

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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PEER REVIEWED



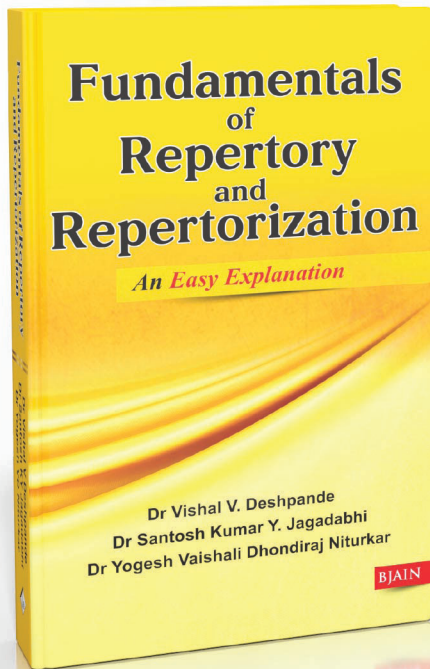
Practical Evidence of Hering's Law of Cure

- An In Vitro Study on Antibiofilm Activity of Calendula Officinalis Q, 30c & 200c In Staphylococcus Aureus (Gram +Ve) and Pseudomonas Aeruginosa (Gram -Ve) Bacterias
- A Homoeopathic Approach to Autism Spectrum Disorder; A Case Report



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Fundamentals of Repertory & Repertorization

An Easy Explanation

Authored by

Dr. Vishal V. Deshpande

Dr. Santosh Kumar Y. Jagadabhi

Dr. Yogesh Vaishali Dhondiraj Niturkar



Part 1: Core Concepts

Covers the fundamentals of disease, disposition, logic of homeopathy, and individualization—explained in simple, beginner-friendly language.

Part 2: Practical Approach

Introduces repertory, symptomatology, various methods of case-taking, case processing, and how to build a homeopathic totality through repertorization.

Part 3: Repertory at a Glance

An overview of key repertories—from BTPB to modern computer repertories—along with their features, use, and comparison. Also includes the vital connection between Materia Medica, Repertory, and the Organon, plus case-taking insights from homeopathic pioneers.

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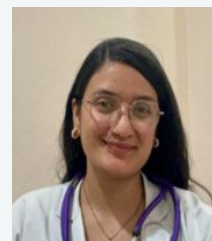
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Dear Readers,

In today's fast-paced medical culture, where quick suppression of symptoms is often mistaken for cure, Hering's Law remains a guiding compass. It not only helps the homeopath interpret the sequence of healing but also provides patients with clarity and confidence when older or external symptoms reappear. Far from being setbacks, these are signs of the body's wisdom moving toward true restoration. In his journey of experimenting he proved 72 drugs including the South American lachesis trigono-



cephalus, the snake whose poison today gave us one of the great polychrest. Through decades of meticulous observation and case recording, he identified a strikingly consistent pattern in the way patients healed. Symptoms did not merely vanish; instead, they shifted in a predictable order, revealing nature's blueprint for recovery. From these observations, Hering formulated what we now call the Law of Cure, or Hering's Law.

Constantine Hering, M.D.—affectionately remembered as the *Father of American Homeopathy*—was born on January 1, 1800, in Oschatz, Saxony. His journey toward homeopathy was not straightforward. In fact, in 1821, he was commissioned to write a book disproving homeopathy, intending to dismiss Hahnemann's system once and for all. Yet, while exploring Hahnemann's writings and experimenting personally, he discovered the profound truth of this gentle science. An injury during a post-mortem, treated successfully with homeopathy rather than amputation, further deepened his conviction. Hering embraced homeopathy wholeheartedly, championed its cause in Europe, and later, in Philadelphia, founded the Hahnemannian Society.



Image- A homeopathic medicine case, likely Hering's

Hering's motto—*"The force of gentleness is great"*—epitomizes both his character and the healing power of homeopathy. Through decades of meticulous observation and case recording, he identified a strikingly consistent pattern in the way patients healed. Symptoms did not merely vanish; instead, they shifted in a predictable order, revealing nature's blueprint for recovery. From these observations, Hering formulated what we now call the *Law of Cure*, or *Hering's Law*.

According to this law, healing follows specific directions:

- **From above downward:** symptoms resolve from the upper parts of the body to the lower.
- **From within outward:** deeper internal complaints give way to more superficial expressions such as eruptions or discharges.
- **From more important to less important organs:** vital organs heal first, followed by those of lesser significance.
- **In reverse order of their appearance:** suppressed or old symptoms often reappear before true health is restored.

These principles are not abstract theory—they are *practically verifiable*. In my own clinical practice, I have often witnessed them at play. For example, a patient recovering from asthma developed an old skin eruption that had once been suppressed with ointments; another with long-standing depression briefly relived earlier episodes of anxiety before regaining inner stability. Such phenomena

reassure both physician and patient that cure is progressing at a fundamental level.

In today’s fast-paced medical culture, where quick suppression of symptoms is often mistaken for cure, Hering’s Law remains a guiding compass. It not only helps the homeopath interpret the sequence of healing but also provides patients with clarity and confidence when older or external symptoms reappear. Far from being setbacks, these are signs of the body’s wisdom moving toward true restoration.

As we reflect on the timeless contributions of Hering, let us remember that the greatest strength of homeopathy lies in aligning with the laws of nature. The practical evidence of Hering’s Law, seen daily in our consulting rooms, continues to validate the vision of our masters and inspires us to carry their legacy forward with confidence.

Quick Word On Issue Content

This issue of *The Homoeopathic Heritage*, themed ‘*Practical Evidence of Hering’s Law of Cure*’, aims to demystify the universal principle of cure laid down by Constantine Hering. By bringing together clinical observations, case-based evidence, and reflections from practice, the issue highlights how this timeless law continues to guide physicians in recognizing genuine healing and distinguishing it

from suppression or palliation., this issue features the life sketch of Dr. Samuel Swan penned by **Prof Dr Subhas Singh**, Former Director, NIH Kolkata, India, in its Stalwarts’ Expedition section, a Research update on “An In Vitro Study on Antibiofilm Activity of Calendula Officinalis Q” by Dr. R.R. Karthikeyan, Deputy Medical Superintendent, Professor and Hod, Dept. of Community Medicine, RVS Homoeopathy Medical College And Hospital, Coimbatore, Tamilnadu and the ‘In Italics’ section written by *Dr. Joachim-F. Grätz, Classical Homeopathy, Oberhausen i. Obb., Germany.*

In addition, this issue is adorned by an insightful ‘From the Editors’ Desk’ section authored by one and only our **Dr G. Nagendra Babu, B.H.M.S, M.D (Hom).** Lastly, the Book Review section featuring noteworthy books like- "Selective Pointers through Allen’s Keynotes" reviewed by Dr Anil Singhal, MD (Hom.) and "Be A Master of Materia Medica” reviewed by Dr. Navneet Bidani

Happy Reading!
Dr Mansi Tyagi
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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

Practical evidence of Hering's Law of Cure

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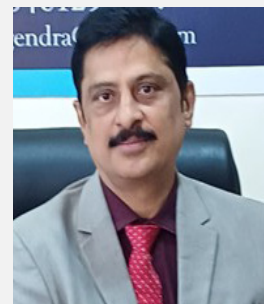
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Notes To U.G And P.G." Member, P.H.D Screening Committee The T.N. Dr. M.G.R Medical University, Chennai-44.

International Papers: A Paper "Specifics In Hahnemannian Literature" At 2 Nd International Seminar And Conference On 10 Th April 2019 Conducted Jointly By Ihzt, Germany, Ihma And India At Hahnemann's House, Torgue.

Presented A Paper At 2 Nd International Conference And Exhibition On 13 Th Jan 2024 Conducted Jointly By Dept. Of Ayush Govt of India Ministry of Health and U.A.E. At World Trade Centre, Dubai and U.A.E.

Multiple National Seminars and Webinars



It's my privilege to pen a topic that holds both theoretical, practical depth and also has clinical significance as we step into this edition of The Homoeopathic Heritage. Hering's law of cure is coined by the "Daring homeopath" and "Father of American homoeopathy". A compass contains a small, magnetized needle that helps sailors determine their heading and navigate accurately. Similarly Hering's law of cure is a compass to the homeopathic sailor in his voyage of cure. Dr. Constantine Hering, narrated "the law of direction of cure". *"The cure must take place from above downwards, within outwards, from more important organ to the less important organ and in the reverse order of the appearance of symptoms"*. This is famously known as "the Hering's law of cure." This law no doubt helped many enthusiastic physicians to understand the direction of cure.

After many years into teaching and practicing homoeopathy I deeply feel the organon of medicine is the practical book not a theoretical treatise. Homoeopathic system of medicine firmly rests upon the scientific principles. Control always happens from center to periphery. In socio- economic fabric the central government controls the state government. In our educational institutions, the

principal's office, the academic in charge, controls the other educational departments. In the living organism the cell's organelles are controlled by the centrally resting nucleus. Hence the control always comes from the Center and proceeds with-out. So is the *"Growth, development and cure are centrifugal and never centripetal"*. During the process of cure, which happens on a dynamic plane there are no physical, tangible tests to access. Hering's law of cure comes to rescue. The curative process in nature is from "Centre to periphery". The homoeopathic remedy always first eases the inner vital organs and then proceeds to the outer parts of the body. It's obvious that most important organs are resting deep in. In selecting the homoeopathic remedy Kent's general symptoms [symptoms of the man] are given much more importance than the particular symptoms [symptoms of his parts]. Once the curative process of the remedy starts the general symptoms improve first and then the particulars. This is the reason why after the administration of a remedy the patient "feels better" in his inner self, in spite of the existence of the disease in the physical parts. If a patient with the complaints of both respiratory as well as skin disorders receives a homoeopathic remedy the respiratory complaints disappear first and then the skin

disorder disappears. This is because the curative process is starting from the inner respiratory organs to the outer skin. In cases of “rheumatic fever” when joints are affected first and then it progresses to the heart. In such cases when a remedy is administered it cures the cardiac symptoms first and finally the joint problems. This is because the curative process is starting from the inner most organ heart to the outer joints. The curative process is opposite to the disease process. The disease proceeds from less important organ to the most important organ. Whereas the curative process is always from the most important organ to the less important organ. In this context the importance of the particular organ is determined by its role in retaining the life of the patient.

In the writings of Hahnemann we observe that when cure takes place the symptoms disappear in the reverse order of their appearance. The symptom that appears first will be the last one to disappear. The recurrence of old symptoms after administering a remedy is a good indication. Such a condition in a patient shows that the cure is inevitable. It was the genius of Hering which made us understand the process of cure or the direction of cure. Dynamisation and its effects are difficult to perceive, but Hering’s law makes it tangible with the trained mind. It became a tool to measure the path to cure. The curative law seems to appear in 4 steps, 1. From above downwards: 2. from within outwards: 3. from the more important organ to the less important organ: 4. in the reverse order of the appearance of symptoms: These 4 steps explained here have to be interpreted as a single unit. After the remedy has been administered if the symptoms are following the “law of direction of cure”, the physician can be sure of the cure. It helps in predicting the prognosis of the case. As soon as the symptoms start following Hering’s law of cure further repetition of the medicine has to be stopped. Any substance that disturbs the action of the remedy has to be withdrawn immediately. Thus Hering’s law of cure can be called the guide to the physician in the path to the highest ideal of cure.

Applied part of Hering’s law:

In case of chronic diseases: The past history of the patient reveals the list of diseases the patient

had suffered with in his life. During the “case taking” the physician arranges these diseases in the order of their appearance i.e. in chronological order. If such a case is given a curative remedy we can observe the reverse order of appearance of symptoms. That means the symptoms of the disease that appeared first in the patient’s life will be the last one to disappear. Those symptoms of the disease that appeared last, i.e. recently will be the first to disappear. A patient’s history reveals that he has been suffering with oozing itchy skin eruptions for 20 years, constipation and bleeding hemorrhoids since 5 years and bronchial asthma with dry cough and breathlessness since 2 years. If in such a case a similimum remedy is administered it will remove the symptoms of the bronchial asthma first, then the symptoms of hemorrhoids and finally the symptoms of skin eruptions. This process is the most important indication that the administered remedy is not only homoeopathic to the case but also curing the patient in a rapid, gentle and permanent manner.

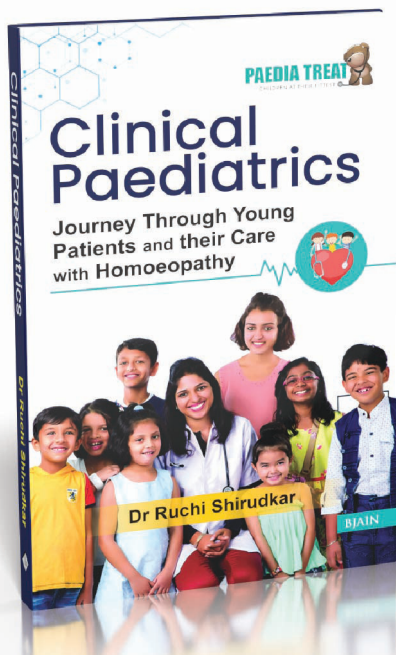
Kent’s Eleventh observation: when old symptoms are observed to reappear: Experience suggests that after the administration of the curative remedy some old symptoms which were suppressed in the past might also appear back. This happens in their order of appearance. This is a good indication and indicates that the remedy is curing the case. The condition is very favorable. The disease is curable. If the symptoms are following the reverse order of appearance of symptoms and following the Hering’s law of cure, cure is inevitable. Kent’s Twelfth observation: symptoms take wrong direction: It is not a good condition. The symptoms are not following Hering’s law of cure. The administered medicine is not the perfect similimum. The medicine was not selected properly by considering the general symptoms, but it was selected based on the particulars. Prognosis of the case would be bad, as the remedy is suppressing the disease manifestations. If the reverse of Hering’s law is noticed after administering any remedy the remedy has to be antidote immediately. The curative homeopathic remedy modifies this susceptibility and satisfies it, thus cure results with the disappearance of symptoms. Instead of taking such steps when the susceptibility of one channel is suppressed the energy flows into another channel, i.e. the reverse order of the Hering’s law of cure leading to suppression. Remedy

reactions can be judged only by Hering's law of cure. What happens after administering the suitable homeopathic medicine? Is purely an art. There are no devices found to identify whether the administered remedy is curative or not. Suppression is the process of forcibly removing the present disease manifestations by any means other than fixed principles at the cost of a new disease. Suppression diverts the disease manifestation from least important organs to the most important organs. It is in the reverse order of the Hering's law of cure, hence it is harmful.

We have recently seen modern pioneers constructing their theories of homeopathy based on Hering's law of cure. For both spiritual school and scientific school homeopaths this law has become a yard stick to measure cure. Signs of commencement of improvement of Master Hahnemann found their significance in Hering's law of cure. Hope this issue, its articles by academic and clinicians brighten our knowledge on this unique law. Happy reading my fellow brethren.



NEW
RELEASE



Clinical Paediatrics

Journey Through Young Patients & their Care with Homoeopathy

Reader's Perspective

"It's a wonderful resource for Homoeopaths and students alike. You did an outstanding job covering all the aspects of a Child. JUST A KHAZANA. The way of answering questions, the case-taking part, and small cases are incredible. But the most important part is that every Homoeopath will be enriched by approaching cases of Autism and ADHD.

This book is able to balance depth and breadth of coverage. It's time to learn every feeling, core of your thoughts, God bless you."



Reviewed by
Dr. Mihir Kanti Das



Dr. SAMUEL SWAN

The Adventurous Groundbreaker

Prof. (Dr.) Subhas Singh¹, Dr. Jyotidarshane², Dr. Vignesh K³,
Dr. Rumsha Tamkeen³, Dr. Binay P Singh³

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Dr. Samuel Swan (1814–1893) was a pioneering American Homoeopath known for introducing nosodes into Homoeopathic practice. He was a key figure in 19th-century Homoeopathy, having been trained under notable Homoeopaths. His work, though controversial, greatly influenced Homoeopathic Materia Medica.

Early Life and Education

Dr. Samuel Swan was born on July 4, 1814 in Medford, Massachusetts, into a family deeply committed to Homoeopathy with the *Swan* name being especially renowned in early New England Homoeopathic circles. His grandfather held the rank of Major in the Revolutionary War, serving under General Lincoln—evidence of the Doctor Swans proud and longstanding American heritage.

In his youth, he attended Bradford Academy, where he revealed a natural talent for music. This early passion led him to a career in the music industry, where he not only worked professionally but also published several of his own compositions.

His uncle, Dr. Daniel Swan, is credited as one of the first Homoeopathic physicians to practice in the region and was widely known for both his advocacy of the new method and the charitable care he provided to the community.

Conversion to Homoeopathy

Due to poor health, he was sent to Montgomery, Alabama, where a career in mercantile life was

undertaken. During his ten-year stay, close relationships were formed with Dr. Uhlric and Dr. Albright, both were local physicians practicing Homoeopathy. Much of his spare time was spent studying medicine under their guidance.

While Dr. Swan was living in Montgomery, a serious yellow fever outbreak occurred. Instead of leaving like many others, he chose to stay and dedicate all his time to helping those who were sick. He served both as a nurse and a doctor during a time when medical help was hard to find. His efforts were highly successful—not just in treating patients, but also in his business ventures, allowing him to build a comfortable living.

In 1860, he moved to Wilmington, Delaware, USA. While living there, he enrolled at the Homoeopathic Medical College of Pennsylvania in Philadelphia and completed his medical training, graduating in 1866.

He then moved to New York City to work with Dr. Edward Bayard, where he developed a special interest in remedies derived from disease substances. Dr. Swan was the first Homoeopath to prepare and clinically test Medorrhinum (from gonorrheal discharges) and Syphilinum (from syphilitic tissue), and he explored the use of Tuberculinum (from tuberculosis lesions) roughly twenty years before Robert Koch introduced his version of Tuberculin.

Groundbreaking use of Nosodes

Dr. Swan became especially well known for his

work in developing high-potency Homoeopathic remedies and for using disease-related substances (called morbidic products) as treatments. Before he began producing these potent remedies around 1875, he had already spent many years on proving new medicines.

He was one of the first to experiment with extremely high dilutions, and he even introduced the term “bottle washing” to describe part of the preparation process. However, critics of high-potency Homoeopathy used that term mockingly to dismiss his methods. The extremely high dilution levels he used sparked strong criticism from many in the medical community, who questioned the effectiveness and scientific basis of his approach.

Just as Samuel Hahnemann, the founder of Homoeopathy, based his early provings remedies using crude substances, Dr. Swan began his own provings using raw disease material. He observed how specific disease substances caused particular symptoms, and from this, he reasoned that if all the symptoms caused by a particular disease could be gathered, then the full proving of that disease element would be known.

In theory, this idea makes sense: understanding every symptom caused by a disease-producing substance could give a complete picture of its effects. However, Swan's conclusion—that the disease product itself (such as pus or infected tissue) contains the exact element that causes the disease—isn't entirely accurate.

Although the disease-causing component is present and can be identified through methods like inoculation, these substances also contain other materials that vary depending on where and how the sample was taken. Because of this, even after these products are processed into Homoeopathic remedies (potentiated), they are not chemically pure and may not fully or accurately represent the original disease-causing agent.

He believes that a morbidic product cannot be expected to produce the exact same set of symptoms as the original disease cause, because it is a complex substance. Therefore, it is not identical (*idem*) to the cause, but it is still similar (*homoeon*), making it suitable for Homoeopathic use. Remedies from nosodic (disease-based), isotic

(same-substance), organic, or dynamic sources are acceptable, but they must always be properly tested through provings, following standard Homoeopathic principles.

In Swan's remedy catalogue, he included strikingly odd and experimental potencies—Brazilian cricket (*Fel gryllus americana*), a silk-handkerchief bezoar (*Seriaca barlowii*), buttermilk for heart disease (*Butyraceum*), and libido-related Caguil columbiana—as well as novelties like elephant, monkey and human milks. Along with this he also considered imponderables such as blue-ray of the spectrum (*Cerulea irides*) and the Sun (*Helios*), and even diamond (*Adamas*) or hydrogen.

Published Works

1881: Nosodes and High Potencies with Clinical Cases illustrative of their action.

1884: The Reason of the Faith that is in Me

1886. Potencies and Imponderables

1886: Catalogue of Morbidic Products, Nosodes, and other Remedies in High Potencies

1887: Poisons: Read before the IHA June 1887

1887: Zymotic Remedies.

1888: Microzoa: Reprint from Medical Advance, March 1888

1888: A Materia Medica Containing Provings and Clinical Verifications of Nosodes and Morbidic Products

1888: To Whom It May Concern

Final Days

He passed away on 17th October, 1893 due to health complications caused by accidental poisoning. The poisoning occurred while he was triturating a preparation made from a type of Japanese varnish, which released toxic substances during the process. He left behind a lasting legacy of dedication and service to Homoeopathy.



Practical Evidence of Hering's Law of Cure

Dr. Joachim-F. Grätz, Classical Homeopathy, Oberhausen i. Obb.,
Germany

The phenomenon of rewinding

During chronic homeopathic treatment, all homeopaths “long for” excretion crises in the patient and are happy when they occur, because they are a good sign of healing and indicate that permanent health can be achieved again.

Healing takes place under certain natural laws, which the great German homeopath, Constantine Hering (1800-1880), whom Hahnemann knew personally and who emigrated to America at a young age to teach homeopathy, summarized in the “Law of direction of cure”. This so-called *Hering's law* can be used to assess the “direction” that the symptoms take during a course of treatment. Basically, nothing may occur that hasn't been there before, unless it is a rash (a discharge through the skin in the homeopathic sense), or we can classify it in another way (for example, it belongs to the medicinal picture of the current medication in the sense of being symptomatic of homeopathic drug proving). Hering's law describes the central direction of the healing process and applies particularly to the treatment of chronic diseases. It goes as follows:

The patient is *on the path to healing*, that is *the cure takes place*, if the following criteria are met:

- The symptoms disappear *from the inside out* (from center to periphery, from vital organs to less vital organs, i.e. the body seeks to externalize the disease) and/or
- *From top to bottom* (from head to extremities) and/or
- In the *reverse order* of their previous appearance upon the body.

The organism, even the cell, the smallest unit of life, works *from the inside out*. Rashes, therefore, are comparatively harmless “diseases”, even if they cause great discomfort, because the organism is trying to discharge harmful toxins through the skin. Skin rashes must therefore remain untouched and must not be treated locally! They resolve on their own when the center is cleansed. This means that using homeopathic treatment, the skin can first be put “under strain”, whereas more central internal organs are relieved or mood symptoms are brightened significantly. If the “skin valve” is no longer used for excretion, the rashes resolve by themselves without any targeted local treatment. However, if the change in symptoms is reversed, i.e. if peripheral phenomena such as the skin improve while more central areas such as the lungs or heart are aggravated, there will hardly be any real cure, rather an exacerbation of the whole. Other notable discharges of toxins consist of increased sweating, diarrhea, eruptions of warts or acute diseases, to name just a few, which of course must not be treated locally and suppressively.

The situation is similar with “*from top to bottom*”. Neurodermatitis, for example, will heal well in line with these natural laws if it gradually improves from top to bottom. This also applies if there are temporary skin rashes on the legs or other lower parts of the body that have never been seen there before, although the face has completely cleared up. If, on the other hand, the lower parts of the body improve at the expense of the upper parts, something's not right, and we're moving away from real healing.

The “*reverse order of their previous appearance*” describes a *rewinding process* that can be seen

repeatedly in the treatment of chronic diseases. Homeopathy initiates a retrograde process which often reactivates the patient's old, not yet fully healed symptoms and stages of a disease for a short time, so that they can be processed and finally healed. This should always be seen as a positive indicator of the healing process. If the individual stages of a patient's life were associated with a lot of drama in terms of health, they will generally find the rewinding process quite exhausting because "something always happens". The more acute or inflammatory processes have occurred in a person's life, the more clearly they will experience the rewinding process of "their" previous, not yet fully healed, symptoms. Since miasms and the former symptoms of a disease are eroded with increasing duration of treatment, the corresponding reactions to the homeopathic medicinal product are gradually less noticeable (i.e. without much drama), because over time you automatically "enter calmer waters".

I still remember well an elderly patient with recurring renal pelvis inflammation, sometimes twice a year, who experienced his initial rewinding process with quite a lot of drama, but also followed it with great excitement, enthusiasm, and fascination. Later, when the therapy was well advanced and successful, he called me on the phone and laughed: "I am very satisfied. But it has become really boring; nothing happens anymore."

In the case of previous, less noticeable ailments, this review of old illnesses can be completely latent or almost unnoticeable. Symptoms that the patient had long forgotten and therefore didn't bring up in their medical history, but which are immediately remembered when rewound often appear again. Doctors are therefore urged to repeatedly determine if "new" symptoms appear during a chronic course of treatment and whether the patient is familiar with these phenomena from before. If this is the case, it can be assumed that the current remedy is still working and doesn't need to be changed.

Hering's law using the example of absolute kidney failure in a child

This case is about a young girl suffering from acute kidney failure in a large, internationally known

hospital. A biopsy had already been initiated and repeated rounds of hemodialysis performed. The treatment at the time consisted of cortisone pulse therapy and a single dose of Endoxane (cyclophosphamide pulse therapy), a cytostatic form of chemotherapy designed "to minimize the white blood cells so that they can no longer act against the kidney", because the doctors treating her had decided it was an autoimmune disease. The exact diagnosis was panarteritis nodosa (a nodular inflammation of all the layers of the arterial vascular wall in the kidney) associated with hypertension. Of course, the risk of infection would increase because of the treatment the doctors had ordered, because it would completely destroy her immune defenses, including her white blood cells and platelets and damage her bone marrow. This meant, at least for those practicing conventional medicine, that she needed a parallel course of prophylactic antibiotics. Both parents of the girl were completely surprised by this situation, since their daughter had had no serious illnesses before and had "actually always enjoyed the best of health".

Taking her anamnesis over the better part of half an hour, I learned the following background and context: Kim Kira had developed mild angina about three weeks earlier. They said that she had never had purulent tonsils. At first, the attending physician tried to treat this ENT infection homeopathically, but without success, so that after a few days he recommended an antibiotic. The whole thing seemed to be over very quickly, i.e. within two days. However, about a week later, the girl complained of massive abdominal pain, which in turn was treated with antibiotics, but this time without results. On the contrary, the antibiotic "was not tolerated" and Kim Kira developed swelling in her hands and a generalized rash. An immediate admission to hospital seemed imperative. They were unable to confirm their suspicion of an infected appendix. Based on the blood work, they raised the suspicion of a urinary tract infection and ordered "massive antibiotic treatment" to cover a broad spectrum of diseases ad hoc. The pain subsequently subsided, but the results of the blood work deteriorated dramatically, and ultimately there was urinary retention and acute kidney failure requiring immediate hemodialysis. The girl had had no urine output since. This was followed by the transfer to the nearby

university hospital, where she was still located. The staff there began looking for the “responsible” pathogens and initiated the treatment protocol described above.

According to the assessment of the facts, my homeopathic diagnosis was: *multiple suppressions through antibiotics*. The conventional medical diagnosis of the “autoimmune disease” was never denied or taken lightly. At the most basic level, i.e. looking through a microscope, this diagnosis was certainly absolutely correct. However, from a *causal* perspective, with regard to the overall context, there was clear evidence of multiple suppressions of banal infections, which ultimately led to this serious condition.

The remedy I selected based on these correlations was to take one spoonful of *Sulphur LM18*, 3 drops twice a day in a glass of water, stirred vigorously with a plastic spoon.

I then spoke with the attending physician at the children’s clinic, who fortunately proved to be extremely cooperative. I explained the views and procedures of classical homeopathy. It was also revealed that he had had no experience with such cases (vasculitis and dialysis of a child) and that, based on conventional medicine, he expected her to start producing urine again after two weeks at the earliest. At the moment, attempts were being made to reduce both cortisone and antibiotics. He agreed to coordinate the further course of action with the father and with me as homeopath if the general condition aggravated and to take a more moderate approach to her treatment.

Two days later, there was a dramatic complication. Kim Kira’s condition aggravated to such an extent that the parents reported: “We thought she was going to die.” The reason for this was the “stronger dialysis” (dialysis in about an hour) which had “completely kicked her butt”. She was in a coma for a while; all of her body functions had slowed down and there were memory and muscle spasms. But now the condition had returned to normal. The hospital now wanted to carry out the dialysis in the abdomen, which is gentler and less dangerous than the homogeneous dialysis.

However, there was also positive news. Since the night of this fateful day, the girl had produced a

small amount of urine! About “a handful”, the father said. Kim Kira’s stomach was now “crazy” again and hurt a lot. She complained of constant malaise, which increased with food intake. She then had two short bouts of sore throat. Both subtle, but clear signs of a beginning *rewinding process* that had been triggered by the *Sulphur* (Hering’s Law). This healing of the suppressions had started! We agreed not to give anything for the throat, but to treat the gastritic conditions with *Nux vomica 12X* because of their severity, asking her to let 3 globules melt slowly in the mouth as needed. *Sulphur* for the chronic aspects was continued, of course. In addition, I pointed out that in the event of diarrhea, medical intervention should not take place, since the *Sulphur* is known to discharge toxins via the intestine and this valve would be vital for the healing phase already underway.

Three days later, I heard that the girl was getting better. Erythrocytes were once again being formed in the bone marrow and the doctors were of the opinion that “the kidney could become good again”. The sore throat only existed when swallowing, the abdominal pain was much better, and her general condition was quite good. The *Nux vomica* was kept on hand, but was now rarely used.

A few days later, the mother reported that the girl was doing as well as before. “She is amazingly good altogether.” However, the blood work was worse (e.g. Hb 7.4 g/dl and dropping). On the other hand, her urine production had fortunately continued to increase. A blood transfusion, which doctors had already considered, was rejected by the parents because the entire family were Jehovah’s Witnesses. I discontinued the *Nux vomica* and prescribed *Levico compositum 3X* in order to better bridge the intermediate phase of anemia. In addition, I told them to start tapering the cortisone off if possible (which unfortunately did not happen).

The comment from a nurse involved was typical, not only regarding the condition of Kim Kira, but also for the nursing staff and doctors: “It is incredible how well she is doing with these blood pressure readings and this diagnosis; I’ve never seen that before.”

Almost two weeks later, Kim Kira was already

producing 1½ liters of urine a day! She was also off dialysis. The blood pressure had returned to normal values, the blood work was unremarkable (except for Hb 8.4 g/dl; the lowest was 6.1 g/dl). The bone marrow was once again doing its job according to the doctors. Nevertheless, her condition was “still serious” and “the inflammation still there”.

However, we saw this completely differently when viewed with homeopathic lenses. The *rewinding process*, in the sense of Hering’s Law, had been *completed* and the *causal correlation* of the *vasculitis removed*. Now it was only a matter of time before the Hb value would again become completely unremarkable; consider that it was still being “treated” in parallel with cortisone, which also results in suppressing the bone marrow.

The *Sulphur* was then maintained until the cortisone had finally left her body and would then only be taken every 3 days. The girl was completely

healed within just three weeks, despite the massive interference of heavy-duty immunosuppressive treatments.

However, it is important to point out once again that during the rewinding process (ENT infection, abdominal pain), no strong conventional medicine or suppressive drugs were used.

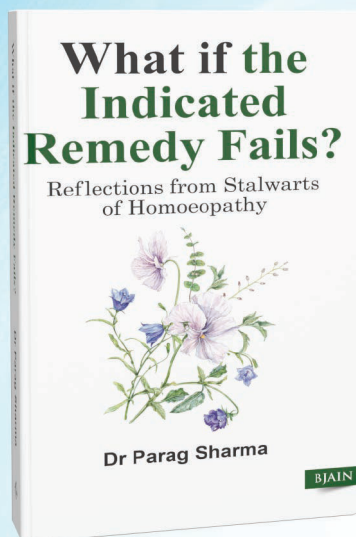
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Dr Parag Sharma

Unfolding the Journey of Healing: Real-World Validation of Hering's Law of Cure in Homeopathy

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Keywords

Hering's Law, Direction of Cure, Clinical Homeopathy, Vital Force, Reverse Order of Symptoms, Constitutional Treatment, Chronic Disease, Case Documentation, Homeopathic Principles, Holistic Recovery

Abstract

Hering's Law of Cure is foundational in homeopathic theory, offering insight into the natural course of healing triggered by the correct remedy. Despite its philosophical significance, clear documentation of its practical application is often limited. This article presents clinical examples and practitioner observations from published sources that align with Hering's principles of cure—where healing proceeds from the inner to the outer, from top to bottom, and in reverse chronological order of symptom appearance. These case studies illustrate how closely monitoring symptom progression can affirm the validity of this law in real-world practice.

Furthermore, the article contextualizes the historical emergence of Hering's Law, explores its clinical importance in both chronic and acute conditions, and highlights common pitfalls in misinterpreting curative directions. Expanded case evidence and modern interpretations emphasize

how the principle continues to guide practitioners in distinguishing genuine cure from suppression or palliation. Ultimately, systematic recognition of this law enhances patient outcomes and reinforces homeopathy's holistic framework.

