

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Vol. 47, No. 10, January 2022



## Homoeopathy For Post COVID Ailments

- Endurance and wind: horse's remedy rides to the rescue
- Case of post-COVID hypochondriacal disorder
- Diagnostic evaluation and measuring scales for dermatological diseases: in context to dermatitis/eczema



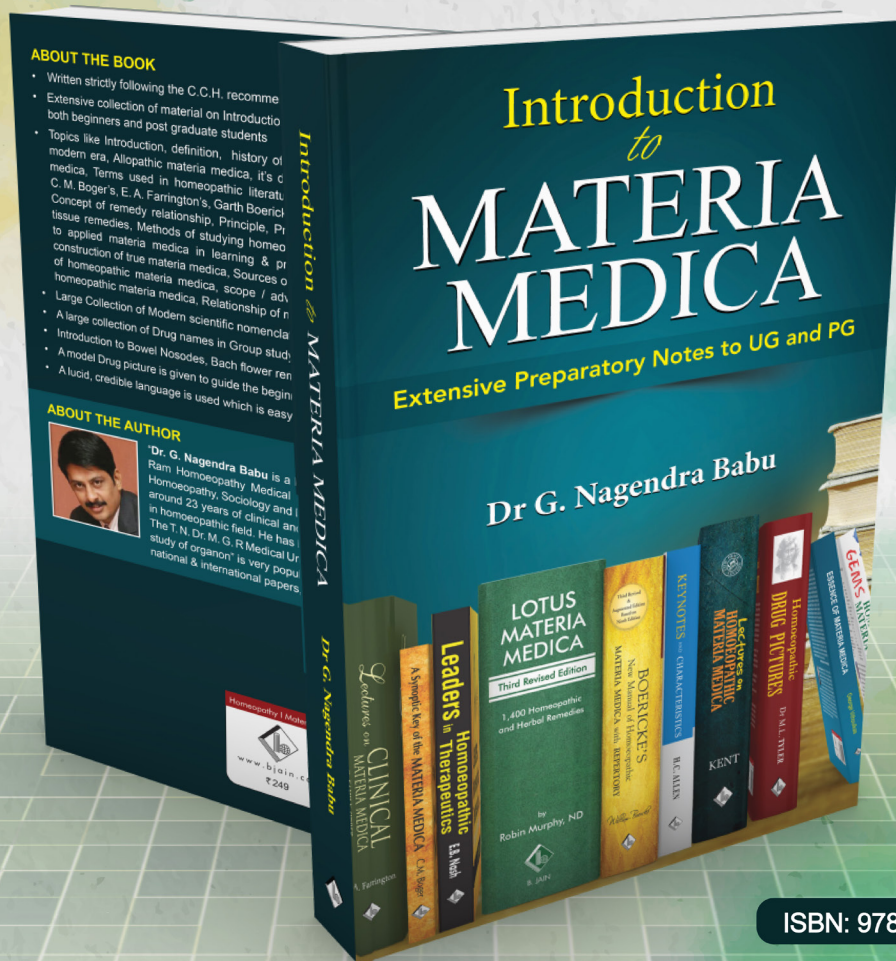
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**Extensive Preparatory Notes to UG and PG**

