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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Vol. 46, No. 09, December 2020

Cancer and Homoeopathy

- Writing and publishing research articles: a panoramic view
- Role of psychological factors in the incidence of cancer - a homoeopathic perspective
- An observational study of resistant oral candidiasis in cancer patients treated with homoeopathy at a community hospital

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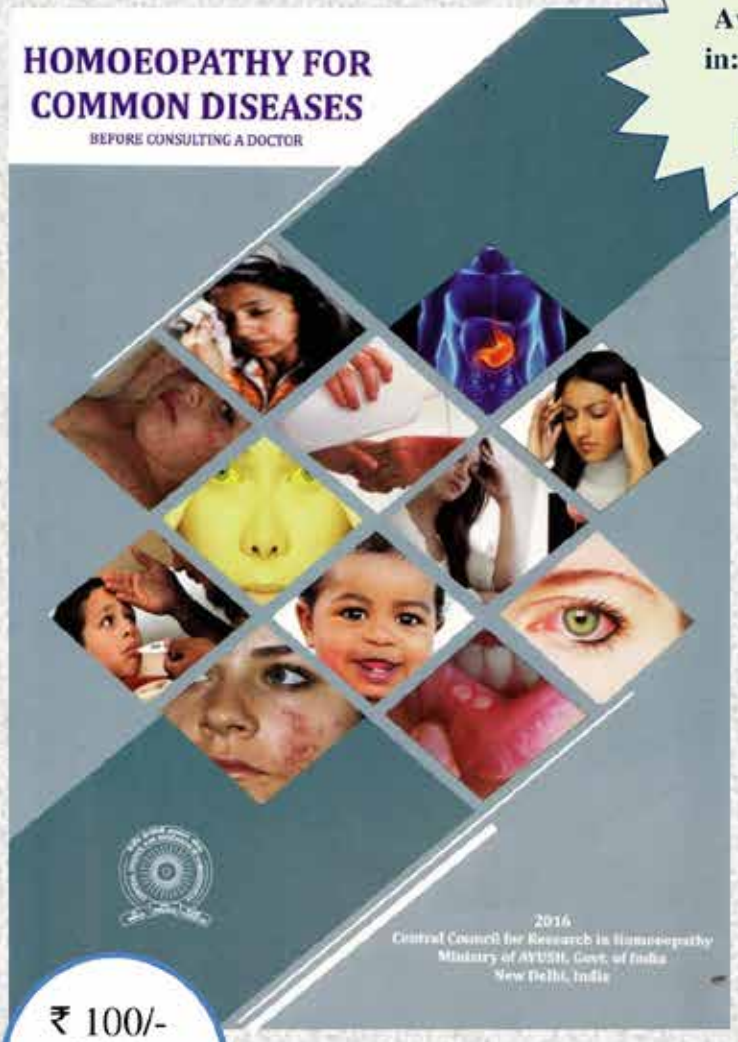

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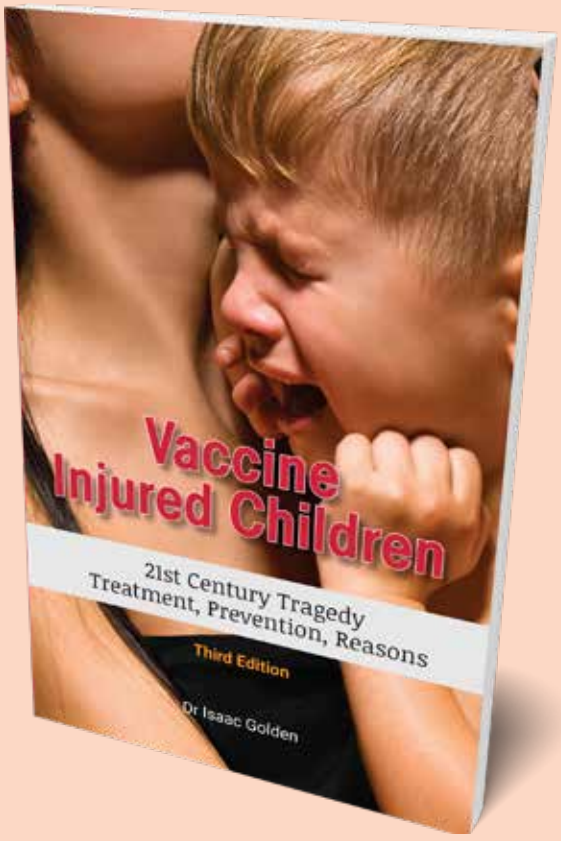
Vaccine injured children

Dr Isaac Golden



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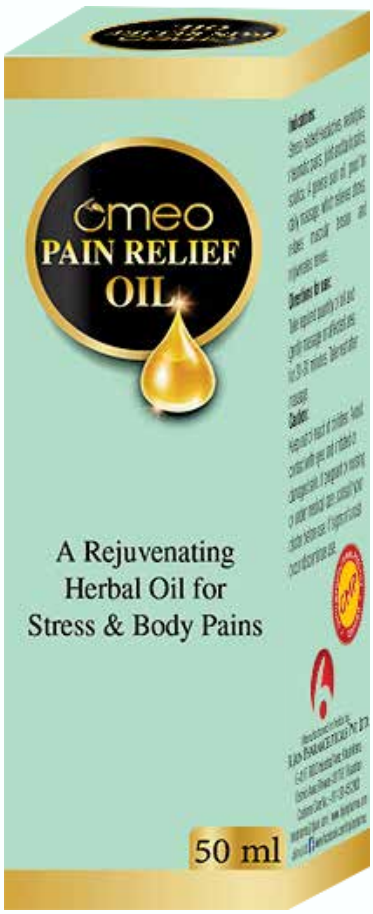

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Cover: Cancer patient with a nurse

CONTENTS

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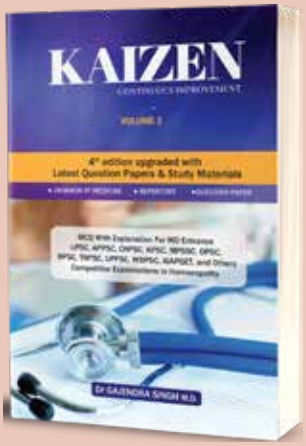
KAIZEN Continuous Improvement Volume 2

Dr Gajendra Singh



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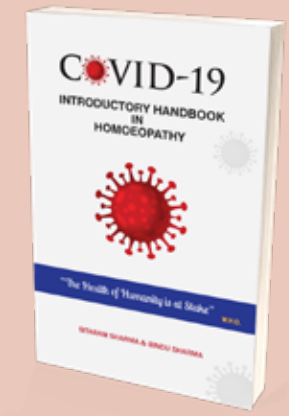

- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance 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.

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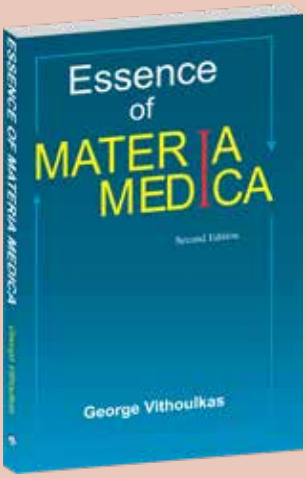
George Vithoulkas



- Describes portraits of 51 remedies
- Comparison of closely related medicines having similar symptoms
- Development of remedy picture in an evolutionary manner which helps in creating a better understanding of the medicine

ISBN: 978-81-319-0201-1 | ₹ 199 | 224pp

Dear Readers,

Lance Armstronghas mentioned, "Without belief, we would be left with nothing but an overwhelming doom, every single day. And it will beat you. I didn't fully see, until the cancer, how we fight every day against the creeping negatives of the world, how we struggle daily against the slow lapping of cynicism." Cancer, of any type, is terrible. One doesn't realise what it actually feels like. It shatters the person mentally and physically who are going through it. All the emotions the sick goes through and the strength he needs to build up is hard.

According to various research evidences, it is proven numerous times that homoeopathy induces retrocarcinogenesis directly and indirectly and that also in a manner not compromising the quality of life. So, considering the importance of the dictum "prevention is better than cure", it can be said that the present trend of enforcing good living, understanding the difficulty and often the impossibility of curing cancer as well as the capacity of homoeopathy as a better retrocarcinogenetic will surely prove to be beneficial for patients suffering from cancer. It is already seen that homoeopathic drugs have a greater tendency to work well in cancer both for palliation and cure. Carcinogenic changes are mostly the result of an underlying suppressed disease or disturbed psyche. It is the duty of a homoeopathic practitioner to evaluate and treat the emotional imbalances, as well as the physical symptoms present in any cancer case in hand. Homoeopathic remedies reduce symptom burden, improve the quality of life, and possibly improve the survival of patient with cancer.

A Quick Word on Issue Content:

This issue of "*The Homoeopathic Heritage*" is an attempt to clarify the role of homoeopathy in cancer through different case studies and research papers.

The peer reviewed article of this issue includes an observational study of resistant oral candidiasis in cancer patients treated with homoeopathy at a community hospital by Dr Sujata Naik and Dr RunaliKelwalkar-Kore. The feather in cap of this issue is the research paper on carcinoma and *Sulphur*: tireless warrior of homoeopathy by Dr Jaimin R. Chotaliya. The clinical case studies include role of psychological factors in the incidence of cancer - a homoeopathic perspective by Dr Amit, and neurofibromatosis: homoeopathy treats the patient, not just the disease by Dr Sarika Pandey. Subjective articles include cancer and homoeopathy by Dr Shalini Rajendra Ankushe, role of homoeopathy in cancer: an overview by Dr Subhasish Sarkar and Dr Asif Sardar, homoeopathic aggravation and it's importance by Dr Pralay Sharma, Dr Manjeet Singh, Dr Chandrasekhar Pore, paediatric case taking: different approaches by Dr Ashwini Shripad Kulkarni, homoeopathy in management of side effects of radiotherapy and chemotherapy by Dr D.G. Bagal and Dr Uttara Agale, sleep disorders – lifestyle modification and management with homoeopathic remedies by Dr J. Senthilkumar, Dr D. EstherDevaRamya, Dr R. Yasaswini Rai, and study on modus operandi of the homoeopathic aggravation after first administration of remedy by Dr Vinita Choudhary. We are grateful to Chaturbhuja Nayak Sir for contributing an excellent article on writing and publishing research articles: a panoramic view for academic section.

Homoeopathy must be projected as the best choice for cancer prevention, as it will work definitely as the best choice for cancer palliation and can even work in cancer cure!I would like to sum up this note with a saying by Colleen Hoover, "cancer is the be-all and end-all of the sport, and the only thing you can do is show up to the game with your jersey on."

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 homoeopathy.

Dr Yashika Arora
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.**

Call for papers for the upcoming issues:

Unbolt Yourself		
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Palliation in cancer

Palliative care is defined as the care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. It is an approach to care that addresses the person, not just their disease. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems.

The physical and emotional effects of cancer and its treatment may differ from person to person. Palliative care can address a broad range of issues, integrating an individual's specific needs into care. The common physical symptoms include pain, fatigue, loss of appetite, nausea, vomiting, shortness of breath, insomnia, and emotional needs like depression, fears and anxiety.

Case study

An elderly gentleman came to consult for an advanced cancer of mouth, operated two times in three years followed by chemotherapy and radiation.

Chief complaints

His present complaints included complications related to surgery, chemotherapy and radiation as follows:

1. Unable to open the mouth-micro commissure, with stiffness of jaw and cheek muscles as a result can't swallow and chew food.
2. Fistula in the floor of the mouth resulting into constant saliva coming out from the chin, the saliva was very offensive, and many a times, there was infection in the fistula resulting into pus and blood.
3. Oral sepsis resulting into halitosis, decayed gums and teeth.
4. Loss of weight.
5. Headache, worse by motion and stooping, sharp, shooting in general. Head symptoms became worse in cold, wet weather.
6. Hard crust inside nose, which were difficult to detach.
7. Dry cough especially at night.

Physical generals

Aversion to bright artificial light, desire for dark room with minimum light.

Poor appetite

Mental generals

He was a very successful jeweller but due to business rivalry, he was wrongly accused of a crime for which he was jailed for one year. This destroyed him emotionally and since then, he was never be the same person.

1. Emotionally, he was quite indifferent to life and wanted to die.
2. Mentally very restless, hence unable to sleep.

Totality of symptoms

MIND - DEATH - desires

MIND - INDIFFERENCE - life, to

MIND - RESTLESSNESS - night

HEAD - PAIN - motion - agg.

HEAD - PAIN - shooting pain

HEAD - PAIN - stooping - agg.

HEAD - PAIN - weather - wet - agg.

EYE - LIGHT; from - artificial light - agg.

NOSE - DISCHARGE - crusts, scabs, inside - detach - hard to detach - raw and sore spot; leave a

FACE - STIFFNESS - Jaws

MOUTH - CANCER

MOUTH - FISTULA - Gums

MOUTH - HEAT - Palate

MOUTH - ODOR - offensive

MOUTH - OPEN - difficult to - submucous fibrosis; from

TEETH - CARIES, decayed, hollow

STOMACH - APPETITE - wanting

COUGH - DRY - night - lying - agg.

GENERALS - CANCEROUS affections - grief; after

GENERALS – EMACIATION

Prescription

Phytolacca 30c was prescribed, followed by LM1, LM3.

Follow up

He was treated for more than 18 months with overall marked improvement in all his complaints. He still visits whenever he develops any acute symptoms.

■■

PEER REVIEWED ARTICLE

RESEARCH PAPER

An observational study of resistant oral candidiasis in cancer patients treated with homoeopathy at a community hospital

Dr Sujata Naik

Co-author: Dr Runali Kelwalkar-Kore

Abstract: Oral candidiasis is a major problem in the world especially among cancer patients on cytotoxic therapy (including chemotherapy and radiotherapy) which compromise the cell mediated immunity predisposing the person to opportunistic infections. As cases of antifungal drug resistance to conventional antifungal treatment increase, the associated morbidity and mortality is also on the rise. This calls for exploring the potential of alternative therapies, including homoeopathy, for treatment of resistant oral candidiasis

From a community hospital in the coastal region of rural Maharashtra, 27 cancer patients on cytotoxic therapy, diagnosed with resistant oral candidiasis were administered the indicated homoeopathic remedy, after case taking. An observational study based on patients' data, collected and recorded at monthly follow ups up to 6 months, was conducted.

Based on the criteria as curdy white deposits on tongue, localised pain, halitosis and general well-being, the study demonstrated the role of homoeopathic remedies in reducing the symptoms of resistant oral candidiasis.

Keywords: oral thrush, candida ,candidiasis, homoeopathy

Abbreviations: PQRS –peculiar, queer, rare, specific

Introduction

In immunocompromised individuals, oropharyngeal candidiasis is very common. Cell mediated immunity is compromised by conditions like malignancies, chemotherapy, and radiotherapy thus predisposing the person to fungal infections.

Candida species are normally present as commensals in the oral cavity. But, in immunocompromised individuals, they transition to become opportunistic infective agents. This transition is associated with certain virulence determinants. Around 7 to 52% of cancer patients (head and neck malignancy, hematopoietic malignancy, and solid tumors) on chemotherapy and or radiotherapy suffer from oral candidiasis[1].

In a community hospital of coastal rural Maharashtra, it was observed that many cancer patients on cytotoxic therapy reported with resistant oral candidiasis.

The following factors were observed to be responsible for this:

1. Tobacco chewing
2. Poor socio-economic conditions (maintaining cause):
   A. Low levels of literacy
   B. Poor nutrition & hygiene
3. Incomplete regimen of conventional treatment due to:
   A. High cost
   B. Fear of side-effects.

Objectives

1. To assess the role of homoeopathic remedies in reducing the symptoms of resistant oral candidiasis in cancer patients on cytotoxic therapy.
2. To narrow down to a group of homoeopathic remedies, which may be useful for effective treatment of resistant oral candidiasis.

Methods

An observational study based on 27 cancer patients on cytotoxic therapy, diagnosed with resistant oral candidiasis, was carried out at the community hospital in rural Maharashtra. Indicated homoeopathic remedy was administered after case taking.

Inclusion criteria: cancer patients on cytotoxic therapy, diagnosed with resistant oral candidiasis were included. Patients were examined and assessed by oro-pharyngeal surgeon.

Exclusion criteria: cancer patients on cytotoxic therapy, currently on conventional anti-fungal treatment were excluded.

For this study, the keynote method (devised by Guernsey) was used to prescribe homoeopathic remedies to the patients'. This method of prescription was used due to the following reasons:

- Presence of maintaining cause: poor hygiene and low nutritional status.
- Paucity of PQRS symptoms: the pathological symptoms masked the remedy picture.

Using the keynote method, the remedy was arrived at as follows:

ARRIVING AT THE REMEDY

CONCENTRATE ON PRESENTING SYMPTOMS AND SIGNS

↓

DEVISE A COMMON TOTALITY

↓

DERIVE A GROUP OF REMEDIES BASED ON COMMON TOTALITY

↓

SELECT ONE CHARACTERISTIC KEYNOTE RUBRIC TO DIFFERENTIATE THE INDICATED REMEDY FROM THE COMMON GROUP OF REMEDIES.

↓

REPERTORISE

Patient's monthly progress and clinical outcomes up to 6 months of starting homoeopathic treatment were noted.

Results

The following clinical parameters showed improvement at the end of 6 months.

1. General well being
2. Localised pain
3. Halitosis
4. Curdy white deposits on tongue

Chart 1 : Common repertorial totality in oral candidiasis- based on strong, persisting symptoms (even though common not PQRS): 2

Remedy	Merc	Bry	Sulph	Ars	Carb-v	Bell	Puls	Nat-m	Nit-ac	Nux-v	Arn	Sep	Chem	Phos	Chin
Totality	30	26	26	25	25	24	24	23	23	23	23	22	21	20	20
Symptoms Covered	9	8	8	8	8	7	7	8	8	8	7	7	6	8	7
[Complete] [Mouth]Coated:White: Tongue:	4	4	3	3	3	4	4	3	3	3	4	3	3	3	4
[Boericke] [Tongue]Coating, color,:White-furred, slimy, pasty:	3	3	2	0	2	2	3	2	0	2	2	3	0	2	0
[Boericke] [Mouth]Inner mouth (buccal cavity):Inflammation: Aphthous (thrush):	3	2	3	2	2	0	0	2	2	0	0	0	0	0	0
[Complete] [Generalities]Pain:Eating:While:	4	4	3	3	3	4	4	4	3	3	2	3	4	4	2
[Complete] [Mouth]Dryness:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Taste]Altered:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Boenning] [Mouth and throat]Mouth (buccal cavity), in general:Odour from, bad breath, etc.:	4	3	4	4	4	4	3	1	3	2	4	3	3	1	3
[Murphy] [Mouth]Breath, general:Offensive, odor:	3	2	3	3	3	2	2	3	3	3	3	2	3	1	2
[Murphy] [Cancer]Chemotherapy, treatments, ailments from:	1	0	0	2	0	0	0	0	1	2	0	0	0	1	1

Chart 2

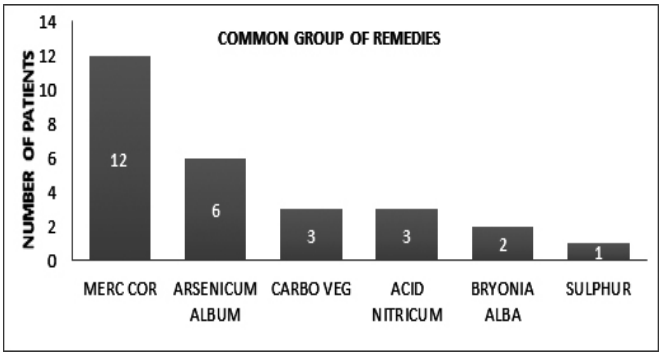
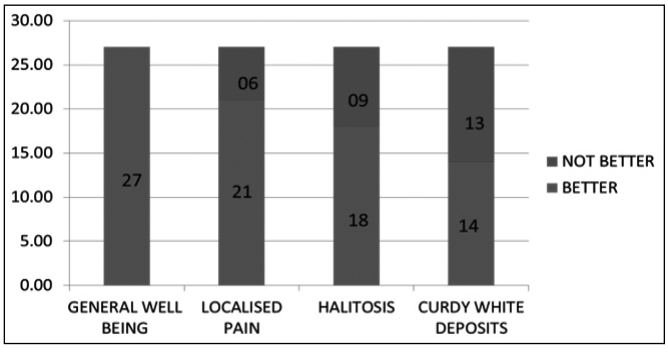


Chart 3



Discussion

Chart 1 and chart 2 -Based on the common repertorial totality,12 patients required *Mercurius corrosivus* while 6 patients required *Arsenicum album*. Three patients required *Carbo vegetabilis* and *Acidum nitricum* each. *Bryonia alba* was prescribed to 2 patients and *Sulphur* was prescribed to 1 patient.