Introduction

Homeopathy, since its origin with Dr. Samuel Hahnemann, has emphasized the role of observation in treatment, particularly after administering the similimum. Dr. Constantine Hering developed his well-known "Law of Cure" after keenly noticing consistent patterns in the evolution of symptoms during the curative process.

According to Hering, genuine healing progresses:

1. From top to bottom
2. From the inner organs to the skin
3. From more critical to less critical systems
4. In the reverse sequence in which symptoms initially developed

Though this concept is widely recognized in homeopathic texts, its application in practice is not always well documented. This article seeks to strengthen clinical understanding of Hering's Law through evidence-based case studies, reinforcing its significance in modern homeopathic methodology.

Hering's Law remains relevant because it bridges philosophy with clinical reality. In an age where biomedical sciences emphasize measurable outcomes, Hering's framework provides a qualitative yet observable yardstick for assessing cure. Understanding this direction of healing ensures practitioners avoid suppressive measures, recognize the value of symptom reappearance, and maintain confidence in long-term homeopathic management.

Historical Perspective

Dr. Constantine Hering (1800–1880) developed his Law of Cure when he observed similar healing patterns during the treatment of his patients. He noticed that when a correctly chosen homeopathic remedy was administered, symptoms would shift in a predictable and meaningful sequence. These findings laid the foundation for one of the most respected principles in classical homeopathy.

This concept was supported and expanded by other leading figures in homeopathy such as:

- **James Tyler Kent**, who emphasized that suppression was the greatest danger to health and that true healing followed Hering's principles.
- **C.M. Boger**, who integrated the direction of cure with the doctrine of concomitants in his case analysis.
- **George Vithoulkas**, who in modern times reinforced the law as a benchmark of successful remedy action.
- **Dr. S.K. Banerjea**, who correlated miasmatic layers with symptom regression in accordance with Hering's direction.

Thus, the law has persisted not as a rigid doctrine but as a clinically validated observation across centuries and continents. It continues to inspire both researchers and clinicians to document cases in this light.

Clinical Relevance of Hering's Law

In the homeopathic clinic, Hering's Law serves several vital purposes:

1. **Evaluating remedy response** – A tool to judge

whether a prescription is acting curatively.

2. **Monitoring follow-ups** – Aids in determining whether to wait, repeat, or change the remedy.
3. **Patient counseling** – Helps explain changes like old symptom reappearance, ensuring patient cooperation and trust in the healing process.

Recognizing the signs aligned with this principle allows for more confident clinical decisions and avoids mistaking healing responses for new pathology or deterioration. For instance, a patient presenting with aggravation of old skin eruptions during constitutional therapy can be reassured that this is a positive sign rather than a relapse of disease.

Case-Based Evidence Supporting Hering's Law

Case 1: Psoriasis Followed by Childhood Asthma – Reversed Symptom Order

Source: Banerjea SK. *Miasmatic Diagnosis: Practical Tips with Clinical Comparisons*. B. Jain Publishers; 2012.

Patient Profile: A 35-year-old male presented with chronic plaque psoriasis affecting his elbows, knees, and scalp for the last 12 years. He had received multiple forms of suppressive local treatments including corticosteroid ointments, which gave only temporary relief. His case history revealed marked itching, worse in winter, with intense burning after scratching.

Past History: The patient had suffered from bronchial asthma between ages 6–12, characterized by wheezing and dyspnea on exertion. This condition had resolved spontaneously during adolescence and had not troubled him for nearly two decades.

Prescription & Follow-up: Based on totality and miasmatic background, *Sulphur* followed by *Psorinum* was prescribed. Within three weeks, the patient developed mild respiratory distress resembling his childhood asthma. The wheezing was transient, lasting only 3–4 days, and did not require any modern medication. Soon afterward, there was a significant improvement in his

psoriatic lesions, which became less thick, less itchy, and gradually reduced.

Interpretation: This case demonstrates the **return of old suppressed pathology** (childhood asthma) before improvement of a more superficial condition (skin disease). The direction followed here—deeper respiratory pathology surfacing and resolving prior to external skin cure—fits the principle of cure in reverse chronological order.

Discussion: Without knowledge of Hering's Law, the physician might have panicked at the respiratory return and given anti-asthmatic measures, suppressing the healing response. Instead, patient education and cautious observation allowed the curative process to unfold.

Case 2: Rheumatoid Arthritis Recovery – Top to Bottom Direction

Source: Sankaran R. *The Spirit of Homoeopathy*. Homeopathic Medical Publishers; 1991.

Patient Profile: A 42-year-old woman presented with polyarthritis of both upper and lower limbs for 8 years, diagnosed as rheumatoid arthritis. She had swelling and pain in wrists, shoulders, and fingers, later extending to knees and ankles. Morning stiffness lasted for over an hour. Her general state included marked fatigue, anxiety about health, and irritability.

Past History: No major illness except recurrent tonsillitis in childhood. Family history revealed autoimmune tendencies (mother had hypothyroidism, brother had vitiligo).

Prescription & Follow-up: A constitutional prescription was made after detailed case analysis (remedy not specified in original text, but likely *Rhus tox* or another deep-acting remedy). Within 6 weeks, the patient reported remarkable improvement in pain and stiffness of upper limb joints. After 3 months, relief extended to the knees and ankles. Her sleep improved, and her mental anxiety reduced significantly.

Interpretation: The sequence of recovery started in the **upper joints (shoulders, wrists, fingers)** and later reached the **lower joints (knees, ankles)**. This pattern validates Hering's principle that healing occurs **from above downward**.

Discussion: If the physician had judged only the persistence of lower joint pain in early weeks, they might have considered the remedy ineffective. However, careful observation revealed the correct directional sequence of cure.

Case 3: Migraine Improvement Followed by Skin Eruption – Inside Out Healing

Source: Vithoulkas G. *The Science of Homeopathy*. Grove Press; 1977.

Patient Profile: A 29-year-old woman reported chronic migraines for 7 years, characterized by right-sided throbbing headaches associated with nausea and photophobia. Headaches occurred 2–3 times weekly, aggravated by stress and fasting, partially relieved by vomiting.

Past History: She had eczema during adolescence, with dry, scaly patches on the flexures of elbows and knees. This had disappeared without treatment by age 18.

Prescription & Follow-up: She received constitutional homeopathic therapy (likely *Sepia* or *Natrum muriaticum* based on description). Over a course of 2 months, the frequency of migraines reduced from 3 per week to 1–2 per month, with milder intensity. Shortly after, she developed itchy eczematous patches on her forearms, similar to her earlier adolescent condition.

Outcome: The eczema lasted 3–4 weeks before subsiding without topical treatment. The migraines continued to improve until they nearly disappeared.

Interpretation: The **reemergence of a superficial skin disease** (eczema) while the deeper pathology (migraines) improved clearly demonstrates the **inside-out direction of cure**.

Discussion: This case illustrates the importance of not interfering with skin eruptions during constitutional treatment. Modern dermatological suppression could have driven the disease inward again, risking recurrence of migraines or other deeper issues.

Misunderstandings and Clinical Errors

Despite its usefulness, Hering's Law can be

misunderstood in ways that negatively impact case management:

- **Misattributing old symptoms** – Not every reappearance of past issues signifies cure; it must fit the timeline and direction of disease history.
- **Assuming new symptoms are always positive** – If symptoms unrelated to the patient's original condition arise, they may indicate a wrong prescription.
- **Quick resolution equals healing** – Rapid disappearance of symptoms without improvement in general well-being may point to suppression, not cure.

Mini-Case of Misinterpretation: A patient with eczema was treated with an incorrect remedy that cleared the skin rapidly. The physician assumed this was curative. Within months, the patient developed severe bronchitis and chronic sinusitis. This illustrated that disappearance of external symptoms without following Hering's direction may signal suppression rather than cure.

Proper analysis of symptom order and direction is key to identifying true progress.

Applications in Chronic vs. Acute Conditions

Chronic Conditions

In chronic disease, symptoms often follow long and complex trajectories. Hering's Law helps track progress and can alert the physician to positive shifts even when they're not immediately obvious. For example, a patient with longstanding anxiety might develop a minor skin condition previously experienced in childhood, signifying externalization of disease.

Autoimmune disorders such as rheumatoid arthritis, multiple sclerosis, or Hashimoto's thyroiditis often present in layers of pathology. Careful monitoring guided by Hering's principles can reveal whether constitutional therapy is genuinely reversing disease progression.

Acute Conditions

Though more subtle in acute illnesses, the law still applies. For example, a child recovering from

fever might regain mental alertness before temperature decreases, and digestive function may improve last. This sequence affirms the inward-outward and top-down movement of healing.

Even in epidemics, Hering's Law offers a framework to differentiate curative response from palliation—for instance, old skin eruptions reappearing briefly after remedy administration in viral fevers.

Enhancing Clinical Observation

To effectively apply Hering's Law in daily practice, the following tools are beneficial:

- **Symptom timelines** – Helps visualize whether symptom changes follow expected curative patterns.
- **Patient journals** – Encourage detailed self-reporting on changes in physical, mental, and emotional symptoms.
- **Photographic records** – Documenting skin or joint changes over time provides visual proof of progress.
- **Comparative follow-ups** – Matching current symptoms against initial case notes can help identify the direction of change.

The incorporation of **digital health records** and **homeopathic software** allows practitioners to trace the sequence of changes over long periods, providing evidence for research as well.

Incorporating Hering's Law in Modern Practice

In the current healthcare landscape where quick results are often demanded, the slow and steady progress seen in homeopathy may seem inadequate. However, educating patients about Hering's Law can deepen their understanding of natural recovery and foster greater confidence in the treatment.

Digital case tracking, EMRs, and software tools can assist practitioners in systematically monitoring symptom progression and verifying that healing aligns with the law's framework. Interdisciplinary dialogue with allopathic and integrative practitioners may also expand recognition of

Hering's Law as a natural principle of recovery rather than a purely homeopathic doctrine.

CONCLUSION

Hering's Law of Cure remains one of the most powerful diagnostic and evaluative tools in homeopathy. The referenced case studies, along with modern clinical observations, show that when a remedy acts in harmony with the patient's vital force, the resulting symptom changes often follow the direction outlined by Hering.

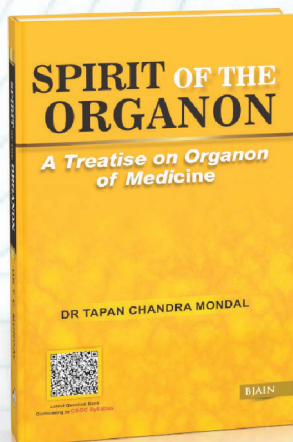
Rather than being a mere theoretical construct, this principle provides real clinical value—helping practitioners distinguish between cure, suppression, and palliation. Its careful application in both chronic and acute conditions ensures deeper, more lasting healing.

Future research should focus on systematic

documentation, digital tracking, and collaborative validation to further strengthen the universality of Hering's Law in modern clinical practice.

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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 from 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

Emergency care of Hypertension Crisis through Gloninum and Rauwolfia Q in contrast of angiotensin receptor blocker: A case report.

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Keywords

ARB , Gloninum, Homoeopathy, Hypertension, , Rauwolfia.

Abstract

Hypertension is affecting people worldwide. It is a serious medical condition that significantly increases the risk of heart, brain, kidney and other health issues. A 55 years old working lady presented with stage III accelerated hypertension (hypertension crisis.) She is already on allopathic prescribed medicines ARB since 5 month but not been relieved so tried homoeopathy. The case is managed according to symptoms totality. Gloninum in 200th potency and Rauwolfia mother tincture are used for the emergency care. Natrum mur prescribed as a constitutional remedy to patient to completing the case.

Introduction

Hypertension or systemic hypertension is the persistent rise of basal BP above the arbitrary level of 140/90 mm of Hg recorded on 3 or more successive occasions. The British Hypertension Society classification is provided in table and is consistent with those defined by the European Society of Hypertension and the World Health Organization–International Society of Hypertension.[1] The dividing line between normal and abnormal BP is arbitrary because BP is dependent upon many factors like age, race, sex etc. [2]

Category	Systolic BP mm hg	Diastolic BP mm hg
BP		
Optimal	< 120	< 80
Normal	< 130	85
High normal	130-139	85-89
Hypertension		
Grade 1 (mild)	140–159	90–99
Grade 2 (moderate)	160–179	100–109
Grade 3 (severe)	≥ 180	> 110 and 120
hypertensive crisis		

There is no obvious cause behind hypertension, yet genetic factor play a role. It is known to be precipitated by emotions such as fear, anxiety, anger and excitement. [3]

Hypertensive Emergency: [4]

BARKH-based algorithm was proposed by the **Department of Medicine Emergencies and Hypertension Unit Padova, Italy** for quick identification of hypertensive emergencies and their acute organ damage. The acronym stands for Brain, Arteries, Retina, Kidney and Heart, and offers a simplified streamlined approach to assessing the pathological changes associated with hypertensive emergency.

Common symptoms and sequel of hypertensive emergencies-

M/c presenting symptoms	M/c sequel of hypertension induced end-organ damage
-------------------------	---

Shortness of breath (20%)	Pulmonary oedema/ heart failure (32%)
Chest pain(26%)	Ischemic stroke (29%)
Headache (23%)	Acute coronary syndromes (18%)
Altered mental status (20%)	Haemorrhagic stroke (11%)
Focal neurological deficit (11%)	Acute aortic syndrome (aortic dissection)
	Hypertensive encephalopathy (2%)

CASE PROFILE :

A, 55 years old widow women named- XYZ, working as anganwadi sahayika, k/c/o- HTN and hypothyroidism, presented in my OPD Maruti homoeopathic clinic Sitamarhi; with the complaints of digginess, swollen eyes, vertigo, breathlessness, light pain in chest and headache with heaviness in head. Generalized edema whole body since 2 months. The symptoms were intolerable last 15 days. Loss of interest in daily works don't want to do any activities.

O/E-

Blood pressure -110/ 110 mmHg

Temp – 99 F

Pulse – 110/min

Oedema- pedal ++

Pallor +

History Of Presenting Complaints:

In September 2019 she was first diagnosed with Hypertension and thyroid both. Then she was admitted to the hospital for 5 days. She prescribed Telmisartan 40 once a day and was better at it. Last year during winter she has done cataract operation; the operation was good no eye problems now. She follow check ups for her physician for Hypertension and thyroid and prescribed Telmisartan 60 for now. Since 2 months she has frequently raised BP and for this she again visited the doctor and he prescribed the same. She is much exhausted by the treatment. While she feel vertigo and raised BP she became very dull. Does anger on little things, very irritable and so she came for homoeopathic treatment.

Past History :

Pulmonary tuberculosis- 2006 taken allopathic treatment for 1 year.

Typhoid fever- 2009 admitted in hospital for 3 days

Covid in 2020 – Treated homeopathically. She said since then she has a strong belief and faith on homoeopathic medicines because in covid pandemic she became serious and completely recovered by homoeopathy.

Family History :

Father – Nothing specific

Mother- HTN

Personal History:

She is a working woman and dutiful to her work. Usually behaved well until her BP was not raised too much and then she became angry on little things and irritable.

Gynaecological And Obstetrical History:

Menarche at the age of 13 years. Somewhat regular for 52 years. 3 years back menopause settled.

G1T1A0L1 (gravida 1, term preg 1, abortion 0, and live births 1) delivery was normal and without any complications.

Mentals and generals of particular case :-

MENTALS	GENERALS
Deeply depressed (In 1982 she got married. After her marriage with in one year her husband got an accidental death)	Anemic + Weight- 66 kg Appetite- good, Thirst –less Thermal- hot
Brooding over thoughts happened years back	Desires- salty things, spicy things, extra salt adding in food.
Dreams of works which she does	Sleep- unrefreshed and unsatisfactory.
Superstitious mind	Urine –normal
Suspicious	Stool- 2times/day, satisfactory.
Jealous	
Disciplined and dutiful	
Spiritual- she find some piece after daily pooja.	

Analysis Of Case:

Analysis of case is done by using acute totality during emergency. Hypertension crisis is an emergency to admission in hospital but after her denial to go hospital her attendants took her to me.

Remedy selection :- ^{[5] [6] [7]}

Glionium :- sensation of pulsation throughout body specially head, headache < sunheat, gas light even by a more bulb lights, palpitations sudden, oppressed feeling at heart, cerebral congestion etc.

Rauwolfia serpentina: mother tincture is used in high blood pressure, it lessens the cerebral congestion.

Natrum muriaticum- on the basis of totality of symptoms natrum mur is prescribed as a constitutional remedy which is used in case after recovering from the emergency period.

Totality of symptoms:-

Acute totality (for emergency care)	Totality of symptoms (for constitutional prescribing)
Digginess Swollen eyes puffed face Breathlessness Vertigo Headache Heaviness in head. Generalized edema whole body Complete loss of sleep Loss of interest in everything	Deeply depressed Brooding of thoughts Dreams of works Superstitious Suspicious Jealous Disciplined and dutiful Spiritual Anemic Hot patient Desires- salty things, spicy things, extra salt adding in food.

Emergency care management:-

Date	Sign and symptoms	Improvement	Remedy	Ancillary management
19/03/2025	Digginess +++ Swollen Eyes Breathlessness+++ Vertigo +++ Headache +++ Heaviness In Head. ++ Generalized Edema Whole Body+ Complete Loss of sleep	Blood pressure -210/ 110 mmHg Temp – 99 F Pulse – 110/min (monitored at 10:30 am)	Glionium 200 dose stat After 1 hour- Rauwolfia Q 15 drops in a half cup of water	Stooped salt intake Advised complete bed rest Increase fluid intake and fruit juices
19/03/2025	Digginess ++ Swollen Eyes Vertigo++ Breathlessness++ Headache++ Heaviness In Head ++ Generalized Edema Whole Body+ Restlessness +	BP- 200/110mmhg Afebrile Pulse- 96/min (monitored at mid day 2pm) BP- 190/106mmhg Afebrile Pulse- 90/min (monitored at night 8pm)	Glionium 200 diluted dose BD is given Rauwolfia Q 15 drops in a half cup of water 3 times	Same is followed
20/03/2025	Digginess + Swollen Eyes Vertigo++ Breathlessness On Exertion Headache+ Heaviness In Head ++ Pedal Oedema + Disturbed Sleep For 4-5 Hours At Night.	BP- 186/102mmhg Afebrile Pulse- 84/min (monitored at 10:30 am)	Glionium 200 diluted dose is given After 1 hour- Rauwolfia Q 15 drops in a half cup of water is given	Same is followed

		BP- 180/100mmhg Afebrile Pulse- 82/min (monitored at 2 pm)	Gloninum 200 diluted dose is given After 1 hour- Rauwolfia Q 15 drops in a half cup of water is given	Same is followed
		BP- 174/96mmhg Afebrile Pulse- 78/min (monitored at night 8pm)	Gloninum 200 diluted dose is given After 1 hour- Rauwolfia Q 15 drops in a half cup of water is given	Daliya is given with very less salt
21/03/2025	Digginess Very Less Swollen Eyes Very Less Vertigo Only While Lying Down Breathlessness Gone Headache Gone Heaviness In Head + Pedal Oedema + Slept For 6 Hours At Night	BP- 170/92mmhg Afebrile Pulse- 78/min (monitored at 10:30 am)	Gloninum 200 diluted dose is given After 1 hour- Rauwolfia Q 15 drops in a half cup of water is given	Fruit juices and light meal is advised
		BP- 166/90mmhg Afebrile Pulse- 76/min (monitored at 2 pm)	Gloninum 200 diluted dose is given After 1 hour- Rauwolfia Q 15 drops in a half cup of water is given	Light meals advised
		BP- 162/90mmhg Afebrile Pulse- 76/min (monitored at 8 pm)	Gloninum 200 diluted dose is given Rauwolfia Q 15 drops in a half cup of water is given	Same is followed
22/03/2025	Digginess Gone Swollen Eyes Vertigo- Gone Headache+ Heaviness In Head + Pedal Oedema Gone Undisturbed Overnight Sleep	BP- 158/88mmhg Afebrile Pulse- 74/min (monitored at 10:30am)	Gloninum 200 diluted dose is given Rauwolfia Q 15 drops in a half cup of water is given	Same is followed
		BP- 154/86mmhg Afebrile Pulse- 76/min (monitored at 2 pm)	Rubrum 30- 1 dose Rauwolfia Q 15 drops in a half cup of water is given	Light meals advised
		BP- 150/84mmhg Afebrile Pulse- 74/min (monitored at 8 pm)	Rubrum 30- 1 dose Rauwolfia Q 15 drops in a half cup of water is given	Same is followed

23/03/2025	Headache Gone No Heaviness In Head Undisturbed Overnight Sleep No New Complaints Feeling Free From Her All Symptoms	BP- 144/80mmhg Afebrile Pulse- 74/min (monitored at 10:30am)	Rubrum 30-1 dose Rauwolfia Q 15 drops in a half cup of water is given	Same is followed
		BP- 140/80mmhg Afebrile Pulse- 74/min (monitored at 8 pm)	Rubrum 30-1 dose Rauwolfia Q 15 drops in a half cup of water is given	
24/03/2025	Improving Feeling better	BP- 138/80mmhg Afebrile Pulse- 74/min (monitored at 10:30 am)	Rubrum 30-1 dose- stat Rauwolfia Q 15 drops in a half cup of water is given	Advice - Rubrum 30 BD Rauwolfia Q 15 drops in a half cup of water –BD For 2days
26/03/2025	Improving Feeling better	BP- 130/80mmhg Afebrile Pulse- 74/min	Rubrum 30-1 dose- stat	Advice - Rubrum 30 BD Rauwolfia Q 15 drops in a half cup of water –only at night For 3days

The table is showing the emergency treatment care and management during sufferings. The hypertension crisis is a critical condition where we need to alert every minute to patient care. After 3 days on 30th march she came with a very happy face saying now I have no complaints only after the 7 days treatment by homoeopathy. She said its wonderful to me that homoeopathy saves my life again! Her BP was 128/78mmhg.

ARB(Telmisartan); details and its effects on patient :-

She tell us that before coming to me while she was on Telmisartan 60 she never get BP less than 150/90mmhg ; it was somewhat around it and many other symptoms like **puffiness on face and body sometimes, burning eyes, headache,**

heaviness in frontal head, nauseating some-times, vertigo sometimes were persisting along with it. She never felt symptomless before.

Telmisartan is an angiotensin receptor blocker. It works by **blocking the effect of angiotensin(a substance in the body that causes blood vessels to tighten).** As a result , **telmisarten relaxes the blood vessels. This lowers the blood pressure and increases the blood supply of blood and oxygen to the heart.** It lowers the risks for heart attack, stroke, or death from heart disease. [8]

Adverse effects of ARB telmisartan are sinus pain and congestion, back pain, diarrhea, sore throat,,fever, stomach upset,muscle pains, headache, digginess, fatigue, nausea, pedal oedema, weight gain,trouble breathing etc.[9]

Table is showing the further follow ups of patient:-

Date	Symptoms	Prescription	Remarks
30/03/2025	No new symptoms BP- 128/78mmHg	Nat mur 200 1 dose at night Rubrum 30 BD For 7 days.	

7/04/2025	Improving BP- 132/84mmhg	Rauwolfia Q 15 drops in half cup of water stat at night Rubrum 30 BD For 2 days	Last night she get tensed By her daughter's in – law side so she get a raised BP
09/04/2025	Improving BP-128/80mmhg	Nat mur 1 M 1 dose Rauwolfia Q 15 drops with half cup of water-SOS For 10 days	
21/04/2025	Better BP-126/78mmhg	Rubrum 30 BD For next 10 days	Symptom free patient No new complaints. Feeling better mentally And physically.

CONCLUSION

When I saw the patient it was in serious condition. As I prescribed the medicines on symptom totality either it was acute or chronic I found wonderful results. It never fails me. The case clearly shows the effects of repetitive potency and physiological doses of medicine during emergency care. The rules of dosing are followed as guided by our masters in organon of medicine. [10] [11] As the patient said, homoeopathy saves her life twice in an emergency (during covid and hypertension crisis); so I can proudly say 'yes' for it.

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Clinical Repertories: A Pillar of Accurate Pre-scribing in Homeopathy

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Keywords

Clinical Repertoire, Drug choice, Chronic disease, Kent repertory, symptoms, Homoeopathic tools

Abstract

Clinical repertories is a central device in homeopathic practices that support practitioners in systematic, symptoms-based analysis and treatment choices. This study looks at how clinical repertories are used, how well they work, and how widely they are used in daily practice. It reviews both old and new repertories, checks how they fit into everyday work, and shares the results.

Qualitative interviews with a practitioner. The results enhanced the accuracy of remedies selection and a more structured approach to chronic case management. This study is a clinical repertory.

Using sound case-taking styles significantly improves the accuracy and reliability of your homeopathic prescriptions. With the help of clinical repertories—such as Kent's Repertory and Boenninghausen's methods—homeopaths can enhance symptom analysis, refine drug choice, and achieve better outcomes, especially in chronic diseases. These tools play a key role in modern homeopathy by preventing falling short in case evaluation and remedy selection.

Abbreviations

1. Boen. Rep.—Boenninghausen's Therapeutic Pocket Book,

2. Kent's Rep.—Kent's Repertory of the Homeopathic Materia Medica,
3. TPB—Therapeutic Pocket Book,
4. MM—Materia Medica,
5. HMP—Homeopathic Medical Practice,
6. SYM—Symptoms,
7. Rx—Prescription,
8. CC—Chief Complaint,
9. Sx—Symptoms,
10. Q/A—Questions and Answer

1. Introduction

Repertory is an essential tool for homeopathic case assessment and agent decisions. The development of clinical repertory has largely shaped current homeopathic methodologies by transforming organized approaches to transform patients. The clinical repertory is originally based on past visionaries such as Boenninghausen, Kent, and Boger, and serves as an important bridge between subjective symptoms and objective prescribing decisions. Clinically, in contrast to the general repertory that emphasizes the overall symptoms

The repertory focuses on specific diagnosis, along with related modalities, related symptoms and corrective actions. This targeted approach is particularly advantageous in chronic, pathological, or ambiguous cases. Clinical repertory provides

an optimized orientation when it is difficult to determine the complete whole or when using limited expressions of symptoms.

2. Objective of the Study

- Analysis of the importance of clinical repertoire in modern homeopathic practices. To assess its usefulness in improving treatment choices in acute and chronic cases.
- Appreciate practitioners' experiences related to application and limitations in clinical repertoire.
- Exploring the relevance of repertoire in modern digital practical environments.

3. Materials and methods

Research Design

This is a qualitative and literature-based descriptive study. It includes a systematic review of classical texts, repertoire structures, and practice studies⁸.

Data Source

"Classic Text: Boenninghausens TPB, Kents Repertoire, Bogers' Synoptic Key

Digital Repertoire: Radar Opus, Homeopath, Full Dynamic⁹

Journals and Articles on Repertory usage¹⁰

- Interviews with 15 homeopathic practitioners with 10+ years of clinical experience.

Inclusion criteria

- Practicing homeopaths using repertoires on regular basis
- Cases where repertoire use influenced remedy selection

Exclusion criteria

Cases with polypharmacy

Prescriptions without symptom analysis or reparation

Data collection method

- Structured Q/A interviews with practitioners
- Thematic analysis of interview content¹¹
- Case-based analysis to illustrate repertoire use

4. Results

From the 15 interviews performed:

- 87% of practitioners said that clinical repertoire will significantly improve the accuracy of prescribing.¹²
- 73% said their repertoire reduced the time it took to analyzing case, especially in chronic cases.
- 67% raised Boenninghausen TPB as the most useful in pathological prescribing¹.
- All practitioners expressed reliance on repertoires in cases with unclear or partial symptomatology.

Figure 1: Practitioners Reporting Accuracy Improvement

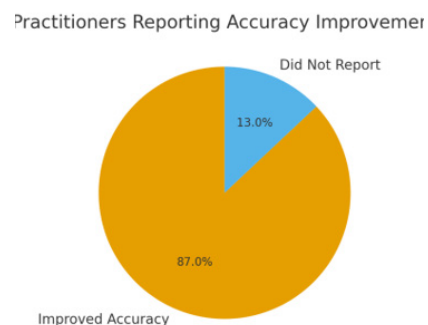


Figure 2: Practitioners Reporting Reduced Case Analysis Time

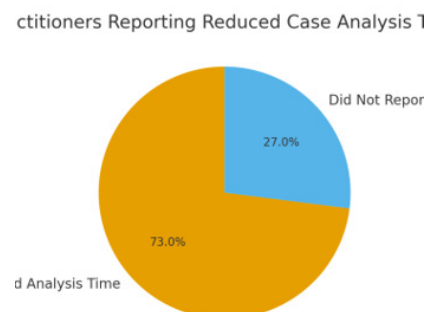


Figure 3: Usefulness of Boenninghausen's TPB in Pathological Prescribing

ss of Boenninghausen's TPB in Pathological P

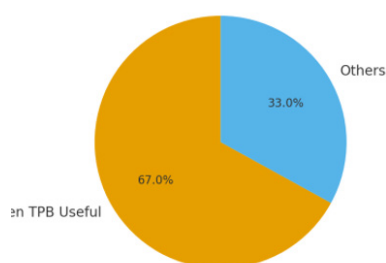
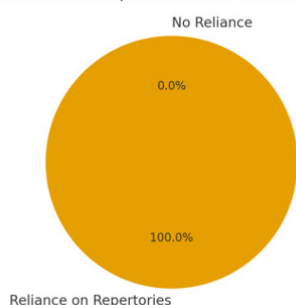


Figure 4: Reliance on Repertories in Unclear Cases

Reliance on Repertories in Unclear Cases



Here are the pie charts representing the interview results:

- 1. Accuracy Improvement** – 87% of practitioners reported improved prescribing accuracy.
- 2. Reduced Case Analysis Time** – 73% found repertories reduced analysis time.
- 3. Boenninghausen's TPB Usefulness** – 67% considered it most useful in pathological prescribing.
- 4. Reliance on Repertories** – 100% relied on repertories in unclear or partial symptom cases.

Notable Quotes from Practitioners

In many cases, the clinical repertoire has helped me prescribe measures that I might have missed otherwise.

I think the Kent Repertory is sometimes too big. A clinical repertoire simplifies things when symptoms are organized.¹³

Case Illustration

The 43-year-old woman suffered from chronic migraines and sparse menstruation. Common symptoms were not sufficient to form a whole. Boenninghausen's TPB was used and focused on the field, modality and focus fellow. *Sepia officinalis* was chosen and has been significantly improved over three months.^{1,14}

5. Discussion

5.1 Meaning of Clinical Repertoire

Clinical repertoire is particularly useful in today's diagnostic society as it focuses on designated diseases and clinical diseases. This gap is efficiently bridged by repertory such as Boericke's clinical repertory and Murphy's clinical repertory.^{4,16}

5.2 Historical and contemporary use

Boenninghausens TPB remains a fundamental clinical repertory. His genius lies in the generalization of modalities and the use of his peers that allow for accurate selection of funds.

A pathologically severe case with a distinctive general missing^{2,17}.

Modern tools such as RADAR Opus and complete dynamics digitize classic repertory and integrate repertory algorithms. This increases the lightness and speed of analysis.^{3,9,18} Artificial intelligence and search algorithms are now being integrated into these tools for more refined results.¹⁹

5.3 Benefits of using a clinical repertory

I. Simplified the choice of corrective action in local symptoms

ii. Provides a focused list of remedies for specific clinical diseases

iii. In acute cases, it decreases beyond the analysis

IV. Supporting decisions - Production when constitutional symptoms are minimal

v. Helps minimize polypharmacy by limiting treatment choice^{13,20}

5.4 Limitations have been decided

vi. If your personality is overcharged, you can overlook your personality

vii. Risks of mechanical prescriptions without qualitative judgments

viii. Limited information on repertoire for rare symptoms

ix. Digital equipment can lead to over-classification and reduce the Materia Medica Consultation²¹


CONCLUSION

Clinical repertory provides homeopaths in practical and practical settings. They provide clarity, focus, and organized methods for the selection of remedies, especially in cases of pathologically dominant and partial symptoms. There is no substitute for detailed case disorders or Materia Medica references, but if used carefully, It acts as a powerful companion. The clinical repertory integrates both classic and modern tools and represents an developing yet essential pillar of effective homeopathic practices.

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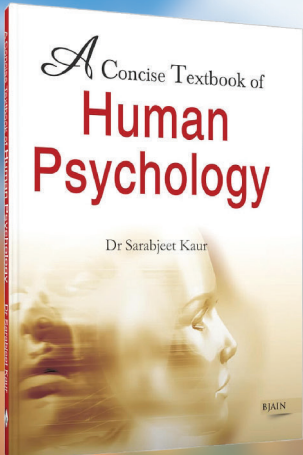


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Role of Constitutional Remedy in Chronic Disease

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Introduction

Chronic diseases represent long-standing disturbances of health, often rooted in hereditary tendencies, lifestyle influences, and suppressed acute illnesses. In homeopathy, the management of such diseases requires more than the mere prescription of acute or symptomatic remedies. The concept of the constitutional remedy, developed by Samuel Hahnemann and elaborated further by stalwarts like J.T. Kent, forms the cornerstone of the curative approach to chronic disease.

