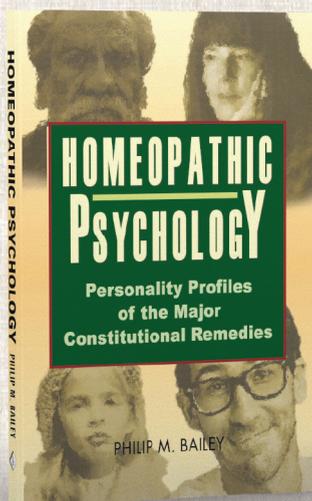
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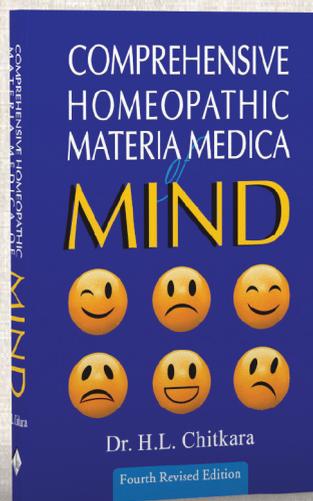


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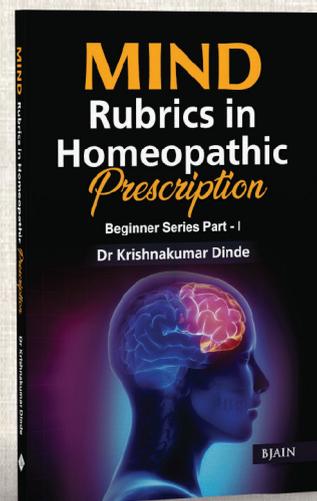
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"Cracks and Creaks": A Homeopathic Approach to Osteoarthritis with Long-standing Palmar Keratoderma



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Keywords

Osteoarthritis, Palmar keratoderma, Bryonia alba, Homeopathy, Physician observation

Abstract

Osteoarthritis (OA) is a degenerative joint disorder characterized by cartilage erosion, joint space narrowing, and chronic pain. Palmar keratoderma is a dermatological condition marked by thickening and hardening of palmar skin, often with fissures. This case presents a 55-year-old female, Mrs.S., who attended the clinic with bilateral knee pain, yet during examination the physician observed long-standing dryness and leathery thickening of the palms—a condition present since childhood but ignored due to household work commitments. The unusual coexistence of OA and palmar keratoderma prompted a holistic evaluation. The totality of symptoms pointed towards *Bryonia alba*. Within six months, the patient experienced remarkable improvement in palmar skin texture, with palliative relief in OA symptoms. This case highlights the value of careful observation in Homeopathic case-taking and its impact on remedy selection.

Introduction

This case is noteworthy because the patient

presented primarily for knee pain management, yet a critical finding emerged through physician observation—marked dryness and hard, leathery skin on the palms. The patient admitted this condition had existed since childhood but had been neglected due to the demands of daily chores. The combination of a degenerative joint disorder with chronic dermatological changes allowed the integration of symptoms from two systems into a single prescription, following homeopathy's principle of treating the patient as a whole. The significance of observation in homeopathic practice lies in detecting characteristic symptoms that the patient may overlook, which can decisively influence remedy choice. This case illustrates how attention to detail during physical examination led to addressing not only the presenting complaint but also a long-standing skin condition, with unexpectedly rapid improvement.

Case History

Mrs.S, a 55-year-old female, reg.no.24002271 reported on 12/01/2024 with c/o bilateral knee pain that had gradually developed over the past two years. The pain was pulsating, aggravated by motion and changes in position, and relieved by complete rest or firm pressure. She also experienced occasional swelling and crepitus, making stair climbing and squatting difficult.

On examination, the physician noted thickened, leathery, and dry skin over the palms with areas of fissuring and blackish discoloration-without itching and redness. The patient revealed that this skin condition had been present since childhood but had been ignored, as it did not interfere significantly with her work until recent years when discomfort during grasping utensils and more exposure to water increased.

Physical General Symptoms

Appetite: Good but with early satiety

Thirst: 1–2 litres/day

Sleep: Sound and refreshing

Thermal: Chilly

Desire: Chicken (++), warm food

Perspiration: Face (++), non-offensive

Bowels: Regular, twice daily

Mental & Behavioural Observations

Pleasant and cooperative but mildly impatient when questioned repeatedly. Avoids discussing emotional matters. Walk slowly with visible stiffness. Avoids squatting or prolonged standing. Rubs palms frequently, possibly to ease discomfort.

Miasmatic assessment

In this case, the patient presents with osteoarthritis and palmar keratoderma which, though distinct, share chronic, structural, and degenerative expressions corresponding to the sycotic miasm. Osteoarthritis shows cartilage degeneration, sclerosis, and osteophyte formation, reflecting sycotic overgrowth, faulty repair, and deformity, with syphilitic overlap in destructive changes. Palmar keratoderma presents as persistent hyperkeratosis from abnormal keratinocyte proliferation, typifying the dominant sycotic drive of excessive growth and rigidity. Both illustrate failed regeneration and disordered, fixed pathology—hallmarks of sycosis—highlighting the need for constitutional remedies addressing the underlying miasmatic dyscrasia.

Diagnosis

1. **Primary:** Osteoarthritis of both knees<Criteria according to ACR 1986>.

· Age > 50 years, Knee pain > 2 years, Crepitus present, Morning stiffness (short duration)

Secondary: Palmar keratoderma

Long-standing history: Patient had dryness and hard leathery skin of palms since childhood — suggests a chronic, possibly hereditary, non-inflammatory keratoderma.

2. Physical findings

As visible in following images—Leathery thickening of palmar skin, visible blackish discoloration, multiple superficial and deep fissures, increased hardness over pressure areas of the palms.

Case Analysis—<According to Dr.J.T.Kent' approach>

Totality of Symptoms:

1. Impatient+3
2. Irritable+2
3. Craving-chicken+3
4. Craving-warm food+2
5. Perspiration-face+2
6. Knee pain<motion+2
7. knee pain<change of motion+2
8. Knee pain<morning+2
9. Hand-palm-skin-dryness+2
10. Hand-palm-skin-leathery+2
11. Hand palm skin dryness<perspiration+2

Repertorization (Synthesis repertory).

Remedies	ΣSym	ΣDeg	Symptoms	
1 MIND - IMPATIENCE	sulph.	8	16	1, 2, 3, 4, 5, 6, 7, 10
2 MIND - IRRITABILITY	bry.	7	14	1, 2, 3, 5, 6, 7, 11
3 FACE - PERSPIRATION	lyc.	7	14	1, 2, 3, 4, 5, 7, 11
4 EXTREMITIES - DRYNESS - Hands - Palms	dulc.	7	11	1, 2, 3, 5, 6, 7, 10
5 EXTREMITIES - PAIN - Knees - morning	kali-bi.	7	10	1, 2, 3, 4, 5, 6, 7
6 EXTREMITIES - PAIN - Knees - motion - egg	nux-v.	6	15	1, 2, 3, 5, 7, 10
7 EXTREMITIES - PERSPIRATION - Hand - Palm	ars.	6	12	1, 2, 3, 4, 6, 11
8 SKIN - HARD - leather, like	calc.	6	12	1, 2, 3, 5, 7, 11
9 GENERALS - CHILLY persons				
10 GENERALS - FOOD and DRINKS - chicken - desire				
11 GENERALS - FOOD and DRINKS - warm food - desire				

Selection of remedy with Materia Medica Justification

According to Boericke's, **Bryonia alba** acts on

serous membranes and synovial linings, producing pain and stiffness aggravated by the least motion and relieved by rest. It also has a marked action on dryness of mucous membranes and skin, with cracking. The patient's joint modalities and palmar skin characteristics aligned perfectly with Bryonia's keynote indications, making it the most suitable similitum prescription.