Chart 3-All patients reported feeling overall better. While 21 patients on homoeopathic treatment reported reduction in local pain, 18 patients showed reduced halitosis. 14 patients showed reduction in the curdy white deposits of candidiasis.

Conclusion

The above study demonstrates the potential role of homoeopathy in cases of resistant oral candidiasis in cancer patients on cytotoxic therapy.

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About the author

Dr Sujata Naik, *M.D (Hom.) a senior homoeopath, practising extensively in Mumbai for last 32 years across 3 centers with thousands of patients from India and abroad. She is the first International affiliate member of Faculty of Homoeopathy, UK*

She is also running a charitable OPD in Konkan region of Rural Maharashtra at BKL Walawalkar Hospital, for the past 7 years with great success. With a team of passionate Homoeopaths, Dr. Naik has been involved in several research projects, including the one on Homoeopathic management of chemotherapy induced peripheral neuropathy.

Dr Sujata received the best oral presentation award for her research study on "Homoeopathic treatment of resistant oral candidiasis in patients with cancer" at 4th International Conference on Integrative Oncology held at Kochi, Kerala in February 2020.

Dr Naik was awarded the 1st place for her research poster presentation on PCOS and its homoeopathic management at the 1st International Conference on Alternative Medicine held by AYUSH (The Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) in November 2017 at Dubai.

Dr Sujata Naik is a prolific writer, columnist, and orator. Dr Naik has been regularly invited as a speaker at various national and international health forums.

Her books "WELLNESS SHOTS" and "WELLNESS CAPSULES, a compilation of health and wellness tips posted on social media ,are hugely successful.

Co-author

Dr Runali Kelwalkar-Kore, *M.D (Hom.), Research assistant at Dr Sujata Naik's Homoeopathy Clinic.*

■■

Cancer and homoeopathy

Dr Shalini Rajendra Ankushe

Abstract: Many cancer patients use homoeopathic approaches to increase their body's ability to fight cancer, improve their physical and emotional well-being, and alleviate their pain resulting from the disease or conventional treatments. Homoeopathy has always been highly controversial due to no proven plausible mode of action for these highly diluted remedies. The aim of this systematic review is to summarise and critically evaluate the efficacy of homoeopathic remedies used as a sole or additional therapy in cancer care.

Keywords: Homoeopathic remedy, cancer.

Introduction

Cancer or malignancy has a unique but indeed repulsive status among maladies that affect the society. There are a numerous reasons for this, as discussed below.

Firstly, it is the stigma attached with it. Unlike other potentially fatal diseases, it destroys the self confidence of the person affected by it to such an extent that there will be a permanent change in the self image of the patient. Even though cancer is only the second leading cause of death after heart diseases there is much difference between the self images of a patient with a cured cancer and a cured myocardial ischaemia[1].

The second reason lies in the peculiar pathophysiology of cancer. As it is known that most of the diseases occur because the specialised cells in the body fail to perform their assigned tasks. Whereas cancer takes this malfunction a little further. In cancer, not only there is a failure of the cells to maintain their specialised function, but also the cells strike out on their own. The cancer cell competes to survive using natural mutability and natural selection to seek advantage over normal cells as in a replay of the evolution. The result of this traitorous behaviour of cancer cells is that the patient feels betrayed by his or her own body. These patients feel that they are the diseased ones rather than just a body part or organ of theirs[2].

The third reason is the quality of cancer for metastasis. By this process, the cancer cells spread far and wide, in many instances, getting out of control of the treatment team and in a good number of cases springing up a surprise attack where one least expects.

All these make cancer the most dreaded one among all diseases, not only to common public but even to learned physicians despite the fact that modern advancements in medicine has made two out of three cancers curable, to some extent.

Prevention of cancer

Nowadays, more stress is given at preventing cancer. The knowledge of carcinogenesis has given many tools for this. Carcinogenesis is not simply an event or a point in the history of the patient but rather a process, an evolution of discrete cellular changes over a period of time resulting in more and more autonomy in cellular activities. These ultimately end up in the breaking out of cancer that we perceive[1]. Thus, prevention emphasises the identification and manipulation of these genetic, biologic, and environmental factors in the cascade that is the causal pathway of cancer. Following is a brief description of the steps practised in cancer prevention at present.

Health education and healthy habits

Undoubtedly, public education is the number one step in cancer prevention as in any other diseases. Awareness on the avoidance of identified risk factors and encouraging healthy habits not only among risk groups but in common public too contributes much to cancer prevention and its control. The general physician is a powerful messenger in this campaign as they are the primary as well as the most frequent contact point for the public. The physician can effectively educate patients about the avoidable health hazards like smoking or exposure to sun and promote the benefits of a healthy lifestyle (including diet, exercise, etc). They can also advocate the use of and administer proven cancer screening methods as well as advise patients regarding possible methods for prophylaxis of cancer[3].

Cessation of smoking

This gives more benefits than any other single step in cancer prevention. It does not much affect the incidence of recurrence in patients who had lung cancer once. But stopping smoking significantly reduces the chances of lung cancer in those who are not yet affected by it. Reducing and terminating the use of other tobacco products also help to reduce the incidence of many oropharyngeal cancers.

Increasing physical activity

Exercise and other physical activity seem to have a good role in preventing many cancers. For example it is evident that increased physical activity is associated with a decreased risk of colon and breast cancer. This result is obtained by a moderate physical activity for about 20 minutes, three to four times a week, even though the exact reason for this is not fully explained satisfactorily.

Diet modification

It is well established that a high fibre diet helps in preventing many cancers especially that of colon. Besides international epidemiologic studies suggests that diets high in fat are associated with increased risk for cancers of the breast, colon, prostate, and endometrium. Another finding is that foods cooked over direct high heat as well as smoked and sizzled foods increases the risk of cancers of the alimentary canal. So is the case of reheating and reusing oil. Aspartame, used in sugar free products, monosodium glutamate (ajinomoto), etc. are also known carcinogens.[3]

Cancer and homoeopathy: a review

Approach of homoeopathy in different types of carcinomas In an animal model study, the inhibitory effects of potentised preparations of *Hydrastis canadensis, Lycopodium clavatum, Ruta graveolens* and *Thuja occidentalis* against sarcomas that were induced by 3methylcholanthrene in mice as well as hepatocellular carcinoma induced by N'nitrosodiethylamine in rats were studied. Biochemical, morphological and histopathological evaluation revealed that the reduction of elevated marker enzymes and tumour size. Among the four used medicines, *Ruta graveolens* 200c was most effective in reducing tumour size and incidence of sarcomas. A homoeopathic medicine, *Chelidonium majus,* in ultralow doses, showed antitumour and antigenotoxic potential against hepatocarcinoma that was induced by azodye mice. *Condurango* ethanolic extract and tincture showed antiproliferative action in lung cancer through apoptosis. In another animal study. Anti-tumour and anti-metastatic effects of various homoeopathic medicines were studied in mice against transplanted tumours. *Hydrastis canadensis* and *Ruta graveolens* significantly increased the lifetime of Dalton's lymphoma ascites and Ehrlich ascites carcinoma induced tumourbearing mice. Moreover, these medicines showed marked reduction of solid tumour volume on the 31st day after tumour inoculation. Most of the *Hydrastis canadensis* 1Mtreated animals were completely tumour free. *Hydrastis canadensis* 1M, *Lycopodium clavatum* 1M and Thuja occidentalis 1M exhibited anti-metastatic effect in B16F10 melanoma bearing animals. These medicines showed inhibition of lung tumour nodule formation and decreased levels of γGT in serum. Undifferentiated lung cancer, a woman with leiomyosarcoma and a child with an astrocytoma, were treated with a new homoeopathic approach of carcinogeninduced apoptosis. A homoeopathic medicine, *Sulphur*, showed antiapoptotic effect in nonsmall cell lung carcinoma cells. *Sabal serrulata* mother tincture showed the reduction of prostate tumour xenograft size significantly in an in vivo trial. Moreover, *Sabal serrulata* decreased PC3 cell proliferation and DU145 cell proliferation. Permixon, a lipidosterolic extract of *Sabal serrulata*, is being used to treat symptoms of benign prostate hyperplasia (BPH). It treats BPH by activating the permeability of transition pore of mitochondria, NFKB apoptotic pathway and inhibition of 5α reductase inflammatoryrelated gene. Insufficient research hinders to prove that *Sabal serrulata* is the right medicine for prostate cancer. *Thuja occidentalis* along with *Conium maculatum* and *Sabal serrulata* in combination can assure more effective treatment against BPH. In another research study, 220 patients of metastatic pancreatic cancer were administered by *Viscum album* subcutaneous 3 times weekly. Those who took this therapy needed no more anticancerous therapy. In those patients, brain metastasis was not observed[4]. The patient receiving *Viscum album* as anti-cancerous remedy showed increase in the survival rate by 4.8month and patients who took no treatment the survival rate was 2.7 month. Pdimethyl amino azo benzeneinduced hepatocarcinogenesis mice model which induce cytological changes such as chromosomal aberration mitotic activity and also chemical

changes and reduced aspartate transaminase, lipid peroxidation, reduced glutathione carcinogenic changes was used to determine the anti-carcinogenicity of *Natrum sulphuricum*. These changes were reduced by *Natrum sulphuricum. Natrum sulphuricum* 200 showed effective potential to reduce cancer as compared to *Natrum sulphuricum* 30. *Lycopodium clavatum* 5C and 15C administration have any anticancer effects on human cervical cancer cell line HeLa cells by causing cell death through apoptosis in cancer cells. It induced DNA fragmentation, the increases in the expressions of protein, mRNA of caspase 3 and Bax and the decreases in the expressions of Bcl2 and Apaf and in the release of cytochromec. Anecdotal evidence showed the effectiveness of following medicines in different types of carcinomas.

- *Calcarea flourica* for breast cancer with hard and stony lumps
- *Lapis albus* for scirrhous and uterus malignancies with burning where oozing of fluid is black and putrid
- *Silicea terra* can be used as adjuvant to reduce cancer pain and also sarcoma with yellow and offensive discharge
- *Hekla lava* is a bone cancerous remedy
- *Baryta carbonicum* for scattered lipomas
- *Baryta iodatum* can cure ovarian cancer and mammae cancer with tuberculosis tinge
- *Plumbum iodatum* in mastitis and induration of breast
- *Bromine* is a remedy for mammae cancer
- *Phosphorus* is used for cancer with bleeding tendency
- *Iodum* can be used for uterus cancers
- *Cicuta virosa* for epithelial cancer
- *Kalium sulphuricum* for facial epithelial cancer
- *Cedron* can be used to reduce the lancinating pains of cancer.

Homoeopathy being a holistic medicine stresses the importance of 'accounting the patient as a whole'. The 'individuality' of the individual is the single most important parameter in homoeopathic case taking. Homoeopathic case taking and case management 'enforces good living'. Homoeopathic medicines being 'dynamic' in nature have penetrating power unthinkable to other medical agents so that they can touch the core of the individual and make changes there[5]. These medicines are 'non-invasive' in character and in most of the cases the amount of drugs is less than negligible and so as such these are not disturbing the harmony of life. Last but not the least homoeopathy tackles and cures many diseases in day to day work those have the potential to contribute to carcinogenesis. Some of these diseases might actually develop in to cancer if not treated properly from the beginning.

To sum up the above facts homoeopathy induces retrocarcinogenesis directly and indirectly and that also in a manner not compromising the quality of life. So considering the importance of the dictum prevention is better than cure, the present trend of enforcing good living and understanding the difficulty and often the impossibility of curing cancer we should give much more advertisement to the capacity of homoeopathy as a better retrocarcinogenetic.

Another area of the feasibility of homoeopathy in cancer is in **palliation**.

In homoeopathy, there are medicines that are really good at pain relieving. Along with this homoeopathic medicines can remove other discomforts of cancer too[6]. Like the general malaise, anorexia, nausea, vomiting, weakness, fever etc. This is especially true with patients undergoing conventional treatment for cancer. Many patients reported relatively symptom free episodes of chemotherapy or radiation therapy when they had homoeopathic medicines while having the other treatment.

One can group the choice of homoeopathic medicines for cancer palliation in to two. The first and the best one is the simillimum. Then there are a few medicines that are having pain as the major symptom and so can be used as a blind resort.

One should go through the entire process of detailed case taking and repertorisation to obtain simillimum in cancer also. This is to be observed especially in difficult cases as regards to scarcity of symptom. Look for concomitants and negative generals as a first resort in such cases. Constitutional and miasmatic ones and modalities also give good assistance. Pathological and local symptoms come next only. The choice of potency depends on individual homoeopaths. Though lower potencies repeated in reasonable intervals seem to be faring better in the initial stages of treatment that also in advanced conditions. The repetition should be done on a wait and watch basis. Higher potencies and longer waiting periods come in if the case responds and the general tendency is towards cure[5]. Fifty millesimal potencies (between 0/1 to 0/6) are a good choice and have given very good results in many cases.

Generally, it is seen that drugs those have a greater tendency for destruction work well in cancer both for palliation or cure. Toxic metals

like *Arsenicum album, Phosphorus*, poisons like *Lachesis mutus, Crotalus horridus, acids like Acidum nitricum, Acidum sulphuricum*, etc. are very effective.

As for the second group of pain palliation *Calendula officinalis, Chamomilla, Condurango, Echinacea, Euphorbinum, Nux vomica, Piscidium, Radium bromatum, Tarantula cubensis, X-ray*, etc. Can be useful. It is worth mentioning again that if one have some symptom similarity also for the selection of these drugs it will work wonderfully. Many of these drugs when given to patients undergoing chemotherapy or radiation have prevented or removed most of the discomfort usually associated with the treatment. These include the general malaise, anorexia, diarrhoea and even hair loss besides pain[6].

Drugs like *Carcinosinum, Medorrhinum* or *Thuja occidentalis* can be used as intercurrent even for palliation.

Conclusion

To conclude**, it can be said that** homoeopathy should be projected as the best choice for cancer prevention, work definitely as the best choice for cancer palliation and can even work in cancer cure!

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Carcinoma and *Sulphur*: tireless warrior of homoeopathy

Dr Jaimin R. Chotaliya

Abstract:

Background: Treatment of cancer is one of the struggling matters for medical science. Homoeopathy gives a good contribution in this struggle with its healing weapons called *homoeopathic potentised medicines*. Among all homoeopathic medicines, ***Sulphur*** is one of the popular and widely used medicine for various disease conditions. Its role in cancer management from crude sulphur to potentised medicine, wonderfully explores the successful journey to fight against carcinoma.

Materials and methods: A literature search was conducted using various data sources like pubmed, web of science, google search engine, encyclopedia homoeopathica and other printed sources like different materia medica by pioneers to explore its action regarding carcinoma.

Result and conclusion: Role of *Sulphur* in cancer not only explores its medicinal action but also shows advancement of homoeopathic science.

Keywords: *Sulphur*, carcinoma, homoeopathy.

Abbreviations: CI - confidence interval, CRC - colorectal carcinoma, S-CDs - sulphur doted carbon dots, 5-ALA - 5-aminolevulinic acid, NFkb65 - nuclear factor kappa-light chain enhancer of activated B, Bcl-2 - B-cell lymphoma 2), NSCLC - non-small cell lung carcinoma.

Introduction

Homoeopathy with its gentle and holistic treatment gains huge appreciations in treatment of cancer. Since many years, various homoeopaths around the globe are managing cancer cases successfully with Homoeopathic medicines. Homoeopathy carries a vast source of medicines for treatment of various types of cancer. Homoeopathic method of treatment as complementary therapy in management of cancer cases is widely used by physicians with success in pre malignant as well as advance stage of cancer with dynamic Homoeopathic medicines. Research advancement in homoeopathic pharmacology and posology give huge contribution in exploration of action of homoeopathic medicines in cellular level. This exploration of medicinal action at cellular level helps homoeopathic physicians to manage cancer cases.

Tautopathy and proving of lesser-known remedies gives immense contribution in management of cancer cases with homoeopathic method. Apart from this new source of medicines, the well proved polychrest medicines are also important weapons to fight against this hydra-headed monster of human health called cancer. Among this group of polychrest medicines, "***Sulphur***" is an important one for every homoeopathic physician in to treat simple coryza or lung carcinoma.

Objective of study

Primary objective of study was, *"to explore a role of Sulphur in management of carcinoma cases through various literature of medical field."* Another important objective was, *"to understand the action of Sulphur in cases of cancer through its effects on cellular level of organism."*

Materials and methods

A literature search was conducted using various data sources like pubmed, web of science, google search engine, encyclopedia homoeopathica and other printed sources.

Inclusion criteria

1. All the literature sources from homoeopathy (computerised and printed) were examined to collect information regarding the role of *Sulphur* in carcinoma.
2. Various data regarding action of crude and dynamic medicine, *Sulphur*, on cellular level were collected from various data sources with time period of 5 years (2015-2020).

Exclusion criteria

Research studies related to *Sulphur* before 2015 were excluded.

