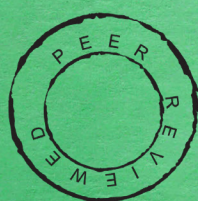


THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 47, No. 1, April 2021



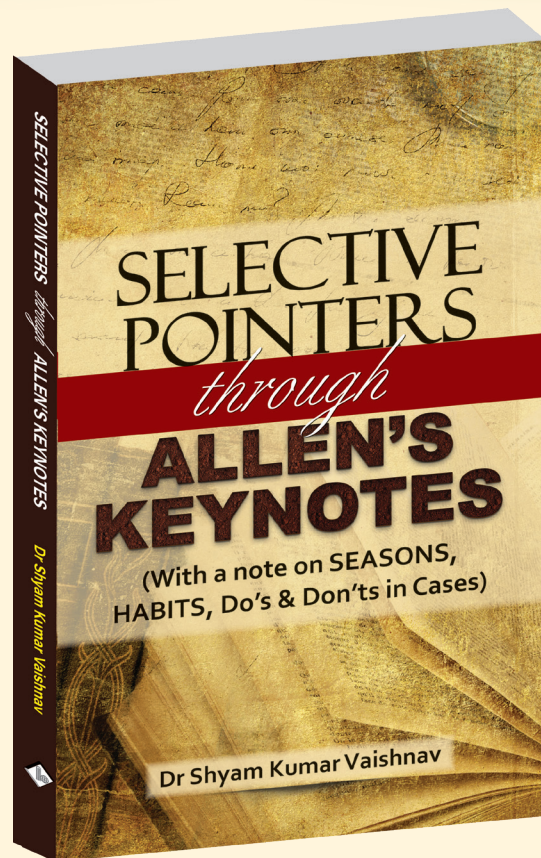
Nosodes and Sarcodes in Homoeopathy

- Bowel nosodes - a boon to homoeopathy
- Alopecia areata treated with *Syphilinum*: a case report
- A case study- *Bacillinum* as an intercurrent remedy



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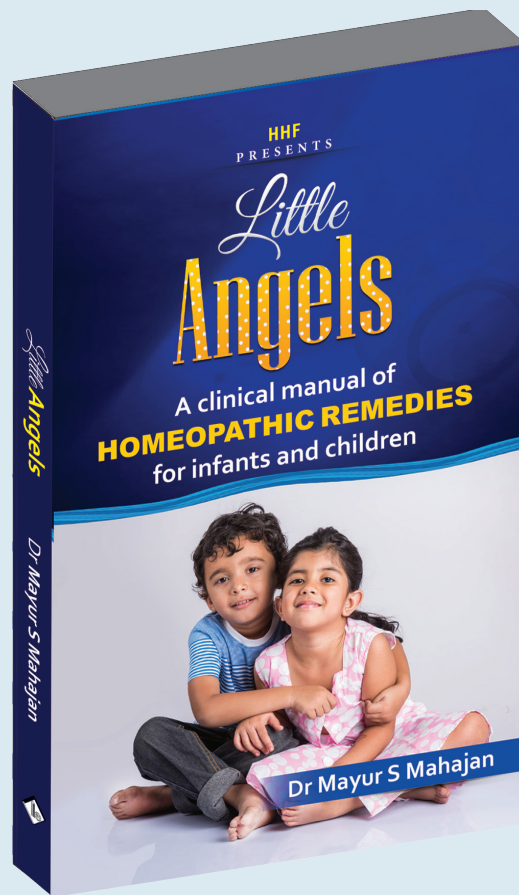
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DR MAYUR S MAHAJAN



- This book is the result of the author's rich clinical experience. He went out of his way to describe the condition of each child in as much detail as possible, making it very easy for readers to understand and apply this knowledge in their clinic.
- The narration of cases is presented with gestures and mimicry that for us 'bring the patient to life'.
- The condition of each child is given in as much detail as possible, making it very easy for readers to understand and apply this knowledge in their clinical practice.
- All the rubrics are taken from Synthesis Repertory and Complete Repertory.

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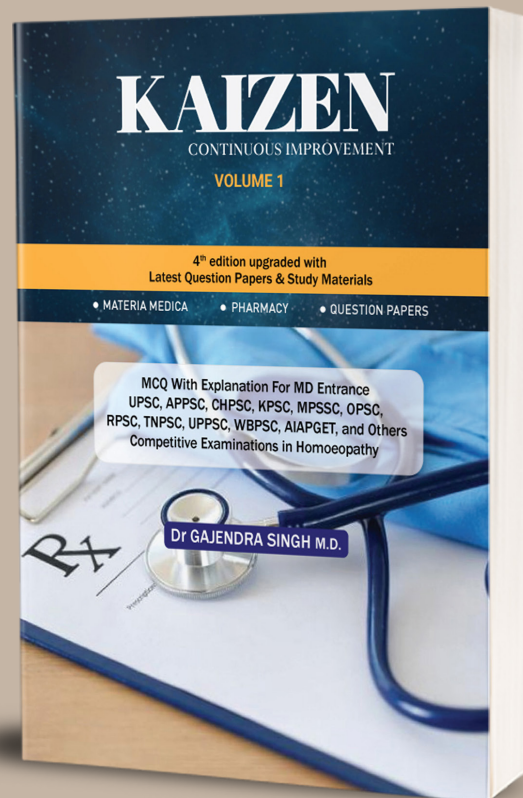


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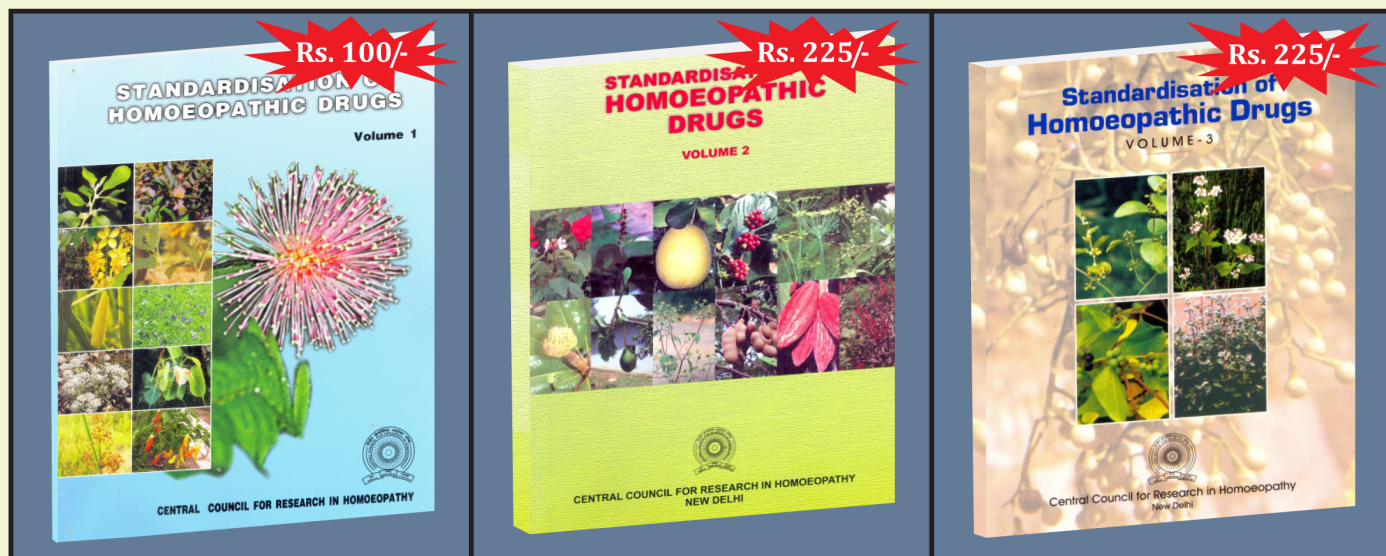


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Published and Printed by

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

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

Published from 1921/10, Chuna Mandi,
New Delhi - 110055
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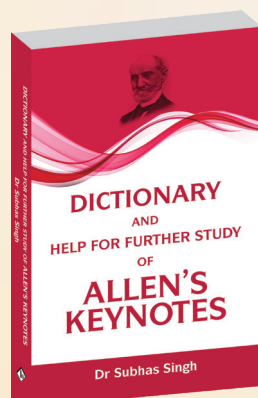
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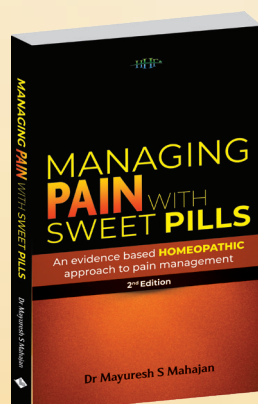
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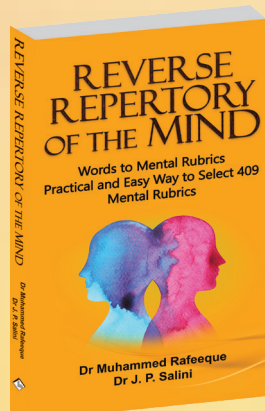
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- 409 mental rubrics from Kent's Repertory and Synthesis Repertory are wonderfully explained starting from "Abandoned" to "Zealous", including the meaning of the rubric, clinical situation, patient's and attendant's narration, the observation of physician, followed by important remedies given in the rubric.
- The language of the book is kept very simple and comprehensible language keeping in view the need of the student making it a handy reference.

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Dear Readers,

It was during the epidemic in 1832 that many veterinarians relied on the complementary use of the nosodes and standard remedies to treat the animals under their care. On December 24, 1835, Jolly of Constantinople reported to Master Hahnemann that Russian doctors cured a number of cases of bubonic plague with a 30c nosode prepared from the serous exudation of plague buboes. The Master's interests in the new nosode movement on the basis of these clinical experiences made him to prove most of the nosodes which were not being proved. Hence, the revolutionary ideas contained within *The Chronic Diseases, 1828* changed the way people thought about contagious disease and stimulated the integration of nosodes into the homeopathic pharmacopoeia.

Nosodes and sarcodes are potentised preparations prepared according to homeopathic standards. Nosodes from inactivated diseased products of human, animal or vegetable origin or cultures of micro-organisms, while in contrast, sarcodes comes from a healthy tissue, organ or secretion of humans or animals. Being prepared from body substances and discharges, they have a unique, peculiar affinity with the functions of the body. Both nosodes and sarcodes act as prophylactics and can also be used for improvement of resistance, response to a remedy and for recuperation. The homeopathic nosodes can be used for treating residual infections, for example, *Bacillinum* for tuberculosis, as well as a prophylactic, for example, *In-*

fluenzium for swine flu), whereas sarcodes are used to help rebuild organs and tissues that may be diseased or malfunctioning, for example, lymph, spleen, etc.

At the same time, **Dr Fellger has also quoted about nosodes**, "it was absurd to claim that every disease could be cleared by its nosode, for after potentising the nosode, we cannot be satisfied that it is in the same condition as when first taken from the diseased individual. Thus, the syphilitic poison is composed of molecules, the molecules of atom. When the poison is potentised, the essential character of molecule is undoubtedly lost, hence it is not the same substance anymore." Thus, the utility depends on the individuality of each case in hand.

A Quick Word on Issue Content:

This issue of "*The Homoeopathic Heritage*" is an attempt to describe the importance of nosodes and sarcodes in homeopathy through different case studies and research papers. The peer reviewed articles of this issue include research paper on Bowel nosodes- a boon to homeopathy by *Dr C.P. Sharma, Dr Meenakshi Ambwani, Dr Kruiti Saraswat* and a case study- *Bacillinum* as an intercurrent remedy by *Purusottam Kumar Singh*. The clinical case studies include alopecia areata treated with *Syphilinum*: a case report by *Dr Yogeshwari gupta, Dr Jaya Sharma*, when well selected remedy fails to act, use nosodes and sarcodes by *Dr Shalini Ankushe, Dr Aafreen Chunawala and Dr Pratik Jain, Thyroidinum* in crypt-

orchidism by *Dr Sneha Kumari*, and homeopathic approach in anaemia- a case report by *Dr Neeta Sharma, Dr Diksha Agrahari*. The feather in cap of this issue is an excellent article for the academic section on common pitfalls when writing a scientific article by *Dr Divya Verma, Chaturbhuja Nayak*. Subjective articles include *Carcinosinum*- A boon in homeopathy by *Dr A.P.S. Chhabra, Dr Tulika Shikha, Dr Riya*, nosodes - an overview by *Mini I.V.*, and profile of sarcodes: *Thyroidinum* by *Chaturbhuja Nayak, Aroop Anand Das*.

The challenge for the future is to refine the method of preparation and to develop a harmonised way of preparing the nosodes and sarcodes, which is conducive to all the homeopathic pharmacopoeias across the globe. If prepared according to the homeopathic principles, they have the potential to be used as prophylactics in epidemics, but only if there is sufficient experimental evidence of its effectiveness and safety. But one must always remember, "whether derived from purest gold or purest filth, our gratitude for their excellent service, forbid us to inquire or care."

We are obliged to all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homeopathy.

Dr Yashika Arora Malhotra
hheditor@bjain.com

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

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May 2021	Homoeopathy and Genital diseases	March 15, 2021
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My experiences with pituitary anterior – three acute cases



Editor's desk

Introduction

Pituitary Gland

The pituitary gland is divided into two parts, the anterior and the posterior, each being a medicine in its own right. However, often the whole pituitary gland can be used as well as it is one of the essential glands in the body. The anterior part functions to stimulate the adrenal glands through the adreno-corticotrophic hormone, human growth hormone, luteinising hormone, follicular stimulating hormone, thyroid-stimulating hormone, and prolactin. The posterior part secretes anti-diuretic hormone and oxytocin. David Flores Toledo developed the picture of anterior pituitary in Mexico, and listed the following conditions as being treated effectively by this remedy as follows: acne, obesity, sterility, headaches worse from menses; asthma, hemorrhoids, breast nodules, fungal infections of nails, recurrent tonsillitis, vitiligo, and warts. Some of these symptoms are seen in the whole pituitary gland

and not separated into anterior and posterior sections.

Case 1

A girl aged 14 years consulted for allergy to nickel as a metal as she used to wear an earring, and within 6-7 days, the ear lobes started reacting by becoming red and painful, accompanied by itching and crust formation. She was also chronically constipated. Based on the above symptoms, she was prescribed a few doses of *Graphites*. Unfortunately, it did not help the girl at all, in fact the symptoms aggravated. Hence, the case was re-studied, and a few doses of *Anterior pituitary 30* was prescribed. Within the fortnight, there was substantial change in her eczema.

Case 2

A girl aged 24 years consulted for amenorrhoea for last four months. There was no case which could be attributed for this problem. She was in her final year of MBA, hence in the beginning, the cause was thought to be examination stress, but even after she passed her examination, there was no return of her menses. Her previous menstrual history was that she used to get clots, especially on her first day, and on 15 or 16th day of menses, she used to have spotting. She was highly allergic to eggs. Based on the above symptoms, she was given 1 dose of *Anterior pituitary* in 200 potency and asked her to report after 7 days. She came with

no success, hence one more dose was repeated. On the tenth day, she got her menses, and since then her cycle was regular.

Case 3

A child ten years old had breathing problems which his doctors diagnosed as allergic asthma. The child was allergic to milk and its products, fruits, and oily foods. The attacks usually used to come early morning. The child had craving for fried potatoes, chocolate, and samosa, with history of allergy to nickel and other metals. He usually had running nose with sneezing, the moment he woke up in the morning. He used to clear his bowel every other day, and also had a few spots of vitiligo over his neck. The striking thing observed was that he already had facial hair at the age of 10 years. Immediately, he was given a few doses of *Pituitary anterior 30* in infrequent repetition, and in next six months, his allergies disappeared.

■■■

Bowel nosodes- a boon to homoeopathy

By Dr C.P. Sharma, Dr Meenakshi Ambwani, Dr Kruiti Saraswat

Abstract: Bowel nosodes are the medicines prepared by attenuating the cultures of non-lactose fermenting bacilli of intestinal flora. The concept of bowel nosodes was developed first by Dr Edward Bach (1886-1936) and continued by John Paterson (1890-1955) and his wife, Elizabeth. With due time, bowel nosodes have proven to be as one of the important category of nosode group of remedies in homoeopathy. The favourable results seen in patients after their administration are reported frequently by clinicians throughout the globe. This article emphasis on an overview of bowel nosodes from different sources, mode of preparation as per the Pharmacopoeia, the modus operandi of bowel nosodes, their utility, miasmatic analysis, suggested repertoires, criticism regarding bowel nosodes. Also, past studies in homoeopathy regarding bowel nosodes are discussed. The idea is to accumulate all the relevant available data at one place, in order to ease the scholars and researchers.

Keywords: homoeopathy, nosodes, bowel nosodes, modus operandi, criticism, Pharmacopoeia, past studies.

Abbreviations: R.P.M. – revolutions per minute

Introduction

According to the *Dorland's Illustrated Medical Dictionary*, Nosode is: 'any disease product used as remedy'.^[1] 'Noso' is a Greek word, which gives the idea of a disease indicating its morbid root. Also, 'noxa' in Latin means noxious or damaged. This implies the use of potentially dangerous noxious materials as a basis for a potentised remedy. Nosodes are group of medicines prepared from the diseased products of animals or human beings, or cultures of microorganisms after potentisation and can be used for both prophylactic and curative purposes.^[2]

HISTORY OF NOSODES

Since Hippocratic era, pus, phlegm, urine and other discharges of one patient were used as source material for preparation of medicine for same or other person. Hering originated the method of using a miasmatic agent as a basis for a remedy and it was he who coined the term "nosode". He did many experiments when he was in Suriname, Guiana, South America, between 1827 and 1833. The applicability of nosodes

in homoeopathy has invited paradoxical views. J.C.Burnett, H.C.Allen, Swan, D.M. Foubister, Edward Bach, John Paterson, etc. are the supporters of nosodes, while for others, the use of nosodes is an enigma.^[2]

BOWEL NOSODES

The medicines prepared by attenuating the cultures of non-lactose fermenting bacilli of intestinal flora. The proving of bowel nosodes has not been done as per the homoeopathic proving protocol. However, physicians have developed the pictures of these medicines through careful clinical observations and bacteriological examinations.^[3]

The patients who were suffering from chronic diseases, when given the medicines prepared from the culture of their stool, revealed that there existed a relation between their symptoms and the organisms present in the stool. These organisms were isolated, attenuated and administered to the patients exhibiting similar manifestations. Patients showed marked relief.^[2] The potentised vaccine, the nosode

prepared from culture of the organism can be considered to be a complex biochemical substance having the characteristics of the disturbed metabolism and thus, similar to the disease. According to the law of similars, it has specific therapeutic power to restore health.

[4]

DR EDWARD BACH (1886 – 1936)-
'Father of bowel nosodes'

Bach was a London based bacteriologist. He was the one who discovered that certain intestinal germs, belonging to non-lactose fermenting gram negative coli, have connection with chronic diseases. Hence, they can be used for cure as well (as per homoeopathic principles). He isolated the bacilli and gave it back to the patient, firstly in the form of an autogenous vaccine and claimed to cure the disease. Years later, he potentised the vaccine according to the homoeopathic principles and cured many patients. In 1930, Bach briefly summarized the bowel nosodes, based upon clinically derived indications.



The British Homoeopathic Journal

A Quarterly Record of Scientific Therapeutics, General
Medicine and Surgery.

No. 2.

APRIL, 1920.

VOL. X.

ORIGINAL ARTICLES.

THE RELATION OF VACCINE THERAPY TO HOMŒOPATHY.

By EDWARD BACH, M.B., B.S.Lond., D.P.H.Camb.

Pathologist to the Homœopathic Hospital.

MR. PRESIDENT,—May I by way of introduction tell you how proud I am to be invited to read a paper before your Society? Though a comparative junior, I have been studying allopathic medicine for thirteen years, and have been practising with one of the foremost hospitals in London for seven years before I was appointed here last March, so that I have had a fair chance of studying allopathic medicine and its possibilities. It is impossible for me to tell you how deeply I have been impressed with the science of homœopathy and with the results you obtain.