Dr. Hahnemann viewed constitutional remedies as the only true way of curing chronic diseases. By addressing the miasmatic background and the whole constitution, these remedies restore the balance of the vital force and bring about a deep, permanent cure, rather than temporary relief.

The constitutional remedy plays a vital role in the treatment of chronic diseases in homeopathy. By addressing the whole constitution and the miasmatic basis of illness, it ensures deep, lasting, and holistic cure. While acute remedies may bring temporary relief, only the constitutional prescription—selected on the basis of the totality of symptoms—can truly eradicate chronic disease and restore harmony to the vital force.

Dr. Hering believed that constitutional remedies are indispensable in chronic disease because they act on the **entire constitution and vital force**, cure from the root, and ensure that healing proceeds in a natural, orderly direction.

Concept of Constitutional Remedy

A constitutional remedy is a medicine prescribed

on the **totality of symptoms** of an individual. This includes:

- Physical characteristics and general symptoms,
- Mental and emotional state,
- Personal history,
- Family and hereditary predispositions,
- Miasmatic background (psora, sycosis, syphilis).

Unlike acute prescriptions, which target present complaints, the constitutional prescription seeks to correct the **entire constitution** of the patient by restoring balance to the vital force.

Theoretical Basis

1. **Hahnemann's Organon of Medicine** (Aphorisms 5, 7, 153, 210–230) emphasizes that chronic diseases cannot be cured without addressing the underlying miasmatic cause.
2. **J.T. Kent** in his *Lectures on Homoeopathic Philosophy* stated that superficial prescribing may palliate, but only a constitutional remedy can **eradicate the chronic disease state**.
3. Chronic diseases are viewed as **expressions of disturbed vital force**; therefore, the remedy must act deeply and in harmony with the whole patient.

Role in Chronic Diseases

1. **Addresses the root cause**—removes miasmatic

dyscrasia rather than suppressing symptoms.

2. **Provides long-term cure** – prevents recurrence and halts disease progression.
3. **Holistic action** – acts on body, mind, and emotions, thereby improving overall health.
4. **Strengthens immunity and vitality** – enhances resistance to future disease.
5. **Corrects inherited tendencies** – reduces predisposition to chronic illness.
6. **Improves quality of life** – patients experience physical relief, emotional stability, and mental clarity.

Examples of Constitutional Remedies in Chronic Diseases

Sulphur – psoric constitution, chronic skin diseases, philosophical temperament.

Calcarea carbonica – sluggish metabolism, obesity, anxiety, weak constitution.

Lycopodium – digestive troubles, lack of confidence, chronic liver complaints.

Natrum muriaticum – reserved, grief-stricken, chronic headaches, anemia.

Thuja – sycotic constitutions with warty growths, chronic urogenital complaints.

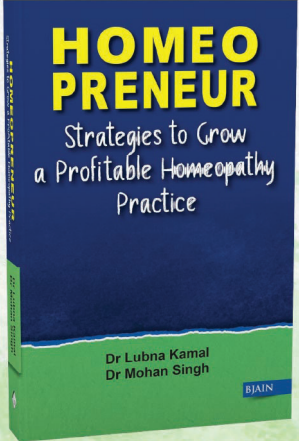
Mercurius – syphilitic constitutions, ulcerative and destructive conditions.

Clinical Importance


Chronic diseases like psoriasis, asthma, rheumatoid arthritis, migraine, diabetes, thyroid dysfunction, anxiety disorders, and hypertension show better long-term outcomes with constitutional prescribing.

Case reports and clinical studies in journals such as the *Indian Journal of Research in Homoeopathy* demonstrate improved patient outcomes and reduced recurrence when constitutional remedies are employed.


The constitutional remedy plays a vital role in the treatment of chronic diseases in homeopathy. By addressing the whole constitution and the miasmatic basis of illness, it ensures deep, lasting, and holistic cure. While acute remedies may bring temporary relief, only the constitutional prescription—selected on the basis of the totality of symptoms—can truly eradicate chronic disease and restore harmony to the vital force.



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Dr. Lubna Kamal

Clinical Repertories in Homoeopathy: Exploring Guernsey's Therapeutic Approach to Haemorrhoids

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Keywords

Clinical repertories, Homoeopathy, Haemorrhoids, Regional, Pathological, Nosological

Abstract

Clinical repertories serve as practical tools for homoeopathic physicians in the analysis and synthesis of symptoms during case taking and prescription. They play a pivotal role in bridging pathological diagnoses with homoeopathic remedy selection. This article explores the significance as well as limitations of clinical repertories in homoeopathy, with a specific focus on Dr. William Jefferson Guernsey's approach to haemorrhoids. It emphasizes on background, structure and key features of Guernsey's repertory on haemorrhoids and illustrates how the repertory aids in precise and effective remedy selection. This article revisits his approach to this common affliction, integrating his therapeutics with contemporary understanding.

Introduction

Clinical repertory is a systematic index that arranges disease conditions, clinical signs and diagnostic categories along with corresponding remedies known to be effective based on clinical experience or therapeutic application. These repertories serve as a vital tool in homoeopathy, enabling practitioners to connect clinical conditions directly to the corresponding remedies based on proven symptomatology. Unlike philosophical or general repertories, clinical repertories emphasize pathological and disease-specific entries, making them practical for busy clinicians. They

prioritize clinical conditions, pathological diagnoses and disease names as rubrics rather than purely symptom-based expressions^[1]. Their function lies in bridging classical homoeopathy with clinical practice, especially where complete symptomatology is not available or when treating acute, pathological or nosological conditions.

Haemorrhoids, commonly referred to as piles, are vascular structures in the anal canal which, when swollen or inflamed, lead to clinical symptoms such as bleeding, pain, prolapse and pruritus^[2]. From a homoeopathic perspective, surgical diseases like haemorrhoids are considered not merely a local pathology but an expression of internal systemic dyscrasia or deranged vital force^[3]. Dr. William Jefferson Guernsey, a 19th century pioneer in homoeopathic therapeutics, offered a detailed and clinically insightful work focused on the individualized treatment of haemorrhoids which was titled as 'The Homoeopathic Therapeutics of Haemorrhoids.' This repertory helps to prescribe, in cases which lack in general symptoms or where therapeutic approach for haemorrhoids is suitable, using subjective and objective symptoms, modalities and concomitants rather than emphasising on underlying pathology.

Utility and constraints of clinical repertories

Although clinical repertories have not been used to their full potential, they can be highly effective when their purpose and limitations are clearly understood and appropriately applied in practice. Clinical repertories play a significant role in the study of homoeopathic therapeutics and materia medica. They are particularly helpful in cases where mental and physical generals are absent,

but common symptoms are prominent, as well as in cases with clear clinical diagnoses or one-sided diseases. Serving as a quick reference tool, they are especially useful at the bedside for time-efficient repertorization. These repertories often include unique rubrics not found in general repertories, making them valuable companions for exploring such specific entries. Moreover, they assist in identifying the most suitable palliative remedies in cases where cure may not be possible.

Clinical repertories contain nosological terms and clinical symptoms derived from direct clinical observations; therefore, their application is restricted to specific types of cases. They are primarily utilized as reference guides^[1].

Guernsey's Repertory: An Overview

'The Homoeopathic Therapeutics of Haemorrhoids' is a clinical regional repertory based on haemorrhoids, written by William Jefferson Guernsey. Its 1st edition was published in 1882 and the 2nd, revised and enlarged edition, in 1892. The book was initially published by Boericke & Tafel, Philadelphia and now published by Indian Books & Periodicals Syndicate. Sections of this book are illustrated further.

Preface^[4]

In the preface, the author emphasizes that while pathology is beyond the scope of this work, the focus is on safe and effective therapeutic methods for curing haemorrhoids. Proven remedies exist to treat uncomplicated cases reliably, and even complicated cases like fissure and prolapsus should first be addressed with internal remedies, not immediately referred to surgery, though fistula cases are less promising. Careful attention to peculiar, subjective symptoms and their aggravating or relieving factors is crucial. The author has recommended use of unmedicated glycerine suppositories or the use of a clyster of warm water to aid difficult defecation. Cold creams may be applied to the piles as the mucous membrane soon becomes dry and therefore readily irritated. The author mentions *Aesculus*, *Aloes*, *Muriatic acid* and *Sulphur* as "**big four**" remedies, each suited to specific dominant symptoms. Author has advised to study them carefully in cases that seem devoid

of characteristics and especially look to the respective remedies when the following symptoms are present, "*Aesculus* in cases where backache is prominent, *Aloes* when itching is the most troublesome symptom, *Muriatic acid* when tenderness is excessive and *Sulphur* in cases that have been maltreated with ointments." He stresses the importance of understanding symptom similarity rather than exact wording, aligning with the principle of "similars" rather than "sameness" in homeopathy.

The remedies and their indications^[4]

This section presents 135 homoeopathic medicines with their indications regarding haemorrhoids, organized systematically for clarity. Each medicine is listed with its abbreviation on the left, full name in bold capitals, and common name on the right. Symptoms are categorized under headings such as Subjective, Objective, Aggravation, Amelioration (in some remedies) and Concomitants. Aggravation and amelioration within Subjective and Objective sections are marked using symbols '<' and '>' respectively (Figure 1). Three typographic styles, viz., ordinary roman, italics and bold are used, with bold highlighting the most distinctive characteristics of each remedy.

1: Use of symbols(< and >) for aggravation and amelioration

Aloe.	ALOE SOCOTRINA.	Aloes.
Subjective.		
<i>Aching</i> , painful.		
Burning heat , > by applying cold water, < during stool, < after stool, preventing sleep, after passing flatus.		
<i>Crawling</i> .		
<i>Cutting</i> , < after stool.		
<i>Extending</i> to abdomen, stinging.		
<i>Extending</i> to back, stinging.		

Repertory proper^[4]

The repertory is divided into three main sections, viz., Subjective symptoms, Objective symptoms, and Aggravation and amelioration, with no sub-chapters. Within each section, rubrics are alphabetically arranged. Main rubrics are printed in bold romans with an initial capital letter, while sub-rubrics are in all lowercase bold romans. Explanatory terms or synonyms are included in

parentheses. Repetition of corresponding rubric words in Sub-rubrics are given with (") sign (Figure 2). The author maintains his stated principle from the preface: focus on the similarity of sensations rather than exact terms—for instance, burning, scalding, and heat are considered equivalent. Typography indicates symptom intensity: Bold (3 marks), Italics (2 marks), and Roman (1 mark). Cross-references appear as "See" (without drugs) or "compare" (with drugs in parentheses)(Figure 3). The Subjective section addresses symptoms as experienced by the patient, from "Aching" to "Writhing." The Objective section lists observable signs, from "Abrasion" to "Weakness." The third section, Aggravation and Amelioration, outlines general modalities using symbols (<, >), including time-based patterns organized alphabetically and hour-specific rubrics under "A.M." and "P.M." headings (Figures 4 and 5). The final rubric differs slightly by edition: "Work" in Boericke & Tafel's and "constitutional disposition to haemorrhoids" in IBPP's version.

Figure 2: Use of symbol " for repetition of word in subrubric

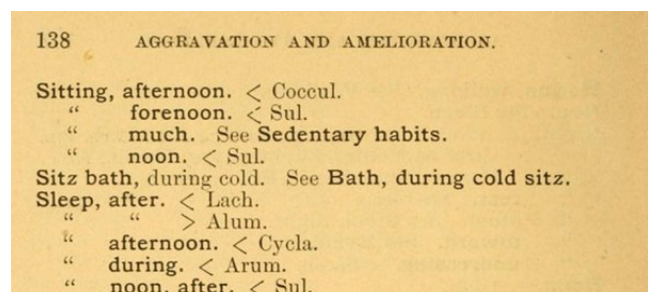


Figure 3: Use of 'See' and 'Compare' for cross reference

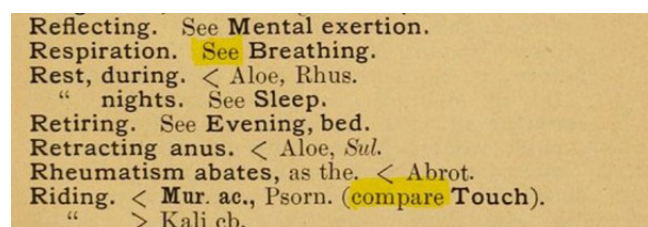
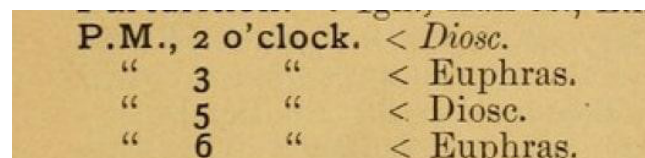


Figure 4: Use of A.M. for hour specific rubrics

Figure 5: Use of P.M. for hour specific rubrics



Comparative Therapeutic Indications^[4]

It includes Modalities and Comparative or differentiating symptoms between various remedies for haemorrhoids. This section helps physicians for Individualization in selection of Most Suitable Remedies. It includes indications of 32 remedies from *Aconite* to *Thuja*. For example, under *Aloe Socotrina*, Comparative therapeutics are written as: Piles protrude like bunches of grapes, very painful, sore, tender, hot, relieved by cold water. In *Dioscorea* the piles like red cherries protrude after stool with pain in the anus. In *Aesculus* the protrusion is like ground nuts, purple and burning, and in *Arsenicum album* it is of the size of walnut; burning, stinging and preventing sitting down.

External therapeutics^[4]

This section includes various information regarding the Medicated ointment/external application and some other auxiliary methods are given which may provide palliative relief to the patient. This Section provides palliative methods under three headings: External piles, Internal piles, and General. It starts with a quotation from Boehr's Therapeutics, "The urgent wish of the patient to be relieved as soon as possible of his sufferings in connection with the conviction that internal treatment cannot possibly effect a radical cure in a short space of time, will, of course, make it incumbent on us not to ignore certain external applications that may have power to palliate the patient's distress."

Index^[4]

Contains all headings of the book (Preface, Remedies and their indications) with 134 remedies, Repertory headings like subjective symptoms, objective symptoms and Aggravation and Amelioration with corresponding page numbers. In the presently available edition by Indian Books and Periodical Syndicate, the book contains 2 extra

sections named, Appendix I (Comparative Therapeutics) and Appendix II (External Therapeutics).

Additions done by IBPP publishers^[4]

Two unique rubrics are given at the end of the Aggravation & Amelioration chapter printed by IBPP publishers. New rubrics like 'Anomalous haemorrhoidal affections and suffering caused by the suppression of chronic haemorrhoidal discharge' and 'Constitutional disposition to haemorrhoids' along with corresponding remedies are added. Two additional sections are added at the end of the repertory part, viz., Comparative therapeutics and External therapeutics.

Scope and Limitations of Guernsey's Repertory

This book serves as a practical guide for prescribing in cases where a therapeutic approach to haemorrhoids is appropriate. A distinctive feature is its unique presentation of symptoms using the framework of Subjective, Objective, Modality, and Concomitant rather than a purely anatomical layout. This method enhances students' understanding of symptomatology and the importance of concomitant symptoms. The clear and systematic presentation of symptoms allows for an easier grasp of remedy actions and their specific indications. Additionally, the repertory section supports quick medicine selection and offers valuable insights into various synonyms, making it a rich resource for deeper understanding. The comparative section aids in the study of related Materia Medica, while guidance on auxiliary measures and external ointments contributes to comprehensive case management. However, the book has some limitations, such as the lack of cited sources for Appendix-1 and Appendix-2. Users also need a refined understanding of different sensations and their synonyms to use the book effectively. Furthermore, time modalities are minimally represented, and the book includes fewer

remedies and rubrics compared to standard repertories.

CONCLUSION

Clinical repertories hold a unique place in homeopathic therapeutics by offering a practical, diagnosis-oriented approach to remedy selection. While not a replacement for classical methods, they act as valuable companions, especially in acute care, emergency, and semi-structured settings. Understanding their scope, historical evolution, and limitations ensures their effective use in clinical practice.

Guernsey's repertory remains a pragmatic, concise, and high-yield tool for clinical homeopathic practice. When dealing with conditions like haemorrhoids, his insights provide clear remedy indications that are especially useful for busy practitioners. Though not exhaustive, Guernsey's repertory complements broader works like Kent's or Boenninghausen's by adding practical clinical clarity. For students and clinicians alike, revisiting Guernsey's repertory offers both historical value and ongoing clinical utility, particularly in disorders with clear, characteristic presentations like haemorrhoids.

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Homoeopathic Approach for The Management of Lifestyle Factors Related to Reproductive Health

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Keywords

Lifestyle factors, Infertility, Reproductive health, Homoeopathic medicine

Abstract

Infertility is emerging as a major problem worldwide and has been attributed mainly to lifestyle changes. The importance of the role lifestyle factors play in the development of infertility has generated a considerable amount of interest. Lifestyle factors are the modifiable habits and ways of life that can greatly influence overall health and well-being, including fertility.

Homoeopathic medicine can play an important role in modification of such factors related to lifestyle disorder and can have a positive impact on the reproductive health of an individual. This article reviews the positive impact of homoeopathic medicines in cases of infertility.

Introduction

Research consistently shows that lifestyle factors—food, sleep, habitat, and other behaviors—have profound effects on health and disease, also fertility. The impact of lifestyle on reproductive performance may vary depending on individual etiology and circumstances. Lifestyle today defines your family tomorrow. About 10-15 % of couples are impacted by infertility. Lifestyle factors can increase the risk of infertility, like **smoking, consuming too much alcohol, mental stress, and poor diet** are also known to affect fertility. We all know that an excess stress can affect the

function of the hypothalamus gland. Hypothalamus is the gland which stimulates and regulates the secretion of many other hormones. Among these hormones **LH, FSH, PL, oxytocin, oestrogen, progesterone, testosterone, & androgen** has a marked action on female reproductive organs and male reproductive organ. So any problem in master gland will give rise to imbalance of the many organs, including reproductive also, which may lead to fertility problem. Recent studies have also indicated that women experiencing greater amount of stress were more likely to produce high levels of **alpha amylase** and **cortisol** and had a more difficult time getting pregnant. The high level of amylase could be an early sign of ovarian cancer, ruptured ectopic pregnancy where as the low levels of blood amylase could be a predictor of pre-eclampsia ¹

The toxins inhaled from cigarette smoke can also affect infertility by causing damage to reproductive organs, eggs and sperm. Studies have demonstrated that obesity is often associated with delayed child bearing. Smoking in women significantly decreases the chance of conception.

VIEWS OF H. A. ROBERTS ON OBSTACLE TO CURE

H.A. Robert in his essay “**The deflected current**” gives some hint on where and how to look for such obstacles. Under this we had -

Obstacle from patient's

side

1. Mechanical obstruction in the body,
2. Psychic trauma and emotional stress, eg: over

anxiety, worry, financial stress, all such things are due to today's industrial world. These diversions deflect the normal harmony of life. Hahnemann himself has emphasized the fact that nothing was as deleterious to health as unhappy domestic condition.

3. Over and unnecessary usage of the drugs by the patient, eg:- lots of sedatives, narcotics, and analgesics are misused by many patients in the recent times, usage of cosmetics, deodorants, antidepressants etc also fall under this category.
4. The problem of diet - the over usage of soft drinks, varieties of beverages, and stimulants all affect the human health and leads to many disease condition.²

LIFESTYLE FACTORS CAUSES OF INFERTILITY

MODERNISATION

Infertility is not so common in previous generations but due to modernization/ westernization people are more concerned in their career, running in the race to maintain luxurious modern life, which leads to over anxiety, constant financial stress, depression, mental stress, mood disorder, and also late marriage.

DIET AND WEIGHT

Being both overweight and underweight can affect ovulation. Women with a significantly higher or lower than normal body mass index (BMI) tend to have more ovarian dysfunction. Diet and weight also can contribute to polycystic ovary syndrome (PCOS).

SMOKING

Smoking depletes a woman's eggs prematurely and ages the ovaries. There is also evidence that indicates smoking harms the cervix and fallopian tubes, which can increase the risk of ectopic pregnancy, intra uterine growth restriction and placental infarction.

ALCOHOL CONSUMPTION

While it is known that pregnant women should not drink alcohol, alcohol's effects on fertility are

less commonly known and clear. Heavy alcohol consumption is associated with infertility and ovulation disorder.

EXCESS EXERCISE

Exercise is an important component of a healthy lifestyle, but according to the NIH excessive exercise can inhibit hormones and ovulation, a key cause of infertility. Women who exercise for four or more hours per week had a 40 percent decrease in live birth rates.

STRESS AND DEPRESSION

Stress and depression are connected to reduced testosterone in men. Stress in either partner, or both, can also inhibit the frequency of sex, which effectively reduces the chance of pregnancy. For women, physical stress is an influencing factor in fertility. This is most evident in women who work longer hours, or overnight, at stressful jobs. These women have lower fertility rates.³

UNDERSTANDING LIFESTYLE FACTORS IN HOMOEOPATHY

Homoeopathy is strongly recommended for infertility with their indicated symptoms.

According to **Hahnemann** – **"There are no diseases but only sick individuals"** Homoeopathy believes that the disease is the individual's response either to the exciting, maintaining, or the fundamental causes. It is the individual that is reacting and not its anatomical parts. Hence Hahnemann's says, **"Treat the patient not the disease"**.

A constitutional prescription should be based upon the totality of the mental and physical reactions. It should be able to cover the level of susceptibility, the tendencies, the behavioural pattern and the underlying miasms. Constitutional medicine helps the individual to have quickly and unevenful convalescence, also effectively checks the tendency to relapse. Homoeopathy is totally depending upon symptomatology. Homoeopathic medicine is help to boost immune system help to increase the number of sperm, improve male and female reproductive health, as well as mental health.

In **aphorism 5** Hahnemann has explained for the

physician that it is important to know about the **exciting cause** of the **acute disease**, and also the most significant points in the whole history of the **chronic disease**, to enable him to discover its **fundamental cause**, which is generally due to a chronic miasm. In these investigations the **ascertainable physical constitution of the patient** (especially when the disease is chronic), **his moral and intellectual character**, **his occupation**, **mode of living and habits**, **his social and domestic relations**, **his age sexual function**, etc..., are to be taken in to consideration, during case taking.

Life style factors are nothing but act as a maintaining cause, – mentioned in **aphorism 77** & footnote of **aphorism 7**. It is “**avoidable noxious influence**” which causes a disease. Sometimes only removal of the maintaining cause is sufficient enough to bring the person back to health.⁴

HOMOEOPATHIC APPROACH TO THE INFERTILITY CASES

Borax - medicines for infertility in females due to acid vaginal discharges. These vaginal discharges are acrid, destructive and kill the sperms. It is prescribed when the vaginal discharge is like the white of an egg, acrid, copious and warm. It is an effective remedy when conception is difficult after D & C.

Natrum Phos - NatrumPhos is another remedy for acid vaginal discharge which kills sperms.

Natrum Phos is indicated for infertility in women who have acrid, irritating, creamy, honey-colored vaginal discharges. The discharge also smells sour.

Pulsatilla Nig - medicines for infertility in females with short, scanty menses. The menstrual discharge is also scanty and remains for a very short time. Pulsatilla is also for infertility in females suffering from PCOD.

Sepia - Infertility in females where the menses are short, scanty and suppressed. Along with this a prominent symptom of bearing down sensation in uterus may be present. Aversion to sex is also present. The vagina may be excessively dry with pain while intercourse. Irregular or absent ovulation, Low sex drive in women.

Agnus Castus - Agnus castus is an effective remedy for infertility in females with decreased sexual desire. Agnus Castus is used when aversion to sex is there. Excessive masturbation may be a cause behind this. The genitals are also relaxed with transparent vaginal discharges.

Aurum Met - Recommended when infertility is caused by depression, feelings of self-condemnation and worthlessness, increased blood pressure, Uterus enlarged and prolapsed, Pain and swelling of testicles.

Natrum Carb. - Natrum carb. Is the top remedy for infertility in females due to non-retention of sperms.. Profuse leucorrhoea of thick yellow mucus with putrid odor. Menses are late, scanty, like the meat of washing. Menses too early and is too profuse. Excessive sexual desire.

Staphysagria - It is one of the top remedy for female infertility when no specific cause is found. There are thick cervical mucus secretions which were detrimental to the sperms. Also due to spasm of the vagina, no sperm was going in to the vagina.

Acid Phos - It is a great remedy for primary sterility due to debilitated condition such as tuberculosis and diabetes. Menses are too early and too profuse, irregular The PH of vaginal secretion turn in to acidic form therefore sperm deposited there die soon. Indifferent and apathetic.

Graphites - Another top remedy for sterility. Decided aversion to coition. Sterility, difficult conception. Lady is sad and despondent, music makes her sad.⁵

SOME INDICATIVE SARCODES ARE

Folliculinum - Folliculinum is a given as drainage remedy, to stimulate ovulation. Folliculinum comes up over and over again in cases where women have been abused sexually, psychically or physically. Important dream which have been confirmed clinically of folliculinum dreams: pursued, of being; escape, unable to.

Ovary Gland (oophorinum) – this is one of the main remedy which can be used clinically in cases of infertility and PCOS/PCOD with the worst forms of Acne. Especially with depression and

heat flushes.

Oestrogen – is the primary female sex hormone responsible for the development of secondary sexual character and regulation of the female reproductive system. Indicative for menorrhagia, endometrial atrophy, to increase libido as well as decrease libido. Oestrogen affects signaling the aggressive interactions including sexual behavior, also other behavior that is linked with aggression.

Oxytocin - it is also known as love hormone. Because level of oxytocin increases during orgasm and hugging. It may also benefit for the treatment for number of conditions, including depression and anxiety.⁶


CONCLUSION

Homeopathic approach to infertility is mainly achieved through the administration of constitutional homeopathic medicines found most suitable after a detailed case analysis. A detailed case analysis includes the general physical and mental constitutional make-up of the patient plus the symptoms in the sexual sphere and the underlying cause that is hindering the fertility process and needs to be corrected. Most indicated similimum

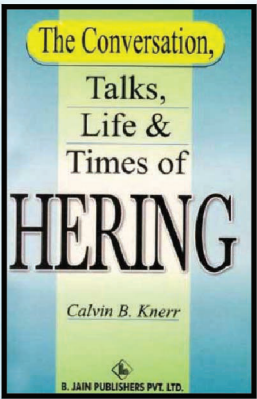
for infertility helps by raising the patient's immunity, remove the obstruction that is hindering in the process of fertility in a couple, and also dealing with the improvement of mental health as well as reproductive health, because homeopathic medicines treat the patient as a whole. Homeopathic medicines for infertility carry no risk of side-effects.

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Real –World Evidence Supporting Hering's Law Of Cure

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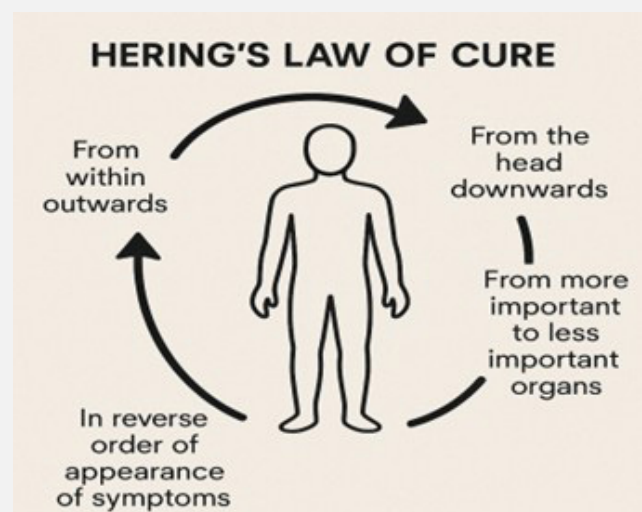
Abstract

Hering's Law of Cure, a cornerstone of homeopathic philosophy, describes the healing process's inherent course. True healing, according to this law, occurs in the opposite order of symptom emergence, from above below, and from within outward. Despite its philosophical importance, this law's scientific validity and practical and clinical applicability in contemporary homeopathic therapy nevertheless depend on it. In this work, clinical case studies and patient outcomes that show trends in line with Hering's Law are analyzed. The study attempts to close the gap between classical theory and modern application using these insights from the real world. The results confirm the existence of healing patterns consistent with Hering's postulates, hence enhancing its applicability in case management and remedy assessment.

Introduction

Many homeopaths utilize "Hering's Law of Cure" to evaluate clinical results. Dr. Samuel

Hahnemann's observations and ideas on the clinical changes that occur in patients after taking a homeopathic prescription have evolved over time into these "Laws." Dr. Constantine Hering later expanded on Hahnemann's theories, and Dr. James Tyler Kent later emphasized them. According to these "rules," healing happens when a homeopathic constitutional cure is administered because it awakens the patient's "vital force," which reacts by producing a clear and regular pattern. According to Hering's Law, when a medication has a therapeutic effect, symptoms improve in the following way:



- From the head down
- From the inside out
- From the most important to the least important

organs

- In the reverse order of symptoms

Through the differentiation of good healing responses from other symptoms (which may be caused by the illness process or adverse effects from conventional therapy), Hering's Law is used clinically to contextualize symptom reporting during treatment and to track signs of cure.

About Hering:

One of the most significant homeopathic pioneers was the American physician Dr. Constantine Hering (1800–1880), who was born in Germany. The "Father of American Homeopathy," as he is frequently called, was instrumental in making homeopathy a legitimate medical system in the US.

After personally observing homeopathy's medicinal benefits, Hering changed his mind from first trying to refute it. After emigrating to America, he practiced, taught, and published extensively while studying under the homeopathic pioneer, Dr. Samuel Hahnemann.

Hering's Law of Cure, which describes the natural course of genuine healing in chronic illnesses, is the principle that made Dr. Hering famous.

S.No	DIRECTION OF CURE	EXPLANATION
1	From Above downward	Beginning in the upper body and working down to the lower body, symptoms get better.
2	From outward	External symptoms or the skin heal after internal organs.
3	From the most important to the least important organs	Less important organs, such as skin and joints, heal after crucial ones, such as the heart, lungs, and brain.
4	In the reverse order of appearance of symptoms	When the disease unwinds in reverse, the last symptom to manifest is the first to go away.

Practical Evidence and Clinical Observations :

Homeopathic practitioners often report observing Hering's Law in their clinical practice. Here are some common examples cited as practical evidence:

- **Skin eruptions that occur when internal symptoms go away:** It's very uncommon for a patient with a long-term internal ailment (such as asthma or digestive problems) to get eczema or a skin rash following homeopathic treatment. According to this interpretation, the illness is externalized by the body and transferred from a more crucial organ (the digestive system or lungs) to a less important one (the skin). The inside ailment is also seen to be considerably better or treated once the skin eruption goes away.
- **Reduction of symptoms from the head/trunk to the extremities:** For example, a patient with persistent headaches and ankle and knee joint pain may see an improvement in headaches first, then knee pain, and lastly ankle discomfort.

One very distinctive finding in homeopathy is the resurgence of previously suppressed symptoms. If a patient had a skin condition years ago that was suppressed by topical steroids and then went on to develop a more serious inside condition, the skin ailment may temporarily resurface during homeopathic treatment. This "aggravation" of previous symptoms is frequently seen as a sign that the body is trying to eradicate the illness's underlying cause in its entirety, as opposed to merely reducing its symptoms. The patient usually experiences a dramatic improvement in their general health after these old symptoms go away.

Example: Rheumatism later occurs in a patient who had childhood eczema that was treated with ointments. Eczema may temporarily reappear after homeopathic treatment for rheumatism before both diseases go away.

- **Transitioning from more profound to surface-level symptoms:** A patient with severe digestive issues may observe an improvement in their digestion, but then get a new, milder symptom, such as a cold or a transient

discharge, which is thought to be the body purging itself.

Important Consideration :

Subjective Nature: A large portion of the "evidence" supporting Hering's Law is derived from case studies and anecdotal accounts from homeopathic practitioners. These observations lack the strict controls and blinding that are usually present in traditional scientific study, and they are frequently subjective.

Lack of Traditional Scientific Validation: Hering's Law has not been reliably confirmed by extensive, placebo-controlled clinical trials, so it is not considered a "law" from a traditional scientific standpoint. In mainstream medicine, the mechanisms by which symptoms would move in these particular ways are not recognized or understood.

Assessment Tools :

To systematically track and measure reactions to homeopathic therapy based on Hering's Law, several homeopathic researchers have tried to create assessment tools, such as the Patients' Response Assessment Tool after Homeopathic therapy (PR-ATHoT) and the Hering's Law Assessment Tool (HELAT). Although more research is required, preliminary investigations on these instruments indicate that they may have potential for evaluating results in homeopathic research.

Modern Use of Hering's Law of Cure in Homoeopathic Materia Medica :-

- The Materia Medica lists treatments along with thorough descriptions of mental, emotional, and physical symptoms.
- Hering's Law aids medical professionals in monitoring the sequence in which symptoms manifest or subside following a prescription.
- According to Hering's Law, treatments that reverse the order of previous symptoms are deemed curative.

Example:

It is considered a good sign when a patient

receiving sulfur treatment for persistent skin problems begins to re-experience previously repressed stomach symptoms.

- The direction of symptoms is frequently described in the Medication Medica entries (e.g., "pain moves upward," "eruption spreads downward").