Treatment Plan

Bryonia alba 30C, twice daily for 15 days. After stagnation of improvement after 4-5 follow ups, potency was increased *Bryonia alba* 200c for 15 days. Physiotherapy with low-impact strengthening. Avoidance of harsh soaps. Hot and cold compresses knees.

Follow-Ups.

DATE	COMPLAINTS	REMEDY SELECTION AND REPETITION
02/02/24	BIL KNEE PAIN MILD IMPROVEMENT DRYNESS OF SKIN OF PALM>+2 HARDNESS>10-20%	BRYONIA ALBA. 30 4-0-4-0 FOR 15 DAYS.
16/02/24	BIL KNEE PAIN>+2 DRYNESS AND HARDNESS OF SKIN OF PALM>+2 <15-20%>	SAC LAC 4-0-4-0 FOR 15 DAYS.
15/03/24	BIL KNEE PAIN-AS BEFORE DRYNESS AND HARDNESS OF SKIN>+2-<40-50%>	BRYONIA ALBA 30 4-0-4-0 FOR 15 DAYS
05/04/24	BIL KNEE PAIN->+2 <50%> DRYNESS>+3,HARDNESS OF SKIN OF PALM->+2<AS BEFORE>	BRYONIA ALBA 30 4-0-4-0 FOR 15 DAYS
26/04/24	BIL KNEE PAIN>+2<AS BEFORE> DRYNESS AND HARDNESS OF SKIN OF PALM-SQ	BRYONIA ALBA 200 4-0-4-0 FOR 15 DAYS.



12/01/2024(BEFORE Tx) 15/03/24(DURING Tx) 10/05/24(AFTER Tx)

Any Xray Report to Diagnosed OA ?

CONCLUSION

This case underscores the value of observation in homeopathic practice. The patient sought help for knee pain, but the physician's recognition of a long-standing palmar keratoderma led to an integrated prescription. Bryonia alba provided palliative relief in osteoarthritis and significant resolution of skin symptoms within six months. The remedy's sphere of action matched the joint and skin pathology, and its modalities fitted the patient's presentation. Careful observation can uncover valuable symptoms that shape the prescription and expand the scope of healing.

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Homeopathic Management of Filiform Warts: A Single Case Study

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PEER REVIEWED

Keywords

Homeopathy, Warts, Lycopodium, Case Report, Individualized Medicine.

Abstract

Background: Warts are painless, small growths anywhere in the body (Face, hands, genitals, etc.) caused by human papillomavirus (HPV). Warts, or verrucae, are benign skin growths caused by human papillomavirus (HPV). Conventional treatments include cryotherapy, cauterization, or topical agents, which can be painful and often result in recurrence. Homeopathy offers a non-invasive and individual approach, treating the patient holistically rather than just addressing the skin lesions. This case study presents the successful management of multiple warts in a young adult through constitutional Homeopathic treatment, highlighting the efficacy and gentle action of the remedy without recurrence.

Case presentation: A 41-years-old male patient presented on 08/12/2024 with filiform warts localized in the beard area, persisting for the past eight months. Before consultation, he had attempted various treatments, including allopathic creams, external application of *Thuja*, and a local remedy comprising chuna mixed with caustic powder, all with unsatisfactory results. Following detailed case taking and thorough individual evaluation,

Lycopodium clavatum 30C was prescribed. After two months of regular homeopathic treatment, the warts resolved completely. To date, there has been no recurrence.

Conclusion: The case report explores the successful management of warts by using homoeopathic medicine, and the permanent removal of the warts, and no further recurrence. This case report explores the successful homeopathic management of multiple filiform warts in a 41-years-old male patient.

Introduction ^[1,2]

Warts are common, benign skin growths caused by various strains of the human papillomavirus (HPV). These growths can appear anywhere on the body—commonly on the face, hands, feet, and genital areas—and are often painless, though they may cause cosmetic and psychological discomfort. Different HPV types are responsible for different clinical presentations such as verruca vulgaris, verruca plana, palmoplantar warts, anogenital warts, and epidermodysplasia verruciformis. **Filiform warts**, a distinct subtype, are characterized by their elongated, thread-like projections with a horny base. They typically appear on the face and scalp and are often spread through shaving. While asymptomatic, their appearance can significantly affect a patient's self-esteem and confidence, especially in public or social situations.

Conventional allopathic treatments for filiform warts include electrocautery and radio-frequency ablation (RFA). Though often effective, these methods can be expensive, painful, and carry risks of scarring and recurrence. In contrast, homeopathy offers a non-invasive, cost-effective, and holistic approach. Through individualized prescriptions based on symptom similarity, personality traits, and miasmatic background, homeopathy aims not just to remove the wart but to correct the underlying susceptibility, often achieving a permanent cure without adverse effects.

This case report illustrates the successful treatment of filiform warts using an individualized homeopathic remedy, demonstrating the gentle yet effective potential of classical homeopathy in dermatological care.

Case Presentation

Mr. A 41-year-old married male with a graduate-level education, visited the clinic for the first time on 08/12/2024 with a complaint of multiple warts in the beard area that had been present for the past eight months. Warts look like filiform warts. The warts were asymptomatic, with no associated itching, pain, or bleeding.

Medical History and Family History

- Previous treatments included topical allopathic creams,
- Thuja external application, and local applications of "chuna with caustic powder," without permanent resolution.
- The patient's personal medical history revealed a past episode of hepatitis (jaundice), with no prior history of warts or other comorbid conditions.
- His family history was significant, with his father having a history of warts and Type 2 Diabetes Mellitus, while his mother was diagnosed with Hypertension.

Patient as a Person (Mental, Physical Symptoms):

Physical General:

1. Thermal: - Ambi thermal
2. Appetite: - 2 meals /day
3. Thirst: - normal
4. Desire: - sweet, warm food
5. Aversions: - Not Specific
6. Urine: - pale yellow
7. Stool: - constipation, stool soft, sticky with offensive flatus
8. Sleep: - 7 to 8 hours, refreshing sleep
9. Dream: - Not Specific
10. Perspiration: - armpit, offensive

Mental General:

1. Timid and a sense of cowardice
2. Avoid responsibility
3. Lack of confidence
4. Intelligence

Miasmatic Assessment of the case: According to the totality of symptoms, the miasms involved are psora and sycosis, with sycosis being the predominant one.

Clinical Finding:

Weight – 73 kilograms

Height - height of 5 feet 7 inches

Pulse - 79 beats per minute

Blood pressure - 130/80 mmHg

Respiration Rate - 17 per minute

The patient is afebrile at the time of examination.

Diagnosis:

The patient presented with asymptomatic, painless, raised lesions featuring a horny base located in the beard area. Based on clinical examination and characteristic features, the diagnosis was confirmed as filiform warts.