As one who has had the opportunity of witnessing the results, and even working with some of the present foremost physicians of the old school, and as one who has seen enough of medicine to realize value, and as one who has had enough experience to make one sceptical of all things, may I offer my allopathic offering at the altar of your science by saying that you accomplish cures undreamed of by the profession at large; that a large class of cases considered almost hopeless by the allopaths are

Figure 1: Original article by Bach^[4]

The first ever published original article on this concept was authored by Edward Bach, in 1920. It was published in *The British Homoeopathic Journal*. Title of publication was 'The Relation of Vaccine Therapy to Homoeopathy'.^[5]

JOHN PATERSON (1890- 1955)

He was a co-worker of Bach. He began his research on bowel nosodes

after 1929. He studied more deeply the characteristics of the bowel flora, especially their behavior in health, disease and in drug proving. He conducted research for about 20 years and examined around 20,000 stool specimens. He came to the conclusion that the non-lactose fermenting non-pathogenic bowel flora undergoes definite changes in the disease condition. He concluded that the balance of the bowel flora

is disturbed in disease. Paterson advocated specific recommendation on potency, dose and repetition of bowel nosodes as well. He was the one who related each of the bowel nosodes to a group of Homoeopathic remedies.^[5] (Table 1).

MODUS OPERANDI

After the administration of the

suitable bowel nosode, the curative process begins. Following this, the non-lactose fermenting bacteria begins to mutate to other groups and ultimately disappear. These

happenings occur simultaneously with the disappearance of the symptoms. Reappearance of the old symptoms and the efflorescence of the skin eruptions with ultimate

clearing. This is associated with a marked increase in the vitality of the patient.^[5]

Table 1- A brief of bowel nosodes^[2,5,6]

BOWEL NOSODE	PROTOTYPE REMEDIES	THEME
Morgan Pure (Paterson)	<i>Sulphur</i>	Congestion
Morgan Gaertner (Paterson)	<i>Lycopodium clavatum</i>	Inflammatory conditions
Bacillus no.7 (Paterson)	<i>Kalium carbonicum, Iodium</i>	Mental and physical fatigue
Bacillus Gaertner (Bach)	<i>Phosphorus, Silicea terra, Mercurius vivus</i>	Malnutrition
Dysenteriae compound (Bach)	<i>Arsenicum album</i>	Anticipation
Sycotic compound	<i>Thuja occidentalis</i>	Irritability
Bacillus Faecalis (Bach)	<i>Sepia officinalis</i>	Stagnation/ stasis
Bacillus Mutabile (Bach)	<i>Pulsatilla nigricans</i>	Changeability
Bacillus Proteus (Bach)	<i>Natrum muriaticum</i>	Brain storm

ISOLATION OF BOWEL FLORA FOR PREPARATION OF BOWEL NOSODES

According to *Encyclopaedia of Homoeopathic Pharmacopoeia*, following are the steps for isolating and preparing remedies of bowel flora. The aid of a well-trained microbiologist is advisable.^[7]

Step-1 Make an emulsion of the faecal matter (mix 5ml of sterile water in a test tube with faecal matter, having cotton holder charged with germs).

Step-2 Make a smear with one drop of this emulsion in a dry petri dish.

Step-3 Put in incubator at 37 degrees for 18 hours and examine in sunlight for growth of colonies.

Step-4 Take out the colony with a sterilised platinum spatula and transport to gelatin agar media.

Step-5 Put this culture in incubator for 18 hours.

Step-6 Cultivate the cultures in different well selected sugars- glucose, lactose, saccharose, etc and verify which sugars are fermented.

Thereafter, cover the surface of gelatin with sterile water for 18 hours. Seal the solution in tubes and heat for 30 minutes in a water bath at 60 degrees celsius.

Step-7 Isolate again and follow pharmacopoeial method of standardisation as follows.

PHARMACOPOEIAL METHOD OF STANDARDISATION^[7]

Allow the culture to incubate for 24 hours at 37 degrees celsius. Harvest the microorganisms at the end of incubation under aseptic conditions. Subsequently, centrifuge the

suspension at 5,000 R.P.M for 30 minutes. Discard the supernatant and re-suspend the bacterial pellets in 0.9 percent *sodium chloride* solution. Shake well and centrifuge again. Take out the culture in 0.9 percent aqueous *sodium chloride* solution. Examine for purity at every step of the procedure.

STRENGTH

Growth is suspended again in isotonic solution. It is shaken up to break the clumps and make a uniform suspension. Number of bacteria in each ml of suspension is adjusted to 20 billions viable cells per millilitre (2×10^{10}).

In Group N I and Group N II, it forms the original stock.

In Group N III and Group N IV, strengths of 1X should be 1 part of



pure material in 10 parts of diluting material (lactose or glycerine).

PREPARATION OF NOSODES^[7]

Group N I- Bacteriolysis of suspension is done. This material is centrifuged at 10,000 R.P.M. for 30 minutes. The supernatant is filtered and treated with equal volume of strong alcohol. This is primary stock nosode that will serve as 1X for preparation of homoeopathic dilutions.

Group N II- The suspension having 20 billion viable cells/ ml is mixed with equal volumes of strong alcohol and sealed under aseptic conditions. It is labeled as 1X. This should be stored between 4 to 6 degree celsius.

Group N III- Preparations are made by triturations in lactose with drug strength 1/10.

Group N IV- Preparations are made by Hahnemannian method of triturations. Attenuations upto 6X should be stored between 4 to 6 degree celsius.

DOSE RECOMMENDATION^[2,6,7]

6CH and above like 30, 200 and 1000

Rule of thumb is to not repeat any remedy (conventional or bowel nosode) when non lactose fermenting bacilli are being shed.

According to John Paterson: Do not repeat for 3 months after giving a bowel nosode because one may be shedding for 3 months.

UTILITY OF BOWEL NOSODES^[2]

Used as miasmatic intercurrents.

Complete the action of a stagnated remedy, particularly in chronic cases as a complementary remedy.

Useful in conjoint cases where symptomatology reflect multiple

remedies.

'Never well since' symptoms.

Insidious block to cure (cases which are failing to respond to well-chosen remedies, or where the patient consistently fails to build on an early response).

Table 2: Miasmatic predominance of bowel nosodes^[2]

MIASM	BOWEL NOSODES
Psora	Bacillus No.7, Morgan Gaertner, Morgan Pure, Proteus.
Syphilis	Bacillus No.10, Coccal Co., Dysentery Co., Gaertner (Bach).
Sycosis	Bacillus No.10, Dysentery Co., Faecalis. Morgan Gaertner, Morgan Pure, Proteus, Sycotic Co.
Tubercular	Gaertner (Bach), Sycotic Co.

REPERTORIES ON BOWEL NOSODES

A review of homoeopathic repertories brings forth many rubrics that can help in the selection of similar medicine. Likewise, repertories of bowel nosodes are prepared for utilisation of symptoms recorded in the *Materia Medica of Bowel Nosodes*.

A Repertory of the Bowel Nosodes by Murray Feldman^[8].

Repertory of the Intestinal Nosodes by Russell Malcolm^[9].

Repertory of the Bowel Nosodes by Anthony Bickley^[10].

Repertory of the Bowel Nosodes by Namita Mohanty^[11].

Repertory of the Bowel Nosodes by Atiq Ahmod Bhatti^[12].

PAST STUDIES

'Case Study of Homeopathic Bowel

MIASMATIC VIEWPOINT ON BOWEL NOSODES

Paterson believed that gram negative diplococci were directly related to the sycotic miasm. Bach found out that the non-lactose fermenting was closely associated with the symptoms collectively called psora by Hahnemann.

Nosode Remedies for Dysbiotic Japanese Patients' by Yoko Uchiyama was published in 2018 in 'The Journal of Alternative and Complementary Medicine'. Bowel nosodes made from the intestinal bacteria of European patients from the 1900s were administered to Japanese patients suffering from gastrointestinal disturbances, to determine their therapeutic efficacy. Twenty-eight patients from Yoko Clinic (11 males, 17 females; age range, 4-72 years) were enrolled in this study. One nosode remedy was selected for each case. Patients took six pills for 2 days. After a month, the effect of each treatment was evaluated using the Glasgow Homeopathic Hospital Outcome Scale (grade +4 to -4). Of the 23 patients analysed, 69.6% of dysbiotic patients taking bowel nosodes showed improvements, and no harmful effects were reported by any patient; 26% of patients showed major improvement or were

“cured.”^[13]

‘A case of boy with fear of failure and eczema’ by Alex Leupen was published in ‘The Homoeopathic Links’ in 2014. A case of a seven years old male child, suffering from eczema was discussed. The child gave the symptoms of the domain of bowel nosode, Dysentery compound (i.e. apprehension, anticipation, conscientious, etc.) with fear of failure. He had past history of respiratory disorder for which he had taken antibiotics frequently in the past. On the basis of totality, Dysentery compound was prescribed and the boy was cured.^[14]

In 2008, A ‘Study on effectiveness of homoeopathic bowel nosodes in the treatment of cervical spondylosis on the basis of stool culture report’ was published in ‘Indian Journal of Research in Homoeopathy’ (IJRH). 82 patients of cervical spondylosis were enrolled in this study – efficacy of treatment was assessed on the basis of stool culture report. 82 enrolled cases underwent stool culture for isolation of non-lactose fermenting bowel organisms. On the basis of the presence of the predominant bacteria in the stool of patient suffering from cervical spondylosis, the corresponding bowel nosode was administered. The study concluded that bowel nosodes could possibly be used effectively on the basis of the stool culture in the treatment of patients suffering from cervical spondylosis.^[15]

CRITICISM

The first criticism involves that most of the research on bowel nosodes is based on theory. There are no

proving. Homoeopathy as a science relies upon provings. Another criticism involves on the number of bowel nosodes. Critics believe that it was arbitrarily decided that there were seven bowel nosodes, inspite of the very fact that there are millions of bowel flora present in human gut.^[16]

Discussion and conclusion: Homoeopathy offers wide range of medicines for treatment of any disease. However, new concepts like bowel nosodes have also been proved beneficial in certain cases. Homoeopathic literature should be periodically assessed and enriched with data from clinical researches, case reports and case series for better understanding of newer aspects.

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About the authors

Dr C.P. Sharma

Principal, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh.

Dr Meenakshi Ambwani

Professor, Dept. of Homoeopathic Pharmacy, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh.

Dr Kruti Saraswat

Assistant Professor, Dept. of Homoeopathic Pharmacy, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh.



Alopecia areata treated with *Syphilinum*: a case report

By Dr Yogeshwari gupta, Dr Jaya Sharma

Abstract: The following case report is alopecia areata in 22 years old female who was treated successfully with individualised homeopathic medicine within 10 months of treatment. *Syphilinum* was prescribed as a constitutional remedy on the basis of totality of symptoms and after the repertorisation. Homeopathic medicines have wonderful results in such type of cases, where the modern medicines have very less effective treatment.

Keywords: alopecia areata, *Syphilinum*.

Introduction

Alopecia areata is typically presents with sharply demarcated round patches of hair loss non-scarring condition appears as sharply defined non inflamed bald patches, usually over the scalp^[1]. The lifetime incidence of alopecia areata is approximately 2% worldwide. It affects people of all ages and both sexes. Loss of hair is considered as an autoimmune process leading to chronic inflammation due to the presence of organ-specific CD8+ T-cell-dependent response mainly affecting hair follicles. Various triggers such as infections, trauma,

hormones and stress are known to worsen the disease. The diagnosis is clinical and generally simple in the common cases. In chronic forms, trichogram and biopsy is advised^[2].

Case history

A 22 years female, reported to outpatient department on 24th january 2019. The patient had hair fall in spot with premature grey hairs for last one year. She also had headache for last six months, usually aggravated by exposure to sun and ameliorated by wrapping on the head. Apart from this, the patient was also suffering from watery

leucorrhoea with profuse salivation.

Past history

Appendicitis followed appendectomy 7 year back.

Mental generals

Difficulty in concentration during study. Become easily angry at trifles.

Physical generals

Aversion: meat.

Thirst: 2-3 litres/day. Thirst for cold water.

Thermal reaction: chilly patient.

Analysis and evaluation of symptom with miasmatic analysis^[5]

S. No	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1	Difficulty in concentration during study.	mental general	++	Psora
2	Anger at trifles.	mental general	++	Psora
3	Aversion to meat.	physical general	+++	Psora-syphilitic
4	Chilly patient.	physical general	++	Psora
5	Thirst for cold water.	physical general	+++	Sycosis
6	Hair fall in spots.	particular	+++	Syco-syphilitic
7	Premature grey hairs.	particular	+++	Syco-syphilitic
8	Headache < exposure to sun > wrapping up of head.	particular	++	Psora
9	Thin, watery leucorrhoea.	particular	++	Sycosis
10	Profuse salivation.	particular	++	Psora

Repertorial totality:

Difficulty in concentration during study. Aversion to meat. Hair fall in spots. Premature grey hairs. Headache aggravated by exposure to sun and ameliorated

by wrapping up of head. Thin, watery leucorrhoea. Profuse salivation.

Repertorial sheet: See figure 1.

Prescription: *Syphilinum* 1M/1 dose state. *Rubrum* 30 / thrice a day for 1month.

Selection of remedy with justification:^[3] *Syphilinum* was prescribed on the basis of totality of symptoms and its repertorial analysis as it covered maximum rubrics. **Selection of potency with justification:**^[5] It is based on susceptibility of the patient.

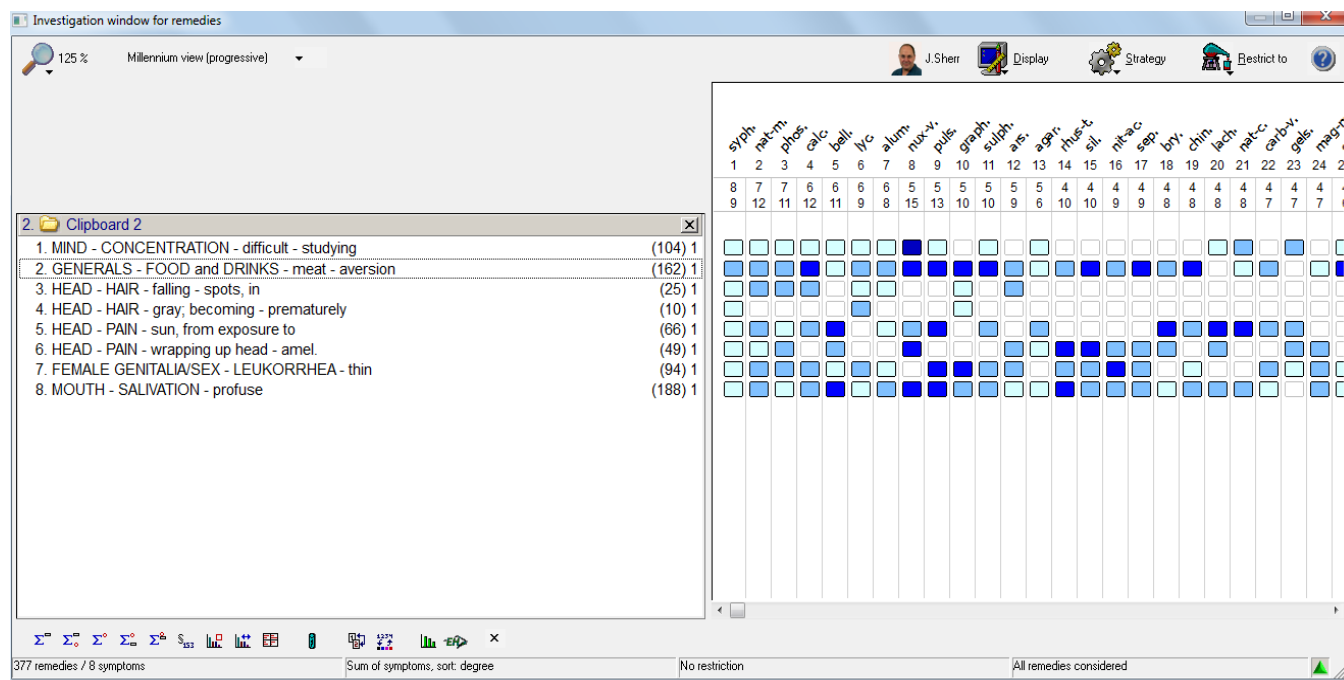


Figure 1: Repertorisation from synthesis repertory using RADAR software.[3]



Follow-up

Date	Symptoms	Prescription
24/01/2019	Hair falling on spot; headache < from exposure to sun > wrapping on the head.	<i>Syphilinum</i> 1M/ 1 dose stat <i>Rubrum</i> 30/thrice a day for 1month
25/02/2019	Slightly relief in headache. No improvement in hairfall.	<i>Rubrum</i> 30/thrice a day for 1month
25/03/2019	No headache, and slightly improvement in leucorrhoea discharge.	<i>Rubrum</i> 30/thrice a day for 1month
23/04/2019	No specific improvement. Symptoms are standstill with previous dose, therefore repeating the dose.	<i>Syphilinum</i> 1M/ 1 dose stat <i>Rubrum</i> 30/thrice a day for 1month
27/05/2019	Relief in hair fall	<i>Rubrum</i> 30/thrice a day for 1month
24/06/2019	Reduction in spot. New hair growth.	<i>Rubrum</i> 30/thrice a day for 1month
26/07/2019	Improvement in present complaints.	<i>Rubrum</i> 30/thrice a day for 1month
28/08/2019	Improvement	<i>Rubrum</i> 30/thrice a day for 1month
30/09/2019	Significantly improved.	<i>Rubrum</i> 30/TDS for 1month
30/10/2019	Good growth in hairs in place of spots.	<i>Rubrum</i> 30/thrice a day for 1month

Conclusion

Individualised homoeopathic medicine was prescribed selected after repertorisation with the help of *Synthesis Repertory*. Presenting totality was improved gradually with the help of individualised homoeopathic medicine.

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About the authors

Dr Yogeshwari gupta

Prof, MD (Hom), Dean, Rajasthan Ayurveda University, Jodhpur,

Rajasthan, India. Principal, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India.

Dr Jaya Sharma

M.D. (PGR), Materia Medica, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India.



Carcinosinum- A boon in homoeopathy

By Dr A.P.S. Chhabra, Dr Tulika Shikha, Dr Riya

Abstract: *Carcinosinum*, a nosode in homoeopathy is much useful as a cancer medicine as well as constitutional medicine. When given as constitutional, it is selected on the characteristic peculiar symptoms given by different authors. And as well in cancer cases it is known to be used much amongst homoeopaths in different potencies as well shown effectiveness as an anticancer medicine in-vivo studies.

Keywords: *Carcinosinum*, nosode, homoeopathy.

Introduction^{1,2,3,4}

When we go to the history, we find that nosodes were first introduced by C. Hering when he prepared and proved *Psorinum* on himself in 1830 and he is the first person to name these diseased preparations nosode. Nosode is derived from the Greek word “noso” means morbid roots of disease and this term is connected with the latin word, “noxa”, which is the root of the word, noxious. *Carcinosinum* is also a nosode which is known to be the preparation from cancer breast and the drug picture of *Carcinosinum* was first given by Foubister. *Carcinosinum* is widely used like other nosodes as constitutional, as an intercurrent, as a preventive as well as medicine in cancer cases. There are also going on many researches on *Carcinosinum* in animal models to show its effectiveness in cancer cases.

Source of *Carcinosinum*:^{4,5,6}

Most of authors write that the medicine *Carcinosinum* is prepared from cancer of breast tissue in respect to it they mention it as the preparation from epithelioma of breast, cancerous breast tissue and also as prepared from discharge of breast cancer. There are various other preparations from different sites of cancer name differently, for

example, carcinoma adeno stom prepared from an epithelioma of the stomach; carcinoma adeno vesica prepared from an epithelioma of the bladder and many more.

Carcinosinum as constitutional medicine:^{6,7,8}

Like other polychrest medicines, *Carcinosinum* can also be prescribed as constitutional medicine based on the totality of symptoms of the patient. Its indications as constitutional medicine are as follows:

Adapted to people having dominating parents with too strict parental control and too many expectations placed on them which leads to the development of different characteristics in the patient such as sensitive to reprimands, intolerant of consolation where kind words aggravates, get offended easily and takes everything in bad part, have strong sense of duty, becomes fastidious and do everything in perfection and do work beyond their capacity.

Another strong indication is family history of cancer or the past history of cancer in the patient himself. There may also be history of diabetes or infectious diseases, such as tuberculosis, mumps, measles, chickenpox, malaria, typhoid and

at the same time absence of any infectious disease in childhood.

Sleeplessness is marked and the *Carcinosinum* patient have a characteristic position of sleep that is either knee-chest position like a foetus in the womb or he sleeps on abdomen.

They love dancing, animals and enjoy rainy weather and also have desire to travel.

Craving for chocolates.

Carcinosinum in cancer cases:^{7,9}

Dr J.H. Clarke in his book, *The Prescriber*, under the heading “CANCER”, he has given the following indications:

In all cases of chronic illnesses having a cancerous heredity or the constitutional symptoms of the diathesis, a course of treatment with *Carcinosinum* 30 - 200 once a week will be likely to benefit.