Remedies like:

- *Lycopodium*: symptoms go from **right to left**
- *Lachesis*: symptoms go from **left to right**
- *Medorrhinum*: symptoms move from **below upward**

Example:

After prescribing *Calcarea carbonica* to a child with developmental delay, if mental dullness improves first and skin issues temporarily reappear (earlier suppressed), it's seen as a curative response.

- Remedies such as *Sulphur*, *Nux vomica*, or *Thuja* may produce a temporary worsening ("aggravation").
- Hering's Law helps **distinguish between aggravation and suppression**.
- If symptoms worsen but **follow Hering's direction**, it's usually considered **healing**.
- Chronic diseases often require remedies described in depth in **Chronic Materia Medica** (e.g., *Psorinum*, *Tuberculinum*).
- Practitioners observe over time if Hering's Law is followed—especially with deep-acting constitutional remedies.

Example:

In a chronic *Psora* case, *Sulphur* may bring out old skin eruptions before internal issues improve.

Modern Use of Hering's Law of Cure in Homoeopathic Repertory:

Some repertories include **rubrics that reflect symptom direction**, aligning with Hering's Law:

Kent's Repertory:

- Extremities – Pain – ascending/descending
- Generalities – Side – Right to left / Left to right
- Generals – Discharges – return of old symptoms

Synthesis Repertory:

- Includes rubrics like:
 - “Symptoms appear in reverse order”
 - “Healing crisis”
 - “Complaints alternate with” (emotional/physical)

Practical Use in Clinical Practice (As Guided by Organon + Hering's Law)

ACTION	BASED ON ORGANON	RELATES TO HERING'S LAW
Relates to Hering's Law	§ 153 – Most characteristic symptoms	Should target deepest disturbance (inside)
Follow-up observation	§ 253 – Observe direction of improvement	Should follow the law (above down, reverse)
Handling return of old symptoms	§ 248 – Seen as positive sign	Confirms the “reverse order of appearance”
Differentiating aggravation	§ 157, § 161 – Observe closely after dosing	Hering helps judge aggravation vs suppression

CONCLUSION

Hering's Law of Cure is demonstrated practically by constant clinical observations made throughout homeopathic practice, which show that the

healing process proceeds in a predictable and systematic manner. Over the course of centuries, homeopaths have recorded instances in which patients' symptoms improve from the inside out, from above downward, and in the opposite order of appearance—particularly following the administration of a remedy that is appropriate for the patient. When determining whether a patient is indeed on the route to recovery or is merely experiencing palliation or suppression, this law offers a useful guide. It enhances remedy confirmation, helps avoid early remedy modifications, and instills confidence in long-term management, particularly for chronic conditions, when properly interpreted.

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Does Healing Have a Direction? Evidence for Hering's Law in Practice

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Keywords

Hering's Law of Cure, Homoeopathy, Symptoms, Vital force, Principles,

Abbreviation

urinary tract infections (UTIs).

Abstract

Hering's Law of Cure, a foundational principle in homeopathy, describes a predictable pattern of symptom resolution during the healing process: from above downwards, from within outwards, and in the reverse order of symptom appearance. This article examines the fundamental principles of Hering's Law and provides practical examples and anecdotal case studies frequently cited by its proponents. While acknowledging the lack of rigorous scientific validation through conventional research methods, the article discusses how these observational patterns serve as a clinical guide for many practitioners in assessing the depth and direction of healing. It also addresses the scientific challenges and critiques levelled against the law, emphasizing the qualitative nature of its evidence. The conclusion presents Hering's Law as a valuable, though sometimes contested, concept that supports a holistic view of the body's natural healing abilities.

Introduction ^[1-4]

Hering's Law of Cure, a cornerstone of homeopathy, explains how the body heals itself gradually. Formulated by Constantine Hering, often regarded as the father of American homeopathy,

this law posits that during a true healing process, symptoms disappear in a specific order: from above downwards, from within outwards, and in the reverse order of their original appearance. While rooted in homeopathic philosophy, the concept offers a framework for observing and understanding the body's natural healing progression, which can be observed in various therapeutic contexts. This article will delve into the core tenets of Hering's Law and explore practical illustrations and anecdotal evidence that proponents often cite to support its validity. We will examine how these directional patterns of symptom resolution are interpreted as signs of genuine, deep-seated healing, rather than mere symptom suppression.

Core Tenets of Hering's Law ^[1-7]

Hering's Law of Cure is typically understood through three main directions of healing

- 1. From Above Downwards:** This direction implies that symptoms resolve from the upper parts of the body, moving towards the lower parts. For instance, if a patient experiences relief from headaches before their knee pain improves, this aligns with the 'above downwards' principle. This pattern is often observed in neurological conditions or systemic illnesses where symptoms manifest throughout the body.
- 2. From Within Outwards:** This principle suggests that healing progresses from more vital organs and systems to less vital ones, or from deeper internal issues to more superficial external manifestations. For example, an improvement in a chronic internal condition (like asthma) followed by a temporary

reappearance or worsening of a skin condition (like eczema) would be considered a positive sign of healing according to this law. The body is seen to be pushing the disease process from the core towards the periphery, where it can be more easily eliminated or expressed without threatening vital functions.

- 3. In Reverse Order of Appearance (Reverse Chronological Order):** This tenet states that symptoms disappear in the reverse order in which they originally appeared. Older symptoms, or those that were suppressed by conventional treatments, may reappear temporarily as the body unwinds the disease process. For example, if a person developed digestive issues after a skin rash was suppressed with medication, the skin rash might reappear briefly as the digestive issues resolve, indicating that by retracing its symptomatic past, the body is addressing the underlying cause of the ailment.

These three directions are not always observed in isolation but often manifest concurrently, providing a holistic picture of the healing journey. The temporary return of old symptoms, often referred to as a 'healing crisis' or 'aggravation,' is considered a positive sign by proponents of Hering's Law, indicating that the sickness is being actively pushed out by vital force.

Practical Evidence and Case Studies ^[8-9]

While Hering's Law is primarily a clinical observation within the homeopathic practice, its principles are often cited with anecdotal case studies that illustrate these directional patterns of healing. It is important to note that these cases are often qualitative and observational, serving as practical illustrations rather than rigorously controlled scientific studies. However, for practitioners who utilize this law, these observations provide valuable insights into the healing process. Here are some illustrative examples often presented to demonstrate Hering's Law in action:

Case Study 1: Lumbar ischias (sciatica) and Chronic Rhinitis

A common illustration involves a patient

presenting with a chronic condition, such as lumbar ischias (sciatica), which has been present for some time and perhaps treated with suppressive medication. Prior to the sciatica, the patient may also have a history of chronic rhinitis, which is an inflammation of the nasal mucous membrane. After a homeopathic treatment, the sciatica symptoms start to get much better. As the sciatica resolves, the chronic rhinitis symptoms might temporarily reappear, sometimes with increased intensity, before eventually clearing completely. This sequence is interpreted as:

- **From Below Upwards:** The more recent and deeper-seated sciatica (lower body) resolves before the older, more superficial rhinitis (upper body).
- **From More Important Organs to Less Important:** The body prioritizes healing the more vital lumbar region before addressing the less vital nasal passages. It means the illness is being expelled from the body's interior.

Case Study 2: Eczema and Asthma

Another frequently cited example involves a patient with chronic eczema on the skin and a history of asthma. Frequently, topical steroids have been used to suppress eczema for years. After a constitutional homeopathic remedy, the eczema might initially worsen or flare up, which is seen as the body attempting to externalize the internal imbalance. Following this temporary aggravation, the eczema gradually improves and resolves. Subsequently, the patient might experience a mild, temporary return of asthmatic symptoms, which then clear completely. This case is understood as:

- **From Within Outwards:** The internal asthmatic condition (more vital organ system) resolves, and the disease process is pushed to the more superficial skin (eczema).
- **In Reverse Order of Appearance:** If the asthma appeared before the eczema, its temporary return and subsequent resolution align with the principle of symptoms disappearing in the reverse order of their original appearance, indicating that the body is unwinding the disease process from its chronological onset.

Case Study 3: Migraines and Urinary Tract Infections (UTIs)

Consider a patient suffering from chronic migraines for many years, who also developed recurrent urinary tract infections (UTIs) more recently. After homeopathic treatment, the migraines become less frequent and severe. As the migraines subside, the patient might experience a temporary increase in UTI symptoms, which then resolve completely, leading to a sustained improvement in both conditions. This pattern is often interpreted as:

- **From Above Downwards:** The symptoms in the head (migraines) resolve before the symptoms in the lower body (UTIs).
- **From More Important to Less Important Organs:** The central nervous system (involved in migraines) is considered more vital than the urinary tract, and the healing progresses from the more vital system to the less vital one.
- **In Reverse Order of Appearance:** If the migraines were an older symptom than the UTIs, their resolution followed by a temporary return of the more recent UTI symptoms, and then their final resolution, fits the reverse chronological order.

These anecdotal accounts, while not conclusive scientific proof, form the basis of clinical observation for many practitioners who use Hering's Law as a guide to assess the direction and depth of healing. They highlight the belief that true healing involves a systematic unwinding of the disease process, often bringing old or suppressed symptoms to the surface before their ultimate resolution.

Scientific Perspective and Challenges

While Hering's Law is a cornerstone of homeopathic clinical practice, it faces significant challenges from a conventional scientific perspective. The primary critique revolves around the lack of rigorous, controlled studies to empirically validate its claims. Most of the evidence supporting Hering's Law comes from anecdotal case reports and clinical observations within homeopathic settings, which, while valuable for practitioners, do

not meet the standards of evidence-based medicine.

Key challenges and points of contention include:

- **Lack of Empirical Evidence:** There is a scarcity of double-blind, placebo-controlled trials specifically designed to test the predictability of Hering's Law. The subjective nature of symptom reporting and the variability in individual healing responses make it difficult to design such studies.
- **Confounding Factors:** In clinical practice, many factors can influence symptom presentation and resolution, including the natural course of the disease, lifestyle changes, other medical interventions, and the placebo effect. It is challenging to isolate the specific influence of a homeopathic remedy and the operation of Hering's Law from these confounding variables.
- **Interpretive Bias:** The interpretation of symptom changes through the lens of Hering's Law can be subjective. What one practitioner views as a healing aggravation, another might see as a worsening of the condition or a new symptom unrelated to the original illness.
- **Mechanism of Action:** Conventional medicine seeks to understand the biochemical and physiological mechanisms underlying disease and healing. Hering's Law, rooted in the concept of a vital force and energetic imbalances, does not align with current biomedical models, making it difficult to explain its proposed mechanism of action within a conventional scientific framework.

Despite these challenges, proponents of Hering's Law argue that its consistent observation in clinical practice by experienced homeopaths over centuries lends it a form of empirical validity, even if it doesn't fit neatly into the current paradigm of scientific research. They emphasize that the law serves as a valuable prognostic tool, helping practitioners assess the depth and direction of healing and differentiate between genuine cure and mere symptom suppression.

CONCLUSION

Hering's Law of Cure remains a fascinating and

often debated concept, particularly within the realm of holistic and complementary medicine. While it provides a compelling framework for understanding the directional patterns of healing observed in homeopathic practice—from within outwards, from above downwards, and in reverse order of appearance—its scientific validation remains a subject of ongoing discussion and research. The anecdotal evidence and clinical observations, while persuasive to many practitioners, highlight the need for more rigorous, controlled studies to fully explore and substantiate the claims associated with this law.

Regardless of its scientific standing, Hering's Law serves as a guiding principle for many who seek to understand the body's innate capacity for self-healing. It encourages a perspective that views symptom changes not merely as isolated events, but as part of a dynamic and often complex process of recovery, where the temporary reappearance of old symptoms can be interpreted as a positive sign of deeper healing at play. As healthcare

continues to evolve, the exploration of such holistic principles, alongside conventional scientific inquiry, may offer new avenues for understanding and facilitating true health and well-being.

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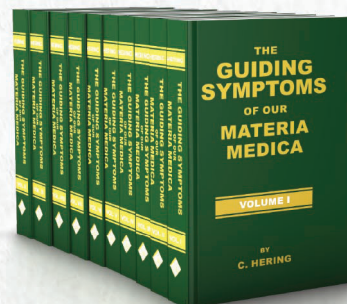
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Guiding the Cure: Practical Evidence for Hering's Law in Homeopathy

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Keywords

Hering's law, Homoeopathy, Miasmatic remedy, Cure, Similimum

Abstract

Assessing how well "individualized" or "classic" homeopathic treatments work for long-term health issues has always been a central, and often debated, topic in homeopathy. When a homeopath chooses a remedy and its dose, they're not just looking at a conventional diagnosis. Instead, they're meticulously matching the patient's whole symptom picture with what's known about the remedy, diving into complex details like miasms, constitution, and susceptibility. The challenge is, much of the research out there on this topic is a bit murky, often inconclusive, and rarely put through the wringer of high-quality trials.

Hering's Law of Cure provides an important framework for understanding the progression of healing. This principle suggests that when a constitutional remedy truly works, your body's "vital force" responds in a clear and consistent way. We see symptoms improving in a predictable pattern: from the top of the body downwards, from deep within outwards, from the most important organs to the least important, and, it's interesting to note that they disappear in the opposite order of their initial appearance. Given how important Hering's

Law is in clinical practice, it's a real gap that we don't have a formal, systematic way to measure or track this principle. Imagine developing a tool that could assess a patient's progress based on Hering's Law! It would not only help us truly understand its relevance in practice but also serve as a valuable way to track both the results and the process of healing. This is especially vital since many current outcome measures in homeopathic clinical trials often don't quite fit the unique model of homeopathic healing.

Introduction

Homeopathy seeks to cure by addressing the patient's complete set of symptoms, which are believed to be managed by their vital force.¹

Hering's Law of Cure is considered important to the philosophy of homeopathy and possibly other complementary therapies such as naturopathy and acupuncture. Hering is credited with developing this concept, and its importance was later highlighted by Kent..²

Homeopaths are trained to evaluate the effects of a 'constitutional prescription' on the patient's 'vital force' based on the principles of this law. It is thus used clinically to contextualize symptom reporting during treatment and to monitor signs of cure by differentiating symptoms that indicate positive healing responses from other symptoms

which may be due to the disease process or side effects from conventional medication.^{3,4}

Hering's Law of Cure suggests that as a patient heals, they may experience a temporary worsening of existing symptoms (known as "aggravations"), develop new symptoms that indicate a positive healing shift, or see old symptoms reappear in reverse order of their initial manifestation. These patterns of cure are believed to follow specific directions:

- Symptoms of improvement progress from the head downwards. For instance, a skin rash might shift towards the hands, or a sore throat may heal before a sore knee.
- From the Inside Out: Healing involves the disease moving from internal organs outwards. This can appear as increased sweating, fever, loose bowel movements, excessive mucous production, or frequent urination, sometimes rapidly, termed a healing crisis.
- From the Most Important Organs to the Least Important: The body prioritizes healing in vital organs (e.g., lungs or liver) first, as these pose the greatest threat. Healing may then manifest as the disease moving to less critical organs, like the skin.
- In the Reverse Order of Appearance: During healing, previously suppressed diseases may resurface. For example, a patient with a history of childhood eczema, then hay fever, and finally asthma, might experience the return of hay fever followed by eczema as healing progresses.⁵

In an important perspective challenging a strict interpretation of Hering's Law, one author has candidly noted difficulties in consistently substantiating its principles in their own clinical experience. They highlight that, contrary to the expectation of symptoms disappearing from "head down," it's rarely observed that chronic polyarthritides patients experience symptom resolution starting from the head and moving to the extremities. More frequently, this author observes that pain and joint symptoms resolve in the reverse order of their appearance, even if this means moving from below upwards. For example, if arthritis

first appeared in the knees and then the ankles, the ankles would improve before the knees.

Similarly, when treating a patient with a complex of functional complaints—such as fatigue, anxiety, irritability, digestive issues, joint pain, and acne—this author suggests that symptoms rarely disappear in the strict - Reverse Order of Appearance, Inside Out, Head Down, Most Important to Least Important. Instead, with the *simillimum*, many symptoms often begin to improve simultaneously, resolving in the reverse order of their appearance, rather than necessarily following the "above downwards" or "inside outwards" rule. It's not uncommon, they observe, for the most recent symptom (like acne) to disappear readily, while the oldest symptom (such as an emotional disturbance) is the last to fully resolve.

Furthermore, this author points out that in acute febrile diseases, where symptoms progressed from chills to fever, then perspiration, and finally weakness, recovery under homeopathic treatment is often rapid and gentle. However, this recovery does not typically involve the patient re-experiencing perspiration, then fever, and finally chills. They conclude that during recovery from acute conditions with homeopathic treatment, patients do not re-experience their original symptoms one by one in the reverse order of their appearance, indicating that more exceptions to Hering's Law can be observed.⁶

1. Certain viral diseases, like chickenpox, smallpox, measles, and herpes, show a unique pattern of expression that's opposite to typical skin conditions. These neuro-ectodermal diseases begin with an internal rash (enanthema) before external eruptions (exanthema) appear, releasing toxins from the body's core outwards and from top to bottom. Consequently, as these conditions heal, the symptoms resolve in the reverse order: from the periphery inward and from the bottom upwards. If these diseases are suppressed in individuals predisposed by their "miasms" (a homeopathic concept), it can lead to neurological issues like encephalitis.
2. In cases of incurable diseases, particularly those affecting the genetic code (sometimes referred to as the 7th Layer), a "compensatory

cure" can occur. This means that while a full cure isn't possible due to structural genetic abnormalities, the constitutional similimum (the most appropriate homeopathic remedy) helps restore function to a near-normal state. Importantly, these compensatory cures do not follow the typical directions of healing described by Hering's Law.⁷

"We can only understand the forces of nature by and through law; because law is the relater of all things, as it is only through it the unknown principle (the miasm) is clearly revealed to us with all its attending phenomena. It is also true that we can only see through law the mystery of suppression, for suppression itself is a retrograde process or a deflection of law, or it is a physiological law opposed. The physician who suppresses any miasmatic state, or disease process if you wish, is an enemy of law or at least there is no mutual understanding between him and law. We must first know that law rules not alone the visible things, but all invisible as well... Why? Because both the life and the disease (and you know disease is perverted life) work from within outward and from above downward and not from without inward; even the very unit of life (the cell) works from within outward or from its nucleus. The life is within, not without; the disease is within, not upon the surface. It is only an expression of it that you see. You can never see disease any more that you can see life itself. Therapeutically speaking then, we must enter into correspondence with it (life), we must deal with that which animates the organism and gives it its being, the life. Nature is the complement of life; but we must assist nature through its right channels and by the way of law. Disease appears through the medium of the same law that governs life, and we must work with it along these lines.

The miasm is the opposing force to the life force; therefore the forces being against it must be in true opposition to the miasm and not alone against the life itself or we disturb it more. It must go with the life (force) and work through the life (force) and be in co-operation with life (force). Any other procedure endangers suppression or a greater deflection of the perverted life force."⁸

When treating chronic conditions, if the

fundamental "miasmatic" remedy which is a deep-acting homeopathic medicine addressing the root cause of the disease, often linked to inherited predispositions- isn't given at some point, the patient's symptoms will likely only be palliated which means temporarily relieved or, as Hahnemann noted, simply "suspended for a time." This means the illness will eventually return, often worse than before.

It suggests that only a well-chosen anti-miasmatic remedy can truly fulfill the "law" of cure, effectively combating the disease and bringing about genuine healing. It suggests that without addressing these underlying miasmatic influences, complete and lasting resolution of chronic illness is not possible..⁹

To assess the practical manifestation of Hering's Law of Cure in clinical settings, various tools have been developed. This article incorporates findings from a study that introduced the Patients' Response Assessment Tool After Homeopathic Treatment (PRATHoT), a modified version of the Hering's Law Assessment Tool. The development and application of PRATHoT highlight key considerations in evaluating treatment responses according to Hering's principles.

The developed PRATHoT tool successfully integrated diverse expert judgments and analytical techniques, mitigating common Delphi drawbacks like "bandwagon effect" through strict confidentiality and limited rounds (four). Unlike the Hering's Law Assessment Tool, PRATHoT offers a more meticulous "new symptoms appear" section and avoids arbitrary time restrictions and the term "healing crisis." While an initial negative correlation with pain VAS scores was observed due to the inability to categorize Hering responses early, PRATHoT provides a rigorous qualitative assessment of outcomes, differing from quantitative tools like Outcome in Relation to Impact on Daily Living.

Despite its promising nature for assessing individualized homeopathic prescriptions, PRATHoT should be interpreted with caution. Limitations include a restricted number of experts and potential for inter/intraobserver bias due to its reliance on therapist interpretation. Further validation with a larger expert group, extended follow-up

in chronic conditions like osteoarthritis, and in diverse clinical settings is crucial. Ongoing research is working to integrate PRATHoT with the Outcome in Relation to Impact on Daily Living tool, while also striving to correct any existing biases. The authors suggest PRATHoT's utility in case reports, observational studies, clinical trials, and everyday practice.¹⁰

Hering's 'Law of Cure' is a key concept in homeopathy, believed to predict successful treatment. However, there hasn't been a formal way to measure treatment outcomes based on this law—until now. The author has developed a straightforward assessment tool called the Hering's Law Assessment Tool (HELAT). Its purpose is to clearly identify and distinguish patient responses that align with Hering's Law from other kinds of symptomatic changes during homeopathic treatment. This work details how the HELAT was created and evaluates its face, content, and predictive validity.

The Hering's Law Assessment Tool (HELAT) was meticulously developed through a multi-phase process involving literature review, expert homeopath discussions, and clinical experience. Initial validation efforts, including review by experienced homeopaths for face and content validity, and a pilot phase for refinement, proved successful. Critically, in Phase Two, HELAT demonstrated promising predictive validity: its total score significantly predicted changes in clinical response (ACR20) in 32 rheumatoid arthritis patients receiving homeopathic intervention over 24 weeks ($B = 1.142$, $SE = 0.462$, $P = 0.013$), independently of the assessing practitioner ($B = 1.04$, $SE = 1.01$, $P = 0.302$). These initial data strongly suggest that HELAT holds considerable promise as a potential clinical and research outcome measure in homeopathy. Further rigorous assessment of its reliability and broader validity is now warranted to facilitate its widespread use in both clinical practice and research trials. The HELAT was developed through literature review and expert consensus, with initial testing demonstrating promising face, content, and predictive validity. Specifically, the HELAT total score was found to predict clinical response (ACR20) in rheumatoid arthritis patients receiving homeopathic treatment. While further formal assessment of reliability and validity is required, these initial findings

suggest that HELAT holds significant potential as a clinical and research outcome measure in homeopathy, offering a standardized way to monitor treatment efficacy in line with Hering's principles.¹¹

Discussion

Assessing the effectiveness of individualized homeopathic treatments for long-term health issues is a central, and often debated, topic. Hering's Law of Cure, with its proposed healing directions—from top-down, inside-out, and in reverse order of appearance—provides a unique framework for understanding how healing unfolds. This principle is crucial for homeopaths, guiding their interpretation of patient responses and distinguishing genuine improvement from other symptomatic shifts.

However, the consistent application of Hering's Law is not without its challenges. Clinical observations sometimes deviate from its strict tenets; for instance, symptom resolution in chronic conditions may not always follow a "head down" progression, and often, the most recent symptoms resolve before older ones. Furthermore, specific exceptions exist, such as in certain viral diseases or cases of "compensatory cure" for incurable genetic conditions, where healing patterns fundamentally differ.

The creation of tools like the Patients' Response Assessment Tool After Homeopathic Treatment (PRATHoT) and the Hering's Law Assessment Tool (HELAT) represents a major step forward, even with the challenges involved. HELAT, for example, has demonstrated promising predictive validity in rheumatoid arthritis, correlating with improved clinical outcomes. These tools are vital for systematically measuring and tracking the nuances of Hering's Law, thereby strengthening the evidence base for homeopathy and ensuring outcome measures align with its unique healing model. While further validation is needed, these instruments offer a crucial step towards more rigorous and standardized assessment in homeopathic practice.

CONCLUSION

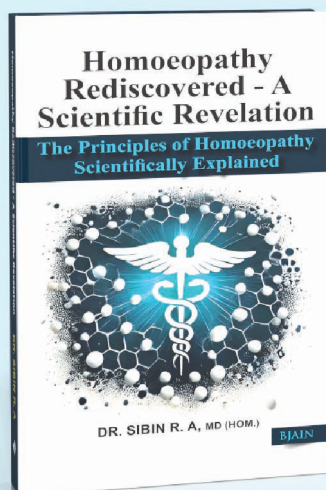
Successfully interpreting Hering's Law of Cure

in practice demands a deep understanding of homeopathic philosophy regarding health and illness. This isn't a quick study; it's often a lifelong learning process, mirroring the intricate nature of homeopathy itself.

Every patient's case is unique, evolving individually. A homeopath must thoroughly investigate each person's specific journey, considering their unique miasmatic (underlying chronic disease) tendencies and any history of suppression of symptoms. Only by grasping these individual complexities can Hering's Law be accurately applied. This allows practitioners to effectively guide the healing process using similimums—the precise, individually tailored remedies—ensuring a profound and lasting cure.

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Authored by
Dr Sibin R A

From Depth To Surface: The Healing Philosophy of Hering's Law of Cure

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Keywords

Cure, Homoeopathy, Modern Therapies, Prognosis, Similimum, Suppression

Abstract

Hering's Law of Cure, a foundational concept in homoeopathic philosophy, outlines the predictable direction in which true healing unfolds from within outward, from above downward and in the reverse order of the appearance of symptoms. This article reinterprets the classical doctrine through the lens of modern homoeopathic practice, emphasizing the journey of symptoms from the innermost layers of human experience mental and emotional toward the periphery of the body. "From Depth to Surface" captures this dynamic unfoldment, where cure is not merely the disappearance of symptoms but a reversal of disease expression through time, space and hierarchy of organs. By integrating historical insights, clinical evidence and philosophical reflections, the article reveals how Hering's Law remains a timeless compass in assessing progress and prognosis. This healing philosophy challenges superficial notions of recovery, advocating instead for a deeper, orderly and individualized path to restoration.

Introduction



DOB: 01/01/1800

The Father of American Homoeopathy, Dr. Constantine Hering, was born on the midnight of January 1st, 1800 in the town of Oschatz in Saxony (now in Eastern Germany). He is a well-known

American homoeopath, observed "The law of direction of cure" is also called the "Hering's law of cure". This law states that "the cure takes place from above downwards, from within outwards, from the more important organ to the less important organ and in the reverse order of the appearance of symptoms" in a patient who got the similimum medication.^[1] An excellent sign is the return of previous symptoms following the administration of a treatment. A patient in such a condition indicates that a cure is unavoidable.

Constantine Hering: From Critic To Champion Of homoeopathy

Constantine Hering began his medical studies in 1817 at Dresden and later at Leipzig University, where he worked under Dr. Henrich Robbi, a vocal critic of Homoeopathy. In 1821, Hering was tasked with writing a book against Homoeopathy. While researching Hahnemann's work to criticize it, he came across the challenge in *Materia Medica Pura*: "Repeat the experiment" Intrigued, Hering repeated the Cinchona experiment and was astonished to find Hahnemann's claims valid. This marked the beginning of his transformation.^[2]

In 1824, after a dissection injury led to gangrene, conventional medicine failed him. A follower of Hahnemann treated him with **Arsenicum album**, which saved his life. This personal experience deepened his belief, and he abandoned the anti-homoeopathy project.^[2]

Hering earned his M.D. in 1826 with a thesis titled *De Medicina Futura*, declaring Homoeopathy as the medicine of the future. From 1827–1833, he conducted scientific research in Surinam, where he also discovered and proved **Lachesis** from the

venom of the Bushmaster snake. Eventually, he settled in Philadelphia in 1833 and became one of the foremost pioneers of Homoeopathy worldwide.^[2]

He proved 72 drugs, out of which the following are the most important: Cantharis, Colchicum Autumnale, Iodium, Mezereum, Sabadilla, Sabina, Psorinum, Nux moschata, Lachesis, Crotalus Horidus, Apis Melfica, Hydrophobinum, Phytolacca Decandra, Platina, Glonoine, Gelsemium, Kalmia, Ferrum Metallicum, Fluoric Acid, Phosphoric Acid, Calcarea Phosphorica etc.^[2]

Philosophical And Historical Context

The roots of Hering's Law are found in Hahnemann's teachings, particularly in the Organon of Medicine. In §73–§81, Hahnemann describes how diseases develop chronologically and how old suppressed diseases can reappear during cure.^[3] However, Hering refined and codified these observations into a coherent law, through his extensive clinical experience and in-depth understanding of the vital force. In paragraphs 161 Organon of Medicine, Hahnemann says 'The original symptoms of a chronic disease should be the last to aggravate or become more prominent before disappearing, at the end of treatment when the cure is almost finished'. These are some of the references from the Hahnemann's works regarding the direction of cure.^[3]

Hering's observations were also influenced by the doctrine of direction of cure found in ancient medicine and nature's healing process, where deeper disturbances are resolved before superficial manifestations, reflecting an orderly elimination of disease.^[4]

Hering's Law stipulates that during a curative response to a prescription, symptoms improve in the following way:

- From within outward
- From above downward
- From the most important to the least important organs
- In the reverse order of appearance

Pioneer's View

1. Dr. Samuel Hahnemann: foundation Before Hering

Although Hahnemann didn't explicitly state Hering's Law, his concept of "healing the vital force dynamically" and the idea of symptom evolution (aphorism 73) laid the groundwork. He spoke of the "order of symptom disappearance" in terms of disease direction and chronic miasmatic evolution.^[3]

2. Dr. J.T. Kent

"A prescription is correct if the symptoms disappear in the reverse order of their appearance"

Kent's 11th observation is old symptom are observed to reappear. Dr. Kent Firm supporter of Hering's Law. He used the law to assess remedy action, particularly in deep-seated chronic disease. Dr. Kent Stated: "If old symptoms return in reverse order, be thankful — it is the beginning of true cure". He Emphasized the direction of cure as part of "orderly progress of vital economy".^[5]

3. Dr. H.A. Roberts

"Growth, Development and cure are centrifugal and never centripetal"

He warns against suppressing symptoms, as this can drive disease deeper into vital organs and disturb the vital force. According to Roberts, the re-appearance of old symptoms and the outward movement of disease are positive signs of curative progress, showing that the vital force is actively restoring balance in harmony with natural laws.^[6]

4. Dr. Stuart Close

"No prescription is complete without the law of direction taken into account"

He described Hering's Law as a "clinical law" rather than a theoretical one. He advocated using it as a diagnostic tool to differentiate suppression from cure. He emphasized it should guide remedy repetition and remedy selection. He Integrated the law with principles of chronic disease management.^[4]

5. Dr. Richard Hughes

He questioned the universality of Hering's Law, it is more conservative. He said his worked mainly as an observation, not an inviolable rule and called for more empirical validation. Dr. Hughes's view reflects the scientific skepticism in early 20th-century of homoeopathy.^[7]

6. Dr. Margaret Tyler

"The skin may speak last in sickness but heals first in cure"

She observed clinical confirmation of Hering's Law in children, skin diseases, and in acute eruptions. She warned of ignoring of this law as a common mistake leading to suppression. Example - She describes cases where eczema reappeared after internal disease improved — taken as a good sign.^[8]

Modern Indian Perspectives

1. Dr. P. Sankaran

He called it the "law of direction" and emphasized it as key to interpreting remedy action. His book "The Elements of Homoeopathy", he integrates Hering's Law with miasmatic theory.^[9]

2. Dr. Rajan Sankaran

He uses the law dynamically in his system of levels of experience and vital sensation approach. He reaffirms that the return of old symptoms is a sign of deep healing.^[10]

3. Dr. George Vithoulkas

"Healing occurs only if the Hering direction is followed"

He is strong proponent of Hering's Law. He incorporated it into his concept of the Levels of Health and uses the law to classify curable and incurable conditions. He validates the law with hundreds of clinical cases, Promotes it as a predictive tool for prognosis.^[11]

Clinical Application

- Hering's brilliance was what helped us to understand the process of cure or the direction of cure.

- Case Assessment and Remedy Response: Hering's Law aids in evaluating remedy effectiveness. A perceived "aggravation" or return of older symptoms may actually indicate progress rather than relapse. For instance, a patient recovering from depression might temporarily exhibit symptoms of an old skin eruption that was previously treated with suppressive ointments.^[10]
- Avoidance of Suppression: Modern medicine often emphasizes symptom elimination rather than systemic balance. Hering's Law cautions against this, highlighting that superficial symptom removal without addressing inner dysfunction leads to disease migration to deeper, more vital organs.^[11]
- Chronic Disease Management: Chronic miasmatic cases, as elaborated by Hahnemann in The Chronic Diseases, often show layered pathology. Hering's Law becomes especially critical in unfolding these layers during long-term constitutional treatment.^[12] It guides the physician in understanding the order of symptom resolution and predicting future changes.
- Helps train students and new practitioners to interpret complex cases.
- Aids in tracking the sequence of symptom disappearance.
- Prevents confusion when older symptoms reappear temporarily—often a positive sign rather than a relapse.
- It aids in evaluating remedy effectiveness during follow-ups, an essential part of evidence-based homoeopathy.