Observation and result

Sulphur as a crude substance –

Sulphur is non-metallic chemical element occurs naturally in the environment and is the thirteenth most abundant element in the earth's crust. *Sulphur* that is mined or recovered from oil and gas production is known as brimstone. It is direct nutrient to plants. [1] It was known to greek as fumigant. There are several allotropes of Sulphur but most common is yellow crystal or powder. It has melting point 115.21°C and boiling point 444.61 °C. [2]

Sulphur is an odourless, tasteless solid substance having different allotropic modifications like rhombic, monoclinic, polymeric. The major derivates of *Sulphur* is sulphuric acid. *Sulphur* is used in batteries, manufacture of fertilizers, detergents, fungicides, gun powder and fireworks. *Sulphur* is an important element for human body as it is a part of amino acid methionine and cysteine. [3]

Sulphur at cellular level

Sulphur has a long history of use for dermatologic issues, wound healing and acute exposure to radioactive material. Additional functions of *Sulphur* include metal transport, free radical scavenging, regulation of gene expression, protein stabilisation and synthesis, tissue integrity and protection, enzyme functionality, remodeling of extracellular matrix components, DNA methylation and repair, lipid metabolism, detoxification of xenobiotics/signaling molecules in plants and animals. [4]

Some recent studies reflect the role of *Sulphur* in cancer are summarised as follows:

No.	Title	Citation	Measurable outcome and result	Author's conclusion
1	Association between Sulfur-Metabolizing Bacterial Communities in Stool and Risk of Distal Colorectal Cancer in Man. [5]	Nguyen LH, Wang DD, Cao Y. Association between Sulfur-Metabolizing Bacterial Communities in Stool and Risk of Distal Colorectal Cancer in Man. Gastroenterology 2020 04; 158 (5); 1313-1325. PubMed ID: 31972239	Increased sulfur microbial diet scores were associated with risk of distal colon and rectal cancer, after adjusting for other risk factors (multivariable relative risk, highest vs lowest quartile, 1.43; 95% confidence interval 1.14-1.81; P-trend = .002). in contrast, sulfur microbial diet scores were not associated with risk of proximal colon cancer (multivariable relative risk 0.86;95%CI 0.65-1.14; P-trend = .31).	In an analysis of participants in the health professionals follow up study, it was found that long term adherence to a dietary pattern associated with sulfur-metabolising bacteria in stool was associated with an increased risk of distal CRC. Further studies are needed to determine how sulfur-metabolising bacteria might contribute to CRC pathogenesis.
2	Sulphur-doped carbon dots as a highly efficient nano-photodynamic agent against oral squamous cell carcinoma [6]	Li Q, Zhou R. Sulphur-doped carbon dots as a highly efficient nano-photodynamic agent against oral squamous cell carcinoma cell Prolif.2020Apr; 53(4): e12786. https:// doi. org/10.1111/cpr.12786 (PubMed ID-32301195)	After synthesis of the novel S-CDs, the size, morphologic characteristics, surface potential and yield of singlet oxygen were determined. In vitro study was performed to compare the therapeutic as well as biocompatibility of the novel S-CDs to those of 5-ALA.	These data from the in vitro study demonstrated the promising safety profile of the low dose (nmol/L) S-CDs, which indicated the novel S-CDs could be used as a promising photodynamic agent for oral cancer therapy.

Sulphur as homoeopathic medicine in cancer

Dr Burt has mentioned about sphere of action of *Sulphur* in human body with respect to different tissues of the body. VENOUS system - chronic capillary congestion; exudation; suppuration. PORTAL system - chronic congest.; haemorrhoids; constipation. LYMPHATICS - secretions excess. acrid, excoriating all parts. SEROUS membrane - serous effusions; exudative inflammation. MUCOUS membrane - excessively excoriating mucorrhoea. SKIN - vesicular and pustular inflammation; alopecia. SYMPATHETIC NERVOUS - defective assimilation; hot flashes. BLOOD - fibrine increased; rheumatoid affections. SULPHUR FUMES - disinfectant, deodorizing, no animal life can live in sulphurous acid gas. [7]

Dr Harvey Farrington in his *"Homoeopathy and Homoeopathic prescribing"* mentioned about *Sulphur* as, *"Induration of tissue may occur in any part of the body. Congestion in a given location may pass on into induration and the formation of tumors and malignant growths. Sulphur, by its depth of action, is indicated in the pre-cancerous sage and will often abort a malignant process in its incipiency. Arsenicum, Carbo veg. and other remedies are more often indicated when cancer is a reality. Indurated nodes on the skin and scleroderma will often yield to Sulphur."* [8]

Dr Grimmer mentioned about role of *Sulphur* in pre-cancerous state as, *"he mentioned Antipsoric like Calcarea carbonica and Sulphur, Lycopodium evolutes toward cancer through its hepatic insufficiency. Its action fortifies against the pre-cancerous state. In confirmed cancer it barely has any value since it has no power over the tumoral element as have Thuja, Iodium or Silicea."* [9]

Dr Fortier-Bernoville in his book, *"Ulcer of stomach and duodenum"*, mentioned about *Sulphur* for psoric cancer as he described in context of role of miasm in production of cancer. Like Dr Grimmer, he has also mentioned about action of *Sulphur* in precancerous general state not in tumoural element. [10,11]

Dr Laurie in *"Homoeopathic Domestic Medicine"* mentioned about role of *Sulphur* in cancer management. *"Sulphur, Silicea, and Acidum nit. will often prove of essential service in the treatment of cancerous ulcerations, either from the commencement (when characteristically indicated), or after the preceding employment of one or more of the foregoing medicines. If, after such previous treatment, the administration should be commenced six days after the termination of the second course (no effect whatever having resulted), or six days after a subsequent course (should the improvement cease to be regularly progressive). Sulphur, in particular, is, moreover, of essential service as an intermediary medicine."* [12]

According to **Dr Pulford** in his materia medica, the powder of *Sulphur* on cancer is said to kill the cells. [13] **Dr P. Sankaran** in his book mentioned about the cancer remedies with inclusion of polychrest medicine like *Sulphur, Silicea terra And Phosphorus*. [14]

Homoeopathic remedy *Sulphur* in cancer

No.	Title	Citation	Measurable outcome and result	Author's conclusion
1	Sulphur alters NFkB-p300 cross talk in favor of P53-p300 to induce apoptosis in non-small cell lung carcinoma.[15]	Saha S, Bhattacharjee P, Guha D, Kajal K, Khan P, Chakraborty S, Mukherjee S, Paul S, Manchanda R, Khurana A, Nayak D, Chakrabarty R, Sa G, Das T. Sulphur alters NFκB-p300 cross-talk in favor of p53-p300 to induce apoptosis in non-small cell lung carcinoma. Int J Oncol. 2015 Aug;47(2):573-82. doi: 10.3892/ijo.2015.3061. Epub 2015 Jun 22.	A search for the underlying mechanism revealed that the choice between two cellular processes, NFkb65-mediated survival and p53-mediated apoptosis, was decided by the competition for a limited pool of transcriptional coactivator Protein p300 in NSCLC cells. In contrast, Sulphur inhibited otherwise upregulated survival signaling in NSCLC cells by perturbing the nuclear translocation of p65NFkB, its association with P300 histone acetylase, and subsequent transcription of Bcl-2. Under such anti-survival condition, induction of p53-p300 cross-	In conclusion, our study for the first time indicated an apoptosis- inducing capability of Sulphur in otherwise drug resistant NSCLC cells by shifting the cellular milieu from NFkB-medicated survival environment towards p53-mediated apoptosis. Even though further investigation and clinical trials are needed, overall these findings provide evidence for molecular signature of the apoptotic effects of Sulphur on

		PMID: 26095308.	talk enhanced the transcriptional activity of p53 and intrinsic mitochondrial death cascade.	NSCLC cells.

Discussion

It was a small literature review regarding role of *Sulphur* in carcinoma. Role of *Sulphur* at cellular level shows its significance in metabolism of human body. *Sulphur* gives major contribution at medical level with its magical effects on diseases of skin and gastro-intestinal tract. Literature of *Sulphur* regarding its relation to cancer in homoeopathy of early era shows use of *Sulphur* in pre-cancerous state. While studies carried out showing effects of *Sulphur* in non-small cell lung carcinoma shows its significance on scientific ground and supports its use in treatment of carcinoma.

Dr E. Barker said, *"As stated before, the skilled homoeopath does not treat diseases, but he treats individuals in accordance with their most characteristic symptoms. If a case of cancer, a case of neuralgia and a case of psoriasis have in common, symptoms which indicate Sulphur, then he will prescribe Sulphur to the individual suffering from cancer, to the individual suffering from neuralgia, and to the patient suffering from skin disease, and Sulphur may cure all three cases, although all three might have proved incurable to the orthodox physician who had given the so-called specific for each of them recommended in the textbooks."* [16] Homoeopathy is based on individualisation which is the backbone of homoeopathic system.

Conclusion

All the data regarding role of *Sulphur* in cancerous affections provide positive findings. The above presented data also shows the advancement of homoeopathy from time to time to understand this art of healing thoroughly. From clinical observations to advanced researches regarding the use and action of medicine, will help homoeopathy to establish its plausibility in medical science.

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Role of homoeopathy in cancer: an overview

Dr Subhasish Sarkar and Dr Asif Sardar

Abstract: Cancer is surprisingly common, developing at some time in the life of more than one-third of the population, and the second most common leading cause of death in many countries, after cardiovascular diseases. However, the cancer burden can be reduced through early detection and management of patients. Homoeopathy has a significant role in management for palliative and curative care in cancer patients. It is maybe more effective when the physician has comprehensive knowledge about cancer and risk factors along with relevant information related to cancer available in the homoeopathic literature. This article tries to present such material with the idea of helping the homoeopathic physician to manage the cancer patients in a better way. This article attempts to highlight the homoeopathic approach towards adverse effects arises from chemotherapy and radiotherapy of cancer patients.

Keywords: Cancer, risk factor, chemotherapy, radiotherapy, palliation, homoeopathy

Introduction

Cancer is the serious burden of disease worldwide.[1] Cancer is surprisingly common, developing in life of more than one-third of the population, and according to the 2003 report of the World Health Organization, cancer is the 2nd largest cause of death in developed countries, after cardiovascular diseases.[2] However, there is, significant variability with age, sex and geography in the incidence, and as well as resources available for detection and treatment. One most important feature of cancer is the rapid transformation of abnormal cells, which may invade local parts of the body and even spread to distant organs, which referred to as metastases.[3] Amongst the more common are lung and breast cancer; the incidence is often higher in the developed country.[4]

From the therapeutic point, cancer burden can also be reduced through early detection of cancer and management of patients. The reason is many cancers have a high chance of cure if diagnosed early and treated adequately.[3]

Aetiology and risk factors

In recent times, significant improvement in understanding of cancer aetiology and risk factors as well as advancement in early detection, treatment, and prevention have been observed, which have led to declining cancer mortality. Despite this progress, certain cancers continue to increase in different parts of the world, due to changing patterns of cancer risk factors. Epidemiologically, 30–50% of cancers can be prevented by avoiding risk factors and implementing existing evidence-based prevention strategies.[3] Most cancers are caused by the transformation of normal cells into tumour cells in a multistage process through exposures in the environment (risk factors), rather than inherited genetic factors.[1,3] Three categories of external agents, includes:[3]

- Physical carcinogens, such as ionising radiation and ultraviolet.
- Chemical carcinogens, such as asbestos, arsenic (a drinking water contaminant), aflatoxin (a food contaminant), and components of tobacco smoke.
- Biological carcinogens, such as infections from some bacteria, viruses, or parasites.

However, epidemiologically, tobacco is the most critical risk factor for cancer and is responsible for approximately 22% of cancer-related deaths globally.[3]

Clinical presentation

To plan the management of a cancer patient, history and details of the tumour related problem should be evaluated, along with the identification of potential risk factors and the extent of the disease (stage). A thorough clinical examination is essential for identifying sites of metastases to identify any co-morbid conditions that may have a significant role in the management plan.[4]

The clinical presentation of cancer can have both local (pain, lump, bleeding, ulcer, skin abnormality, obstructive features, etc.) and systemic symptoms (anorexia, weight loss, fatigue, skin abnormalities, hypercalcaemia, neuropathies, myopathies, etc.). In view, systemic features may be the result of metastases or the

non-metastatic manifestations of the disease. The overall fitness of patients can be evaluated by using an available assessment scale.[4]

Diagnosis

Screening is essential for detecting cancer at a very early stage before it produces any signs or symptoms. The prime objective of screening is to reduce mortality. [4]

The clinical presentation of cancer including history and examination, along with results of radiology, biochemistry (specific tumour marker) and immuno-histochemistry is always required to making a diagnosis. However, a firm diagnosis of cancer needs a pathological examination of the abnormal tissue by using biopsy or fine needle aspiration cytology (FNAC). The primary use of tumour markers is to assess response to treatment and check for recurrence.[4]

Death from cancer can be reduced by early diagnosis and proper treatment. Also, when identified early, it is more likely to respond to effective treatment and may result in a higher probability of surviving, less morbidity, and less expensive treatment. Essential steps of early diagnosis consist of awareness, clinical evaluation, diagnosis and staging.[3]

Homoeopathic approach:

The homoeopathic medicine is select in accordance with homoeopathic principles with considering the totality and the miasmatic aspects. An accepted principle is that homoeopathy does treat the patient as a whole, not a particular disease. Hence selection of medicine in cancer cases should be based on the constitutional approach. But in clinical practice, it is challenging to follow the constitutional method to treat a cancer case. The reason is most of the cancer patient come for homoeopathy at the end stage of his disease state or metastatic condition having a poor prognosis. So there is significantly less time available for constitutional treatment. Also, before considering homoeopathy patient already take too much suppressive anti-cancer medication.[5,6]

In these cases, palliative care is much needed to improve the quality of life and increase life span and to reduce post-radiotherapy and chemotherapy complications such as stomatitis, etc.[7,8,9]

A clinical trial showed that homoeopathic medicine has a significant impact on some cancer cell by the process of apoptosis and immune modulations. Whatever more clinical evidence basis study needed to prove the anti-metastatic effect of homoeopathy.[10]

Miasmatic view of cancer

Any disease has a miasmatic evolution phase from psora to syphilis or sycosis. Master Hahnemann classifies cancer under psora in his chronic disease. Robert, in his "*Principles and art of cure*", mentioned cancer as the multi miasmatic origin.[6]

However, Cancer and cancer miasm are not the same at all. Cancer miasm is included in all four miasms. But cancer can occur from any miasm, and the presenting picture of a cancer patient will be different according to the presence of different miasm on the background.[6]

1. When psora predominant-Psora in the background, it produces slowly growing tumour, which often begins in nature.
2. When sycosis is predominant-Sycosis originated, the tumour is rapidly growing. Sycotic miasm causes uncontrolled cellular proliferation, hypertrophy and overgrowth.
3. When syphilis is predominant-Cancer disease produces by syphilis have destructive pictures with necrosis and ulceration. Cancer with syphilis on the background is spread quickly.
4. When tubercular miasm dominant behind cancer-Disease with tubercular miasm has components of nodular and degenerative tubercles with haemorrhage from degenerative cells.[11]

Some useful medicine in cancer:[12]

1. THE CANCER NOSODES: The most frequently used nosodes are in cancer is *Carcinosinum* and *Scirrhinum*.

   These nosodes can be used in such conditions-

- As an inter-current with an organ-specific and constitutional remedy.
- As a palliative aid in cases of advance and end-stage of cancer.
- As a preventive aid, when there is a family history of cancer.

2. WIDE SPECTRUM CANCER SPECIFICS :

- *Conium maculatum* presents the picture of stony hard tumour or gland and has a useful role in the cancer of oesophagus, breast, and stomach.
- *Thuja occidentalis* is good medicine for cauliflower-like growth. Particularly with cancer of uterus, ovaries, bladder, prostate and rectum.

- *Psorinum* is useful for in general any dermatological cancer.
- *Ruta graveolens* is the right choice for any bony growths or cancer of the bone, especially cranial bones. Also useful in rectal cancer.

3. ORGAN SPECIFICS:

- *Arsenicum bromatum* and *Arsenicum iodatum* useful in squamous cell and basal cell carcinoma of the skin.
- *Aurum muriaticum* is useful for the cancer of the oral cavity.
- *Cadmium sulphuratum* is useful for the cancer of the stomach and pancreas. Coffee- ground vomiting in stomach cancer is the principal symptoms.
- *Hekla lava* is a principal remedy for bone cancer like sarcoma, osteoclastoma, myeloma.
- *Symphytum* mainly uses for secondary carcinoma of the bone.
- *Lachesis* and *Lilium tigrinum* more often use in cancer of uterus, ovary and cervix.
- *Nitric acid* is anti haemorrhagic drug use in rectal cancer with bleeding. In conditions where any ulceration with bleeding present, the remedy works efficiently.
- *Phytolacca* is a good remedy for breast cancer and parotid gland cancer.
- *Sabal serrulata* for cancer of prostate and bladder.
- *Terebinthina* is a remedy for bladder cancer.

Conclusion

The article usually tries to give a brief idea and useful information about cancer and also try to highlight the role of homoeopathy in cancer. Management of cancer will be even more effective if such information is made available with the physicians and is suitably utilised in deciding the further treatment of patients. So, in a nutshell, homoeopathy in cancer is the best choice among the alternative treatment other than the conventional method. These medicines are not only giving palliative aid but also sometimes bring satisfactory improvement to the cancer patient. Also, various research studies reported the remarkable effect of homoeopathic medicines in the treatment of cancer and post-radiotherapy and chemotherapy complications. Few studies also tried to explain the mechanism of homoeopathic medicines in cancer by using cellular and animal models. Homoeopathy is a holistic approach of treatment, improves patient's general health condition along with symptomatic improvement. But, more evidence basis research studies are needed to report regarding the efficiency of homoeopathic medicines in cancer cases.

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■■

Role of psychological factors in the incidence of cancer - a homoeopathic perspective

Dr Amit

Abstract: Disease originates in the mind and vitiates itself on the physical body. This has been well justified through understanding of miasms from the homoeopathic viewpoint. It is clearly explained through interpretation of miasms that the mad race for fulfillment of desires is one of the key causes of the physical disease. Cancer stands no different.

Modern medicine is also understanding the correlation between stress and physical illness. Many a times, it is also felt that the psyche of patients also holds a crucial aspect in promulgation of the disease. The following article tries to explain the role of mind in the evolution of cancer.

Keywords: *cancer, mind, stress, homoeopathy.*

Introduction

The body is only a reflection of the mind; the "subtlety" of the mind has been expressed in the "materiality" of the body. What lies in the mind as "thought" is expressed in matter as body. The body is the creation of the mind.

Moreover, *Organon of medicine* suggests that continuous worry, wrongs, vexation, anxiety, or continuously occurring frights or fear also destroys one's health usually to a greater extent.[1]

The conditions prevail in one's mind, in their feelings, thoughts and their will, which the further effects the physical body in liver, spleen and kidney. It is the thought, the feeling and the will that shape the body and the different parts in it giving them diseased conditions. Disease, thus, begins in the interior and then comes to the exterior, from the centre to the circumference, from the mind to the body. If this is the course of disease, then the course of cure also must be the same, i.e. from the centre to the circumference, from the mind to the body; because, unless that is done, i.e. if the cure begins from the circumference to the centre, from the body to the mind, the effect of the disease will only be removed, and the cause, which is in the centre, in the mind, will continue to work on and produce effects eternally. By removing the effect, you cannot remove the cause. The destruction of the effect, is not the destruction of the cause. Cutting down the branches is not cutting down the tree, similarly, the disease cannot be demolished by removing the bodily expression of it. The difference between individual and individual means a difference between their respective minds, and this again means a difference between their actions and physical body, which means difference in their diseases.[2]

Daily practise shows that there is a mental or emotional blockage behind every second to third physical symptom. Only when this emotional blockage is solved, the body succeeds in implementing existing and applied solutions and it can heal.

The ancient Greeks thought that the uterus wandered about the body causing symptoms. But it is not an organ that wanders, it is sadness. And it is looking for a way out.[3] Simple management of the mental symptoms is sufficient to dispel the physical changes brought on by the stress which was very much evident in this condition.

Understanding Cancer

A believe that cancer is, in some manner, linked with distressful emotions or stress goes back since the first recorded history of the disease. In a research conducted 2,000 years ago, the author, De Tumoribus Galen, stated that women that are melancholy are more susceptible to any condition of cancer, instead of other women that are not, because they had too much mélaschole or black bile. Till the year 1701, it was quite difficult to read about or research on the concepts of cancer, as there was not much written about in the medical literature specially in the english Language. After 1701, an author named Gendron, a british physician, talked about the impacts of "disasters of life as occasion much trouble and grief" in cancer causations. Burrows 80 year later, attributed cancer to "the uneasy passions of the mind with which the patient is strongly affected for a long time."

