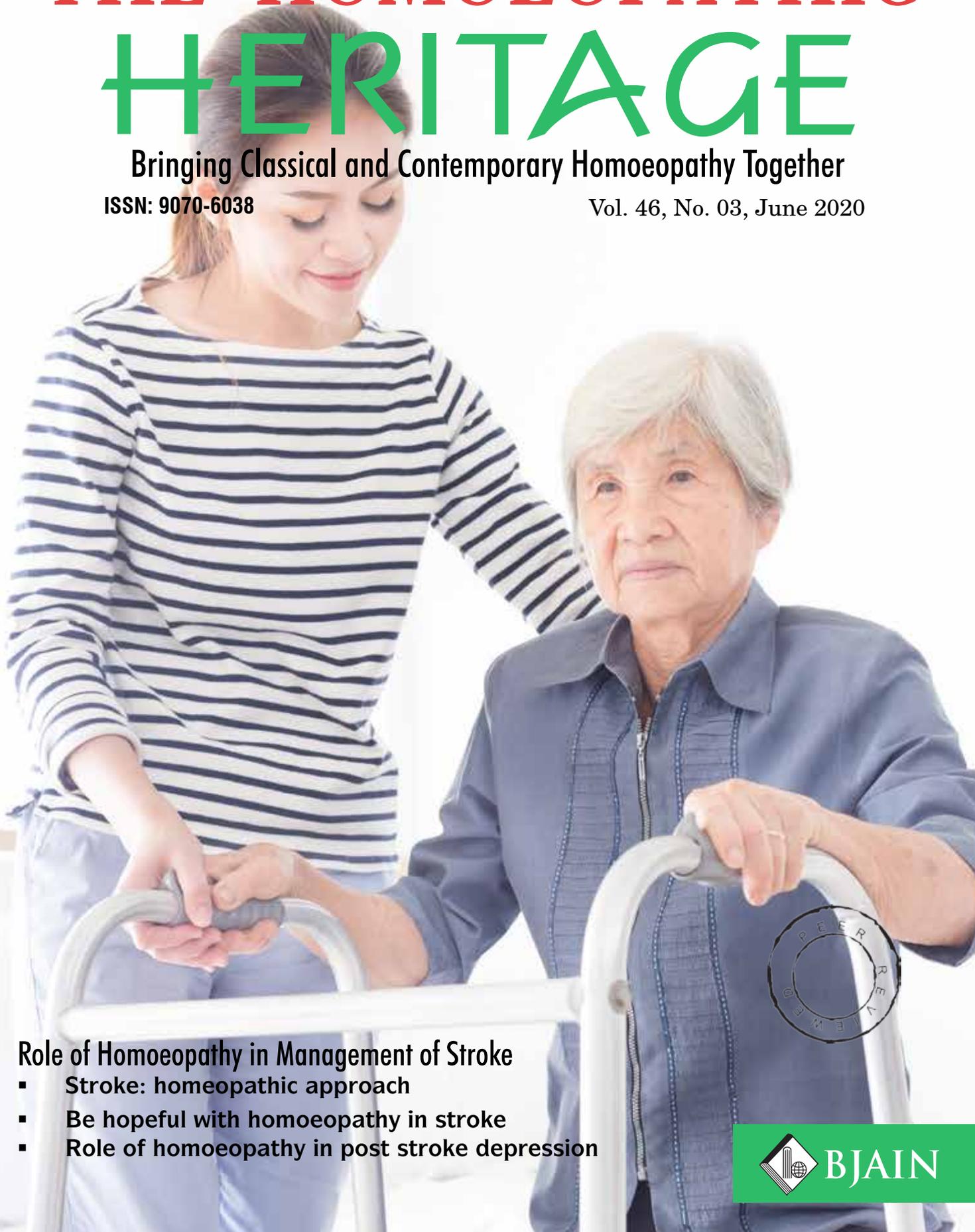


THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Role of Homoeopathy in Management of Stroke

- Stroke: homeopathic approach
- Be hopeful with homoeopathy in stroke
- Role of homoeopathy in post stroke depression



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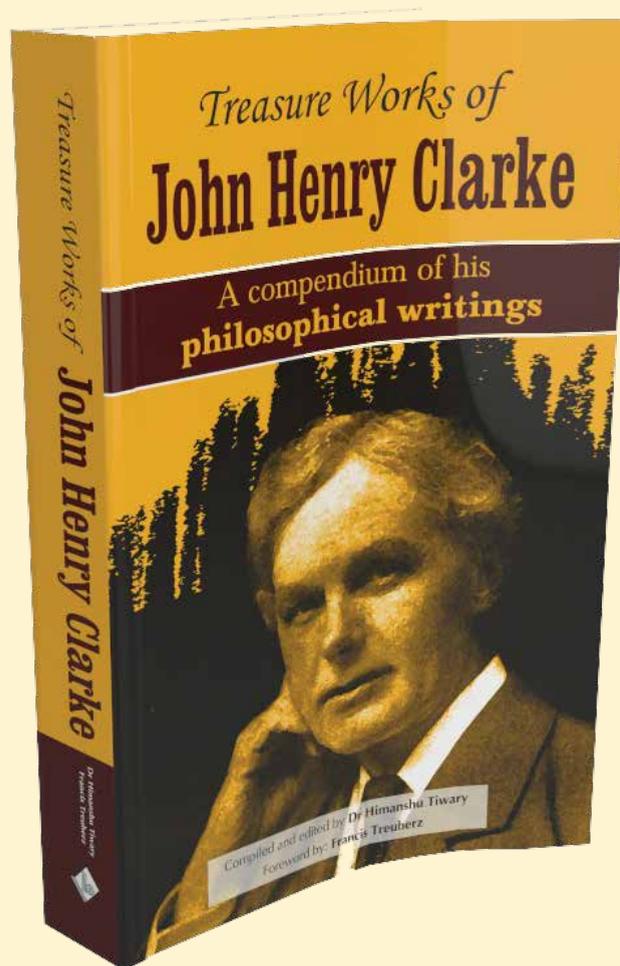
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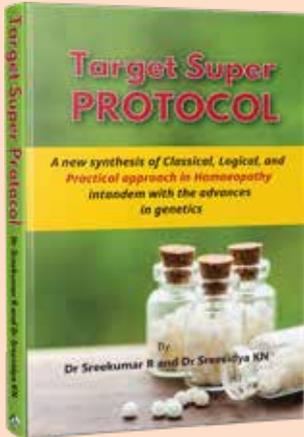
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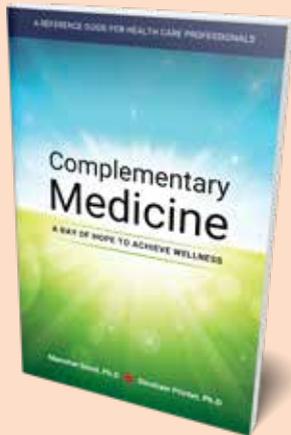


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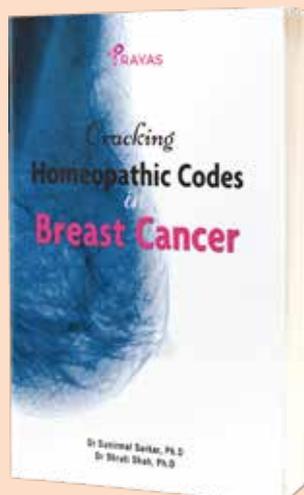


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Dear Readers,

Stroke, a life-threatening condition for an individual, requires an immediate medical intervention in order to limit its extent. Though the brain can heal itself, but it may take years if left on its own. Homeopathic treatment has been proposed as an effective method of aiding recovery from stroke as it helps in faster and most effective neurogenesis, as well as speedens up the natural healing of the damaged brain cells and tissues by giving a boost to the body's natural repair mechanism.

The strength of homeopathy lies in its evident effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels. While dealing with a case of cerebral stroke, the remedy selection always depends upon the individuality of the patient, i.e. the uncommon and peculiar symptoms, especially at the mental level. A modern practitioner considers unconsciousness as only a symptom, while a homeopath considers it as an external tangible manifestation of the dynamic derangement of the vital force. The beauty of homeopathy is that it can work in conjunction with other medications so that the patient can have the best of both worlds to

experience their best outcome using homeopathy.

As far as therapeutic medication is concerned, several remedies such as *Aconitum napellus*, *Arnica montana*, *Bothrops lanceolatus*, *Cuprum metallicum*, *Lachesis mutus*, *Opium*, *Plumbum metallicum*, *Strontium carbonicum*, *Zincum metallicum*, *Ginko biloba*, *Pituitrinum*, and many more, when selected on the basis of totality of symptoms of an individual case helps to treat the individual from within by going to the root cause of the illness.

A Quick Word on Issue Content:

The peer reviewed article of this issue is the role of homeopathy in post stroke depression by Dr J. Senthilkumar, Dr Blessy Chacko. A special article on homeopathic treatment of chyluria by Prof (Dr) S. Ganguly S, Dr P. Sharma, Dr Tanya Aggarwal has been taken up for the readers to enlighten them about the deep-seated action of the homeopathic remedies. The two articles by Dr Aaroahi Pandey Joshi and another one by Dr Rajesh Kumawat, Dr Anit Acharya, Dr Tushar Acharya, explain the scope of homeopathic remedies in cases of hypothyroidism. The subjective articles highlighting the homeopathic approach in stroke

include articles by Dr Tushar Acharya, Dr Priyanka Verma, Dr Shruti Vashisht and Dr Nanritam Chopra, Dr Nandini Dadhich. Another article on delayed puberty and its homeopathic management by Dr Shweta Patel is another feather in the cap of this issue. Dr Sajjad Nasir has beautifully presented role of homeopathy in varicocele.

During this COVID-19 pandemic times, in this issue, I have tried to throw some light on scope of homeopathy though an article on a homeopathic drug *Veratrum viride* for the prevention of ARDS in COVID-19 by Dr Nilesh Suresh Pendurkar.

Hope this issue will help the readers to visualise the power of homeopathy in managing a case of stroke. We wish you would see many more cures in future and broaden the horizon of homeopathy while dealing with stroke cases. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homeopathy.

Dr Yashika Arora
hheditor@bjain.com



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Role of homoeopathy in management of stroke



Stroke is becoming a significant cause of premature death and disability in low-income and middle-income countries like India, primarily driven by demographic changes and enhanced by the increasing prevalence of the key modifiable risk factors as a result developing countries are exposed to a double burden of both communicable and non-communicable diseases. The poor are increasingly affected by stroke, because of both the changing population exposures to risk factors, and most tragically, not being able to afford the high cost for stroke care. The majority of stroke survivors continue to live with disabilities, and the costs of ongoing rehabilitation and long-term-care are primarily undertaken by family members, which impoverish their families.

Types of stroke

Ischaemic stroke: In India, about 70-75% of all strokes are ischaemic, in which blood flow to the brain is blocked by blood clots or fatty deposits (also known as plaque) in blood vessel linings.

Haemorrhagic stroke: It occurs when a blood vessel leaks in the brain. Blood accumulates and compresses the surrounding brain tissue. This is also called 'brain haemorrhage'.

Intracerebral haemorrhage: It is the most common type of haemorrhagic stroke. It occurs when an artery in the brain leaks, flooding the surrounding tissue with blood.

Subarachnoid haemorrhage: It is bleeding in the area between the brain and its covering consisting of layers of tissue.

A transient ischaemic attack (T.I.A.) is a "warning

stroke" or a "mini-stroke" that results in no lasting damage. Recognising and treating T.I.A.'s immediately can reduce the risk of a major stroke.

Case

On a sunday monsoon evening, around 7 p.m., in August'99, at a birthday party, I was summoned by a woman very desperately for her husband who was dancing in the party suddenly fell and became unconscious, the party was held not far from my residence, and in less than 20 minutes, I rushed there with my examination bag.

This is what I saw (known case of diabetes on tab. dianoil 5mg twice a day, and hypertension on tab. enalapril maleate 2.5 mg twice a day)

History of excessive dancing, drinking whiskey.

She was suffering from sudden collapse, fainting, followed by unconsciousness, tried sprinkling ice-cold water, and very slowly opened the eyes.

She tried talking to him, initially, there was no speech at all, after 10 minutes, only muttering, couldn't understand, there was confusion, and after ten more minutes, there was inarticulate speech, pupils dilated, palms were cold and sweaty.

Blood pressure was 183/110 mmHg.

There was no cranial nerve palsy and no limb weakness.

The remedy was selected on the spot without repertorisation.

A few drops of *Kalium cyanatus* 1M in a glass of water, one tablespoonful every 20 minutes, waited patiently at the party next to patient, to monitor him.

After half an hour, blood pressure came to 136/100 mm Hg, speech less confused, no muttering. pupils reacting to light no dilatation, consciousness better.

One more dose was repeated and the wife was asked to take him home and monitor his B.P.

At 11 p.m., his B.P. was 138/97 mmHg; his wife telephoned me with normal speech and fully oriented.

	phos.	kali-cy.	bell.	op.	lach.	ip.	tab.	rhus-t.	hep.	ars.	nux-v.	stram.	l.
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Reportorization sheet

How many would you have thought of this remedy??

According to Allen's Encyclopedia,

- Disposition gentle (sixth day),
- Good disposition of mind, with light-heartedness, jocularly, and brightness of feelings, all day(fifth day),
- Perfectly bright and well on waking and rising (seventh day),
- Sometimes cannot think clearly and to the point, in the forenoon (fifth day),
- Memory seems weak (fourth day),
- She remembered nothing from the time she tasted the solution till consciousness was restored (two hours and a half),
- Perfectly lucid, but had no recollection of anything which occurred after she took the injection (second day),
- Talked all the evening, but could not find words easily (ninth day),
- Inability to recollect certain words(aphasia), for several days,
- Seemed to lose all thought for a moment only; the same sensation again half an hour afterwards (fifth day),
- Stupor,
- Lying on the floor in a deep stupor,
- Loss of consciousness, (after a few minutes),
- Almost complete loss of consciousness.

Rubrics

If the case would have been repertorised according to following totality of symptoms:

MIND - APHASIA

MIND - CONFUSION of mind

MIND - DELIRIUM - muttering

MIND - SPEECH - inarticulate

EYE - PUPILS - dilated

FACE - PERSPIRATION - cold

RESPIRATION - SLOW

EXTREMITIES - COLDNESS - Hands

EXTREMITIES - PERSPIRATION - Hand - cold

GENERALS - APOPLEXY

GENERALS - FAINTNESS - sudden

GENERALS - PULSE - large

Repertorisation

See Reportorisation sheet.

Conclusion

Knowledge of reliable materia medica is truly fundamental.



Homoeopathic treatment of chyluria - a clinical case report

Prof. (Dr) S. Ganguly S, Dr P. Sharma, Dr Tanya Aggarwal

Abstract: In the management of chyluria, most of the patients respond to dietary management, anti-filarial drugs and one or at the most two courses of sclerotherapy. Small number of patients who fail this treatment, chylo-lymphatic disconnection (open or laparoscopic) was a good surgical option with dependable long-term results. This case report supports the evidence that individualised homoeopathic medicine *Thuja occidentalis* may be useful in chyluria cases as it was used in the study done by CCRH (Central Council for Research in Homoeopathy) where *Rhus toxicodendron*, *Apis mellifica*, *Sulphur* and *Thuja occidentalis* were the most useful medicines and there is no need of surgical intervention like chylo-lymphatic disconnection. There is a better scope for the treatment of chyluria since the treatment is based on holistic and individualistic approach though it is grade C level IV evidence (level of evidence according to WHO), this case report encourage to conduct further pilot study or RCT on chyluria.

Keywords: chyluria, individualised homoeopathic medicine, *Thuja occidentalis*.

Abbreviations: World Health Organization (WHO), Central Council of Research in Homoeopathy (CCRH), *Wucheria bancrofti* (*W. bancrofti*), randomised controlled trial (RCT) renal pelvic instillation of sclerosant (RPIS), ultrasonography (USG), kidney, ureter, bladder (KUB), high density lipoprotein (HDL), red blood cells (RBC), high power field (HPF).

Introduction

Chyluria is endemic in South-east Asia, China, India, Japan, Taiwan and parts of Africa, Australia and South America. *W. bancrofti* infestation is responsible for >95% of parasitic chyluria in endemic regions Although this disease is not life threatening, 5-10% of our patients have presented with considerable weight loss and weakness secondary to chronic chyluria. Chyluria is due to the passage of chyle into the urine giving it a typical milky appearance. Filariasis is the commonest cause, which is endemic problem in various Indian states. On chyluria, a study was done by A. Suri and A. Kumar at Department of Urology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India. Over the 18 years, they have managed about 600 cases of chyluria. The patients presented with various complaints like passage of white colour urine, haematuria (haematochyluria), passage of chylous clots in urine and dysuria. Treatment was customised by them according to severity of chyluria. In patients presenting with occasional history of chyluria, they prescribed dietary modifications like high protein low fat diet, promoting medium chain triglyceride intake along with diethylcarbamazine for 3 weeks. Those not responding to the treatment were subjected to renal pelvic instillation of sclerosant (RPIS). In the management of chyluria they said that most of the patients respond to dietary management, antifilarial drugs and one or at the most two courses

of sclerotherapy. Small number of patients who fail this treatment, chylolymphatic disconnection (open or laparoscopic) was a good surgical option with dependable long-term results.

Here is a case of 32 years lady who came with complaint of milky urine. USG of KUB and lower abdomen done on 09.11.2016 was within normal limit. On 14.12.2016, biochemical report of blood plasma revealed normal serum urea, creatinine, cholesterol, triglyceride levels. Serum sodium level was normal though serum potassium level slightly increased 6 mmol/L (normal range-3.5-5.2 mmol/L) and ratio of total cholesterol and HDL level slightly increased 4.67 (normal up to 4.5). Report on haematology shows within normal limits except haemoglobin which was 11.9 gm/dl. These haematology and biochemical report of blood plasma on 14.12.2016 excluded the renal pathology if any. Urine culture and sensitivity isolated bacteria *escherichia coli* colony count 70,000/r, and by urine routine microscopy, it was revealed that specific gravity was 1.025; pale coloured urine and hazy on physical examination; chemically urine was acidic with reaction; albumin present; blood positive; RBC plenty/HPF which indicates grade III chyluria, i.e. haematochyluria but ruled out other causes of milky white urine like phosphaturia (clears on adding 10% acetic acid), amorphous urates, severe pyuria, lipiduria secondary to fat embolism, and pseudo-chylous urine. On the basis of homoeopathic principles of prescribing,

the case was prescribed on 17.12.2016 with *Thuja occidentalis* 30/ one dose with *Thuja occidentalis* 200/ one dose on subsequent next day with placebo for 15 days.