For a homoeopath Hering's law of cure is like to a compass for a sailor or navigator

Modern View: Four Directions Of Healing

1. Top to Bottom (Above Downward)

The concept of Neurological and energy balance begins in the central nervous system (brain and spinal cord) and reflects improvement down through the peripheral systems. In autoimmune conditions, brain fog may lift before limb

symptoms improve.

2. Inside to Outside (From Within Outward)

The body eliminates toxins or disease imprints through the skin, mucous membranes, or secretory organs. Skin eruptions or sweating may occur during deep detox or healing from chronic conditions (e.g., eczema reappears as asthma heals).

3. More Vital to Less Vital Organs

During healing Vital organs like the brain, heart, lungs and kidneys are preserved; symptoms may shift to less critical systems like the skin or joints as internal stability is restored. In rheumatoid arthritis, joint pain flares might return temporarily while cardiac inflammation subsides.

4. Reverse Order of Symptom Appearance

The body retraces past illnesses in reverse sequence - as each layer is healed, older suppressed symptoms may resurface temporarily before they disappear. A person with childhood eczema that later developed into asthma may experience a return of eczema as the asthma improves.

How Modern Therapies Reflect Hering's Law

1. **Functional Medicine:** Focuses on root cause healing, tracking symptoms backward to their origin, they use detox protocols, gut repair, and immune modulation aligning with “within outward” healing.
2. **Integrative Detox:** Promotes skin eruptions, sweating, urination, or stool changes as signs of successful detox – paralleling “from within outward”.
3. **Psycho-Neuro-Endocrine Approaches:** Healing from trauma often starts with deep emotional regulation (within) and reflects physically (outward).
4. **Homoeopathy & Ayurveda:** They still follow Hering's principles as diagnostic tools to evaluate whether healing is true or superficial.

Clinical Indicators And Tools For True Healing

From the perspective of Dr. J.T. Kent, Hering's law of cure is not merely a theoretical rule but a

vital clinical guide for evaluating the direction of true healing. Kent deeply emphasized the hierarchy of human structure, beginning with the innermost aspects of man—will, understanding and memory (the mind)—and extending outward to the vital organs, tissues and finally the skin and symptoms should move from within (mental/emotional) to without (physical) during true healing. This direction—from the mind to the body and from vital to less vital organs—is essential for evaluating the effect of a prescription. A patient may feel worse when physical symptoms appear, but if mental symptoms improve, this is a **positive sign**. For instance, improvement in a mental case followed by diarrhea or kidney symptoms indicates recovery. However, if a physical condition improves and mental issues arise (e.g., depression or suicidal thoughts), it is a **dangerous signal** and requires immediate correction. The law of cure also shows that symptoms may progress outward through the skin or organs and when eruptions or discharges follow internal improvement, the patient is on the right path. Understanding this sequence prevents premature interference and ensures accurate treatment assessment.^[13]

CONCLUSION

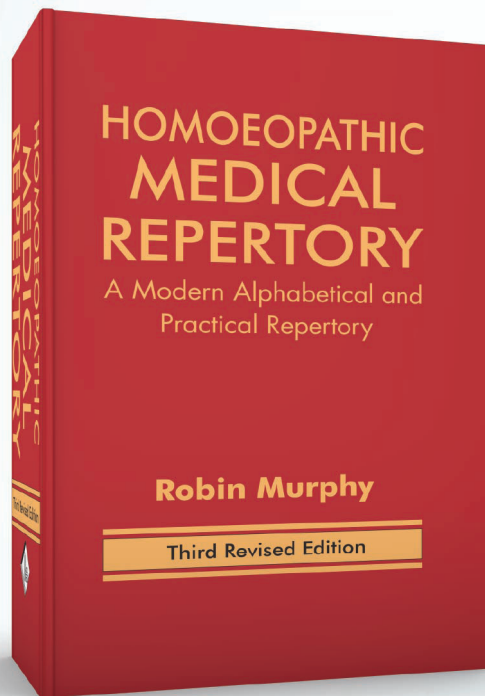
In the evolving landscape of integrative and evidence-informed healthcare, Hering's Law of Cure remains a relevant clinical tool—bridging traditional homoeopathic wisdom with modern holistic understanding. Its emphasis on the directionality of healing aligns with current models that view health as a dynamic balance between physical, emotional, and psychological layers. While scientific validation continues to be explored, the law's practical application in case management and symptom analysis supports individualized, patient-centered care. Embracing this philosophy invites practitioners to look beyond surface relief, recognizing deeper patterns of healing that honor both the chronology and complexity of human illness. From depth to surface, the law continues to guide a thoughtful, compassionate, and systemic approach to cure in contemporary homoeopathic practice.

CONFLICTS OF INTEREST: Not Available

FINANCIAL SUPPORT: Not Available

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HOMOEOPATHIC MEDICAL REPERTORY



Dr Robin Murphy

Efficacy of Homoeopathy in the Treatment of Renal and Urinary Stone Disease

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Keywords

Homoeopathy, Renal Stone, Urinary Stone, Individualization, *Cantharis*.

Abstract

Background: Homoeopathy is a holistic system of medicine that has shown efficacy in treating renal and urinary stone diseases without side effects.

Objectives: To determine the efficacy of homoeopathy in the treatment of renal and urinary stone diseases through a case study of a large-sized stone arrested in the prostatic part of the urethra.

Materials and Methodology: A case report of a 38-year-old male presenting with dysuria and hematuria, confirmed by ultrasonography (USG). Pre-treatment reports, along with the expulsion of a 9.8 × 6.4 mm stone, were evaluated to assess effectiveness.

Results: Following individualization, *Cantharis* was prescribed. The patient expelled the large stone along with smaller calculi within 48 hours.

Conclusion: Homoeopathy, when prescribed on the principle of individualization, can be effective in the treatment of renal and urinary stone disease.

Introduction

Before we proceed further to study renal stone, we should be clear about the basics of the kidney, its location, structure, and functions. Our urinary system consists of kidney, ureter, urinary bladder

and urethra. The kidney is a vital organ that removes waste and filters our system.

Kidneys are a pair of bean shaped organs on either side of the vertebral column. Each kidney is roughly 4-5inch long, around the size of your first fist.

- Left kidney: located at T12 to T13 vertebrae,
- Right kidney: located slightly lower due to displacement of liver.
- Upper portion of kidney is protected from 11th and 12th rib.
- Weight- male: 125-175 gm, female: 115-155gm.
- Dimensions: length 11-14cm, width approx. 6cm, thickness approx. 4cm.
- Kidneys are excretory organs that help body pass waste as urine, they also filter blood before sending it back to heart.
- URETER: size of ureter is approx. 30cm [11.81] in adults, 3-4mm in diameter. [Because of this, stones that are 7mm or larger are unlikely to pass spontaneously.]

There are following sites where a kidney stone will commonly become stuck:

1. At the ureteric junction of renal pelvis,
2. As the ureter passes over the iliac vessels,
3. Where the ureter enters the urinary bladder [vesicoureteral junction].
4. In the urinary bladder.

4. In the prostatic part of urethra.

Types of Renal Stone:

1. **Calcium Oxalate Stones:** Most common type of stone. It results when urine contains low levels of citrate and high levels of calcium and oxalate or uric acid. It is mostly caused by the intake of beets, black tea, chocolate, nuts, potatoes and spinach.
2. **Calcium Phosphate Stones:** It is caused by abnormalities in the way the urinary system functions. It occurs simultaneously with calcium oxalate stones.
3. **Struvite Stones:** It occurs most commonly in women. It is caused by certain types of UTI. These bacteria or infectious agents grow quickly and become large, sometimes occupying the entire kidney. If it is left untreated it causes severe UTI and even loss of kidney function.
4. **Uric Acid Stones:** This type is more common in men. It occurs in those people who did not drink sufficient water or have a high diet in animal protein. Occurs more commonly in those who have gout, family history or had chemotherapy.
5. **Cystine Stones:** It is caused by hereditary genetic disorder called cystinuria that can lead to excessive amounts of amino acid cystine collecting in urine. This can result in formation of stone in the bladder and ureter, which transports urine from kidney to bladder.

Homoeopathy and Renal Stone:

Homoeopathy plays a very important role in cure of renal stone. Homoeopathy has got some very effective remedies for expulsion of renal stone. According to the symptoms, similarity individualized the patient and remedy can be selected. These remedies are safe, effective, and without any side effects.

Common 10 Homoeopathic Remedies for Renal Stone:

1. **Benzoic Acid:** Nephritic colic with offensive

urine. Urine deep red, of strong odor, at times dark brown in color, smells cadaverous, putrid. Urine alternately thick like pea soup and then clear like water. Patient feels as if urine is profuse, thick and offensive, suffers in joints-heart when it is clear and scanty.

2. **Berberis Vulgaris:** It is an excellent homoeopathic remedy for kidney stone when there is radiating type of pain from kidney to bladder. It has tearing cutting pain in kidney, extending down the ureters to the bladder or urethra, or shooting all through the pelvis and into the hip, cutting and sticking pain in bladder and urethra. In this kidney pain extend to testicle of affected side, urine hot, dark, or bright yellow or blood red with white, greyish, or bright red, meanly sediment or red granules or yellowish red crystals. Cannot bear jar. Urine dark, turbid, with copious sediment, slow to flow, but constantly urging.
3. **Calcarea Carb:** Extremely useful when stones are composed of calcium. Acts well in cases of kidney stone, irritable bladder, incontinence while walking, and urine is dark brown, sour, foul, or of strong odor, white sediments with white milky urine, at times bloody.
4. **Cantharis:** One of the best homoeopathic remedies during paroxysm of renal colic. Pain and excitement found in no other remedy. Renal region sore and sensitive to touch, dull pressing pains in kidney, cutting contracting pains in ureter and down the spermatic cord, with retraction of testicles or shooting into legs or thighs. Intolerable urging, before, with, and after urination, violent pain in bladder {cystitis}. Thirst with aversion of all fluids.
5. **Chimaphila Umb:** Constant pain in the region of the kidneys. Fluttering sensation in kidneys. Catarrh of bladder caused by stones. Smarting pain from neck of bladder to end of urethra. Great quantities of thick, ropy, bloody mucus in urine. The urine color of green tea. Queer symptoms feel as if sitting on a ball.
6. **Lithium Carb:** Kent's repertory gives lithium carb. In black type for renal calculi. Curious symptoms, "pain in hearts when urinating: when bending over". Heavy deposits,

urine- dark, reddish brown. Soreness and sharp sticking pain on the right side of the bladder.

7. **Lycopodium:** It is one of the main homoeopathic remedies for kidney stones. It helps in kidney stone removal when there is right renal colic, pain extending down [right] ureter to the bladder, with frequent urging to urine, urine scanty, high colored and deposits a red or yellowish red sandy sediment. Severe back-ache while passing urine, rumbling and blot- ted feeling in abdomen. In this kidney stone pain extends along the ureter and ends in the bladder, not down leg. Lithic acid in urine. Red sand in clear urine. Can dissolve phos- phate stones.
8. **NUX VOMICA:** Indicated in renal calculi when one kidney, especially the right, is the seat of the disease. Pain extending to genita- lia and down legs, with nausea and vomit- ing. Each pain shoots to the rectum and urges to stool. Must strain to urinate, bladder is full and urine dribbles away, yet when he strains it ceases to dribble.
9. **SARSAPARILLA:** Urine dribbles away when sitting, on standing passes urine freely, pass- es gravel or small calculi, blood with last or urine, painful retention of urine. Sand in urine or in diapers, has to get up several times at night to urinate, intolerable smell of genita- ls and of urine, thinking of his pains causes them to return or grow worse. Pain from right kidney to downward. Tenesmus, extreme pain at conclusion of urination, yells with pain or urine passes without sensation. White sand in scanty, slimy or flaky urine, or red sand in clear urine. Urine passes freely when stand- ing.
10. **URTICA URENES:** The use of this homeo- pathic medicine in kidney stone removal is very old. It acts as a cleaning agent of the kid- ney and eliminates gravel from them. When used after expulsion of stones, prevents their recurrence. Kidney stones with thick urine.

Rubrics related to renal stone from Murphy3 and repertory:

STONES, kidney, (38) act-sp, ant-c, apoc, am, bell, **BENZ-AC**, **BERB**, **CALC**, **CALCUL-R**, canth, chin-s, coc-c, coloc, equis, eup-pur, hydrang, ipom, lach, **LITH-C**, **LYC**, med, mill, morg-g, nat-m, nat-s, nit-ac, nux-v, oci, **PARER**, petr, phos, **SARS**, **SEP**, sil, tab, ter, **URT-U**, urva
colic, from stones: (24) bell, **BENZ-AC**, berb, **CALC**, **calcul-r**, canth, chif, coc-c, colch, coloc, equis, hydrang, **LITH-C**, **LYC**, med, mill, oci, **PARER**, phos, polyg, **SARS**, sil, tab, ter
glans pressing, amel: (1) canth
hematuria, with: (1) oci
passage, with writhing, twitching, crampy pain: (1) **dios**
urination, profuse, amel: (1) med
congestive, and inflammatory symptoms, with purulent chalky, or sandy sediment: (1) **phos**
nephritis, causes: (2) **berb**, **nux-v**
pain, from: (24) bell, **BENZ-AC**, **BERB**, **CALC**, **calcul-r**, canth, chif, coc-c, colch, coloc, equis, hydrang, **LITH-C**, **LYC**, med, mill, oci, **PARER**, phos, polyg, **SARS**, sil, tab, ter
glans pressing, amel: (1) canth
hematuria, with: (1) oci
passage, with writhing, twitching, crampy pain: (1) **dios**
surgery, after: (9) **am**, **CALEN**, cham, chin, cupr, mill, nux-v, **STAPH**, verat
urination, profuse, amel: (1) med

Case study:

A gentle man aged 38 years, computer engineer, dark complexion present with hematuria (bloody urine) and dysuria (burning in urine), urine pass- es with narrow steam, sometimes in drop by drops. His urination is not a complete sensation as if some urine remains in the bladder. Desire to press the gland penis to complete urination. Con- stant desire to urinate with incontinence. Cutting pain in urethra. After complete case taking, the patient is thirsty, chilly and has excess sexual de- sire. He is very anxious and restless. Patients' USG reports show multiple small stones in the bladder and a large stone in the prostatic part of the ure- thra.

Physical general symptoms:

- Bloody urine.
- Burning of urine.
- Desire to press the glands penis to complete urination. ·Constant desire to urination.
- Cutting pain in urethra.
- Thirsty
- Thermal condition: Chilly
- Stone in bladder.
- Constant desire to urination with inconti- nence.

Mental General Symptoms:

- Anxious.
- Restlessness.
- Excess sexual desire.

Past History:

Case Report

The patient has a history of cold, coryza.

Family History:

- Mother: Diabetes Mellitus.
- Father: High blood pressure.
- Grandmother: Diabetes Mellitus.
- Grandfather: Nothing known.

Miasmatic Analysis of the case:

This patient is dominant in Sycotic and Tubercular miasm.

Rubrics for Repertorization:

- Mind - Anxiety
- Mind - Restlessness.
- Male - Excess sexual desire.
- Kidney - Renal stone.
- Kidney - Colic from kidney stones.
- Desire to press the glands.
- Bloody urine.
- Burning in urine.
- Constant desire to urinate.
- Cutting pain in the urethra.
- Bladder calculi
- Urine incontinence.

Repertorization:

The screenshot shows the Repertory software interface with a list of rubrics and their corresponding remedies. The rubrics are:

- 1. Mind - ANXIETY, general
- 2. Mind - RESTLESSNESS, mental
- 3. Male - SEX, male - excessive, desire
- 4. Kidneys - STONES, kidney
- 5. Kidneys - STONES, kidney - colic, from stones
- 6. Bladder - BURNING, pain, urethra
- 7. Bladder - BURNING, pain, urethra - urinate...
- 8. Urine - BLOOD, urine
- 9. Kidneys - STONES, kidney - colic, from stones...
- 10. Bladder - BURNING, to urinate - constant
- 11. Bladder - TENESMUS, ineffectual straining...

The remedies listed are: 1. Mind - ANXIETY, general (581), 2. Mind - RESTLESSNESS, mental (411), 3. Male - SEX, male - excessive, desire (86), 4. Kidneys - STONES, kidney (78), 5. Kidneys - STONES, kidney - colic, from stones (24), 6. Bladder - BURNING, pain, urethra (127), 7. Bladder - BURNING, pain, urethra - urinate... (143), 8. Urine - BLOOD, urine (150), 9. Kidneys - STONES, kidney - colic, from stones... (11), 10. Bladder - BURNING, to urinate - constant (130), 11. Bladder - TENESMUS, ineffectual straining... (110).

According to totality and lows of similimum **Cantharis** is selected. **Cantharis M/2** is administered morning and evening and a placebo given 6 hours interval. The large stones with few small stones were expelled at the end of the 2nd day of medication.

Pathological findings

USG Report : 13-05-2020 During treatment.

The USG Report from Aalok Healthcare Ltd. dated 15/10/2020, for patient MR. TAREQ, Ref. Doctor DR. MD. SALIMUR RAHMAN BHMS, Age 38Y, Gender M. The report details the findings of a 4D USG (Voluson E10) machine. The findings are as follows:

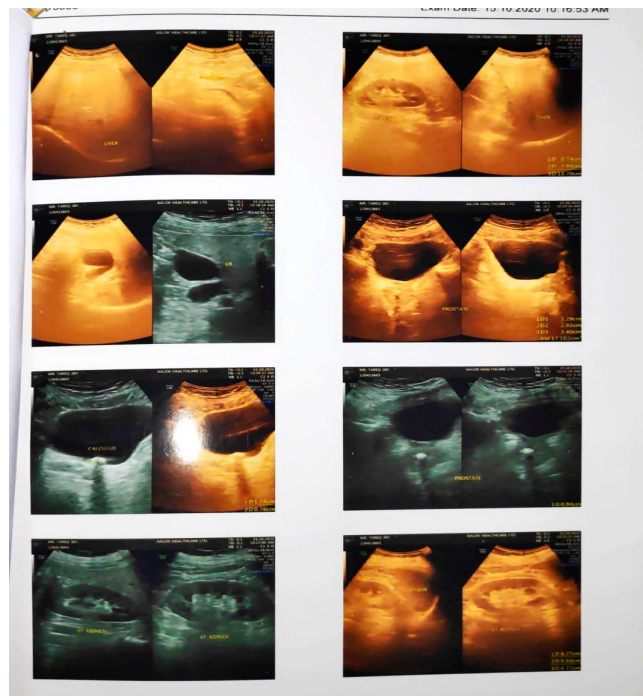
- Liver**: The liver is normal in size (13.7 cm), parenchyma appears homogenous in echopattern with brighter in echogenicity without any focal lesion.
- Gall Bladder**: The gall bladder is well delineated, normal in size and contour with smooth wall of normal thickness. No intraluminal biliary sludge or calculus is seen.
- Biliary Tree**: CBD & other biliary channels are not dilated. No mass or calculus could be detected.
- Pancreas**: The pancreas is normal in size and echopattern. No mass could be detected. PD is not dilated.
- Spleen**: The spleen is normal in size (8.27 cm) and echopattern. Vascular dilation is not present in hilar region.
- Kidneys**: Both kidneys are normal in size (RK 8.74 cm bipolar x 3.99 cm A/P diameter LK 9.56 cm bipolar x 4.77 cm A/P diameter), normal in position with well-defined cortex and medulla. Pelviccalyceal systems of both are not dilated. No mass or calculus could be detected.
- Urinary bladder**: The urinary bladder appears well filled with regular outline. A bright echogenic structure (about 12.8 x 7.6 mm) casting posterior acoustic shadow is noted within urinary bladder. No other intravascular abnormality is seen.
- Prostate**: The prostate is normal in size (3.29 cm x 2.92 cm x 3.40 cm) and normal in echopattern. Volume is about 17.10 ml (normal volume is up to 26 ml). A bright echogenic structure (about 9.4 mm) casting posterior acoustic shadow is noted within prostatic parenchyma.

Comments:

- Fatty change in liver (Grade-I).
- Vesical calculus.
- Prostatic calcification / calculus.

Prepared By: Farsana Ashfar Bini

DR. SARWAT AFRINA AKTER (RUMA) MBBS, MSc (Australia), FCGP, CMU, DMU, Advanced Training on Anomaly Scan, Fetal Echo, TVS, Musculoskeletal, Paediatric, Duplex Doppler, Infertility & Gynae Ultrasound, from Dhaka, Mumbai, Chennai, Delhi, Gujarat, Consultant Sonologist.



Removal of Stone and collection of stone after medication.



Discussion

This case highlights the efficacy of homoeopathic individualized treatment. *Cantharis*, indicated by burning urination, hematuria, restlessness, anxiety, and constant urging to urinate, acted curatively. Homoeopathic medicines not only facilitated stone expulsion but also addressed associated pain and systemic disturbances without surgical intervention.

Dietary Management of Renal Stone:

- People who form renal stone should drink enough water and other fluids to produce at least 2 liters of urine a day.
- Avoid drugs like antacids which contains calcium.
- Avoid high sodium diet. Restrict sodium intake to 500-1000 mg per day.
- People who form calcium oxalate stone should include 800 mg of calcium in their diet every day.
- Avoid alcohol, chocolates, tea, tomatoes, vinegar etc. as they may irritate the urinary tract.

- Consume lots of vit A, all yellow fruits and vegetables.
- Consume vitamin C and zinc to improve immunity.
- Eat less salt, added sugar, and products containing high fructose corn syrup. · Limit your intake of animal protein.
- Avoid food and drinks high in oxalates and phosphates.

CONCLUSION

Homoeopathy has successfully treated cases of renal calculi that are often considered surgical in conventional medicine. Remedies like *Cantharis*, *Berberis vulgaris*, and *Lycopodium* show remarkable efficacy, particularly in recurrent tendencies of calculi formation.

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Observational Study of Hering's Law of Cure Through A Case Report

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Keywords

Hering's law of cure, Homoeopathy, Symptoms direction, Anti-psoric treatment, Skin eruptions, Case report

Abstract

The cardinal principles of homoeopathy give the way to cure the patient whereas Hering's law of cure gives the direction of disappearance of symptoms on the way to cure the patient. According to Hering's law of cure, the cure must proceed from center to periphery, above to downwards and disappearance of symptoms in the reverse order of their appearance. Hering's law of cure is a practical observation which has been commonly seen during treatment on the basis of homoeopathic principles. During OPD duty, many cases are observed to follow Hering's law of cure in which a case of migraine was discussed in this article. This case involved a 25 years old male patient who sought treatment at the G. D. Memorial Homoeopathic Medical College and Hospital outpatient department (OPD) for migraine. The patient underwent individualized homoeopathic treatment for four months, resulting in a complete recovery without any adverse effect. The individualized selection of homoeopathic remedies, based on the totality of the patient's symptoms, proved to be a valuable approach in achieving successful outcomes. This case report highlights the potential of homoeopathy in managing migraine, particularly in cases where conventional treatments may fail to provide consistent results or cause unwanted side effects. During treatment, the symptoms disappear in the reverse direction of their appearance, which is observed in this case which

supports Hering's law of cure.

Introduction

In this era of homoeopathy, "**Similia Similibus Curantur**" or "**Like Cures Like**" is the principle law of cure but Hering's law of cure is widely recognized as the second law of cure.

Hering's law of cure describes the direction of the symptoms of the patient, which disappear during a cure under homoeopathic treatment. During the process of cure, the symptoms disappear in the reverse direction of their appearance. According to Hering, the symptoms goes from center to periphery (from more important to less important organs), above to downward (from head to hands and feet) and in the reverse direction of their appearance during the treatment of acute or chronic diseases which are of non-venereal origin, under the homoeopathic discipline. ^[5]

Hering was the follower and disciple of Dr. Hahnemann and also helped in the scientific work done by Hahnemann for Homoeopathy.

In 1811, *Materia Medica Pura* was firstly published, in which Dr. Hahnemann inaugurated a new arrangement of the symptoms i.e. from above downwards, from inside outwards but also from the parts to the generals. ^[1]

In 1828, Dr. Hahnemann published his first observations and Theories on Chronic Diseases, in which said that "All diseases, acute and chronic of non-venereal origin, come from the original maldy, called Psora". These types of cases are treated with anti-psoric medicines. During treatment, the last symptoms always disappear first whereas the oldest symptoms and the local ailments disappear

lastly. During anti-psoric treatment, if old symptoms return, it shows that the remedy is affecting psora at its root and will do thorough cure. And if skin eruptions appear with all other symptoms improved then it shows the end of treatment is close. ^[2]

In 1845, Hering published “Guide to the Progressive Development of Homoeopathy” which was never published elsewhere. In this essay, Hering writes – “Every homoeopathic physician must have observed that the improvement in pain takes place from above downward and from within outward. If chronic diseases are thoroughly cured, always terminate in some cutaneous eruptions”. ^[3]

In 1875, Hering published the first volume of “Analytical Therapeutics of The Mind”. In this, Hering stated that “only such patients remain well and rarely cure, who have been rid of their symptoms in the reverse order of their development”. In this work, Hering adopted Hahnemann’s arrangement of the *Materia Medica*: “first inner symptoms, then outer ones”. ^[4]

Dr. J.T. Kent writes in the 1st volume of the “Transactions of the society of Homoeopaths” called “Correspondence of Organs and the Direction of Cure” - “Hering was the first introduced the law of direction of symptoms, from within outwards, from above downwards, in reverse order of their appearance. It does not occur in Hahnemann’s writings. It is spoken of as **Hering’s law**. There is scarcely anything of this law in the literature of homoeopathy, except the observation of symptoms going from above to the extremities, eruptions appearing on the skin and discharges from the mucous membranes or ulcers appearing upon the legs as internal symptoms disappear”. ^[5]

CASE STUDY

Patient profile

A patient of 25 years old came to the college OPD and presented with a unilateral temporal headache which troubled her over the last 2 years. He was concerned about his condition as he tried conventional treatments for the same complaint but could not get much benefit. On examination, there was profuse White colored dandruff with itching over the scalp. He is having anxiety about

his future because he did not study his course due to a headache after a long study. The one sided temporal pain is ameliorated by pressure. A history of nausea and vomiting was present during severe headache.

Past Medical History:

The patient had suffered from **Tinea corporis** at the age of 20 which continued up to 2 and half years and the treatment was done by allopathic medicine, leading to full recovery at that time. No history of surgeries, accidents, burns, injuries.

Family History:

Mother has chronic constipation since 15yrs. and taking kayamchurna daily at night and father has hypertension since 2yrs and taking allopathic medicine. No history of Rheumatism, Hemorrhoids, Cancer, Venereal disease, and any contact with or nursing tubercular patients.

Medical History:

The patient had tried various allopathic painkillers and other medicines which were prescribed by doctors for migraine and Homoeopathic, Ayurvedic medicines without relief.

Personal History:

The patient has taken Covid-19 Vaccination in 2021.

Clinical findings:

The patient appeared well nourished and in acute distress. Vital signs were within normal limits, with a heart rate of 78 beats per minute, blood pressure of 120/80 mmHg, respiratory rate of 18 breaths per minute, and an oral temperature of 98.6°F.

The patient was alert and anxious to achieve his goal in life. A general physical examination of the patient revealed normal findings across all systems.

On inspection of the scalp, profuse white colored dandruff.

Physical general:

Appetite – Good, 3meals/day. While eating a meal

he must eat extra salt.

Thirst – 4-5 liters per day, 2-3 hour intervals taking about 500ml of water.

Desire - Salty food and extra salt.

Aversion - Nothing specific.

Intolerance - Nothing specific.

Thermal - Hot patient. Prefer winter.

Stool – chronic constipation since 2yrs, stool do not pass until 3-4 days if purgative (kayamchurna) not used, stool long, narrow, solid, yellow and greasy.

Urine - 5-6/0 D/N, No complaints before, during or after micturition.

Sleep – Disturbed only 4hrs at night after 1 A.M. No waking in between and No specific dreams.

Mental Generals:

The patient has constant anxiety about achieving his goal i.e. govt. job. Mentally restless during paroxysm of severe headache and must move here and there continuously for getting relief. The patient has great irritability and throws things around him. Memory is good. The patient maintains normal social relationships and activities.

Provisional Diagnosis – Migraine without aura (G43.0)

The following characteristic symptoms were considered for the repertorisation:

1. Anxiety about future
2. Restlessness during headache.
3. Irritability during headache.
4. Temples pain ameliorate by pressure
5. White dandruff with itching of scalp.
6. Nausea and vomiting during headache.
7. Salty desire.
8. Constipation.
9. Stool long, narrow.

Repertorisation was done using **Zomeo Elite** Software (Kent repertory) (Mind Technologies private limited, India) and the repertorial result is shown in Table no.1.

Table 1: Repertorisation chart:

The image displays two screenshots of the Zomeo Elite software interface, showing repertorisation charts for various symptoms. The top chart lists symptoms such as Anxiety, Restlessness, Irritability, Headache, etc., and the bottom chart lists symptoms like Stool long, narrow, etc. Both charts show a list of remedies with their corresponding scores, with Phosphorus 200c being the top remedy in both cases.

Therapeutic Intervention:

After thorough case taking, totality formation, converting symptoms into rubrics, repertorisation and studying Comparative Materia medica with differentiating closely associated medicine **Phosphorus** 200c was prescribed on 10th July 2024.

Basis of prescription:

Phosphorus was chosen based on prominent symptoms like anxiety about the future, irritability, headache character, dandruff with itching, salty desire and bad effects of extra salt, nausea and vomiting during headache and chronic constipation.

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

Phosphorus 200c 3 dose in distilled water in weekly intervals is prescribed to take an empty stomach early morning & patients were told to report after 1 month.

Furthermore the dose & potency of **Phosphorus** were boosted as per the need of the 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
10 th July 2024	Headache with dandruff and itching in scalp, constipation.	Phosphorus 200c 3 doses in distilled water, one dose weekly early morning empty stomach, follows sac lac 200c/TDS/14 days.	To give the constitutional remedy and observe the changes.
12 th August 2024	The patient feels better as headache frequency is decreased and also improves in the itching of the scalp and dandruff.	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.
11 th September 2024	Improvement is seen in headache, dandruff, itching in scalp and also constipation. Stool passes without a purgative alternate day.	Phosphorus 1M 2 doses in distilled water, one dose fortnight early morning empty stomach, follows Sac lac 200c/TDS/14 days.	As medicine acts properly, we boost up the potency to fasten the improvement.
9 th October 2024	Mentally now the patient is free from anxiety and irritability. Physical complaints like headache, dandruff, and itching do not appear till date. Stool passes daily. But circular rashes developed with itching on genitals and thighs i.e. tinea corporis.	Sac lac 200c 2 doses in distilled water, one dose weekly early morning empty stomach, follows PL 200c/TDS/7 days. And advised to wash the infected area twice daily and apply coconut oil on that infected surface.	Medicine is acting profoundly. The suppression of tinea corporis 3yrs ago by allopathic medicines and ointment reappeared after constitutional medicine. It means old symptoms appear after new symptoms disappear.

25 th October 2024	Rashes deteriorated and itching subsided.	Sac lac 200c 2 doses in distilled water, one dose weekly early morning empty stomach, follows PL 200c/TDS/7 days.	Medicine is acting properly and old complaints are also removed from the body.
11 th November 2024	Complete removal of present complaints as well as the suppressed complaints of rashes.	Phosphorus 10M 1 dose in distilled water on an early morning empty stomach. Sac lac 200c/TDS/14 days	For finishing the treatment.

Result:

The headache, dandruff and itching on scalp, constipation has improved well and the patient feels better. Initially, *Phosphorus* 200c showed improvement. However, much significant improvement was observed with higher potency *Phosphorus* 1M but the old complaint of tinea corporis reappears after *Phosphorus* 1M. But rashes disappear subsequently without any other medicine and complete removal of all symptoms within a period of 4 months in homoeopathic treatment with general improvement of the patient's well being.

Discussion:

Migraine is mostly presented as a one sided disease. The patient was presented with bilateral temporal headache for 2 years with constipation after a few days of disappearance of tinea corporis. This case was treated with individualized homoeopathic medicine, the case was cured with complete absence of headache and daily stool passes in normal consistency. But in the course of treatment, the old complaint of tinea corporis reappeared. As there is no effective treatment in modern medicine, mainline treatment is painkillers, anti-depressant medicines and sedative medicines.

In this case, after careful history recording, repertorisation and consultation with materia medica, *Phosphorus* 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 *Phosphorus* 200c. However marked improvement with re-appearance of old symptoms was observed with higher 1M potency.

In this case, there is a strong causative factor of *tinea corporis*, treated by modern medicines and ointments. After few days of disappearance of *tinea corporis*, headache started with mental characteristics qualified constipation, dandruff with itching in scalp, prescription made in centesimal potency, with treatment goes on potency were boosted as per as requirement of the case and the result we can observe. This case demonstrates the usefulness of homoeopathic medications in treating Migraine when provided according to homoeopathic principles.

And also we observe that the case was cured in the reverse direction of the appearance of symptoms and also from center to periphery or within to outward direction which are proved by Hering's law of cure. It means that every case which is cured homoeopathically, will follow Hering's law of cure.

CONCLUSION

As this case study shows, patients with migraine may find that homoeopathic treatment is a good and safe alternative. And also observe that the case was cured in the reverse direction of appearance of symptoms and from within to outward direction.