After removal of cancer of the breast, a prolonged course of constitutional treatment is essential. Weekly doses of *Carcinosinum* 30 - 200 or *Scirrhum* 30 - 200, and remedies indicated by the constitutional state.

Dr Sunirmal Sarkar, a renowned homoeopath practising in Kolkata

known to see 50 cancer cases daily shared his clinical experience in his book “**Just you See**” and under medicine “**CARCINOSINUM**”, he wrote:

Without the remedy *Carcinosinum*, it would be very difficult to heal cancer patients in today’s generation. Most cases of cancers would need *Carcinosinum* 1M, 10M, 50M, in ascending potencies, even during acute conditions.

Recent researches on *Carcinosinum*:^{10,11,12}

There are researches that is done in vivo giving *Carcinosinum* in different potencies in animals testing its anticancer activity and have seen significant results. In one study, it is seen that the anticancer activity of the *Carcinosinum* increases with the increase in potency. *Carcinosinum* 200C is found to promote the expression of TP53 in neoplastic cells of lymphoid origin.

Carcinosinum 1M with other five medicines in the same potency were found to be increasing the lifespan of Swiss albino mice suffering from Ehrlich tumor cell-induced ascites. *Carcinosinum* 200C showed inhibition of p-DAB hepatocarcinogenesis in mice while *Carcinosinum* 200C in combination with *Chelidonium majus*

200C shown better results than the single medicine administration. Also, *Carcinosinum* 200C combined with *Natrium sulphuricum* 200C shows higher antitumor efficacy.

Conclusion

It is concluded that when and how to prescribe *Carcinosinum* either in cancer cases as well as in other diseases. Various studies also shown that it is effective in cancer cases showing anticancer activity and much more these studies are needed to be done. Either one can see the clinical experiences or studies, it can be concluded that higher potencies of *Carcinosinum* are more effective. No human trial have found and no documented cases which supports this which are required to be done in future.

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About the authors

Dr A.P.S. Chhabra

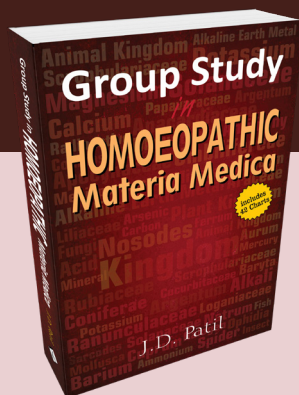
MD (PGR, Department of Practice of Medicine, Homoeopathy University, Jaipur)

Dr Tulika Shikha

MD (PGR, Department of Paediatrics, Homoeopathy University, Jaipur)

Dr Riya

MD (PGR, Department of Paediatrics, Homoeopathy University, Jaipur)



ISBN: 978-81-319-0170-0 | ₹ 349 | 646pp

Group Study in Homoeopathic Materia Medica

Dr J. D. Patil

- Features of new groups in the Plant, Animal, and Mineral kingdom have been included.
- Nosodes and Sarcodes have been discussed.
- Features Bach flower remedies.
- Exciting and enriching knowledge of homoeopathic remedies has been explained group wise.
- Gist of each group encompassed in a concise yet comprehensive schematic diagram. Flow charts have been included so as to simplify the study.

Nosodes - an overview

By Mini I .V

Abstract: Nosodes are the remedies prepared from the disease substance or products. The first homoeopath who introduced the use of nosodes were Dr Hahnemann only. After the publication of his chronic disease theory, Dr Hering performed the first proving of Psorinum on himself. Dr Hering originated the method of using a miasmatic agent as a basis for a remedy and it was he who coined the term “nosode”.

Keywords: Nosodes, pathogens, infectious, constitutional, miasmatic

Abbreviations: e.g. – example, HIV – human immunodeficiency virus.

Introduction

The word ‘nosode’ is derived from the greek word ‘nosos’ that means ‘disease’. Nosodes are a specific category of homoeopathic remedy derived from an element of a disease or from diseased tissue¹. Nosodes are defined as “a homoeopathically prepared remedy made from an infectious disease product either directly from the bacteria or virus, or less directly from a tissue purported to contain it”. Remedies made from the causative agents or products of a disease are usually prescribed to a patient suffering from that same disease². They are safe for an adults, the elderly as well as for infants and children. The concept of nosodes as therapy was advanced by Dr Samuel Hahnemann, the father of homoeopathy³.

Like all homoeopathic remedies, nosodes also very easy to administer as they can be given orally. The remedies are all natural, rarely have side effects and are not addictive. Nosodes can be considered as vaccine-like preparation due to this nature of making, but there is difference that the vaccines are attenuated while the homoeopathic preparations are potentised. However, nosodes are not to be used as substitutes to the vaccines

but as per homoeopathic principles for the treatment of acute and chronic diseases. Nosodes should not be used during the active phase of recurrent attack.

CHRONOLOGICAL EVOLUTION OF NOSODES⁴

The first generation of Homoeopaths who introduced the use of nosodes were Dr Hahnemann, Dr Hering, Dr Lux, Dr Gross and Dr Stapf.

1830- Dr Hering proposed the use of saliva of a rabid dog as a remedy for hydrophobia. He also used the various pustules from small- pox which subsequently came into general use by vaccination. Four years previous to Koch’s work on *Tuberculinum*, Hering, Swan, Biegler used *Bacillinum* and *Tuberculinum*.

1831- Dr Hering issued small monograph on the nosodes.

1833- Dr Lux has done similar work and advocated as isopathic.

1833- Dr Hering introduced *Psorinum*.

1836- Dr Weber introduced *Anthracinum* in cattle plague.

1862- Dr G.W.Bowen brought *Malaria officinalis*.

1871- *Variolinum* came in to use

1873- *Vaccininum* came.

1875- Dr Swan introduced *Medorrhinum*

1879- *Syphilinum* was introduced and published by Dr Swan

1879- *Tuberculinum* introduced by, Dr Swan, H.C. Allen devotes.

1880- Dr Drysdale in England prepared *Pyrogenum*.

1882- Koch discovered the *Bacillus tuberculosis*.

CLASSIFICATION

Nosodes can be classified in to five categories based on their sphere of action and clinical application:

1. Basic nosodes: *Psorinum*, *Bacillinum*, *Syphilinum*, *Medorrhinum* and *Carcinosinum*.
2. Exanthem nosodes: *Diphtherinum*, *anthracinum*,
3. Isopathic nosodes: *Streptococcinum*, *Pneumococcinum*,
4. Autogenous nosodes: secretions or discharges from the pathological tissues or organs

of the patient himself for the treatment (tautopathy).

5. Intestinal nosodes⁵: *Bacillus proteus*, *Bacillus dysenteria coli*, *Bacillus morgan*, *Bacillus faecalis*, *Bacillus mutabile*, *Bacillus gaertner*, *Bacillus No 7*⁶

Classification depending on the nature of source material, the Homoeopathic Pharmacopoeia of India⁷ has classified nosodes into the following four groups:

- ❑ N-I: Preparations made from lysate of micro-organism capable of producing bacterial endo-toxins; e.g. *Typhoidinum*
- ❑ N-II: Preparations made from microorganisms capable of producing exotoxins, e.g. *Corynebacterium diphtheriae*.
- ❑ N-III: Preparations made from purified toxins, e.g. *Tuberculinum*
- ❑ N-IV: Preparations made from micro-organisms/viruses/clinical materials from human convalescents or diseased subjects, e.g. *Anthracinum*. New nosodes sourced from HIV, hepatitis C.

Important Nosodes

Well-proved

Tuberculinum, *Psorinum*,
Medorrhinum, *Syphilinum*,
Pyrogenium

Seldom-proved

Influenzinum, *Pneumococcinum*,
Streptococcinum, *Staphylococcinum*,
atyphoidinum, *Parotidinum*,
Morbillinum, *Scarlatinum*, *Eosinum*,
Typhoidinum and *Osteo arthritic*
Nosode.

Use of nosodes in infectious and non-infectious diseases

Homoeopathically prepared nosodes

are used both for the treatment of non-infectious and infectious diseases and is popular in clinical practice, for example, *Psorinum* for ailments from suppressed itch or skin disease, *Medorrhinum* for the sequel of suppressed gonorrhoea and *Syphilinum* for the history of suppression of primary syphilitic chancre. According to a survey, 95% of homoeopathic physicians consider nosodes to be important in their clinical practice. Similarly, a 2005 study reported that nosodes had been of vital importance for successful homoeopathic treatment of chronic ailments in an average of 41% of patient cases. Nosodes also play an essential role in the successful homoeopathic treatment of farm livestock. For patients, practitioners and professional organisations, they will continue to play an essential role in homoeopathic treatment.⁸

Indications of Nosodes

As a constitutional remedy.

Well-chosen remedies do not act.

When there is a lack of symptoms.

“Never well since syndrome” (NWSS).

When partial picture of the constitutional remedies manifest yet no one remedy completely fits the case. The miasmatic intercurrent.

Related to genus disease

As a homoeopathic prophylaxis.

As auto-nosodes.

CONTRAINDICATIONS FOR NOSODES

In the ACTIVE PHASE of acute disease.

In the EXPLOSIVE STAGE of miasm.

During the active phase of recurrent attack.

In an INFECTIOUS stage

Potency and Dosage

The number and frequency of the doses of the chosen nosodes can be determined only by clinical observations and experience. But it has been found a useful practise to complement the action of a nosode in single high potency dose, with repeated doses of the low potency of an associated remedy.

HIGHER POTENCY –less frequent repetition.

MENTAL SYMPTOMS- 1M potency or higher

PATHOLOGICAL CONDITIONS- 6C potency should be given daily.

Single high potency, with repeated doses of the low potency of an associated remedy.

Constitutional Features

Generally old people – Maltreated and chronic diseases.

Lean, thin, emaciated persons in great debility. Individuals who are weak, nervous and exhausted.

Offensive odour of the body.

Loss of vital fluids and vital energy.

Diathesis – tubercular , scrofulous

Thermally chilly patient.

Characteristics

All nosodes are indicated whenever there is a family history.

Especially used in chronic diseases.

Tendency towards malignancy⁹

Suppressed or ill-treated skin disorders especially with external application

All nosodes have craving for alcohol

Profuse perspiration but it gives relief to the symptoms.

Offensiveness is the other characteristic features

Haemorrhagic tendency

Chronic catarrhal condition of the lungs¹⁰.

Marked tachycardia

Special action on glandular system¹¹

It can be used in cancerous conditions

Trembling and intense nervousness are the other features.

Conclusion

Nosodes are biological preparations used in homeopathic medicine. Nosodes are from disease products of human or animal origin, or from

pathogens or from products derived from the decomposition of animal organs, cultured micro-organisms or body fluids containing pathogens or pathological agents. The preparation of a nosodes involves a succession of serial dilutions of biological material, usually by factors of 100, which is then administered to prevent or treat a health disorder.

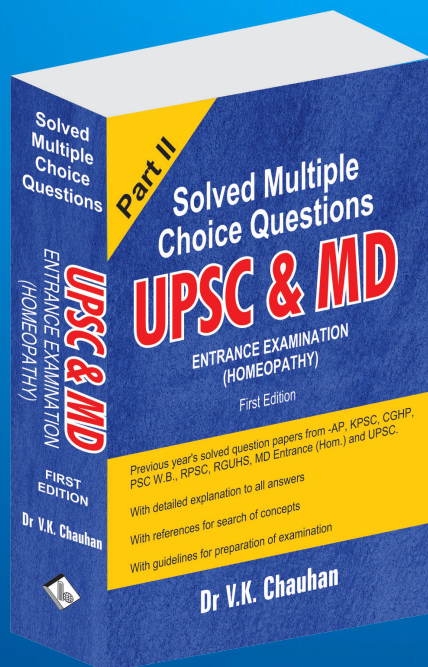
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When well selected remedy fails to act... use nosodes and sarcodes!

By Dr Shalini Ankushe, Dr Aafreen Chunawala and Dr Pratik Jain

Abstract: So far, a prejudice against using nosodes and sarcodes remedies is concerned, we should be as honest as was Dr James B. Bell when he said of Psorinum - "whether derived from purest gold or purest filth, our gratitude for its excellent services forbids us to enquire or care." He was not far from the truth in saying that about a couple of centuries ago.

Keywords: *Carcinosum, cough, Hering, nosode, sarcodes, Hahnenmann, Belladonna, Psorinum, acute, chronic, Tuberculinum, Morbillinum, miasm, intercurrent, scarcity, maze*

Abbreviations: • Carc – *Carcinosinum* Burnett

• Tub – *Tuberculinum bovinum* Kent

Introduction

Nosodes

The greek word "noso" is a prefix which is added to give the idea of a disease indicating its morbid root. This term is also connected with the Latin word "noxa", the root of the term noxious or damaged. This implies the use of potentially dangerous noxious materials as a basis for potentised remedies. That is why Hering called these remedies "nosodes".⁽¹⁾

Constantine Hering, a student of Hahnemann, was the first one to study the actions of the mineral, plant and animal remedies and was the first person to test the animal poisons and Nosodes in human beings.

The advent of Hahnemann's theory of the miasms caused great interest in the chronic diseases and their anti-miasmatic remedies. It was during this period that the Hofrath introduced the methods of acute and chronic intercurrent remedies. During chronic treatment, he interpolated acute intercurrents when needed to remove a crisis and then he followed up with complementary chronic treatment. Sometimes he would interpolate

a dose of a chronic intercurrent during anti miasmatic treatment. For example, when Hahnemann was using *Sulphur*, he would sometime interpolate a dose of *Hepar sulphuricum* as an chronic intercurrent if the Sulphur no longer seemed to hold as well. The chronic intercurrent remedy is useful in the treatment of miasms, suppressions and obstacles to the cure.⁽²⁾

One of the direct consequences of the publication of *The Chronic Diseases* (1828) was the development of the use of miasmatic organisms as potentized homoeopathic remedies for the treatment and prevention of disease. It seems that shortly after Hahnemann published his chronic disease theory, Hering performed the first proving of *Psorinum* on himself. Hering originated the method of using a miasmatic agent as a basis for a remedy and it was he who coined the term "nosode".

In 1832, Hering said: "during the experiments on the serpent poison, I have given out the idea that the hydrophobic virus should be a powerful pathological agent. I presented the same hypotheses regarding the virus of variola [small pox]. I expect no less as regards the psoric virus, and I invited my

colleagues to make provings.'

Hering is responsible for greatly expanding the materia medica of homoeopathy and adding seven new categories of potentised remedies.⁽²⁾ At the same time, he was one of the true defenders of the four cardinal rules of Homoeopathy, similars cure similars, the single remedy, the minimal dose and the potentised remedy.

Hering's seven uses of idem in homoeopathy includes:⁽²⁾

1. The use of poisons taken from insects, snakes, and other venomous creature (animal poisons).
2. The use of remedies made from miasmas (nosodes).
3. The introduction of potentised miasmas and morbid secretions taken directly from the patient's body (auto-nosodes).
4. The use of homologous organs, tissue and secretions (sarcodes).
5. The use of potentised miasmatic products nosodes for the prevention of infectious diseases (nosode homoeoprophylaxis)
6. The use of chemical and nutritional elements innate to

the human organism (chemical and elemental relationships)

7. The use of potentised genus groups as curative and preventative remedies for individuals, groups, and habitats. Hering suggests potentised seed of weeds or dangerous plants to eradicate and destroy those plants and potentised insects or animals to remove and prevent infestations of dangerous species (isodes).

Important keynotes of nosodes:

When it is especially indicated:

1. "Never well since syndrome"
2. Well-chosen remedies do not act especially *lack of reaction* to Indicated remedy.
3. When there is a lack of symptoms, when there are few symptoms, which are peculiar, especially there are generalities.
4. When partial picture of the constitutional remedies manifest yet no one remedy completely fits the case.
5. The miasmatic intercurrent but with indications.
6. In the active phase of acute disease, especially *Tuberculinum* is indicated, *Tuberculinum avis* is often used.
7. Related to genus disease *Pertussinum* Clarke's whooping cough, *Morbillinum* in cases of measles.
8. As a homoeopathic prophylaxis.
9. When there is a scarcity of symptoms.
10. When there is a maze of symptoms.
11. No clear indication of any specific remedy or kingdom
12. When well selected remedies fail to act.
13. When symptoms of any one miasm are very prominent and overpowering the other

characteristic symptoms of other remedies.

Case of a 7 years old male patient with chronic cough

A 7 years old male patient came with the complaints of chronic cough since the last 3 years. The mother said it is happening every year, every winter, summer, etc, like almost every 3-4 months. It goes on and on constantly. Then they end up taking Allopathic medications for that. If they don't take any medicine, it increases to a serious extent. So, in the last so many episodes they have tried everything from Allopathy to Unani to Home remedies of all kinds, but nothing seemed to help him. This time the episode has started since the last 2 days. The cough is constant. Aggravated more at night. Also aggravated by eating, talking & change of weather.

When asked mother more about the kid, she says he is very slow in eating & slow in doing his work. He can do only one thing at one time. She also informed me that his Dad lives & works in Dubai, comes to visit them 1-2 times in 1-2 years.

When asked more about her Nature, she says, she has a different kind of nature. I asked her what does she mean by that. She said, what we give him, he will eat. He won't ask for things on his own. He cannot take decisions on his own. Also, he takes a long time to answer.

On our observation of the kid, we notice he is a very shy, bashful, lean, thin, lanky, wearing glasses. He has myopia since childhood.

Then I tried talking to the kid alone. I asked him about himself, his nature, his likes dislikes, school, friends, etc. These are somethings I could gather about him from all that questioning. He would get irritated if someone spoke about him behind

his back. Would feel anger when they come to know they have spoken about me. We don't do like this with them, then why they are doing like this with me. He feels bad when cannot complete any work of school. Only if mom mentions that I will complaint to your, will he then start crying. Dad shouldn't come to know, would be important for him. When Father scolds, he feels very bad, he doesn't want to make dad feel bad because of him. Mom said he is very conscientious. He thinks a lot about everything. He is very obedient. Will ask the price & then take anything. Would want to avoid taking anything costly as to add on the financial expenses of their parents.

When asked about his fears, the mom said he is scared of darkness, of being alone. But he doesn't like to cling much also. He doesn't show much affection. He is very caring, but doesn't like to show that.

In his generals, he likes milk and chocolate. Doesn't like rice and fruits much. Thirst is comparatively less. He has this chronic constipation since many years now. I also noticed he stammered a bit when talking.

How to analyse this case?

So, like in many cases we must have experienced in our practise, you do not get the remedy easily. The kid doesn't open up. Shy & bashful kids, don't talk much in front of the doctor. Also, the mom isn't a Homoeopath to be able to tell us about the kid, what we are interested in knowing.

In my experience, in such cases, we need to give time to the patients & also become friends with the kid. We need to ask various types of questions about the kid to get some PQRS symptoms from the parents.

Now in this case, what are the

important things we see. Let's take an overview.

We see, being a 7 years old kid, he is very conscientious. He doesn't ask for things like toys, chocolates – on the contrary he will check the price & then only buy anything. He is so understanding that helps his mom in things, even when elder & younger sister do not help so much. His dad works in Dubai, so he feels he is responsible for his mom and family. Never shares his feelings

with mom also. Never gets angry on anyone.

This also gets us in a fix right? We don't see any prominent kingdom coming up. There is no too much sensitivity that we understand plant kingdom. Nor there is any issue of structure to understand mineral kingdom. Also there is no competitiveness or one-upmanship to understand animal issues.

So this helps us lead to the fact that

this might be a nosode or sarcode case.

After taking a broad overview, not let us focus on each Individual tree, like in a forest. You first see the Forest from afar, so it looks all green. But when you zoom in, you can see the different kinds of trees in the forest.

Now we use the tools at our disposal, i.e. repertorise the case with the help of MacRepertory Software.