Case taking	
Present complaint	Hot, burning urine with cloudy milky offensive. On enquiry, it was revealed that splitting of stream also present. The complaint was since 6 months.
Mental general	Mistakes in writing
Physical general	Desire – cold food
	Aversion – potato
	Thirsty
	Constipation
	Perspiration all over body except scalp
Particular symptom	Urine – hot, burning
	Urine - cloudy
	Urine - strong odour
	Urination - frequent
	Forked stream
Objective symptom	Wart on face

After repertorisation, *Thuja occidentalis*, *Merc sol.*, *Causticum* came out to be the best indicated drugs for prescription *Kent's Repertory* with help of Hompath Ecodek. After considering the predominant miasm, the best remedy ruled out was *Thuja occidentalis* which covered 10 symptoms among 11 symptoms with highest mark 22.

Remedy	Thuj	Merc	Caust	Merc-c	Nit-ac	Bry	Phos	Rhus-t
Totally	22	17	17	14	14	13	12	12
Symptoms Covered	10	7	6	6	6	5	6	6
[Boening] [Urine]Cloudy:	3	3	3	0	0	3	0	0
[Boening] [Urine]Hot, burning:	1	3	0	4	2	2	1	1
[Boening] [Urine]Odour:Strong:	0	0	0	0	4	0	1	0
[Kent] [Bladder]Urination:Frequent:	2	3	3	3	1	2	1	2
[Kent] [Bladder]Urination:Forked stream:	3	2	2	3	0	0	0	2
[Kent] [Rectum]Constipation (see inactivity):	3	2	3	1	3	3	3	1
[Kent] [Perspiration]Head,general sweat except the:	3	1	0	0	0	0	0	3
[Kent] [Stomach]Desires:Cold :Food:	2	0	0	1	0	0	3	0
[Kent] [Stomach]Aversion:Potatoes:	1	0	0	0	0	0	0	0
[Kent] [Stomach]Thirst:	2	3	3	2	2	3	3	3
[Kent] [Face]Warts:	2	0	3	0	2	0	0	0

	Physical examination- straw colour	14 doses was prescribed at every alternative day along with placebo.
27.01.2017	Blood - nil RBC - nil Specific gravity - 1.020 Physical examination- pale yellow colour	28.01.17- On the basis of current totality again <i>Thuja occidentalis</i> 0/9 14 doses was prescribed at every alternative day along with placebo.
25.02.2017	Blood - nil RBC - nil Specific gravity - 1.015 Physical examination- straw colour	25.02.17- On the basis of current totality, again <i>Thuja occidentalis</i> 0/7 - 14 doses was prescribed at every alternative day along with placebo.
05.04.2017	All within normal limits	10.04.2017- placebo given for 1 month

On further reporting of patient on 31.12.2016, she was better with her urinary complaints and the reports of urine examination done on 29.12.2016 was chemical examination of urine -blood positive and RBC 2-4/ HPF along with specific gravity 1.015 with straw coloured urine on physical examination. On the basis of current totality again *Thuja occidentalis* 0/7-14 doses was prescribed at every alternative day along with placebo. This time fifty millesimal potency was prescribed according to rules of homoeopathic posology and repetition. After one month, the reports of urine examination done on 27.01.2017 reported that blood nil in chemical examination; RBC nil on chemical examination and specific gravity 1.020 with pale yellow colour urine on physical examination. In clinical correlation, patient was also better than before but after one month further reports of urine examination done on 25.02.2017 was blood nil in chemical examination; RBC nil on chemical examination and specific gravity 1.015 with straw coloured urine on physical examination.

	Urine R/E	Follow up
29.12 2016	Urine-blood positive RBC 2-4/ HPF Specific gravity 1.015	31.12.2016- On the basis of current totality again <i>Thuja occidentalis</i> 0/7

Modified Naranjo Criteria	+7
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes +2
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	Yes +1
Was there an initial aggravation of symptoms?	No 0
Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)?	No 0
Did overall wellbeing improve?	Yes +1
(A). Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	No 0
(B). Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance From deeper to more superficial aspects of the individual From the top downwards	No 0
Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No 0
Are there alternate causes (other than the medicine) that -with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	No 0
Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	Yes +2
Did repeat dosing, if conducted, create similar clinical improvement?	Yes +1

Modified naranjo criteria as proposed by the *United States Homoeopathic Pharmacopoeia* clinical data working group: these adapted algorithm enables us to increase certainty that the medicine cause improvement of the patient for establishing a causal relationship between cure and homoeopathic medicine, we have used this algorithm. In the above modified naranjo criteria, the total score is +7, which indicates that there is definitive causal attribution between patient and homoeopathic treatment.

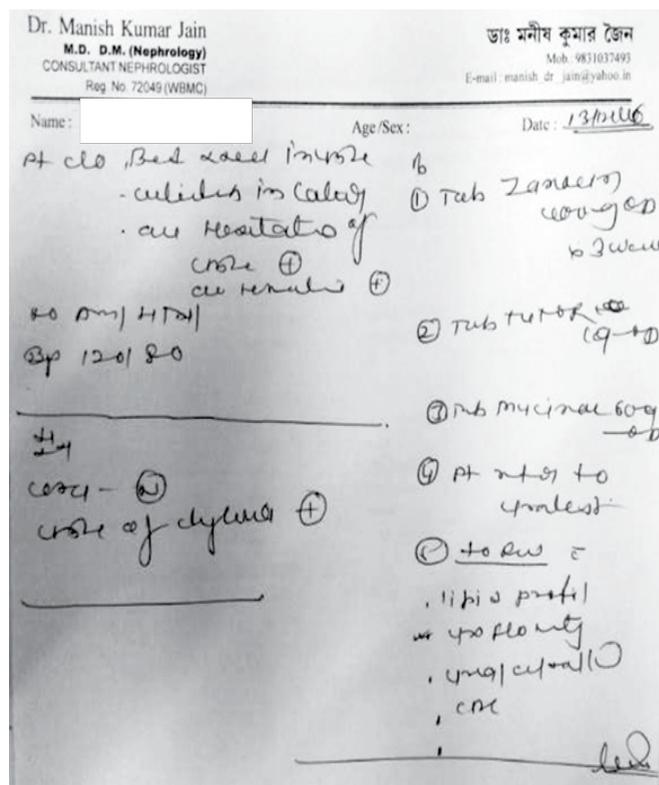
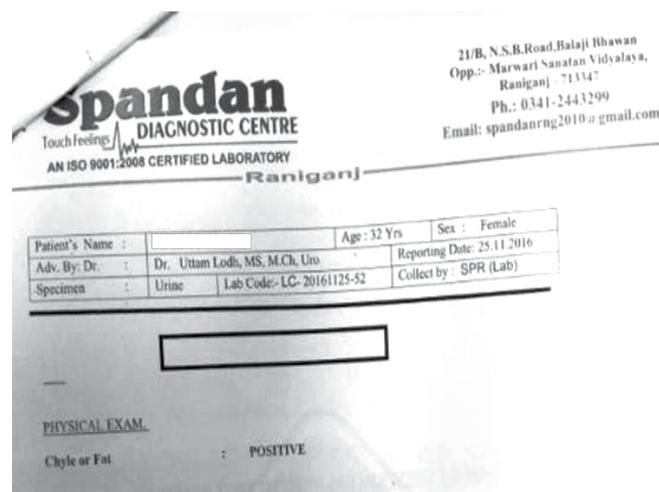
Discussion

This case report supports the evidence that *Thuja occidentalis* may be useful in chyluria cases as it was used in above mentioned study done by CCRH, where *Rhus toxicodendron*, *Apis mellifica*, *Sulphur* and *Thuja occidentalis* were the most useful medicines.

Again there is no need of surgical intervention, chylo-lymphatic disconnection as done in some of patients who fail this medicine treatment at SGPGI study by A Suri et al.

Conclusion

In this case report, it can be concluded that homoeopathic medicines are of importance in managing chyluria and can help the patient to take a new lease on life. There is a better scope for the treatment of chyluria since the treatment is based on holistic and individualistic approach but to establish their proper effects a long-term trials are required on large sample size in future. Though it is grade C level IV evidence, this case report encourage to conduct further pilot study or RCT on chyluria.



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Patient's Name: Mrs. Dubey Age: 32 Sex: F Date: 12/04/16
 Address: Mejia

Investigation	ADVICE
1. Blood : Hb, TC, DC, Platelets BT, CT, ESR Blood Group Sugar (F) Sugar (PP) Urea Creatinine PSA Uric acid	no passing white coloured urine, haematuria Pain on micturition Hb- (very) Nil
2. Urine R/E Urine : C/S	By 1. Tab Nitrofur 100mg once after dinner x 10
3. E.C.G. Echocardiogram	2. Cap UTI of Bx line - Gm. m. h. h. h. h.
USG of KUBP	3. Tab Hoharan 100 TDS x 2 days
I.V.P. X-ray KUB X-ray Chest PA Retrograde Urethrogram Micturating Urethrogram Uroflowmetry CT Scan -Upper Abdomen Lower Abdomen	26/11/2016 Admit on Operation on Plan - Cystoscopy etc 10/12/16 5:00

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 Certificate No. M-031

Received On : 05/04/2017
 Reported On : 05/04/2017
 Patient's Name : []
 ID Number : 2634/D-1927
 Referred By : DR SUBHASISH GANGULY
 Age/Sex/Wt/Ht: 32Y/FEMALE

REPORT ON EXAMINATION OF URINE

PHYSICAL EXAMINATION

Quantity : 25 ml (app)	Specific Gravity : 1.020
Color : Straw	Sediment : Nil
Transparency : Clear	pH : Not Done

CHEMICAL EXAMINATION

Reaction : Acidic	Acetone : Nil
Albumin : Nil	Bile Salts : Nil
Glucose : Nil	Bile Pigment : Nil
Reducing Substance : Nil	Blood : Nil
Phosphate : Nil	Urobilinogen : Normal

MICROSCOPICAL EXAMINATION

Pus cells : 0-2 /HPF.	Casts : Nil
Epithelial cells : 1-2 /HPF.	Others : Normal
R.B.C : Nil	
Crystal : Nil	

:: End of Report ::

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A case of hypothyroidism treated with homoeopathy

Dr Rajesh Kumawat, Dr Anit Acharya, Dr Tushar Acharya

Abstract

Background: Thyroid disorders are very common, affecting 750 million people worldwide by recent World Health Organization (WHO) estimates, being possibly even more prevalent than diabetes. The drug of choice is thyroxine which the patient has to take throughout their life, this leads the patient to look for an alternative therapy. With the increasing reliance on alternative treatments there is need to formulate methods for the fast and reliable prescriptions. Homoeopathy has emerged as the trustworthy line of treatment in many of the chronic diseases. Many researches both clinical and preclinical have shown the plausibility of the evidence-based medicine.

Materials and Methodology: A known case of HYPOTHYROIDISM presented with the menstrual irregularities and hairfall. The pre and post thyroid profile were taken as the evidence for the case, other than that the zulewski's score pre and the post scores were taken to assess the symptomatic relief.

Conclusion: With the individualization of the case, *Sulphur* was considered as the indicated remedy and was seen quite effective in the treatment of hypothyroidism in the patient.

Keywords: Hypothyroidism, homoeopathic intervention, *Sulphur*.

Abbreviations: (WHO) World Health Organization, (LMP) last menstrual period, (TDS) thrice a day. (EMES) every morning empty stomach, (TSH) thyroid stimulating hormone, (T4) tetraiodothyroning, (T3) triiodothyronine, status quo (SQ), PL - placebo.

Introduction

Thyroid diseases are amongst the commonest endocrine disorders around the world including India. According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid diseases.¹

Thyroid diseases are different from other diseases in terms of their ease of diagnosis, accessibility of medical treatment, and the relative visibility that even a small swelling of the thyroid offers to the treating physician. Early diagnosis and treatment remains the cornerstone of management. Hypothyroidism is caused by inadequate function of the gland itself (primary hypothyroidism) or by not enough stimulation by thyroid-stimulating hormone (central hypothyroidism).² Primary hypothyroidism is more common than central hypothyroidism.³ It can cause number of constitutional symptoms, such as increase weight, dry skin, menstrual irregularities, falling of hairs, cold intolerance, constipation, hoarseness of voice, coldness of skin, and generalised debility and fatigue. In children, hypothyroidism leads to delays in development, which is called cretinism in severe cases. The classical signs and symptoms of various grades of hypothyroidism can be estimated with clinical scores named as **zulewski's score**⁴, this questionnaire helps in clinically monitoring the case. The outcome assessment

is based on the criteria that lower the score the better the results.

Homoeopathy has proved its effectiveness in various clinical conditions including endocrinological disorders. As homoeopathy, like other sciences, is attaining the plausibility as an evidence-based science, this case report will be adding on to the evidence basis to the science.

Materials and methods

Case profile

Presenting complaints

A 27 years old unmarried female presented the complaint of absence of menses since last 3 months, and falling of hair from scalp,

History of present complaints

Patient has been preparing for competitive examination in a coaching centre from last 4 years. There were two to three episodes of grief after declaration of results. She had increasing body weight from last 2 years. With a continuous 4-6 hours of study in coaching and 6-8 hours at home, patient stay in a sedentary life style. She has irregular menstrual cycle from last 3-4 years. Hair falling from scalp from last 1 year.

Past history

Irregular menstrual cycle from last 3-4 years. Mostly treated with hormone therapy but after 3-4 cycles again absence of menses. In 2012, diagnosed with hypothyroidism and took thyroxin 25 mg up to 3 months.

Family history

Father-diabetic, mother- hypothyroidism.

Gynaecological and obstetrical history

Gynaecological history

- Menarche: at 12 years
- LMP: 19/01/16
- Menstruation:
 - Duration: 3 days
 - Cycle(interval): 32-35 days

Treatment history

Hormone therapy

Physical generals:

Patient is sensitive to heat with complaints of amenorrhoea, falling of hairs, aversion of milk, hoarseness of voice, dryness of skin, constipation, disturbed sleep.

Mental generals:

Irritable and become angry to trifling things.

Life space investigations:

Patient was born in a middle class hindu family. She was the 3rd of the three children to her parents. Father had diabetes, mother had hypothyroidism. Patient was worried about her future.

Physical examination

Patient was found to be obese.

Systemic examination

On musculoskeletal examination, it was noted that there was hard bony overgrowth at forearm, thighs, knees, legs and ankles. There was no tenderness while examining the bones. No signs of inflammation seen.

Respiratory system: vesicular breathing with no added sounds.

Nervous system: ankle reflex took slightly more time.

Laboratory investigations

Previous investigations	Investigations advised
23.06.2012 T3- 96 ng/dl T4- 6.9 mg/dl TSH- 17.2uIU/ml	26.04.2016 T3 T4 TSH

Provisional diagnosis:

Hypothyroidism: the well-known signs and symptoms of hypothyroidism are dry skin, cold sensitivity, fatigue, muscle cramps, voice changes, and constipation that results from an intrinsic disorder of the thyroid gland (primary hypothyroidism). In this situation, serum T4 is low and TSH is elevated, usually in excess of 20 mU/L.⁵

Miasmatic diagnosis⁶

Scanty menstruation, hoarseness of voice, constipation, dryness of skin, hair falling from scalp:

Psoric in nature

Symptoms	Intensity	Common/ uncommon	Miasm ⁶
Mental generals			
Anger	++	Uncommon	Psora
Irritability	++	Uncommon	Psora
Physical generals			
Aversion to milk	++	Uncommon	Psora
Desires sweets	++	Uncommon	Psora, syphilis
Amenorrhoea	++	Common	Psora
Disturbed sleep	++	Common	
Obesity	++	Common	Psora
Constipation	++	Common	Psora
Particulars			
Coarse skin	+	Common	-
Hoarseness of voice	++	Common	Psora
Dryness of skin	++	Common	Psora
Falling of hair from scalp	+	Common	Psora, syphilis

Table : Analysis and evaluation of the case

Totality of symptoms

- Anger
- Irritability
- Menses absent
- Aversion milk
- Desire sweets
- Skin dry
- Obesity
- Hair falling from scalp
- Hoarseness of voice
- Constipation

Selection of medicine

Repertorial method-*Synthesis 10.0 Repertory*⁷ has been used for repertorisation

Rubrics selection

Table 1: Repertorial totality with rubrics

Symptoms	Rubrics
Anger	MIND- anger
Irritability	MIND- irritability
Aversion to milk	APPETITE- aversion- milk
Desire to sweets	APPETITE- desire- sweets
Menses absent	FEMALE GENITAL/SEX-MENSES- absent
Dryness of skin	SKIN AND EXTERIOR BODY- Dry
Obesity	SENSATION AND COMPLAINTS IN GENERAL - obesity
Hair falling from scalp	HEAD- External- hair – falling out
Constipation	STOOL- constipation
Hoarseness of voice	VOICE AND SPEECH- Hoarse

Zulewski’s score

Symptoms		Base line	1 st Follow up	2 nd Follow up
1. Diminished sweating	Sweating in the warm room or a hot summer day	1	1	1

Fig 01: Repertorial chart 7.

Top 5 suggested medicines on repertorisation

Sulphur- 10/27

Calcarea carbonicum- 10/25

Natrummuriaticum - 10/25

Phosphorus - 10/25

Kalium carbonicum- 10/24,

Sulphur covered the totality of symptoms quantitatively as the remedy for this patient. Selection of remedies was based on the repertorisation of totality of symptoms.

- The constitutional remedy was selected after repertorial analysis in consultation with materia medica^{8,9,10,11}. Though *Calcarea carbonicum*, *Natrium muriaticum*, *Phosphorus* and *Kalium carbonicum* were close in qualitative totality. *Sulphur* was ahead of them, corresponding to the patient with thermal reaction which is Hot patient.