Nunn, an 18th century physician, presented numerous researches discussing the emotional aspects which gave rise to breast tumours,

whereas another author, Stern, talked about cervix cancer in female patients were commonly diagnosed in more frustrated and sensitive individuals. Another major dissertation written by Walshe, titled, "the nature and treatment of cancer" appealed high-attention to the "influence of mental misery, sudden reverses of fortune and habitual glooming's of the temper on the disposition of carcinomatous matter. If systematic writers can be credited, these constitute the most powerful cause of the disease."[4]

Effect of some psychosocial aspects in the progression or development of cancer has been a very long-lasting hypothesis ever-since its initiation. Snow in the year 1893, came up with one of the first summary of statistics discussing the psychological aspects of people diagnosed to uterine or breast cancer. [5] Nearly 250 females with these two kinds of cancer were found to have "general liability to the buffets of ill-fortune."

Numerous researches believed that life as it is, is highly stressful than the lives of people of ancient times, and the only consequence of stress is diseases, specifically cancer. Sontag presented this in metaphorical manner that this disease is an "outward expression of character[6].

Homoeopathic perspective

Homoeopathic understanding of cancer is that it is the "disease of adaptation." The violation of life space in this adaptive mechanism is responsible for the physical alteration that is reflected in form of cancer. One of the effects of evolution on human mechanism is the resulting changes in the organic characteristics on the spiritual, physiological, as well as psychological experiences of people that alters the dynamics of present life experiences. Other than experiencing the possibilities of human life today, people are going through things like cancer. The schedule followed by people today is adding to the growth and severity levels of diseases. Cancer is the condition resulting from a combination of both current life choices as well as the past imprints.

As the patient adapts to the changes and sees this as a compromise to his life circumstances, then cancer is evident. The trouble with compromise is that nobody wins, it is like a slow death engulfing the patient in its fold. [7]

The violation of own life spaces is seen in patients who have been trained to adjust to the circumstances. The only belief held widely is that both the psychological and emotional processes has an impact on the general well-being, mental health, as well as the physical health of a person. All these factors join together to become one holistic aspect of any person, and is considered as the foundation of one's life. The patient as a child did not express himself properly as he was objected on trivial matters. This changed the mindset of the patient who in the course of time kept adjusting and was never able to realize the self. The suppression and domination were the results of this adjustment which forced him to 'stay within.' As a result, there was destruction of emotions and spontaneity in the individual. At the cellular level there was this outburst which explains the syphilitic trait of this disease and also justifies the pathology from the homoeopathic viewpoint.

The therapeutic assay of the medicines which have been found relevant in this and similar pathology also supports this viewpoint. The importance of *Carcinosinum* in conditions of dominance and suppression has been exemplified in the homoeopathic literature and has been repeatedly verified through cases.

Repertorial approach[8]

These are some of the rubrics from the *Synthesis Repertory*, which corroborate to the life situation of the adjustment phenomenon which has been described here as an important element in the cancer pathology.

MIND - AILMENTS FROM – domination

MIND - AILMENTS FROM - domination - long time; for a

MIND - AILMENTS FROM - anger – suppressed

MIND - EMOTIONS – suppressed

MIND - AILMENTS FROM – reproaches

MIND - AILMENTS FROM – mortification

MIND - AILMENTS FROM - scorned; being

Case study

The conceptual aetiology of the difficulty in adjustment is well illustrated in this case of cancer of left mammae where the patient, a female in her 40's, complained of glandular growth with mild and pulsating pain which extended from her left mammae to the arm pit. She came with her attendants on 16/02/2015. She was suffering for the past two years with this complain. There was in-drawing of the nipples in the affected breast. She felt better on holding the chest.

Nothing significant was noted in her past history. In her family history, the significant findings were

SOS
This analysis contains 407 remedies and 11 symptoms.
Intensity is considered

			phos.	lyc.	sep.	puls.	bell.	sulph.	calc.	graph.	bry.
			1	2	3	4	5	6	7	8	9
Sum of symptoms (sort:deg)			11 22	9 14	8 14	7 13	7 12	7 12	7 9	6 15	6 8
01. MIND - AILMENTS FROM - anger - suppressed	1	50	1	3	1	1	-	-	-	-	-
02. MIND - THOUGHTS - disagreeable	1	27	1	1	1	-	-	1	1	-	-
03. MIND - WEEPING - anxiety, after	1	26	2	1	-	1	1	1	1	3	-
04. CHEST - CANCER - Mammae	1	98	2	2	2	2	2	2	1	3	1
05. CHEST - HOLDING CHEST amel.	1	6	1	-	1	-	-	-	-	-	1
06. CHEST - TUMORS - Mammae	1	53	2	1	-	2	2	-	1	2	1
07. GENERALS - FOOD and DRINKS - fruit - aversion	1	34	3	-	-	3	1	2	-	-	1
08. GENERALS - HARDNESS, induration	1	38	3	2	3	-	3	2	2	2	2
09. GENERALS - PULSATION - general; in	1	26	3	1	2	3	2	1	1	2	-
10. GENERALS - SIDE - left	1	324	3	2	3	1	1	3	2	3	2
11. GENERALS - TREMBLING - Externally - anger - from	1	28	1	1	1	-	-	-	-	-	-

Repertorisation sheet

that her father died of complains of breathlessness and one of her brothers was dumb.

On the mental plane, the patient came from a rural background and was illiterate and was married to a farmer and had three children (two sons and one daughter). She was abused by her husband (who was a drunkard) and had lots of feeling of remorse. She was angered over her conditions but couldn't express her anger. She used to weep from her anger and anxiety. Her thoughts were disagreeable and often she reproached herself for the pitiable condition. However, she liked to keep herself engaged.

On the physical plane, she had menopause eleven years back and had a normal menstrual course before that. She had aversion to fruits. She preferred to lie on her back while sleeping and had varied nature of dreams.

Repertorisation

The case was repertorised using RADAR opus software and the reportorial analysis was as follows (see Repertorisation sheet):

The repertorial analysis was in favour of *Phosphorus*. Moreover, *Phosphorus* was justified with reference to materia medica which seemed appropriate for the physical restlessness as an outlet for the mental restlessness.

The medicine was transmitted[9] in 0/1 potency, keeping one strand of the patient's hair in a vial containing preparation of *Phosphorus* 0/1. Ten downward strokes were given to the vial with hair (transmission set), and the patient and the attendants were asked to report regularly at the clinic for any change in the symptoms.

After a few weeks, her attendants reported of loose stools, but the medicine was continued and no change was done to the transmission set.

Follow up

Prescription and follow-up		
DATE	**CHANGE IN SYMPTOMS**	**ACTION TAKEN**
02/10/2015	Chest pain burning; pain in the knees	Ten downward strokes were given to the transmission set
23/12/2015	Pain and heaviness of mammae slightly improved	No change
04/02/2016	Pain chest and knees were also improving	No change
16/04/2016	There was some bloody discharge from the nipple of left mammae; pain was also there	Ten downward strokes were given to the transmission set

08/07/2016	The bloody discharges were still there; pain and heaviness in the mammae increased	Phosphorus 0/3 was transmitted to the patient
21/09/2016	The patient was feeling better	No change
21/12/2016	Occasionally pains were there; heaviness and discharge was also there; with no increase in the induration	Ten downward strokes were given to the transmission set
10/02/2017	Chest pain; feverish; bloody discharge from nipples	Ten downward strokes were given to the transmission set
05/05/2017	The pain and discharges from nipples improved considerably	No change

At the end of almost three years of treatment, the retraction of the nipples was reversed, the bloody discharges and pain in the left mammae went off completely and the indurations were almost negligible. The patient is now leading a normal life.

Conclusion

Suppressing emotions is associated with numerous disease conditions like autoimmune disorders, irritable bowel syndromr, ulcers, complications related to gastrointestinal health and higher rates of heart diseases [10]. Experiencing frustration, grief, sadness, anger, and pushing such feelings aside can result in physical stress on the body. In other words, deciding to bury emotional feelings, ignoring, and thereby internalising these feelings, to pretend that it never happened, convincing oneself that there is no such need to deal with it, directly affect the physical health from the stress.

Cancer stands no apart. Proper understanding of the life circumstances along with treatment on the basis of similarity of symptoms is the key to cure.

In the case illustrated above, it was observed how the suppression of anger resulted in the disease manifestation which was eventually diagnosed as cancer. Homoeopathic understanding of the pathophysiology of the disease process proves to be helpful in managing the case easily.

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Healing cancer: A homeopathic approach

A guide to prevention, management and treatment of cancer with integrated approach from Dr Master's 40 years experience.
Dr Farokh J Master (PhD, MD)

Reviewed by Dr Joe Rozencwajg, NMD.

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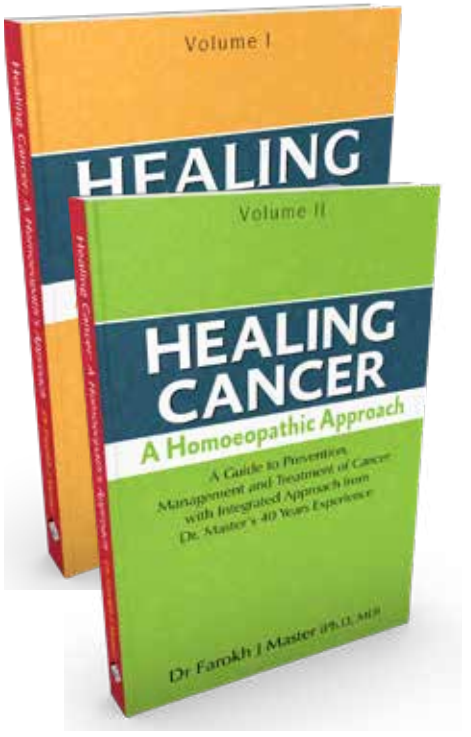

Just reading this long title is already a full presentation of this book.

It is written by Farokh Master: this immediately propels it at the top of quality books, with quite a few other authors, making it an almost must read.

It is based on his clinical experience: we then know that he has used with success the remedies that he describes; it is not a compilation of other practitioners' approaches but a methodology he can personally vouch for. But this is also a limitation as there are many remedies and methods used by many therapists over the world; therefore it is important to recognise and remain aware that this is only a "guide" and not a series of rigid, immutable protocols to be followed without any changes, adaptations or alterations.

Volume 1 starts by explaining what cancer is, its multiple facets, different types and organs it attacks. Then the conventional treatment is briefly reviewed: it is important as we often deal with their side-effects, therefore understanding their mechanism of action is very useful. A full chapter is dealing with Iscador, a relatively old method, very effective but unfortunately underemployed; then with other natural therapies, with a short presentation of multiple herbs and supplements that should whet the reader's appetite to learn more about them. Prevention is then addressed in some details as well as what happens when the diagnosis is given and how to deal with it and the stress of the treatment, whichever is chosen. Published papers about Homeopathy in the treatment of cancer are then presented and explained. The last chapter presents some of most used allopathic drugs in cancer with a focus on their side-effects.

Volume 2 deals first with the general homeopathic approach to cancer, then jumps into remedies, starting with the "constitutional remedies", basically the major polychrests. A whole chapter deals with *Cadmium* and its salts, then 51 "lesser-known remedies" are briefly quoted and their usefulness in different situations and types of cancer exposed. A long chapter deals with the "Indian drugs" although quite a few are not exclusive to India": *Allium sativa, Aloe vera, Fenugreek, Nux vomica, Black cumin seed, Spirulina*, etc…It is important that those remedies are used mostly in tincture or low potencies, as herbal or ayurvedic remedies or food supplements and not really based on similarity, which is going to infuriate the so-called classicists but provides help and relief to patients, which after all is our purpose.

A salute to the pioneers of homeopathy and how they treated cancers is very welcome, showing how much experience and knowledge has been accumulated over the years, demonstrating that we should not be afraid of dealing with this disease. The different cancers by organs are then addressed with the remedies that the author found useful quoted, and sometimes there are plenty of them for the same organ. The choice and differentiation between the remedies is then helped by the "repertory of cancer" as well as by the "clinical tips from my practice" sub-chapter. It ends with recommendations on how to deal with radiation illness and the side-effects of conventional treatment, as well as the treatment of pain and help with palliative care.

We are presented with a multi-pronged approach based on experience and good results. It does not mean that we are not to use other remedies or other methods, far from it; it means that if we are going to chose those described in this book, we know that they have been proved useful and that we can trust them. It is not a kitchen recipe textbook though, the intelligent choice is still and will always be in the hands of the practitioner, no doubt about that, but a little thumbs up by a master of the art is always helpful.

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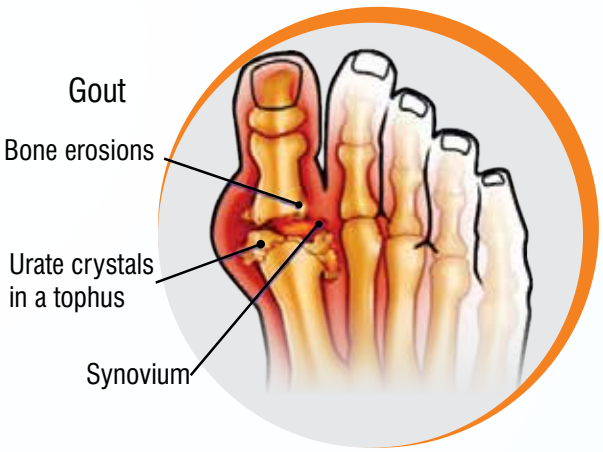

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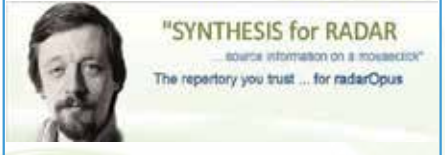

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Homoeopathic aggravation and it's importance

Dr Pralay Sharma, Dr Manjeet Singh, Dr Chandrasekhar Pore

Abstract: Homoeopathic aggravation is a part of homoeopathic treatment. Cure is seldom possible without the knowledge of homoeopathic aggravation. This knowledge helps us to understand the accuracy in choosing medicine, it's doses and also in finding the path of repetition of doses.

Keywords: Homoeopathy, homoeopathic aggravation, *Organon of Medicine*.

Abbreviations: § - aphorism, F.N. - footnote.

Introduction

Knowledge of diseases alongside knowledge of homoeopathic aggravation gives us complete insight to differentiate between disease aggravation and homoeopathic aggravation. Homoeopathic aggravation is the intensification of existing individualistic symptoms after taking the similar remedy (either partial or most similar, i.e. simillimum) suitable to an individual.

Patient's welfare is our sole aim. Physician must be alert to the issue that whether the patient is improving or worsening after taking medicine. A logical judgment on the basis of clinical assessment, interrogation, patient statement and change or alteration in symptoms in patient after taking medicine indicates the progression of disease and also action of medicine administered. It becomes important for us to determine what effect the medicine imparts on a sick individual and how to interpret the same in a patient prognosis. Thus to assess prognostic value, we must concentrate on effect of medicine in a sick individual and the role of vital force in the development of recovery.[1]

Vital force in homoeopathic aggravation

Vital force is deranged in natural disease. After administering medicine, due to primary action of medicine, vital force is under "natural disease" and "medicinal disease". Here the natural disease and medicinal disease coexist initially. Medicinal disease is stronger because "medicine acts at all times, under all circumstances, on every living human being" (§32) and "we have the regulation of the dose in our own power" (§30).[2,3]

The stronger "medicinal disease" annihilates the "natural disease", if it is a similar medicine or it makes a complex disease of natural and medicinal diseases, if it is a dissimilar medicine.[2]

In the next phase the vital force reacts against primary action of medicine. Depending upon the nature of medicine, dissimilar (antipathic) or similar (homoeopathic), secondary action is of two types respectively. They are:

1. Secondary counter action (when an exact opposite state of primary action is present in nature). Here opposite condition of primary action is seen.

   or

2. Secondary curative action (when an exact opposite state of primary action is not present in nature). Here vital force differentiates or free itself from the changes done by medicine and establish the normal healthy state (§64).[2]

Cure occurs through application of similar medicine.[2]

Reaction of vital force after medicine intake

There can be several types of alteration in symptoms in patient after taking medicine during treatment due to the action of medicine on vital force. These are:

1. Aggravation of symptoms.
2. Amelioration of symptoms.
3. Partial or complete disappearance of symptoms.

Aggravation may occur from aggravation of disease condition which indicates that disease state is going stronger and patient is becoming weaker and strength of vital force is decreasing.[1,4,5]

Aggravation of symptoms (the individual symptoms of patient) also may occur where patient feels better.

This indicates that the vital force is being set in order but individual symptoms show aggravation.[1,4,5]

About Homoeopathic aggravation

"Homoeopathic aggravation" is the intensification of existing individualistic symptoms due to the dual effect of "medicinal disease" over "natural disease" during primary action of medicine after taking the similar remedy (either partial or most similar, i.e., simillimum) suitable to an individual (§157, §158).[2]

In acute diseases with recent origin, it occurs immediately after ingestion of medicine for the first hour or for a few hours (dose is sufficiently small) or for a considerable number of hours (larger dose) depending upon the dose (§161).[2]

In chronic disease however it takes few days like 6 - 10 days to occur (§161), as action of medicine is proportionately long lasting in chronic diseases and expires quickly in acute diseases (most quickly in most acute) (§161F.N).[2]

One can easily understand whether the treatment results in cure of the patient or not by understanding the effect of the prescribed medicine in the sick individual, which can be deduced through the changes in the symptoms (of disease and of individual). Thus, homoeopathic aggravation gives an indication of prognosis of the patient during course of treatment.

Alteration of symptoms in patients and their interpretation can be summarised as follows

1. Smaller the crudity of medicine (i.e. higher potency), deeper is the curative action and milder and shorter is the aggravation (§159).[2,4]
2. Slight aggravation during first hours in acute diseases indicates remedy is very similar and repetition hardly necessary (§158).[2]
3. Acute diseases of long standing or remained untreated for long or of severe forms or at verge of death, actually have developed pathological changes in vital organs or systems and so severe aggravation, great prostration, violent sweating, vomiting, purging, exhaustion may occur.[4]

   This phenomenon is a reaction of the vital force to set itself in order and is a good indication towards recovery. Physician must not be confused and should not readily change medicine or antidote. Intensity of aggravation could be controlled by less repetition and proper selection of potency with utmost caution.[4]
4. No aggravation in a strong constitution may indicate the remedy to be partial similar. The case may need in successions few more partial similar medicines to reach cure (§162-167).[2,4]
5. Prolonged aggravation may occur from very low potencies and also from over repetition of doses. These should be corrected.[4]
6. With predominant physical complaints, patient might get aggravation in physical symptoms but may experience improvement in mind, emotion and energy levels.[6]
7. With severe mental or emotional diseases patient will get aggravation in mental and emotional symptoms but his physical generals like appetite, sleep may improve. Physician should be cautious about repetition here.[6]
8. In remittent fever aggravation may occur in few hours whereas in severe continued fever like typhoid, aggravation occurs in few days and so more repetition is needed in severe forms.[4]
9. In very severe and grave patients never repeat medicine so long aggravation continues.[4]
10. Prolong aggravation and final decline of the patient (Kent's 1st observation) - Alarming. Disease is incurable, medicine is too deep antipsoric, destruction established - use moderate to low potency like 30 or 200, observe aggravation and repeat very cautiously. Antidote in wrong course of disease.[4]
11. Long aggravation but final and slow improvement (Kent's 2nd observation) - There is hope to recovery though there is beginning of marked tissue change in some organ.[4]
12. Aggravation is quick, short and strong with rapid improvement of the patient (Kent's 3rd observation) - Structural change is absent or superficial. Recovery is sure.[4]
13. No aggravation whatever (Kent's 4th observation) - Two conditions-
    i. In acute diseases if cure occur, aggravation is not perceptible because simillimum and exact potency is selected.
    ii. In chronic diseases, changes in nerves happened. Cure may occur but with sharp sufferings and potency is exact.[4]
14. Using LM potencies this aggravation can be controlled very easily with flexible control of dose and repetition.[6]

Master Hahnemann states that homoeopathic aggravation indicates (§280)

- An approaching cure.
- That vital principle no longer needs to be affected by the similar medicinal disease in order to lose the sensation of the natural disease.
- That the life principle now free from the natural disease begins to suffer only something of the medicinal disease hitherto known as homoeopathic aggravation.[2]

Examples of homoeopathic aggravation—given by Master Hahnemann

1. *Veratrum album* in a case of colicodynia shows violent aggravation before it cures-due to large dose (Lesser Writings of Hahnemann).[7]
2. *Viola tricolor* cured the facial eruption with initial aggravation of eruption (Leroy's observation)- due to large dose (§161F.N).[2]
3. Skin diseases cured by elm bark are primarily aggravated by it (Lysons's observation) - due to large dose (§161F.N).[2]
4. A drop of *Sulphur* 90 in a case of an epileptic lady caused an epileptic fit within 1 hour (*Lesser Writings* of Hahnemann).[7]
5. When a patient is suffering from itch, complains of increase of the eruption after *Sulphur*, physician who know not the cause of this consoles him with the assurance that the itch must first comes out properly before it can be cured; he knows not, however, that this is a *Sulphur* eruption, that assumes the appearance of an increase of the itch. (§161F.N).[2]

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Neurofibromatosis: homoeopathy treats the patient, not just the disease

Dr Sarika Pandey

Abstract: Neurofibromatosis can be cured by constitutional prescribing in homoeopathy. The following case tries to bring out the contrast between homoeopathic prescribing and this incurable disease.