All totalities together:

	Carc.	Sil.	Phos.	Nux-v.	Calc.	Sulph.	Nat-m.	Puls.	Ars.	Sep.	Caut.	Lach.	Ign.	Hyos.	Tub.
Total	38	42	54	48	46	44	36	51	48	40	41	39	37	35	33
Rubrics	19	18	17	17	17	17	17	16	16	16	15	15	15	15	15
Kingdoms															
cough; DRY (514)															
cough; NIGHT; agg. (316)															
cough; TALKING agg. (118)															
cough; LAUGHING agg. (42)															
cough; EATING; during (93)															
mind; SLOWNESS (260)															
mind; TIMIDITY; bashful (78)															
mind; OFFENDED easily (150)															
mind; SENSITIVE, oversensitive; reprimands, criticism, reproaches, to (80)															
mind; CONSCIENTIOUS about trifles (133)															
mind; FEAR; dark, of (106)															
mind; FEAR; alone, being (142)															
mind; PRECOCITY (61)															
generalities; EMACIATION (410)															
generalities; FOOD and drinks; milk, milk products; desires (106)															
generalities; FOOD and drinks; chocolate; desires (169)															
generalities; FOOD and drinks; fruits; aversion (49)															
stomach; THIRSTLESSNESS (333)															
speech & voice; STAMMERING speech (112)															

Now let us understand the remedy from our Materia medica:

They are sensitive to and enjoy beautiful scenery, seashore, thunderstorms and lightning. They show the sensitivity of a plant as well in that, like Pulsatilla and Ignatia, they are sensitive to reprimands and are offended easily. They can also be sympathetic, very warm and humane, like Phosphorus, but they are all the time striving for perfection - to be the perfect partner, the perfect one for the job, the perfect parent, etc., so they are often ideal for others. Out of this need to

Anxiety of what might happen. Fears of the unknown, death, dark, or being alone. Fears of failure, of exams, heights, crowds. Fear of not being able to accomplish their goals. Chronic nightmares and night terrors. Fear of getting cancer or that they have cancer. Fear that they have an incurable disease. Worry about health. Loves the excitement of thunderstorms (Sep.), or a fear of thunderstorms (Phos.).

Goitre.
Swollen glands of nape or sub mandibular. Glandular fever.
Hayfever. Allergic rhinitis. Pneumonia. Whooping cough. Chronic tickling cough.

This helps us to become sure of our prescription, when the repertory and materia medica synergises and point towards the same remedy.

So *Carcinosinum* 1M was prescribed, twice a day for 2 days followed by placebo for 1 month.

Follow up in 1 month:

Cough is not there now at all. Had sneezing on and off, 15 days back, when there was change of weather. No sneezing now. Dreams – none. Mom says “bindaas huwa - Ab gussa karta hai mom pe. Pehle over siddha tha, (he has become bold now, he gets angry on mother and says that earlier he was too respectful to the point of hiding all his emotions and anger from mom also.) Now says what he doesn't like things then says. Has started taking decisions on his own. When gets angry, then gets very angry. Both sisters were teasing him, got angry on both and mom also.

Is still slow in eating and doing his work. Can do one thing at one time, but will do it very nicely. Is a light

sleeper, needs less sleep. When he gets good sleep for 7-8 hours, feels fresh in the morning. Is an Artist. Very good in drawings, asked to get them next time

After that, placebo was given.

Follow up in 1 year:

No complaints at all 2nd month onwards. Overall much improvement at all levels. Has become like a normal kid now – Expresses anger, care, etc. Nothing new to report. Stopped medicines.

Conclusion

Through this case we learn that we have to keep our mind's open for any possibility of any remedy coming up to help a case. Like here, one would not have thought of *Carcinosum* in a case of cough so easily. But, once he come out of the prejudices, new horizons open up. *Nosodes and sarcodes* are one such new horizon which we end up ignoring in our busy practise. Hopefully, this case will atleast make us think once about a nosode/ sarcode remedy

once, when symptoms agree.

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About the authors

Dr Shalini Ankushe
M.D. (Hom.)

She is the Head of Department of Homoeopathic Materia Medica at DKMM HMC, Aurangabad. She is a PG Guide as well as PHD Guide. She is very well admired in the college due to her friendly & congenial demeanour.

Dr Aafreen Chunawala

Dr Aafreen Chunawala B.H.M.S., C.C.A.H., F.C.A.H, M.D. (Scholar), DKMM HMC, Aurangabad, graduated in 2015 from Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College,

Mumbai, India and has been an ardent follower of homeopathy since her childhood. Inspired by her late uncle Dr Asif Chunawala and carrying forward his legacy, she practices in Andheri west, Mumbai and Pune, with the intention of helping the community through Homeopathy. She also takes online consultation. She is inspired by Dr Rajan Sankaran and has been training under him since her second year of her BHMS and has also contributed in his latest books 'The Art of Follow-Up.' & 'Exact, Complete, In-Depth: The 8 Box Method of Case Analysis'. Dr Chunawala has also trained under Dr Sarkar, Dr Sujit, Dr Jayesh, Dr Gandhi, Dr Borkar and Dr Gajanan. She has shared her experiences

in international homeopathic journals like Homoeopathic Links, Homoeopathic Heritage, NJH and Hpathy, and was also a speaker in the monthly webinars by the Synergy Team which reaches homeopaths worldwide.

Dr Pratik Jain

Dr Pratik Jain, B.H.M.S., C.C.A.H., F.C.A.H., M.D. (Scholar), DKMM HMC, Aurangabad, graduated in 2014 from Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College, Mumbai, India. He endeavors to spread homeopathy to the masses including traveling to homeopathic colleges in India to motivate students. He is inspired by Dr Rajan Sankaran and has

been training with him since his internship. Dr Pratik is known for his event management skills and has been sharing his experiences in the leading international homeopathic journals such as Homoeopathic Links, Homoeopathic Heritage, NJH and Hpathy. He has his own practice in Malad, Mumbai. Dr Jain is the Director of his brainchild '*The Homoeopathic Hub*', which is a *One Stop shop for All your Homoeopathic needs*. He believes that every Homoeopathic Practitioner must have all the tools up his sleeves to be best able to serve Humanity through our Holistic Science. The *THH* helps doctors receive their remedies, books, software, etc. get delivered at their doorstep.



DICTIONARY

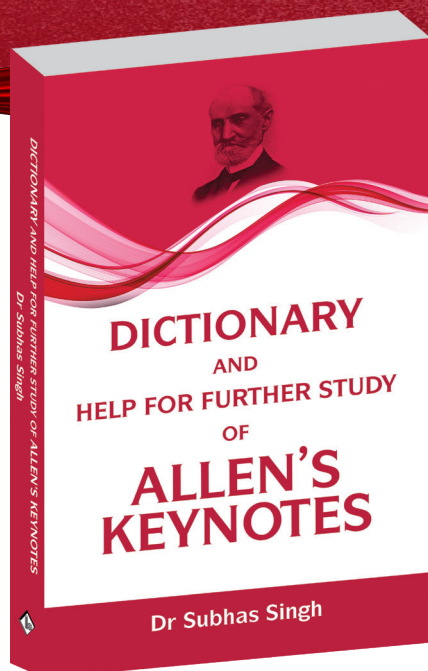
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- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

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Row 6 Periodic Table

55 Cs Cesium 132.905	56 Ba Barium 137.327	57-71	72 Hf Hafnium 178.49	73 Ta Tantalum 180.948	74 W Tungsten 183.84	75 Re Rhenium 186.207	76 Os Osmium 190.23	77 Ir Iridium 192.22	78 Pt Platinum 195.08	79 Au Gold 196.967	80 Hg Mercury 200.59	81 Tl Thallium 204.38	82 Pb Lead 207.2	83 Bi Bismuth 208.98	84 Po Polonium 209	85 At Astatine 210	86 Rn Radon 222
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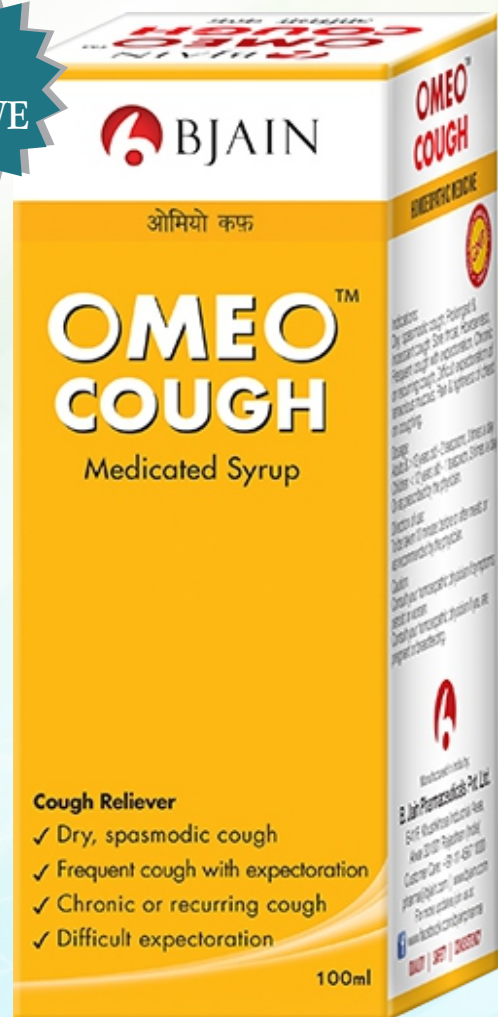
Composition:

Rumex crispus	3X	1.0%
Justicia adhatoda	Ø	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
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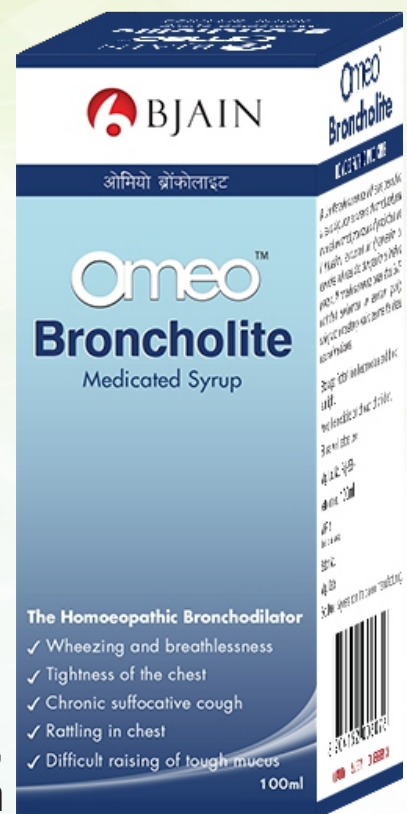
Indications:

Bronchial catarrh, Soreness and tightness of chest, Difficult raising of tough mucus, Breathlessness on lying down, Cough with dyspnea, Suffocation from great accumulation of mucus.

Composition

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Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
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Common pitfalls when writing a scientific article

By Dr Divya Verma, Chaturbhuja Nayak

Abstract: Writing scientific articles requires a lot of practise and perseverance. We tend to do certain mistakes, while writing articles, over and over again. Many papers contain some frequent errors that may be due to lack of understanding or paying less attention to the requirements, which should be taken care of before sending the papers to journals. Being aware of some of the most common pitfalls in scientific writing can help us avoiding them and improve the quality of research articles. It would be helpful to discuss all such pitfalls at one place for clarity and easy comprehension. This article will help the authors to avoid common mistakes and improve the manuscripts before submission to their target journals.

Keywords: scientific articles, writing manuscripts, common errors, journals

Introduction

Writing a scientific article is a complicated process, which takes several days to months to come out with a proper structured form which can be published in a journal. While writing articles, we face many problems at every step as we proceed. In the complexity of making our article perfect we tend to commit different errors and most of us tend to do similar mistakes over and over again. So, in order to make this task easier, in this article, we are going to address some of them so that it would help the future researchers to avoid such mistakes while documenting their research papers. An article written without any mistake, in good language, containing adequate technical inputs easily gets the approval of editors/ reviewers of the journal and generates interest among readers to go through. The common errors done by the researchers in writing scientific articles are discussed below:

1. Mistakes we make when getting started

When you try to do things alone, you end up in work not so perfectly done. You should seek help of someone more

experienced, who can guide you better and help your work to improve. Initial preparation is very necessary for writing any article, without which you can never complete your task. First and foremost, you have to refine the topic of research study you have conducted and then figure out how you will structure your article. Without being prepared, it is impossible to proceed and complete the article, as a result, the final outcome may be disastrous. So, it is much better to be well prepared before you proceed further ^[1].

2. Title of the research paper is not descriptive

The title is the “face” of the paper that is frequently read. It should have “just enough details” to arouse interest and curiosity of the readers so that they go ahead with studying the abstract and then the full paper ^[2]. Some journals have strict rules about how many words a manuscript title can have. Word count limitation may limit the degree of details but not essence of work ^[3]. The title should not be very lengthy nor should contain too much details. It should be very specific so that the readers

can know itself from the title that the article is of their use or not. If the title is too lengthy, then it may be difficult for the readers to digest and induce them to move to the next article in the search. Whereas, if the title is too short, then it will not be able to provide clear image of the actual content in the article ^[4]. An ideal title should be brief, clear, unambiguous, simple, informative, precise and meaningful without containing any abbreviations, formulae and sensational terms ^[5].

3. Poor abstract

Abstract is the first thing of the article readers go through. Infact, majority of readers read only abstract after scanning for the title, and do not proceed to read full article due to unavailability of free-full-text or simply too many articles available on the net. ‘Abstract’ should only highlight the important points in your work while covering each section ^[6]. It should present the basic results obtained by the author and presented in the paper and no references are cited here. It is your duty to ensure that the abstract should include all the significant points

of the article without being too lengthy, compelling the readers to read the full article ^[7].

4. *Structure of the article is confusing*

Sometimes, the reader is not able to follow the sequence of our article, so we should follow a standard format and maintain the same throughout the article. The key to successful scientific writing is getting the structure of the paper right. The basic format used in the article is IMRAD, i.e. introduction, methodology, result and discussion. So, we should keep the same order throughout the whole article, maintaining uniformity throughout and avoiding any confusion ^[8, 9].

5. *Unclear 'introduction'*

'Introduction' is an important part of the article which a reader focuses upon. It should introduce your research topic as well as answer why you choose that topic for research and why it is important. The research question should be clearly stated, and should not be left for the readers to guess. Conclude the 'introduction' by mentioning the specific objectives of your research ^[9].

6. *Inadequate review of the literature*

'Review of literature' does not form a separate section in an article, rather a part of 'introduction' section. While writing 'introduction', we should make sure that we have gone through all the papers till date, relevant to our research topic and there should not be any important parts of earlier research that goes missing. We need to present research background in the 'introduction' to be able to argue why the study was important and what was still not known or undiscovered. If the background literature was not checked thoroughly then

we tend to commit errors in this part. Inadequate literature review makes an author's research redundant. Failure to conduct a high-quality literature review is associated with several problems identified in the medical education literature, including studies that are repetitive, not grounded in theory, methodologically weak, and fail to expand knowledge beyond a single setting ^[10].

7. *Methodology not explained clearly*

Every step you have conducted during study should be explained in such detail that anybody would be able to reproduce the study. We should mention the details regarding study design, equipment used, study participants, interventions, outcome assessment methods, data collection and statistical method used, etc. clearly in this section ^[9, 11].

8. *Wrong statistical tools used*

A very common error in a research article is not to include a detailed description of statistical methods. Such description should be at the end of the Materials and Methods section. Most authors have a limited knowledge of statistics and have no significant training in statistics; so we should take the help of any trained statistician in this concern ^[1, 12]. Our efforts are useless if we don't choose the correct statistical tool for our data analysis. We should know when to use non-parametric or parametric tests for our dataset and check for normal distribution before conducting further tests. Because, if we get wrong in our statistical analysis, then the results will also get altered accordingly. ^[12]

9. *Common pitfall in 'result' section*

a. *Results should not include all the*

data

'Results section' consists of text, tables, illustrations and statistical analysis. 'Text' should only cover the data mentioned in the table and figures and not a mere repetition. Do not include all the data of your study under 'results' section, but only important ones ^[11]. We should focus on the main findings of study and should not keep on explaining irrelevant results of things having minimum value ^[9].

b. *Same results appear both in the table and in figures*

Results can be described in running text, a table or a figure/graph. Many of us do the mistake of displaying the result both in a table or a figure/graph. But it is really unnecessary to show the same thing in two forms. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations ^[13, 14].

c. *Inclusion of some conclusions and speculations in 'results section'*

Results section should simply state the finding, "as you find it", without including interpretation or speculations.

d. *Mismatch in numbers in text, tables and figures*

While writing the 'Results section', the sequence of results, tabulated data and information illustrated in figures should match correctly.

e. *Inclusion or omission of result of parameters*

Inclusion of results for parameters not mentioned in 'method' section or omission of results for one or more parameters mentioned in 'method' section shouldn't be done. Only data and information concerning the study in question should be

included in the 'results section'^[15].

10. Common pitfall in 'discussion' section

a. 'Discussion section' should not be a mere repetition of 'result section'

While writing 'discussion section' you should remember to discuss the results, do not repeat the 'results'. Secondly, it is not correct to include any additional results, which are not found in 'results section'. Hence, 'discussion' should not be mere repetition of the results^[16].

b. Overstating significance of findings in 'discussion section'

Another major shortcoming in writing 'discussion section' is overstating the significance of research findings or making very strong statements^[9,16]. Discussing extraneous ideas, concepts or information not covered by the research topic, is also another pitfall^[16]. The researcher should not include statements which go beyond what results can support^[17].

c. Poor conceptualization of discussion and discussion does not provide an answer to the research question

The 'Introduction' and 'Discussion' sections should function as a pair. 'Introduction' opens with a broad focus and concludes by more closely referring to the present study (narrowing focus), whereas 'Discussion' opens with a narrow focus (your findings) and ends with a broad focus (contextualizing your findings to the field at large). As a common mistake, many young researchers limit the discussion to a comparison of their results with those of other researchers^[18]. Our manuscript is of no use if the discussion is not focusing upon the answer to the research

question stated in the beginning of the study^[9]. Discussion should include the major finding of your study and what those findings mean to us, how these findings can be related to what others have done^[3].

d. 'Discussion' does not acknowledge the limitations of the study

All research works unavoidably have some limitations. One of the most frequently neglected aspects of a discussion section is the mention of the study limitations. Limitations of a study stated in an article are likely to reveal how the current research work may be improved in future experiments and what caveats should be considered in trying to incorporate this new information in the evolving body of scientific evidence. A recommended strategy is to discuss the limitations in such a way that provides justification for why they are acceptable^[19].

11. Giving restatement of results or speculative statements in 'conclusion section'

The author should remember that 'conclusion section' should comprise of final, summative statements which reflect the outcomes of entire paper. It should not contain speculative statements or additional material^[16]. One common pitfall in this section is the repetition of abstract or merely enlisting experimental results^[17].

12. Not concluding with implications of the study and future strategies

Not including practical applications and implications of your research study in the conclusion section is a serious pitfall. Along with implications, a final take-home message should be added. Besides, the unanswered questions and suggestions for future researches pertaining to the particular topic should also be

mentioned in this section^[11, 20].

13. Common pitfalls while writing references/citations

a. Citations do not follow single style format

Some authors do not follow a particular reference style while writing an article. The style in which you have to present the citations depends on the journal in which you aim to publish your article. Every journal prefers a particular style like Vancouver, Harvard or any other referencing style. So, you should be aware of the style format beforehand to avoid extra work^[21].

b. Citations are incomplete

While giving reference of a particular source material, any part of it, as per the chosen style, should not be omitted. The reference to a book is considered complete if it includes name(s) of author(s), title, edition, place of publication, publisher and year of publication. The citation to a journal article is expected to include author, title, name of journal, year of publication, volume, issue and page numbers. The order of the bibliographic items in the citation and the punctuation of the citations should not be ignored as well. Citations should be complete in all relations^[22].

c. References are too many

It is important to cite the articles, but giving too many references for the same content or statement is of no use. Rather, the authors should give references which are recent and most relevant to their studies^[3].

d. References are outdated

Make sure that the references used in the article are from latest literature and up to date. It maintains the authenticity of the article^[9].

14. *Poor writing style and use of complicated language*

The goal of writing is to communicate the thoughts and ideas of the author to the reader clearly and concisely. If you do not meet this goal and your article fails to communicate your ideas to the reader then your efforts are just futile^[23]. You should not fill the article with too many complex words or sentences; rather it should be as simple as possible. Some authors think that using difficult words and complicated sentences would prove them more intelligent. Instead, well-written papers in simple language are easy to read and follow. Simple and correct english is better than a complex and incorrect english. This will help retain the reader's interest in your paper. One should know the writing skill and the paper should not be written in poor english with grammatical and spelling errors^[9]. You should not rely solely on microsoft word spelling, as it may be excellent but may not detect all errors^[1].

15. *Unexpanded abbreviations*

Unexplained abbreviations in the article are likely to create confusion among the readers. It is advisable to provide the full expansion along with the abbreviation at the first occurrence and use the abbreviated form at subsequent occurrences. This will bring more clarity to the readers^[24].

16. *Excessive length of the paper*

The paper should not exceed the maximum number of words allowed in the journal so that it becomes easier for the reviewer to review the paper^[9].