First prescription

1. *Sulphur*. 200/ 1 dose EMES + PL 30 / TDS x 14 days (every morning empty stomach) 200 C potency was prescribed based on the susceptibility of the patient.^{12,13}

General management: According to a special health report by Harvard medical college about the healthy eating for healthy thyroid.¹⁴

Patient was advised to:

- Liquid and fibre rich food, diet including green vegetables and fruits intake should be more.
- Avoid foods such as fatty, carbohydrate rich foods and sweets.
- Avoid goiterogenic food like cabbage, cauliflower and broccoli.
- Regular morning brisk walk along with yoga and meditation.⁴

2. Hoarseness	Speaking voice, singing voice	1	1	0
3. Paraesthesia	Subjective sensation	0	0	0
4. Dry skin	Dryness of skin, noticed spontaneously, requiring treatment	1	1	0
5. Constipation	Bowel habit, use of laxative	1	0	0
6. Impairment of hearing	Progressive impairment of hearing	0	0	0
7. Weight increase	Recorded weight increase, tightness of clothes	1	1	1
Physical signs				
1. Slow movements	Observe patient removing his clothes	0	0	0
2. Delayed ankle relaxation time	Observe the relaxation of the reflex	1	1	1
3. Coarse skin	Examine hands, forearms, elbow for roughness and thickness of skin	1	1	1
4. Per orbital puffiness	This should obscure the curve of the malar bone	0	0	0
5. Cold skin	Compare temperature of hands with examiner's	0	0	0
Sum of all symptoms and signs present		07	06	04

Interpretation: Hypothyroidism- hypothyroidism- intermediate hypothyroidism

3. Level of T3, T4 and TSH follow up chart.

Units	Base line value 26.04.2016	1 st follow up 26.07.2016	2 nd follow up 25.10.2016
T ₃ ng/dl	132	134	130
T ₄ ug/dl	8.8	8.9	9.2
TSH uIU/ml	13.8	14.2	3.8

Follow-up

Date	Sign and symptoms	Prescription
26.04.2016	Amenorrhoea since 3 months Falling of hairs from scalp Anger and irritability marked Aversion to milk Hoarseness in voice	<i>Sulphur 200 / 1 Dose EMES</i> PL 30/TDS X 14 DAYS

Date	Sign and symptoms	Prescription
	Scanty perspiration Dry and coarse skin Constipation Continue increasing body weight Serum TSH- 13.8 uIU/ml, zulewski's score- 7	
10.05.2016	All the sign and symptoms are same except mild improvement in constipation.	PL 30/TDS X 14 DAYS
24.05.2016	All the sign and symptoms are same except moderate improvement in constipation.	PL 30/TDS X 14 DAYS
07.06.2016	Menstrual cycle started on 02.06.2016 Marked improvement in constipation, weight increase slight slow, mild improvement in falling of hairs and in irritability, all other sign and symptoms are SQ.	PL 30/TDS X 28 DAYS
05.07.2016	Menses does not appear at regular time, mild improvement in falling of hairs, all other sign and symptoms are SQ.	PL 30/TDS X 14 DAYS
19.07.2016	Menses does not appear at regular time, Moderate improvement in falling of hairs, all other sign and symptoms are SQ. Menses does not appear at regular time,	PL 30/TDS X 7 DAYS
26.07.2016	Moderate improvement in Falling of hairs from scalp, speed of weight increase slightly slow, moderate change observed in irritability, all other sign and symptoms were in SQ Serum TSH- 14.2 uIU/ml, zulewski's score- 6	<i>Sulphur 200 / 1 dose EMES</i> PL 30/TDS X 14 DAYS
09.08.2016	LMP-30.07.2016 Menstrual flow remains for 2 days, Moderate improvement in falling of hairs from scalp, speed of weight increase slightly slow, moderate change observed in irritability, mild improvement in hoarseness of voice and dryness of skin, all other sign and symptoms were in SQ	PL 30/TDS X 28 DAYS
06.09.2016	Menses does not appear at regular time, Marked improvement in falling of hairs from scalp and in irritability, speed of weight increase slightly slow, moderate improvement in hoarseness of voice and dryness of skin, all other sign and symptoms were in status quo.	PL 30/TDS X 14 DAYS

Date	Sign and symptoms	Prescription
06.09.2016	Menses does not appear at regular time, Marked improvement in falling of hairs from scalp and in irritability, speed of weight increase slightly slow, moderate improvement in hoarseness of voice and dryness of skin, all other sign and symptoms were in status quo.	PL 30/TDS X 14 DAYS
20.09.2016	LMP-09.09.2016 Menstrual flow for 2 days, marked improvement in falling of hairs from scalp, hoarseness of voice, dryness of skin and in irritability, speed of weight increase slightly slow, all other sign and symptoms were in Status quo.	PL 30/TDS X 28 DAYS
18.10.2016	LMP-17.10.2016 Menstrual flow for 2 days	PL 30/TDS X 7 DAYS
25.10.2016	In general, patient improved. According to i. zulewski's scoring (7 to 4), ii. Serum TSH Level (13.8 to 3.8), but still patient having irregularities in menstrual cycle, increase in weight, diminished sweating. Patient on treatment continued.	<i>Sulphur 1M / 1 Dose EMES</i> Symptoms came to status quo so the potency have been raised based on susceptibility. PL 30/TDS X 28 DAYS

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REPORT

NAME : [REDACTED]
REF. BY : DR R K KURMAWAT
TEST ASKED : T3, T4, TSH

SAMPLE COLLECTED AT :
19355, LHOTISA HOSPITAL, OPP AMBER TOWER, SANSAK
CHANDRA ROAD, JASPUR, RAJASTHAN, 302001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	132	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.8	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	13.8	µIU/ml	0.3-5.5

Comments : IF NOT ON DRUG FT3 & FT4 SUGGESTED
Please correlate with clinical conditions.

Method :
T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

-- End of report --

Sample Collected on (SCT) : 24 Apr 2016 09:00
Sample Received on (SRT) : 25 Apr 2016 02:11
Report Released on (RRT) : 25 Apr 2016 05:18

Sample Type : SERUM
Labcode : 260527815/RAJ63
Barcode : F7728536

Dr.Durgaprasad N Agrawal MD
Dr.Caesar Sengupta MD
Page : 1 of 1

Reporting conditions overleaf

Thyrocare
D-37/3, TTC MIDC, Turbhe,
Navi Mumbai-400 703

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
022 - 3090 0000 / 4125 2525 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : [REDACTED] (27Y/F)
REF. BY : DR R K KURMAWAT
TEST ASKED : T3, T4, TSH

SAMPLE COLLECTED AT :
19355, LHOTISA HOSPITAL, OPP AMBER TOWER, SANSAK
CHANDRA ROAD, JASPUR, RAJASTHAN, 302001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	134	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.9	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	14.2	µIU/ml	0.3-5.5

Comments : IF NOT ON DRUG FT3 & FT4 SUGGESTED
Please correlate with clinical conditions.

Method :
T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH
1st Trimester : 0.10 - 2.50
2nd Trimester : 0.20 - 3.00
3rd Trimester : 0.30 - 3.00

Reference:
Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

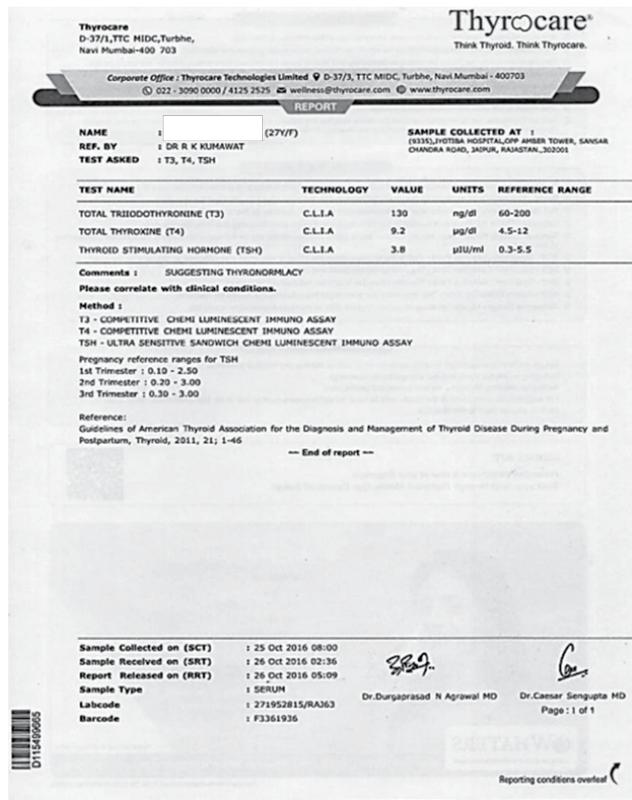
-- End of report --

Sample Collected on (SCT) : 26 Jul 2016 08:00
Sample Received on (SRT) : 27 Jul 2016 03:24
Report Released on (RRT) : 27 Jul 2016 06:27

Sample Type : SERUM
Labcode : 372861936/RAJ63
Barcode : F9371035

Dr.Durgaprasad N Agrawal MD
Dr.Caesar Sengupta MD
Page : 1 of 1

Reporting conditions overleaf



Baseline-26.04.2016	TSH level	13.8	uIU/ml
	Zulewski's score	07	
26.07.2016	TSH level	14.2	uIU/ml
	Zulewski's score	06	
25.10.2016	TSH level	3.8	uIU/ml
	Zulewski's score	04	

Discussion

As evident from this case, *Sulphur* showed improvement in the evidences as evident in the thyroid profile and the zulewski's score.

Calcarea carbonica, *Graphites*, *Lachesis*, *Lycopodium*, *Natrum muriaticum*, *Pulsatilla*, *Sepia officinalis*, and *Sulphur* are few of the frequently prescribed constitutional homeopathic remedies for hypothyroidism. Many stalwarts have mentioned in their materia medica^{8,9,10,11}, and Repertory books^{15,16,17} about the action of *Sulphur*. According to materia medica, *Sulphur* covers most of symptoms like anger and irritability, hairfall, hoarseness in voice, dryness of skin, aversion to milk, desires sweets, constipation, amenorrhoea .

In the *Synthesis Repertory*¹⁶ and *Kent*¹⁷ *Repertory* under the rubric- **EXTERNAL THROAT - PAIN - stitching - Thyroid gland; EXTERNAL THROAT - SWELLING - Thyroid gland**;-mentions *Sulphur* as a remedy.

Conclusion

This case is one of the evidence-based documented research studies, that shows effectiveness of homeopathic treatment not only in relieving the symptoms of hypothyroidism, but also in bringing favourable changes in pathology as evident in the investigations. Thus, this study is the classical example of the holistic approach of homeopathy.

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Delayed puberty and its homoeopathic management

Dr Shweta Patel

Abstract : Puberty is often described as a period of storm and stress, and when there is late onset it becomes a serious problem, sometimes a person may experience teasing at school. But the proper constitutional homoeopathic remedy will enhance and help maintain the physical and mental health. The most important criteria in determining the constitutional treatment are the individual symptoms.

Keywords: Puberty, endocrinology, gonadotropins, gonadostat, hypothalmpituitary, oestrogen hypogonadotropic hypogonadism, hypergonadotropic hypogonadism.

Abbreviations: GnRH : gonadotropin releasing hormone , FSH: follicular stimulating hormone, LH : luteinising hormone.

Introduction

Puberty is the period, which links childhood to adulthood. It is the period of gradual development of secondary sexual characters. There are profound biological, morphological and psychological changes that lead to full sexual maturity and eventually fertility.

Morphological changes during this period are breast budding, pubic and axillary hair growth, growth in height and menstruation. Most of the changes occur gradually but only the menarche can be dated. Moreover there is lot of variation in the timing of events. All these changes are usually completed between the age of 10 and 16 years.

In boys, pubertal changes begin at between 10 and 14 years and are complete at between 15 and 17 years. The genitalia develop, testes enlarge and the area of pubic hair increases. Peak height velocity is reduced between ages 12 and 17 years during stage 4 of testicular development. Full spermatogenesis occurs comparatively late^(1,2)

When delay is great and problems are serious, for example, teasing at school, treatment and a specialist assessment becomes necessary.

Important controlling factors for the onset of puberty are genetic, nutrition, body weight, psychological state, social and cultural background, exposure to light and others.⁽¹⁾

Endocrinology in puberty

The levels of gonadal steroids and gonadotropins are low until the age of 6-8 years. This is mainly due to the negative feedback effect of oestrogen to the hypothalamic pituitary system (gonadostat). The gonadostat remains very sensitive (6-15 times) to the negative feedback effect, even though the level of estradiol is very low (10 pg/mL) during that time. As puberty approaches this negative feedback effect is gradually lost. This results in some significant changes in the endocrine function of the girl.⁽¹⁾

Hypothalmpituitary gonadal axis

The GnRH pulses from hypothalamus results in pulsatile gonadotropin secretion.

GnRH→FSH, LH→Estradiol.

Thyroid gland plays an active role in the hypothalmpituitary gonadal axis.

Adrenal glands increase their activity of sex steroid synthesis

from about 7 years of age. Increased sebum formation, pubic and axillary hair and change in the voice are primarily due to adrenal androgen production.

Gonadal oestrogen is responsible for the development of uterus, vagina, vulva and also the breasts.

Leptin, a peptide, secreted in the adipose tissue is also involved in pubertal changes and menarche⁽¹⁾

Delayed puberty

Puberty is said to be delayed when the breast tissue and /or pubic hair have not appeared by 13-14 years, or menarche appears as late as 16 years. The normal upper age limit of menarche is 15 years.

Causes of delayed puberty

Hypogonadotropic hypogonadism

- Constitutional delay
- Chronic illness and malnutrition
- Primary hypothyroidism
- Isolated gonadotropin deficiency (Kallmann's syndrome)
- Intracranial lesions – tumours like craniopharyngioma, pituitary adenomas

Hypergonadotropic hypogonadism

- Gonadal dysgenesis, 45 XO
- Pure gonadal dysgenesis 46 XX, 46 XY
- Ovarian failure 46 XX

Eugonadism

- Anatomical causes
 - Mullerian agenesis
 - Imperforate hymen
 - Transverse vaginal septum
- Androgen insensitivity syndrome ⁽¹⁾

Homoeopathic management

Murphy's Repertory

Chapter : Female

MENSES, general

menarche, delayed – *acon.*, *agn.*, *alet.*, *am-c.*, *ant-c.*, *apis.*, *aur.*, *aur-s.*, *bar-c.*, *bry.*, *dam.*, *calc.*, *calc-p.*, *calc-s.*, *carb-s.*, *cast.*, *caul.*, **CAUST.**, *chel.*, *cic.*, *cimic.*, *cocc.*, *con.*, *croc.*, *cupr.*, *dig.*, *dros.*, *dulc.*, *ferr.*, **GRAPH.**, *guai.*, *ham.*, *helon.*, *hyos.*, **KALI-C.**, *kali-p.*, *kali-per.*, *lac-d.*, *lach.*, *lyc.*, *mag-c.*, *mag-m.*, *mang.*, *merc.*, **NAT-M.**, *petr.*, *phos.*, *polyg.*, **PULS.**, *sabad.*, *sabin.*, *sang.*, *sars.*, **SENEC.**, **SEP.**, *sil.*, *spig.*, *staph.*, *stram.*, *stront-c.*, *sulph.*, *tub.*, *valer.*, *verat.*, *vib.*, *zinc.*

Feels disturbed, if slightly – *fl-ac.*

Breasts, with undeveloped – *lyc.*

Milk, from drinking too much-*lac-d*⁽³⁾

Chapter : Constitutions and children

GIRLS, general

disposition, mild, when puberty is delayed, or menstrual function is defectively or irregularly performed-*puls*⁽³⁾

Chapter : Children

DEVELOPMENT, delayed or arrested – *aeth.*, *agar.*, *bac.*, **BAR-C.**, *bor.*, *calc.*, **CALC-P.**, **CARC.**, *caust.*, *chin.*, *cupr.*, *des-ac.*, *iod.*, *kali-c.*,

kreos., *lac-d.*, *med.*, *nat-m.*, *nep.*, *ph-ac.*, *phos.*, *pin-s.*, *sil.*, *sulfa.*, *sulph.*, *thyr.*, *vip.*

bones, of – *calc.*, *calc-f.*, *calc-p.*, *sil.*

glands- *bar-c.*, *iod.*

muscles, of – *nat-m*

nutritional disturbances due to – *bac.*, *bar-c.*, *calc.*, *calc-p.*, *caust.*, *kreos.*, *lac-d.*, *med.*, *nat-m.*, *pin-s.*, *sil.*, *thyr*⁽³⁾

PUBERTY, ailments in – *acon.*, *agar.*, *ant-c.*, *apoc.*, *aur.*, *bell.*, *calc.*, *calc-p.*, *caust.*, *cimic.*, *croc.*, *cupr.*, *ferr.*, *ferr-p.*, **GELS.**, *graph.*, *guai.*, *hell.*, *helon.*, *ign.*, *iod.*, *jug-r.*, *kali-br.*, *kali-c.*, *kali-p.*, *lach.*, *mag-p.*, *mill.*, **NAT-M.**, *ph-ac.*, *phos.*, *plat.*, **PULS.**, *senec.*, **SEP.**, *sil.*, *stram.*, *ther.*, *verat.*, *viol-o.*

boys, in- *calc-p.*, *ign.*, *nat-m.*, *puls.*, *sep.*

chlorosis, with longing for indigestible substances – *alum.*

retarded – *ferr.*

girls in – *aur.*, *bar-c.*, *bell.*, *calc-p.*, *ferr.*, *fil.*, *ign.*, **LACH.**, *nat-m.*, *phos.*, **PULS.**, **SEP.**

unduly delayed in, of mild disposition – *puls*⁽³⁾

Kent's Repertory

GENITALIA- FEMALE

MENSES, delayed in girls, first menses : *Acon.*, *agn.*, *alet.*, *am-c.*, *apis.*, *aur.*, *bar-c.*, *bry.*, *calc.*, *calc-p.*, *calc-s.*, *carb-s.*, *cast.*, *caul.*, **Caust.**, *chel.*, *cic.*, *cimic.*, *cocc.*, *con.*, *croc.*, *cupr.*, *dig.*, *dros.*, *dulc.*, *ferr.*, **Graph.**, *guaj.*, *ham.*, *helon.*, *hyos.*, **Kali-c.**, *kali-p.*, *lach.*, *lyc.*, *mag-c.*, *mag-m.*, *mang.*, *merc.*, **Nat-m.**, *petr.*, *phos.*, **Puls.**, *sabad.*, *sabin.*, *sars.*, **Senec.**, *sep.*, *sil.*, *spig.*, *staph.*, *stram.*, *stront.*, *sulph.*, *tub.*, *valer.*, *verat.*, *zinc*⁽⁴⁾

Conclusion

Homoeopathy treats the person as a whole and it focuses on the patient as a person, as well as his pathological condition. The homoeopathic medicines are selected after a full

individualizing examination and after a proper case analysis, which includes the medical history of a pt., family history, physical and mental constitution etc. The above listed medicine may not be directly related to the disease condition because in homoeopathy general symptoms and constitutional indications are also taken into consideration. Constitutional assessment is a prerequisite of effective homoeopathic treatment. The most important criteria in determining the constitutional treatment are the individual symptoms. Constitutional homoeopathic remedies are prescribed for the genetic vitality of the person. They are often given to the children while they are developing and to the weak and elderly. Constitutional remedies fortify people through times of stress or help one to recover from infectious or debilitating diseases. The constitution is the genetic makeup of the vitality, body and tissues. It is also the temperament, emotional disposition and personality of a person. This state involves the inherited weaknesses with which a person is born. ⁽⁵⁾

The proper constitutional remedy will enhance and help maintain the general health.