In this way, we treat the patient to cure through homoeopathic principles.

Through this case, we observe that Hering's law of cure is followed in the reverse chronological order of any case. And this way, we proved that Hering's law of cure is authentic and to be followed in every case which is treated by homoeopathic principles.

Declaration of patient consent:

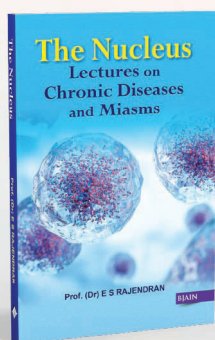
The authors certify that they have obtained all appropriate patient consent forms. In the forms, the patient has given his consent for his complaints and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published and due efforts will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

Financial support and sponsorship: Nil

Conflicts of interest: None declared

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The Nucleus

Lectures on Chronic Diseases and Miasms

ISBN: - 9788131999820

"My interest is not to explore the ultimate cause of origin of psora, at which all my predecessors attempted and failed. My interest is in exploring the concept of 'miasm' and integrating it with the concept of 'totality'. I believe that the deep study of miasm and its integration with the concept of totality helps the physician to attain more perfection in the process of cure, which is the intended goal of every medical man in the world."

BJAIN



Dr. E.S. Rajendran

Practical evidence of Hering's law of cure

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Keywords

Hering's law of cure, Dr Dhawale, Dr Vijaykar, Direction of cure, Clinical case

Abstract

Hering's law of cure:-

The 5 directions of cure Dr. Hering observed were from above, downwards; within, outwards; center to periphery; from more important to less important organs and in the chronologically reverse order of disease development.

This law speaks of recurrence that exists in Nature. With a thorough conceptual understanding of these patterns and conditions necessary to fulfill or violate them, one uses the law with hindsight in the various clinical decisions of remedy choice or change, as well as posology. Often this is not a conscious application, but an intuitive guide after achieving adequate conceptual training of the patterns of cure, supported by clinical experience.

Introduction

Dr. ML Dhawale, a pioneering homeopath and founder of the Institute of Clinical Research, Mumbai, that today runs over 6 successful homeopathic hospitals wrote in his article on *Experimental design for Clinical Research in Homeopathy*⁽¹⁾:

"Homeopathy is scientific in that it is governed by two laws:

1. The Law of Similars: The fundamental law of

selection of the similar dynamic force which demands a total understanding of the concept of the Hahnemannian totality, the ability to perceive it in the area of disease (drug as well as natural) and the capacity to achieve its establishment on the similar plane through the adoption of suitable techniques and the application of the right clinical judgment.

2. The Law of Direction of Cure (Hering): The law of verification that gives us the requisite feedback in respect of the accuracy we have achieved in respect of the correct application of the Law of Similars.

And we must remember that the law does not recognize exceptions."

An Embryological perspective of the law⁽⁵⁾⁽⁶⁾:-

Dr. Praful Vijaykar an extremely successful Homeopath From Mumbai developed a reliable correlation between Hering's law based on in-utero development process of embryo in his book- The Theory Of Suppression.

"The (fertilized) human egg, like that of any chordate egg, differentiates into various organs and systems. Before it differentiates..., it gives rise to 3 germinal layers:

- a. Ectoderm
- b. Endoderm
- c. Mesoderm

The fourth is a specialized ectoderm called the neuroderm or neuro-ectoderm.

Ectoderm: Gives rise to all the organs which are

in connection or exposed to the external environment (skin). It is of least importance, ...our first layer.

Endoderm: Forms the respiratory tube lining, gastro-intestinal tube lining and urinary tract lining. This is also ... exposed to the external environment. ... forms our 2nd layer.

Mesoderm: Gives rise to the viscera (lungs, heart, kidneys) or parenchyma of viscera. These organs arise out of *mesothelium* of mesoderm. (4th layer)

Connective tissue: The connection between endoderm derivatives and mesoderm derivatives is established by tissues arising out of the *mesenchyme* of the mesoderm. The connective tissue includes blood, lymph, bones, cartilages, muscles, dermis and fascias, and coverings of organs. (3rd layer)

The neuroendocrine glands are externally derived from ectoderm, endoderm or even mesoderm, But the functional part of it, i.e. the secretory cells are of either neural crest in origin or neuroectodermal in origin. (5th Layer)

The nervous system, whether it is central or peripheral and the brain are derived from the neuroectoderm which is a specialized ectoderm. (6th layer).

As the embryo grows, the nutrition is supplied from the first formed organ which acts as the chief source.

- The first to form is the Precordial plate which represents the head part. In the cure axis, the head or brain or upper part is more important than other parts which are formed later.
- The cephalo-caudal axis so formed denotes the higher to lower level importance
- The spread of mesoderm paraxially from inside out and from dorsal to ventral region also denotes the importance of that direction.

All these indicate the 4 directions of cure:

- a. More important to less important
- b. Above downwards
- c. Inside out and
- d. Centre to periphery

Ectoderm is least important when it forms skin and most important when it forms brain and neural tissue. The Endoderm and Mesoderm give rise to organs which are in between. How beautifully the circle becomes complete! From ectoderm – to endoderm – to mesoderm – to neuro-ectoderm – to ectoderm once again.”

Understanding Hering's Law of Cure through a Clinical Case:-

Presenting Complain:-

A 24 year old man, complaining of recurrent episodes of headache, since 6 months. Frequency of headache was 2 days per week. On further interrogation it was found that headache was only present on the left temporal region. Along with the headache nausea and vomiting was present. The complaint was aggravated by anxiety and was ameliorated in a dark room and rest.

Past History:-

Before 7 months he was suffering from eczema which was treated by allopathic medication.

Family History:-

His mother has been suffering from epilepsy since last 5 years and is on medication.

Physical generals:-

The patient was very sensitive to hot with moderate thirst of 2-3 L/ day. His appetite was normal but he always prefer warm food. His stool was hard and constipated. He was having general aggravation from perspiration.

Mental General:-

He was very much emotional and sensitive towards his family. He had a fear of appearing in crowded places; he usually avoided such places. He was having a small group of friends. He is afraid of appearing in his examination.

Since Last 6 months he was having constant anxiety regarding his career and due to which episodes of headache were triggered.

Analysis and evaluation of symptoms:-

Sr. No.	Symptoms	Analysis of Symptoms
1	Fear of appearing in crowd	Mental generals
2	Over sensitiveness	Mental generals
3	Anticipatory anxiety	Mental generals
4	Desire warm food	Physical generals
5	Stool constipated	Physical generals
6	General aggravation from perspiration	Physical generals
7	Left sided headache aggravated by anxiety and was ameliorated in dark room and rest.	Characteristic particular

Totality of symptoms:-

1. Fear of appearing in crowd
2. Over sensitiveness
3. Anticipatory anxiety
4. Desire warm food
5. Stool constipated
6. General aggravation from perspiration
7. Left sided headache aggravated by anxiety and was ameliorated in dark room and rest.

Repertorial analysis:-

← Repertorisation							
Symptoms: 8 Remedies: 255 Applied Filter							
Remedy Name	Lyc	Sulph	Ars	Phos	Sep	Calc	
Totality / Symptom Covered	15 / 8	14 / 6	13 / 7	13 / 6	13 / 5	12 / 6	
Kent [Mind]Anxiety: (202)	3	3	3	3	2	3	
Kent [Mind]Fear (see anxiety):Crowd:In a: (39)	2	1	1	1		1	
Kent [Mind]Sensitive,oversensitive (see offended): (111)	3	3	2	3	2	2	
Kent [Mind]Anticipation,complaints from: (6)	1		1				
Kent [Stomach]Desires:Warm :Food: (11)	2		3				
Kent [Rectum]Constipation (see inactivity):Difficult stool (see inactivity:...	2	3		2	3	2	
Kent [Generalities]Perspiration :After:Agg: (...)	1	2	1	2	3	2	
Kent [Head]Pain,headache in general:Sides:Left: (94)	1	2	2	2	3	2	

Selection of medicine with potency:-

Based on the repertorial result and symptoms similarity lycopodium 200 was given 2 doses per week and follow up assessment was done for every 15 days.

Follow up assessment:-

Duration	Complaints	Prescription
After 15 days	The episodes of the headache were decreased from 2 episodes per week to 1 episode per week	SL OD was given for the next 15 days Lycopodium single dose was been given in the next week

After 1 month	No episodes of headache was present mentally the patient was much better and can now handle situations in much better way and is able to focus on his study very well than before	SL OD was been given for 15 days
After 1.5 months	The patient started complaining of itching on the fingers with eruption and sticky discharge coming out of it . This was the reappearance of the eruptions which was previously treated by allopathic medication. No episodes of headache were there since last 15 days	SL OD was been given to the patient
After 2 months	The size of the eruptions decreased by its own and no oozing of fluid was present No new episodes of headache was present	SL OD was been given
After 2.5 months	No any complain was present eruption disappeared and no new episode of headache was present	SL OD was been given

CONCLUSION

Thus by the use of Homeopathic medicine selected on the basis of symptom similarity and individualized approach one can achieve cure according to hering's direction of cure. Many Pioneer homeopaths have verified hearing's direction of cure in their day to day practice. This case report was thus aimed to show how a direction of cure takes place through homoeopathic medication as directed by Dr. Hering.

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A Homoeopathic Approach to Autism Spectrum Disorder ; A Case Report

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PEER REVIEWED

Abstract

This case report details the Classical Homoeopathic treatment of an 2.9-year-old child diagnosed with autism spectrum disorder (ASD) with attention deficit disorder symptoms like restlessness, hyperactivity, inattentive behaviour. The child presented with social communication difficulties, repetitive behaviors, aggression, speech delay with less emotional responsiveness, hand flapping, head banging and echolalic speech. The treatment involved a constitutional remedy and significant improvements were observed in all the above mentioned various aspects over a 1.5 year period.

Introduction

Autism spectrum disorder (ASD) is a complex neurodevelopmental condition characterized by deficits in social communication and behavioral patterns which make interaction with the outside world challenging for affected individuals. Symptoms typically appear within the first two years of life, though a diagnosis can be made at any age. ASD affects people of all genders, races, ethnicities, and socio-economic backgrounds. There is considerable variation in the type and severity of symptoms experienced, which is why the condition is referred to as a “spectrum”.

Although modern medicine offers no definitive cure, various treatments aim to improve the quality of life and functioning of individuals with ASD. Homoeopathy, with its individualized treatment protocols, provides a holistic approach and potential curative solutions for those affected by the disorder. This case study explores the efficacy of

Homoeopathic treatment in a young child diagnosed with ASD.

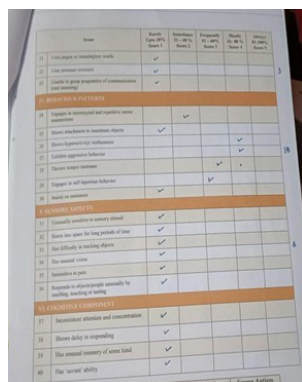
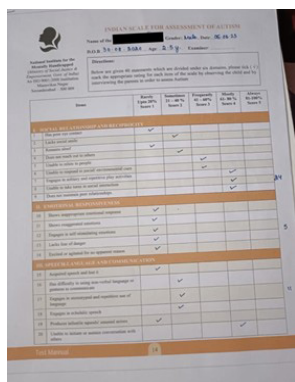
CASE REPORT (JUNE 2023):

A 2.9 years old male child, Delhi presented with below mentioned symptoms.

PRESENTING COMPLAINTS	DEFINING SYMPTOMS
SPEECH DELAY	Uses only monosyllabic words (e.g., "Pa", "Ba", "Ma", "De")
AGGRESSION	Head banging Physical aggression toward others (e.g., hitting when others sit near the parents) Intentional harm (e.g., hitting to cause injury or to make someone leave).
REPETITIVE BEHAVIOUR	Engages in repetitive actions without meaningful engagement.
DESTRUCTIVENESS AND OBSTINACY	eg. If he doesn't like food, he throws it away, break his toys.
HYPERACTIVITY	Restless behavior, difficulty sitting still, I.e, Poor sitting tolerance.
HAND FLAPPING	Present when excited or agitated.
POOR COMMUNICATION	Unable to relate to people.
ECHOLALIC SPEECH	Present I.e, unsolicited repetition of vocalization made by another person.

Diagnosis

The patient was already diagnosed ASD with ADHD child from Indian Scale for Assessment of Autism by The National Institute for the Mentally Handicapped.



Past History

Pin Ingestion: Swallowed a pin in September 2021; underwent endoscopy for removal.

Rotavirus Infection: Experienced loose motions and respiratory issues, treated with antibiotics and recovered after hospitalization.

Iron Deficiency Anemia: Hemoglobin decreased in January 2023, prescribed iron supplements.

Family History

Mother:

- Chronic anemia (low hemoglobin, three transfusions)
- Low blood pressure
- Diagnosed with thyroid disorder during pregnancy.

Father: No significant medical complaints

Maternal Grandmother: Brain tumor diagnosed in 2021, Blind since 2009 after an Accident.

Paternal Grandmother: Hypertension

Only Child: No siblings.

Physical Generals

THERMAL REACTION	Hot
THIRST	Thirsty
APPETITE	Good. Can't tolerate hunger. It causes irritability and crying.
STOOL	Offensive +++
URINE	Not Offensive, Nocturnal enuresis

SWEAT	Not offensive
SLEEP	Sound, refreshing. Dreams- Nothing Significant.
FEAR	Sudden Upward movement
SENSITIVITY	Noise
ACUTE SENSES	Hearing, "Father aate hai toh pehle hi pta chal jata hai"
SPEED	Fast +++
HANDEDNESS	Right
TONGUE	Nothing Significant

Birth History

Birth weight - 2.8kg.

Birth cry - present on time.

Full term Cesarean Delivery.

Motor milestones; Normal.

Normal Developmental Milestones

No H/O fever, fits, head injury, jaundice.

No H/O prenatal, natal and postnatal illness.

Unplanned, wanted pregnancy.

Speech development; Delayed.

COGNITIVE	DEVELOPMENTAL MILESTONES (DM)	SPEECH DEVELOPMENT	SKILL DEVELOPMENT
1.COMMUNICATION THROUGH GESTURES.	1.NECK - 5 MONTHS.	1.BABBLING - DELAYED.	1.MOTOR SKILLS - AGE APPROPRIATE.
2.FOLLOWS SIMPLE COMMAND.	2.TEETHING - 6 MONTHS.	2.LALLING - DELAYED.	2.SOCIAL SKILLS - DELAYED.
IDENTIFY FAMILY MEMBERS.	3.SITTING - 8 MONTHS.	3.RESPONSE TO NAMES - DELAYED.	3.COGNITIVE SKILLS - AGE APPROPRIATE.
3.GOOD UNDERSTANDING OF DIRECTIONS.	4. STANDING - 11 MONTHS.	4.FIRST WORD - DELAYED.	4.EMOTIONAL RESPONSE - LOW
4.GOOD MEMORY RETENTION.	5.WALKING - 1.5 YEARS.	5.TWO WORDS - DELAYED.	
		6.SIMPLE SENTENCE - DELAYED.	

GERMAN NEW MEDICINE(GNM) EXPLANATION TO ASD

Autism Spectrum Disorder is, in GNM terms, a combination of constellations linked to several biological conflicts. This is why not every person

with autism or Asperger's syndrome presents the same symptoms. Let's understand from GNM point of view, what all conflict this child might be having—

1. **The Autistic Constellation** - manifests itself as a compulsion to withdraw. The purpose of the social withdrawal is to allow the individual to better cope with the conflicts. The stronger the constellation, the smaller the world and the space in which the autistic person feels safe.
2. **The Aggressive Constellation** - When an autistic child displays a disruptive and aggressive behavior (throwing a tantrum, head banging, hair pulling, self-biting), this indicates a concurrent Aggressive Constellation (territorial anger and identity conflicts).
3. **The Motor Cortex Constellation** - Motor tics such as rocking and other repetitive body movements point to a **Motor Cortex Constellation** and conflicts of "feeling stuck". Motor conflicts could already happen during the birth process, when the baby feels stuck in the birth canal. The Autistic Constellation generates a need for routine and sameness. Structure and predictability are vital for an autistic person to "survive". Hence, a change in routine can be greatly upsetting.

Autism is often described as a condition of separation — a breaking away from the outside world and retreating into one's own universe. While the symptoms may appear later in life, the roots of this condition are often hidden in the earliest stages of life — even before birth, during the time spent in the mother's womb.

A mother plays a profound role during this journey of life creation. Her experiences, emotions, and challenges during pregnancy can lay the foundation not just for a child's physical health but also for their emotional sensitivity and disposition.



Intrauterine Life:

The mother had a love marriage in November 2019, which was an intercaste union. By August 2020, she gave birth to her child. The pregnancy was unplanned, but when the parents found out, they happily decided to keep the baby. During the first trimester, the mother discovered that her hemoglobin level was critically low at just 4 gm/dl. She was diagnosed as a thalassemia minor and had to undergo three blood transfusions in her life, the first one during this trimester. After the transfusion, her hemoglobin was raised to 7 gm/dl, and doctors started her on iron tablets. She experienced constant back pain throughout the pregnancy, but otherwise, everything seemed fine. At full term, she experienced false labor pains, and doctors gave her Rantac to manage the discomfort. They waited for 18 hours, but eventually discovered that the baby's heartbeat had stopped and there was an umbilical cord being wrapped around the neck, "*Bacha chipak gaya tha , mein bhut dard gyi thi tab.*" A C-section was performed, and the baby was delivered. From the GNM knowledge we can see the Scare fright conflict, along with the Motor constellation where the baby felt stuck in the womb.

The mother's pregnancy was marked by a critical hemoglobin level of just 4 gm/dl, a depletion that reflects (Psoro-Syphilitic Miasm) deeper physical and emotional traumas shaping her child's sensitivity and reactivity. To understand this, we must delve into her past. She was the youngest of four sisters—her eldest sister was divorced, her second sister married, and her third sister tragically died in an accident around 2009 in which her mother lost her eyesight, and the responsibility of the family fell heavily on her. Around 2014, when her other sister became pregnant, the patient's mother stayed with her to help. During this time, she was sexually abused and she became pregnant. When the incident came to light, her family silenced her and asked her to abort and to move on. She was overwhelmed with hatred, guilt, and anger, often crying and wishing for justice, "*Mann kiya tha jaan se maar du use, aaj tak face bardasht nahi hota uss insaan ka, fir lagta tha khud ko hi khatm krdu, aise jeekar kya hi fayda.*" She once attempted suicide, feeling life had lost its meaning. Here, we can get the essence of how her identity is being crushed by

everyone, her anger got suppressed leading to the syphilitic reaction of Kill Desire to.

Years later, she confided in a man who supported her, and they married in 2019 against their families' wishes. Though her family eventually accepted the marriage, her husband's family struggled to embrace her fully. Soon after marriage, she became pregnant and faced challenges adjusting to her new home. Her brother-in-law, an alcoholic, often abused his wife, which reignited her trauma and anger. She found herself confined to her room, avoiding the toxic environment. Her pregnancy unfolded against this backdrop of unresolved pain and suppressed emotions, shaping her journey and its impact on her child. This showed us how Territorial anger conflict in a mother during pregnancy led to Autistic constellation in her child.

PATIENT'S DISPOSITION

- Cautious
- Revengeful - If someone else comes and grabs mother's attention, he will go and intentionally harm them.
- Obstinate.
- When Ill- Clinging only seen to mother when he is ill.
- Attention desires.
- Speed Fast.
- Memory Good.

Case Analysis

The mother's miasm is Psoro-syphilitic, with the foundation of syphilis rooted in an identity conflict. In the first instance, when she was abused and her emotions were suppressed by those around her, she experienced a deep identity conflict. This led to intense anger and reactivity, with a strong desire to harm the person who had wronged her.

In the second instance, she witnessed her brother-in-law abusing her sister-in-law. Although the abuse wasn't directed at her, it reignited the same identity conflict. Her anger surged, and she again

felt a desire to harm her brother-in-law. However, unable to act on these emotions, she withdrew into her room, suppressing her feelings.

This emotional suppression during pregnancy triggered the *autistic constellation* in the child she was carrying.

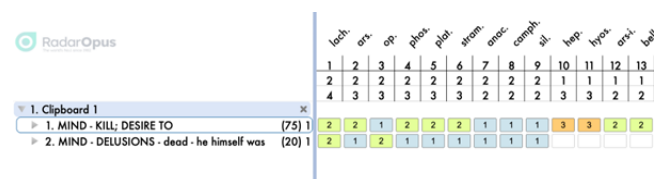
Miasm in Case : PSORO-SYPHILITIC MIASM

Miasmatic Analysis:

PSORA	SYCOSIS	SYPHILIS
Comprehension, Easy.	Audacity.	Absentminded, unobserving.
Memory, Active.	Boaster, Braggart.	Anger, violent.
Quick, to act.	Communication, expansive.	Rage.
Cheerful, Gay, Mirth.	Company, desire for.	Destructiveness.
	Deceitful, sly.	Hatred, revenge, at.
		Kill desire to.
		Malicious, spiteful, vindictive.

Repertorial Totality

1. MIND, KILL DESIRE TO
2. MIND, DELUSION, DEAD HE HIMSELF WAS



The screenshot shows the RadarOpus interface. At the top, there's a search bar with '1. Clipboard 1' and a magnifying glass icon. Below it, two search results are listed: '1. MIND - KILL; DESIRE TO (75) 1' and '2. MIND - DELUSIONS - dead - he himself was (20) 1'. To the right of the text is a grid of colored squares (green, yellow, red) representing the repertorial totality scores for various remedies. The grid has 13 columns labeled with remedy initials: lach, ars, op, phos, plat, stram, anac, camp, sil, hep, hyos, onos, bulb. The first row (MIND - KILL; DESIRE TO) shows scores: 2, 2, 1, 2, 2, 2, 1, 1, 1, 3, 3, 2, 2. The second row (MIND - DELUSIONS - dead - he himself was) shows scores: 2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1.

Prescription and Follow ups

The child was prescribed *Lachesis Mutus* 200C/1 dose repeating in a month or in 1.5month time period along with a *Saccharum Lactis* 30C for a year. During this time, significant improvements were observed. His eye contact improved, his appetite became better, his speech developed to some extent, and his aggression reduced. However, despite these changes, I was not entirely satisfied with his progress.

Life Space

drastically. He started eating well, making eye contact, and playing with other kids. He even began engaging in games and social activities.

The transformation was incredible—his anger reduced significantly, and while he still showed some stubbornness, he could now be persuaded with love and patience. After just three months of Lachesis 1M, the child began conversing freely with his family and teachers at school.

Today, he attends a regular school, and his mother proudly shares, *"No one can tell that my child was ever autistic or had any issues."*

This case beautifully illustrates Aphorism 3 from the Organon of Medicine by Dr. Samuel Hahnemann,

1. **Knowledge of Disease:** A thorough understanding of Autism Spectrum Disorder, coupled with the totality of the patient's symptoms, provided the foundation for diagnosis and treatment.
2. **Knowledge of Medicinal Powers (Drug Dynamization):** The careful selection of a dynamic potency to address the vital force was crucial in bringing about healing.
3. **Undoubtedly Morbid in Patient (Miasm):** The recognition of the Psoro-syphilitic miasm as the root cause guided the choice of remedy.
4. **Choice of Remedy, Indicated (Knowledge of Materia Medica):** Based on the symptoms and underlying miasm, Lachesis was accurately prescribed.
5. **Proper Dose:** The shift to Lachesis 1M demonstrated that the correct potency and dosage are as important as the choice of remedy to effectively stimulate the vital force.
6. **Repetition of Dose:** It ensures the steady progress of patients' improvement.
7. **Obstacle to Cure:** The emotional and environmental challenges were identified and addressed, allowing the treatment to work unhindered.

2. Clipboard 2

- 1. MIND - DELUSIONS - home - away from home; he is
- 2. URINE - ODOR - offensive
- 3. MIND - HATRED - persons - offended him; hatred of persons who

	calc.	max.	merc.	losh.	acc.	perc.	up.	slight.	max.	losh.
(25) 1	1	2	3	4	5	6	7	8	9	10
(139) 1	3	3	3	2	2	2	2	2	2	2
(30) 1	5	4	3	4	4	4	4	3	3	3

Result

This time, *Lachesis Mutus* 1M was prescribed in weekly doses for a month and the results were remarkable. Almost immediately, the child began to come out of his emotional and behavioral shutdown. Within a month, his speech improved

8. **Hering's Law of Cure:** The child's recovery followed the natural direction of cure — healing from within outward, from the most vital organs to the less vital, and in reverse order of symptom appearance.

UNDERSTANDING AUTISM THROUGH THE LENS OF EVOLUTION

Brain development in evolution follows a distinct sequence: first the brainstem (pons and medulla) for survival functions, then the cerebellum for movement and balance, followed by the limbic system for emotions, and finally the cortex for intellect and communication. This evolutionary order mirrors a child's growth — from basic survival functions to movement, emotions, and finally intellect and language.

Healing in autism, too, follows nature's law — as recovery begins, the emotional brain awakens first. The child starts to recognize and bond with parents — first the mother, then the father. Gradually, intellectual faculties improve, allowing the child to interact with the world and integrate into social life.

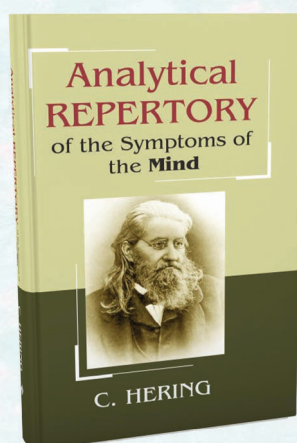
This natural direction of healing reflects **Hering's Law of Cure**, as described by Dr. Constantine Hering, and was beautifully demonstrated in the case presented above.

Inference

This case not only showcases the power of classical homeopathy but also reinforces the depth and practicality of Dr. Hahnemann's teachings. Our learning as practitioners continues to evolve with each unique case, deepening our understanding of the art and science of healing.

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Analytical Repertory of the Symptoms of the Mind



Key Features:-

- ☉ The book contains 48 chapters, in the Hahnemannian schema.
- ☉ The book starts with "Mind and Disposition" through "Fever", and ends with "Stages of Life" and "Relationship with other drugs."
- ☉ Hering interspersed several chapters on "Relation to Time" and "Relation to Space" - i.e., moving, standing, changing place, etc.
- ☉ Section 43 is called "Sensations Classified" and has a two-page index.
- ☉ He uses four signs based on Boenninghausen's four degrees: Observed on the healthy, Observed often and repeatedly Applied successfully with the sick, Applied very often and repeatedly



A Case Study Demonstrating Hering's Law of Cure in Vitiligo Management

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Keywords

Vitiligo, Hering's law of cure, Homoeopathy, Case report, Individualisation, Constitutional treatment, Skin disorders, Mental generals.

Abstract

This case report presents clinical evidence supporting the Hering's Law of Cure in a 12-year-old girl diagnosed with vitiligo. The prescription was based on the totality of symptoms, especially mentals like ambition, intolerance to injustice, fastidiousness. The case showed progressive improvement with follow-ups, cure happening from above downward validating the direction of cure. Remedies were prescribed based on symptom evolution, evaluation, demonstrating the significance of individualised constitutional treatment in chronic skin diseases.

Introduction

- This case is chosen for its unique illustration of Hering's Law of Cure- demonstrating improvement from within outward, from more vital to less vital organs, and in the reverse order of symptom appearance. The dynamic expression of mental and emotional symptoms alongside cutaneous pathology in this pre-adolescent patient with Vitiligo provides a compelling narrative for homeopathic effect.
- The case fits within the discipline of Homoeopathy by emphasizing individualisation of the patient, holistic consideration of mental, emotional, and physical spheres, and application of the miasmatic approach with classical

repertorisation and follow-up strategies in chronic skin disease.

Case Presentation

- » On 12th December 2024, a patient, Miss XYZ, a 12-year-old girl, came for consultation accompanied by her mother. Her main complaint revolved around the presence of white discoloration on both her feet and knee joints which had been progressively increasing since the year 2019. Her mother narrated how these patches first appeared as small spots, which gradually expanded over the years without any associated pain or itching. Despite multiple efforts through local treatments, there was no noticeable improvement.
- » She takes a lot of stress till late night she cries about her studies if homework not completed. Although she also enjoys watching TV.
- » Gets Angry - When interrupted
- » She's easily offended (her mother said if anyone says her anything on little things also)
- » She said that she used to have dreams of funeral earlier not now, around few months ago. She said what if I will die, because of this disease (fear of death)
- » She usually has this habit of laughing out loud when someone is scolding her either at her school be it her teacher or her mother at home.
- » Her mother said she is way more mature than her age, sometimes her mother feels like she doesn't talk like a 12-year-old child but like a grown up. Very often she says that I'm no

more a small girl. When her mother gets some barbie or princess accessories, she says I'm not so small to wear such things I m a grown woman now, I cannot wear such stuff, what would others think about me when I wear this and go outside.

- » When asked about her anger, her mother said she gets easily angered, especially when things don't go the way she wanted it to be. She said: if I'm not wrong and someone points me then I get very angry. Also, I cannot tolerate if someone lies to me. If someone is doing wrong to someone, I take stand, I'm not someone who simply sits and watch. When asked about her friends, she replied I prefer being alone and enjoy my own company. Also, her mother confirmed that she mostly prefers sitting alone in her room doing her work.
- » She wants everything according to her order. Her room is always spic and span clean. If you ask her the smallest pin, she will tell you about the exact location in her room. Her mother said she doesn't like anyone's work even though if she cleans her room, she cleans it her according to her.
- » She doesn't cry easily and usually answers directly without fear. Very audacious.
- » Also when asked her alone she mentioned that: my full focus is only academics, I want to secure a government job as soon possible, she mentioned that everyone in her family has government job except her mother and so she doesn't wants to live a life like her, she hates doing household chores.
- » Menstrual History: menarche 7 months ago menses appears within 15 days. scanty menses
- » L.M.P.: 4/12/24
- » Appetite: regular
- » D-Sour, Spicy.
- » Doesn't eat oily food.
- » She wants warm food, doesn't eat food from yesterday.

- **Past Medical History:** Typhoid fever at the age of 7 years.
- **Family History:** Mother was earlier diagnosed with PCOD, had difficulty in conceiving her after 4 years of marriage.

Clinical Diagnosis:

ICD-10 Code: L80 – Vitiligo

- **Analysis & Evaluation of Symptoms:**
- **Mental Generals:**

Ambition high

Anger easily, especially when interrupted

Solitude desire, exclusive nature

Fastidiousness, intolerance to injustice

Precocious child beyond her age

Fear of death associated with disease

Audacious attitude, strong opinions

Goal-oriented towards career success

- **Physical Generals:**

Desires sour, spicy, warm food

Dislikes oily, stale food

Menstrual disturbances post-menarche

Repertorial Sheet

1 MIND - AILMENTS FROM - anger - indignation; with			
2 MIND - AMBITION			
3 MIND - ANGER - easily			
4 MIND - ANGER - interruption; from			
5 MIND - COMPANY - aversion to - desire for solitude			
6 MIND - EXCLUSIVE, too			
7 MIND - FASTIDIOUS			
8 MIND - INJUSTICE, cannot support			
9 MIND - PRECOCITY of children			
GENERALS			
10 GENERALS - FOOD and DRINKS - sour food, acids - desire			
Remedies	ΣSym	ΣDeg	Symptoms
nat-m.	9	15	1, 2, 3, 5, 6, 7, 8, 9, 10
nux-v.	7	12	1, 3, 4, 5, 7, 8, 9
staph.	6	11	1, 3, 5, 8, 9, 10
ign.	6	10	3, 5, 7, 8, 9, 10
aur.	6	9	1, 3, 5, 7, 8, 9

Prescription:

Rx, *Natrum Muriaticum*. 30 once a week, Sac lac. B.D.

Follow-Up

Date	Observations	Prescription
23/12/24	No prominent change, mental relaxation seen, tried helping mother	Natrum Muriaticum 30 weekly + SL BD
2/1/25	No new spots, menses regular, better cycle	Natrum Muriaticum 200 one dose
21/1/25	No prominent changes observed	Sulphur 200 single dose
4/2/25	Ambition increased, injustice intolerance, audacity marked	Platina 200 x 3 doses (After re-case taking)
25/2/25	Patches reducing	Platina 200 2 doses weekly
17/3/25	Spots reducing in size, slight patch at ankle	Platina 1M one dose
8/4/25	Knees patches lightening	SL BD
3/5/25	Centre of patches showing normal skin	SL BD
15/5/25	Mentally more social	SL BD
9/6/25	General well-being maintained	SL BD
9/6/25	New patches on ankle, mentally much better	Platina LM BD + SL BD

On 4/2/25, *Platina* was given after fresh case taking. The repertory sheet for the same is attached below:

MIND			
1 MIND - AMBITION - increased			⊗
2 MIND - ANGER - easily			⊗
3 MIND - FASTIDIOUS			⊗
4 MIND - FEAR - death, of			⊗
5 MIND - HAUGHTY			⊗
6 MIND - INJUSTICE, cannot support			⊗
Remedies	ΣSym	ΣDeg	Symptoms
plat.	6	14	1, 2, 3, 4, 5, 6
nux-v.	6	13	1, 2, 3, 4, 5, 6
ars.	6	11	1, 2, 3, 4, 5, 6



CONCLUSION

This case practically demonstrates Hering’s Law of Cure in action, where the patient showed clear direction of cure. The mental symptoms improved first followed by gradual disappearance of skin patches from the anatomical sequence, that is above downwards. The application of proper homoeopathic principles, individualisation, and anti miasmatic approach with careful potency management ensured smooth progress.