17. *Manuscript does not follow the journal's instruction for authors*

The author should always prepare his/her manuscript according to the guidelines of the journal chosen to publish the article. Every journal has a set

of instructions for the authors in terms of word limits of the article or the citation style etc. So, the authors should follow such instructions carefully in order to avoid any confusion afterwards^[25].

Conclusion

Writing a scientific paper is an art, which although may appear easy, is a tedious task. An article should be complete without any error, so that the readers get benefitted by it. Many manuscripts are not published simply because the authors have not followed the few simple rules needed to write a good article. We hope that this paper provides the readers with the basic errors they commit while writing articles and how to improve them.

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About the authors

Dr. Divya Verma

Research Officer (Homoeopathy) Scientist-1, Homoeopathic Drug Research Institute, under Central Council for Research in Homoeopathy, Lucknow-226010, U.P, India.

Dr. Chaturbhuj Nayak

Former Director General, Central Council for Research in Homoeopathy and Former President, Homoeopathy University, Jaipur-302029, Rajasthan, India.



A case study- *Bacillinum* as an intercurrent remedy

By Purusottam Kumar Singh

Abstract: Nosodes acts as an intercurrent remedy, after prescribing simillimum (NATRUM MURIATICUM), it initially seemed to cure the case but after a span of time, relapse of eczema was seen on the specific place and just besides that specific place. Thus, to remove this blockage, BACILLINUM AS AN INTERCURRENT REMEDY was prescribed which worked wonder and cured the case within a short period of time.

Keywords: nosode, *Bacillinum*.

Abbreviations: LM potency (fifty millesimal potency), acc.to (according to), alt (alternate).

Introduction

The word “nosode” is derived from greek word “nosos” meaning ‘disease’ and ‘cidos’ meaning ‘appearance’. It may also be compared with latin word ‘NOXA’ which means ‘noxious or damage’. Nosode’s mechanism possible involve direct effect on the host cells instead of under etiological infectious agent. It was Hering’s idea to use these miasmatic agents as a potentised remedy. A definite set of rules have been given for the preparation of these nosodes as follows:^[1]

INTER-CURRENT REMEDY

Nosodes acts as an intercurrent remedy. In some chronic cases after a period, some patient condition refuses to progress, this condition can be termed as blockage. To remove this blockage, an intercurrent remedy can be used ^[2]. The nosodes are to be remembered in this condition. A single dose of the appropriate nosode in a moderately high potency, will sometimes clear up a case. Such use of remedy must be used upon a careful examination. Individualisation and law of similia must guide ^[3]. In this case, *Bacillinum* acts as an intercurrent remedy.

A chronic case of long standing since his childhood suffering from eczema completely exhausted by taking allopathic treatment (external and internal) but no relief of his complaints.

The main goal of writing this article is after successful prescribing the simillimum, Patient’s condition became better, but recurrence of eczema was seen again on the same place or beside the specific place, the nosode *Bacillinum* 0/1 was prescribed as an intercurrent remedy which worked wonderfully.

Hence, nosodes works wonder, where obstacles after prescribing simillimum.

CASE HISTORY

A patient xyz, aged 35 years, working in marketing networking company in Bihar came with the complaint of skin eruption (eczema) since his childhood (at the age of 11-12 years). First it occurred in right hand oozing of viscous fluid excessive, then over left hand and both ankle joints, after which it again transferred behind the neck at the end of hair and appeared like circle. Exact cause is unknown.

Excessive itching and scratching of the affected part.

His father was an allopathic practitioner and he took every type of injection, ointments and steroids since then but fail to cure. He was also suffering from alopecia areata, weight was regular increasing, especially around the abdomen, oedema of both lower eyelid, suffocation, breathing difficulty and allergy from dust. Blind haemorrhoid, hard stools with constipation, patient had itching around the genitals recurrently, front and back, since his adolescent age, for which he used allopathic ointment and aloe vera.

Patient was introvert, only shared his thoughts with close friends, not even with doctors. Patient had an affair with a married muslim woman and knew that it was not worthy but still used to expense his time, money and brooding about her day and night.

He quoted, “sir mujhe pata hai ki mera uske sath kuchh bhi future nahi hai, fir bhi mai 24 ghante usi ke bare me sochta rahta hu, aur ye bhi janta hu ki wo mujhme interested nahi hai fir bhi mai 24 ghante usi ke bare me sochta rahta hu”.

He used to take extra table salt in his food without which he couldn't get satisfied. He was suffering from mental stress because of her and his business was also getting affected.

DIAGNOSIS-

ECZEMA ^[4]



Figure 1

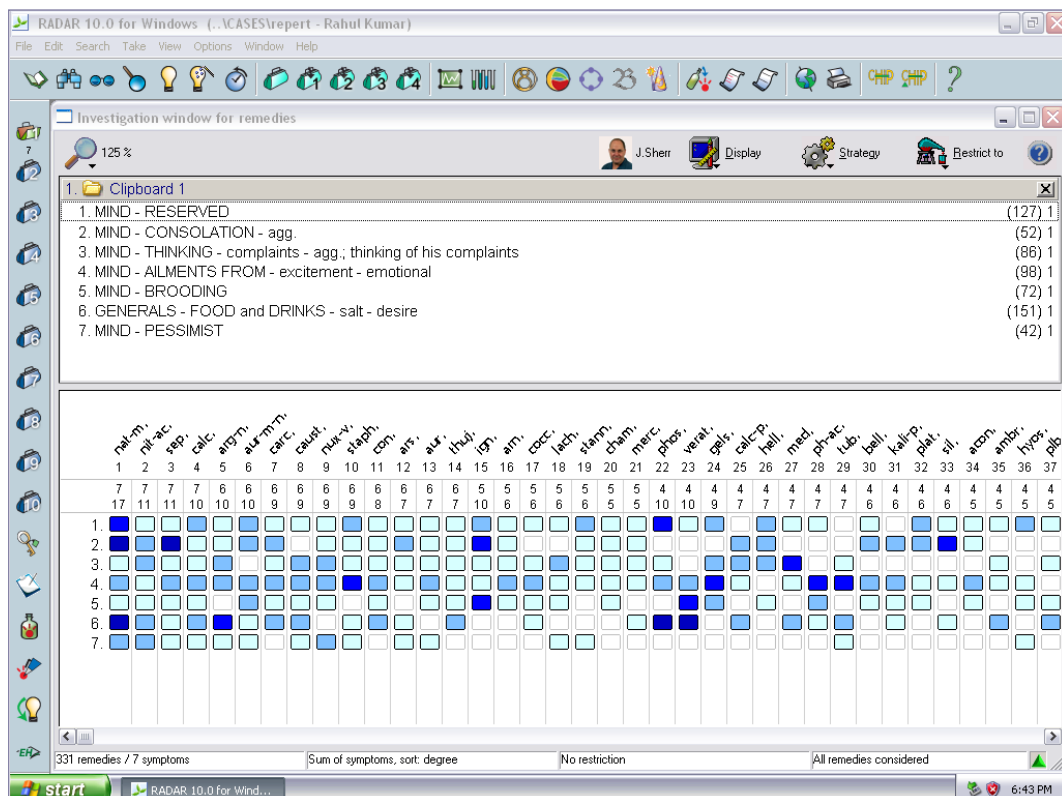


Figure 2

Analysis and evaluation of the symptoms with miasmatic analysis

Symptoms	Common/uncommon	Intensity	Miasmatic analysis
Physical	<ul style="list-style-type: none"> Eczema-eruption-itching When thinking of eruptions it aggravates, causes itching and scratching of the affected parts. Hairfall Appetite slightly reduced Acidity-after eating non veg or spicy food 	3 rd grade 1 st grade 3 rd grade 3 rd grade 3 rd grade	Tubercular miasm was predominant in this case because he was timid and irritable. His mother was suffering from asthma and took inhaler regularly. Patient was already suffering from skin eruption in the genital part since childhood, so on the basis of family history and his complaints, tubercular miasm was predominant. ^[2]
Mental	<ul style="list-style-type: none"> Introvert Consolation aggravates the patient, much irritated. When thinking of complaints, it aggravated. Grief Overthinking Take table salt extra in diet Negative thinking 	1 st grade 1 st grade 1 st grade 1 st grade 1 st grade 1 st grade 1 st grade	
Particular	<ul style="list-style-type: none"> Eruption- in palms and soles Constipation Breathing difficulty- allergy from dust 	3 rd grade 3 rd grade 3 rd grade	

Reasoning behind the remedy and potency selection

After analysis and evaluation of symptom, NATRUM MURATICUM ^[5] was found suitable to the individual because it carried maximum number of peculiar characteristic symptoms. It was prescribed in LM potency ^[6] starting from 0/1 to 0/9 by jumping method, i.e. 0/1, 0/4, 0/7, 0/9. After prescribing simillimum, patient's condition

became better but later recurrence of disease was noticed. After that, BACCILINUM 0/1 was prescribed as an intercurrent remedy, and for last 3 months of treatment, no recurrence of disease occurs and thus continued treatment with RUBRUM 30^[7].

PROGNOSIS-GOOD.

TREATMENT PLAN




Completely switch to homoeopathic treatment and his family too.




Prescription - NATRUM MURATICUM -0/1.

Intercurrent remedy – BACCILINUM-0/1.

NATRUM MURATICUM 0/1 was selected because it covered maximum number of peculiar, strange, characteristic symptoms ^[8] and ranked first in repertorisation.

FOLLOWS UP:

DATE	SYMPTOMS	REMEDY	PICTURE
04/02/20	<p>Patients felt better, no negativity in his mind, and energised.</p> <p>Eruptions at sole and palm better. Appetite was better than before. Constipation as it is.</p> <p>Hairfall as it is.</p>	NATRUM MURATICUM-0/4, 10 dose on alt. day in night before 1 hour of sleep by multiple cup method, 3 rd cup method, 2 teaspoons only.	
04/03/20	<p>Patient much better mentally, skin eruptions better at ankle but again REAPPEARED on palms, there was much itching and scratching over it, sometimes it bled on affected side, by excessive scratching. Patient regained his self-confidence, and was very thankful to doctor.</p>	NATRUM MURATICUM-0/7, 10 dose on two alternate day in night before 1 hour of sleep by multiple cup method, 3 rd cup method, 2 teaspoons only.	
27/04/20	<p>In ankles, it became better, all other complaints became better. No hair fall. Swelling in both lower eyelid, subside magically. But ECZEMA on palms of both hands again reappeared, just beside the specific place.</p>	NATRUM MURATICUM-0/9, 10 dose on two alternate day in night before 1 hour of sleep by multiple cup method, 5 th cup method, 2 spoon only.	

16/06/20	No any other complaints except the eczema on palms that recurred like new one on the same place.	BACCILINUM 0/1, as an INTERCURRENT REMEDY. Five doses, on five alternate day with ten stroke every time in fifth cup method two spoon in the morning.	
18/07/20	Felt better in all of his complains, eczema on palm better, no itching and scratching on the genital parts, front and back, constipation better. Dandruff in hair reduced, hair fall reduced.	RUBRUM 30, four pills one time daily in the morning in the empty stomach for one month.	
01/09/20	No new complaints found, all complains better	RUBRUM 30, four pills one time daily in the morning in the empty stomach for one month.	
10/10/20	No new complaints found.	RUBRUM 30, four pills one time daily in the morning, empty stomach for one month.	



Conclusion

Patient had eczema since his childhood (Started at the age of 11-12 years) and exhausted by allopathic treatment, lost all hopes, with negative approach.

No major particular marked symptom was seen during the case but the mental symptom was marked in patient. If the mental general is present in high rank, all the particular and accessory symptoms remove and the patient become healthy. [9]

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About the author

Dr Purusottam Kumar Singh

MD (Hom.- Organon of Medicine)

Assistant Professor, Dept. of
Organon of Medicine

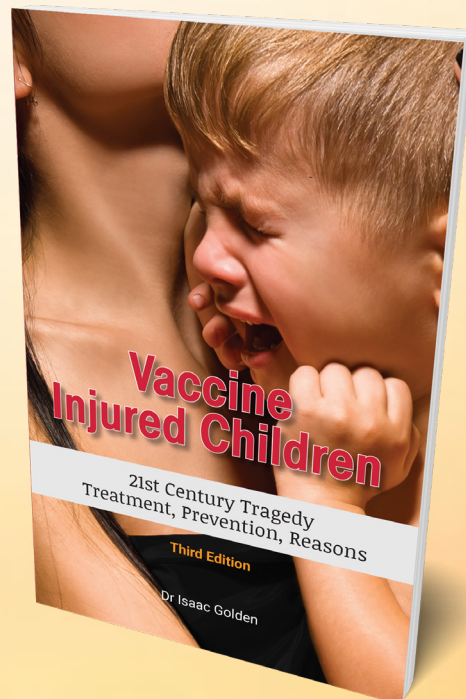
Government Homoeopathic
Medical College & Hospital
Paraspani, Godda (Jharkhand)



Vaccine Injured Children

Dr Isaac Golden

- A valuable resource and an authentic evidence for practitioners of any modality to recognise and treat vaccine injury.
- A guide for the parents or would-be parents about the painful effects of different vaccines on children.
- This book is not against vaccination but only an attempt to make people aware about all the immunisation options available, their safety and effectiveness, so as to guide a parent to take the right decision for the child.
- A factual book possessing answers to all queries related to vaccination or vaccines, their symptoms, treatment options or preventive methods available.
- Discussion is being done on the intricacies of vaccines and their effects on the child's health.
- Available treatment options for such effects are being mentioned.
- Preventive measures that can be opted to prevent the child from harmful effects of vaccination are also stated.
- Case records with the latest figures and data analysis are being presented to illustrate the practical aspects of the management of vaccine injury.



ISBN: 978-81-319-1383-3 | 184 pp

Homoeopathic approach in anaemia- a case report

By Dr Neeta Sharma¹, Dr Diksha Agrahari²

Abstract: Anaemia is a medical condition in which the red blood cell counts or the haemoglobin (Hb) is below the normal range (Hb in an adult male: 14-18 gm/dl and in adult female: 12-16 gm/dl) for the patient's age and sex. In conventional treatment, large material doses of crude inorganic iron are used. In homoeopathy, it can be improved by potentised homoeopathic simillimum. A case of iron deficiency anaemia of 20 years old female is presented in this article, responded commendatory with single individualised medicine *Natrum muriaticum*. A good result of iron assimilation in the body was observed over a period of 7 months.

Keywords: naemia, homoeopathy, haemoglobin, *Natrum muriaticum*, iron deficiency.

Abbreviations: haemoglobin (Hb), gram per decilitre (gm/dl), outpatient department (OPD), thrice a day (TDS)

Introduction

Iron deficiency is the most common nutritional deficiency which causes anaemia since iron is a major component of haemoglobin and essential for its proper function. It develops when body does not get enough quantity of iron from food for a long time and unable to fulfill the need or when iron losses exceed iron intake¹. The reported case is 20 years old, hindu, vegetarian, female (student), belonging to a middle socio-economic family, residing in rural area who came to our OPD (12564) of Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre (A constituent college of Homoeopathy University) on 18/01/2019 with the complaints as follows

1. Generalised weakness and pain all over body since 7-8 months

Location- whole body, severe pain in bilateral calf muscle

Sensation- weakness, patient feels so tired to do any work / household work, gets tired easily and wants to lie down always.

<slight exertion++, night++, > rest++, lying down++, pressure

2. Difficulty in breathing since 4 -5

months

Sensation- heaviness in chest during expiration

<ascending stairs, slight exertion, > rest, lying down.

3. Headache since 6 months

Location- whole head

Sensation-weakness, heaviness, restless during headache

<whenever she gets exposed to sun heat++ (both in summer and winter), >pressure, rest

History of presenting complaints-After suffering from typhoid 12 months back, she gradually developed pain all over the body along with other complaints.

Past treatment history- Took allopathic treatment for typhoid.

Patient as a whole:

- Appetite- diminished since 9 months after typhoid fever. Did not feel hunger. Although she took 2 meals/day, and half to one chapatti/meal.
- Thirst- thirsty++, drink water frequently, 1/2 – 1 glass of water at small interval.
- Desire- Pickles++ (mango), sour

food++, adds extra raw salt++

- Perspiration- Profuse, more on the face, offensive, but non-staining.

- Menstrual history-Menarche-14 years, LMP-15/1/19, M/H- 5-6 D/22-30D since menarche

Onset- Sometimes early (1 week before or after last LMP), sometimes delayed

Quantity- Sometimes scanty, sometimes profuse

Duration - 5-6 days. After 4 days there is only intermittent spotting for the whole day (when profuse), 2-3days (when scanty)

Colour of blood- red

Consistency- liquid. No clots.

Felt so weak during menses.

- Thermal reaction- hot (keeps all the windows open when the rest of the family feels cold)

Mentals – Did not like to share her personal affairs/problems easily. She had 1-2 friend, but she hardly shared. Her dominating father did not allow her to study further. Her father wanted her marriage but she did not want to get married now. She was angry, but unable to express,

always controlled. After this, she did not like sharing her problems even with family members, said "there is no use, no one will help". Irritable, easily over small matters. She used to think a lot over small things/matter. Felt good when someone consoled her. She answered in limited words. She felt better when no one was

around her. Cried easily but not in front of others, alone in a room.

General examination

Height- 5'2"

Weight- 42 kg

Built - Lean, thin, weak

Skin- Dry and lustreless

Nails- Brittle

Tongue- Dry

Pallor- Present in conjunctiva and palm

Eyes - Marked darkness under eyes

Oedema- Slight puffiness in hands, legs

Provisional diagnosis- Iron deficiency anaemia on the basis of clinical history, physical examination and confirmed by blood investigation ^{2,3} (Figure-1, 2)

Girendra Pal Homoeopathic Medical College, Hospital & Research Centre
 College Hospital of Dr. M.P. Khuntela Homoeopathic Medical College, (A Constituent College of Homoeopathy University)
 Plot No. 10,11,12 Hahnenberg Marg, Digg Malpura Road, Salsara, Sangamner, Jalgaon-362029

S. No. 78 Date 18-1-19
 Patient Name Neeta Sharma Age 20 Sex F
 Ref. by Dr. Neeta Sharma OPD No. 12564 IPD No. 7741

HAEMATOLOGICAL EXAMINATION REPORT

Hemoglobin	4.4	gm%	Hematocrit (PCV)	18.1	%
TRBC	3.3	Millions/cu mm	MCV	53.7	Cu. micrograms
TLC	6000	cu mm	MCH	13.1	Micro-micrograms
DLC			MCHC	24.3	%
Polymorphs	66	%	Reticulocytes Count		%
Lymphocytes	28	%	PBF		%
Eosinophils	03	%			
Monocytes	03	%			
Basophils		%			
ESR	5.20	mm/First Hour(Westergren's)			
Total Platelets Count	5.20	Lacs/cu mm			
TEC		Cu mm			
VEC		%			

N.B.: THIS REPORT IS NOT VALID FOR MEDICAL LEGAL PURPOSE. INVESTIGATIONS HAVE THEIR LIMITATIONS. SOLITARY PATHOLOGICAL INVESTIGATIONS NEVER CONFIRM THE FINAL DIAGNOSIS OF DISEASE THEY ONLY HELP IN DIAGNOSING THE DISEASE IN CORRELATION TO CLINICAL SYMPTOMS AND OTHER RELATED TEST. PLEASE INTERPRET ACCORDINGLY.

TECHNOLOGIST _____ PATHOLOGIST _____

Figure 1 (done on 18/01/2019)

Thyrocare
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PROCESSED AT: Thyrocare
 D-37/1, TTC MIDC, Turbhe, Navi Mumbai-400 703

Corporate office: Thyrocare Technologies Limited, W D-37/1, TTC MIDC, Turbhe, Navi Mumbai-400 703
 022-2552 0000 / 2552 0001 (9 lines) 022-2552 0002 (9 lines) 022-2552 0003 (9 lines)

NAME: Neeta Sharma
 REF. BY: Dr. Neeta Sharma
 TEST ORDERED: FERRITIN

PATIENT ID: _____ TECHNOLOGY: C.L.I.A. VALUE: 10 UNITS: ng/ml

FERRITIN
 Reference Range: 10-150 ng/ml
 Unit: 10-150 ng/ml
 Method: Pico-Adjustable Reactivity Interfered Chemi Luminescent Immuno Assay
 Please correlate with clinical conditions.