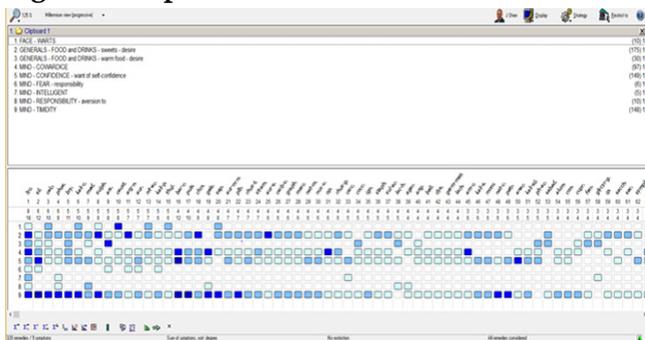
Figure 1: Filiform Warts Before Treatment Date and Location of Lesion need to mention



Analysis of the Case and Repertorisation [5]: We repertorize the case by using a synthesis repertory with radar and consider the following rubrics: -

1. Face- warts
2. Generals- food and drinks- sweets-desire
3. Generals- food and drinks- warm food- desire
4. Mind- cowardice
5. Mind- confidence- want of self-confidence
6. Mind - fear-responsibility
7. Mind-intelligent
8. Mind- responsibility- aversion to
9. Mind- timidity

Figure 2: Repertorial sheet



Therapeutic Interventions, Follow-ups, and Outcomes

Based on the above reportorial analysis, a group of indicated remedies was obtained. Considering the thermal analysis method of Dr. Amarsinha D. Nikam, where Lycopodium is considered ambithermal, and guided by the clinical understanding of Materia Medica, I prescribed Lycopodium clavatum 30C, five doses, followed by a placebo for 15 days [4]. The response to the remedy was positive, with gradual improvement [Figure 3]. All details, prescriptions with Follow-ups are shown in [Table 1], and significant changes with

improvement [Figure 4].

The effectiveness of the Homeopathic medicine and treatment in this case was evaluated using the Modified Naranjo Criteria for Homeopathy. The case achieved a score of 8 out of a possible 13 points [Table 2], indicating a probable causal relationship between the prescribed remedy and the observed clinical outcome. The consistent improvement in symptoms, along with the noticeable reduction and eventual disappearance of filiform warts as shown in Figures 3 and 4, further supports a positive homeopathic response.

Table .1: Follow-up evaluations

Date	Symptoms observed on follow-up	Prescription
26/12/24 First Visit	Wart's Color Turns Black, Looks Like It's Dry, No New Complaint [Figure 1]	Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
13/01/25 Second Visit	Warts reduced in size and are drier than previously	<i>Lyc</i> o 30 Single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
28/01/25 Third Visit	All warts dry up and reduce in size, and some warts disappear. Improved confidence reported by the patient.	Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
13/02/25 Fourth Visit	All warts dry up and reduce in size, and some warts disappear. Improved confidence reported by the patient. [Figure 3]	<i>Lyc</i> o 30 Single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
27/2/25 Fifth Visit	All warts dry up and reduce in size, and some warts disappear. Improved confidence reported by the patient.	<i>Thuja occ.</i> 200 C single dose Stat, followed by Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
12/3/25 Sixth Visit	Complete disappearance of all warts. No discomfort.	Placebo 15 drops in 30 ml of water twice daily before meals for 14 days Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)
27/3/25 Seventh Visit	All warts have completely disappeared. [Figure 4]	Placebo 15 drops in 30 ml of water twice daily before meals for 14 days Rubrum 30/TDS for 14 days (6 globules at a time, 30 size)

12/4/25 Eighth Visit	No recurrence has been observed	Placebo 15 drops in 30 ml of water twice daily before meals for 30 days Rubrum 30/TDS for 30 days (6 globules at a time, 30 size)
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Figure 3: Filiform Warts During Treatment Date, Visit need to be mentioned



Figure 4: Filiform Warts After Treatment Date, Visit need to be mentioned



Table 2 - Assessment of outcome of treatment by Modified Naranjo Criteria for Homeopathy

Domains	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?		0	
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?			0
5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioural elements)	+1		
6A <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?			0

7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Note: Maximum score= +13, Minimum score= -6

There is a total score = +8

DISCUSSION

This case report demonstrates the potential efficacy of homeopathic medicine in the successful management of warts. In this instance, the condition was resolved rapidly and gently through individualized Homeopathic treatment, showcasing the benefits of a personalized therapeutic approach. Remedies such as *Lycopodium clavatum* and the anti-miasmatic medicine *Thuja occidentalis* played a crucial role not only in the resolution of the warts but also in preventing their recurrence. The positive outcome in this case supports the need for further research to assess the effectiveness of homeopathy in larger patient populations and to compare its outcomes with conventional treatments. The assessment of treatment effectiveness using the Modified Naranjo Criteria for Homeopathy yielded a total score of +8 (with a maximum possible score of +13 and a minimum of 6), indicating a probable causal relationship between the homeopathic remedy and the clinical improvement observed.

CONCLUSION

The above case study demonstrates that homeopathic medicine can effectively and holistically manage cases of warts, leading to complete cure and preventing recurrence. This case highlights the potential of homeopathy as a viable treatment option for warts and encourages further research

to validate and expand upon these findings in broader clinical settings.

Patient perspective

The patient was satisfied during and after the homeopathic treatment.

Informed consent

The consent to publish the information obtained from the patient.

Conflict of interest

None.

Sources of funding

None.

Authors contribution –

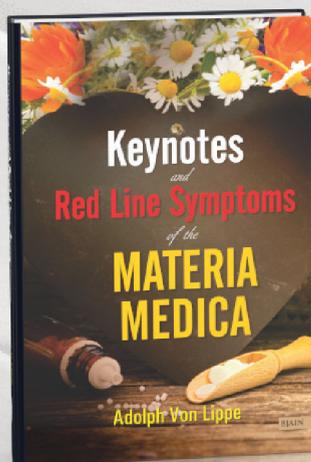
The case taking and clinical analysis were carried out by Dr. Rajkumar Nagar. The manuscript was written and compiled by Dr. Bhavesh Kumar Bisen, except for the abstract, which was authored by Dr. Rajesh Bordia. All authors reviewed and

approved the final version of the article.

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Quicken the Process to Reach the Similimum



Keynotes & Red Line Symptoms of the Materia Medica

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- A compiled work on keynotes of homeopathic drugs
- Modalities and kinship ease the analysis further.
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A. Von Lippe

Silent Clues: The Value of Observation in a Homeopathic Case

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Keywords

Observation in case-taking, Sound senses, Migraine, Miasmatic analysis, Physician's attention, Non-verbal cues.

Abstract

Homeopathic case-taking is an integrative process that involves listening, interpreting, and—most crucially—observing. This case study of a 11-year-old girl presenting with migraine illustrates how verbal information provided by a parent, coupled with silent observational cues from the patient, enabled individualized remedy selection. The case emphasizes how the homeopath's ability to decode passive behavior, family dynamics, and psychological defensiveness became the key to differentiating remedies and achieving curative results. The miasmatic background further validated the constitutional choice.

Importantly, observation in homeopathy is not limited to the eyes alone—it is guided by all **five senses**, which must be sound, unbiased, and attentive. These senses help the physician perceive even subtle deviations from health, allowing for a more accurate totality and remedy selection.

Abbreviations

History of patient (H/o Pt.), Prescription (Rx), Follow-up (F/U)

Introduction

Master Samuel Hahnemann, the founder of homeopathy, regarded the healing of the sick as

the highest human calling. Throughout his writings—including the Organon of Medicine and his essay The Medical Observer—he emphasized the vital role of careful, unbiased observation in understanding disease. In aphorisms 6, 83, and 90, Hahnemann stresses the importance of using sound senses and focused attention to perceive the true picture of each individual case.^[1] He instructs the physician to observe not only verbal symptoms but also subtle changes in behavior, expression, and appearance. Hahnemann believed that accurate observation was not an inborn gift, but a cultivated skill—refined through self-experimentation, sensitivity, and integrity. Only through such sincere observation, he affirmed, can one match the patient's unique disease expression to the similitum and fulfill the role of a true healer.^[2]

Case :

Chief complaint

- Recurrent migraine headaches for 9–10 months
- Frequency: 2–3 times/week
- Duration: 4–6 hours
- Location: Forehead radiating to temples. Side: right side
- Sensation: Throbbing pain with nausea, sensitive to noise
- Concomitant : Irritability
- Modalities: < Noise, light, sun, before menses; > Dark room, quiet, pressure on head

Life Space Narrative (Provided by Mother)

The patient is an 11-year-old girl, accompanied by her mother who gave a detailed history. The child sat silently throughout the consultation, responding only when directly asked. Her answers were brief, with no elaboration unless prompted.