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A model for traditional management of hypothyroidism through homoeopathy: a case report

Dr Aarohi Pandey Joshi

Abstract: The following case study describes the positive outcome of homoeopathic treatment of the case of hypothyroidism in which inspite of taking allopathic medicines patient were not able to experience the feeling of well being when homoeopathic medicines are given on the basis of symptom similarity, the dosage of allopathic medicine stopped gradually and patient experienced the feeling of well being.

Keywords: hypothyroidism, *Silicea terra*.

Abbreviations: TSH - thyroid stimulating hormone, mcg - microgram, TDS - thrice a day.

Introduction

Majorly hypothyroidism is the most typical endocrine disease. Moreover, identification and treatment of hypothyroidism is generally considered simple. But there are substantial number of people with this situation who are sub optimally cured. For the people who undergo the biochemical replacement of euthyroid or levothyroxine from which remarkable proportion of the people who reported poor quality of life after the replacement despite all the test results are in the healthy reference range. Homoeopathic medicines which are selected through a constitutional approach shows significant improvement in the case of hypothyroid, we found even we can cure the chronic non communicable disease in which patient get relief from conventional dosage of medicine. In this case will discuss about the historical treatment of hypothyroidism and current potential solution for the hypothyroidism and future possibilities with the case study.

In India, the most common cause of hypothyroidism is iodine deficiency and autoimmune thyroiditis and it remains the important cause. The most common clinical symptoms of hypothyroidism is weight gain, tiredness, dry skin, cold intolerance,

weakness of muscles, puffiness around the eyes, hoarse voice, poor memory, and constipation.

Remedies and different treatment of hypothyroidism

The pillar of allopathic structure of medicine is to artificially provide the thyroid hormones for the rest of the life of patients. Deficient hormones are supplied on the regular basis. This remedy of supplying thyroid hormones to patient on a regular basis possess some disadvantages. On the other hand it forces the patient for the regular dosage of the medicines for whole of their life. This is costly . Because taking a medicine for life long it will give the sense of illness.

There are many asserts when we talk about treatment of hypothyroidism, and the best option for it is homoeopathy. I confidently say based on my experience from past almost 10 years of homoeopathic practice that the best holistic therapy for hypothyroidism is homoeopathy. Homoeopathic medicines can amend the imbalance of thyroid hormones in a very gentle and precise manner. It permanently improves the functioning of the thyroid glands and once its is cured there is no need to take medicines and one can live their life medicine free.

Case history

A 50 years old female patient with medium built, dark complexion presented with the complaint of body pain, lethargy, puffiness of face which is aggravated in the evening and after eating since 3 years at that time she was diagnosed hypothyroidism and started allopathic medicine for that. She was taking thyronorm 100mcg since 3 years but inspite of that her TSH was 6.18 on 21.01.2017 it doesn't resulted in desired relief .Since 3 years lethargy, body pain,dizziness esp in evening and which was aggravated after eating along with oedema of all body occasionally. Her father suffered from asthma and her mother suffered from hypothyroidism and asthma .

Patient came to my clinic with the laboratory reports and was under continued allopathic treatment for last 3 years but no major improvement .The patients condition was getting worse .Patient had a history of pneumonia, asthma cured by allopathic treatment and was operated for fistula in ano in childhood and she had history of 7 abortions out of which 3 were induced,patient attended menopause one year ago.

Generatilies included Tendency to catch cold, Coal dust causes breathing problem, thermal state

01.10.2017	Status quo	<i>Silicea terra</i> 1M/1 dose. Saccharum lactis 30/TDS for 15 days
04.01.2018	More than 70% better in all the complaints. Active, energetic, no constipation.	Saccharum lactis 30/TDS for 30 days.
31.03.2018	No complaints. TSH:0.992 Thyronorm stopped.	Saccharum lactis 30/TDS for 30 days.

HITECH DIAGNOSTIC CENTRE
The Extra Care Lab
No.935, GKS Tower, Poonamallee High Road, Purasawalkam, Chennai - 600 084

Patient : F0632134
 STD.No. : 055051
 Branch : TAMBARAM
 Referrer : BHARAT DIAGNOSTIC CENTRE
NO:9 KAMARAJA PURAM I ST CROSS ST GUDUVANCHERY
 CHENGALPATTU
 KANCHIPURAM - 603 202
 Ph : 7667129701

Date : 01/10/2017
 Rpt. Title :
 Rpt. Date :
 Rpt. Time :
 Page # :
 Final Report

Test	Result	Biological Reference
TEST REPORT		
Sample collected and sent		
THYROID FUNCTION PROFILE (TOTAL)		
BLOOD - ENDOCRINOLOGY		
T3 (TOTAL)	: 117.7 ng/dl	Adults : 80 - 200 ng/dl New born : 73 - 288 ng/dl 6days-3months: 80 - 275 ng/dl 4 - 12 months: 86 - 265 ng/dl 1 - 6 Yrs : 92 - 248 ng/dl 7 -11 Yrs : 93 - 231 ng/dl 12 -20 yrs : 91 - 218 ng/dl
Specimen : SERUM		
Method : ECLIA		
T4 (TOTAL)	: 10.44 Microgm/dl	Adults : 4.6 - 12.0 New born : 5.04 - 18.5 6days-3months: 5.41 - 17.0 4 - 12 months: 5.67 - 16.0 1 - 6 Yrs : 5.95 - 14.7 7 -11 Yrs : 5.99 - 13.8 12 -20 yrs : 5.91 - 13.2
Specimen : SERUM		
Method : ECLIA		
TSH 3rd Generation (hs TSH)	: 6.18 μ IU/ml	Adults : 0.35 - 5.50 New born : 0.70 - 15.1 6days-3months: 0.72 - 11.1 4 - 12 months: 0.73 - 8.1 1 - 6 Yrs : 0.70 - 5.3 7 -11 Yrs : 0.60 - 4.3 12 -20 yrs : 0.51 - 4.1
Specimen : SERUM		
Method : ECLIA		

DR. SP. GANESAN

* End Of Report *
 " Our Kilpauk Lab Serves You Round The Clock "

Dr. SP. Ganesan, MBBS, DCP, MBA
Medical Director

Dr. Radhi Lawrence, MB (path)
Chief Pathologist

Dr. Priya, MD
Consultant Microbiologist

Mrs. Malini
Chief

a Unit of Dr. Ganesan's Hitech Diagnostic Centre Pvt. Ltd.

Discussion

Silicea terra was selected on basis of totality of symptoms, in 1M potency because of higher susceptibility and highly intellectual patient, therefore high potency was selected and in follow ups it has shown marvellous results. Dose was repeated because the condition of the patient became status quo. Within a year, patient was in state of health free from symptoms of hypothyroidism and her allopathic medicine also stopped. After studying this case, one can say that homoeopathic simillimum can cure even hypothyroidism restore the health of the patient and help to discontinue the conventional treatment giving so called relief to the patients.

Conclusion:

The homoeopathic treatment provided to the patient of hypothyroidism is more efficient than the other conventional treatment as it is evident from the reports that the state of health is restored and there is annihilation of the disease in its whole extent.

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Report 1: Before treatment



HITECH DIAGNOSTIC CENTRE
The Extra Care Lab
No.935, GKS Tower, Poonamallee High Road, Purasawalkam, Chennai - 600 084




An ISO 9001:2015
Certified Organisation

Patient : P0674924	Date : 25/03/2018
SID.No. : 016455	Rec Time : 10:40:13
Branch : TAMBARAM	Rpt Date : 25/03/2018
Referrer : BHARAT DIAGNOSTIC CENTRE	Rpt Time : 14:29:57
	Page # : 2 / 2

Test	Result	Biological Reference Interval
Sample collected and sent	TEST REPORT	
	> 5.0	: High Risk

THYROID FUNCTION PROFILE (TOTAL)

BLOOD - ENDOCRINOLOGY

<p>T3 (TOTAL) : 119.2 ng/dl</p> <p>Specimen : SERUM</p> <p>Method : ECLIA</p>	<p>Adults : 80 - 200 ng/dl</p> <p>New born : 73 - 288 ng/dl</p> <p>6days-3months: 80 - 275 ng/dl</p> <p>4 - 12 months: 86 - 265 ng/dl</p> <p>1 - 6 Yrs : 92 - 248 ng/dl</p> <p>7 -11 Yrs : 93 - 231 ng/dl</p> <p>12 -20 yrs : 91 - 218 ng/dl</p>
<p>T4 (TOTAL) : 11.96 Microgm/dl</p> <p>Specimen : SERUM</p> <p>Method : ECLIA</p>	<p>Adults : 4.6 - 12.0 ug/dl</p> <p>New born : 5.04 - 18.5 ug/dl</p> <p>6days-3months: 5.41 - 17.0 ug/dl</p> <p>4 - 12 months: 5.67 - 16.0 ug/dl</p> <p>1 - 6 Yrs : 5.95 - 14.7 ug/dl</p> <p>7 -11 Yrs : 5.99 - 13.8 ug/dl</p> <p>12 -20 yrs : 5.91 - 13.2 ug/dl</p>
<p>TSH 3rd Generation (hs TSH) : 0.992 uIU/ml</p> <p>Specimen : SERUM</p> <p>Method : ECLIA</p>	<p>Adults : 0.35 - 5.50 uIU/ml</p> <p>New born : 0.70 - 15.2 uIU/ml</p> <p>6days-3months: 0.72 - 11.0 uIU/ml</p> <p>4 - 12 months: 0.73 - 8.38 uIU/ml</p> <p>1 - 6 Yrs : 0.70 - 5.37 uIU/ml</p> <p>7 -11 Yrs : 0.60 - 4.84 uIU/ml</p> <p>12 -20 yrs : 0.51 - 4.30 uIU/ml</p>

Ganesan

DR. SP. GANESAN. MBBS., DCP.,

* End Of Report *

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Mrs. Malini Parasuraman, M.Sc. M.
Chief of Lab Services

a Unit of Dr. Ganesan's Hitech Diagnostic Centre Pvt. Ltd. P.T.O

Report 2. After treatment

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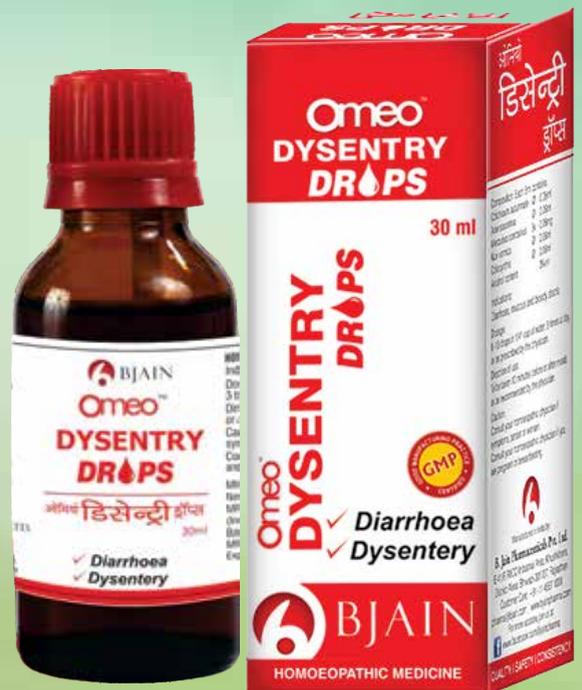
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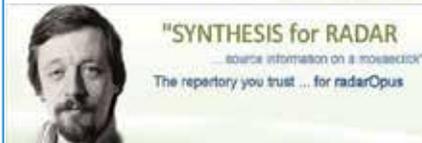
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Role of homoeopathy in post stroke depression

Dr J. Senthilkumar, Dr Blessy Chacko

Abstract: Stroke is the major cause of death and disability. post stroke depression (PSD) is one of the most common complications after stroke. After shock the people may experience with emotional and behavioral changes. According to epidemiological studies, nearly 30% of stroke patients develop depression, either in the early or last stages after stroke. Their behaviour depends on the part of the brain which is affected and depends on severity of the injury. Homoeopathy has a good scope among these conditions.

Keywords: post stroke depression, homoeopathy, *Kent's Repertory*.

Abbreviations: PSD (post stroke depression), DSM (diagnostic and statistical manual of mental disorders), OPD (out-patient department), mm Hg (millimetre of mercury).

Introduction

Acute stroke is characterised by the rapid appearance (usually over minutes) of a focal deficit of brain function, most commonly a hemiplegia with or without signs of focal higher cerebral function (such as aphasia), hemisensory loss, visual field defect or brain-stem deficit.^[1]

Post stroke depression is prominent and persistent mood disturbance characterised by depressed mood and / or anhedonia (lack of interest or lack of pleasure) in all or almost activities. These symptoms define the DSM-V criteria of depressive disorder due to stroke.^[2]

It is often caused by biochemical changes in the brain. When the brain gets injured, the survivor may not be able to feel the positive emotions.

Sub types

- With major depressive – like episode, with depressive feature, and with mixed feature like loss of energy, decreased concentration, psychomotor retardation and there may be some reduction in somatic symptoms such as appetite and insomnia^[2].

DSM –IV diagnostic criteria for major depression

- Persistent sad, anxious or empty mood
- Feeling hopelessness, pessimism, guilt, worthlessness or helplessness
- Restlessness and irritability
- Loss of interest or pleasure in hobbies and activities
- Decreased energy and fatigue, and feeling “slow down”

- Difficult in concentrating, remembering and making decisions
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight changes
- Thought of death, or suicidal attempts
- Responding with little or no emotion.

If five or more of these symptoms persist for longer than two weeks, the survivor may be having post stroke depression.

Suicidal tendency

The absolute risk of suicide after stroke is low but the relative risk is two times higher in general population. 12 % of people have suicidal ideation and 1.3 % of stroke survivors attempt suicide. The important risk factors for the persons with suicidal thoughts are current or past depression, recurrent stroke, disability, and cognitive impairment.^[2]

Rehabilitation of stroke patients

There is a life and hope after stroke. The rehabilitation will help to build the capability, strength and confidence to the patients. It helps to bring the patient back to their normal life. For the first three months after a stroke, the brain is much like a new brain. It is ready to learn, ready to make new connections. This ability of our brain to adjust is known as neuroplasticity which plays a vital role in recovery. It takes about three months for the brain to return in to the normal state.^[3] Social support and support from the caregivers are very important in this condition.



Rehabilitation of patient with stroke can be done with various psychotherapies and with the help of homoeopathic medicines in case of depression after stroke. Homoeopathy is a system of medicine which approaches the sick by not considering the single disease entity but its holistic approach. Homoeopathy helps the patients to back their normal life with a positive attitude.

Case study

Introduction of the case

A male, aged 60 years of average height and moderate build came along with companion attended the OPD. The patient having the complaint of weakness and tired feeling since 6 months, lack of interest for doing works since 6 months. He had stroke 6 months back after that he developed these complaints. The complaint represented by his family member.

Presenting complaints

- Weakness and tired feeling since 6 months
- Lack of interest for doing work since 6 months

Past history

There is a past history of stroke 6 months back took allopathic treatment. Patient having hypertension about 6 years. Under allopathic treatment.

Family history

- Father- diabetes mellitus, hypertension
- Mother- Mother died due to myocardial infarction
- Brother- myocardial infarction-survived

Physical generals

Appearance: Medium complexion. His appetite is decrease. He has desire for sweets. Thirst is normal with clean and moist tongue. Tired feeling want to sleep always and dreams of falling off.

Thermal reaction: chilly patient .Bowel and bladder habit is regular and satisfied.

Mental generals

He was a jovial person and always busy in doing some or the other work. After the attack of stroke, he developed the complaints of lack of interest in doing work and wanted to sit alone which ameliorated his complaints. Fear of death. Made mistakes while writing.

On examination, his blood pressure was 140/100 mm Hg. On systemic and local examination nothing specific abnormality observed. After the analysis and evaluation of totality symptoms were selected.

Analysis of case

Uncommon symptoms		Common symptoms
Mental generals	Physical generals	
Fear of death Makes mistakes while writing Desire to sit alone	Chilly patient Desires sweets Appetite diminished Sleepiness Dreams of falling	Weakness and tired feeling Lack of interest in doing work

Evaluation of case

Uncommon symptoms		Common symptoms
Mental generals	Physical generals	
Fear of death ³⁺ Makes mistakes while writing ³⁺ Desire to sit alone ²⁺	Chilly patient ¹⁺ Desires sweets ³⁺ Appetite diminished ²⁺ Sleepiness ³⁺ Dreams of falling ³⁺	Weakness and tired feeling ³⁺ Lack of interest in doing work ¹⁺

Selection of repertory

Kent's Repertory was selected for the repertorisation because the symptoms of the mind were prominent in the case and they are the most important symptoms in the remedy and the sick.^[4] So more importance was given to the generals and uncommon particulars, which characterise a person and his disease. In *Kent's Repertory*, Kent has classified the symptoms in to general, particular and common to understand a person, part and disease respectively.

Repertorial result

The repertorisation done with *Kent's Repertory* ^[6] [figure 1]. *Lycopodium clavatum*, *Sulphur*, *Sepia officinalis* came out to be the leading drugs in the case.