Sample Collected on: 17 Jan 2019
 Sample Received on: 18 Jan 2019 23:25

Signature: _____

Figure 2 (done on 17/01/2019)

Case processing:

1. Mentals

	Evaluation	Common/uncommon	Miasmatic analysis ⁴
Introverted	3+	Uncommon	Psora-sycosis
Suppressed anger	3+	Uncommon	Psora
Wants to be alone	3+	Uncommon	Syphilis
Irritable	3+	Common	Psora
Overthinker	3+	Common	Psora
Cries early but alone	3+	Uncommon	Psora
Depressed	3+	Uncommon	Psora-syphilis
Wants to be consoled	3+	Uncommon	Psora

2. Physical generals

Appetite- diminished	1+	Common	Psora
Thirst-thirsty	2+	Common	Psora

Desire- sour food, pickles, raw salt	2+	Uncommon	Psora-syphilis
Stool-loose but unsatisfactory	1+	Uncommon	Psora
Perspiration- profuse, offensive	1+	Common	Psora
Irregular menses	2+	Common	Psora
Thermal reaction- hot		Uncommon	Sycosis-syphilis

3. Particulars

Pain all over body since 7-8 months < slight exertion++, > rest++, lying down++	3+	Common	Psora
Severe pain in bilateral calf muscle <night++> pressure.	3+	Common	Psora
Difficulty in breathing since 4 -5 months <ascending stairs, < slight exertion ++ > rest, lying down.	3+	Common	Psora
Pain in whole head <heat++, > lying down	2+	Common	Psora

Predominant miasm–Psora (where there is deficiency, it primarily covers psora miasm)^{4,5}

Repertorisation- As the generals were marked, this case was repertorised with the help of the *Synthesis Repertory* from RADAR 10.0 version. (Figure-3)

		nat-m.	sulph.	calc.	ign.	phos.	staph.	sep.	lach.	verat.	lyc.	cocc.	plb.	ruta.	bell.	bry.	nux-v.	puls.	arg.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		10	10	9	9	9	9	9	8	8	8	8	8	8	7	7	7	7	7
		24	17	17	17	17	16	16	15	14	13	12	9	14	14	14	14	13	
1. MIND - RESERVED (123) 1		3	1	2	2	3	2	1	1	1	1	1	1	1	1	1	1	2	1
2. MIND - AILMENTS FROM - anger - suppressed (47) 1		2	-	-	2	1	3	1	-	-	3	1	-	1	-	-	-	1	-
3. MIND - COMPANY - aversion to (252) 1		4	2	1	3	1	3	3	2	1	2	-	2	1	2	2	3	2	2
4. MIND - SADNESS (634) 1		3	3	3	3	2	2	3	3	3	3	2	2	2	2	2	2	3	2
5. GENERALS - FOOD and DRINKS - salt - desire (115) 1		4	1	2	-	4	1	1	-	4	-	1	2	1	-	-	-	-	3
6. GENERALS - FOOD and DRINKS - pickles - desire (39) 1		1	2	-	1	-	1	2	2	1	-	-	-	1	-	-	-	-	-
7. GENERALS - FOOD and DRINKS - sour food, acids -... (153) 1		2	2	2	2	1	2	2	3	1	2	1	-	1	2	-	2	1	
8. HEAD - PAIN - sun - exposure to sun; from (69) 1		2	2	2	1	1	-	-	3	-	-	2	1	-	3	3	2	3	-
9. FEMALE GENITALIA/SEX - MENSES - irregular (110) 1		1	2	2	2	1	2	2	2	1	2	2	1	1	2	1	2	1	3
10. EXTREMITIES - PAIN - Legs - Calves - night (14) 1		-	1	1	-	-	-	-	-	1	-	-	-	-	-	1	-	1	
11. GENERALS - EXERTION; physical - agg. - slight exertion (5) 1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. GENERALS - REST - amel. (178) 1		2	1	2	1	2	2	1	1	1	1	2	2	1	3	3	3	-	-

Figure 3 Repertorisation sheet from RADAR 10.0 version

Selection of remedy- *Natrum muriaticum* was selected on the basis of repertorisation (Figure-3) and after the consultation of materia medica, considering the symptom similarity^{6,7}.

Selection of potency and dose - 1 dose of *Natrum muri-*

aticum 200 was prescribed.

18/1/19: *Natrum muriaticum* 200/1 dose, Rubrum 30/TDS for 7 days

General management- Iron rich diet.

Follow-ups

Date	Changes in signs and symptoms	Prescription	Justification
1/02/2019	Status quo	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days	No changes observed initially. Medicine was repeated.
15/02/2019	Weakness, bodyache and breathing difficulty persistent. Slight relief in pain of bilateral calf muscles <Night	Phytum 200/1 dose Rubrum 30/ TDS for 14 days.	Changes observed and placebo was given.
1/03/2019	Patient absent due to her marriage. Complaints persistent. Relief ++ in pain of calf muscles- told by the attendant.	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days.	Changes observed slightly, therefore Natrum muriaticum was repeated again.
16/03/2019	Pt absent. Her father told -Relief in calf muscles pain, but not much as it was before. Bodyache ++ and breathing difficulty persistent.	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days.	In view of no further improvement, same potency of the medicine was prescribed.
29/03/2019	Intensity of bodyache reduced. Difficulty in breathing, persistent Relief in headache.	Phytum 200/1 dose Rubrum 30/TDS for 14 days	Changes observed and placebo was given.
12/04/2019	Intensity of pain reduced. Relief in breathing difficulty	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.
26/04/2019	Hb-5.7gm% (Figure-4) Intensity of bodyache and difficulty in breathing reduced. Appetite slight increased. Oedema after exertion.	Placebo 200 /1 dose Rubrum 30/TDS for 14 days	Considering the changes in blood report, medicine was repeated.
10/05/2019	Relief in bodyache++ and difficulty in breathing	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.
24/05/2019	Relief in bodyache++.oedema absent. Patient having proper diet. Dark circles reduced.	Phytum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.
07/06/2019	Hb-8.9% (Figure-5) bodyache reduced. Relief++ in difficulty in breathing Pallor reduced .Weight-45 kg	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days.	Slight changes observed and placebo was given.
21/06/19	Relief in bodyache+++ Slight difficulty in breathing.	Phytum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.

05/07/19	Felt well. Relief++ in difficulty in breathing.	Phytum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.
19/07/19	No complaints. Dark circles and pallor reduced, weight- 46 kg Ferritin- 150 ng/ml (figure-6)	Natrum muriaticum 200/1 dose Rubrum 30/TDS for 14 days	As there was marked improvement and medicine was repeated.
05/08/19	Hb-11.6 (figure-7)	Phytum 200/1 dose Rubrum 30/TDS for 14 days	Marked improvement observed and placebo was given.
18/08/19	No complaints, patient was stable. Dark circles around eyes and pallor reduced, No swelling present. Weight- 47 kg	Natrum muriaticum 1M/1 dose Rubrum 30/TDS for 14 days	High potency of medicine was given lastly due to long duration of action.

Dr. Girendra Pal Homoeopathic Medical College, Hospital & Research Centre
Collegiate Hospital of Dr. M.P. Khuntela Homoeopathic Medical College, (A Constituent College of Homoeopathy University)
Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sangarner, Jaipur-302029

S. No. 733 Date 26.04.19
Patient Name [REDACTED] Age 20 Sex F
Ref. by Dr. [REDACTED] OPD No. 1564 IPD No. [REDACTED]

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>5.7 g%</u>	gml%	Haematocrit (PCV) <u>[REDACTED]</u>	%
TRBC <u>[REDACTED]</u>	Millions/cu.mm	MCV <u>[REDACTED]</u>	Cu. micrograms
TLC <u>[REDACTED]</u>	cu.mm	MCH <u>[REDACTED]</u>	Miro-micrograms
DLC: <u>[REDACTED]</u>	%	MCHC <u>[REDACTED]</u>	%
Polymorphs <u>[REDACTED]</u>	%	Reticulocytes Count <u>[REDACTED]</u>	%
Lymphocytes <u>[REDACTED]</u>	%	PBF <u>[REDACTED]</u>	%
Eosinophils <u>[REDACTED]</u>	%		
Monocytes <u>[REDACTED]</u>	%		
Basophile <u>[REDACTED]</u>	%		
E.S.R. <u>[REDACTED]</u>	mm/First Hour(Westergran's)		
Total Platelets Count <u>[REDACTED]</u>	Lacs/cu.mm		
TEC <u>[REDACTED]</u>	/Cu.mm		
VEC <u>[REDACTED]</u>	%		

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TECHNOLOGIST [Signature] PATHOLOGIST [Signature]

Figure 4 (done on 26.04.2019)

Dr. Girendra Pal Homoeopathic Medical College, Hospital & Research Centre
Collegiate Hospital of Dr. M.P. Khuntela Homoeopathic Medical College, (A Constituent College of Homoeopathy University)
Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sangarner, Jaipur-302029

S. No. 985 Date 07.06.19
Patient Name [REDACTED] Age 20 Sex F
Ref. by Dr. [REDACTED] OPD No. 1256410 IPD No. 12004

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>8.9</u>	gm%	Haematocrit (PCV) <u>[REDACTED]</u>	%
TRBC <u>[REDACTED]</u>	Millions/cu.mm	MCV <u>[REDACTED]</u>	Cu. micrograms
TLC <u>[REDACTED]</u>	cu.mm	MCH <u>[REDACTED]</u>	Miro-micrograms
DLC: <u>[REDACTED]</u>	%	MCHC <u>[REDACTED]</u>	%
Polymorphs <u>[REDACTED]</u>	%	Reticulocytes Count <u>[REDACTED]</u>	%
Lymphocytes <u>[REDACTED]</u>	%	PBF <u>[REDACTED]</u>	%
Eosinophils <u>[REDACTED]</u>	%		
Monocytes <u>[REDACTED]</u>	%		
Basophile <u>[REDACTED]</u>	%		
E.S.R. <u>[REDACTED]</u>	mm/First Hour(Westergran's)		
Total Platelets Count <u>[REDACTED]</u>	Lacs/cu.mm		
TEC <u>[REDACTED]</u>	/Cu.mm		
VEC <u>[REDACTED]</u>	%		

N.B. : THIS REPORT IS NOT VALID FOR MEDICAL LEGAL PURPOSE. INVESTIGATIONS HAVE THERE LIMITATIONS. SOLITARY PATHOLOGICAL INVESTIGATIONS NEVER CONFIRM THE FINAL DIAGNOSIS OF DISEASE. THEY ONLY HELP IN DIAGNOSING THE DISEASE IN CORRELATION TO CLINICAL SYMPTOMS AND OTHER RELATED TEST. PLEASE INTERPRET ACCORDINGLY.

TECHNOLOGIST [Signature] PATHOLOGIST [Signature]

Figure 5 (done on 07.06.2019)

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(022) 2550 0000 / 2552 1000 (022) 2550 0000

REPORT

NAME [REDACTED] SAMPLE COLLECTED AT [REDACTED]
REF. BY [REDACTED] SHIV HOSPITAL
TEST ASKED [REDACTED] JALPAUR - 202004

TEST NAME	TECHNOLOGY	VALUE	UNITS
FERRITIN	C.I.T.A	150	ng/ml

Reference Range :
Men: 22-322 ng/ml
Women: 10-281 ng/ml
Normal : Fully Automated Inductively Coupled Plasma Atomic Absorption Spectrometry
Please correlate with clinical conditions.

-- End of report --

Sample Collected on 18 July 2019
Sample Received on 19 July 2019

TECHNOLOGIST [Signature] PATHOLOGIST [Signature]

Figure 6 (done on 18.07.2019)

DR. GIRENDRA PAL HOMOEOPATHIC HOSPITAL & RESEARCH CENTRE
Collegiate Hospital of Dr. M.P. Khuntela Homoeopathic Medical College, Hospital & Research Centre (A constituent College of Homoeopathy University)
Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Jaipur - 302029

S. No. 4024 Date 5/8/19
Patient Name [REDACTED] Age 20 Sex F
Ref. by Dr. [REDACTED] OPD No. 12564 IPD No. 14186

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>11.6</u>	gm%	Haematocrit (PCV) <u>42.8</u>	%
TRBC <u>6.1</u>	Millions/cu.mm	MCV <u>66.0</u>	Cu. micrograms
TLC <u>8700</u>	cu.mm	MCH <u>10.8</u>	Miro-micrograms
DLC: <u>60</u>	%	MCHC <u>28.4</u>	%
Polymorphs <u>34</u>	%	Reticulocytes Count <u>[REDACTED]</u>	%
Lymphocytes <u>04</u>	%	PBF <u>[REDACTED]</u>	%
Eosinophils <u>02</u>	%	RBC <u>[REDACTED]</u>	%
Monocytes <u>[REDACTED]</u>	%	WBC <u>[REDACTED]</u>	%
Basophils <u>[REDACTED]</u>	%	Platelet <u>[REDACTED]</u>	%
E.S.R. <u>[REDACTED]</u>	mm/First Hour(Westergran's)		
Total Platelets Count <u>4.9</u>	Lacs/cu.mm		
TEC <u>[REDACTED]</u>	/Cu.mm		
VEC <u>[REDACTED]</u>	%		

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TECHNOLOGIST [Signature] PATHOLOGIST [Signature]

Figure 7 (done on 5/8/2019)

Discussion and conclusion

Considering the law of similar and action of *Natrum muriaticum* on blood, made it the best suitable medicine in such case to cure. There are many medicines are given in homoeopathic literature and clinically proved for treatment of anaemia^{6,7} but for better results, homoeopathic medicine can be selected on the individualisation of the case. In case of anaemia, there is a lack of iron in the blood, which cannot be fully rectified with the addition of extra iron in the shape of food or medicine. Thus, we see the scope of

homoeopathy lies in enhancing the nutritional absorption, cell production, controlling the destruction and thereby maintaining stable levels.

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About the authors

Dr Neeta Sharma

Assistant Professor, Dept. Of Surgery, Homoeopathy University, Jaipur, Rajasthan, India

Dr Diksha Agrahari

PG Scholar, Dept. of Organon of Medicine and Homoeopathic Philosophy, Homoeopathy University, Jaipur, Rajasthan, India

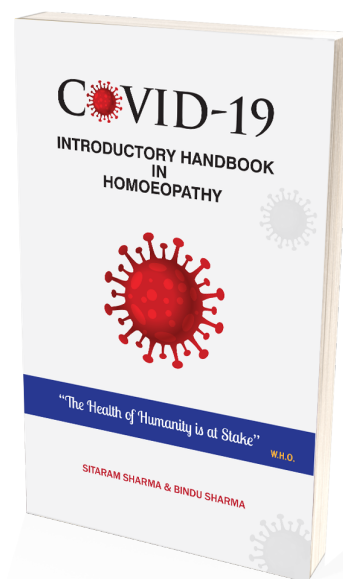


COVID-19

INTRODUCTORY HANDBOOK IN HOMOEOPATHY

Dr Sita Ram Sharma and Dr Bindu Sharma

- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance with the 'Organon of Medicine' and how these guidelines can be translated in the management of COVID-19 cases.
- Much focus is made on disease-oriented approach to devise management strategy without compromising with the tenets of homoeopathy.
- In the 'applied materia medica' section, each drug is described under these heads: organ affinity, scope of action, pathogenetic simulation, COVID-19 symptom similarity, concomitants, modalities, and salient features.
- A short repertory 'SYMPTOM INDEX' is annexed at the end of the book as a ready reference to assist in the search for a correct remedy in the quickest possible time.



ISBN : 978-81-319-1553-0

Profile of sarcode: *Thyroidinum*

By Chaturbhujaya Nayak^{1*}, Aroop Anand Das²

Abstract:

Background: Sarcodes are the medicines prepared from the healthy tissues and secretions of the healthy endocrine glands. Although majority of the sarcodes are prepared from the secretions of the glands, yet their actions are not confined to the disorders of the concerned glands; rather they target various systemic disorders and *Thyroidinum* is one of such sarcodes. Prepared from the thyroid gland of the sheep, it is a deep acting constitutional polychrest medicine, useful in many clinical conditions like various complaints during pregnancy; allergy, menstrual disorders, angina pectoris, vasomotor disorders, breast tumours, dropsy, uterine fibroid, pernicious anaemia, and puerperal epilepsy etc. A brief profile of *Thyroidinum* is discussed in this article for better comprehension.

Keywords: sarcode, homoeopathy, *Thyroidinum*

Abbreviations: thyroid stimulating hormone (TSH).

Introduction

Thyroid gland secretes two major hormones, *triiodothyronine* and *tetraiodothyronine*, commonly called T_3 and T_4 , respectively. It also secretes *calcitonin*, an important hormone for calcium metabolism. The secretion of thyroid gland is controlled by *thyroid stimulating hormone* (TSH) secreted by anterior pituitary. There are mainly two types of thyroid disorders – *hyperthyroidism* and *hypothyroidism*. In *hyperthyroidism*, there is increased secretion of thyroid hormones which is manifested with clinical symptoms like heat intolerance, profuse perspiration, decreased body weight, diarrhoea, muscular weakness, and nervousness or other psychic disorders, extreme weakness, insomnia, tremor of hands, menstrual disorders like oligomenorrhoea or amenorrhoea, exophthalmos, tachycardia, hypertension and cardiac failure. In *hypothyroidism*, there is decreased secretion of thyroid hormones, which leads to *myxoedema* in adults and *cretinism* in children. In *myxoedema*, there occurs swelling of the whole body, especially swelling of face and under the eyes, non-pitting oedema,

atherosclerosis, anaemia, fatigue, extreme somnolence, menorrhagia, weight gain, constipation, slowness of mind, dry, flaky skin, husky voice and intolerance to cold. In *cretinism*, the features are mental retardation, stunted growth, bloated body, big tongue which hangs down with drooping of saliva^(6,7).

ZOOLOGICAL NAME: *Ovis aries*⁽¹⁾

FAMILY : Bovidae⁽¹⁾

SYNONYMS : *Thyroidin*, *Thyroidea*, *Thyroid extract*^(2,3,4)

COMMON NAME: Thyroid dessicate⁽⁵⁾

SOURCE

Thyroidinum is prepared from the extract of thyroid gland of recently killed domestic sheep; dried, powdered and defatted. This powder is yellow in colour with a peculiar odour^(5,8).

PREPARATION

Dried thyroid gland, 100 g, is triturated with 900 g of *Saccharum lactis* to make 1 kg of *Thyroidinum* 1x of drug strength 1/10. 2x and higher potencies are prepared by

trituration; 6x to be converted to liquid 8x; 9x and higher potencies are prepared in dispensing alcohol⁽⁹⁾.

PROVING

Thyroidinum was proved by M. Panos, R. Rogers and J. Stephenson, under the supervision of the Research Committee of the American Institute of Homoeopathy in 1963-64, following Hahnemannian method and using the double blind method, with 12x, 30x, 200C and 1000C potencies. Apart from proving symptoms, its symptoms were taken from toxicology and clinical experience^(9,10).

SPHERE OF ACTION

Neuro-endocrine system.
Cardiovascular system. Female genitalia. Skin.

Gastrointestinal system⁽¹¹⁾.

CLINICAL CONDITIONS

Abscess. Acromegaly. Amblyopia. Angina pectoris. Arteriosclerosis. Arthritis deformans. Basedow's disease. Breast tumours. Chilblains. Constipation. Cretinism. Diarrhoea.

Diffuse toxic goitre. Diuresis. Dropsy. Dysmenorrhoea. Eczema. Enuresis nocturna. Exophthalmic goitre. Fainting. Fibroid uterus. Falling off hair. Fractures. Heart failure. Hysteria. Hystero-epilepsy. Ichthyosis. Idiocy. Leprosy. Menstrual disorders. Mania. Milk deficiency of. Myxoedema. Neurasthenia. Obesity. Oedema. Optic neuritis. Paralysis. Pernicious anaemia. Phthisis. Pityriasis rubra. Psoriasis. Puerperal fever. Puerperal epilepsy. Retarded growth. Rheumatism. Rheumatoid arthritis⁽¹¹⁾.

ADAPTABILITY⁽¹¹⁾

- Patient may be thin, emaciated, or obese, i.e. paradoxical obesity; too heavy pelvis or hips (*Ignatia amara*); puffiness of face; acne and growth of hair on face in children and women; exophthalmos ;
- Dry and red lips (*Sulphur* and *Tuberculinum*) and swelling of upper lip;
- Pre – tibial oedema;
- Coldness of the whole body with icy coldness of left hand. Heat sensation in soles worse at night; skin dry;
- Prominent veins on hands and arms;
- Allergic and uric acid diathesis;
- Nervous young adults with psycho-somatic disturbances; easily affected by emotions showing features of vasomotor disturbances (profuse sweating, palpitation, flushes over face, dizziness).