Keywords: Neurofibromatosis, homoeopathy, *Thuja occidentalis*, 50 millesimal

Abbreviations: NF1 - neurofibromatosis type 1, NF2 - neurofibromatosis type 2, INI1/SMARCB1 – schwannomatosis, Agg. – aggravation, °F- degree fahrenheit, B.P- blood pressure, mm of Hg- millimetre of mercury, QDS- 4 times a day (quater die sumendum).

Introduction

The "neurofibromatoses" are a set of distinct genetic disorders that have in common the occurrence of tumours of the nerve sheath. They include NF1, NF2, and schwannomatosis. All are dominantly inherited with a high rate of new mutation and variable expression. NF1 includes effects on multiple systems of the body. The major NF1-associated tumor is the neurofibroma. In addition, clinical manifestations include bone dysplasia, learning disabilities, and an increased risk of malignancy. NF2 includes schwannomas of multiple cranial and spinal nerves, especially the vestibular nerve, as well as other tumors such as meningiomas and ependymomas. The schwannomatosis phenotype is limited to multiple schwannomas, and usually presents with pain. The genes that underlie each of the disorders are known: NF1 for neurofibromatosis type 1, NF2 for neurofibromatosis type 2, and INI1/SMARCB1 for schwannomatosis. Genetic testing is possible to identify mutations. Insights into pathogenesis are beginning to suggest new treatment strategies, and therapeutic trials with several new forms of treatment are underway. [1]

The two types of neurofibromatosis include NF-1 and NF-2. Both cause abnormal cell growth in the central and peripheral nervous system. Each disease is inherited as an autosomal dominant trait, thus each child of an affected parent has a 50% chance of inheriting the disorder. Because there is no cure for either type of NF and treatment consists of amelioration of clinical symptoms, genetic counselling is the only preventive approach to this disease. [2]

Case study

Chief complaints

A female patient of age 30 years complained of nodular swelling all over the body with itching aggravated by warmth and sweating for 4 years.

History of present illness

Patient was in good health 4 years back when swelling suddenly appeared on left arm and gradually appeared all over the body.

Personal History

Patient had a habit of tobacco chewing.

Physical generals

Patient's appetite was good and able to tolerate while she was hungry. She usually drank 2-3 litre water per day. Her tongue appeared moist and slightly coated. She had a desire for spicy food and aversion to onion. Perspiration was profuse on face. She was a Hot patient, as there was aggravation after warm things. Her teeth were sensitive to cold.

Mental generals

Patient seemed to be tensed and expressed her anger by shouting, consolation ameliorates her anger. Her speech was very slow and she could not concentrate on her daily routine. She was sensitive to little things, and felt even if someone was whispering in her ears during sleep.

Vitals

- Pulse- 78/minute
- B.P- 110/80 mm-Hg

Diagnosis

Diagnosis was based on clinical history and physical examination. [3]

Totality of symptoms

- Could not concentrate on her daily routine
- Slow speech
- Aversion- onion
- Agg. by warmth
- Swelling all over the body
- Perspiration- profuse on face

Analysis and evaluation of the Case

S.No.	Symptoms type	Symptoms	Intensity
1	Mental General	Could not concentrate on her daily routine	++
2	Mental General	Slow speech	++
3	Physical General	Aversion- onion	++
4	Physical General	Aggravation by warmth	++
5	Physical General	Swelling all over the body	++
6	Particular Symptoms	Perspiration- profuse on face	++

Repertorial totality

Repertorisation was done with the help of *Complete Repertory* in *HOMPATH CLASSIC 8.0.*

Symptoms	Rubrics
Could not concentrate on her daily routine	[C] [Mind] Concentration:difficult:
Slow speech	[C] [Speech & Voice] Speech:slow.:
Desire- spicy food	C] [Generalities] Food and drinks:onion:aversion:
Aggravation by warmth	[C] [Generalities] Warmth:agg.:
Swelling all over the body	[C] [Generalities] Swelling:general:
Perspiration- profuse over face	[C] [Face] Perspiration:

Repertotial sheet [4]

Remedy Name	Phos	Lyc	Thuj	Sep	Lach	Merc	Nux-v	Puls	Op	Arg-n	Bell	Hell	Nat-m	Sec
Totality	13	12	12	11	11	11	11	11	10	9	9	9	9	9
Symptom Covered	6	6	6	6	5	5	4	4	6	5	5	5	5	5
[C] [Mind]Concentration (see comprehension thinking):Difficult:	3	3	2	3	3	2	4	2	1	1	1	2	2	1
[C] [Speech _Voice]Speech:Slow:	2	1	2	2	3	1			2	2	1	3	1	2
[C] [Generalities]Food and drinks:Onions:Aversion:	2	1	2	1					1					
[C] [Generalities]Warmth:Agg.:	2	2	2	1	2	2	1	3	2	3	1	1	3	3
[C] [Generalities]Swelling:General:	2	2	2	2	1	3	3	3	1	1	3	1	1	1
[C] [Face]Perspiration:	2	3	2	2	2	3	3	3	3	2	3	2	2	2

Prescription

Prescribed on 10/08/2020

***Thuja occidentalis LM 1*, 1 drop in 100 ml aqua, 5ml of the above solution repeated 4 times in a day for 7 days.**

Remedy justification

On repertorisation, remedies such as *Phosphorus, Lycopodium clavatum, Thuja occidentalis, Sepia officinalis, Lachesis mutus, Mercurius solubilis, Nux vomica, Pulsatilla nigricans* came in the top.

Thuja occidentalis [5][6] was finally selected as per the constitution of the patient as *it* bears an outgrowth in similar way the patient had all over the body.

Selection of dose and repetition

According to 6th edition *Organon of medicine* by Hahnemann in aphorism 246, it is mentioned that for 50 millesimal, frequent repetition can be done either in acute or in chronic disease. [7] So, repetition was done according to the intensity of the disease.

Follow up

Date	Symptoms	Prescription
29/08/2020	Swelling was better Itching occasionally Concentration-better Sleep- good Thirst- moderate	*Thuja occidentalis* 0/1/QDS for 7 days

Advise

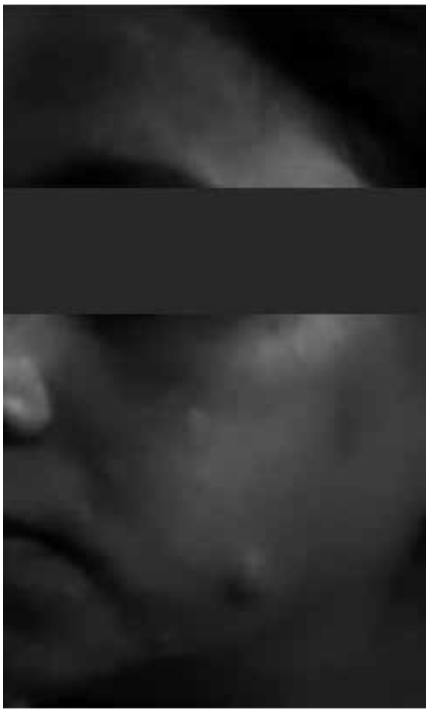
Avoid tobacco

Take nutritious diet

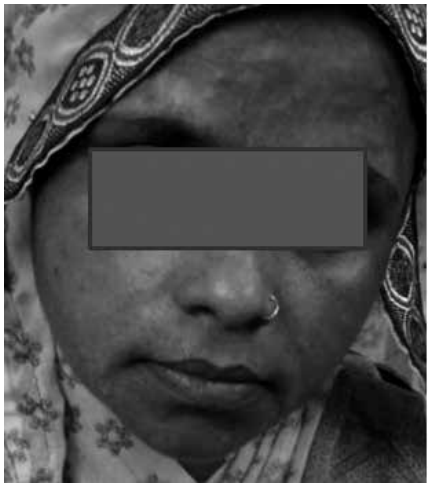
Conclusion

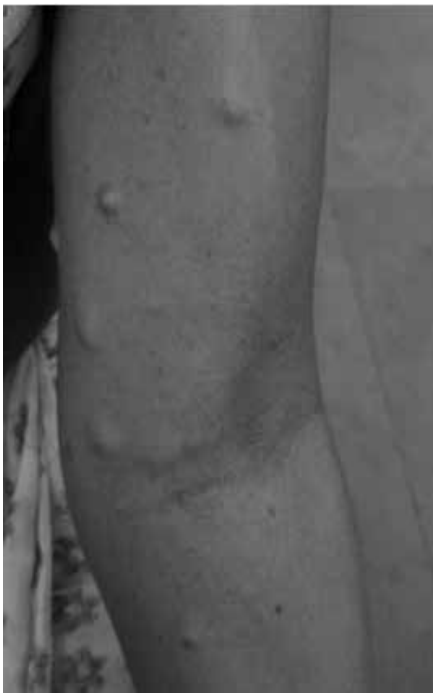
Thus, it can be concluded that the method of 50 millesimal decreases the medicinal substance but increases the dynamic power to heal the patient. Finally, it may help to open the door for further research in 50 millesimal as well as in constitutional treatment in various cases of neurofibromatosis.

Before treatment



After treatment





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Paediatric case taking: different approaches

Dr Ashwini Shripad Kulkarni

Abstract: Case taking in paediatric patients is supposed to be very difficult and challenging, by most of the physician. Paediatric case taking in is not just a process but it's a skill, an art which needs to be developed over the period of time by practise, by studying different approaches, stalwart's case studies and research papers, articles, etc. Because it requires patience, skillful questioning, proper observation and interpretation of acts and behaviour of the child. In case of infants and neonates, it becomes more challenging. One has to depend on observation, expressions and history given by mother.

To avoid many obstacles of the case taking which may spoil the case, proper case taking is essential because it's said that "a case well taken is half cured" and to be an expert in paediatric case taking must study different approaches of case taking.

Keywords: paediatric case taking, different approaches.

Introduction

Case taking is the process of collecting all the facts about the patient, using various tools like observation, perception, history-taking – given by the patient, attendant, clinical examination, etc. in order to find a remedy for the patient – using one's knowledge of homoeopathic materia medica, organon of medicine, and repertory.

According to Close, "the purpose of homoeopathic examination is to bring out the symptoms of the patient in such a way as to permit their comparison with the symptoms of the materia medica for the purpose of selecting the similar or homoeopathic remedy."[1] Collection of all the facts pertaining to the patient, which may help in reaching to the totality of the patient and thereby help in finding the correct simillimum. It is also said that 'a case well taken is a case half cured'.

Case taking in paediatric patients is supposed to be very difficult and challenging, by most of the physicians. As in paediatric case taking, no one is sure about how child will response to our questions? From where shall we to start? And how we need to proceed? What needs to be asked and what not? Which symptom is important and which is not? Mind is just full of questions. But instead of getting confused, one should take it as an opportunity to explore one's knowledge, and for this purpose, one needs to study case taking in detail, by different authors and different approaches of case taking.

Different approaches of case taking

According to Dr Pravin Jain[2], it is most important to observe and interact with children and not simply engage with the parent in 'rubric hunting'. He has also analysed his paediatric cases in a very practical and straightforward way using what is actually observed in the child's behaviour.

- He has developed SEA- axis (sociability, energy and anger) for observation and interaction with child which are considered critically important factors.
- Thermals and thirst are reliable generals.
- Constitution and characters are considered as important differentiators.
- Affinity and location are used for ruling out.
- Steps of this approach are as follows:
  i. Determine sociability of child: is the child approaching or withdrawing?
  ii. Determine the energy level of child: is the child energetic and restless or lacking energy?
  iii. Determine anger and find the frustration whether destructive or not?
  iv. Find the thermal relations by thirst, covering, clothing, fanning etc. these are very reliable general modalities
  v. Find out the constitution and character of child such as happy, joyful, bashful, timid, obedient, bully, rude, confident, complaining, moaning etc.

Dr Robin Murphy[3] also have given some tips for the paediatric case taking which are as follows:

1. OBSERVATION:

- Eyes: softness, sharpness, fear, hysterical, delicate, evil, irritable, dissatisfied, pain.
- Bodies: restless, hyper, slow, timid, aggressive, outgoing, obedient or disobedient, how sensitive? Shy? Clumsy? Coordinated?

2. DIFFERENTIATION:
- First aid, acute or chronic case or problem

3. GENERALS:
- Diet, sleep, weather, emotional and mental state etc.

4. BEHAVIORAL ANALYSIS:
- Playing alone or with others
- Playing with toys or animals
- Competitive or aggressive
- Reaction to physical pain
- Dependent or independent
- Pattern of food, sleep, play etc.

5. DEVELOPMENTAL HISTORY:
- Musculoskeletal development, comprehension, learning to walk and talk
- How was pregnancy?
- Family history

6. MENTAL AND EMOTIONAL STATE :
- Sensitivity to external impressions
- Reaction to consolation
- Sensitivity to others pain like parent's fights, movies, sad stories etc.
- Family dynamics which includes overall environment of family.

7. FAMILY ECONOMICS:
- Diet and nutrition
- Education
- Available resources.

8. STORY ABOUT THE CHILD:
- Reactions to incidents in family.
- Mothers description about pregnancy and delivery
- Health and family history.

9. OBJECTIVE SYMPTOMS:
- Facial expressions, breath, sweating, moles, skin, tongue and reactions to various stimuli etc.

10. FEAR:
- Fear of monster, ghost, animals, dark, death, evil etc.

11. SLEEP:
- Position of sleep
- Insomnia
- Dreams

12. FOOD CRAVINGS AND AVERSIONS:
- Also includes thirst

13. TIME MODALITIES FOR SYMPTOM.

The essence of art of examining children is that the child should be contented during the examination. There cannot be any standard or regulated patterns of history taking, as the questioning will change depending on the age group of the patient one is dealing with.

The physician should be well aware about the normal physical, social, emotional and intellectual development. Questions should be asked to understand the moral character, intellectual character, social, and domestic relationships.

Data can be collected in an order of:

1. Chief complaints
2. History of present illness
3. Associated complaints
4. Past history of previous illnesses;
5. Prenatal history, i.e. mother's history during pregnancy
6. Birth history
7. History after birth
8. Feeding history
9. Developmental history
10. Immunisation history - when? how many times? which?
11. Family history
12. Social history-living conditions, economic status, mother's occupation
13. Child as a person-physical and mental characteristics, life situation
14. Physical constitution
15. Thoughts on miasms behind[4]

International Academy of Advanced Homoeopathy has also prepared a special format for paediatric case taking. Each child has its own imaginary world which only he or she can explain in the way he is actor, director and producer of his life. The inner fantasy world of every child is the gateway for homoeopath to enter the world of child's realm. Mothers state during pregnancy and conditions at the time of conception are very crucial factors in paediatric case taking. This questionnaire has 7 parts:

1. Description of main complaint.
2. Past illnesses, vaccinations, family history and developmental history.
3. Personal history that covers allergies, addictions, likes and dislikes, etc.
4. Factors that affect the child.
5. Mental and emotional nature of child. Effect of life situations on child.
6. Parts of the body affected.
7. Mothers history during pregnancy.[5]

Conclusion

Paediatric case taking becomes more interesting, if one learns the art and proceeds with all the senses working with full efficiency. The more one practices and studies different approaches, the easier it becomes to take the case.

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■■

Writing and publishing research articles: a panoramic view

Chaturbhuja Nayak

Abstract: The craft of writing and publishing a scientific article is a time consuming and tedious task, especially for the early-stage writers. Although it may be a challenging job, yet it is a rewarding and satisfying endeavor. Documenting and publishing the research outcomes in a peer-reviewed journal is an integral part of a researcher's professional life, meant for career growth, recognition by the professional body and ultimate benefit of the community. By following some guidelines and practical suggestions, the process can be streamlined and the researchers-cum-authors will be inspired and motivated to navigate in the right direction. This article provides an overview of the preparation and submission of the manuscript for publishing in a biomedical journal.

Keywords: Research articles, Components, Writing, Publication, Biomedical journals.

Introduction

In the context of writing and publishing research articles, it is well -said, "*xxx research is not finished, until it is published. Absolute volume of published papers is one indicator or research activity and, indirectly, of research capacity of a country*"[1]. The research, a scholar has conducted as a part of his/her PG or PhD course or beyond, out of one's own interest, must be published in a relevant medical journal for various reasons relating to personal as well as professional growth. Publication of a research paper in a standard journal is not an impossible task now-a-days, with the increase in number of such journals published and available in the medical domain. Still then, the paper must be drafted in the approved manner and presented maintaining highest possible standards[2]. The peer-reviewed journals with high impact factor look for quality articles, prepared out of high standard research studies. While drafting the article basing upon one's research, the author should remember the version of *Alton Blakeslee*, *"Regard readers not as being ignorant but, more likely, innocent of your topic and its jargon. Write for them, not at them"* [3]. So, the technical material you are documenting, should be written in an artistic way so as to be easily comprehensible by the readers-your target audience. For novice authors and researchers, it may be a time-consuming and daunting task to write a scientific article suitable for publication. Second, some of the fresh researchers have also inhibition to write due to poor drafting habits, anxiety for documenting, apprehension of failure, want of experience, lack of self-confidence for writing, ignorance of requirements of high quality writing and resistance to feedback etc.[4]. Hence, this article aims at boosting up the morale of such writers and showing them a roadmap to inculcate self-confidence, improve their knowledge and skill.

Writing and publishing articles: why?

The main purpose of writing and publishing a research paper is to present a document containing valuable information to the readers so that they can assess the observations and findings you have claimed; replicate the experiment if they desire and verify if the conclusions you have drawn from your study are supported by relevant data[2].

The other important reasons for the publication of research outcomes are:

1. *Personal level:*

   1.1 Sense of satisfaction/ achievement and fulfilment; sense of honour; exhilaration of discovery; gaining reputation; protection of intellectual property; academic recognition[5,6]

   1.2 Researchers wish to reach a wider audience [6], instead of being confined to the limited vicinity of educational/ research organization or the university, as the case may be [6]

   1.3 Publications contribute towards career growth, which are given importance and preference during promotions and also count for financial benefit,i.e. salary hike [6]etc.

   1.4 Scientific publications count for career advancements as well as monetary rewards, either directly or indirectly [7]

   1.5 Authors feel gratified when they see their publications being read cited by

others; thus, publication is profoundly motivating and gratifying [7].