Lycopodium clavatum - 16/7

Sulphur - 15/8

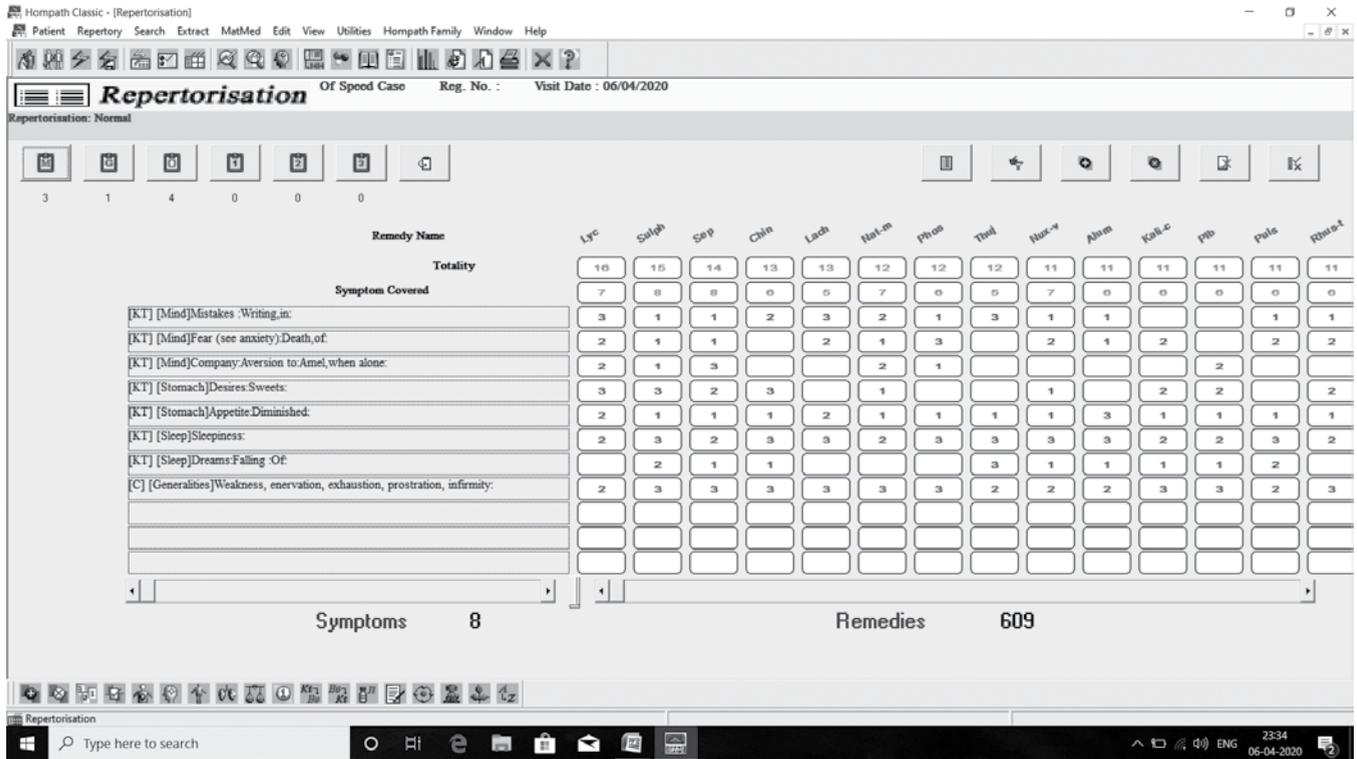
Sepia officinalis -14/8

Analysis of repertorial result and prescription

He was an intelligent multi talented person from the study of the patient and reference to the materia medica. *Lycopodium clavatum* is adapted to functional power weakening, with failure of digestive power and more suitable to old persons. Loss of self confidence,

weakness of memory, confused thoughts; spells or Wright wrong words markedly present in *Lycopodium clavatum*⁽⁶⁾. from the study of the patient and reference to the materia medica and *Lycopodium clavatum* covers the rubrics So *Lycopodium clavatum* 200 was prescribed. Detailed follow up is being summarised in the table 1.

Repertorial chart [figure 1]



Prescription

Lycopodium clavatum 200/1 dose

Pills (3-0-3)/ 15 days

Follow up [Table 1]

Date of visit	Symptoms	Prescribed medicine with potency and doses
07.08.2019	Base line presentation	<i>Lycopodium clavatum</i> 200 /1 DOSE PILLS (3-0-3)/15 days
22.08.2019	There is no marked change in the presenting complaints. The tiredness and weakness present. Fear of death. Appetit : Slightly increased, Thirst : normal Sleepiness slightly reduced. Bowel and bladder habit: Regular and satisfied BP:140/100 mm of Hg	PILLS (3-0-3)/ 15 DAYS



05.09.2019	Patient felt better. Weakness and tired feeling reduced. He started doing small works. Started sit with the family members. Appetite: Improved Sleepiness reduced. Other generals are normal BP:140/100 mm of Hg	PILLS (3-0-3)/ 15 DAYS
20.09.2019	Although there is a steady improvement of complaint but the weakness and tiredness are still present. Appetite: Normal, Thirst: Normal Sleepiness reduced. Other generals are Normal BP:130/90 mm of Hg	Lycopodium clavatum 1 M / 1 DOSE PILLS (3-0-3)/ 15 DAYS
05.10.2019	Patient felt better. Complaints reduced and started doing his works and started spending time with family. Fear of death reduced. Appetite: Good, Sleep: normal sound sleep and No specific dreams. Other generals are normal BP:130/80 mm of Hg	PILLS (3-0-3)/15 DAYS
21.10.2019	No new complaints. Patient felt better. Generals are normal BP:130/80 mm of Hg	PILLS (3-0-3)/15 DAYS

Conclusion

Homoeopathic medicines are very effective in case of post stroke depression and help to improve the person's quality of life. *Kent's Repertory* is the best and much authenticated repertory which helps to treat constitutionally.

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Stroke: homeopathic approach

Dr Tushar Acharya, Dr Priyanka Verma , Dr Shruti Vashisht

Abstract: Stroke is an abrupt onset of focal neurological deficit due to vascular events lasting for 24 hours. It is second leading cause of death around the globe. Incidence of stroke is greater in males than in females. Risk factors such as obesity, smoking, past history of vascular events, for example, high blood pressure, etc. Stroke is broadly classified into two categories: ischaemic and haemorrhagic. Its initial symptoms include: altered sensations, vision impairment, ataxia, aphasia and dysphasia. Main investigations to be done are CT Scan, MRI and cerebral angiography. Homeopathic management for stroke includes *Arnica montana*, *Baryta carbonicum*, *Belladonna*, *Lachesis mutus* and *Nux vomica*.

Keywords: Stroke, neurological deficit, homeopathy, *Arnica montana*.

Abbreviations: WHO – World Health Organization, SLE – systemic lupus erythematosus, CT – computed tomography, MRI – magnetic resonance imaging, CBC – complete blood count.

Introduction

Stroke is a term used to describe the sudden cut off of the blood supply to the brain leading to death of the brain tissue and its consequences.^[1] According to WHO, stroke is defined as “a focal (or at times global) neurological impairment of sudden onset, and lasting more than 24 hours (or leading to death) and of presumed vascular origin.”^[2] Around the globe, stroke is the second leading cause of death and third leading cause of disability.^[3] The incidence of stroke is about 1.25 times greater for males than females. Following is the aetiology of stroke:

- Cardiac embolism
- Intracranial haemorrhage
- Subarachnoid haemorrhage
- Arterial aneurysms
- Premature atherosclerosis
- Arterial dissection
- Thrombophilia
- Homocystinuria
- Antiphospholipid antibody syndrome
- SLE
- Vasculitis

Risk factors for the development of stroke are divided into two according to their modifiability which are given in table 1.^[4]

Classification: Given in table 2.^[4,5]

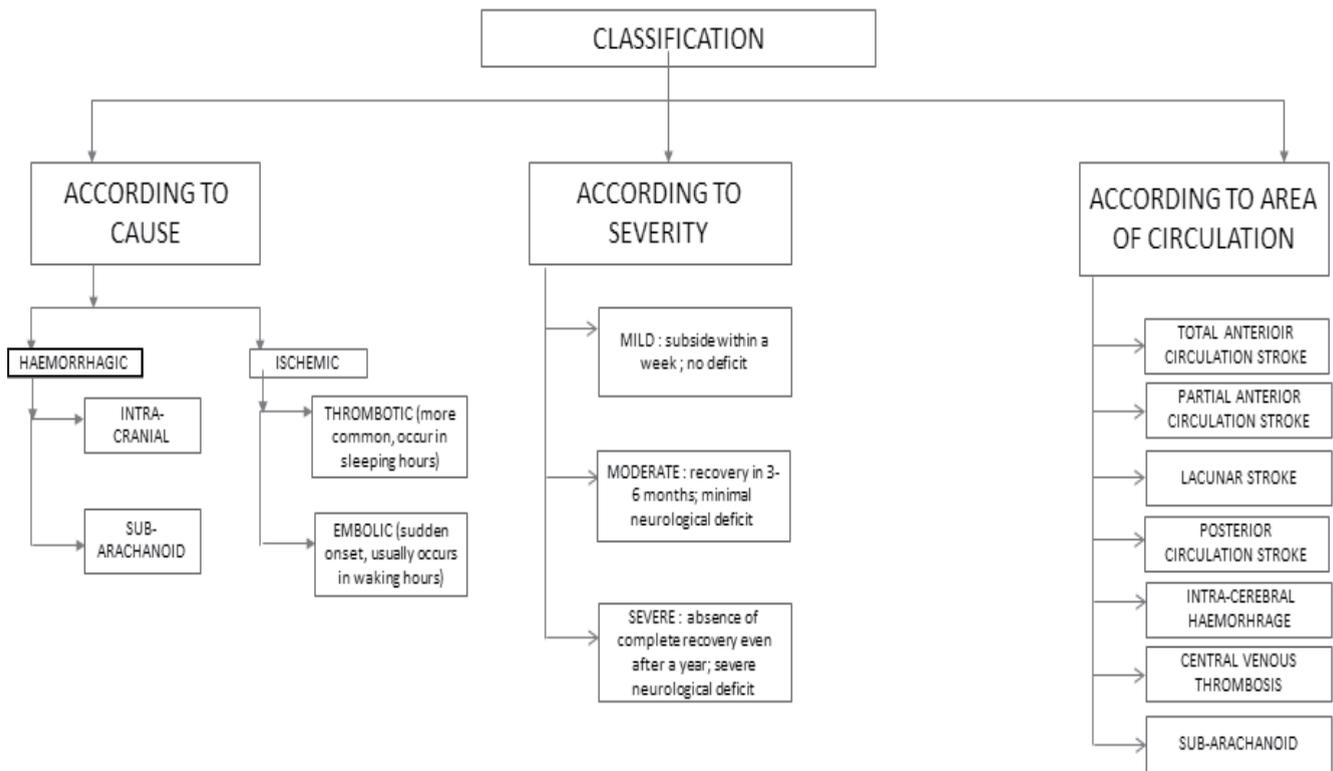
Table 1.

Modifiable	Non-modifiable
<ul style="list-style-type: none"> • Smoking • Obesity • Sedentary lifestyle • Excessive alcohol intake • Oral contraceptives • Infection (meningeal) • Hyperlipidaemia • Diabetes mellitus 	<ul style="list-style-type: none"> • Age and gender: • Hereditary • Past history of vascular events viz: myocardial infarction, stroke and peripheral vascular disease. • High fibrinogen levels

Signs and symptoms of stroke depends upon the location or part of the brain involved. Initial signs and symptoms of stroke include:

- Altered sensation: there can be increased sensitivity to pain (hyperalgesia) characterize
- Weakness of muscles in the contralateral side of the lesion along with alteration of muscle tone (initially flaccid followed by spasticity).
- Abnormal reflexes in which initially there is hyporeflexia with flaccidity followed by constant severe burning with intermittent sharp pains.
- Vision impairment: this includes homonymous hemianopia when the lesion involves optic radiation or primary visual cortex. The person may also feel problem with depth perception and spatial relationships. hyper-reflexia.
- Altered coordination and motor programming results in sensory ataxia and apraxia respectively and other symptoms related to the area affected.

Table 2



- Impaired postural control and balance can be seen in the form of pusher syndrome.
- If the lesion is occurs in dominant hemisphere, it may result in aphasia, dysarthria and dysphagia.

After completion of the acute phase, development of symptoms depend upon the lesion remaining in the brain.

Investigations and management

Specific examinations include CT scan, MRI and cerebral angiography. Other tests include lumbar puncture, CBC, urine analysis, blood sugar level, lipid profile and cardiac evaluation. Patients are managed according to their symptoms. Rapid assessment of suspected stroke is done by rosier scale. It is aimed to minimise the area of damage in brain along with prevention of complications.^[4]

Homoeopathic view and management:

Depending upon its aetio-pathogenesis and the location of development of lesion, haemorrhagic stroke can be classified under acute and syphilitic

miasm while ischaemic stroke can be classified under syco-syphilitic miasm.^[6] Following are the main constitutions which are predisposed to stroke (constitutions at risk of developing stroke):

Rubric: Brain, stroke, threatening, predisposition for: *acon.*, *ARN.*, *ars.*, *aster.*, *bar-c.*, *bell.*, *calc-f.*, *COFF.*, *fl-ac.*, *gels.*, *glon.*, *hyos.*, *ign.*, *kali-n.*, *lach.*, *laur.*, *nux-v.*, *OP.*, *phos.*, *prim-v.*, *stront-c.*^[7]

By the study of above drugs and according to homoeopathic theory of temperaments, it can be concluded that people having sanguine temperament are more prone to develop stroke.

Homoeopathic management mainly focus on the later symptoms of stroke. Though homeopathic medicines can be given during acute stage along with the management protocol of modern medicine according to the symptoms develop which might help in reducing its complications and help in rapid healing of the lesion. Following is list of homoeopathic medicines which are useful in such cases:

- *Aconitum napellus*: *Aconitum napellus* is considered in the initial stage, for acute inflammation and

congestion, when the haemorrhage has just happened. Remote effects of fright, great fear and anxiety of mind and body. Extreme restlessness, face becomes red. Congestive headaches. Hot heavy and bursting sensation in the head. The pulse is fast, full, hard, tense and bounding. Palpitation with anxiety. Hot hands and cold feet. Numbness and tingling in hands and feet, especially left arm. Dry, burning mouth with numbness and tingling. Vertigo, worse on rising.^[8]

- *Arnica montana*: Acts upon blood vessels, nerves, induces stasis. It can be given for thrombosis. Apoplexy; loss of consciousness, involuntary evacuation from bowels.^[9] It controls haemorrhage and aids absorption in acute attack. Left sided paralysis, pulse full, strong, sighing. Sunken, red face.^[8] Ill effects of fright, anger, exertion. Sore lame bruised feeling all over the body, as if beaten. Heat of upper part of body; coldness of lower. Acts best in plethoric, feebly in debilitated with impoverished blood, cardiac dropsy with dyspnoea.^[9]
 - *Baryta carbonicum*: Vascular softening and dilatation, aneurysm, ruptures, apoplexy. Remedy for early senility and when degenerative changes begin in heart, brain and vascular system. Vertigo of old people with nausea < stooping. Palpitation felt in head.^[8]
 - *Belladonna*: Acts on blood vessels and capillaries become active causing congestion, throbbing and dilatation of arteries. Ill effects of sun, getting head wet. Congestion of blood to head with external and internal heat; distended and pulsating arteries, burning, red face. Throbbing of carotids; fits of vertigo with tottering, giddiness, anguish and falling insensibly on left side with flickering before eyes and trembling of hands, anxiety; chiefly in morning or on stooping.^[8]
 - *Bothrops lanceonatus*: For broken down constitution, haemorrhagic constitution with great lassitude. Useful in thrombosis and thrombotic affections as hemiplegia. Diagonal course of symptoms. Paralysis of one arm and one leg.^[10]
 - *Coffea cruda*: Suited to sanguine and choleric temperament.^[12] Pain in head as if bruised; congestion in head especially when speaking. Anxiety of heart and of conscience with heaviness. Trembling of hand, twitching in limbs. Sudden rise of blood pressure.^[8] Stimulates functional activity of all organs; increases nervous and vascular activity.
- ^[10] Ailments from sudden emotions.^[12]
- *Gelsemium sempervirens*: For complaints which are largely congestive. Cerebral hyperemia, rush of blood to brain and spinal cord which causes convulsions of extremities, cramping of fingers and muscles of back. During congestion face is purple, dilated eyes weakness and trembling.^[10] Paralysis of muscles with deep seated pain in back. Lack of muscular coordination, muscles refuse to obey will.^[9] Loss of ability to speak after stroke.
 - *Glonoinum*: Indicated for people of nervous temperament. Bad effects of mental excitement, fear, mechanical injuries and their later consequences. Cerebral congestion or alternate congestion of head and heart. Head troubles from working under gas light or walking in the sun. Throbbing, pulsating headache holds head with both hands could not lie down. Violent palpitation; heart action laboured, oppressed; blood seems to rush to heart and rapidly to head.^[9]
 - *Hydracyanic acid*: Produces convulsions, cramps, paralysis everywhere. Effects are sudden, spasms, collapse, apoplexy. Cephalgia with vertigo. Intense cerebral congestion; brain feel as if on fire, as if cloud were going over his brain. Blood vessels of heart distended, weak, irregular pulse. Paralysis of inferior extremities, loss of sensation with trembling and staggering.^[8]
 - *Lachesis mutus*: Decomposes blood hence has a haemorrhagic tendency.^[10] Awkward gait with left side paralysis after apoplexy. Giddiness with congestion. Sensation of constriction. Apoplectic fits with blue face, convulsive movement of limbs and extravasation of blood in brain. Violent pain in head with flushed cheeks. Cannot bear anything tight anywhere.^[12]
 - *Laurocerasus*: Symptoms accompanied by sudden debility and lack of reaction especially in heart. Stroke occurring suddenly without warning, with palpitation, sunken face cold moist skin and convulsions of the facial muscles. Sudden cough, suffocation and loss of speech.^[8]
 - *Nux vomica*: It is suitable to persons who have indulged in sedentary life and liquors, heavy meal. It is best adapted to persons of bilious, sanguine, or nervous and irritable temperament. Paralysis from apoplexy; vertigo and nausea with sticking pains. Threatened brain haemorrhage with giddiness, headache, drowsiness with red face.^[10]

- *Opium*: Indicated in apoplexy of drunkards. It produces fullness of cerebral blood vessels in predisposed persons and readily cause their rupture and consequent symptoms of extravasation of blood into cerebral substance.^[13] Head hot with hot sweat; bursting feeling, pupils dilated, red; stertorous breathing. Absolute unconsciousness, complete muscular relaxation, contracted and bloated. Very red, pulse full and slow. Vertigo with convulsive movement of limbs.^[8]
- *Sulfonal*: is prescribed for post stroke symptoms, especially for ataxic movements, staggering gait. Legs weak, cold, trembling, seems too heavy. Stiffness and paralysis of both legs. Alternation of mood, changes like happy, hopeful states with depression and weakness.^[10]

Conclusion

Stroke is a focal neurological impairment of sudden onset due to vascular disease. It is of two main types, viz., ischaemic and haemorrhagic. Its speed varies from sub-acute to acute in onset. Homeopathically, it can be classified under acute syphilitic and syco-syphilitic miasmatic diseases as per its origin. As a limitation of homeopathy; due to its speed of development, lack of awareness and non-integration of homeopathic with the modern medicine; in its acute onset, it should be managed with the aid and equipments of modern medicine. As its scope, we can administer homeopathic medicines along with the acute aid to ensure rapid healing and prevention of its complications. As per the literature of homeopathic materia medica, if given in very beginning of acute stage, these medicines may even prevent its development or limit the lesion into a smaller area. As a scope, under chronic management of stroke, there are many homeopathic medicines like *Arnica montana*, *Bothrops lanceonatus*, *Glonoine*, *Lachesis mutus*, *Laurocerasus*, etc. which are effective as well as curative in such cases. Further research and clinical trials are need to be done in this area and on the above discussed points.