The mother reported:

- "She has always been a **quiet, reserved girl**. Never the type to mix or play with others—even in family gatherings, if people are laughing and chatting, she will quietly go to her room or sit aside with a blank face."
- "She doesn't enjoy company, not even when friends come over. If she feels like it, she may talk briefly; otherwise, she will say, 'You can go now.'"
- "She's **jealous** when someone praises her elder brother. Even her teachers compare them—he was excellent in studies, and she takes it personally. If the teacher compliments another student, she feels bad."
- "She's **very sensitive inside**, but never shows it openly. She doesn't like talking about her feelings at all."
- "She can study well, but we have to push her constantly—she won't do anything on her own. She has **no motivation**, no concern about her future or career. Just lies around. Even for daily chores, she has to be repeatedly reminded."
- "She gets angry when forced but doesn't shout. She withdraws, slams the door sometimes, and then stays alone for hours."

Observations by the Homeopath

While the mother spoke at length, the girl:

- Maintained a withdrawn posture with her arms crossed and gaze down.
- Responded with minimal facial expressions, even when asked about things that would typically evoke emotion (school life, friends, aspirations).

- Slight fidgeting noted when her brother was mentioned.
- Showed subtle eye movement indicating discomfort when comparisons were discussed.
- During the headache discussion, she instinctively pressed her temples with her fingers and closed her eyes.
- Avoided eye contact, showed passive body language.

These **non-verbal cues of emotional suppression, jealousy, sensitivity, and aversion to consolation or intrusion** aligned strongly with a *Natrum muriaticum* personality structure.

Past history

- Migraine since 10 months after transition to teenage and hormonal changes
- No significant past infections, injuries, or vaccinations

Family history

- Mother: Migraine sufferer in younger years
- Father: Hypertension and anxiety tendencies
- Brother: High academic achiever; often praised within school and family

Physical Generals

- Appetite: Normal
- Thirst: Increased for cold water
- Desire: salty++
- Aversion: milk+++
- Stool: once a day
- Urine: 5-7/0
- Sleep: Restless during headache; otherwise sound
- Dream: rarely of routine
- Thermals: Hot

Case Report

- Menses: Yet to start

Mind and Disposition

- Introverted and emotionally closed-off
- Strong sense of hurt from comparison, though doesn't express directly
- Avoids company; likes solitude
- Feels easily offended but doesn't show outwardly
- Dislikes emotional display, consolation, or being asked about her inner feelings
- Appears indifferent but deeply affected internally
- Resentful nature with mild jealousy
- Lazy, needs to be pushed for everything though capable

Totality of symptoms

- Aversion to company
- Jealousy
- Indolence
- Consolation aggravates
- Aversion: milk
- Hot
- Head pain: right side

Analysis & evaluation of symptoms

Mental general:

- Aversion to company+++
- Jealousy+++
- Indolence +++
- Consolation aggravates+++

Physical general:

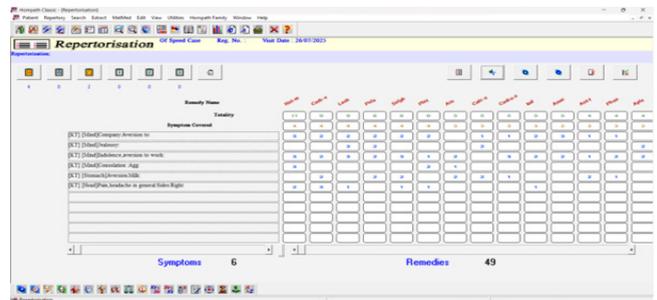
- Aversion: milk+++
- Hot +++

Physical particular:

- Head pain right side+++

Repertorization^[5]

Homopath Classic software: Kent method (due to strong mental generals)



Prescription^[3]

Natrum muriaticum 200 – 1 dose/ SL for 1 week

Justification^[3] – This girl is reserved, introverted, is emotionally distant, shuns company, despises comfort, and retreats when offended. This profound sorrow and need for isolation are very typical of *Natrum mur.*

Silent suffering with sensitivity to comparison and criticism: Despite her seeming indifference, she is extremely offended by comparisons with her peers or brother, but she keeps it to herself. *Natrum mur.* is a quintessential example of someone who harbors silent resentment and "never forgives and never forgets."

Emotional repression combined with jealousy: She conceals her feelings despite being jealous of her brother's admiration. While *Natrum Mur* internalizes jealousy, remedies like *Lachesis* display it externally.

Physical generals attest to this:

A craving for salt

Milk aversion

Warm thermals

A rise in thirst

Headache on the right side (frequent in *Natrum mur*)

Indolence despite ability: Has the capacity but requires regular encouragement to study and complete everyday tasks. This sensitive and passive indifference is more in line with *Natrum mur* than with apathetic treatments like *Sepia* or *Phos-ac*.

Differentiation from other close remedies[4]

- **Pulsatilla** – Reserved but seeks consolation, weeps easily, desires company; opposite to this child’s aversion.
- **Lachesis** - was ruled out as the child lacked its characteristic loquacity, outwardly expressed jealousy, left-sided headaches, and dramatic emotional displays.
- **Sepia** – Indifferent and aversive to family, but usually more irritable, harsh, and physically chilly; this girl is hot and inwardly sensitive.
- **Lycopodium** – Strong sibling jealousy, but usually with ego display, dictatorial attitude, and craving for power; not seen here.

Miasmatic Evaluation

From P/H & F/H: *Psora-sycotic*

Follow-Up

Follow-Up Date	Complaints / Status	Prescription Given
01/04/2025	First consultation. Complaints of migraine 3-4 times/week. Pain on vertex, triggered by sunlight. Child silent, withdrawn. Emotional suppression suspected.	Natrum muriaticum 200C , single dose
10/04/2025	No migraine since last dose. Feeling mentally lighter, mother reports improved interaction.	No medicine. Placebo continued.
24/04/2025	One episode of mild headache during exams, not needing medication. Increased openness.	No medicine. Placebo continued.
08/05/2025	No complaints. Academic performance improved. Speaks more at home. Confidence building.	No medicine. Observation only.
22/05/2025	No recurrence of headache. Appetite better. Emotional expression noted.	No medicine. Observation.

19/06/2025	Stable improvement. No migraine since first dose. Becomes more communicative in school.	Case closed. Advice for follow-up after 3 months.
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Assessment scale: Verbal Rating Scale [6]

Verba Rating Scale	Before treatment	After treatment
No pain		0
Mild pain	-	
Moderate pain	-	
Severe pain	3	

Discussion

This case reinforces the **homeopath’s role as a silent observer**. The patient’s verbal reticence made it impossible to build the case from her own narrative. It was only through observation of her **involuntary behavior, response to family dynamics, and emotional non-expression** that the constitutional core was discerned.

Had the case relied solely on verbal narration, the remedy may have been misdirected. Remedies like *Pulsatilla* or *Sepia* might seem superficially appropriate but lack the core element of **silent grief and concealed sensitivity**, which *Natrum mur* embodies.

The remedy not only resolved the migraines but also gently shifted the psychological state, affirming the depth of constitutional prescribing guided by observation.

Result

The patient showed marked improvement in both frequency and intensity of migraine episodes over a period of 6 follow-ups. Initially presenting with 3-4 episodes per week, her migraines reduced to once every 15-20 days, and eventually subsided completely. Emotional resilience, school attendance, and social interaction significantly improved.