2. *Professional level:*

   2.1 Essential for growth and development of science and professional practice [4]

   2.2 Knowledge exchange is possible through scientific publications

   2.3 Dissemination of research outcomes, new ideas and alternate thoughts, which facilitates scholarly communication [4]

   2.4 Essential if the concerned professional system is to flourish [6]

   2.5 Peer-reviewed publications are important tools to disseminate and archive scientific progress[7], in different disciplines including medicine. Most academics have an earnest desire to contribute to the promotion of their streams, which is the main reason for them to become scientists [7].

   2.6 Publication is the straight way to contribute towards advancements of their field of work.

   2.7 To contribute to the knowledge domain required to solve multifarious problems with which the professionals have been grappling, e.g. under education, unemployment, etc.

3. *Policy and Community level*:

   3.1 Publication may help in shaping many national health policies [5]

   3.2 Scientific writing improves the knowledge of clinicians; has an impact on the lives of people [1]

Manuscript preparation: steps involved

A typical research paper has the basic structure in the sequence of *Introduction, Methods, Results* and *Discussion* with the abbreviation 'IMRAD'[2,8,9]. However, the acronym 'IMRAD' is not a mandatory publication format, but a reflection of the scientific discovery process. Under these four main headings, subheadings are included to organize the text of the manuscript in a better way [9]. Some journals follow 'IMRAD' structure, only to write abstracts of the articles. Besides these four points under this structure, there are other components [7,10]of a scientific research paper, which are discussed below very briefly.

Structure of an article[5,8,11]

- Title
- Authorship
- Abstract
- Keywords
- Introduction
- Materials &Methods
- Results
- Discussion
- Conclusion
- Acknowledgements
- References

I. Title

Title of the article must explain what it is broadly about. So, it is the first opportunity to attract reader's attention. Title of a scientific document is like a signboard, directing the readers to the topic, study design and results.[12] Considering its increasing informativeness, titles are referred to as 'texts in miniature' [13].

Features of a good title

1. Title provides a distilled description of the complete article and includes information along with the abstract, which will make electronic retrieval of the article sensitive and specific [10].
2. Title may be written in *descriptive form* (indicates subject matter of an article, but does not include results), *declarative form* (provides subject matter of the article including results), or in *interrogative form*, i.e. written in question form [6].
3. A good title is written in the fewest possible words that adequately describe the content of the paper [3].
4. Title should contain important *keywords*, useful to retrieve the particular article from electronic databases [14].
5. It is expected to reflect the *content* of the article [14].
6. A comprehensible title has three characteristics: *general*, implying the area speciality or domain the article belongs to; *intermediate*, pertaining to a specific disease or clinical condition; and *specific*, referring to particular tests or interventions[5].
7. An ideal title should be *brief, concise, precise, interesting, informative, focused, attractive*, and *meaningful* [13, 14, 15, 16, 17, 18, 19].
8. It should contain basic characteristics of the article, having most important features of research [19].
9. It should be maximum in two rows, and less than 100 characters [19].

10. No. of words in a title should be limited to 10 to 12[20].

Things to avoid in a title

1. Too many jargons and technical terms [4,20]
2. Use of abbreviations (unless very common, e.g. HIV, AIDS WHO etc.), formulas, proprietary (rather than generic) names [4,19,20]
3. Neither too short nor too long; must be of standard size to convey the meaning [21]
4. Making sensational, humorous or amusing [21]
5. 'Waste words' in long titles, which are useless for indexing purposes [4]

Short title

Besides the main title, many journals ask the authors to provide short title of 3-4 words, to be printed at the top of the inner pages of the article [22].

2. Authorship

According to the recommendations of International Committee of Medical Journal Editors (ICMJE)[10], the author(s) of a scientific article should fulfil the following 4 criteria:

1. "Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved."

In a research paper, the researcher, his/her supervisor/co-supervisor (if any), the scientist or senior faculty who significantly assisted the scholar in research work, manuscript drafting and correcting, submission to the journal should essentially be authors. The issues of *ghost authors*[5] (whose names are omitted to hide financial relationships with private companies) and *honorary authors* [5] (inclusion of some persons' names, due to pressure of colleagues or to facilitate publication, although they have not contributed substantially), should be dealt with very carefully. Some journals ask to provide highest qualifications, positions, departments, institutions and e-mail ID of the authors [5,23]. When the article is authored by more than one, then one of them should be identified among themselves as *corresponding author*[5,23], who will be responsible for addressing all communications from the editorial team; should[12] have thorough knowledge about the study, its accuracy and completeness[5]. The researcher or his/her supervisor may be the corresponding author, as decided by the team. However, most of the journals prefer that the researcher should be the first author and his/her supervisor the corresponding author.

3. Abstract

Abstract is the mini version of the entire article. It states the *purpose*(intent) of the study, *how it was carried out*, the *key findings* and the *conclusions* reached [24]. Abstract is of two types, e.g. *structured abstract*[25,26] (giving sub-headings like Background/Introduction (states the purpose of the study), Methods(how the study was carried and what was the study design etc.), Results(key findings, giving specific data and their statistical significance), Discussion and Conclusion(s) (implications and benefits); and *unstructured abstract*[25,26] written continuously without any subheadings. No. of words: Up to 250 in case of structured abstract and 150 in case of unstructured abstract[25,26].

The abstract should not contain references nor abbreviations[26]. The importance of abstracts is steadily increasing since electronic publication databases are the primary means of getting research reports in a particular subject domain today. Therefore, abstracts should contain everything required by the potential readers[6].

4. Keywords

Keywords are used for indexing one's research paper[20]. These words or short phrases provide information about the research topic and act as the search terms for retrieving information electronically[23]. While listing keywords, care should be taken to include only those which are specific and essential about the article, since the search engines may use these keywords to identify (or not) one's research paper[27]. The most important keywords should be selected from the title abstract [8]. However, if the author feels, some keywords may be chosen from the text of the article [23]. The number of keywords or short phrases should be 3 to 10, which will help indexers in cross-indexing the article [25]. Authors are usually required to provide keywords between 5-10, which contain the essence of the research paper, e.g. topic, conceptual approach, methodology and applications [27].

5. Introduction

A 'funnel' shape followed while writing 'introduction', i.e. moving from broad and general to narrow and specific. According to *Swales*[6,8], 'introduction' of the research-article moves through three phases:

i. *Establish a territory:* what is the field of work; why this field is important, and what has already been done in the particular field;

ii. *Establish a niche:* indicate what is the void or gap in the field; raise a question or challenge the previous work in this domain, and

iii. *Occupy the niche:* state the intent or purpose of the own work[8].

In other words, 'introduction section' provides the nature and scope of the problem investigated, a brief review of related literature along with the gaps/deficiencies therein and objective of the research as well as the hypotheses or research question(s) that the study addressed [3,23].

The common deficiencies in drafting an introduction includes: unwanted background information, exaggerating the significance of the study or failing to mention what research questions the study tried to address [8].

6. Materials and Methods

A.N. Whitehead has rightly said, *"The greatest invention of the nineteenth century was the invention of the method of invention[3]*. To supplement this statement, *Calfee* and *Valencia* opined that good methodology of a research study can be described through two 'C_s'[13], i.e. *clean* and *clear*. By *clean* study, they mean that the research ensures: right sampling method and technique, recruitment of required samples, proper outcome measures and use of statistical tools most appropriate for data analysis of the study, free from bias[13].

Secondly, methodology should be written in a crystal *clear* manner so that other researcher(s) interested to replicate the study will not find any difficulty for doing so [13, 27]. The researcher should mention about study site &duration, study design, sample selection, instruments and equipment, intervention(s)used, outcome assessment method(s), data collection tools & methods and statistical tools used to analyze data[3,4,12,22,23] and brief study procedure. The author must avoid a general and vague statement about the statistical method used like, "Appropriate statistical method was used"[23]. Most important, the author should ensure that the ethical issues involved with the study have been properly addressed[13].

7. Results

This section is composed of *text* or words (which tell the story), *tables*(that summarize the evidence(s), *illustrations* (that highlight the main findings) and *statistics* (that supplement the statements)[28].

Do not try to reflect all data under this section, but only important ones, remembering the words of *John Wesley Powell* (a geologist who worked as President of American Association for the Advancement of Science), *"The fool collects facts; the wise man selects them"*. While writing this section, author should keep in mind not to repeat the same data in tables as well as illustrations/ figure [2,10,12,25]. Secondly, the text should only focus the findings recorded in the tables and figure and must not be a mere repetition. Thirdly, the important finding should be presented in the same order as mentioned in the "Methodology section" [20]. The results should be written in past tense [5].

Author should incorporate both descriptive statistics and tests of significance, including null hypothesis testing, effect sizes, confidence intervals, inferential statistics and supplementary analyses[13]. Statistical significance as represented through P-value, if accompanied by odds ratio and 95% confidence interval, provides important information of direction as well as size of treatment effect[5].

8. Discussion

'Discussion section' should ideally be written in a reverse order of 'Introduction', i.e. the author must ensure that 'Discussion section' answers what the 'Introduction section' asked [3,8,23]. Although there are many ways how to start writing this section, you may present the main findings of your study first. You should keep in mind and be careful to discuss the results in this section, but not to repeat or recapitulate the same[3,4,23].

Next, you should compare your findings with those of others' similar studies, whether your findings agree or disagree with the observations and results of others. That means, you have to show if your results and interpretations agree or contrast with previously published work[2,3,4,23,26].

The author should not discuss extraneous ideas, concepts or information not addressed in the paper. You should try to address all related results, not just the statistically significant ones or which focus your hypotheses[10]. You should also include any unexpected result you got and try to explain

why [20]. Lastly, frankly admit the most important *limitations*, you encountered while conducting the study, which may be: difficulties with a technique, small sample size, short follow-up time, violation of study protocol by the participants etc[3]. Some authors do not like to reveal such limitations, due to the apprehension that this might expose their weakness, which is never a fact. On the contrary, by admitting frankly, the readers, editorial team and the reviewers will appreciate your honesty and frankness and will not try to find fault with you. You will be comfortable to discuss how such limitations influenced your conclusions[3]. Some authors prefer to write both 'Discussion' and 'Conclusions' section together; if so, the sub-heading should be titled as "Discussion and Conclusions". On the other hand, when these are presented separately, the subheadings will naturally be 'Discussions' and "Conclusions".

9. Conclusions

In this section, the author consolidates and wraps up by focusing on the most important findings [1]. The conclusion should be linked with the objective of the study, but unqualified vague statements and conclusions not sufficiently supported by the data must be avoided[10]. The conclusions of the study should be derived from the 'results', and 'discussion'; should be brief, to the point and exclude anything not discussed earlier in the text [1]; and mentioned in 'results' section have to be avoided [23]. It is expected that this section should articulate the key message which has been discussed in the manuscript [1].

Next, the researcher should tell to the audience the indications and practical applications of the study[23] relating to profession (clinical care) policy, public health (including epidemiological understanding)[2,10]. Sometimes, when the researcher gets negative results, he/she tries to hide the truth and manipulate the data which tantamount to scientific fraud. Remember, by admitting that your data do not support the original hypothesis is a justifiable conclusion, rather than doing the reverse[2], i.e. manipulating or fabricating the data.

To summarize, conclusions must respond to the issues raised through 'introduction' including objectives and general work setting. Conclusions must be clear, concise and does not necessitate to recollecting and repeating the results [19]. The text of this section should ideally be written in present tense [19].

The researcher should recommend further research, to explore new aspects of the problem he/she studied, with same/similar theme [1,2,3,4,10,23,24], keeping in view the constraints and limitations of the study conducted and the object of furtherance of evidence-based research. The recommendations may include greater sample size, longer duration of the study, improved methodology and the study design of greater rigor, etc.

10. Acknowledgements

"No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude." This statement of *Alfred North Whitehead* is very correct in the perspective of scientific publications. Now, the question arises, who should be acknowledged? It is a standard practice that the persons/ organizations who have helped in different areas of research study and manuscript preparation, but do not fulfill the criteria of authorship[5,10] should be acknowledged [1,5,20,25]. They include: reviewers of the research protocol, funding agency, scientists/experts who guided for conducting the study, laboratory and library staff, head of the department/ institution, source(s)of getting special equipment, cultures for study, person(s) who helped in survey and data collection, study participants, biostatistician who helped in data analysis and colleagues/senior faculty members who helped in manuscript preparation, submission to journal, revision and proofreading etc[1,3,5,20,23,25]. *Finkelstein* has categorized acknowledgements as: (1) moral support; (2) financial support; (3) editorial support; (4) presentational support; (5) instrumental/technical support; and (6) conceptual support, or peer interactive communication (P.I.C.)[1]. Most important, while acknowledging individuals, organization(s) or funding agency, their specific contributions should be stated[23]. But, there is a word of caution for authors, i.e. permission must be obtained from the person(s) or organization(s) who are acknowledged by the authors[3].

11. References

A reference is defined as asset of elements describing a document or part thereof, to enable a potential reader to identify and locate it [12]. The reference section of a research paper provides the foundation on which the researcher's work is built.

Referencing can be considered from two aspects [12]:

i. *In-text citation*: the way the source material is referred to or cited in the text of the papers.

ii. *List of references*: the way the sources are listed at the end of a paper, to facilitate identification, i.e reference list, which are linked to the in-text citations.

There are many referencing styles adopted in different streams. In biomedical fields, usually two methods are followed, i.e *Vancouver* and *Harvard styles*[2, 12, 23]. *Vancouver style*[29] was promoted by the International Committee of Medical Journal Editors (ICMJE). Most of the biomedical journals of the world follow this method of reference [12]. In this method, references are numbered chronologically in the order in which they are mentioned in the text of the article [12,23].

Harvard method[30] was introduced by the American Psychology Association [12]. In this method, citations are given in the text of the article, mentioning the surname of author and year of publication in bracket/parenthesis. In 'reference section, the particulars of referred literature are given through alphabetical arrangement of surnames of authors/organisations [23].

The details of how to present references vary from journal to journal. So, it is always advisable to follow the reference style of your target journal. There is a wrong idea with some authors that a long list of references increases the validity of the article. To quote *William C. Roberts, "Manuscripts containing innumerable references are more likely a sign of insecurity than a mark of scholarship*" [3]. The number of references should be reasonable, neither too many nor too few [26]. It is wise to include only significant published references. It is better to avoid unpublished data, abstracts, theses / dissertations and other secondary materials. But if essential, these may be given as footnote in the text. An article accepted for publication, may be listed in reference section, citing the name of the journal followed "in press" or "forthcoming". The authors should check very reference against the original publication, before submitting the article and again at the proof reading stages to ensure accuracy and authenticity. One most important factor, every author has to ensure that all references listed in 'references section' are cited somewhere in the text.

There are conventions for the most common forms of citation including journal article, book, contribution to a book (chapter), dictionary or encyclopaedia, e-book, e-journal, organisation as author, reports and Govt. publications, conference proceedings, web pages and other internet sources, etc[29] .

With the advent of electronic bibliographic databases of the medical and scientific literature, the task of haunting literature search has become easier. The most widely used database is Medline produced by the United States National Library of Medicine, which covers the streams of medicine, nursing, dentistry, veterinary medicine, healthcare system and preclinical sciences[2]. At present excellent software packages are also available commercially to manage bibliography, e.g. Reference manager (Refman), EndNote, Procite, Library Master etc. Besides, freeware such as MyNotes, Scholar's aid, Gelit, Biblio Express and Zetero can also be downloaded from the internet[12] .

The papers accepted by the journals but not yet published should be designated as "in press" or "forthcoming" and the authors should take written permission to refer such papers, besides requesting for documents showing that the article(s) have been accepted for publication. On the other hand, for information from manuscripts submitted but not accepted, should be cited in the text as "unpublished observations' with written permission from the source[25] .

Conclusion

"Not all who look at a journal are going to read even one article in it; writers must know therefore what turns a looker into a reader". All the authors must understand this valuable and practical statement of *JW Howie*[26].

Publishing a scientific article in a peer-reviewed journal needs a lot of efforts, a good deal of patience, perseverance and the ability to get through the cumbersome process with self-confidence[31] . If you want to envisage publications as game you want to play, you must spend significant time and effort on them [31]. Writing a paper how to write a paper can also seem futile and vague [32] . Always try to "Adjust your writing to the audience and purpose avoid redundancy and unnecessary explanations and write like you speak and then revise"[11]. No doubt, the task of writing a scientific paper and submitting to a reputed journal for publication is a time-consuming and often daunting task, particularly for the early- stage writers although it can be a challenging and gratifying endeavour. The ability of the researcher to examine, relate and interlink evidence, and to provide a peer-reviewed, disseminated product of his/her efforts for research can be a rewarding experience. But, thorough understanding of the requisites for scholarly writing; the process and structure used for publication in peer-reviewed journals will surely improve the chance of a successful publication [4].

For successfully achieving the goal of scientific publications, there must be reciprocal attitude and relationship between the researchers and readers, who should follow 'Knowledge Transfer' model, which has three components: creating the knowledge (doing research), translating and transferring it to the user and incorporating the knowledge into use[33]. Through this article, efforts have been made to present some facts on scientific publications which may guide the researchers and developing authors to contribute for scholarly writing.

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Study on modus operandi of the homoeopathic aggravation after first administration of remedy

Dr Vinita Choudhary

Abstract: Homoeopathic aggravation is intensification of the existing symptoms of the disease following the prescription of the simillimum. A slight intensification is the desired outcome for a good prognosis of the chosen medicine. Understanding the phenomenon of this intensification of the symptoms after taking a correctly chosen medicine followed by cure is very important to understand the modus operandi of homoeopathic cure. This article aims to exemplify the concept of homoeopathic aggravation as described in *Organon of Medicine* and explain its modus operandi in relevance to cure.

Keywords: *Homoeopathic aggravation, modus operandi, homoeopathic medicine*

Introduction

MODUS OPERANDI, is a **latin phrase**, approximately translated as mode of operating. In Homoeopathy it deals that how homoeopathic cure takes place. Homoeopathic aggravation is actually the part of treatment. It has a very good prognosis if one finds this aggravation in any case during treatment. Just to give intellectual interpretation of the fact, **Hahnemann** offers a most probable explanation of the mechanism of cure by homoeopathic remedy in **aphorism 28, 29, 148** of *Organon of Medicine*.

After administration of the homoeopathic remedy which is the most simillimum for a particular case, there is a **slight and apparent intensification** of the existing symptoms of the patient takes place, but the patient **feels better** in spite of the aggravation of the symptoms. This is known as homoeopathic aggravation. This happens when the seat of the natural disease is occupied by the medicinal disease, which is produced by the exact simillimum after administration; both touch the same part of the diseased organism. Now the natural disease is over powered by the artificial medicinal disease which is somewhat stronger, similar and affects the organism in its dynamic plane. This phenomenon is truly justified by the Hahnemann in **aphorism 26:**

"A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations".[1]

Aggravation means the increase of intensity or degree of suffering. Each aggravation of symptoms or the appearance of new symptoms, when nothing untoward has occurred in the mental or physical regimen, invariably proves the unsuitability of the given medicine, either the remedy itself or its potency or dose.

Many patients have a question like how is it possible to achieve cure with a medicine which aggravate the present complaint of a patient. It is very difficult to realise this, if he has no knowledge of homoeopathy. A physician often has to confront such questions from many patients. Some patients refuse to undergo homoeopathic treatment on hearing the possibility of such aggravation. Hence, it is the bounden duty of every homoeopath to realise its significance correctly and clarify it to the patients and also the public at large.