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Study of homeopathic drug *Veratrum viride* for the prevention of ARDS in COVID-19 by activation of cholinergic anti-inflammatory pathway

Dr Nilesh Suresh Pendurkar

ABSTRACT:

Background: In the current pandemic of COVID-19, the main complication seen in majority of patients is ARDS and respiratory failure. Cytokine storm is playing major role in the hyper inflammatory lung pathology. 'Cholinergic anti-inflammatory pathway' is neglected for years in immune modulation to control cytokine storm through activation of vagus nerve.

Materials and methods: A literature search was conducted using various bibliographic databases like PubMed etc, google search engine to collect all relevant research and review articles about COVID-19 pathophysiology. Homeopathic materia medica books from different authors were reviewed for *Veratrum viride*. Repertorisation of most common pathological general symptoms seen in COVID-19 cases was done by *Complete Repertory* 2015.

Conclusion: The scientific co-relation between patho-physiology of COVID-19 pneumonia and ARDS with homeopathic drug picture of *Veratrum viride* shows the importance of role of *Veratrum viride* in addressing cytokine storm by activation of cholinergic anti-inflammatory pathway for prevention of ARDS and death.

Keywords- *Veratrum viride*, COVID-19, prevention, ARDS, cholinergic anti-inflammatory pathway.

Abbreviations- COVID-19 (coronavirus disease 2019), ARDS (acute respiratory distress syndrome), VG (vagal ganglia) DRG (dorsal root ganglia), IL (interleukin), TNF (tumour necrosis factor), ACE2 (angiotensin converting enzyme2), SARS (severe acute respiratory syndrome), ANS (autonomic nervous system), SNS (sympathetic nervous system), PNS (parasympathetic nervous system), ACh (acetylcholine), NTS (nucleus tractus solitarius).

Introduction

The most common complication of COVID-19 is rapidly progressing pneumonia and ARDS and is major cause of mortality. The bilateral lung involvement with ground glass opacity at the periphery of lungs is typical of COVID-19. ⁽¹⁾ Cytokine storm is considered to be one of the major causes of ARDS and multiple-organ failure and disease aggravation. ⁽²⁾ Effectively suppressing the cytokine storm is an important way to prevent the deterioration of patients with COVID-19 infection and save the patient's lives.

Objective of the study

The main objective of the study was to correlate the pathophysiological phenomena of the COVID-19 pneumonia with *Veratrum viride* and to describe the role of *Veratrum viride* in addressing cytokine storm of

COVID-19 through cholinergic anti-inflammatory pathway.

Materials and methods

A literature search was conducted using various bibliographic databases like pubmed, google search engine to collect all relevant research and review articles about COVID-19 cases and pathophysiological phenomena not only related to the COVID-19 lung pathology but also for the brain stem involvement in COVID-19. Database search was done for role of nervous system in controlling immunological responses and especially for cytokine storm. Homeopathic data was collected from the different homeopathic materia medica books and was related to *Veratrum viride* only. The repertorization was done by *Complete Repertory* 2015 and based on only pathological general symptom of COVID-19. Analysis of all the studies was done to correlate

the relation between COVID-19 pathophysiology and the *Veratrum viride* materia medica.

Pathophysiology of lung in COVID-19

COVID-19 related severe respiratory distress is manifested by relatively well-preserved lung mechanics, despite the severity of hypoxemia, characterized by high respiratory compliance, high shunt fraction. The pathology in these cases differs from the diffuse alveolar damage and hyaline membrane formation which are hallmarks of typical ARDS. ⁽³⁾ *The primary cause of death was respiratory failure with exudative diffuse alveolar damage with massive capillary congestion often accompanied by microthrombi despite anticoagulation.* ⁽⁴⁾ Vascular enlargement is rarely reported in usual ARDS, yet was seen in most cases of COVID-19 ARDS. ⁽⁵⁾ Perfusion abnormalities, combined with the pulmonary

vascular dilation is observed, are suggestive of intrapulmonary shunting toward areas where gas exchange is impaired, resulting in a worsening ventilation–perfusion mismatch and clinical hypoxia.⁽⁶⁾ *The pulmonary abnormalities in COVID-19 patients appear largely restricted to the alveolar capillaries*, i.e. more of a thrombotic microvascular injury with few signs of viral cytopathic or fibroproliferative changes.⁽³⁾ Local endothelial cell dysfunction in the pulmonary microvasculature is likely to play an important role in the thromboinflammatory processes that ultimately result in COVID-19 vasculopathy.⁽⁷⁾ In lung autopsy reports upon macroscopic examination, *the lungs of all patients were heavy, congested, and oedematous, with patchy involvement and diffuse alveolar damage*.⁽⁸⁾ Some COVID-19 cases shows an overproduction of early response proinflammatory cytokines such as interleukin (IL)-6, IL-1, and TNF α , leads to a cytokine storm. This hyperinflammatory state can cause lung injury, including damage to the microvasculature and endothelial dysfunction. Early intervention aimed at reducing inflammation might help prevent thrombosis.⁽⁹⁾

Neurogenic inflammation of lungs

Neurogenic inflammation refers to the inflammation that is produced through the release of substances from the nervous system—in particular, from small-diameter primary afferent fibres.⁽¹⁰⁾ The respiratory tract (higher and lower) is densely populated by sensory afferents originating from neurons in the vagal ganglia (VG) and dorsal root ganglia (DRG). . The crosstalk between nerve fibers and immune cells is critical in mediating inflammation of the airway following exposure to allergens or viral infection. Activation of these nerve fibre releases of several

pro-inflammatory molecules, including substance P and cytokines such as IL-6. Pro-inflammatory substances have reported to be up regulated in COVID-19 cases and reflect the severity of the disease.⁽¹¹⁾ Post-ganglionic sympathetic neuron may also play a role in neurogenic inflammation suggesting that there is a vagal mechanism affecting neurogenic inflammation.⁽¹²⁾

Brain Stem Affection in COVID-19

Most of the patients of COVID-19 admitted could not breathe spontaneously. Some patients with COVID-19 also showed neurologic signs, such as headache, nausea, and vomiting. Increasing evidence shows that corona viruses are not always confined to the respiratory tract but may also invade the central nervous system inducing neurological diseases.⁽¹³⁾ Respiratory distress is not only the result of pulmonary inflammatory structural damage, but also due to the damage caused by the virus in the respiratory centers of the brain.⁽¹⁴⁾ As with other respiratory viruses, SARS-CoV-2 may enter the central nervous system through the hematogenous or retrograde neuronal route by taking the path of the olfactory nerve. The latter can be supported by the fact that some patients are having smell impairment.⁽¹⁵⁾ Neurotropism could also occur at the level of the vagus nerve that terminates in the dorsal vagal complex in the brainstem. Many recently published papers reported ability of SARS-CoV-2 to attack human brain and also the eventuality of the involvement of the brain in the physiopathology of SARS-Cov-2.⁽¹⁶⁾ COVID-19 was detected in the cerebrospinal fluid. There are ACE2 receptors in the rostral ventrolateral medulla in the brain. ACE2 converts angiotensin II to angiotensin 1–7. An increase in the angiotensin 1–7 level in the brain

activates the sympathetic nervous system which leads to systemic vaso-constriction and increase arterial blood pressure. Thus raised sympathetic activity leads to myocardial injury and ARDS by pulmonary capillary leakage.⁽¹⁷⁾

Autonomic neural regulation of immunity

The central nervous system regulates innate immune responses through hormonal and neuronal routes. The neuro-endocrine stress response and the sympathetic and parasympathetic nervous systems generally inhibit innate immune responses at systemic and regional levels, whereas the peripheral nervous system tends to amplify local innate immune responses.⁽¹⁸⁾ The autonomic nervous system (ANS), composed of two primary branches, the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS), plays a critical role in regulating processes required for maintaining physiological homeostasis and responding to acute stressors.⁽¹⁹⁾ About 75% of parasympathetic nerves fibers arise from the tenth cranial nerve, the vagus nerve.⁽²⁰⁾ The ‘cytokine theory of disease’ states that an overproduction of cytokines can cause the clinical manifestations of disease. The ‘inflammatory reflex’ is a physiological pathway in which the autonomic nervous system detects the presence of inflammatory stimuli and modulates cytokine production. Afferent signals to the brain are transmitted via the vagus nerve, which activates a reflex response that culminates in efferent vagus nerve signaling. Termed the ‘cholinergic anti-inflammatory pathway’, efferent activity in the vagus nerve releases acetylcholine (ACh) in the vicinity of macrophages within the reticulo-endothelial system. ACh can interact specifically with macrophage alpha7 subunits of

nicotinic ACh receptors, leading to cellular deactivation and inhibition of cytokine release.⁽²¹⁾

Cholinergic anti-inflammatory pathway in immunomodulation-

Vagotomy without stimulation significantly increased peak serum TNF levels as compared to sham operated controls. Stimulation of vagus nerve signals was shown to significantly inhibit TNF release in animals receiving lethal amounts of endotoxin.⁽²²⁾ The pulmonary parasympathetic inflammatory reflex may consist of three components: 1).The afferent arc residing in the distal airway or alveolus 2).The NTS information-integrating center in the brain stem 3).The efferent arc innervating the distal lung epithelial cells. Vagus nerve endings are reported to innervate the distal airway of the lung, possibly in the alveoli where varieties of sensors in the vagal afferent arc are located. Via this apparatus, mechanical, chemical, biological, and other stimuli in the alveoli can be sensed. Sensory neurons can recognise different pathogens. The information is transmitted via the afferent arm to NTS, a processing centre, which is capable of differentiating types of infection, inflammation, or challenges. After processing, the active potentials are remitted from NTS to the alveoli via the vagal efferent arc. The vagal nerve endings could synthesise and release ACh, which, in turn, activates $\alpha 7$ nAChR in the proinflammatory cells (example: macrophages and neutrophils) or epithelial cells to regulate the production of proinflammatory cytokines.⁽²³⁾ The efferent arm of the inflammatory reflex, termed as the “**cholinergic antiinflammatory pathway**”, is a highly robust mechanism for cytokine control and thereby can prevent tissue injury and death.

Study of *Veratrum viride* materia medica

The *Veratrum* alkaloids, which are chemically similar to steroids, include protoveratrine, veratridine and jervine. Of these alkaloids veratridine is the most potent.⁽²⁵⁾ *Veratrum viride* in small doses has a selective action on the afferent (pulmonary) nerve-endings of the vagus and has also a direct action on the medullary centres leading to vasoconstriction and to paralysis of respiration.⁽²⁶⁾

Site of action of *Veratrum viride* - cerebrospinal nervous system, especially pneumogastric nerve (vagus nerve), vasomotors, medulla, cranium, capillaries, arteries.⁽²⁷⁾

Kind of action - The most of the action of *Veratrum viride* is spent upon the medulla oblongata causing Paralysis of its functions.. The medulla is the center that controls respiration and death takes place due to paralysis of the respiratory muscles. *No remedy in the materia medica produces sudden and intense congestion and inflammation of the lungs as is caused by Veratrum viride, through its paralytic influence upon the motor filaments of the pneumogastric nerve.* . In one experiment (by Dr Burt) cats and dogs killed with the *Veratrum viride* all had inflammation of the lungs of the most marked character. *The microscope revealed intense congestion and a large number of the capillary vessels ruptured together with the pressure and rupture of the capillaries, ends in hyperaemic congestion, or inflammation. Sections of the lungs were so completely hepatised, that, when thrown into the water, they immediately sank to the bottom of the vessel.*⁽²⁸⁾ *Veratrum viride* is indicated in *frankly developed pneumonia.*⁽²⁹⁾ Violent Congestive Conditions; Active hyperemia especially cerebral - congestion of the base of brain and of upper portion of spinal cord therefore it interferes with function of pneumogastric nerves.

⁽³⁰⁾ *Veratrum viride, by affecting the pneumogastric nerve (vagus), and by paralyzing its functions, produces congestion and inflammation in every organ and tissue to which it is distributed.*⁽³¹⁾ It is an invaluable remedy in those violent congestions which precede pneumonia. It may even abort the whole disease. It is also indicated when the engorgement is so profound as to threaten the death of the patient. It is indicated before hepatisation has taken place.⁽³²⁾ E. B. Nash quoted that- “It was claimed that if we could control the quickened circulation so as to decrease the amount of blood forced into the congested lung, that you thereby gave the lung a chance to free itself of the existing engorgement. It looked plausible, and certainly in many cases remarkable cures were effected, and that in a short time”.⁽³³⁾

Repertory chart

For repertorisation, the most common pathological general symptoms of COVID-19 were taken into consideration. (repertorisation chart: Figure 1)

Discussion of *Veratrum viride* in co-relationship with COVID-19

PRINCIPLE of homoeopathy is LIKE CURE LIKES, i.e. the drug that can produce some set of symptoms (toxicological symptoms) in a normal individual; in homoeopathic potency is capable of removing that set of symptoms in the diseased person. So, toxicological poisoning of the drug gives us location of action and kind of action of that drug. Location of the homoeopathic drug, kind of action and range of the action of the drug must be similar to the pathology or disease process.

The complication in COVID 19 patients is due to excessive vigorous response given by the immune system to the antigen (virus) i.e.

Cytokine storm. Interestingly, *Veratrum viride* is the only remedy in the repertory for bilateral pneumonia. Bilateral pneumonia is atypical pneumonia and especially seen in many viral infection and it is due to the severe immunological response given by the body to antigen or virus. In homeopathic materia medica, *Veratrum viride* is indicated for STHENIC INFLAMMATION where the meaning of sthenic is active and vigorous. That also indicates the role of *Veratrum viride* in severe immunological reactions like cytokine storm. Repertorisation of the most common pathological general symptoms and the location of pathology in COVID-19 cases are also indicating towards the *Veratrum viride* as a important totality. Brain stem is also an important site of infection because many patients show symptoms of loss of taste and loss of smell even before development of lower respiratory symptoms. *Veratrum viride* has action on the brain stem, medulla and capillaries. In COVID-19 we can see all these sites are important location of pathology. Even in COVID-19 ARDS, the lung capillaries are the main site of inflammation and rupture and thrombosis is seen. Though *Veratrum viride* is not in the repertory under thrombosis, *Veratrum viride* is given there in inflammation of small vessels and capillaries. Inflammation in small capillaries can always lead to thrombosis and necrosis. The typical lung autopsy findings of the *Veratrum viride* poisoned animals are also matching with the COVID-19 lung autopsy findings, where there is rupture of pulmonary capillaries, thrombus and lot of mucus. The role of autonomic neural control on immunity through 'inflammatory reflex' is also very important. If one can stimulate the vagus nerve then through its parasympathetic activation it is capable to control the cytokine storm. So its role in immunomodulation by 'cholinergic anti-inflammatory pathway' can be

a life saving deal in cytokine storm. As discussed earlier by applying homeopathic law 'like cure likes', we can say that "if *Veratrum viride* in toxic doses can produce severe inflammatory storm by inhibiting the vagus nerve, then *Veratrum viride* in homoeopathic Potency can stimulate the vagus nerve and by activating 'cholinergic anti-inflammatory pathway' aborts cytokine storm"

Conclusion

From all above the discussion, one can conclude that *Veratrum viride* can be an important remedy in the current Pandemic of COVID-19 in congestive stage of bilateral frankly developed pneumonia due to cytokine storm and can prevent further complications like ARDS and death. From all the data reviewed we can hypothesize that, *Veratrum viride* in homoeopathic potency is capable of stimulating 'CHOLINERGIC ANTI-INFLAMMATORY PATHWAY' which is a 'missing link' for years in the management of inflammatory processes like cytokine storm. In the future, case control study of *Veratrum viride* in COVID-19 pneumonia should be done. Thus with proper experimentation and documentation homoeopathic Remedy *Veratrum viride* could be not only seen as alternative medicine but could be used as main stream remedy in COVID-19 pneumonia.

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Varicocele in adolescents: the homoeopathic perspective

Dr Sajjad Nasir

Guide: Dr Jyoshna Shivaprasad

Abstract: Varicocele is the most common cause of infertility in men, the effect of a varicocele can get worse with age. It is the abnormal dilatation of the pampiniform plexus of the testicular veins, which drain the testicles. About 17 percent of boys between the ages of 13-25 years old have varicoceles. Apart from the immediate surgery (open and laparoscopic), homoeopathic medicines have proved its worth by reverting most the effects of varicocele in adolescents.

Keywords: Varicocele, adolescent, atrophy, pampiniform plexus, homoeopathy.

Introduction

A varicocele results from an abnormal dilatation of venous network. It is the abnormal dilatation of the pampiniform plexus of the testicular veins, which drain the testicles. Initial presentation usually occurs during puberty, with incidence in 13-year-old adolescent boys equal to that of an adult man (15%).¹

History

References to dilated and tortuous veins of the spermatic cord, now referred as a varicocele, occurred as early as 1885. It was known to be associated with ipsilateral testicular atrophy, which was reversible after ligation.¹

Aetiology

Does not happens to every male, but fairly common. During puberty, the testicle grows quickly and need more blood delivered to them. Sometimes, veins cannot supply this extra blood, if veins and valves aren't working as well as the should. Hence, some of the blood continues to flow back, create a back up and ends up in varicocele.²

About 17 percent of boys between the ages of 13-25 years old have varicoceles. More than 90 percent of the time, they appear on the left testicle and they mostly occur during or after puberty.^{3,11}

Pathophysiology²

In all males, a structure called spermatic cord (which contains arteries, veins, nerves and tubes) provides a connection and circulates blood to and from the testicles. Veins, which has valves carries blood to the direction of heart and valves prevent it from backward flow.