CAUSATION⁽¹²⁾

- Emotional upset
- Cold exposure
- Injury
- Sexual excess
- Dentition

CHARACTERISTIC FEATURES^(9,10,11,12,13)

- Past or family history of allergy, bronchial asthma, urticaria, eczema, angio-neurotic oedema; gout, metabolic disturbances, diabetes mellitus (*Carcinosinum*, *Lacticum acidum*, *Natrum sulphuricum*, *Thuja occidentalis*). Past history of repeated premature delivery and abortions of unknown causes;
- Allergic manifestations; urticaria, asthma, and eczema. Itching without eruption (*Dolichos*);
- Vasomotor disturbances during puberty and climacteric: psycho-somatic disturbances (profuse perspiration, palpitation, flushes over face, dizziness, insomnia); easily affected by emotions;
- Patient feels much better after menses;
- Faints easily on slightest exertion and prefers to lie down;
- Irritable, quarrelsome, aversion to mental work; difficult concentration; mental disturbances during puberty, delivery and climacteric period;
- Thinking of the complaints aggravates (*Baryta carbonicum*, *Calcarea phosphoricum*, *Gelsemium sempervirens*, *Helonias*

dioica, *Medorrhinum*, *Oxalicum acidum*; amel.- *Camphor* and *Helleborus niger*)

- Most of the symptoms are results of sexual excess; effects of disturbed sexual function;
- Slow repair of fractured bones (*Calcarea phosphoricum*, *Symphytum officinale*);
- Nausea and vomiting as a concomitant symptom;
- Fever as a contradicting concomitant;
- Diseases without any apparent cause (idiopathic);
- In complicated cases where it is difficult to select a proper medicine or where the indicated remedies do not produce a favourable reaction.

MENTAL SYMPTOMS^(9,10,11,12,13)

- Irritable and ill-tempered worse before menses; cannot bear least contradiction, goes into a rage over trifling matter. Argues with family members. Quarrels with others from minor differences of opinion;
- Hysterical, whimsical; fretfulness and moroseness alternates with cheerfulness and animation. Acute stupor alternating with restlessness;
- Excessive depression, especially on waking; melancholic;
- Idiocy; concentration difficult on studying;
- Tendency to kill others;
- Suspicious;
- In myxoedema: dementia, usually with delusions,

suspicion and delirium of persecution; sudden acute mania.

PHYSICAL GENERALITIES ^(9,10,11 12,13)

- Chilly patient, want of vital heat, feeling of chilliness, sensitive to cold;
- Craving: Sweets, cold drinks;
- Aversion: Fat foods;
- Appetite: Unsatisfactory or always wants something more interesting to eat; ravenous appetite with emaciation;
- Thirst: for large quantity of water and often (*Aconitum napellus*); thirst for cold drinks.
- Stool: Diarrhoea, stool dark, soft, watery, with cadaverous or sulphurous smell. Constipation;
- Urine: Frequent micturition; increased flow of urine, polyuria; presence of albumin and sugar. Burning pain along urethra. Bed wetting in nervous, irritable, weak children. Violet smell of urine. *Involuntary urination, worse at night; incontinence in bed.* Symptoms of diabetes mellitus from severe prolong mental strain (*Acid phosphoricum*, *Acidum picricum*, *Silicea terra*, and *Tuberculinum*), *polyuria*.
- Perspiration: scanty; sweat musty and oily;
- Sleep: Insomnia, difficult to fall asleep because of excited state of mind, wakes up without reason; depressed on waking up; fearful nightmare.
- **Female** *Thyroidinum* ⁽¹¹⁾

☐ Menstrual disorders

- All sorts of menstrual irregularities: early or late, scanty or profuse. It may stop and start again. Continuous oozing of blood from uterus for so many days;
- Profuse and prolonged metrorrhagia, due to hormonal imbalance and dysfunction. Irregular menses during puberty or climacteric.
- *All complaints aggravate during menstruation.*
- Various menstrual disorders: amenorrhoea, metrorrhagia, menorrhagia, dysfunctional uterine bleeding.

☐ Pregnancy

- Morning sickness and hyperemesis gravidarum;
- Early abortion;
- Premature labour with unknown cause;
- Toxaemia of pregnancy.

☐ Labour

- Delayed labour with unknown cause;
- Inertia of uterus.
- **☐ Puerperium**
- Post-partum haemorrhage;
- Prolonged lochia;
- Delayed involution or sub-involution of uterus;
- Insanity;

- Diarrhoea with anaemia, dehydration and oedema of extremities;
- Itching without eruption.

☐ Lactation

- *Thyroidinum* acts as a galactagogue. It is very useful when deficiency of milk is associated with return of the menses. *Thyroidinum* suppresses the menses and increases milk secretion.

☐ Climacteric period:

- Vasomotor and nervous symptoms; prolonged haemorrhage;
- Useful for mental disturbances and hysteric symptoms during climaxis. It acts as complementary medicine to Lachesis when it fails or partially relieves;
- Irregular menses.

CHARACTERISTICS PARTICULARS ⁽¹¹⁾

- Vertigo especially while waking up in morning and bending forward;
- Chronic headache, > after menses;
- Heaviness and pain over eye;
- Pain in left ear lobe;
- Acne especially on the lobe of left ear;
- Rhinitis with swelling of nasal mucosa, during every change of weather; < from cold;
- Flatulence with gurgling sounds in abdomen and diarrhoea;
- *Involuntary urination, < at night; incontinence in bed;*
- *Diabetes mellitus from prolong mental strain (Acidum phosphoricum, Acidum picricum, Silicea terra, and Tuberculinum);*

- *Dyspnoea without any apparent cause ,> by lying in recumbent position;*
- *Palpitation with trembling of hands;*
- *Pain in right knee;*
- *Symmetrical serpiginous eruptions (Arnica montana, Sepia officinalis, Syphilinum).*

General modalities ^(11,12)

- *Aggravation:* Before and during menses, least cold, cold bathing and least exertion.
- *Amelioration:* After menses, evening and lying on abdomen.

Problems of infancy and childhood ^(11,13)

- *Convulsions:* Idiopathic; *when there is family history of diabetes mellitus* or bronchial asthma; convulsions during dentition; convulsions without fever,< from cold.
- *Diarrhoea:* Chronic and obstinate type of diarrhoea; obstinate diarrhoea and vomiting of new born babies; idiopathic;
- *Jaundice:* Neonatal jaundice, idiopathic; no fever.
- *Oedema:* Either local or generalised oedema followed by emaciation, accompanied with nausea;
- *Nausea and vomiting;*
- *Dentition problems;*
- *Mentally retarded children with history of hypothyroidism in mother.*

Problems of adolescence ⁽¹³⁾

- *Various mental disturbances:* hysterical manifestations,

nervousness, irritability, emotional disturbances, anxiety.

- *Vasomotor disturbances:* vertigo, flushes of heat, palpitation, anxiety, perspiration.

Medicines for comparison ^(4,11,14)

Abrotanum, Aristolochia clematitis, Aurum muriaticum natronatum, Bacillinum, Badiaga, Bromium, Calc. iodata, Calcarea phosphorica., Carb. sul., Conium maculatum, Crotalus cascavella, Equisetum hyemale, Fucus vesiculosus, Iodum, Kali iodatum, Lachesis, Merc., Phosphorus, Psorinum, Pulsatilla, Scrofulosa nodosa, Sepia, Spongia, Sulphur, Syphil., Tabacum, Tuberculinum, Urea.

Thyroidinum follows *Bacillinum* and *Lachesis* well.

POTENCY and REPETITION ^(12,13,14)

Boericke⁽¹³⁾ recommended 6c to 30c potency for various clinical conditions; must not be given in physiological doses in conditions with feeble heart, high blood pressure and tubercular patients. He further advised to begin treatment early in pregnancy with dose 1 ½ grains 2-3 times daily. His other suggestions are: In half grain doses twice a day over a considerable period said to be effective in *undescended testicle* in boys. 2x trituration thrice daily in *fibroid tumours of the breast* and 1x trituration thrice daily in easy fatigue, weak pulse, tendency to fainting, palpitation, cold hands and feet, low blood pressure, chilliness and sensitive to cold. 1/2 gr. to be given at night and morning in *enuresis* of weak children who are nervous and irritable.

Ghosh⁽¹²⁾ suggested higher potencies to regulate the menstrual flow if it is excessive and prolonged, but gave opinion that lower potencies (not above 3x trituration) act best in cases of amenorrhoea. He further suggested

that *Thyroidinum* in the 30C or 200C potency will check the diarrhoea almost instantly. *Thyroidinum* in the 30C potency improves grave icterus along with vomiting, very quickly.

Contraindication ^(11,12,13)

Thyroidinum is contraindicated in tubercular patients because it may bring about further reduction of weight.

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The philosophic significance of homoeopathy for medicine*#

By James Stephenson, M.D.

GEORGE SARTON¹ said "The only way of humanizing scientific labour is to inject into it a little of the historical spirit... without history, scientific knowledge may become culturally dangerous; combined with history, tempered

with reverence, it will nourish the highest culture." Since the history and philosophy of science is, unfortunately, no longer a part of the average medical curriculum, before proceeding with the body of our subject we might consider—in a necessarily limited and superficial manner—this fascinating and complex subject.

As we are born alone, so do we die alone, but the intervening years we spend as part of the human family. From these two vantage points man is seen as both individual and general; inevitably, man projects this innate duality into his Weltanschauung, his world-view. At different historical periods, in one field or another of human experience, these two complementary approaches may become temporarily opposed, with one dominant and the other dominated. Such a dichotomy has grown in Occidental science in the past 100 years, and extends to the fields of pharmacology and pharmacotherapy.

General concepts such as parent, citizen, husband, etc., are

produced by ignoring the naturally occurring differences between us as individuals and focusing on certain characteristics shared in common. Thus, they are secondary, rational derivatives of our naturally occurring qualities. Therefore, we might say that general concepts are man-made and abstract whereas particular concepts are specific and natural. Many terms have been used to describe particulars and generalities. Some common terms for particulars are:

1. intact, simple, unbroken, inclusive, perfect;
2. unique, specific, individual;
3. original, innate, natural, archetypal;
4. living, biologic;
5. characterize, experience, descriptive, empiric;
6. artless, frank, pure, concrete, real.

More scientific terms are:

integer (Latin, untouched, whole);

physiocrat—coined by Quesnay to define a political system based on nature; ideographic—coined by Windleband; concepts by intuition—Northrup;

induction—logical term for arguing from particulars to generals—(Latin *in*, plus *ducere*, to lead onwards).

Likewise, common synonyms

for general are:

1. measurable, quantity, separate;
2. man-made, technical (Greek, *techne*, artifice), mechanical, artificial;
3. scientific, explanatory, theoretical, abstract, ideal;
4. group, general.

More scientific are:

aliquot (Mathematics); differential;

artifact (archaeological)—a product of human manufacture; technocracy—an economic system based on human products;

nomothetic—coined by Windleband;

concepts by postulation and experimentation—Northrup; deduction—Latin, logical term for arguing from generals to particulars.

Of the available synonyms natural-descriptive and technical-explanatory are closest to our immediate purpose. Natural and technical refer to origins, and descriptive and explanatory to man's action. Thus, we may speak of four general scientific approaches:

The description of naturally occurring things; The description of artificial things; The explanation of naturally occurring things; The explanation of artificial things.

* The section of Old Archives is presented to the readers in the original form to maintain the originality of the articles with no editorial changes in respect to grammar, language and spellings.

Presented under the auspices of the Massachusetts Homoeopathic Medical Society at Boston University, April 9th, 1962.

Each approach has its own techniques and criteria, its own advantages and disadvantages. The purely descriptive sciences do not lend themselves readily to mathematical analysis. The explanatory sciences do not allow for individuals. The natural sciences do not permit experimentation. The artificial sciences produce results which may not hold for living systems. There is a tendency for the adherents of a particular approach to misapply their standards and criteria to areas where they do not apply.

Historically, these four philosophical approaches have developed in the Occident within the scientific-philosophic continuum of the past 4,000 years.

Organized philosophy and science appear to be largely temperate and sub tropical phenomena. Historically, philosophy appeared first on the scene in subtropical countries where climatic conditions were not so stringent that the inhabitants had no energy remaining for anything except brute survival. In particular, this included the coast of the Mediterranean Sea: the Middle East; the upper Indian peninsula; southern China and Japan and Central America. In these places civilization first appeared; the major religions of the world were founded; mathematics, printing, astronomy and agriculture were first formulated; and the philosophical and scientific basis of our modern civilization was laid down.

In this geo-climatic setting, during the period from ancient time to about a.d. 500, the laws of observation, classification, and generalization were formalized into a complex system of philosophical logic. Arithmetic, algebra and geometry were developed. The general tone

of the period was abstract rather than specific: idealistic rather than materialistic. Possibly because the philosophers and mathematicians were largely of an aristocracy whose physical needs were provided by a slave class, the scientists of those days considered manual experimentation beneath them.

During the next 1,000 years, in the subtropical West and Middle East, save for the great work of the Arabic mathematicians and chemists, little was added to Western scientific philosophy. This coincided with a period of religious and political authoritarianism which lasted until Luther's reformation of the church in 1520 provided a ground for the growth of new ideas and concepts. At about the same time printing from movable type was invented, making universal literacy possible and breaking the ecclesiastical monopoly of education. The recent discovery of America was a further impetus to new concepts. In addition, and of particular significance, this new growth was practical, not idealistic. It occurred in the colder, temperate Northern and central European areas, where men were forced to deal more immediately with the ever present problems of food and shelter.

Shortly after these theological, geographic and technical developments, Francis Bacon, in his *Novum Organum*², re-emphasized the descriptive method of going from particulars to generals, and Galileo³ introduced the method of physical experimentation so vital to present day science. In harmony with the changed times, these new philosophers and scientists were frequently materialists, primarily concerned in the things of this world rather than those of the next, in contrast to those of India and Greece. The objects of man's study

also changed. In the past, men had chiefly concerned themselves with *natural*, whole *objects*, such as minerals or planets. Now, however, they began to dissect objects into ever smaller pieces, and to study the pieces as phenomena in themselves. Thus, the ancient descriptive, abstract, non- experimental study of *naturally occurring* whole objects was supplemented by a new explanatory, concrete, experimental study of mechanically produced part of *naturally occurring* whole object. Some scientists, such as Newton, applied the new descriptive experimental science to a study of natural objects but, increasingly, men became occupied with parts of wholes, such as molecules, atoms, cells and micro-organisms, culminating today in electrons, mesons and plasma. This tendency accelerated until about 1847, producing a mechanistic, particulate philosophy, which reached a peak when Marx and Engels issued their manifesto⁴ that all history and economics are explainable in materialistic terms, and when three German physiologists, Carl Ludwig, Emil du Bois-Reymond and Hermann von Helmholtz issued another manifesto⁵ that all living processes, including consciousness, are explainable in terms of physics and chemistry.

Until then, inorganic substance was the chief concern of science. Since then organic subjects have been increasingly studied with these essentially inorganic techniques, pioneered by Mendel's study of genetics and Wöhler's synthesis of urea. As Western science has developed along materialistic lines, scientists themselves have become more practical and less philosophical, so that today many of them do not understand the philosophical limits of their own method. As a result, they misapply the term

“science” primarily to a descriptive, technical experimentation with the *parts* of naturally occurring objects. According to this view, other approaches are not scientific. This unfortunate confusion has resulted in a philosophical opposition of scientific approaches which, although different, do not oppose, but rather complement, each other. It reflects a projection of concept true to inorganic life into the organic realm where they may hold only partially, or not at all.

Man’s technical inventiveness has progressed through various stages: from primitive pastoralism to medieval feudalism to cottage industries (in Western Europe); finally to the industrial revolution, originating in Britain and France and later Germany, reaching an apex in the present U.S.A. industrial complex. Throughout all phases of Western (and, now, World) life this accelerating process has resulted in a contrast between naturally occurring and man-made phenomena. That this duality necessarily affects the field of medicine has been little recognized by physicians as a whole, creating tensions between physicians of varying views.

Until recent times, all medicine was descriptive natural medicine, although expressing many individual, indigenous, geographic or ethnic differences. These approaches are as varied as the race and traditions of man. Most of them are rooted in the mists of prehistorical antiquity, at least from the time of Hippocrates (400-377 b.c.). From the death of Hippocrates in 377 b.c. to Paracelsus’s⁶ introduction of chemistry into medicine in the early sixteenth century, the explanatory-technical approach of Galen dominated Western medicine. Even today, the average physician operates very

much by Galen’s admonition *Tolle Causam*, find the cause. Paracelsus publicly burned Galen’s books to symbolize his rejection of Galenic dogmatism. Following Paracelsus there was a rapid alternation between the two views.

The technicians pioneered the generally recognized field of scientific medicine”, based in particular on chemistry and physiology as conducted in the usual university and foundation today. Although it first appeared in the West it has now spread over the world. Therefore, although initially *geographically* indigenous to the West it is now world wide and *philosophically* indigenous to technically orientated physicians throughout the world.

Parallel with this scientific application of mechanical techniques to medicine there has been a similar scientific application of natural methods. Because the technical methods have occupied the centre of the stage, as it were, during the past century, this natural approach has not been generally recognized.

The descriptive-natural physicians were: In the seventeenth century, Sydenham. In the eighteenth century, Jenner⁷, Hahnemann⁸, and Withering⁹. In the nineteenth century in addition to the homoeopathic followers of Hahnemann, the great French school of clinical medicine, such as Bretonneau¹⁰, Trousseau¹¹, Broussais¹², and in particular Pinel¹³, the father of modern descriptive psychiatry (who rebelled against the dominant Paris systematists). In the twentieth century there has been increasing activity. Besides that of the homoeopathic physicians there has been, for instance, the acceptance of Homoeopathy on the continent by Bier¹⁴ and Koetschau¹⁵ and the founding of the Faculty of

Homoeopathy in Britain¹⁶. Also, in the academic world the growing emphasis on psychosomatics, as shown by the Gestalt group¹⁷, and Flanders Dunbar¹⁸, the emphasis on psychopharmacology following the work of Delay, Denniker and Harl¹⁹ on chlorpromazine; the reintroduction of human pharmacology by Evans and Hoyle²⁰, and the emphasis on the psychology of the individual by Jung²¹.

The explanatory technical approach following Galen was largely speculative until the nineteenth century when it was given an experimental base by men such as Schwann²², Virchow²³, Pasteur²⁴, etc. The “scientific” academic medicine of today is largely rooted in the nineteenth-century work of these medical technicians. From this standpoint, the technical approach is the “new-school” or reformation of the traditional descriptive medicine. The average non homoeopathic physician today, save possibly a few psychiatrists and psychosomatists, is not oriented toward the descriptive-naturalistic approach. In this country, for instance, Abraham Flexner’s²⁵ report to the Carnegie Foundation on medical education in the U.S.A. used the explanatory-technical approach as its chief criterion. As a result, the pressure brought by state legislators on medical education since that time has resulted in the gradual suppression of descriptive naturalistically oriented medical schools. France and Great Britain have suffered no such drastic reorganization, possibly because of their long tradition of descriptive clinical medicine.

Homoeopathy is philosophically allied with the descriptive-naturalistic approach to medicine. It was certainly not coincidental that Hahnemann, who coined the

term Homoeopathy, entitled his first major work *The Organon of Rational Healing*²⁶. We must assume that Hahnemann, as one of the outstanding chemists in Europe, was well acquainted with Bacon's *Novum Organum*. From his writings, it is evident that he subscribed to two of Bacon's implicit postulates: that nature may to some extent be understood, and that a complete description (or induction) must precede scientific rationalization.

Historically, Homoeopathy developed in alternate stages of description and rationalization, checked by experimentation. Hahnemann first observed the similarity between his symptoms after taking quinine and the symptoms of malaria. This rediscovery of the ancient use of similars in disease treatment led him to experiment on healthy humans with various types of medicines, and to note their total physical, emotional and mental effects.

Hahnemann's use of single medicines and healthy humans as test subjects would appear to be the application of Galileo's experimental procedure of changing only one variable at a time. His description of the total physical, emotional and mental effects of a medicine on the test subjects is a Baconian induction. Thus, Hahnemann, applying Bacon's induction, in an organized manner, fashioned a science of descriptive natural pharmacology and pharmacotherapy out of the ancient (largely unorganized) observations of similar medical action, just as Newton expanded the traditional astronomical concepts into a science by a comparable systematic Baconian induction. Hahnemann called his new science "Homoeopathy". The homoeopathic psychosomatic view of the symptom totality makes possible the individualization of each patient to a specific medicine,

rather than generalizing him to a small group of medicines associated with a disease syndrome. Equally, a naturalistic approach leads to certain ways of rationalizing the symptoms of the patient. From this vantage point the symptoms of the patient have been analysed by many homoeopathic physicians as purposive attempts to restore him to a lost state of health, rather than as useless, undesirable aberrations, and his individual symptoms are taken as a guide to treatment rather than solely as a guide to a diagnosis. Thus, Homoeopathy may be reinforcing efforts the patient is already making in his own self-healing. The progression of symptoms from vital to less vital organs which usually follows successful homoeopathic treatment seems to confirm this.