There is no doubt that the homoeopathic medicine is similar and stronger as well. But in the potentised medicine, the material quantity of the medicinal substance is so significant that the crude action comes almost to negligible, only the dynamic action remains. This dynamic action also persists for a limited period of time ……..a few minutes or a few hours, in case of acute diseases and a few weeks in case of chronic diseases.[2]

Discussion

Modus operandi of homoeopathic cure

When homoeopathic medicine is applied in a disease on the basis of accurate similarity of symptoms, it affects morbidly deranged dynamic vital force through the medium of sentient faculty of nerves, and thus produces (due to primary action of medicine) a similar but stronger disease against the existing one. The new similar artificial disease is always stronger than the natural disease as it is produced by medicine. The medicinal diseases are always stronger in strength than natural disease because,

- **Medicines act unconditionally**
  - They act all times

  - They act under all circumstances
  - They act on every individual
- **Regulation of dose in our control.**
- **Medicines prevent diseases.**
- **Medicine can cure, palliate and suppress the natural diseases**
- **The disease makes the person hypersensitive or very much susceptible to the influence of similar medicine. Because of this increased susceptibility minute dose of the medicine is sufficiently superior to overpower the disease.**

As per the nature's law of cure, the natural disease will be removed permanently by the by the stronger similar medicinal disease which will occupy precisely the place of the former. This is the time were there is a slight and transient alleviation of the former symptoms takes place, which we called as ***HOMOEOPATHIC AGGRAVATION***.

Now after this there is only one disease in the system (organism) namely the medicinal disease. So the vital force is now only medicinally diseased. But the instinctive vital force, which is now merely medicinally diseased (though in a stronger degree) is compelled to direct an increased amount of energy. On the other hand, the medicinal disease gradually becomes weaker and weaker due to the – minuteness of the dose of the medicine, shorter and fixed duration of action of the medicinal agent, as there is similar relation between drug and disease, the vital force indifferentiates itself and employs its increased energy to extinct the medicinal disease. As the medicinal disease is growing weaker and weaker, finally a time will come when the vital force will overcome the medicinal disease. Now the vital force is free from both the natural disease as well as the medicinal disease and enabled to carry on healthy the vital operations of the organism. Thus, health is restored. Natural disease is removed by the primary action of the administered medicine and the substituted artificial (medicinal) one is removed by the secondary curative action of the vital force.[3]

Role of vital force in modus operandi and homoeopathic aggravation

After the administration of the medicine, Hahnemann has mentioned in **aphorism 63 and 112, "**every agent that acts upon vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed as **primary action"**. During the primary action of the medicine, the vital force plays a receptive role; it simply receives the impressions produced by it. Vital force is compelled to permit the alterations and changes takes place in the organism.

Secondary action explained in aphorism 64 of *Organon of Medicine*. When the exact opposite of the primary action is not possible in nature, the vital force indifferentiates itself and employ its increased energy to extinct the medicinal disease which gradually decreases spontaneously due to its minute quantity and limited duration of its action. Now the vital force is free from all diseases and become able to carry on vital operations normally for the betterment for the individual. When an exact opposite condition of the primary action is possible, the vital force reacts equally and opposite to the primary action this is called **secondary counter action.** This action is proportionate to the intensity of the primary action of the drug and also the condition of the constitution. This occurs due to large doses, takes place in **antipathic** mode of treatment.

In **acute diseases**, homoeopathic aggravation occurs for the first few hours after the ingestion of the medicine. In **chronic cases,** this aggravation seen in the course of six, eight, or ten days while a general improvement becomes visible in the intervening hours.

Review of literature

Historical background

Hahnemann started to observe in a way in 1796, while **'HOMOEOPATHIC AGGRAVATION'** has been detected much later by the other school of medicine and called **'rebound phenomena'** The earliest statement of Hahnemann regarding aggravation is in the ***'Essay on a New Principle for Ascertaining the Curative Powers of Drugs'*** published in **1796** in **Hufeland's journal.** This is indeed his very first writing about similia. Therefore, ideas on medicinal aggravation started with the very origin of similia application. He writes therein: **"**If, in a case of chronic disease, a medicine be given whose primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of the body sought to be brought about, but sometimes, (especially if a wrong dose has been given) there occur in the secondary action, a derangement for some

hours, seldom days. A somewhat too large a dose of henbane is apt to cause in its secondary action great fearfulness…."

At this time aggravation in his analysis is due not to the similarity of the primary action of the drug and already existing symptoms, but to a secondary effect. Ideas on homoeopathic aggravation evolved only gradually from Hahnemann practice, from **aphorism 154-161, including the footnotes to 160-161. Related to this subject is also mentioned in the footnote of aphorism 253, 275, 276, 280 and 282. In the sixth edition, in addition to these, there is aphorism 248. In the last edition, Hahnemann mentions a "belated aggravation"** The dose potency and repetition are closely interlinked with aggravation. It is clear that Hahnemann discovered that the similar remedy aggravates the disease if given in crude form and in material doses. In **aphorism 282 of Organon of Medicine** he expresses that it would be a certain sign that the doses were altogether too large, if during treatment, especially in chronic disease, the first dose should bring forth a so called **homoeopathic aggravation**.[4]

In aphorism 279, "it has been fully proved by pure experiments that when a disease does not evidently depend upon the impaired state of an important organ *the dose of the homoeopathic remedy can never be so sufficiently small so as to be inferior to the power of the natural disease which it can, at least, partially extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered"*[5]

Sehron called the idea of homoeopathic aggravation "an unfortunate dogma" and denied the Hahnemann's view in too. **Rummel** held that while the homoeopathic aggravation was rare it was seen occasionally. **Kurtz** stated that aggravations occur when the drug is too strong or too weak; in the latter instance, they are associated with the lack control of the natural disease. They do not occur with a truly homoeopathic remedy. Going back to the Hahnemanns's time, **Schmidt** believed that aggravations occurred only from too small doses and were evidence of their inefficient attempt to overcome disease. **Kampfer** divided aggravations into those which were followed by improvement and those followed by no change. **Hirschel** described several types of aggravation: aggravations due to hypersensitivity of the organism, those due to the drugs being incorrectly chosen and producing new symptoms aggravation followed by cure and aggravation without resulting improvement. **Schmidt** describes several types of aggravation but called Hahnemann's homoeopathic aggravation **"a phantom". Griessclich,** he puts the homoeopathic aggravation **as the psychic effect of homoeopathic theory.**

Confirmation of the present day concept

A field in which many of the observations of Hahnemann, are confirmed is in vaccine therapy and desensitisation treatment of allergic conditions, i.e. fields were simila principle is used. Reactive phenomena of the type of homoeopathic aggravation are well known in the desensitization treatment of allergic patients. They have been known to be immediate or delayed, local or systemic and mild to very serious. Thus resembling the different types of aggravation mentioned by **Kent.**[6]

According to Kent, true homoeopathic aggravation is, when the symptoms worse but the patient says, **"I feel better".** Among the 12 Kent observations, 3rd observation deals with the *homoeopathic aggravation* – where the aggravation is quick, short**,** and strong with the rapid improvement of the patient. Improvement will be marked, the reaction of the economy is vigorous, and there is no tendency to any structural change in the vital organs. Any structural change that may be present will be found on the surface, in organs that are not vital.[7] As the potentised homoeopathic medicines are administered on the basis of similia, they manifest the disease symptoms in different parts according to the order of the appearance of the particular disease. so when the disease manifestations shift from the mental sphere to the physical sphere, the patient mentally feels much better.

Prognosis

The slightest homoeopathic aggravation during the treatment indicates a very good prognosis. It is a good sign and indicates that it will yield to the first dose. In aphorism 280, Hahnemann indicates that the homoeopathic aggravation indicates – a) An approaching cure b) The vital principle no longer needs to be affected by the similar medicinal disease in order to lose the sensation of the natural disease. c) The life principle now free from the natural disease begins to suffer only something of the medicinal disease hitherto known as homoeopathic aggravation.

Suppose the symptoms are aggravated and the patient reports that he is feeling better but if in fact this is not homoeopathic aggravation, there is a possibility of mistake in prognosis. It will be

possible to ascertain that this is *disease aggravation*. But the patient feels better due to the natural course of the disease. Here, patient is optimistic up to the last about his cure so when questioned, he says that he is well, for example, pulmonary tuberculosis. Hence, it is a case of aggravation of the disease and the selection of the medicine was wrong. So a fresh case-taking should be done and a new medicine covering the symptom-totality should be administered in the earliest opportunity.

The second problem arises when the patient does not feel better in spite of the homoeopathic aggravation. This happens usually in mental diseases as also when the correct drug is unnecessarily repeated.[8]

Conclusion and direction after homoeopathic aggravation-

In the 5th and 6th edition of *Organon of Medicine*, Hahnemann stated that the further administration of the medicine is to be stopped as soon as there is homoeopathic aggravation. So, without this initial aggravation, it becomes difficult for us to sure about the correctness of the prescription.

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Homoeopathy in management of side effects of radiotherapy and chemotherapy

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Abstract: The common conventional approaches for cancers are of surgery, chemotherapy and radiation, which can many times be of long duration and difficult in term. When managing the side-effects of these treatments, people sometimes turn to homoeopathy. This article explains the ways in which homoeopathy can aid and restore gently the side effects of patients and ease their life. This article also focuses on certain important rubrics with few medicines with their explanation to treat such cases.

Keywords: Radiotherapy, chemotherapy, cancer

Introduction

Cancer is a broad term describing the disease that results when cellular changes cause the uncontrolled growth and division of cells. Some types of cancer cause rapid cell growth, while others cause cells to grow and divide at a slower rate. Certain forms of cancer result in visible growths called tumors, while others, such as leukemia, doesn't show. [1,2]

Radiotherapy (radiation therapy) and chemotherapy are conventional approaches to cancer treatment. They're used to shrink or destroy tumours, prevent the spread of cancer or lessen its likelihood of return, and may be used in conjunction with surgery. Radiotherapy kills cancer cells by targeting beams from a radiation machine at the cancer, or by inserting small amounts of radioactive material in or near the tumour.[2]

Chemotherapy destroys cancer cells with chemicals that may be rubbed onto the skin, injected into the body, or swallowed as a medicine.

Both approaches damage the chromosomes of cells, restricting their ability to grow or reproduce. Because most cancers grow and divide rapidly, it is hoped that they will be affected much more quickly by the treatments than normal cells that generally grow and divide at a much slower rate.[2]

Common short term effects include nausea and vomiting, fatigue, loss of appetite, and skin burning or pigmentation.

Long-term risks include:

- Cancer – the very thing the treatments are trying to eradicate,
- Fibrosis – stiffening or hardening of exposed tissues,
- Scarring of exposed skin,
- Permanent dryness of eyes, mouth, vaginal mucosa and sweat glands,
- Heart disease – especially if radiation has involved chest,
- Cognitive decline – especially if radiation has involved the brain.[1,2]

Because all rapidly dividing cells in the body are by affected treatment, not just the cancerous cells, some areas are particularly prone to unwanted damage.

These include:

- Bowel cells, causing diarrhoea,
- Blood cells, increasing the risk of infection,
- Hair follicles, leading to hair loss,
- Cells that line the mouth, causing inflammation and ulceration (stomatitis). [1,2]

Homoeopathic help for cancer treatment side-effects

Skin Inflammation and itching –

1. Symptoms of radiodermatitis (a skin reaction caused by radiation) were relieved by homeopathic *Belladonna* and *X-ray*. Both remedies were more effective than placebo and the recommended conventional medicine.[1,2]
2. *Apis mellifica*, a homoeopathic remedy prepared from the sting of a bee, protected guinea pigs from radiation induced erythema (skin redness).
3. *Calendula officinalis* ointment reduced the incidence of pain and dermatitis in women receiving radiation for breast cancer. It was more effective than placebo and the recommended conventional medicine.

Chromosomal damage

1. White mice given homoeopathic *Ginseng* and *Ruta graveolens* before and after radiation suffered less chromosomal damage than mice given only placebo.[1,2]
2. Indian research suggests that homoeopathic remedies produce protective effects in the cells of experimental mice by regulating the genetic material within those cells.

Nausea and vomiting

Cocculine, a complex of remedies used for nausea and vomiting and marketed as a travel sickness remedy, underwent trial for nausea and vomiting associated with chemotherapy treatment of breast cancer. It relieved sufferer's symptoms better than placebo. The complex contains: *Cocculus indicus, Nux vomica, Tabacum*, and *Petroleum rectificatum*. [1,2]

Stomatitis (Mouth inflammation and ulceration)

Traumeel, another complex of remedies, significantly reduced the severity and duration of chemotherapy-induced stomatitis (mouth inflammation and ulceration) in those undergoing bone marrow transplantation. Many of these patients were children. Remedies within the complex include: *Aconitum napellus, Arnica montana, Belladonna, Bellis perennis, Calendula officinalis, Chamomilla, Echinacea, Echinacea purpurea, Hamamelis virginiana, Hepar sulphuris calcareum, Hypericum perforatum, Mercurius solubilis, Millefolium*, and *Symphytum officinale.*[3]

Tautopathic approach

Tautopathy is a branch of homoeopathy in which the patient's symptoms are treated with potentised doses of the specific chemical or medicine that caused those symptoms.

The tautopathic approach is demonstrated in the following three studies:

1. Potentised doses of carcinogens had a protective effect against liver cancer in rats exposed to those same carcinogens.
2. Potentised doses of conventional immunotherapy drugs, such as tumour necrosis factor, were shown to reduce their own crude dose side effects.
3. Homoeopathic x-ray was used to relieve radio dermatitis in those receiving radiation as part of their breast cancer treatment.[1,2,3]

Repertorial approach

1. ***Homoeopathic Medical Repertory*- Dr Robin Murphy**
   The chapter of Toxicity is unique chapter in Murphy's Repertory as it is not present in Kent, BBCR and BTPB repertories, which explains about toxic effects of chemicals, vaccinations, radiation, and other obnoxious agents.
   - **CHEMOTHERAPY,** treatment, for side effects, of: **CADM-S.**
   - **RADIATION,** sickness, for side effects: **CADM-S, SOL.**[4]
2. ***The Prescriber* – Dr J.H. Clarke**
   There is a rubric related to "diet" is given in this repertory where cancer diet needed to be maintained is explained according to various classification of cancer, which is one of the unique feature of this repertory not present elsewhere in any other repertory. [5]
3. ***Synthesis Repertory*- Dr Fredrick Schroyens**
   The rubrics in the chapter of **Generalities**
   - RADIATION THERAPY FROM- Kali- bi, Rad- br
   - ULCERS, RADIATION FROM - Cad- met
   - WEAKNESS RADIATION FROM- Phos [6]

Cadmium sulphuricum is one of the better known remedies for chemotherapy and radiation side-effects because its 'symptom picture' covers extreme exhaustion, icy coldness, nausea and vomiting, anorexia, loss of hair, and weight loss – all common side-effects of patients receiving chemo or radiotherapy. All these symptoms can be treated by the one remedy rather than resorting to different remedies for different symptoms. [1,2,3]

Homoeopathy also has more than just one remedy for treating a particular problem. For example, the nausea and vomiting associated with chemotherapy can be helped by remedies such as *Arsenicum album, Ipecacuanha, Nux vomica, Phosphorus, Tabacum*, and many other others depending on whether or not the patient's nausea is with or without thirst, accompanies a clean or dirty tongue, is worsened by warmth or cold, or is with emotions of irritability, cheerfulness, or quietness, and so on. The remedy that best matches the individualising symptoms of that person's nausea is the one that will be the most helpful.

Conclusion

Thus, in the above article, the side effects of radiotherapy and chemotherapy are discussed and their treatment along with the improving quality of life of the cancer patients and adding more years of life to survivors. There is also a need of an hour for more research to be done in this field with respect to radioactive medicines proving and their data which can be useful and still very less is available about it in literature.

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Sleep disorders – lifestyle modification and management with homoeopathic remedies

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Abstract: A sleep disorders can affect your overall health, safety and quality of life. Sleep disorders are conditions that prevent a person from getting restful sleep and as a result, can cause daytime sleepiness and dysfunction. Lifestyle adjustments can greatly improve your quality of sleep, especially when they're done along with medical treatments.

Keyword: Sleep disorders, homoeopathy.

Abbreviations: REM (rapid eye movement),NREM (non-rapid eye movement), OSA (obstructive sleep apnoea), CSA (central sleep apnoea), RLS (restless legs syndrome), PLMS (periodic leg movements in sleep), MSLT (multiple sleep latency test),EEG (electroencephalogram), EMG (electromyogram).

Introduction

Sleep is defined as unconsciousness from which the person can be aroused by sensory or other stimuli. It is to be distinguished from coma, which is unconsciousness from which the person cannot be aroused. There are multiple stages of sleep, from very light sleep to very deep sleep; sleep researchers also divide sleep into two entirely different types of sleep that have different qualities.[1]

Sleep consists of two distinct states as shown by electroencephalographic studies:[2]

1. **REM (rapid eye movement) sleep**, also called dream sleep, D state sleep, paradoxic sleep, and
2. **NREM (Non-REM) sleep**, also called S stage sleep, which is divided into stages 1, 2, 3, and 4 and is recognisable by different electroencephalographic patterns. Stages 3 and 4 are "delta" sleep. Dreaming occurs mostly in REM and to a lesser extent in NREM sleep.

Stages of sleep:[3]

Stage I: Stage of drowsiness: Alpha waves are diminished and abolished. EEG shows only low voltage fluctuations and infrequent delta waves.

Stage II: Stage of light sleep: Stage II is characterised by spindle bursts at a frequency of 14 per second, superimposed by low voltage delta waves.

Stage III: Stage of medium sleep: During this stage, the spindle bursts disappear. Frequency of delta waves decreases to 1 or 2 per second and amplitude increases to about 100 μV.

State IV: Stage of deep sleep: Delta waves become more prominent with low frequency and high amplitude.

Sleep requirements: Age has a profound impact on sleep pattern. Slow-wave sleep is most intense and prominent during childhood, decreasing sharply coincident with puberty and across the second and third decades of life. After age 30, there is a continued decline in the amount of slow-wave sleep.[4]

Some persons are normally short sleepers who require fewer than 6 hours of sleep each night to function adequately. Long sleepers are those who sleep more than 9 hours each night to function adequately. Long sleepers have more REM periods and more rapid eye movements within each period (known as REM density) than short sleepers.[5]

Sleep requirement is not constant. However, average sleep requirement per day at different age groups is:[3]

1. New-born infants : 18 to 20 hours
2. Growing children : 12 to 14 hours
3. Adults : 7 to 9 hours
4. Old persons : 5 to 7 hours

Sleep disorders

Disturbed sleep is among the most frequent health complaints physicians encounter. Chronic disorder of sleep and wakefulness, which can lead to serious impairment of daytime functioning. In addition, such problems may contribute to or exacerbate medical or psychiatric conditions. [4]

Other modern lifestyle factors affecting sleep are also closely linked to advances in modern technology, for example, electronic media devices such as television and computers. Yet other factors such as caffeine, nicotine, alcohol, and drugs, which are commonly consumed in attempts either to maintain alertness and arousal, or to achieve sleepiness and tranquillity. Lifestyle changes in dietary and physical activity habits and the increased prevalence of overweight and obesity in modern society are also associated with sleep deprivation and disturbance.[6]

Different types of sleep disorders

Insomnia (dyssomnias)[7]

Insomnia is a sleep disorder in which you have trouble falling and/or staying asleep. The condition can be short-term (acute) or can last a long time (chronic). It may also come and go. Acute insomnia lasts from 1 night to a few weeks. Insomnia is chronic when it happens at least 3 nights a week for 3 months or more.

There are two types of insomnia:

Primary insomnia: This means your sleep problems aren't linked to any other health condition or problem.

Secondary insomnia: This means you have trouble sleeping because of a health condition (like asthma, depression, arthritis, cancer); pain; medication; or substance use (like alcohol).