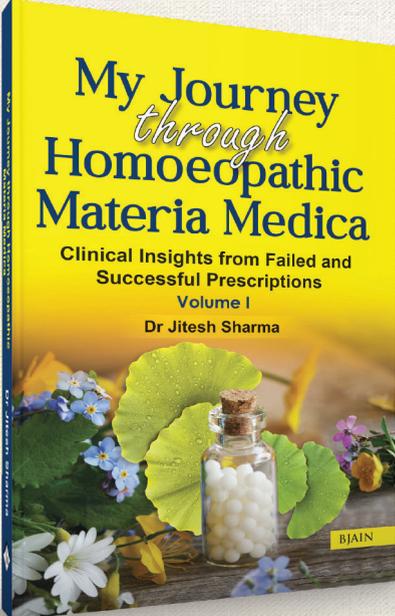
CONCLUSION

This case highlights how keen observation, alongside careful listening and interpretation, plays a pivotal role in successful homeopathic

case-taking. Through understanding the child's non-verbal cues, suppressed emotions, and family dynamics, a precise constitutional remedy was selected. The curative response affirms that when observation is sharp and unbiased, even silent cases can speak volumes—and healing becomes possible with a single well-chosen remedy.

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My Journey
through
Homoeopathic
Materia Medica
Clinical Insights from Failed and Successful Prescriptions
Volume I
Dr Jitesh Sharma

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My Journey *through* Homoeopathic Materia Medica

Clinical Insights from Failed and Successful Prescriptions
(Volume 1)



Authored by
Dr Jitesh Sharma

Readers' Perspective



Reviewed by
Dr Abhishek Joshi

“ Best are those books; which explain the case solving methods and thinking process of a physician rather than just showing clinical hints (which may or may not work). Such is one book by Dr Jitesh Sharma; who through his varied learning experiences has developed his own kaleidoscopic view towards looking at a case.....”

The Venus Influence on Metal Group Remedies in Homeopathy: A Research Study

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Keywords

Venus, Metal Group Remedies, Platina, Palladium, Homeopathy, Astrology, Reproductive Disorders, Constitutional Analysis, Materia Medica, Planetary Influence

Abstract

Background: The metal group in Homeopathy, particularly Platina and Palladium, is widely used in conditions of psychological imbalance, reproductive disorders, and ego-related pathology. Astrologically, Venus governs beauty, love, harmony, and reproductive functions, symbolizing traits often mirrored in these remedies.

Materials and Methods: This study used a theoretical-comparative methodology, integrating homeopathic materia medica, astrological principles, and selected case-based interpretations. Platina and Palladium were analyzed for their constitutional, psychological, and physical correspondences with Venus.

Results: Platina exhibited strong Venusian influence with themes of pride, superiority, and reproductive dysfunction, whereas Palladium revealed Venus-Mercury interplay, manifesting in lack of confidence, relationship anxieties, and uterine weakness. Hypothetical case analysis confirmed correlations between Venusian astrological traits and remedy indications.

Conclusion: The Venusian framework offers deeper insight into the metal group remedies, aiding individualized prescription in homeopathy.

While promising, further empirical studies and clinical trials are required to validate this integrative approach.

Abbreviations

R.S. – Respiratory System, CNS – Central Nervous System, GI – Gastrointestinal, H.P. – Hormonal Profile, Ven. – Venusian influence

1. Introduction

Homeopathy emphasizes individualized treatment by understanding the patient's constitution, emotions, and pathology. Among homeopathic remedies, metals hold a significant place due to their profound impact on mind and body. Platina (Platinum metallicum) and Palladium (Palladium metallicum) are particularly noted for disorders of ego, reproductive system, and psychological imbalance.

Astrology, as a complementary science, associates Venus with love, harmony, sensuality, and reproduction. Venus governs the kidneys, hormonal balance, and venous circulation in medical astrology. This paper examines the Venus influence on Platina and Palladium, aiming to create a bridge between astrological symbolism and homeopathic clinical application.

2. Objectives of the Study

1. To analyze the influence of Venus on Platina and Palladium remedies in homeopathy.
2. To establish psychological, physical, and constitutional correlations between Venus

and metal group remedies.

- To evaluate how astrological insight may aid in remedy selection and individualization.

3. Materials and Methods

3.1 Research Methodology and Study Design

A qualitative, theoretical-comparative approach was adopted. Primary sources included Organon of Medicine, Kent’s Materia Medica, and astrological texts. Secondary sources involved scholarly articles on complementary medicine.

3.2 Inclusion and Exclusion Criteria

Inclusion: Remedies from the metal group (Platina, Palladium), astrological references to Venus, constitutional and psychological correlations.

Exclusion: Non-metal remedies and planetary influences unrelated to Venus.

3.3 Details of Intervention

This was a non-clinical, conceptual study with a supportive hypothetical case study illustrating clinical application.

3.4 Outcome Assessment Criteria

- Alignment of remedy indications with Venusian traits.
- Presence of Venus-related pathology (ego, sensuality, reproductive dysfunction).
- Hypothetical case response to selected remedies.

4. Results

4.1 Comparative Analysis of Platina and Palladium

Table 1. Psychological Correlation with Venus

Remedy	Key Traits	Venus
Platina	Pride, arrogance, superiority, vanity	Venus as ruler of beauty & ego (exaggerated self-love).

Palladium	Lack of confidence, desire to please, relationship anxiety	Venus in weaker aspect (approval-seeking).
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Table 2. Physical and Clinical Indications

Remedy	Reproductive system	Otherf Venus -ruled systems
Platina	Menstrual irregularities, infertility, sexual desires, IUD	vascular disorders. Hormonal imbalance
Palladium	Weakness of uterine muscles, prolapses, infertility	hormonal imbalance. GI weakness after emotional stress.

Table 3. Astrological Correspondence

Remedy	Planetary Alignment	Clinical Symbolism
Platina	Strong Venus dominance	Exaggerated ego, strong sensuality, reproductive system disorders.
Palladium	Venus-Mercury interplay	Emotional dependence, Anxiety in relationship, weakness in reproductive vitality

4.2 Hypothetical Case Study Outcome

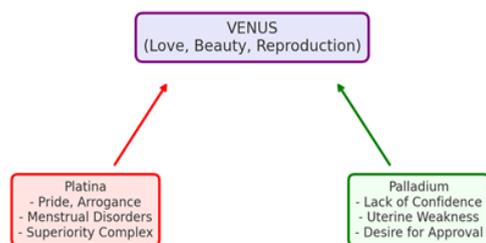
Patient Profile: 30 years, professional lady; Complaints: Menstrual irregularities, infertility, mood swings, superiority complex with multiple ornaments allergies that are making life difficult. Her sense of smell is uncanny and usually does reveal some toxic culprit. Her breathing is affected and severe fatigue with muscle pains occurs with exposure. She continues to work despite extreme fatigue. Exhausted, she pushes through with tenacity, dragging her body with her mind if necessary. Projects get done no matter what the cost. A gifted perfectionist, she channels her creativity as a commercial artist and her work is highly respected within her specialization. She has a busy social life, including playing music with a group. Her other passion is pursuing psychic skills like aura reading and astral travel, a study she’s been engaged in all her life. She has a lot of presence and is straightforward in her dealings. She is direct about her issues of anxiety. In fact, she is quite direct in most of her dealings with people.

A few months of taking *Platinum* 30c once a day led to a dramatic reduction in her over-all symptom picture. Consistent with her menstruation her allergies diminished and her sense of vitality returned. Her changes continued over the year with a strong reduction in many areas. She now functions very well and is no longer affected by the hazards of daily living.

Astrological Chart: Venus strongly placed in 1st/7th house.

Intervention: Remedy prescribed – Platina 200C. Follow-up: Over 4 months, improvement in hormonal balance, mood stabilization, and psychological state.