The often serious intensifications of existing symptoms which some of Hahnemann's early patients suffered forced him to reduce the dose. Since Avogadro's²⁷ work had not yet been published there was no theoretical limit to the degree of dilution, so that in carrying out a proper induction between solute and dilution, Hahnemann extended his degree of dilution beyond Avogadro's limit of 6.12×10^{-23} to levels which, by the latter's criteria, contain not even a single molecule of the dissolved solute. The demonstrable action of these ultra-molecular dilutions implies either that Avogadro's law needs to be modified, or that ultra-molecular dilutions are not molecular phenomena.

Along with the use of high dilutions Hahnemann introduced what he called dynamizations, formed by serial succussion and/or trituration at each stage of dilution. Although Hahnemann claimed that his work was based on a rational induction of pharmacology and pharmacotherapy, he gave no reason for dynamization. Homoeopathic

medicines have always been prepared with serial dynamization, on his authority. It is the only irrational element in Hahnemann's schema. However, recent work in homoeopathic research has indicated that dynamization adds a vital factor to homoeopathic medicine, and the work of W.O. Davis²⁸, director of research of the Turbo Dynainics Corporation of New York City, may throw fresh light on the homoeopathic dynamizations. Davis posits that Newton's Laws apply only to mathematically infinitesimal particles or to perfectly rigid bodies, neither of which exist in the real world. According to Davis, in the real world an unrecognized critical factor is the *change of acceleration*, or what Davis calls the "surge" of acceleration. A mathematical extension of these concepts results in a Fourth Law of Motion and a Fourth Law of Thermodynamics. The surge effect of dynamization on particles of medicine may translate a static dilution into a dynamic dilution containing energy states explainable only by a new dynamics.

In summary, the basic elements of the homoeopathic discipline fall into two groups, philosophical and procedural. The philosophical elements all represent a naturalistic description (or induction) of human pharmacology and pharmacotherapy. They are either *implicit*, such as a belief that nature is to some degree understandable, and that a scientist should proceed by alternate induction, deduction and experimentation, or *derived*. The derived elements are:

A belief that medicines may be given in certain illnesses on a basis of the similarity between the symptoms of the patient and the symptoms the medicine produces on healthy persons.

That the symptoms of the patient represent a natural attempt to

restore health and should be reinforced rather than interfered with. Therefore a medicine which produces symptoms new to the patient would not aid in self-healing.

As a medicine acts homoeopathically the natural healing power of the patient unfolds and symptoms move from vital to less vital organs. This is desirable and does not represent a worsening of the patient.

The procedural, experimentally derived elements of Homoeopathy are:

1. Experimentally derived:
 - a. Monopharmacy;
 - b. The dilution of medicines to both molecular and ultra-molecular levels;
 - c. The testing of all medicines on healthy persons before they are used therapeutically.
2. Non-experimentally derived:
 - a. Dynamization of the medicines at each stage of dilution.

This presentation has purposely emphasized the general historical and philosophical roots of the homoeopathic principles rather than their specific application in the field of general medicine (and Homoeopathy is, after all, properly a sub-branch of internal medicine).

It has been shown that homoeotherapy represents a naturalistic induction of pharmacology and pharmacotherapy. As such, it duplicates an approach used in many sciences but no longer applied to pharmacology save by homoeopathic physicians. The reasons a scientist chooses a particular field, or a particular approach, are so personal as to be often in discussable. Those who are definitely and finally

committed to a technical-analytic approach to pharmacology and pharmacotherapy are probably satisfied with the existing direction of academic pharmacology and pharmacotherapy.

However, those with some curiosity about a different and, therapeutically effective, approach might consider Homoeopathy.

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Source: The British Homoeopathic Journal Vol. LI, No. 4, October 1962



Thyroidinum in cryptorchidism

By Dr Sneha Kumari

Abstract:

Cryptorchidism is the one of the most common congenital anomalies of the male genital tract. In many newborn cases, cryptorchid testes descends by the first year of life, majority within three months. If it does not descend on its own, then it needs to be surgically removed, but the procedure has its own risk. Although there is growing evidence advocating the use of hormone therapy with hCG or GnRH and orchiopexy but there is side effect of these treatment has been observed. Homoeopathic treatment can treat diseases in their functional stages, before irreversible organic changes have developed, so patients given proper homoeopathic treatment need operations less frequently. Individualized homoeopathic medicine *Thyroidinum* which is one of the best known sarcodes prepared from dried thyroid gland of the sheep was prescribed in centesimal potency which showed a positive role in the treatment of Cryptorchidism.

Keywords: sarcodes, homoeopathy, cryptorchidism, *Thyroidinum*

Abbreviations: human chorionic gonadotropin (hCG), intra-uterine growth restriction (IUGR)

Introduction

Cryptorchidism or undescended testis is a pathological condition defined as the failure of the testis to descend into the scrotum. It is one of the most common birth defect of the male genital tract, occurring in 1% to 4% of full-term male neonates and 30% in premature male neonates^[1]. The prevalence of cryptorchidism in adult is about 1% at 1 year of age^[2]. The etiology of cryptorchidism remains largely unknown, and often cannot be determined but several hypotheses have been proposed. Genetics, combined with maternal and environmental factors, may disturb the hormones that help in the testicular development and descent. Placental dysfunction with reduced hCG secretion may be responsible for hormonal and others disturbances during the fetal period of life. Risk factors of undescended testis are intra-uterine growth restriction (IUGR), premature infant born before the descent of the testicles, perinatal asphyxia, caesarean section, toxemia of pregnancy, congenital subluxation of hip^[3]. Maternal obesity, maternal

diabetes, alcohol consumption during pregnancy, preeclampsia are also some possible underlying risk factors.

Cryptorchidism are classified for practical reasons into congenital or acquired, palpable or non-palpable and unilateral or bilateral. Unilateral cryptorchidism is four times more than bilateral. Approximately 80% of undescended testis are palpable which can be located along the inguino-scrotal descend route. The other 20% are non-palpable undescended testis means that the testis was not found during the patient's examination. The position of the testes is best determined in the supine and frog-legged position.

Cryptorchidism are associated with reduced fertility, increased risk of testicular germ-cell tumour, testicular torsion and psychological stigma. Some study shows that there may be an association between cryptorchidism and autism. The American Pediatric Association Guidelines recommended human chorionic gonadotropin (hCG) and surgery for undescended testis^[4].

Side effects of hCG treatment have been observed and among them greatest harm of hormonal treatment may be caused at 1-3 years of age. Pain in the groin and at the injection site, erection pain, behavioural problems like hyper-activity and aggression and inflammation-like morphological changes occur in the testis after hCG treatment. Surgical methods orchiopexy has a rather low (about 1%) risk of complication like ilioinguinal nerve injury, damage to the vas deferens, hematoma formation, wound infection, testicular atrophy, testicular retraction, postoperative torsion. Ascent of the testis is a well-known complication after this surgical process. These cases are presented late in our hospital because diagnosis by birth attendants was rarely made even though the anomaly was obvious at birth. Health awareness campaign, through genital examination after birth and regular screening of toddlers for undescended testis may result in early recognition at early ages and prompt treatment can be started.

Homoeopathic approach

Homoeopathy is based on holistic approach that treats the patient as a whole, recognising that there is no local disease without inner cause and inner involvement of the entire organism. The external manifestation of the disease could not appear at all without the consent of all the rest of the economy and without the participation of the rest of the living whole. Operating means to remove the result of the disease which is manifested on the external parts. Cause of the disease lies in some internal malady and to pass them off as merely local ailments and to treat them exclusively with surgical process or other such means is not a successful method of treatment.

Homoeopathic treatment serves to make surgery unnecessary by means of preventive treatment by raising the threshold of disease susceptibility, prevents illness, clears up the cause of pathology and obviates operation. The disease state based on the individual symptom picture of the patient need to be individualised, taking into consideration the nature of the patient, the nature of the disease and the nature of the remedy

The classical homoeopathic approach is to treat the person as a whole it means by the elimination of all perceptible signs and symptoms by removing the inner derangement of the vital force which underlies

them and thereby destruction of the whole disease, and when disease is destroyed health is restored.

Surgery itself is never curative, only palliative, as it does not cure the underlying functional disturbances or pathological process that caused the whole derangement to occur. The dynamic derangement at the functional level which produces the ailment remains unchanged by such removal. By blocking the Hering's law of direction of cure, surgery tends to be suppressive and a recurrence in that or another region of the body may follow, even in more vital organs.

True cure always must proceed in the correct order and according to law of similar totality of symptoms is the only condition for the choice of the individual remedy.

Case Report

Materials and methods

Case Profile

A 1-year-old male patient visited clinic on February 24, 2020 with presenting complaints as-

Patient had presented with absent of right sided testicle in the sac with nodular swelling in the right inguinal region, since birth.

History of presenting complaints:

Initially, the patient had taken allopathic medicines for this complain with no relief. The

urologist advised surgery, but the parents refused surgery and they consulted us for homoeopathic treatment

Past history: He had a history of vomiting and diarrhoea during dentition period which was treated with allopathic medicine.

Personal history: He was lean, thin, emaciated, undernourished children and dark complexioned in appearance.

Family history: The patient's grandmother had diabetes mellitus and mother had hypothyroidism.

Physical general: Thermal reaction: chilly; Desire: sweet; Stool: 2-3 times daily, loose stool; Urine: Involuntary passage of urine during sleep; Perspiration: profuse over whole body, offensive; Sleep: good. Hands was cold to touch. Development of children is arrested.

Mental general: The child was very restless, changing his position very frequently. He was very irritable, fearful and anxious. Look of the face was idiotic.

General Examination: Height- 69.0cm; weight- 7.2kg.

Clinical findings: On clinical examination, it was revealed a non-tender mass in the right inguinal region with no testis is palpated in the right side of scrotum.

Final diagnosis: Cryptorchidism.

Analysis and evaluation of symptoms

S. No.	Type of symptoms	Symptoms	Intensity
1.	Mental generals	Irritability	++
2.	Mental generals	Idiocy	++
3.	Physical generals	Vomiting during dentition	++
4.	Physical generals	Coldness of hands	++

5.	Physical generals	Profuse perspiration	++
6.	Particulars	Diarrhoea chronic	++
7.	Particulars	Frequent involuntary urination at night	+++
8.	Particulars	Cryptorchidism	+++

Totality of symptoms

- Irritability
- Idiocy
- Coldness of hands
- Chronic diarrhoea
- Vomiting during dentition
- Frequent, involuntary urination at night
- Profuse perspiration
- Cryptorchidism

Prescription

Repertorisation was done using synthesis repertory [5]. The repertorial result showed that *Thyroidinum* covered maximum symptoms with highest gradation. Therefore individualised single constitutional remedy *Thyroidinum* was selected on the basis of totality of symptoms, miasmatic analysis and in consultation with the materia medica. Treatment was done periodically with single medicine

Thyroidinum with increasing higher potencies (200, 1M). Potency changes and repetition were done, on the basis of homoeopathic principles and the 2nd prescription of Kentian philosophy. Follow-up of the patients was assessed monthly. Improvement was found in descend of testicle in the scrotum, as well as in other symptoms. The patient was followed with relief of the symptoms and no complication was noted during this period.

	thyri	calc	venab	ars	sulph	merc	lyc	phos	barc	hyr	thui	calc-p	lach	ent-c	hyos	sec	plb	bell	ip	nat-m	puls	fer	graph	sap
1. MIND - IDIOCY (53) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
2. MIND - IRRITABILITY (569) 1	1	3	2	3	3	2	3	3	2	3	3	2	2	3	2	1	1	3	2	3	3	2	3	3
3. PERSPIRATION - PROFUSE (249) 1	1	3	3	3	2	3	3	2	3	2	1	2	1	1	2	1	3	2	3	2	3	1	3	
4. MALE GENITALIA/SEX - CRYPTORCHISM - Prepubic (11) 1	1	1	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
5. GENERALS - CHILDREN; complaints in (133) 1	1	3	1	1	3	3	3	1	2	2	1	2	2	1	3	1	1	3	3	2	3	1	1	1
6. BLADDER - URINATION - involuntary - night (153) 1	2	2	1	3	3	2	1	2	1	1	2	-	1	1	1	1	3	-	3	3	3	3	3	
7. RECTUM - DIARRHEA - chronic (82) 1	1	3	1	3	2	2	1	3	-	1	2	1	1	1	-	1	2	-	2	1	1	2	3	1
8. STOMACH - VOMITING - dentition; during (13) 1	1	1	2	-	-	-	-	-	2	-	-	-	2	1	-	-	-	3	-	-	-	-	-	
9. EXTREMITIES - COLDNESS - Hands (283) 1	1	2	3	3	3	3	3	2	2	1	2	3	3	-	1	3	2	2	3	3	3	3	3	3

Follow ups

Date	Signs and symptoms	Prescription
24/02/2020	Absent of right sided testicle in the sac; Nodular swelling in the right inguinal region. Vomiting and loose stool; frequent involuntary urination during sleep; irritability and restlessness.	<i>Thyroidinum</i> 200C/one dose on the first day followed by placebo 30C twice a day.
30/03/2020	Absent of right sided testicle in the scrotum; Nodular swelling in the right inguinal region. Vomiting and loose stool; Frequent involuntary urination during sleep; Irritability and restlessness.	Rubrum 30 C thrice a day for one month.
11/05/2020	Vomiting and loose stool decreased in intensity; no improvement in other symptoms.	Placebo 30 thrice a day for a month.
29/06/2020	Vomiting better, irritability persisted. Swelling descends down in the right suprascrotal region.	Placebo thrice a day for a month.

17/08/2020	Loose stool with vomiting again starts from last 1week.	<i>Thyroidinum 1M</i> /one dose followed by placebo 30 C thrice a day.
09/10/2020	Descend of testicle in the scrotum; loose stool and vomiting better; frequency of micturition decreased in intensity	Placebo 30 twice a day for a month.
12/01/2020	Descend of testicle in the scrotum, irritability reduced; patient is getting sound sleep.	Placebo 30 twice a day for 30 days.

Conclusion

This present study report evidently suggest the successful treatment of undescended testis and other symptoms of the patient with restoration of well-being of patient with the help of constitutional homoeopathic medicine. This case report has highlighted the effectiveness of holistic approach in the treatment considering the individuality of a patient for remedy selection.

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About the author

Dr Sneha Kumari
PG SCHOLAR

DEPT. OF MATERIA MEDICA

R.B.T.S. GOVT. HOMOEOPATHIC
MEDICAL COLLEGE AND
HOSPITAL



The homeopathic conversation by brian kaplan review

By Dr Himanshu Sekhar Tiwary
Review by Dr Himanshu Sekhar Tiwary

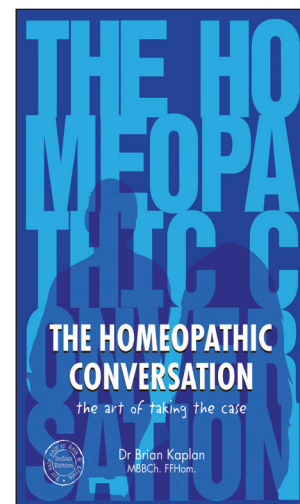
Many books in our literature inform us to do things in a better way, but only a few are so well written that they transform us completely. This book named “The **Homeopathic Conversation – The art of taking the case**” by **Brian Kaplan** and published by B. Jain Publishers belongs to this category.

“To read without reflecting is like eating without digesting” is the most frequent phrase that comes to my mind while introducing this book in different study circles. Though this book is very easy and interesting to read, the real charm is discovered when one starts reflecting on each and every concept and tries to practise them gradually in course of time. I strongly believe that it is very difficult to reduce the soul of such a book into few bullet points, but here are some of the most rewarding aspects of the book that comes to my mind-

- This book brings back the focus on the most vital aspect of healing, i.e. the conversation during a consultation with the patients and discusses in detail the multiple aspects involved in it.
- The book describes the advantage of the flexible approach of case taking over the fixed questionnaires method and how to achieve the “seamless transition” from one aspect of illness to another by an individualised pattern of questioning and conversation.
- It describes the techniques of bringing forth the homeopathic prescribing symptoms most easily and in the most reliable manner possible through this conversational method of case taking.
- This is one of the very few books that throw light on the very contemporary aspects of today’s practise, i.e. techniques involved in telephonic consultation as well as counselling and how to master it in day-to-day practise.
- The author also enlightens on another very relevant and relatable aspect of the clinical practice, i.e. how to deal with the research done by patient regarding his sickness through online sources and make good use of that in the case taking.
- One of the most interesting chapter in the book is the “**learning from other disciplines**” wherein the author describes in a very simple language the different concepts of psychoanalysis of Sigmund Freud, Carl Jung, Wilhelm Reich, Martin Buber, etc. and how these can be utilised in a homoeopathic case taking.
- Regarding counselling in practice, the author describes in the easiest terms possible about the empathic understanding, congruence, unconditional positive regards, effective “mirroring”, etc. and how they are well placed in homoeopathic literature and methodology.
- The one chapter which deserves the highest attention and admiration is the “techniques in the consulting room” wherein small techniques of provocation and conversation are discussed which I found personally very rewarding in practise.
- The most difficult aspect of case taking for me has always been to bring out symptoms from the neonates and small babies. In this aspect, reading and re-

ISBN: 81-319-0743-6

Publisher: B. Jain Publishers Pvt. Ltd.



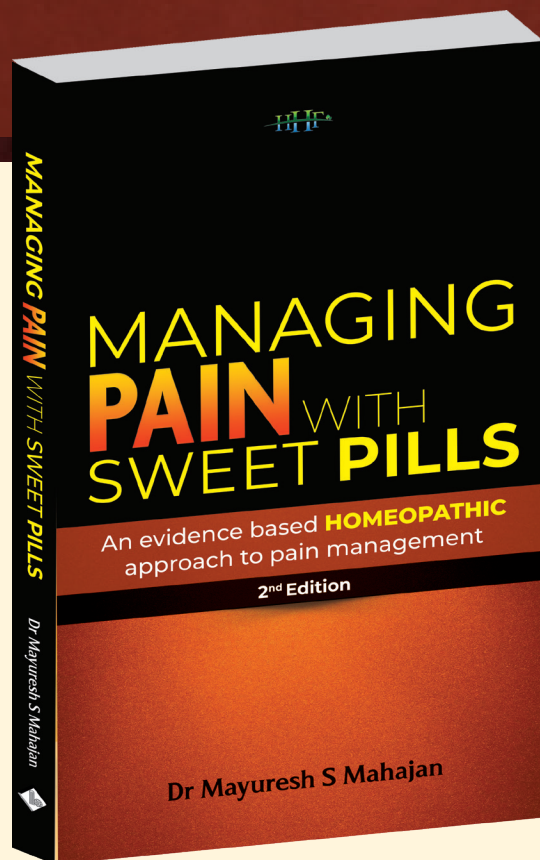
reading the dedicated chapter on case taking of children has been very helpful. Apart from that, it takes up another burning aspect of clinical practise, i.e. how to approach a case taking of a fellow homoeopaths/allopathic doctors is also addressed which rarely get enough attention in any other book on this subject.

- Though I could not utilise much of the information provided in the chapter of non-verbal clues, but I look forward to explore them as well as an alternative avenues of information esp. in cases where we have very few well manifested symptomatology.

About the reviewer

Dr Himanshu Sekhar Tiwary M.D
 (Hom.)NIH
 Senior Medical Officer, CGHS, New Delhi, Govt. Of India.
 Author of Treasure works of J.H Clarke
 Therapeutics of cancer from masters of Homoeopathy.

MANAGING **PAIN** WITH SWEET **PILLS**



- The author has compiled his experience and knowledge with reference to the pain of the patients in context with their psyche or the emotional understanding.
- The book is meant to help with recognizing pain in its diversity and the process of reaching the similitum based on the symptom of pain.
- In this book, the author has tried to decipher and direct prescribing remedies based on differentiation of pain among the different remedies stated in Materia Medica.
- The author has explained the various types of pain, be it physical or mental along with its causative factors which gives a better insight to the physician about the patient and further helps with the prescription.

ISSN: 9070-6038
Date of Publishing (26th)
Date of Posting (27th, 28th)
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Published & Printed by Mr. Kuldeep Jain on behalf of

M/s B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi-110055 Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

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

If undelivered please return to B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi-110055 (India) Tel.: +91-11-45671000

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