Insomnia causes

Causes of **primary insomnia** include:

- Stress related to big life events, like a job loss or change, the death of a loved one, divorce, or moving
- Things around you like noise, light, or temperature
- Changes to your sleep schedule like jet lag, a new shift at work, or bad habits you picked up when you had other sleep problems

Causes of **secondary insomnia** include:

- Mental health issues like depression and anxiety
- Medications for colds, allergies, depression, high blood pressure, and asthma
- Pain or discomfort at night
- Caffeine, tobacco, or alcohol use
- Hyperthyroidism and other endocrine problems
- Other sleep disorders, like sleep apnoea or restless legs syndrome.

HYPERSOMNIAS (disorders of excessive sleepiness): [8]

The most common causes of hypersomnia include impaired sleep due to lifestyle issues or sleep-disordered breathing.

Primary causes: Narcolepsy, idiopathic hypersomnolence, Brain injury

Secondary causes: (due to poor-quality sleep) obstructive sleep apnoea, pain ,restless legs/ periodic limb movements of sleep, parkinsonism and other neurodegenerative diseases, depression/anxiety, medication, environmental factors (noise, temperature, etc.)

Sleepiness may be measured using the epworth sleepiness score. Most causes will be identified by a detailed history from the patient and their bed partner, and 2-week sleep diary.

Epworth sleepiness score:[8]

How likely are you to doze off or fall asleep in the situations described below? Choose the most appropriate number for each situation from the following scale:

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

- Sitting and reading
- Watching TV
- Sitting inactive in a public place (e.g. a theatre or a meeting)
- As a passenger in a car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit
- Sitting and talking to someone
- Sitting quietly after a lunch without alcohol
- In a car, while stopped for a few minutes in the traffic Normal subjects average 5.9 (SD 2.2) and patients with severe obstructive sleep apnoea average 16.0 (SD 4.4)

Sleep apnoea:[9]

Sleep apnoea is a potentially serious sleep disorder that occurs when a person's breathing is interrupted during sleep.

There are two types of sleep apnoea: obstructive and central.

- ***Obstructive sleep apnoea*** (OSA) is caused by a blockage of the airway, usually when the soft tissue in the back of the throat collapses during sleep. Symptoms of OSA may include snoring, daytime sleepiness, fatigue, restlessness during sleep, gasping for air while sleeping, and trouble concentrating.
- ***In central sleep apnoea*** (CSA), the airway is not blocked, but the brain fails to tell the body to breathe. This type is called central apnoea because it is related to the function of the central nervous system. People with CSA may gasp for air but mostly report recurrent awakenings during night.

Narcolepsy[8]

This has a prevalence of about 1 in 2000, with peak onset in adolescence and early middle age. The key symptom is sudden, irresistible 'sleep attacks', often in inappropriate circumstances such as whilst eating or talking. Symptoms may be due to loss of hypocretin-secreting hypothalamic neurons. Diagnosis requires sleep study with sleep latency testing.

Symptoms

Sleep attacks: Brief, frequent and unlike normal somnolence.

Cataplexy: Sudden loss of muscle tone triggered by surprise, laughter, strong emotion, etc.

Hypnagogic or hypnapompic hallucinations: Frightening hallucinations experienced during sleep onset or waking due to intrusion of REM sleep during

wakefulness (can occur in normal people)

Sleep paralysis: Brief paralysis on waking (can occur in normal people)

Restless legs syndrome:[8]

Restless legs syndrome (RLS) is characterised by unpleasant leg sensations that are eased by movement (motor restlessness). It has a strong familial tendency and can present with daytime somnolence due to poor sleep.

Diagnostic criteria for restless legs syndrome

A need to move the legs, usually accompanied or caused by uncomfortable, unpleasant sensations in the legs, with the following features:

- only present or worse during periods of rest or inactivity such as lying or sitting.
- partially or totally relieved by movement such as walking or stretching, at least as long as the activity continues.
- generally worse or occurs only in the evening or night.

Periodic limb movements in sleep:[8]

Unlike RLS, period limb movements in sleep (PLMS) only occurs during sleep and causes repetitive flexion movements of the limbs, usually in the early (non-REM) stages of sleep. Although patients are unaware of the symptoms, they may disturb sleep quality and often disturb partners. There is an overlap with RLS.

Circadian rhythm sleep wake disorders:[5]

Underlying these disorders is a pattern of sleep disruption that alters or misaligns a person's circadian system, resulting in insomnia or excessive sleepiness.

There are six types:

- Delayed sleep phase type is characterised by sleep-wake times that are several hours later than desired or conventional times
- Advanced sleep phase type is earlier than usual sleep-onset and wake-up times
- Irregular sleep-wake type is characterised by fragmented sleep throughout the 24-hour day with no major sleep period and no discernible sleep-wake circadian rhythm
- Non-24-hour sleep-wake type is a circadian period that is not aligned to the external 24-hour environment, most common among blind or visually impaired individuals
- Shift work type is from working on a nightly schedule on a regular basis
- Unspecified type that does not meet any of the above criteria

Parasomnias (Abnormal Behaviours during Sleep): [2]

These disorders are fairly common in children and less so in adults.

A. ***Sleep terror :*** Sleep terror (pavornocturnus) is an abrupt, terrifying arousal from sleep, usually in preadolescent boys although it may occur in adults as well. It is distinct from sleep panic attacks. Symptoms are fear, sweating, tachycardia, and confusion for several minutes, with amnesia for the event.

B. ***Nightmares:*** Nightmares occur during REM sleep;sleep terrors in stage 3 or stage 4 sleep.

C. ***Sleep walking:*** Sleep walking (***somnambulism***) includes ambulation or other intricate behaviours while still asleep, with amnesia for the event. It affects mostly children aged 6 12 years, and episodes occur during stage 3 or stage 4 sleep in the first third of the night and in REM sleep in the later sleep hours.

D. ***Enuresis :*** Enuresis is involuntary micturition during sleep in a person who usually has voluntary control. Like other parasomnias, it is more common in children, usually in the 3–4 hours after bedtime, but is not limited to a specific stage of sleep.

Investigations:[5]

1. **Clinical evaluation:** A detailed sleep history is the most informative diagnostic tool. Abnormal sleepiness is suggested by the history of sleep before lunch or supper, even after adequate sleep at night, or falling asleep while eating, during short distance driving, talking to people, during sexual activities, and respiratory events (loud snoring, struggling respiration, or respiratory pauses).
2. **Multiple sleep latency test (MSLT):** is widely used to evaluate hypersomnolence. The test involves allowing the patient to nap and recording the EEG at intervals of two hours on a day following an adequate night's sleep.
3. **Polysomnography:** Polysomnography records **EEG** to distinguish wakefulness from sleep and for sleep staging,eye movements,electrocardiogram, electromyogram (**EMG**) of chin muscles, EMG of tibialis anterior muscles, oral and nasal airflow, respiratory efforts of the chest and abdomen and oxygen saturation.

Lifestyle modification: [7]

Lifestyle adjustments can greatly improve your quality of sleep, especially when they're done along with medical treatments. One may need to consider:

- Go to sleep at the same time each night, and get up at the

same time each morning. Try not to take naps during the day, because they may make you less sleepy at night.

- Don't use phones or e-books before bed. Their light can make it harder to fall asleep.
- Avoid caffeine, nicotine, and alcohol late in the day. Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can make you wake up in the middle of the night and hurt your sleep quality.
- Get regular exercise. Try not to work out close to bedtime, because it may make it hard to fall asleep. Exercising at least 3 to 4 hours before bed.
- Don't eat a heavy meal late in the day. But a light snack before bedtime.
- Make your bedroom comfortable: dark, quiet, and not too warm or too cold. If light is a problem, use a sleeping mask. To cover up sounds, try earplugs.
- Follow a routine to relax before bed. Read a book, listen to music, or take a bath.
- Don't use your bed for anything other than sleep and sex.
- If you can't fall asleep and aren't drowsy, get up and do something calming, like reading until you feel sleepy.
- If you tend to lie awake and worry about things, make a to-do list before you go to bed. This may help you put your concerns aside for the night.
- Incorporating more vegetables and fish into your diet, and reducing sugar intake
- Reducing stress and anxiety by exercising and stretching
- Drinking less water before bedtime.

Homoeopathic approach:

Sleep disorders in various repertories:

[Boericke] [Nervous System]SLEEP: Insomnia (sleeplessness), remedies in general:

3 Absin, **3 Acon**, *2 Agar*, *2 Alf*, *2 Alum*, *2 Am-c*, *2 Ambr*, **3 Anac**, *2 Ant-c*, *2 Apis*, *2 Apom*, *2 Aquil*, *2 Arg-n*, *2 Arn*, **3 Ars**, *2 Aur*, **3 Aven**, *2 Bapt*, **3 Bell**, *2 But-ac*, *2 Cact*, **3 Calc**, **3 Camph**, **3 Camph-mbr**, **3 Cann-i**, *2 Caul*, **3 Cham**, *2 Chin-s*, *2 Chlol*, *2 Chrysan*,**3 Cimic**, **3 Cinch**, **3 Coca**, **3 Cocain**, **3 Cocc**, **3 Coff**, *2 Coffin*, *2 Coll*, **3 Cypr**, *2 Daph*, *2 Dip*, **3 Gels**, **3 Hyos**, **3 Hyosin**, **3 Ign**, *2 Iod*, **3 Kali-br**, *2 Kali-p*, *2 Lec*, *2 Lil-t*, **3 Lup**, *2 Lyss*, *2 Mag-p*, *2 Merc*, **3 Nux-v**, **3 Op**, **3 Passi**, *2 Phos*, *2 Pic-ac*, **3 Puls**, **3 Scut**, *2 Sel*, *2 Stann*, *2 Staph*, *2 Stram*, *2 Sulfon*, **3 Sulph**, **3 Sumb**, *2 Tela*, *2 Thea*, *2 Valer*, *2 Xanth*, *2 Yohim*, *2 Zinc-p*, *2 Zinc-val*

[Boericke] [Nervous System] SLEEP:Insomnia :In aged - *Acon.*, Ars., Op., Passifl., *Phos.*

[Boericke] [Nervous System] SLEEP:Insomnia :In children - *Absinth.*, *Acon.*, Ars., *Bell.*, Calc. br., *Cham.*, *Cina*, *Cyprip.*, Hyos., Kali br., *Passifl.*, Phos., Puls., Sul.

[Phatak] SLEEPLESSNESS (INSOMNIA):

1 Acon, 1 Anac, 1 Arg-n, **3 Ars**, *2 Bell*, 1 Bell-p, 1 Bry, 1 Cact, *2 Calc*, *2 Cham*, 1 Chin, 1 Cocc, **3 Coff**, 1 Hep, **3 Hyos**, *2 Kali-c*, *2 Lach*, *2 Merc*, 1 Merc-c, 1 Mosch, **3 Nux-v**, *2 Op*, 1 Ox-ac, *2 Ph-ac*, 1 Plb, **3 Puls**, *2 Rhus-t*, 1 Senec, *2 Sep*, *2 Sil*, 1 Stann, 1 Staph, **3 Sulph**, 1 Syph, 1 Thuj, 1 Zinc-val

[Boericke] [Respiratory System] RESPIRATION: Arrested (apnoea): Falling asleep, on:

3 Am-c, *2 Dig*, **3 Grin**, *2 Lac-c*, **3 Lach**, *2 Merc-pr-r*, *2 Op*, **3 Samb**

[Boericke] [Nervous System]:, Suffocation, loss of breath, on falling asleep -- *Am. c.*, Ars., *Cur.*, Graph., *Grind.*, Kali iod., *Lach.*, Lac c., *Merc. pr. rub.*, Morph., Naja, Op., *Samb.*, *Spong.*, Stront. c., Sul., Teucr.

[Boericke] [Nervous System] SLEEP:Snoring, during -Cinch., Laur., *Op.*, Sil., Stram., Tub., *Zinc. m.*

[Kent] [Mind]SOMNAMBULISM:

3 Acon, 1 Agar, 1 Alum, *2 Anac*, 1 Ant-c, *2 Art-v*, 1 Bell, *2 Bry*, 1 Cic, 1 Croc, 1 Cycl, 1 Hyos, 1 Ign, 1 Kali-br, 1 Kali-c, 1 Kali-p, 1 Kali-s, 1 Kalm, 1 Lach, 1 Lyc, 1 Meph, 1 Mosch, **3 Nat-m**, **3 Op**, 1 Petr, **3 Phos**, 1 Plat, 1 Rheum, 1 Sep, *2 Sil*, 1 Spig, *2 Spong*, 1 Stann, *2 Stram*, *2 Sulph*, 1 Teucr, 1 Verat, 1 Zinc

[Boenning] [Sleep]DURING SLEEP,:Somnambulism:

1 Acon, 1 Alum, 1 Bell, **3 Bry**, 1 Camph, 1 Crot-h, **3 Cycl**, *2 Kali-br*, *2 Kali-p*, 1 Kalm, 1 M-p-a, **3 Nat-m**, *2 Op*, **4 PHOS**, 1 Rheum, 1 Rumx, *2 Sil*, **3 Spong**, *2 Stram*, 1 Sulph, 1 Teucr, **3 Zinc**

[Boericke] [Mind] SOMNAMBULISM:

2 Acon, **3 Art-v**, **3 Cann-i**, *2 Cur*, *2 Ign*, **3 Kali-br**, *2 Kali-p*, *2 Phos*, **3 Sil**, **3 Zinc-m**

[PHATAK]SOMNAMBULISM (WALKING IN SLEEP):1 Acon, 1 Art-v, 1 Dict, 1 Kali-br, 1 Kali-p, 1 Nat-m, 1 Op, *2 Phos*, 1 Sil

[KENT] SLEEPINESS, reading, while: Anac., ang., aster., brom., *carb-s.*, *carb-v.*, cimic., *colch.*, coloc., *con.*, *gels.*, ign., iris., lyc., mang., mez., *nat-m.*, nat-s., plat., prun-s., ruta., sang., sep., *sulph.*, tab., tarax., urt-u., verat.

[KENT] SLEEPINESS,talking, while :Caust., *chel.*, *mag-c.*, morph., ph-ac.

[KENT] SLEEPINESS work, during :Aur-m., bism., caust., lyc., nat-c., sulph.

[KENT] SLEEPINESS writing, while : Bapt., brom., ph-ac., thuj.

[PHATAK] SLEEPINESS:(BY DAY): 3 Nux-v, 1 Ars, *2 Puls*, *2 Sulph*, **3 Op**, 1 Calc, 1 Lach, *2 Ph-ac*, 1 Phos, 1 Chin, **3 Nux-m**, 1 Bell, *2 Chel*, *2 Gels*, 1 Graph, 1 Mosch, *2 Ant-c*,1 Carb-v, **3 Ant-t**, 1 Apis, 1 Merc-c, 1 Pic-ac, 1 Thuj, *2 Bapt*, *2 Croc*, *2 Ferr-p*, *2 Ter*, 1 Aeth, 1 Caust, 1 Clem, 1 Lept, 1 Podo,

[KENT] SLEEP, DREAMS: nightmare : *Acon.*, aloe., *alum.*, alumn., *am-c.*, am-m., ambr., ant-t., ars-i., ars., arum-t., *bapt.*, bell., *bor.*, *bry.*, bufo., cadm., *calc.*, *camph.*, *cann-i.*, canth., *cham.*, chel., cina., *cinnb.*, *con.*, *cycl.*, daph.,

dig., elaps., ferr-i., ferr-p., *ferr.*, gels., *guai.*, hep., ign., Ind., *iod.*, iris., kali-ar., kali-bi., kali-c., *kali-i.*, kali-n., *led.*, lyc., mag-m., meph., merc., mez., nat-a., *nat-c.*, nat-m., nat-p., *nit-ac.*, *nux-v.*, op., **Paeon.**, phos., plb., ptel., puls., rhus-t., ruta., *sil.*, **Sulph.**, tab., tell., ter., thuj., valer., *zinc*

[BOENNING] SLEEP,DURING: Nightmare: ACON., Alum., **Am-c.,** Ambr., Ant-t., Ars., **Bry.,** Bufo, **CALC.,** Canth., Chin., *Con.*, Cycl., Ferr., Gels., Guai., Iod., Kali-bi., **Kali-br.,** Kali-c., *Kalin.*, Led., Lyc., Mag-m., Merc., *Mez.*, Mgs., Nat-c., Nat-m., *Nit-ac.*, **NUXV OP., PHOS.,** Plb., **Puls.,** Rhod., Rhus-t., **Ruta,** *Sil.*, Stram., Sul-ac., **Sulph., Valer.,** Zinc.

In 1st sleep :- Am-c., *Cann-s.*, Cycl., Gels., Nit-ac

[Boericke] [Nervous System] SLEEP;,INCUBUS (nightmare) --Acon., Am. c., Arn., *Aur. br.*, Bapt., *Can. ind.*, Chloral, *Cina*, Cyprip., Daphne, *Kali br.*, Kali p., Op., *Nux v.*, Nit. ac., Pćonia, Pariet., Phos., Ptel., Scutel., Solan. n., Sul.

Homoeopathic management: [10] [11]

ACONITUM NAPELLUS: Nightmare. Nightly ravings. *Anxious dreams*. Sleeplessness, with restless and tossing about. Starts up in sleep. Long dreams, with anxiety in chest. Insomnia of the aged.

ARSENICUM ALBUM: Disturbed, anxious, restless. Must have head raised by pillows. Suffocative fits during sleep. Sleeps with hands over head. Dreams are full of care and fear. Drowsy, sleeping sickness.

BELLADONNA: Sleeplessness, with drowsiness. *Starting when closing the eyes or during sleep*. Sleeps with hands under head.**COFFEA CRUDA:** Wakeful; on a constant move. Sleeps till 3 am, after which only dozing. Wakes with a start, sleep disturbed by dreams. *Sleepless, on account mental activity*; flow of ideas, with nervous excitability. Disturbed by itching of anus.

IGNATIA AMARA: Very light. Jerking of limbs on going to sleep. Insomnia from grief, cares, with itching of arms and violent yawning. Dreams continuing a long time; troubling him.

KALIUM PHOSPHORIUM: Night-terrors of children; awoke from sound sleep screaming with fright; somnambulism. Sleeplessness: from excessive mental exertion; after worry over business troubles; from nervous exhaustion; simple painless wakefulness.

NUX VOMICA: *Cannot sleep after* 3 am *until towards morning; awakes feeling wretchedly*. Drowsy after meals, and in early evening. *Better after a short sleep*, unless aroused.

NUX MOSCHATA: Great drowsiness. *Complaints cause sleepiness*. Coma.

PASSIFLORA INCARNATA: Insomnia of infants and the aged.

PHOSPHORUS: Great drowsiness, especially after meals. Coma vigil. Sleeplessness in old people.Goes to sleep late and awakens weak. *Short naps and frequent wakings.*

SILICEA TERRA: *Night-walking;* gets up while asleep. Sleeplessness, with great orgasm of blood and heat in head. Frequent starts in sleep. Anxious dreams. Excessive gaping.

ZINCUM METALLICUM: Cries out during sleep; body jerks; wakes frightened, stared. Nervous motion of feet when asleep. Loud screaming out at night in sleep without being aware of it. Somnambulism (*Kalium phosphoricum*).

Conclusion

The quality of sleep is different in different phases of life. Good quality sleep is important to maintain a good physical and mental health of a person. Homoeopathic treats the disease at the root level as the underlying cause of sleep disorders is taken into consideration while selecting the medicine. If homoeopathy is augmented with certain lifestyle changes, a healthy diet, relaxation techniques, then it definitely improves the quality of life of the patient by providing significant relief in the discomforting symptoms of sleep disorders.

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