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A Case Report of Hypertension Treated with Homoeopathy

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Keywords

- Hypertension, Homeopathy, Opium

Abstract

A 26-year-old male patient arrived with high blood pressure and hesitance towards beginning conventional anti-hypertensive treatment. This case aims to showcase the significance of Homoeopathy and its connections to the psychosomatic relationship in hypertension, portraying the disease's characteristics. Opium was chosen after considering the totality of symptoms, the individual's development, behaviours, and adaptive tendencies, in conjunction with observable physical traits throughout the investigation.

Introduction

Hypertension, a widespread ailment associated with considerable morbidity and mortality, prompts the question: Can targeted strategies reduce treatment failures and the reliance on medications? While universally recommended practices such as exercise, a low-sodium diet, and stress management remain pivotal, there's growing interest in lesser-known approaches like homeopathy, biofeedback, yoga therapy, and relaxation techniques.

Homoeopathic treatment for hypertension follows

the fundamental principle of “*similia similibus curentur*,” where similarity in signs, symptoms, and the disease's essence guides the selection of remedies. The aim is to address the root cause and individual susceptibility, emphasizing the understanding of the disease's portrait to create a specific drug picture.

Here, we present a case study, seeks to gauge the effectiveness of homeopathy in addressing hypertension and alleviating accompanying symptoms, which was selected on the basis of totality of symptoms.

Case Report

• Chief complaints

A 26-year-old male visited the OPD of Dr. Girendra Pal Homoeopathic Hospital on Jan 25, 2023, complaining of recurring mild headaches starting in December 2021.

• History of presenting complaint

He had previously sought help from a general physician and was diagnosed with essential hypertension (blood pressure measured at 140/92 mm of Hg). As a remedy, he had been prescribed anti-hypertensive medications (telma 40 tablets once daily and amlong 2.5 tablets at bedtime) since January 2022. Despite adhering to this treatment, the headaches continued in frequency and severity.

- **Patient as a person**
- General Appearance
 - a. Built - Fatty
 - b. Gait - Normal
 - c. Height - 5'3"
 - d. Weight - 77 kg.
- Physical General
 - a. Diet - Mixed
 - b. Appetite - Normal
 - c. Thirst – Normal
 - d. Thermal state- Chilly (cannot tolerate cold weather or air conditioner at all. Desired for warmth in all seasons)
- Mental Generals

The patient mentioned experiencing a reduction in his previous short-temperedness since initiating a meditation routine. When inquired about his perspective on using anti-hypertensive medication at a young age, he expressed indifference, stating that it doesn't affect him. He clarified that he's seeking treatment primarily due to familial insistence, as it wasn't his personal inclination to do so.

He maintained a neutral demeanor without displaying any emotional reactions. His delivery of personal challenges and physical complaints was matter-of-fact, showing minimal expression throughout.

- **Physical examination**
 - a. Pulse - 68/min
 - b. Blood Pressure - 140/92 mmHg
 - c. (Stage 1 Hypertension)
 - d. Pulse pressure- 48 mmHg
 - e. Mean Pressure- 108 mmHg
 - f. Anemia - Absent
 - g. Tongue – Clean

- **Investigation**

Lipid Profile: Normal Urine Routine: Normal Serum Creatinine.

RUBRICS CHOSEN AFTER CASE ANALYSIS

- Mind- Fearless
- Mind-Indifference-stoical to what happens
- Mind-responsibility-early-taking responsibility too
- Generals-Food and drinks-rice desire
- Generals-Food and drinks-sweets desire
- Generals-Heat-lack of vital heat
- Generals-reaction lack of

Discussion

This outpatient case was handled with the patient choosing Homoeopathic treatment over anti-hypertensive medication. The case's key strength lay in defining the problem clearly, allowing the physician to confidently devise a Plan A focused on constitutional medicine. Plan B aimed to address biases against anti-hypertensive drugs. The patient received guidance on the risks of untreated hypertension and the constraints of relying solely on Homoeopathy. If Plan A didn't yield results within a reasonable period, the option of anti-hypertensive medication was presented—a limitation observed in this case. After repertorization, the main remedies that came out included Opium (15/5), Staphysagria (15/5) and Lycopodium clavatum (15/4),

Staphysagria came close to Opium after repertorization but it didn't cover the state of indifference

Follow up –

Date	Symptoms	Prescription
11/2/23	Headache better B.P.- 140/84 mmHg	Opium 200/2 dose OD Pl 30, 4-5 Pills TDS for 30 days

20/3/23	Only 2 times pain in head in this duration. Energy levels good. BP- 132/80 mmHg	SL 200/2 dose OD Pl 30, 4-5 Pills TDS for 30 days
1/5/23	No pain in head {Overall better. Had one episode of mild Headache which reduced on its own} All complaint better BP- 126/84mmHg	Opium 200/1 dose Pl 30, 4-5 Pills TDS for 30 days
2/6/23	No new complaint General condition improved No flatulence in abdomen BP- 120/80 mmHg	SL 200 /1 dose Pl 30, 4-5 Pills TDS for 60 days
5/8/23	No episodes of headache in the last two months. Overall better	Adv to stop treatment

CONCLUSION

The described case highlights how personalized Homoeopathic treatment could potentially address essential hypertension.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

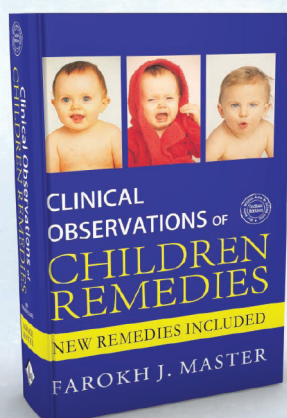
Nil.

Conflicts of interest

There are no conflicts of interest.

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ISBN :- 9788131909232

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.



CLINICAL OBSERVATIONS OF CHILDREN'S REMEDIES



Dr Farokh J Master



PEER REVIEWED

An In Vitro Study on Antibiofilm Activity of *Calendula Officinalis* Q, 30c & 200c In *Staphylococcus Aureus* (Gram +Ve) and *Pseudomonas Aeruginosa* (Gram -Ve) Bacteria

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Keywords

Calendula officinalis tincture, Antibiofilm, Anti-microbial resistance

Abstract

Background:

The phenomenon of antibacterial resistance has become a growing topic of issue the exploitation of antibacterial drugs on humans have resulted in the evolution of drug-resistant pathogens. Hence there is a need to determine the antibiofilm activity of Homoeopathic medicine *Calendula officinalis*.

Abbreviations:

Minimum Inhibitory Concentration (MIC), Minimum Biofilm Eradication Concentration (MBEC), Optical Density (OD), Mother tincture (Q)

Materials and Methods:

The study was carried out in Microbiological laboratory, Coimbatore, Tamil Nadu, where the MIC and MBEC is determined by measuring the OD of different amount of each of the given samples of *Calendula officinalis* Q, 30C, 200C.

Result:

Calendula officinalis tincture has exhibited good biofilm inhibitory and eradication effects than 30C and 200C. Later 200C has exhibited good inhibitory effects than 30C with respect to both the microorganisms tested.

Conclusion:

Homoeopathic medicine *Calendula officinalis* is primarily used to treat wounds, considering it is important to identify its antibiofilm properties because biofilm producing microorganisms become a hinderance in healing. Through this research it is identified that homoeopathic medicine *calendula officinalis* exhibits antibiofilm properties.

Introduction:

According to WHO the statistics reveal that antimicrobial resistance was directly responsible for 1.27 million global deaths in 2019. The global escalation of antibiotic resistance represents a critical danger as it compromises the efficacy of common antibiotics against widespread bacterial infections [1]. The 2022 Global Antimicrobial Resistance and Use Surveillance System (GLASS REPORT) [2] emphasizes upon the increasing resistant rates of prevalent bacterial pathogens.

Moreover, a study on antibacterial resistance on

species isolated from wound infection has revealed that, most common species detected from wound was *Staphylococcus aureus* (79.4%) and *Pseudomonas aeruginosa* (40.2%), among which it was identified that both species showed increased resistance to Ampicillin, Gentamicin, Penicillin. Also, antibiotics are sometimes associated with unfavourable reactions in host such as hypersensitivity, immune suppression and allergic reactions [3]. The main reason for such a resistance to be manifested is because of biofilm formation.

Especially in case of open chronic wounds, Eg: in cases of long-standing ulcerations there are chances of establishment of biofilm which may hinder the process of healing, and the wound is said to be in a biofilm infected state [4]. Therefore, early prevention and appropriate treatment using effective antibiofilm agents is necessary.

Biofilm is a complex matrix of microorganisms, in which cells bind together and attach to biotic and abiotic surface. Chemical agents that infiltrate these matrixes are less effective because they act on unattached microorganism [5]. Recent increase in the interest of natural antimicrobial products have led to the identification of antibiofilm activity of many medicinal plants.

Calendula officinalis (Marigold) is used traditionally and homoeopathically as anti-inflammatory, antimicrobial, and antioxidant [6], but its antibiofilm activity has not been reported so far. As it is a plant extract, they appear as an alternative for typical antibiotics, therefore we see a need for this study to check the antibiofilm activity and contribute to the homoeopathic field of research.

Objectives of The Study:

- To study the in vitro antibiofilm activity of *Calendula Officinalis* Q in *Staphylococcus aureus* (gram +ve) and *Pseudomonas aeruginosa* (gram -ve) bacteria.
- To study the in vitro antibiofilm activity of *Calendula Officinalis* 30C in *Staphylococcus aureus* (gram +ve) and *Pseudomonas aeruginosa* (gram -ve) bacteria.
- To study the in vitro antibiofilm activity of *Calendula Officinalis* 200C in *Staphylococcus*

aureus (gram +ve) and *Pseudomonas aeruginosa* (gram -ve) bacteria.

- To assess and evaluate the biofilm inhibition and biofilm eradication properties of *calendula officinalis* in various potencies

Materials And Methods:

• Procurement of materials necessary:

- Homoeopathic medicine *Calendula officinalis* (Q,30C, & 200C) was procured from GMP certified government authorized homoeopathic pharmacy.
- The experiment was conducted in an ISO certified laboratory following all the lab safety measures and government rules.
- The bacteria culture was done according to laboratory rules.

• Methods:

The individual bacterial culture that produces biofilm, respectively of *Staphylococcus aureus* and *Pseudomonas aeruginosa* was identified and isolated after which it was used to determine the Minimum Inhibitory Concentration (MIC) and Minimum Biofilm Eradication Concentration (MBEC).



IMAGE 1: BIOFILM PRODUCING STAPHYLOCOCCUS AUREUS ON CONGO RED AGAR



IMAGE 2: BIOFILM PRODUCING PSEUDOMONAS AERUGINOSA ON CONGO RED AGAR

1. Determination of Minimum Inhibitory Concentration (MIC):

Procedure

The minimum inhibitory concentration (MIC) is determined by the inhibitory effects of the selected homoeopathic medicine, for which 96 well plate assay is used. The homoeopathic medicine

is added separately at different volumes to determine the MIC. This process is done individually for *Calendula officinalis* tincture, 30C and 200C, and also in comparison to *Staphylococcus aureus* and *Pseudomonas aeruginosa* separately. Ampicillin is used as a positive control and sterile saline is taken as a negative control. Then, these are incubated for 48 hours at 37°C. The optical density of bacterial growth is measured by Elisa Microplate Reader (LISA SCAN EM) to assess the antibiofilm activity. MIC was also visually determined as the lowest concentration at which bacterial growth was not observed by using the reagent RESAZURIN to indicate colour difference.



IMAGE 3: DETERMINATION OF MIC OF *P. AERUGINOSA*



IMAGE 4: DETERMINATION OF OD USING LISA SCAN EM

2. Determination of minimum biofilm eradication (MBEC) by microtiter plate assay:

Procedure

The minimum biofilm eradication is determined by using microorganisms that had already formed biofilm. Positive control used is Ampicillin and negative control is Sterile saline. The homoeopathic medicine was added separately at different volumes to determine the MBEC. This process

was done individually for *Calendula officinalis* tincture, 30C and 200C, and also in comparison to *Staphylococcus aureus* and *Pseudomonas aeruginosa* separately. The plates were then incubated overnight at 37 °C under static condition. The plates were stained with CRYSTAL VIOLET and the optical density (OD) was determined using ELISA Microplate Reader (LISA SCAN EM).

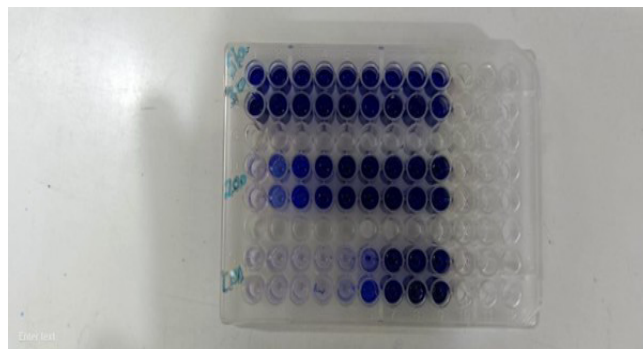


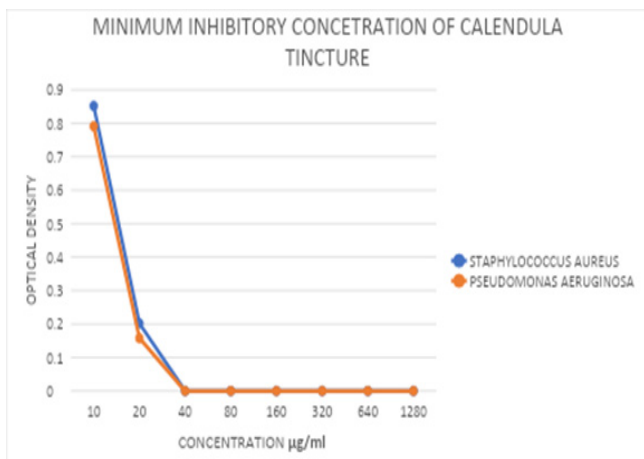
IMAGE 5: DETERMINATION OF MBEC OF *S. AUREUS*

Discussion:

- The MIC value of *Calendula officinalis* tincture against biofilm forming *Staphylococcus aureus* is 40 µg/ml.
- The MIC value of *Calendula officinalis* 30C against biofilm forming *Staphylococcus aureus* is 320 µg/ml.
- The MIC value of *Calendula officinalis* 200C against biofilm forming *Staphylococcus aureus* is 80 µg/ml.
- The MIC value of *Calendula officinalis* tincture against biofilm forming *Pseudomonas aeruginosa* is 40 µg/ml.
- The MIC value of *Calendula officinalis* 30C against biofilm forming *Pseudomonas aeruginosa* is 160 µg/ml.
- The MIC value of *Calendula officinalis* 200C against biofilm forming *Pseudomonas aeruginosa* is 80 µg/ml.

From these results it is proven that homoeopathic medicine *calendula officinalis* tincture has got the most effective antibiofilm inhibition activity against *Staphylococcus aureus* and *Pseudomonas*

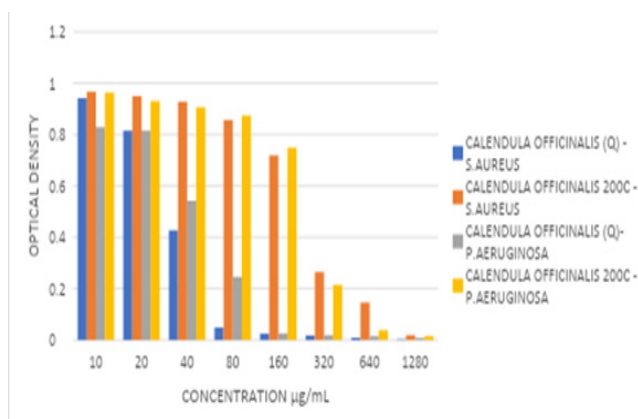
aeruginosa bacteria.



GRAPH 1: MINIMUM INHIBITORY CONCENTRATION OF CALENDULA TINCTURE

From this Graph 1 it is understood that the Minimum Inhibitory Concentration of Calendula officinalis mother tincture against biofilm producing Staphylococcus aureus and Pseudomonas aeruginosa bacteria is 40 µg/ml. Here Calendula officinalis mother tincture is given more importance as it has shown better results than Calendula officinalis 30C and Calendula officinalis 200C.

The minimum biofilm eradication concentration is established to be better by Calendula officinalis mother tincture and Calendula officinalis 200C at 1280 µg/ml than 30C in respect to both the micro-organisms selected for the test.



GRAPH 2: MINIMUM BIOFILM ERADICATION CONCENTRATION OF S. AUREUS

From the above Graph 2 the eradication of staphylococcus aureus and pseudomonas aeruginosa has been the highest at 1280 µg/ml. The eradication has gradually increased with the increase in volume of Calendula officinalis used. Calendula officinalis tincture is found to be most effective in eradicating the biofilm than compared to Calendula officinalis 200C.

CONCLUSION

It has been proved that homoeopathic medicine Calendula officinalis possesses antibiofilm activity also. Moreover, it is also proved that Calendula officinalis tincture and Calendula officinalis 200C is more effective in inhibiting the biofilm growth and also plays an efficient role in eradication of biofilm produced by Staphylococcus aureus and Pseudomonas aeruginosa.

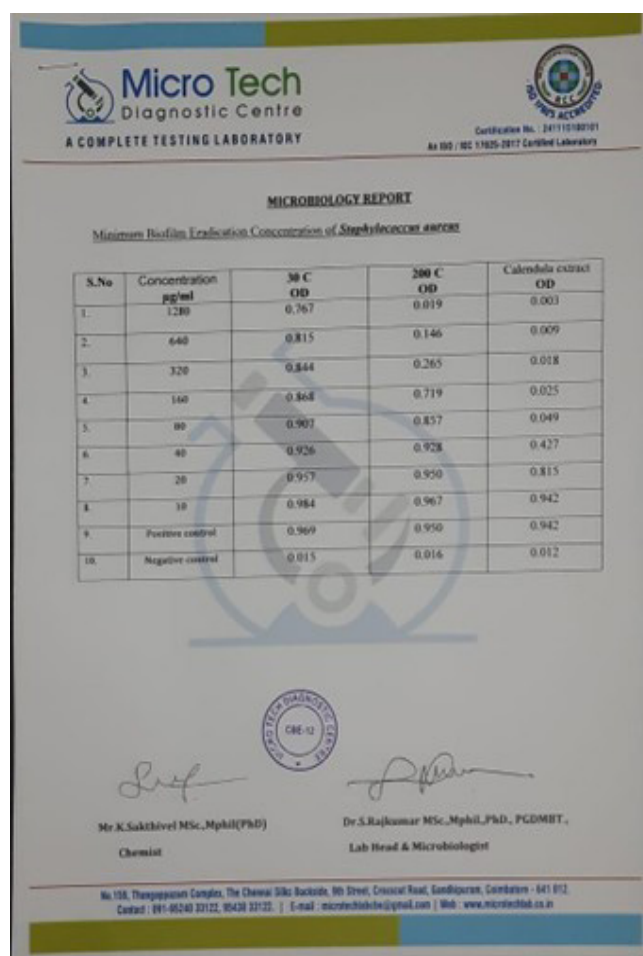


IMAGE 6: MIC OF STAPHYLOCOCCUS AUREUS



IMAGE 7: MIC OF PSEUDOMONAS AERUGINOSA



IMAGE 9: MBEC OF PSEUDOMONAS AERUGINOSA

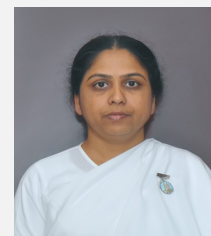


IMAGE 8: MBEC OF STAPHYLOCOCCUS AUREUS

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A Survey on Most Commonly Used Homoeopathic Potency By Homoeopathic Practitioners of Belagavi City In Managing Cases of Diabetes Mellitus.



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Abstract

This article focuses on a survey designed to know the most commonly used Homoeopathic potency in managing cases of Diabetes mellitus.

- 1. Introduction:** Potencies are a unique feature of Homoeopathic practice. The potencies are energized dilutions (or attenuations) of the Mother tinctures of Homoeopathic remedies.
- 2. Objective:** To know the most commonly used potency by Homoeopathic practitioners of Belagavi city in managing cases of Diabetes mellitus.
- 3. Methodology:** Survey questionnaire form.
- 4. Result:** According to this survey 39.1% of doctors preferred Mother tincture in treating the cases of Diabetes mellitus.

Introduction

According to Global Diabetes statistics 2019, a total of 463 million people is estimated to be living with Diabetes, representing 9.3% of the global adult population (20–79 years). This number is expected to increase to 578 million (10.2%) in 2030 and 700 million (10.9%) in 2045^[1].

Among these 27% of people are preferring Homoeopathic treatment for their condition, yet there is no particular potency preferred while taking treatment for Diabetes. So, we thought of

taking a survey on selecting the potency for Diabetic cases from Homoeopathic practitioners of Belagavi city to know the most chosen potency for Diabetes mellitus.

Diabetes Mellitus^[2]

It is a group of common endocrine diseases characterized by sustained high blood sugar levels. Diabetes is due to either the pancreas not producing enough insulin, or the cells of the body not responding properly to the insulin produced. Diabetes, if left untreated, leads to many health complications. Untreated or poorly treated Diabetes accounts for approximately 1.5 million deaths per year.

As of 2019, an estimated 463 million people had Diabetes worldwide accounting for 8.8% of the adult population. Type 2 Diabetes makes up about 90% of all Diabetes cases. The prevalence of the disease continues to increase, most dramatically in low- and middle-income nations. Rates are similar in women and men, with Diabetes being the 7th-leading cause of death globally. The global expenditure on Diabetes-related healthcare is an estimated USD760 billion a year.

Potency^[3]

Potencies are a unique feature of Homoeopathic practice. The potencies are energized dilutions (or

attenuations) of the Mother tinctures of Homoeopathic remedies. Potency numbers which follow the name of the Homoeopathic remedies indicate the number of sequential or serial dilutions and successions (potentization steps) of the original mother tincture¹.

It follows therefore the greater the potency number the greater the dilution. Potency numbers must be qualified by denoting the potency series in terms of the decimal or centesimal series. suffixes to the potency numbers may be:

X (or x) — Denoting serial dilutions in the ratio of 1-part mother tincture to 9 parts of a solution of alcohol or water, that is dilutions in the ratio of 1:10 —the decimal series of potencies.

C (no suffix in UK) — Denoting serial dilutions in the ratio of 1 part of mother tincture to 99 parts of a solution of alcohol or water, that is dilutions in the ratio of 1:100 —the centesimal series of potencies.

Dr. Samuel Hahnemann favoured the use of potencies 6X, 12X up to 30C. He did however experiment with potencies up to 50C in the latter part of his career.

2. Objectives of Study

1. To know the most commonly used potency by homoeopathic practitioners of Belagavi city in managing cases of Diabetes mellitus.

3. Review of Literature

According to Stuart Close

Choosing the Potency. -

The series of Potencies has been compared to the gamut in music, "A skillful artist may indeed construct a harmony with the various vibrations of the same chord; but what a more beautiful and perfect harmony might he construct a by proper combination of all the sounds that can be elicited from his instruments." (Guernsey)

Five considerations influence us in the choice of the dose:

1. The susceptibility of the patient.

2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. The previous treatment of the disease.

All narcotics, like Belladonna, Stramonium, or Opium., for example in crude and massive doses act in a manner equally stupefying, causing death by apoplexy or paralysis; all drastics produce vomiting and purging, etc. It is only in small or potentiated doses that their most characteristic differences of action become apparent.

"By continual diluting and succussing," says Jahr, "remedies get neither stronger nor weaker, but their individual peculiarities become more and more developed;" in other words, "their sphere of action is enlarged as represented by the concentric circles.

The practical bearing of this on the selecting of the potency or dose, according to Jahr, is as follows: - In a given case, where the symptoms are not clearly developed and there is an absence or scarcity of characteristic features; or where two or three remedies seem about equally indicated, susceptibility and reaction may be regarded as low. (third to twelfth) potency. But when the symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case, we give the high potencies- thirtieth two hundredth, thousandth, or higher, according to the prescriber's degree of confidence and the contents of his medicine case^[4].

According to Dr J.T. Kent

There is no single potency that can suit the demands placed on it by the diseases of different individuals. There is a great deal of variation across tinctures and CMs, and selecting the ideal potency is a question of experience and observation, rather than a matter of law.

After thirty years of thorough observation and comparison with the various potencies, the following rules can be established:

- Acute diseases: 1m and 10m potencies are

most useful.

- Chronic diseases: The physician must have access to deep acting medicines in the 30th, 200th, 1m, 10m, 50m, cm, dm and mm potencies made carefully on the centesimal scale to suit all degree of sensitivity in chronic diseases.
- Sensitive women and children: 30th to 10M.

It is best to start with the 30th or 200th, allowing the patient to improve in general, before moving on to the 1m.

Following improvement with that cease, the 10m may be required.

When using the 30th and 200th potencies, it is often necessary to administer the medicine in water than when using higher potencies.

- Nervous and excitable women, children, and certain men: 30th and 200th potencies are more appropriate as they have milder curative action.
- Extremely sensitive: Patients who are extremely sensitive should not be given a high potency.
- Oversensitive people: It is advised to start no higher than 1m for oversensitive people.

This can be repeated two or three times before using a higher potency. Each potency is effective when used twice or three times.

- Not so sensitive: 10m to the mm all are useful for common chronic diseases.

The 10m may be used first, and continued without change as long as improvement lasts;

Then the 50m will act exactly the same way, and should be used as long as the patient makes progress toward health;

Finally, the cm, dm, and mm may be used in succession.

Degrees are indicated in sevens, just as musical octaves.

Series in degrees: 30th, 200th, 1m, 10m, 50m, cm, dm and mm potencies.

As long as it is effective, stick to the mild potency. Jumping too many degrees is not a good idea. There are several degrees in the ordinary person, ranging from the crude to 10m. In music, taking the thirds and fifths instead of going from first to last preserves the chord. Repeat the series, starting with the lower potencies, and produce quality results. These series will sound familiar to the patient.

- A potency that is too high causes unnecessary aggravation and will not provide the best curative action.
- The best action is slight aggravation, as seen in the initial few hours of acute diseases.
- The ideal is one that causes no aggravation but just amelioration.

In circumstances where a low potency was administered in frequently repeated doses, sometime must elapse before a perfect effect will follow the higher potency; nevertheless, when the dose was not repeated after its activity was first observed, the new and higher potency will act promptly.

- When the symptoms return unchanged (after prudent waiting), the selection was correct, and if the same potency fails to act, a higher one will usually act rather quickly, as did the lower one first.
- When the picture is unchanged save for the absence of one or more symptoms, the remedy should never be changed until a higher potency has been thoroughly evaluated, as there is no harm in administering a single dose of a medicine that has exhausted its curative powers.

The indiscriminate employment of any one potency is extremely likely to bring our art into disfavour. Any potency, no matter how high or low, will eventually cease to act. The physician must understand that he cannot practice homoeopathy with only one potency of each drug. The physician who understands how to employ the various potencies has a tenfold advantage over the physician who constantly uses one potency, no matter what that potency is ^{[5][6]}.

According to Dr Samuelhahnemann ^[7]

The discovery of "Medicinal power" through potentization is one of the greatest wonders of homoeopathy. This discovery was based on the findings that inert substances coated above after potentization to 3rd Centesimal scale of potency become active and capable of influencing the vital dynamics of patients as well as the susceptible persons known as provers.

Slowly and steadily, Dr. Hahnemann thus discovered the centesimal method and later on the 50 centesimal method of potentization. The 5th edition of the Organon was published in 1833 in which he advocated the use of **centesimal scale of potencies** of homoeopathic drugs.

The 6th edition of Organon was published by William Boericke in December 192, 80 yrs after the discovery of 50 millesimal scale of potencies. During this period homoeopaths were using centesimal scale of potencies which included all big names in homoeopathy like Herring and Kent who achieved marvelous results. Even now the majority of homoeopaths throughout the world are using the centesimal scale of potency.

Dr. Pierr Schmidt of Geneva, Dr. Kunzle & Charles Phaud of Lusanne and Dr. Raman Lal Patel from India were among the pioneers of homoeopathy who used 50 millesimal scale of potencies and published their results.

Decimal Scale of Potencies

Dr. Schussler found the decimal scale of potency in which the tissue salts are triturated in the ratio of 1/10. They may be given from 1x to 200x on the basis of specific indication of the biochemic deficiency. Generally, 3x to 12x triturations are used for the treatment of acute diseases in biochemistry. Dr. Schussler discovered 12 biochemic tissue remedies.

Selection & Repetition of Potencies

Different authors provide different details regarding selection and repetition of potencies. Till today this is a debatable issue. I will try to put down the rule and the exception about the potencies of remedies from the literature. There are three factors which help one in determination of potencies. Ultimately it is one's own experience which

enables one to select potency, its repetition and use of placebo.

Nature of Disease

According to homoeopathy there are three kinds of diseases.

1. Acute Curable Diseases
2. Chronic Curable Diseases
3. Incurable or Fatal Diseases

Susceptibility of the Sick Patient

The second most important factor in the potency problem is generally susceptibility or response of the sick person. We found that there are 3 kinds of susceptibilities found in sick persons.

1. **Hyper susceptible (Allergic)** people need high and highest potencies. Those who take homoeopathic remedies are found to acquire this state.
2. **Hypo susceptible** persons need low potencies in frequent doses. Persons who are in the habit of taking crude drugs, stimulants and narcotics require low potencies.
3. **Peculiarly susceptible** sick people are rare. They respond to a certain potency alone.

Nature of the remedy

The third most important factor in the potency problem is the specific dynamic nature of the remedy selected. Some remedies act best when given in high potencies like Polychrests and nosodes. Most of the homoeopathic remedies act in medium and low potencies but there are many remedies that act best in mother tincture in drop doses. Some medicines act best in triturations like Ars. Iod., Thyrodinum, Uranium Nitricum etc. It is also found in literature that action of the same remedy may vary in different potencies. For example, the higher potencies of HeperSulph may abort suppuration and lower potencies promote it. Thus, it has been found that remedies act on three planes: 1) Organopathic, 2) Biochemic & 3) Dynamic.

In **organopathic plane** the symptoms and signs of diseased organs predominate which corresponds to the remedies. In this plane the drug acts best in tincture in drop doses, for example, *Orinthogalum Umb Q* in duodenal ulcer, *Ceanothus Am Q* in enlargement of spleen etc.

In **biochemic plane** the symptoms and signs of the tissue organs and blood predominate. The symptoms belonging to the lesion of the disease are considered for finding out the Simillimum. When the biochemic symptoms guide us to select a remedy we can use both low, medium or high potency according to the acuteness of disease.

In **dynamic plane** the symptoms and signs of the sick person predominates. These symptoms belong to the Generals (Kent) or to the Totality of Symptoms (Boenninghausen). When such symptoms lead us to select a remedy we can go for high and highest potencies. In such cases the homoeopathicity of the remedy is greatest and hence it is an ideal condition for a high potency in a single dose [7].

4. Methodology

Type of research: Survey study

Study Method: Google Form

Participant subjects: Subjects who fit into the inclusion and exclusion criteria as mentioned below based on inclusion and exclusion criteria.

Selection criteria:

a. Inclusion criteria: Minimum 1year experience in Homoeopathic Practice.

b. Exclusion Criteria: Cases other than Diabetes mellitus.

5. SURVEY QUESTIONNAIRE

1. Name*

Your answer

2. Age *

Your answer

3. Gender*

*Male

*Female

*Prefer not to say

4. Email

Your answer

5. Since How many years have you been practicing homoeopathy? *

*1 – 5

*6 - 10

*11- 15

*16 - 20

*20+

6. Is your practice?

*Individual

*Hospital based

*Small group

*Large group

7. Can Diabetes mellitus be managed through Homoeopathy? *

*Yes

*No

*Maybe

8. Which type of prescription do you prefer while treating Diabetes mellitus ? *

*Constitutional based

*Key note

*Pathological

*Specific

*All of the above

*Other

9. a. According to you, which is the best scale to treat/manage Diabetes mellitus? *

*Decimal

*Centesimal

*LM

*Mother tincture

*Other:

9 b. According to you, which is the best potency to treat/manage Diabetes mellitus?