Figure 1. Conceptual Link Between Venus Traits and Metal Remedies



5. Discussion

This study highlights how Venus, symbolizing love, beauty, and reproduction, provides a deeper layer of understanding for metal group remedies. Platina embodies the dominant, prideful Venus, whereas Palladium represents the Venusian need for acceptance, moderated by Mercury. Integrating astrology into homeopathy enriches remedy selection but must remain a complementary tool alongside clinical judgment.

6. Advantages and Limitations

Advantages:

- Enhanced constitutional analysis.
- Improved individualized prescriptions.
- Integration of psychological and astrological dimensions.

Limitations:

- Lack of large-scale clinical validation.
- Risk of subjective interpretation of astrology.
- Requires cautious use alongside medical diagnosis.

CONCLUSION

The Venus influence on metal group remedies such as Platina and Palladium provides a valuable interpretative tool for homeopathic practice. This approach offers holistic insights into constitutional prescribing, especially for reproductive and psychological disorders. Future clinical research should aim to standardize methodologies and validate these interdisciplinary findings.

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Marburg Virus Disease- A Re- Emerging Infection and The Scope of Homoeopathy in Its Treatment



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Keywords

Marburg Virus Disease, Marburg Virus, Filovirus, Epidemic diseases, Prevention and control, Preventive medicine, Homoeopathic management, Genus epidemicus, Haemorrhagic fever.

Abstract

Marburg virus disease [MVD] formerly known as Marburg haemorrhagic fever is a severe, often fatal illness in humans. The average MVD case fatality rate is around 50%. Marburg virus disease is caused by the Marburg virus which belongs to the Filoviridae family. Homoeopathy plays a vital role in treating epidemic diseases which Dr. CFS Hahnemann has explained in his sixth edition of organon of medicine, aphorism 102, about genus epidemicus. Genus epidemicus is the similimum chosen for an epidemic disease. There are no reported cases of Marburg virus disease in India but, as a measure of preparedness and prevention of future outbreaks in India, this study was taken up since Homoeopathy has proven its effectiveness in treating similar viral epidemics.

Introduction

MARV is in the same family '**Filoviridae**' of the

Species **Marburg marburgvirus**, Genus **Marburgvirus**, and Order **Mononegaviruses**, same as the virus that causes Ebola virus disease. The name 'Marburg viruses' derived from Marburg, the city in Hesse, Germany where the virus was first discovered with the taxonomic suffix 'viruses'. The World Health Organization (WHO) rates it as a Risk Group 4 Pathogen (requiring biosafety level 4 equivalent containment). A Priority Pathogen and the Center for Disease Control and Prevention lists it as a Category A Bioterrorism Agent. In 1967, Marburg and Frankfurt in Germany, and Belgrade, Serbia witnessed two large outbreaks simultaneously, which led to the initial recognition of the disease. The laboratory work using **African green monkeys** (*Cercopithecus aethiops*) imported from Uganda was associated with this outbreak. In due course, outbreaks and sporadic cases have been reported in **Angola, the Democratic Republic of the Congo, Kenya, South and Uganda**. [15] [6] [17] [5] [16]

Justification of Study: Since no homoeopathic research has been done in this field as there are no reported epidemics of disease in India but the possibilities prevail after the outbreak of Ebola. So, as a measure of preparedness for the prevention of future outbreaks in India, this study was taken up since Homoeopathy has proven its effectiveness in treating similar viral epidemics.

Review of Literature

Definition: Marburg virus disease (MVD) is a rare, fatal but severe haemorrhagic fever that affects both people and non-human primates. Marburg Virus Disease is caused by the Marburg virus, a genetically unique zoonotic (or animal-borne) RNA virus of the Filovirus family. [15] [16] [5] [4] [7]

Epidemiology: The first documented outbreak of Marburg virus occurred in August 1967, affecting laboratory personnel in Marburg and Frankfurt (Germany), and Belgrade (then Yugoslavia, now Serbia). A total of 31 individuals developed acute haemorrhagic disease, with 7 fatalities. The etiological agent was initially unknown.

The infections were epidemiologically linked to African green monkeys (*Chlorocebus aethiops*) imported from Uganda, the primates used in biomedical research, indicating zoonotic spillover via direct exposure to infected biological material.

In the initial phase of the outbreak, causative hypotheses included bacterial pathogens such as *Rickettsia* and *Chlamydia*. However, virological investigations led to the isolation and identification of a novel filovirus, subsequently named Marburg virus. Collaborative diagnostic efforts by virologists—most notably from Marburg, Hamburg, and institutes led by Sieczka, Kunz, Kissling, and others—enabled the correct classification within approximately three months.

It demonstrated the potential for laboratory-acquired zoonotic infections, emphasizing the need for rigorous biosafety protocols.[5] [4] [15]

Aetiology: Marburg virus is a highly lethal RNA virus that causes severe haemorrhagic fever in humans. It's classified under the *Filoviridae* family, alongside Ebola. Its natural reservoir is the Egyptian fruit bat (*Rousettus aegyptiacus*), which can carry the virus without showing symptoms. These bats are widespread across Africa and parts of the Middle East. Transmission to humans typically occurs through exposure to bat secretions, such as saliva or urine, often in caves or mines where these bats roost. The virus can also persist on fruit discarded by infected bats, posing a risk to other animals and humans. It was detected

in the blood, urine, throat-washing, and seminal fluid. Human-to-human transmission happens through direct contact with bodily fluids of infected individuals, making outbreaks particularly dangerous.[15] [5] [4]

Clinical Features

Incubation Period: Marburg Virus has an incubation period ranging from **3-21 days (typically 5-10 days)** which is likely modulated by factors such as infectious dose and possibly by route of infection.

Initial Phase (Days 1–5)

- Patients typically present with general flu-like symptoms: intense headache, chills, muscle aches, chest discomfort, sore throat, fatigue, and a general feeling of being unwell.
- **Gastrointestinal distress:** appetite loss, abdominal pain, severe nausea, vomiting, and watery diarrhoea.
- **Early haemorrhagic signs:** bleeding from the gums, nose (epistaxis), and eyes.
- Around Day 4–5, the disease progresses with development of rash (enanthem), difficulty speaking or reading (dysphasia), and inflammation of the throat (pharyngitis).
- A **maculopapular rash** on the torso is often the first distinguishing symptom differentiating MVD from influenza or malaria.
- Lab findings may include enlarged lymph nodes, reduced white blood cells (leucopenia), and low platelet count (thrombocytopenia).

Organ Involvement Phase (Days 5–13)

- **Neurological symptoms** can emerge, such as brain inflammation (encephalitis), confusion, delirium, irritability, and aggressive behaviour.
- **Respiratory and vascular complications** include shortness of breath (dyspnoea), red eyes (conjunctival injection), and swelling (oedema) due to abnormal capillary permeability.
- **Haemorrhagic signs intensify:** small red spots

(petechiae), mucosal bleeding, bloody diarrhoea (melena), vomiting blood (hematemesis), and bruising (ecchymosis).

- **Rapid weight loss** is common, and this phase is often recognized as

Marburg Haemorrhagic Fever (MHF) due to prominent bleeding features:

Late Phase / Recovery or Deterioration (Day 13+):

- Patients may be fully recovered or progress toward severe deterioration.
- Possible neurological decline: restlessness, reduced consciousness (obtundation), confusion, memory loss (dementia), and seizures (convulsions).
- Systemic collapse like coagulopathy, multi-organ failure, shock, and ultimately coma or cardiac arrest may ensue.
- Lingering symptoms like muscle pain, extreme fatigue, profuse sweating, skin peeling, and partial memory loss may remain for some time among survivors.

Diagnostic Approaches

- **Virus isolation** from samples.
- **ELISA testing** to detect viral antigens or antibodies.
- **RT-PCR and Multiplex Real-Time PCR** to identify viral genetic material.
- **Immunohistochemistry** to visualize the virus in tissue specimens.