Sometimes, these valves may fail, results some backflow of blood; reverse of blood flow. This backed up blood can collect and pool in the veins, which causes veins to stretch and get bigger.

Symptomatology⁴

Most of the time, boys might not even know that they have a varicocele. Usually, it is noticed during a testicular examination.

- On examination: Veins will feel like a "bag of worms/spaghetti"

which is prominent while standing, disappear on lying down.

- Dull discomfort, or heaviness of scrotum, after a heavy exercise, hot weather or standing for a longer time.
- A dull ache in the testicle.
- A feeling of heaviness or dragging in the scrotum.⁴

A varicocele is the most common cause of infertility in men, the effect of a varicocele can get worse with age.⁴

Studies shows that varicocele can have a significant effect upon testicular growth and function in adolescent males. Early treatment is chosen because delaying treatment may make growth and function problems irreversible.⁵

Currently, there is significant evidence that a varicocele can produce testicular injury in teenagers. Experts do not know the exact cause of the injury. However, varicocele that involves one testicle can cause a temperature increase in both testes, which in turn can cause varying side effects on testicles.

Treatment⁵

Doctors usually decide whether adult men with a varicocele should have surgery based upon documented evidence of infertility and abnormal semen sample.

When it comes to adolescents, these criteria aren't used because infertility hasn't documented and it is difficult to obtain a semen example. However, it is not reasonable to postpone treatment of all adolescents who have a varicocele because some of them may become infertile if they aren't treated as adolescents.⁵

Experts agree that surgery should be considered if at least one of the following abnormalities are present:⁵

1. Abnormal semen analysis
2. The testicle on the side of the varicocele is smaller
3. The varicocele involves both the right and left sides

All people who have varicocele should have annual testicular exams to ensure the testicle are growing normally.⁵

After boys turn 17, they should have annual semen analysis to check fertility. As long as the testicular exam and semen analysis remain normal, surgery would not be necessary.

Varicocele repair; surgical methods:⁵

1. **Laparoscopic surgery:⁵** During laparoscopic surgery, the surgeon will make three small incisions in the abdomen. Surgeon will pass tiny

instruments through those incisions to visualise and repair the varicocele. Open surgery and laparoscopic surgery have same success rate.

2. **Open surgery:⁵** Open (traditional surgery) is done on an outpatient basis. The surgeon usually uses general anaesthesia to put patients to sleep during procedure. A retro-peritoneal incision would be made to reach affected veins and tie them off from the blood supply.

Homoeopathic Management:

RUBRICS IN HOMOEOPATHIC REPERTORIES: -

Male, varicocele, spermatic cord:^{6:}

Aur., bell., calc., coll., ham., lach., lyco., merc-i-r., nux-vom., phos-ac., podo., puls., sulph

Blow from: ARN., bell-p., ham., puls.

MALE, varicocele^{8:}

Arn., calc., carb-v., coll., ham., lach., lyco., merc-i-r., nux-v., ph-ac., podo., puls., sil., sulph.

MALE SEXUAL SYSTEM, varicocele:⁹

Acon., arn., ferr-phos., ham., lach., nux-v., plumb., puls., ruta., sulph.

MALE ORGANS, TESTES, varicocele:⁷

Lyco., arn., ruta., ferr-ph., hamm.

varicocele:¹⁰

Coll., ferr-ph., fl-ac., hamm., puls.

1. **Hamamelis virginica:** Venous congestion, haemorrhages, varicose veins, soreness of the affected part. Acts on coats of the veins causing relaxation with consequent engorgement. Passive venous haemorrhages from any part. Pain in spermatic cord, running to the testes. Varicocele, pain in testicles. Orchitis, testicles enlarged, hot and painful.
2. **Rhododendron:** Pain in testicles, worse left, swollen, painful, drawn up. Orchitis, glans feels crushed. Induration and swelling of testes after gonorrhoea.
3. **Phosphoricum acidum:** Debility is very marked, producing nervous exhaustion. Mental debility first and physical debility. Ailments from acute diseases, excesses, grief, loss of vital fluids. Seminal vesiculitis. Sexual power deficient; testicles tender and swollen. Prostatorrhoea, even when passing soft stool. Eczema of scrotum.
4. **Pulsatilla nigricans:** Indicated after abuse of iron tonics and after badly managed measles. Indicated when first serious impairment of health; referred to the age of puberty. Orchitis; pain from abdomen to testicles. Pain and tenesmus in urinating, worse lying on back. Acute prostatitis. Stricture; urine passed only in drops.
5. **Plumbum metallicum:** Constrictive sensation in internal organs. Loss of sexual

power. Testicles drawn upward, feels constricted. <Night, Motion. >Rubbing, Hard pressure. Localised neuralgic pains, neuritis.

6. *Nux vomica*: Bad effects of sexual excesses. Constrictive pain in testicles. Orchitis. Weakness and irritability. Spermatorrhoea with backache.

Conclusion

A varicocele is the most common cause of infertility in men, the effect of a varicocele can get worse with age. It is the abnormal dilatation of the pampiniform plexus of the testicular veins, which drain the testicles. About 17 percent of boys between the ages of 13-25 years old have varicoceles. Homoeopathic remedies like *Rhododendron*, *Pulsatilla nigricans*,

Acidum phosphoricum, *Hamamelis virginica*, has good action over testicular venous engorgement and helps in treating the varicocele in adolescents successfully.

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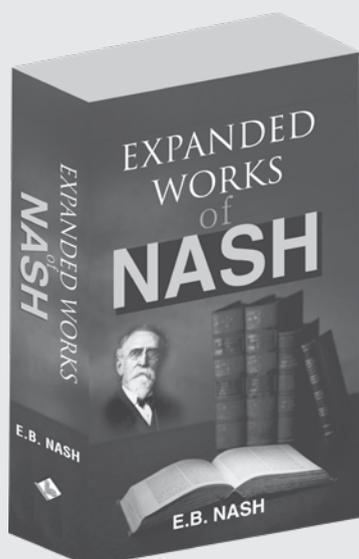
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Role of homoeopathy in management of stroke

Dr Ashok Yadav, Dr Virendra Chauhan, Dr Nipun Singh Dabi

Abstract: Stroke occurs when blood supply to the part of brain is interrupted or reduced and brain tissues are unable to get oxygen and nutrients. It is the most prevalent cause of morbidity and mortality from neurological disease. Sudden loss of vision, sudden weakness of face and arm and slurred speech are its common presentation. Following article will simplify the various aetiology, types, clinical presentations and homoeopathic medicines along with appropriate rubric of stroke given in repertory.

Keywords: Stroke, homoeopathy, hypertension, thrombosis, atherosclerosis, apoplexy.

Abbreviations: Transient ischaemic attack (TIA), ATP (adenosine tri phosphate), O₂ (oxygen), Na (sodium). CT (computed tomography), ECG (electrocardiography), MRI (magnetic resonance imaging), FAST (face, arm, speech, time), years (yrs), hours (hrs).

Introduction

Stroke can be defined as a sudden onset of focal neurological dysfunction due to vascular cause. Transient ischaemic attack (TIA) usually lasts for minutes with complete recovery under <24 hrs. Stroke is a medical emergency which increases with the increasing age (> 60 yrs). Haemorrhagic stroke accounts for 15% of cases and occupy second position while ischaemic stroke on the other hand are responsible for 85% of cases and holds fourth spot in death all over globe. In India, cerebrovascular disease are placed on second position after ischaemic heart disease^[1].

Table 1. Risk factor and aetiology of stroke

Risk factors	Aetiology
Age: >60	Thrombosis
Hypertension	Embolism
Diabetes	Hypertension
Hyperlipidaemia	Aneurysm
Alcohol	Vascular malformations
Obesity	Coagulopathy
Smoking	Vasculitis

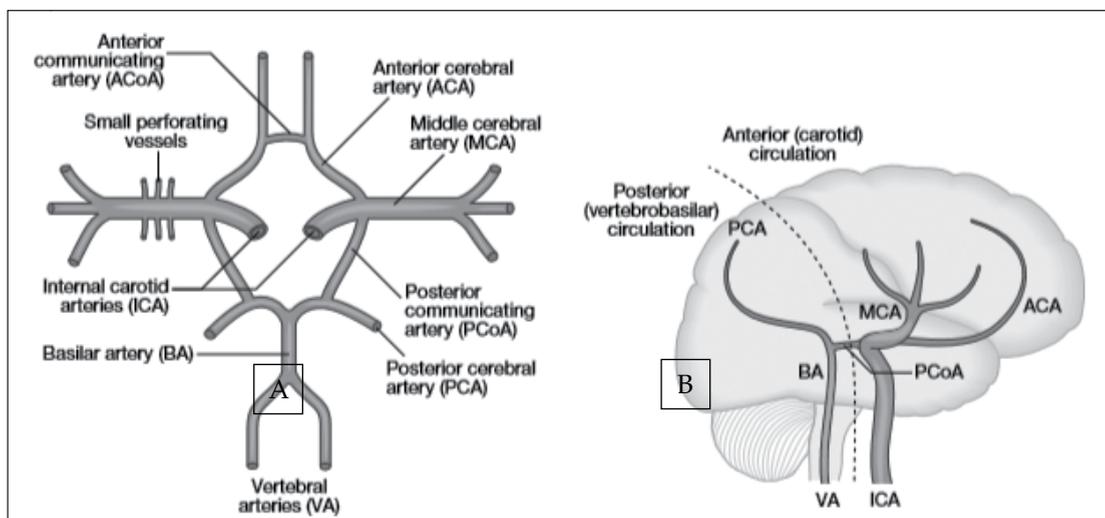
Pathology

Any decrease in level of O₂ concentration below the threshold in cerebral circulation disposes brain to tissue damage. If homoeostatic mechanism kicks in time it result in a TIA. Any failure to do so causes ATP (adenosine tri phosphate) shortage which paves way for loss of membrane potential and increase influx of sodium (Na) and water into cells (cytotoxic oedema). Release of glutamate neurotransmitter further allow influx of calcium (activate intracellular enzymes) and more sodium into the neurons. Inflammatory mediators released by microglia and astrocytes causes death of all cell types in the area of maximum ischaemia. Fever and high blood glucose contribute in development of deficit. A structurally intact swollen ischemic tissue that surrounds the infarcted zone is called ischaemic penumbra. A generalised reduction in blood flow to brain due to hypotension, cardiac arrest and shock causes global cerebral ischemia while decrease supply at a local level due to thrombosis or embolism results in focal cerebral ischaemia.^[2] (See Figure 1)

Clinical features

- *TIA (transient ischaemic attack)* is sudden loss of function with complete recovery and no evidence of infarction on imaging. Symptoms remain for very short span of time including amaurosis fugax, aphasia, hemiparesis, hemisensory loss and hemianopic visual loss.
- *Cerebral infarction(85%):* The clinical presentation of stroke depends on site
 - Anterior circulation infarcts occur in territories of internal carotid, middle cerebral, anterior cerebral and ophthalmic arteries. Symptoms are contralateral hemiplegia and facial weakness hemisensory loss and neglect syndromes, aphasia and hemianopia.
 - Posterior circulation infarct affect brainstem, thalamus, hippocampus resulting in diplopia, vertigo, vomiting, choking and dysarthria, ataxia, hemisensory loss, hemianopic and bilateral visual loss, tetraparesis, loss of consciousness and transient global amnesia.

Fig 1. Brain vascular anatomy:^[3]



Blood supply to different regions of brain: [A] Horizontal view [B] Lateral view

- Lacunar infarction are often asymptomatic but may present without cortical features, such as pure motor stroke, pure sensory stroke, sudden unilateral ataxia and sudden dysarthria with a clumsy hand.
- Watershed infarction due to cerebral hypoperfusion affect border zones and may cause loss of memory, vision and slight impairment in intellect.
- Haemorrhagic stroke(15%) are present with severe occipital headache accompanying vomiting and if timely intervention is not done followed by coma. They include intracerebral and cerebellar haemorrhage and subarachnoid haemorrhage^[4].

Investigations:

See Table 2.

Differential diagnosis

- Migraine
- Encephalitis
- Subdural or extradural haematoma

Table.2 Investigations for determination of stroke

Immediate	Within 24 hours	Additional
MRI Brain	Routine blood	CT or MR angiography
CT Brain	Lipids	CT Brain
Blood count	ECG	Echocardiogram
Glucose	Carotid Doppler	Antiphospholipid antibodies

• Brain Tumor

Management: Stroke is a medical emergency. To educate general public, acronym **FAST** is used

- Face - sudden weakness of the face
- Arm - sudden weakness of one or both arms
- Speech - difficulty speaking, slurred speech
- Time - the sooner treatment can be started, the better.^[4]

A. General management include airway patency, giving oxygen and maintaining blood pressure.

B. Medical management require thrombolytic, antiplatelet and anticoagulative therapy and decompressive craniectomy.

Secondary intervention: Anti hypertensive, lipid lowering, life style modification, exercise and physiotherapy, surgery and stenting for carotid stenosis.^[4]

Homoeopathic management in stroke

In homoeopathic literature, apoplexy is the corresponding term for stroke. In this type of cases where evolution of disease from TIA to stroke needs to be arrested and acuteness of condition in haemorrhagic stroke demands a therapeutic selection, characteristic symptoms of patient can be crucial for medicinal differentiation. While the concept of thorough case taking and individualisation should be saved for chronic condition remaining thereafter.

Miasmatic evolution:

Atherosclerosis is a result of sycotic miasm. Structural changes underlie hypertension and aneurysm which is central to syphilitic miasm. Haemorrhagic tendencies do come under tubercular miasm^[5].

Rubrics related to stroke are well placed in various repertories:

1. Rubrics of stroke from *Repertory of The Homoeopathic Materia Medica* by Dr J.T. Kent^[6]-

- HEAD - CEREBRAL HAEMORRHAGE
- HEAD - CONGESTION
- HEAD - ANAEMIA
- EXTREMITIES - PARALYSIS - apoplexy, after
- EXTREMITIES - Upper Limbs - apoplexy
- EXTREMITIES - Lower Limbs - apoplexy
- EXTREMITIES - PARALYSIS - hemiplegia
- GENERALITIES - APOPLEXY

2. Rubrics of stroke from *Synthesis Repertory*^[7]-

- HEAD - APOPLEXY
- HEAD - CEREBRAL HEMORRHAGE
- GENERALS - APOPLEXY
- GENERALS - APOPLEXY THREATENED
- GENERALS - PARALYSIS

- onside - apoplexy after

- EXTREMITIES - PARALYSIS - apoplexy after
- EXTREMITIES - PARALYSIS - hemiplegia

3. Rubrics of stroke from *Homoeopathic Medical Repertory* by Dr Robin Murphy^[8]

- BRAIN - STROKE , apoplexy
- DISEASE - STROKE, apoplexy- paralysis from
- DISEASE - HYPERTENSION, high blood pressure

4. Rubrics of stroke from *New Manual of Homeopathic Materia Medica & Repertory* by Dr Boericke^[9]-

- CIRCULATORY SYSTEM - RUPTURE OF ARTERY
- HEAD - BRAIN - Anaemia
- HEAD - BRAIN - Congestion
- HEAD - BRAIN - Paralysis
- NERVOUS SYSTEM - PARALYSIS
- NERVOUS SYSTEM - HEMIPLEGIA
- NERVOUS SYSTEM - PARAPLEGIA

Medicines having high therapeutic value in cases of stroke are ^[9]

Coffea cruda:. It is a remedy for threatened apoplexy. Pain as if

nail driven in head with rapid high tension pulse and urinary suppression

Belladonna: It is suitable for confusion and cerebral irritation with hot head and cold feet. Congestive headache with throbbing of carotids. Acuteness of pain which resolve suddenly accompanied by vomiting.

Opium: Complete loss of consciousness in apoplectic state and dark red flushed face with paralysis. Pulse is low and full and there is dropping of lower jaw. Vertigo with head feels lights in old people.

Lachesis mutus: Left sided paralysis remaining after stroke. Hemorrhage of dark, profuse and non coagulable blood. Rush of blood to head causing pressure on vertex and headache with flickering dimness of vision.

Phosphorus: It causes fatty degeneration, congestion of blood vessels. Arms and hands become numb. Pulse rapid ,small and soft.

Baryta muriaticum: It is suitable for arteriosclerosis, aneurysm and cerebral affection with a high systolic pressure and a comparative low diastolic tension. Vertigo due to cerebral anaemia with noises in ears.

Causticum: Paralysis of right side of face. Gradually appearing local paralysis of vocal cords, muscles of deglutition, tongue, eyelids, face, bladder and extremities.

Aconitum napellus: Sudden, active cerebral congestion characterized

by fear of death, restlessness, thirst. Pulse is full, hard and bounding. It used for congestive stage before localization take place^[10].

Crotalus horridus^[11]: Vertigo with weakness and trembling. Dull heavy occipital pain on right side and eye with diplopia. Right sided paralysis

Arnica montana^[11,12]: A remedy to prevent threatened apoplexy with red full face. *Arnica montana* is disposed to cerebral congestion, tendency to hemorrhage, to promote absorption of clots and helps in restoration of blood circulation where head and face feel hot while whole body is cold.

Discussion and conclusion

Homoeopathy is a system of medicine in which treatment is based on similarity of symptoms. Patient with stroke shows various symptoms on general and particular level. For homoeopathic prescription each symptoms narrated by patient is not equally important, but characteristic, rare, uncommon symptoms are key for prescription. However, the constitutional approach is most suitable way to find out simillimum but at times patients are not in condition of giving case taking because of unconsciousness, dysarthria, hence a prescription based on acute totality is needed to give relief to the patient. Such type of prescribing helps the physician to deal with the acute severity of the case when symptoms agree.

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Be hopeful with homoeopathy in stroke

Dr Nanritam Chopra and Dr Nandini Dadhich

Abstract: A stroke is a serious medical condition in which poor blood flow to the brain results in cell death. The blood supply to the brain can be interrupted by either occlusion of the arteries supplying the brain or a rapidly growing tumour or a subdural haematoma. Thus, it can be ischaemic or haemorrhagic. The symptoms and signs are usually sudden and therefore requires immediate and careful medical intervention. However, homoeopathy can also play a trustworthy role in managing these cases when given according to the symptom similarity and proper study from the source books.