Your answer

10. Whose philosophy do you follow while choosing the potency? *

*Samuel Hahnemann

*J. T Kent

*H.A Robert

*Stuart close

*Experience

*Other:

11. While treating a particular case do you change the potency often? *

*Yes

*No

*Maybe

12. When will you change the potency? *

*Stand still

*Homoeopathic Aggravation

*Appearance of New symptoms

*Other

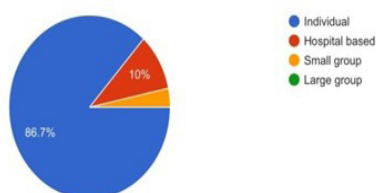
Discussion and Result

5. Since How many years you have been practicing homoeopathy?
92 responses



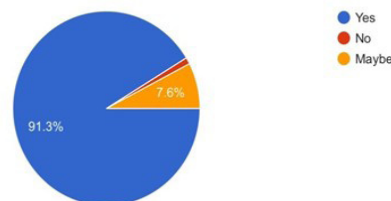
In the above pie chart 57.6% Doctors have experience of 1-5 years, 23.9% Doctors have 6-10 years of experience, 7.4% Doctors have 16-20 years of experience, 6.4% Doctors have 20+ years of experience, 5.3 % Doctors 11-15 years of experience, 1.1% Doctors have 5-10 years of experience.

6. Is your practice ?
90 responses



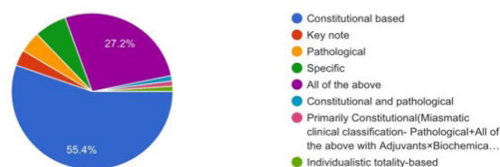
In the above pie chart 86.7 % of doctors' practices individually, 9.8% of doctors work in hospitals, 3.3% of doctors work in small groups.

7. Can Diabetes mellitus be managed through Homoeopathy ?
92 responses



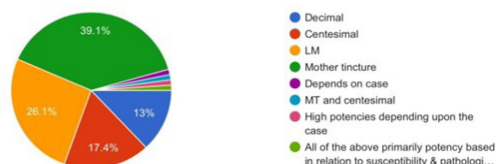
In the above pie chart 91.3% Doctors responded YES, 7.6% Doctors responded MAYBE, 1.1% Doctors responded NO.

8. Which type of prescription do you prefer while treating diabetes mellitus ?
92 responses



In the above pie chart 55.4% preferred constitutional based treatment, 27.2% preferred all the above treatment, 6.4% preferred specific remedy, 4.3% preferred pathological based, 3.2% preferred keynote-based treatment, 1.1% preferred constitutional and pathological based, 1.1% preferred primary constitutional and integrated treatment, 1.1% preferred individualistic totality based.

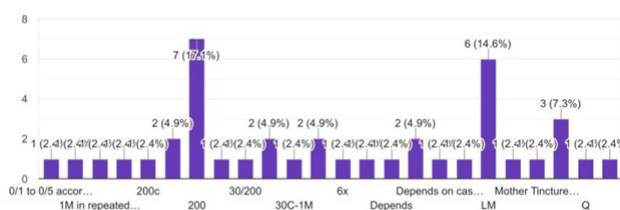
9 a . According to you which is the best scale to treat/manage Diabetes mellitus ?
92 responses



In the above pie chart 39.1% preferred mother tinctures, 26.1% preferred LM potency, 17.4% preferred centesimal potency, 13% preferred decimal potency, 1.1% preferred depends on the case, 1.1% preferred MT and centesimal, 1.1% preferred high potency depending on the case, 1.1% preferred All of the above primarily potency based in relation

to susceptibility & pathological generals based.

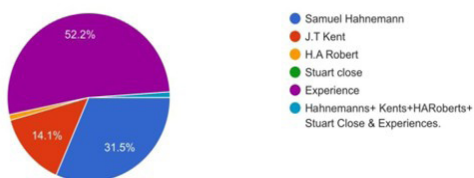
9 b . According to you which is the best potency to treat/manage Diabetes mellitus ?
41 responses



In the above pie chart 17.1% doctors preferred 200 potency,14.6% doctors preferred LM potency.7.3% doctors preferred mother tinctures.

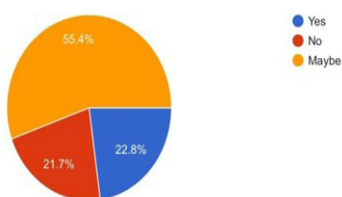
In the above pie chart 52.2% doctors treat from

10 . Whose philosophy do you follow while choosing the potency ?
92 responses



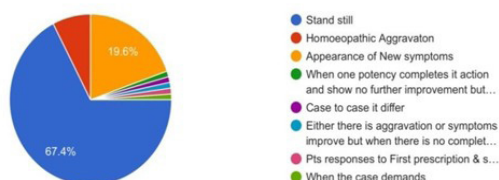
their experience,31.5% doctors follow DR. Samuel Hahnemann's philosophy,14.1% doctors followDr.J.T KENT's philosophy,1.1% doctors follow Dr. H.A Roberts's philosophy and the rest 1.1%doctors follow all the above authors philosophy.

11. While treating a particular case do you change the potency often ?
92 responses



In the above pie chart 55.4% doctors answered may be,22.8% doctors responded yes,21.7% doctors responded no.

12. When will you change the potency ?
92 responses



In the above pie chart 67.4% doctors changed the potency when the case came to stand still,19.6% changed the potency in the appearance of new symptoms.7.4% doctors changed the potency when they got homoeopathic aggravation,1.1% doctors changed the potency when the case came to stand still,1.1% doctors changed potency when the one potency completes its action but there is no improvement.1.1% changed the potency when the case demanded.

Result:

According to this survey 39.1% of doctors preferred Mother tincture in treating the cases of Diabetes mellitus.

7. Summary

A.M SHAIKH HOMOEOPATHIC MEDICAL COLLEGE, HOSPITAL undertook survey from 01-08-2022to 01-05-2023 on the topic "A survey on the most commonly used Homoeopathic potency by Homoeopathic practitioners of Belagavi city in managing cases of Diabetes mellitus".

The research was conducted through online mode in the form of a google questionnaire.

Based on the above research topic these are the outcomes:

- 57.6% Doctors have experience of 1-5 years, 23.9% Doctors have 6-10 years of experience, 7.4% Doctors have 16-20 years of experience,6.4% Doctors have 20+ years of experience,5.3 % Doctors 11-15 years of experience,1.1% Doctors have 5-10 years of experience.
- 86.7 % of doctors' practices individually, 9.8% of doctors work in hospitals, 3.3% of doctors work in small groups.
- 91.3% Doctors responded YES for managing the cases of Diabetes mellitus, 7.6% Doctors responded MAYBE, 1.1% Doctors responded NO.
- While treating cases of Diabetes mellitus 55.4% preferred constitutional based treatment, 27.2% preferred all the above treatment, 6.4% preferred specific remedy, 4.3%

preferred pathological based, 3.2% preferred keynote-based treatment, 1.1% preferred constitutional and pathological based, 1.1% preferred primary constitutional and integrated treatment, 1.1% preferred individualistic totality based.

- While treating cases of Diabetes mellitus 39.1% preferred mother tinctures, 26.1% preferred LM potency, 17.4% preferred centesimal potency, 13% preferred decimal potency, 1.1% preferred depends on the case, 1.1% preferred MT and centesimal, 1.1% preferred high potency depending on the case, 1.1% preferred All of the above primarily potency based in relation to susceptibility & pathological generals based.
- Among these 17.1% doctors preferred 200 potency, 14.6% doctors preferred LM potency. 7.3% doctors preferred mother tinctures.
- 22.8% of doctors responded yes, 21.7% responded No, 55.4% responded May be to change the potency while treating diabetic cases.
- 52.2% doctors treat on their experience, 31.5% doctors follow DR. Samuel Hahnemann's philosophy, 14.1% doctors follow Dr. J.T KENT's philosophy, 1.1% doctors follow Dr. H.A Roberts's philosophy and rest 1.1% doctors follow all the above authors philosophy.
- 67.4% doctors changed the potency when the case came to stand still, 19.6% changed the potency in the appearance of new symptoms. 7.4% doctors changed the potency when they got homoeopathic aggravation, 1.1% doctors changed the potency when the case came to stand still, 1.1% doctors changed potency when the one potency completes its action but there is no improvement. 1.1% changed the potency when the case demanded.

CONCLUSION

In Homoeopathy most common potencies are 30, 200, 1M, 10M, 1LM & mother tincture. And these potencies are selected based on the individual's susceptibility. Hence the survey conducted showed that many Homoeopathic practitioners are using Mother tinctures as preferred one to manage Diabetes Mellitus. But this needs to be studied more. With the above surveys like these we conclude that we need more such extensive surveys to be conducted in various places too to understand the different potencies that are used by Homoeopathic practitioners mostly in chronic diseases like Diabetes mellitus, Hypertension etc. So that when we can develop a proper protocol in managing cases like Diabetes we can easily select the potency. This information will also help the budding Homoeopaths during their prescription.

After taking surveys from the experienced Homoeopaths of Belagavi city we have come to the conclusion that 39.1% preferred Mother tincture while managing the cases of Diabetes mellitus. Now, this study needs a more extensive understanding of mother tinctures. So that Mother tinctures can definitely be the priority while managing the cases of Diabetes mellitus.

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In Vitro Anti-Cancer Activity of Homoeopathic Medicines with A Review on Prevailing Studies Using MTT Assay

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Keywords

In vitro, Anti-cancer, Homoeopathy, alamar blue assay, MTT assay, Systemic review

Abstract

Background: Globally, oral cancer is the sixth most common cancer and India is the second leading country to have maximum cases of oral squamous cell carcinoma. Risk factors include tobacco and alcohol consumption, unhygienic oral conditions, and chronic human papillomavirus infection. At present, there are no substantially published in-vitro cytotoxicity studies of homeopathic medicines against oral cancer cell lines. So, the present study aims at identifying the anti-cancer activity of homeopathic medicines against oral cancer.

Methodology: The anti-cancer activity of homeopathic medicines was evaluated against the KB cell line using alamar blue assay. The different homeopathic preparations used include Tabacum (6C, 30C and 200C), Arsenic album (6C and 30C), Condurango 30C, Galium 30C, Hydrastis 30C, Kali cyanatum 30C and Lobelia 6C. Ethanol was taken as a control.

Results: Percentages of cell viability for different homoeopathic medicines were similar to that of ethanol hence a systemic review was carried out to understand the lacunas.

Conclusion: The majority of previously carried out studies on different cancer cell lines using alamar blue assay showed positive results due to variability in the type, percentage, and quantity of

control used. Quantitative comparisons between the medicines and control were not followed.

Standardization in the usage of controls is required. For quantitative comparison between the control and medicine, especially in cancer cell line studies, distilled water can be used as control instead of ethanol, to avoid discrepancies in the results. Also, as our Homoeopathic medicines are highly diluted and potentized, the alamar blue assay/ cell viability assay should be avoided in near future.

Introduction

According to The National Cancer Registry Programme Report 2020, it is predicted that one in every nine Indians is likely to develop cancer in his or her lifetime, and the incidence rate will increase by 12.8 % by 2025 in just five years. ⁽¹⁾ India ranks second in the total number of cancer cases, globally. Of which squamous cell carcinoma predominates the list. Epidemiologically, Kerala has the lowest incidence of oral cancers, while west Bengal has the highest. According to the ICMR report, cancer cases are mainly seen in 58.4 % of the male population, but in the north eastern part of India, the female population predominates with 60.2 % .⁽²⁾

In Homoeopathic Materia medica, there are a number of specific medicines for oral cancer. Hence, an experimental study was conducted to check the cytotoxic activity of Homoeopathic medicines against the oral cancer cell line (KB cell line)

Materials and Methods

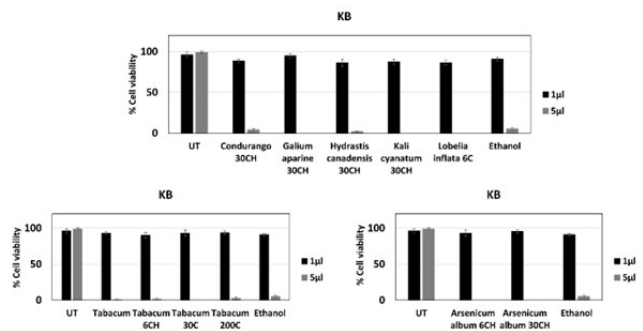
Homoeopathic medicines namely Tabacum 6C, 30C,200C, Lobelia 30C, Arsenic album 6C and 30C, Kali Cynatum 30C, Condurango 30C, Galium 30 C procured from GMP certified companies.

Controls

Negative control was 90% ethanol.

Cell Culture

KB cell line, an oral cancer cell line was procured from The National Centre for cell sciences, Pune, INDIA. The cells were cultured in RPMI 1640 medium supplemented with 10% fetal bovine serum and 1% antibiotic. Initially, 5 x 10³ cells per well were plated in 96-well plates. Concentrations of Homoeopathic medicines (1 µl and 5 µl) were used to treat the cells and ethanol was taken as control. Alamar blue reagent was added to the cells after 48 hours of treatment and incubated for 3 h, and viability of cells was measured at a wavelength of 570 nm. The percentage inhibition of viability of cells treated with Homoeopathic medicines when compared to that of the untreated cells



was plotted and IC₅₀ values were calculated.

Figure 1. Anti-cancer activity of Homoeopathic medicines. Activity of Homoeopathic medicines at 1 µl and 5 µl concentration against KB cell line. The cells were treated with the indicated concentrations of Homoeopathic medicines and the cell viability was measured with alamar blue after 48 hours of treatment. Percentage viability of the treated cells when compared to untreated cells was shown. Ethanol was taken as control. UT – untreated.

Results

Cell viability and toxicity of different Homoeopathic medicines showed results similar to that of ethanol, which was used as a control [Fig.1] As the reports shown had no significant changes hence a Systemic review was conducted to evaluate the lacunas.

Discussion

Systemic review of 16 vitro studies which fulfilled the criteria using MTT assay were selected. Literature Searches from databases such as PUBMED, RESEARCHGATE, INDMED, COCHRANE LIBRARY, from the year 2000 to 2024, and journals from only the English language were selected. The search terms used were homeopath, homoeopathy, clinical trial, systematic review, efficacy, effectiveness, anti-cancer, in vitro, MTT assay.

The following are the articles with their findings-

	AUTHOR	MEDICINE	MEDICINE	CELL LINE	FINDINGS
1	ARUL et al ³ (2023)	Cordyceps sinensis 6C,30C	saline and tumor cells without drug intervention	MCF-7 HePG2 A549 PC3 (prostrate cancer)	Cordyceps sinensis 30C showed a significant cytotoxic activity than 6C. No ethanol in MTT assay Ethanol in DPPH test but here % not mentioned.
2	BHUSARI et al ⁴ (2023)	Carcino SC Mam-mae 200CH	Control -untreated cells Positive control-Doxorubicin	M D A - M B - 2 3 1 (BREAST LINE)	Carcino SC Mammae 200CH shows a concentration - dependent and time-dependent inhibition on MDA-MB-231 breast cancer cells

3	RAJA KMU et al ⁵ (2022)	Phytolacca 6,200	Control -UT cells	MCF-7	Phyto in different conc used (10ul,25,50,100ul).Phytolacca decandra 6CH and 200CH inhibited the growth of cells in dose dependent manner. Metabolic activity studied by SRB assay and reduction in colony formation by colony forming assay done which showed positive results.
4	Valle et al ⁶ (2020)	Viscum alb 3C ,30C	Control is cell culture without the homeopathic medicines	Osteosarcoma cell U2-OS cell line	osteosarcoma cell line was cultured in the presence of viscum alb
5	Valle et al ⁷ (2020)	Inj Viscum alb 3x (prepared using sterile isotonic solution)	Control sterile isotonic solution	MCF-7 MSC(mesencial stem cell)	Viscum alb 3x has got more cytotoxic effects on MCF -7 cells than healthy MSC cells
6	Gupta et al ⁸ (2020)	Asterians r 6C and 30C	UT- negative control	MCF-7 and MDA-MD231) breast cell line	Action of asterians rubens only on MCF 7 cells ,no action on MD231. No use of ethanol as control UT- negative control
7	Joshi et al ⁹ (2017)	Hydroquinone 30 c ,ASF 30 c, Phos 30 C	2 types of control- 1)Potentised alcohol 2)alcohol	Melanoma Murine B16F10	Increase in melanin production seen Cell viability same as ethanol No mention of % and quantity of ethanol.
8	Wani et al ¹⁰ (2016)	Terminalia chebula MT,3X,6C,30C	Diluted ethanol	Human cancer MDA - MB - 231 , MCF -7, HEK	MT decreased the viability of breast cancer (MDAMB231 and MCF7) and non-cancerous (HEK 293) cells. But 3X, 6C and 30C decreased the viability of only breast cancer cells 100 % ethanol diluted and later 40 %,20%,10% and 5 % used as control Max inhibition in 10 % ethanol.
9	Mondal et al ¹¹ (2016)	Psorinum 6X (100 Ug/ml,125,150 ug/ml)	Ethanol 6X	Human lung A549,liver Hep G2,breast MCF-7,liver WRL 68(normal hepatocytes)	Psorinum showed greater anticancer effects(triggered apoptosis) in A549 cells than in others. Compared with normal cells and in increasing doses
10	Mondel et al ¹² (2016)	Hepatitis C 30 C (nosode)	1)WRL 68 as control 2)succeded Ethanol 30	A549, MCF-7 used but focus on HepG2 cell only and WRL-68(normal cells)	Hep C 30 showed apoptotic effects on A459 and MCF-7 cells & greater cytotoxic effects against HepG2 cells – hence Hep G2 was selected for further studies.

11	Sikdar et al ¹³ (2014)	Condurango 6C ,30 C (0.5 ul to 5 ul)	1)UT cells 2) 6% alcohol	NCI-H460 Human non small cell lung cancer cell line	Condurango 30 is more effective than 6c. Alcoholic content was evaporated and then kept under reduced pres- sure in rotatory evaporator.
12	Samadder ¹⁴ (2013)	Lyco 5C,15C	1)Untreated hela cells-neg control. 2) 30% successed ethanol positive control. 3)Cisplastin -con- trol	Human cervical cancer HeLa; Normal peripheral blood mononucle- ar cells	Lyco 5C,15C causes no changes in normal peripheral blood mononucle- ar cells but causes apoptosis in Hela cells MTT assay showed the proliferation of HeLa cells decreased with an in- crease in concentration of LC-5C and LC-15C.
13	Bishayee ¹⁵ (2013)	Condurango 30C	Control – 1) non cancer Liver cell (WRL- 68) 2) mouse periph- eral blood mono- nuclear cells	Human cervical cancer HeLa	The effectiveness of Condurango was found to be greater against HeLa cells The MTT assay revealed that the vi- ability of the cells was reduced upon the application of the higher doses of Condurango extract Before treatment, the alcohol contain- ing part of the drug was al lowed to evaporate by drying at 40°C.
14	Arora et al ¹⁶ (2013)	Sarsaparilla MT,30,200,1M in all potency on ACHN line and normal kidney cell line (MDCK), Ruta MT,30,200,1M on colon cancer cell line (colo- 25 line) Phytolacca MT,30,200,1M on breast can- cer MCF-7 line	Solvent control= 90% ethanol (5 ul) Medicine also in 5 ul	[3 cancer cell line + normal kidney cell line MDCK] Hu- man renal adeno- carcinoma ACHN -----Colo carcinomaCOLO 205 MCF-7 Normal MDCK	Mother tincture showing more cyto- toxicity than potencies. Ethanol showing only slight cytotox- icity effect.
15	Biswas et al ¹⁷ (2011)	Thuja MT & thujone rich fraction(TRF) ex- tracted from thuja using chromatog- raphy.(4 fractions were extracted) Separation of TRF is by chromatogra- phy method	Control - no drug to cells	Malignant melano- ma A375 cells	MTT shows TRF (Fraction 4 th show- ing more cytotoxic effects than Thuja mother tincture.

16	Thangapazham RL, et al ¹⁸ (2006)	Conium, Sabal, Thuja, Asterias, Phytolacca (above all in 30,200,1M), Carcinisin only 1M dose	Control UT cells	Prostate and breast cancer cell (DU-145, LNCaP, MAT-LyLu,	MTT shows no effect on cancer cell line No comparison with ethanol
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Conclusion

1. Variation in controls were seen-

Only a few studies mentioned positive and negative control.

Only two articles[9,18] mentioned cell viability, the same as ethanol.

Medicine and ethanol not compared in similar concentrations

Not all articles mentioned about the percentage of ethanol used

Few articles compared with normal cell lines, but not with ethanol.

2. Variation in the preparation of medicines-

Few used company preparations, and few used preparations starting with mother tinctures.

Method of potentization not mentioned -whether hand or machine made

Standardization in control and method of preparation of medicines is required.

3. For in vitro studies Usage of Medicines in lower potencies which are clinically not used.

4. Instead of the word" ultra diluted medicine" potentized medicine word should be used.

5. Lilienthan in his book Homoeopathic therapeutics mentions "Alcoholus" remedy for relieving the pain in cancer. Rubric in Schroyens repertory-GENERALS - PAIN - cancerous affections,alcoholus is mentioned. Hence "alcoholus"(potentized ethanol) will be considered as a remedy rather than a control.

CONCLUSION

Standardization in usage of controls (distilled

water) and quantitative comparisons between the control and medicine is required while performing Alamar assay,MTT assay to avoid discrepancy in the results.Also as our Homoeopathic medicines are highly diluted and potentized,Alamar assay,MTT assay won't be applicable,hence avoided in near future.

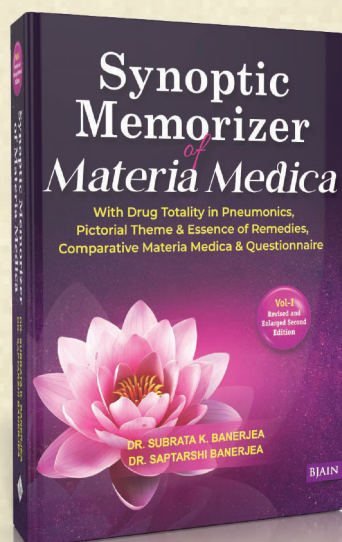
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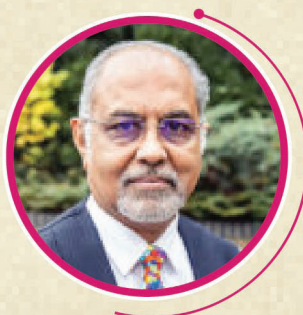
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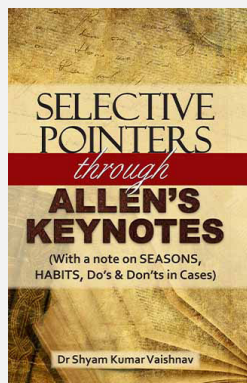
Book Review of Selective Pointers through Allen's Keynotes

Reviewed by Dr. Anil Singhal, MD (Hom.)



About the Reviewer

Dr. Anil Singhal, MD (Hom.) is a senior homeopathic practitioner and author of "Boger's Legacy," a work exploring the enduring relevance of Dr. C.M. Boger. He is known for his thoughtful contributions to classical homeopathy and for his reflective narratives that integrate clinical insight with philosophical depth and educational clarity.



Sometimes the most useful new book is the one that takes you back, with clarity and economy, to an old love. I first opened H. C. Allen's *Keynotes* in 1984 at NHMC, Delhi, a thin volume that has travelled with me through wards, clinics, and decades of practice.

For more than forty years that book has been the small drum that keeps time in the background of my prescription.

About a year ago, while browsing online, a title leapt out at me—*Selective Pointers through Allen's Keynotes*. The promise tucked inside those two words—"selective pointers"—felt honest and practical. I ordered it immediately.

Later, when Dr. Shyam Kumar Vaishnav wrote to me requesting a review, I told him that I already owned his book; in truth, I had been using it in exactly the way I think he hoped it would be used: as a quick, clinic-side instrument that refreshes memory and sharpens attention.

The value of this book sits in its **organizing** idea. Dr. Vaishnav does not rewrite Allen and he does not attempt the impossible task of compressing *Materia Medica* into clever mnemonics. He takes

a humbler, more valuable path: he curates what is clinically decisive, groups similar symptoms together, and sets them where a busy mind can reach.

We do not move line by line; we scan, we triangulate, we look for the decisive hint. This book is built for that mental movement. It invites you to enter **Allen** from a different door—through age groups and genders, through habits and addictions, through seasons and life phases, with helpful reminders of what to do and what to avoid while managing a case.

The **structure** is straightforward. Twelve sections hold the matter. The reader meets women and girls as distinct study spaces; the young and the old appear with their typical patterns; drunkards and smokers are gathered under addictions; pregnancy and the climacteric receive their own attention; seasons and months are mapped where remedies tend to appear more insistently.

The emphasis on pediatric and gender-based groupings, and the convenience of remedy lists at the point of need, make the book particularly **attractive** for students facing vivas and for interns learning to connect classroom lines with living cases.

The **language** is clean, the entries are compact, and the tone is quietly clinical. It aims at bedside use and achieves it. I can see this text being read by a BHMS student as a first map to remedy personalities; by a postgraduate as a warm-up to a seminar; by a teacher during a ward round to spark a quick discussion; and by a practitioner after a case, to check a differential without sinking into a long chapter.

Selective Pointers through Allen's Keynotes does

not pretend to replace Keynotes; it returns you to Allen better prepared to hear him.

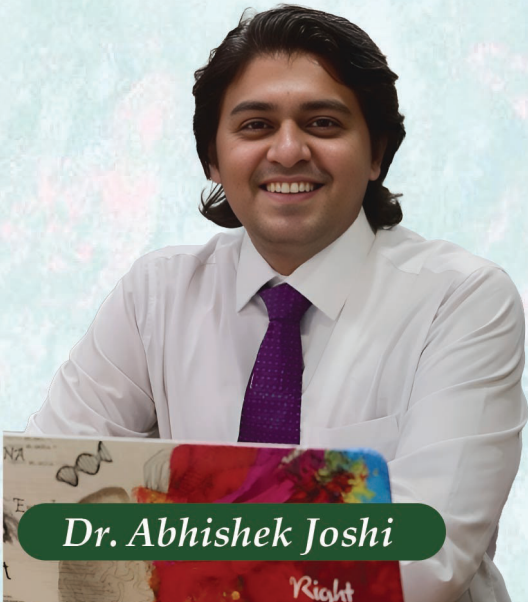
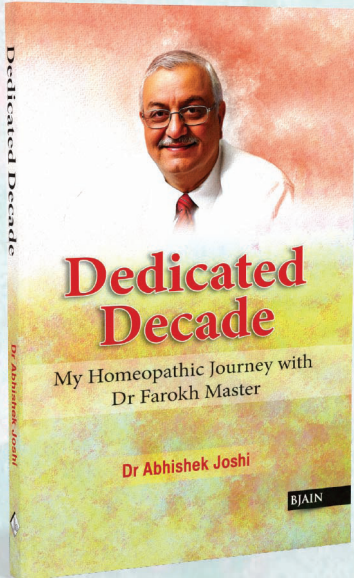

I should also acknowledge the energy of its author. **Dr. Shyam Kumar Vaishnav** is a young physician with a scholar's discipline and a volunteer's heart. He ranked high in AIAPGET, completed his MD in Materia Medica, has been active in CMEs and medical camps, and worked in public-spirited ways during the pandemic. He has already co-authored the updated *Collector's Boericke's New Manual* and now gives us this selective guide to Allen.

It is good for our literature when younger colleagues take up the slow, painstaking work of

arranging, checking, and presenting classical material with fresh usability.

If I could leave one final thought for readers who are considering it: **approach** *Selective Pointers* as you would a well-made index card—concise, reliable, and meant to send you back to the source with sharper attention.

I **recommend** it warmly—to students who want a strong start, to scholars who appreciate a tidy instrument, and to practitioners who know that clarity is the most compassionate form of speed. Add it to your working shelf. Keep Allen open beside it. And let the two talk to each other in your clinic, as they have been talking in mine.



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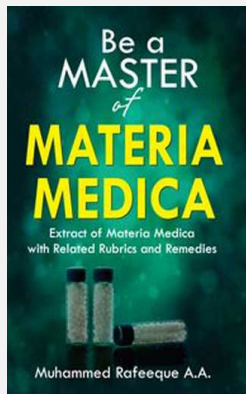
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However you define excellence in prescribing, knowledge is always an essential ingredient. Knowledge, in all its aspects, brings our understanding to the fore. Who we are as a person is the most important factor in how we live our life, and thus also in how we practice as a homoeopath. Dr. Muhammed Rafeeqe's

'Be a Master of Materia Medica', a superb collection of symptoms & rubrics of an individual medicine, weaves these insights, among many others, into the fabric of what homoeopathy is, how it works and what it means to be a homoeopath.

In this book, well-proved drugs are selected and the symptoms are arranged in a systematic order - from generals to particulars. Under each symptom, the rubrical representation of the same symptom is given. Here the most suitable rubric is selected from a repertory in which the symptom is well represented. The remedies with gradings as given in the repertory follow the rubrics.

This book makes the study of Materia Medica, comparative Materia Medica and Repertory easy and systematic. The readers will also get a chance to read the other indicated drugs for the same symptom. Since the grading is given, the intensity of each symptom in different drugs can be compared. The rubrics are selected from well-known repertories published by stalwarts like Kent, Knerr, Clark, Gentry, Boericke, Robert, Phatak and also from the latest repertories published by F. Schroyens and R. Murphy.

In this book, the author has covered 86 well-proved

drugs. On an average, the majority of the drugs carry 50 to 60 symptoms along with rubrics and remedies. Apart from improving the Materia medica knowledge, the routine use of this book can help the readers to get rid of "prejudiced materia medica," which is the main reason for our failure in remedial diagnosis. Truly speaking, our mind is intruded with some specific drugs for each favorite "indication" we are habituated with. Here are some examples:

Most of us think about Lycopodium when the patient says that his complaint goes from right side to left! But, for the same indication, there are other drugs given in the repertories.

Kent > Generalities side > right -then left: **Acet. ac**, acon, ars.n, aspar, bell, lyc, mez, sang, spong, sulph.

When the patient is extremely fastidious, the first drug comes to our mind is Arsenic. If we refer repertory:

Robin Murphy > mind > fastidious: Alum, anac, arg.n, ARS, asar, aur, calc, CARC, con, graph, ign, iod, lac-ac, med, nat.m, nat.s, nux.v, phos, plat, psor, PULS, sep, sil, sulph, thuj.

When the patient has profound despondency with suicidal thoughts, Aurum met comes to our mind. But the repertory gives:

Robin Murphy > mind > depression > suicidal disposition with: Alum, AUR, calc, carc, car.s, chin, cemic, con, graph, hep, ign, med, merc.aur, naja, nat.m, nat.s, psor, ranb, rumx, sep, spig, STAPH, sulph.

This book also helps to know the value of some PQRS symptoms that are covered only by a single

drug.

· Diarrhea from bad news is the indication of Gelsemium.

Robin Murphy > Rectum > Diarrhea > News, bad, from: GELS.

· Can pass stool by leaning very far back - is the indication of Medorrhinum.

Kent > rectum > constipation > lean far backward to pass stool, must: Med.

· Menses too early and bright red, if late blood is dark - is the indication of Calc phos.

Gentry > menstruation > late > menses too L. blood dark, or bright then dark: Calc p

It is also noticed that our materia medica knowledge gets weaker by the lack of regular reading habits. The words of Dr M L Tyler are very relevant here, "Read a drug everyday, and two on

Sundays." Yes, every homoeopath should stick to her words. We must read regularly and repeatedly, that too, the same drug using different books. True that no modern tools can replace the classical books written by the pioneers, but books of this kind can surely help to strengthen our Materia medica Knowledge.

It also gives pleasure to learn that this book is now translated into Spanish by the B Jain overseas publishers. The author has spared himself no pains in his endeavor to present the main ideas in the simplest and most intelligible form, and on the whole, in the sequence and connection in which they actually originated. The wealth of detail, the infinite care never to let anything pass unexplained, with which he presented to the students of Homoeopathy the result of his experience, are impressive & worth appreciating. All in this entire book is not only to be recommended to homoeopaths, but I would say it is a "must". But not only a must, it's a delight and a joy to have it and work with it.



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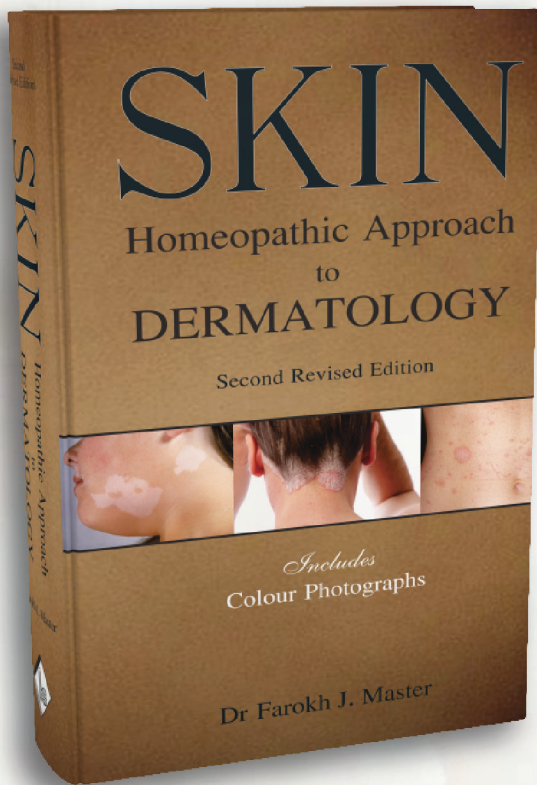
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