Treatment & Management

Currently, no approved vaccines or antivirals are available for MVD.

- Supportive therapy is critical, including:
- Intravenous fluids for rehydration and electrolyte balance.
- Monitoring and stabilizing vital signs and oxygen levels.

- Blood transfusions or clotting factor replacement when bleeding occurs.
- Proactive treatment of secondary infections and related complications. [5] [4] [15]

Homoeopathic Treatment Repertorial Rubrics: By using Boger's Boenninghausen's Characteristic Repertory [7]

1. Head-internal inflammation- Encephalitis
2. Eye – inflammation – alternating with - sore throat
3. Eye – bleeding – from eyes – retinal haemorrhage
4. 4. Nose – coryza – sore throat – with
5. Nose – epistaxis – purpura – haemorrhagica
6. Mouth – taste – nauseous
7. Mouth – taste – nauseous – eating after – agg
8. External throat – pain – soreness
9. Chest – pain – aching
10. Chest- inflammation – lungs – haemorrhage – after
11. Chest – constriction – tension – tightness – painful
12. Chest – eruptions – pimples – painful
13. Stomach – nausea – haemorrhage – with
14. Stomach – nausea – vomiting – does not amel
15. Abdomen – pain – aching – dull – diarrhoea – during
16. Abdomen – fullness – sensation of – diarrhoea – during
17. Abdomen – cirrhosis – liver
18. Fever-Pathological types- Intermittent and periodicity in general

Homoeopathic Remedies With Totality

Lachesis - Indicated symptoms: Catarrhal symptoms. Frequent bleeding of nose and body.

watery discharge from nose. Epistaxis. Thick yellow tough and ropy. Gums bleed. Fever with hot flushes. Inflammation of the liver. [8] [9]

Phosphorous - Indicated symptoms: Haemorrhages and Haematogenous jaundice.

Cough with tickling in throat. Wounds bleed easily. Petechiae. Ecchymosis. Purpura haemorrhagica. Vomiting. Congested liver. Pneumonia. [8] [9]

Sulphur - Indicated symptoms: Oppression and burning of chest. Greenish purulent and sweetish expectoration. Flushes of heat. Throbbing headache. Nose bleeds easily. Alae red and scabby. Gums swollen. Pimply eruptions. Pruritis. Pustules and rhagades. red spots. [8] [9]

Merc Sol- Indicated symptoms: Decomposed blood. cough with yellow sputum. Whooping cough. ulcerated nasal bone. Headache like band around head. Catarrhal headaches. Gums spongy. recede. bleed easily. Dry skin. Ulcers. weak limbs. [8] [9]

Nux Vomica - Indicated symptoms: Headache over occiput. Pressing pain in vertex.

Frontal headache. Spasmodic constrictions. Aphthous ulcers. Swollen gums. Vomiting with retching. wants to vomit but cannot. Burning skin. Numb legs. Constricted rectum. [8] [9]

Belladonna- Indicated symptoms: Severe throbbing headache. Boring of head into pillow. Barking cough. Haemoptysis. Swollen eyes and protruding. Nausea and Uncontrollable vomiting. Thin, greenish dysenteric stool. No thirst with fever. Erythematous pustules. [8] [9]

Crotallus Horridus - Indicated Symptoms: Dull and heavy occipital pain. Dry throat, swollen and dark red. Vomiting of blood and bile. Black coffee ground vomiting.

Jaundice. Bloody cold sweat. Discolouration and swelling of skin. Purpura haemorrhagica.[8] [9]

Other remedies are **Digitalis, Merc Cor and Carbo Veg, Aconite, Arnica, Puls.**

METHODOLOGY

A search was made for 'the efficacy of

homoeopathic medicine in treating Marburg Virus Disease' in Google Scholar, PubMed, sites of World Health Organization (WHO), and the data was analysed and collected through various articles about MVD. The basic search terms included 'Homoeopathy', 'Marburg Virus Disease', 'MVD', 'Epidemic', 'Filoviridae

Family', 'EBOLA', 'Haemorrhagic Fever'. As there were no reported cases of MVD in India, there is paucity of cases with positive laboratory investigations. Further, literature review including repertorisation is through Homoeopathic Repertories and Homoeopathic Materia Medica.

RESULT

Marburg virus disease has regularly affected people since 1967 through multiple outbreaks. It is a highly virulent disease with a fatality ratio of up to 88%. All age groups are affected by this deadly disease and spreads through fruit bats and the virus can transmit even through mother to foetus. Even though it was first detected in European country, Germany, the virus has widely taken a foothold in African countries. As there are no approved vaccinations available currently, the treatment is only done through the symptomatic line using antivirals. The World Health Organisation has special attention in the prevention and control of this epidemic by raising awareness about the risk factors of the disease, community engagement, case management, surveillance and contact tracing, a good laboratory service, safe and dignified burials, and social mobilization. The selection of homeopathic medicine for a viral disease is based upon the theory of individualization and symptom similarity. This is the only way through which a state of complete health can be restored by removing all the signs and symptoms from which the patient is suffering. The aim of homeopathic medicine for Marburg viral disease is not only to treat the symptoms, but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, the remedies like *Lachesis*, *Merc sol*, *Sulphur*, *Crotalus*, *Merc car*, *Digitalis*, *Carbo veg*, *Belladonna* etc. are indicated to treat viral diseases which can be selected on the basis of onset, causation, location, sensation, modalities of the complaints and concomitants.

DISCUSSION

Homoeopathy has proven its efficacy in the era of Hahnemann by treating Scarlet Fever with *Belladonna*. Since then, many approaches using homoeopathy for epidemic diseases were proposed. Several different homeopathic methods can be used to treat epidemic diseases. Having 3000 plus remedies in its materia medica, homoeopathy has proved its efficacy by treating many epidemic diseases like dengue haemorrhagic fever, Japanese Encephalitis, Flu pandemics and Ebola. The scope of homoeopathy is vast, as most of the symptoms of Marburg Virus Disease are covered by the remedies. The remedies can be used as preventive medicine or immune boosters so as to prevent the disease in future. The 'Genus Epidemicus' is selected based upon several case takings and later by forming a totality. Although, there are no reported cases of Marburg Virus Disease in India, this study will be helpful for further reference and to spread awareness and preparedness among the people as "Prevention is better than cure". The previous experience showed remedies like *Crotalus*, *Lachesis*, *Phosphorous* etc. have been efficacious in the treatment of several haemorrhagic fevers. The challenge for the future is to refine these approaches and to build on the knowledge base with additional rigorous trials.

CONCLUSION

It is possible to improve the care of patients and reduce death rates, by improving the knowledge of the clinical course and understanding the natural history of the disease as well as the sound knowledge of the pathogenesis and mechanism of development of asymptomatic infection. Clinical trials should be carried out in more numbers as far as treatment and vaccination are concerned. High global efforts are required in a coordinated manner by epidemiologists, researchers, veterinarians, health care experts, complementary and alternative systems of medicine like homoeopathy, and health agencies for greater preparedness

to tackle Marburg Virus Disease more efficiently and avoid any probable dangers of global health concerns. More research is needed to establish the effectiveness of Homoeopathy in the treatment of haemorrhagic viral diseases like Marburg Virus Disease. The experience of Homoeopaths in treating diseases like Ebola and Dengue haemorrhagic fever plays a major role in this regard.

Conflicts of interest: Nil

Limitations: Lack of clinical trials and unavailability of data on preventive aspects. This study does not include the data from actual MVD patients under homoeopathic treatment.