Keywords: Stroke, types, signs and symptoms, homoeopathic management.

Abbreviations: transient ischaemic attack (TIA), before christ (BC), AVM (arteriovenous malformation), face, arms, speech, time (FAST), central nervous system (CNS), computed tomography (CT).

Introduction

A stroke, also known as a cerebrovascular accident, is a sudden disabling attack or loss of consciousness caused by an interruption in the flow of blood to the brain. Thus, the part of the body that the blood-deprived brain cells control stops working. In this, a focal neurological deficit may take a few hours or days to worsen.^{1,2} This may occur usually due to gradual occlusion of major blood vessels by a thrombus or may also occur in a rapidly growing tumour or a haemorrhage into the brain.^{1,2} It is a medical emergency because stroke may lead to death or permanent disability.

This term have many synonyms used around the globe. Initially, the phenomenon of sudden paralysis often associated with ischaemia was first described by Hippocrates (460 to 370 BC). Also, apoplexy, a greek word meaning «struck down with violence», first appeared in Hippocrates' writings to describe this phenomenon. The word 'stroke', used as a synonym for apoplectic seizure as early as 1599, is a literal translation of the greek term 'apoplexy'.³ Stroke is classified

by the mechanism which causes the loss of the blood supply, and can be either ischaemic or haemorrhagic.^{2,3}

It can be caused either by an artery in the brain being obstructed or blocked, preventing oxygen-rich blood from being delivered to brain cells (called an ischaemic stroke), or by a blood vessel rupturing, thus preventing adequate blood flow to the brain (called a haemorrhagic stroke).³

A transient ischaemic attack (TIA), or "mini stroke", is caused by a temporary clot, thus is short-lived where the clinical symptoms resolve spontaneously or last a few seconds to minutes. It is a brief episode of neurological dysfunction and an important warning of an impending stroke. Thus, it also requires emergency assessment to try to minimise the risk of a permanent brain ischaemia. A stroke is classified as a TIA if all symptoms resolved within 24 hours.^{1,2,3}

There is also lacunar stroke which results from the blockage of a single tiny branch of artery penetrating the brain. The area of the involved brain is small but can still cause significant neurologic deficits, just like a stroke involving

a larger blood vessel and more brain tissue.^{1,2,3}

Causes

In an ischaemic stroke, the artery can be blocked in a couple of ways, i.e. an artery can narrow over time if cholesterol builds up, called plaque, and a clot is formed at the site if that plaque ruptures which prevents the blood from passing to brain cells downstream, thus they are then deprived of oxygen. This is thrombotic stroke. When the artery is blocked because of a clot, a piece of fatty material or other object (embolus), that travels within the bloodstream and lodges in a blood vessel, results in embolic stroke. Blood clots that embolise usually arise from the heart, most commonly heart arrhythmia, called atrial fibrillation.^{1,3} Since blockage of the artery is gradual, onset of symptomatic thrombotic stroke is slower than that of a haemorrhagic stroke.^{1,2}

Haemorrhagic stroke, results from the rupture of a blood vessel or an abnormal vascular structure (aneurysm), which leads to spilling of blood into brain tissue, thus brain cells stop working due to disruption

of blood supply to that area. There are two main types of haemorrhage resulting in this type of stroke:

1. Intracerebral haemorrhage, which is basically bleeding within the brain itself (when an artery in the brain bursts, flooding the surrounding tissue with blood), due to either intraparenchymal haemorrhage (within the brain tissue) or intraventricular haemorrhage (within the ventricular system of brain).^{1,2,3}
2. Subarachnoid haemorrhage, which is bleeding that occurs outside of the brain tissue but still within the skull, and precisely between the arachnoid mater and pia mater (the delicate innermost layer of the three layers of the meninges).^{1,2,3}

The cause of bleeding or haemorrhage is often due to poorly controlled high blood pressure that results in weakened arterial walls. Blood may also leak from an aneurysm, a congenital weakness or ballooning of an artery wall, or from an AVM (arteriovenous malformation), a congenital abnormality where an artery and vein connect incorrectly. The bleeding can also form a haematoma that damages brain cells directly and may result in swelling that further puts pressure on surrounding brain tissue.^{2,3}

About 87% of strokes are ischaemic, the rest being haemorrhagic. Bleeding can also develop inside areas of ischaemia, known as “haemorrhagic transformation.”³

Risk factors ^{1,3}

The most common high risk factors include:

- High blood pressure

- Heart conditions like atrial fibrillation, patent foramen ovale (hole in the heart), and valvular heart disease
- Cocaine users
- High cholesterol
- Smoking
- Diabetes mellitus
- Increasing age (persons above 65 years of age)

Additional risk factors in younger individuals (less than 50 years old), include illicit drugs, such as cocaine or amphetamines, ruptured aneurysms, and inherited predispositions to abnormal blood clotting.^{1,3}

Signs and symptoms

There is a mnemonic to remember the warning signs of stroke, i.e. FAST, as advocated by the American Stroke Association.³

- **Face** – dropping of the face on one side, the person may not be able to smile, or open their mouth or the eye may drop.
- **Arms** – person may not be able to lift both arms and keep them there because of weakness or numbness in one arm. Loss of muscle tone and spasticity
- **Speech** – slurred or garbled speech, or the person may not be able to talk at all despite appearing to be awake; may also have problems in understanding what is said to them.
- **Time** – it's time to dial 999 immediately if one sees any of these signs or symptoms.

The stroke symptoms typically have sudden start, over seconds to minutes and in most cases do not progress further. Symptoms of stroke depend upon what area of the brain has stopped working due to loss of its blood supply. The more

extensive area of the brain affected, the more functions that are likely to be lost. In most cases, only one side of the body shows symptoms (unilateral). Depending on the part of the brain affected, the effect is usually on the opposite side of the body.^{1,3}

In addition to the CNS pathways, the brainstem gives rise to most of the twelve cranial nerves. The stroke affecting the brainstem and the brain, therefore, can produce symptoms relating to deficits in these cranial nerves.^{1,2,3}

Some forms of stroke can cause additional symptoms like most forms of stroke are not associated with headache, apart from subarachnoid haemorrhage, cerebral venous thrombosis and intracerebral haemorrhage occasionally.^{2,3}

The patient may present with multiple symptoms includes the following:

- Acute change in level of consciousness or confusion of mind
- Acute onset of weakness or paralysis of half or part of the body
- Numbness of one half or part of the body
- Partial loss of vision
- Diplopia.
- Difficult speech or in understanding speech
- Difficulty in balancing and vertigo (ataxia)

Symptoms like loss of consciousness, headache, and vomiting occur more often in haemorrhagic stroke than in thrombosis because of the increased intracranial pressure from the leakage of blood which compress the brain.^{1,2,3}

Management of stroke^{1, 3}

- The initial evaluation requires physical examination, i.e. assessing vital signs and patient wakefulness.
- Taking note of the cardiovascular status, i.e. blood pressure and electrocardiogram, cardiac function.
- Neurological examination for the degree of neurological deficit and vascular territory involved.
- Metabolic status assessment (blood sugar, hypoxia, renal functions, electrolyte status).
- Haemoglobin and coagulation parameters.

In an acute stroke, blood tests and CT of the head are indicated to plan the treatment.^{1, 2, 3}

Homoeopathic medicines for stroke^{4, 5}

Aconitum napellus: Aconite is considered in the initial stage. The person feel restlessness and tossing about. There is great anxiety of mind and body. Face becomes red. Congestive headaches. Hot heavy and bursting sensation in the head. The pulse is fast, full, hard, tense and bounding. Palpitation with anxiety. Hot hands and cold feet. Numbness and tingling in hands and feet, especially left arm. Dry, burning mouth with numbness and tingling. Vertigo, worse on rising.

Arnica montana: Loss of consciousness, involuntary evacuation from bowels and bladder; in acute attack, controls haemorrhage and aids absorption.

Baryta carbonica: Tendency of stroke in old people; headache. Blood vessels soften and degenerate, become distended, and aneurysms, ruptures, and stroke result.

Belladonna: Severe headache with congestion in the head, face hot and flushed. Eyes are wide and staring.

Throbbing headache, especially in temples, which is worse from motion, light, noise and lying down, better from laying the hand on head and bending head backwards. Eyes are dilated. Pulse full and rapid.

Cactus grandiflorus: Congestive headache, periodical, threatening stroke. Sanguineous congestion in persons of plethoric habit; often resulting in haemorrhage.

Calcarea fluorica: Arteriosclerosis; threatened stroke. Haemorrhagic tumors on head.

Crotalus horridus: Paralysis from stroke, especially right side. Lower limbs go to sleep easily. Hands tremble, swollen. Cannot keep legs still. The patient is loquacious with desire to escape. Muttering, mumbles, jumbles, and stumbles over his words, tremens. They are agitated, irritable and cross.

Glonoinum: Confusion, with dizziness. Head heavy, but cannot lay it on pillow. Cannot bear any heat about head. Better from uncovering head. Throbbing headache. Vertigo on assuming upright position. Cerebral congestion. Head feels enormously large, as if skull were too small for brain. Shocks in head, synchronous with pulse. Threatened stroke.

Kalium bromatum: Stroke attacks, uraemic or otherwise; somnolence and stertor, convulsions, aphasia.

Lachesis mutus: Rush of blood to head; after alcohol; mental emotions; suppressed or irregular menses; at climaxis; left-sided apoplexy with pressing or bursting pain in head.

Laurocerasus: Stroke occur suddenly with palpitation, cold moist skin and convulsions of the facial muscles, suffocation and loss of speech.

Opium: Complete loss of consciousness. Delirious talking, with wide open eyes. Vertigo, dull, heaviness of head. Complete insensibility.

Veratrum viride: Congestive headache; intense, almost apoplectic, with violent nausea and vomiting. Congestive apoplexy, hot head, bloodshot eyes, thick speech, slow full pulse, hard as iron.

Conclusion

Stroke is a result of reduced or interrupted blood supply to brain due to any cause.

The symptoms of stroke may depend upon the area of brain affected and hampers the function. Early action can minimise the brain damage and further complications. Homoeopathy is an effective tool that can be integrated for treatment depending upon the intensity of the ailment. It is curative, with no side effects and helps restoring balance.

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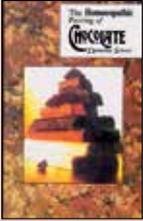
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Open Discussion Forum



Winner for June 2020

Dr Arun Gawande

Prize:

The Homoeopathic Proving of Chocolate Dynamis School by Dr Jeremy Sherr

Question for June 2020 was

Discuss the protective role of homoeopathy in the management of stroke cases?

Cerebral ischaemia is one of the leading cause of death in our country, the protective role of homoeopathy should be considered to prevent such death due to stroke. It can be established by giving homoeopathic medicine to high risk patient as a preventive and comparing these cases which are high risk but with no homoeopathic preventive given. Medicines which can be used as homoeopathic preventive for stroke *Gelsemium sempervirens*, *Causticum*, *Camphor*, *Arsenicum album*, *Phosphorus*, *Natrum muriaticum* in high potency and many more.

– Sakshi Jain

Yes, Homoeopathy having a good scope and role as part of integrated treatment along modern medicine/allopathy. There are two aspects of management: acute and chronic. Acute prescription based on the ailments from, characteristics, onset, duration and progress, type of pathology, i.e. ischaemia or haemorrhage. According to Homoeopathy, mental state or causative mental modality is highest important. Currently, there is a running case of auto rickshaw driver who had 25 rickshaws given on daily basis rent. Once he got extremely angry on all drivers on financial matter. Sudden anger - increased blood pressure - stroke; followed by

left sided hemiplegia. So, one needs to consider personality type, patient as a person, event before onset, causative mental state as triggering factor/precipitating factor, characteristics/PQRS, concomitant, if available. This will help to understand the remedy. No doubt, there is urgent need of intensive care unit care with life saving drugs. But if one integrates it with homoeopathy then it will be useful for patients. About chronic or if patient comes after settlement of the acute phase, for treatment of hemiplegia. Then, one can receive full case data and prescribe complete simillimum, i.e. constitutional remedy. About above case, he responded well to *Ferrum metallicum* 0/1.

– Dr Arun Gawande

Homoeopathy medicines act wonders in strokes. They not help in reducing complications but also help in effectively controlling haemorrhage and post stroke complications.

Some of the well proved medicines are

1. *Aconitum napellus*- It's a very good medicine in stroke with indications like great fear, fever, patient turns pale, congestive headache, vomiting and burning thirst.

2. *Arnica montana*- It works excellent when there is injury. It checks the bleeding and prevents further complications
3. *Causticum*- It is a medicine for stroke with paralytic condition. Affects prominently rt side.
4. *Hydrocotyle asiatica*- Again this medicine is also works excellent in paralytic condition and CVA. Rather it works like a tonic.
5. *Terminalia arjuna*- I have personally applied this medicine to a patient with some heart disease history of injury and cardiovascular accident. When the allopathic medicines failed this medicine promptly arrested the bleeding and helped in speedy recovery.

There are many more important medicines in homoeopathy. But the symptoms should be the sole guide to the selection of medicines.

– Dr Sheshadev Senapati

National News

Dr Vikas Saini Received Guinness World Record Title 2021

Dr Vikas saini, a Homoeopathic physician and Dietician from Jaipur Rajasthan, have received Guinness World Record title 2021(India) in sports. This record has been published in renowned news paper like the new York times, the Washington times, the Chicago times, Taiwan times, Boston herald, San Fransisco, Washington post, Fox sports, etc. and telecasted at DD news also .

It is a privilege for B Jain and Homeopathy 360 to announce this news that a homeopathic doctor has been ranked in the Guinness World Record 2021.

Apart from this, Dr Vikas Saini and his brother, Dr Vijay Saini also have a place in the Limca Book of World Records for treating Congestive heart failure by a new experiment in homoeopathy without heart transplant, published in Times of India, Rajasthan Patrika, Dainik Bhaskar, Dainik Navajyoti, internet portals, DD news, Zee News.

Awards

1. Guinness World Record title 2021
2. Limca book of world Record title
3. Award Of Best practitioner by HMAI
- 4 Dr.S.k.J Memorial Award

Upcoming Events Calendar

FEBRUARY 2021

“Homoeo Youth 2021” 8th
Dr D. P. Rastogi Memorial
National Homoeopathic Seminar,
Lucknow
Dr Farokh J. Master
Dr Sunirmal Sarkar
February 13-14, 2021

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A Concise Textbook Of Obstetrics And Neonatology With Homoeopathic Therapeutucs

Dr Trupti M. Deorukhkar

About the author

Dr Trupti M. Deorukhkar is the Head of Department of Obstetrics and Gynaecology at Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College, Mumbai. She graduated in the year 1998 and completed her post-graduation in the year 2009. A homoeopathic practitioner and a lecturer since 20 years, she always had a keen interest to write something on women's healthcare .

The book is a gift to the homoeopathic fraternity especially to the students of homoeopathy. A very good and effective approach by the author to incorporate homoeopathic philosophy at every stage of the book. Obstetrics and neonatology are the integral part of the individuation of the human being. So, it is very essential to know the life in-utero and how it is influenced by the miasms to develop the individual being. This is so far a new dimension in understanding the subject of Obstetrics and Neonatology in the perspective of homoeopathic philosophy. The anatomy and physiology of female reproductive part, different stages of labour, delivery, and common problems faced during pregnancy, neonatology as well as diseases concerned with the obstetrics have been vividly narrated. A student can easily understand the importance of birth history and its clinical implementation. The uniqueness of the book is that it also encompasses the therapeutics of the diseases concerned as well as the glimpses of the repertorial rubrics. At every stage of the book, the students will be benefitted and will be able to make themselves clinically oriented and enriched. A wholistic and rational approach to study obstetrics and gynaecology has been maintained throughout the book.

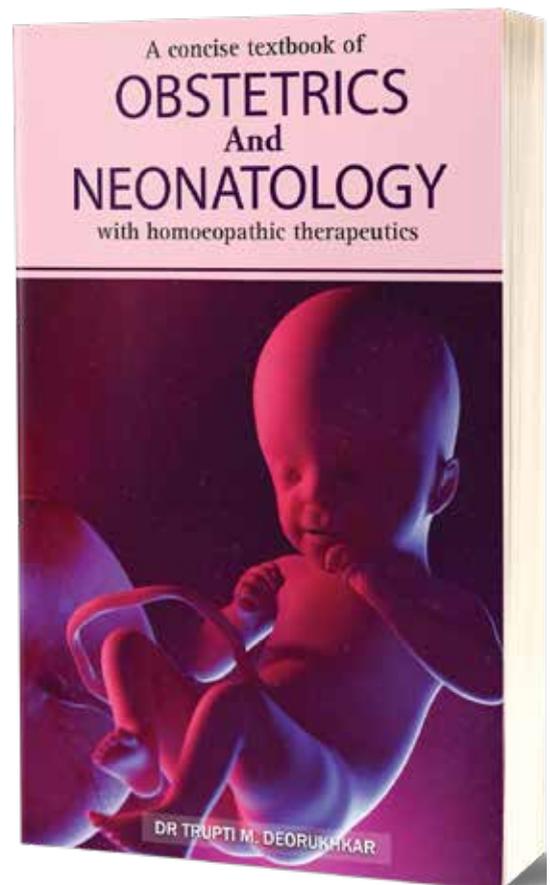
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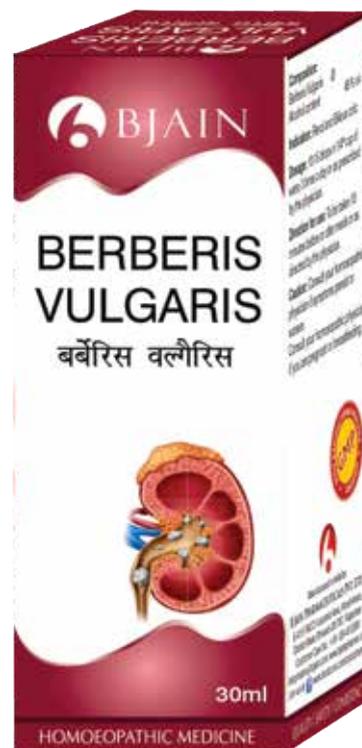
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