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Book Review on Fifty Reasons for Being a Homoeopath by Dr. J. Compton Burnett

Reviewed by Dr. Rahul Yadav

MD Scholar, Department of Paediatrics, Government Homoeopathic Medical College & Hospital, Bhopal

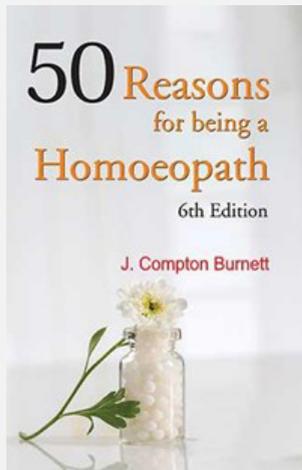
Author: Dr. J. Compton Burnett, M.D.

Language: English

First Published: 1888

Pages: 212

Abstract



Fifty Reasons for Being a Homoeopath is a landmark philosophical and clinical work by Dr. J. Compton Burnett, originally published in 1888. Through fifty sharply written chapters, the author presents his clinical encounters and experiential evidence that led him, a conventionally trained allopath, to embrace the principles of homoeopathy. Each “reason” is a case or clinical observation that critiques allopathic limitations and demonstrates the efficacy of homoeopathy in real-world practice. This review summarizes Burnett’s arguments, evaluates the strength of his case-based reasoning, and explores the text’s enduring relevance to both students and practitioners of classical homoeopathy. The work remains a compelling testament to the power of observation, open-minded inquiry, and individualized treatment in holistic medicine.

Keywords

Allopathy, Clinical cases, homoeopathy, Individualization, Philosophy of homoeopathy

Introduction

Among the many contributions of Dr. J. Compton Burnett to classical homoeopathy, *Fifty Reasons for Being a Homoeopath* stands out for its clarity, passion, and unapologetic critique of the limitations of allopathic practice. Written with conviction and grounded in clinical evidence, the book captures the journey of a physician who turned to homoeopathy after repeated failures and frustrations within conventional medicine. Burnett doesn’t aim to present a theoretical argument. Instead, he offers fifty clinical experiences, each becoming a compelling “reason” for his transformation. The book is not only historically valuable but continues to be philosophically and educationally relevant.

Overview and Content

The structure of the book is straightforward — each chapter is a case or theme that reflects a clinical challenge overcome through homoeopathy. The chapters include conditions like nephritis, tumours, epilepsy, skin diseases, and chronic affections that responded poorly to allopathic interventions but showed remarkable recovery under individualized homoeopathic treatment.

Burnett’s writing style is crisp, often witty, and always confident. He challenges allopathic logic and demonstrates the role of miasmatic understanding and totality of symptoms. He emphasizes Hahnemann’s teachings and warns against therapeutic shortcuts. Importantly, he also acknowledges his former allopathic mindset, making his arguments both humble and persuasive.

Strengths of the Book

- **Clinical Honesty:** Burnett candidly discusses failures in allopathic treatments and how they shaped his decision to adopt homoeopathy.
- **Case-Based Approach:** The book provides rich, documented cases that reinforce homoeopathic principles like individualization, minimum dose, and law of similars.
- **Philosophical Depth:** Beyond clinical content, it presents a strong philosophical conviction about the superiority of homoeopathy as a medical system.
- **Historical Relevance:** Offers a firsthand account of medical transition during a period when homoeopathy was both controversial and revolutionary.

Relevance to Modern Homoeopathy

Despite being written in the late 19th century, the book resonates with current practitioners facing skepticism or systemic resistance. It serves as a motivational read for students who may question the foundational strength of homoeopathy, reminding them of the system's clinical depth and philosophical integrity. In today's evidence-driven world, Burnett's approach to experiential evidence may not fulfil statistical criteria, but it holds immense heuristic value. The book also encourages introspection among practitioners about the limitations of both systems and the need for clinical humility and critical thinking.

Limitations

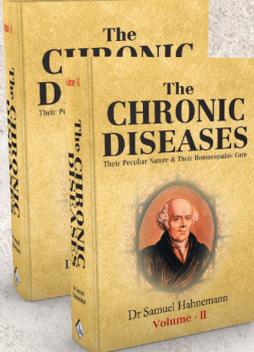
- **Lack of Scientific Framework:** Modern readers may find the lack of statistical evidence a limitation.
- **Era-Specific Language:** The terminology and tone reflect the late Victorian era and may feel dated in parts.
- **Personal Bias:** The narrative is subjective and occasionally polemical in tone.

CONCLUSION

Fifty Reasons for Being a Homoeopath is more than a book — it's a physician's testimonial and a case-based manifesto for the efficacy of homoeopathy. Burnett's confidence is contagious, and his clinical examples are thought-provoking. The book stands as a beacon for those who believe in the power of individualized healing and evidence drawn from practice. It should be essential reading for every homoeopathic student and teacher who wishes to understand not just how homoeopathy works, but why it continues to thrive.

Recommendation

For students, it offers insight. For practitioners, it reinforces purpose. And for educators, it offers a classical reference to ignite discussion around the philosophy and practice of homoeopathy. This book is a must-read for every homoeopath who seeks not only to treat but to understand — not only to believe, but to witness.



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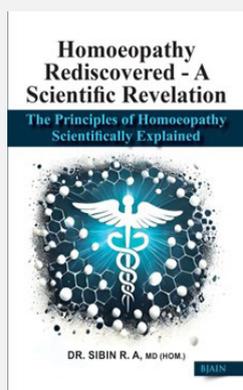
BOOK REVIEW on HOMEOPATHY REDISCOVERED Authored by DR. SIBIN

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About the Author

Born on July 3, 1992, in Trivandrum, Kerala, Dr. Sibin completed his higher secondary and undergraduate studies in Tamil Nadu. He earned both his Bachelor of Homoeopathic Medicine and Surgery (BHMS) and Doctor of Medicine (MD) in Homoeopathy from Sarada Krishna Homoeopathic Medical College, Kulasekharam. He is currently pursuing his PhD in Homoeopathy at the same institution, continuing his journey of academic excellence. Dr. Sibin R. A. is a passionate clinician, researcher, and educator in Homoeopathy. Currently serving as an Assistant Professor in the Department of Organon of Medicine at Sarada Krishna Homoeopathic Medical College (SKHMC), Kanyakumari, he combines clinical expertise, academic commitment, and a strong passion for scientific exploration. With over seven years of clinical experience and a strong foundation in teaching and research, Dr. Sibin has consistently contributed to the growth and modernization of homoeopathic science.



From the standpoint of general medicine, “Homoeopathy Rediscovered – A Scientific Revelation” is a bold and thought-provoking attempt to bridge the long-standing divide between traditional homoeopathic principles and modern scientific rationale. This work seeks not only to revisit the core tenets of homoeopathy but also to present

them through a scientifically grounded lens—an effort that is both ambitious and timely.

The book appears to take on two major challenges:

1. Demystifying Homeopathy – It reframes classical concepts like “like cures like” and potentization with updated scientific interpretations.
2. Evidence Integration – It endeavors to reconcile anecdotal clinical efficacy with emerging biological theories and research.

From a General Medicine Perspective:

Strengths

- Scientific Narrative: The effort to interpret homeopathy in biomedical terms is commendable. It engages allopathic readers who often seek quantifiable mechanisms.
- Interdisciplinary Bridge: The book promotes dialogue between alternative and modern systems, encouraging holistic care models.
- Research Involvement: The mention of Dr. Sruthi Krishna as a researcher adds academic depth and hints at an evidence-informed approach.

This book is a commendable and intellectually honest endeavor to reevaluate homeopathy in the light of current scientific understanding. While general medicine practitioners may still demand more empirical evidence before full acceptance, “Homoeopathy Rediscovered” succeeds in initiating that crucial scientific conversation.

Recommended for

- Practitioners in integrative and complementary medicine
- Medical students curious about alternate health systems
- Researchers exploring cross-disciplinary healthcare

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