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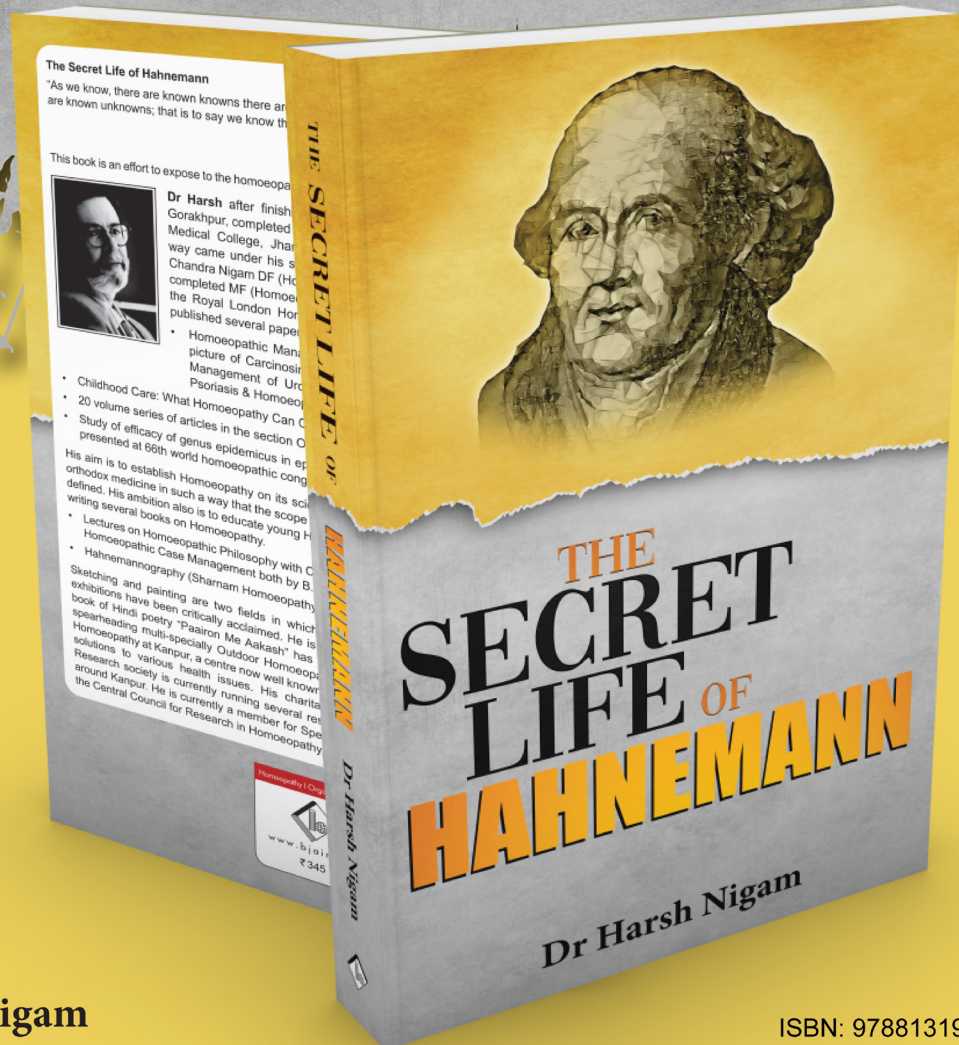
ISBN: 9788131923382 | ₹249 | 342 pp

**Lost in the maze of symptoms & their dryness of expression? Let this book help you with that!**

- A student friendly publication to acquaint with the basics of homeopathic Materia Medica in depth. For both beginners and postgraduate students.
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- Gear up to learn topics from the pre homeopathic era to basic concepts of Homeopathy & Materia Medica.
- A model Drug picture is given to guide the beginners "How to study a Drug picture?"
- Decent collection of Modern scientific nomenclature of sources of drugs.
- A large collection of Drug names in Group study of Materia medica.
- Introduction to Bowel Nosodes, Bach flower remedies.



# THE SECRET LIFE OF HAHNEMANN



**Dr Harsh Nigam**

ISBN: 9788131923672 | ₹345 | 264 pp

**Doesn't the title make you a little curious as to what mystery lies in the book?**

- One can never know fully about the life of someone but through this book the author has made it possible for us to peek into the unfamiliar life stages of Dr. Hahnemann.
- This book is an effort to expose to the homoeopathic world the unknown known of our master. We have gone through Hahnemann's life story multiple times but still, there is a lot of information that hasn't seen the light of the day for years.
- Dr. Nigam went out on a limb to bring all this information to us via his book. The book describes Hahnemann's life in 5 epochs like training years, experimental years, struggling years etc. This book will help us gain insight into how Hahnemann developed a holistic system of medicine and faced all the challenges that came his way. The sincere efforts taken by the author in extensive research and compiling the data from different sources are worthy of commendation.

Are you aware of '**THE HAHNEMANNIAN'S CODE**'?

NO, right? Then why the wait? Grab this piece and enlighten yourself.

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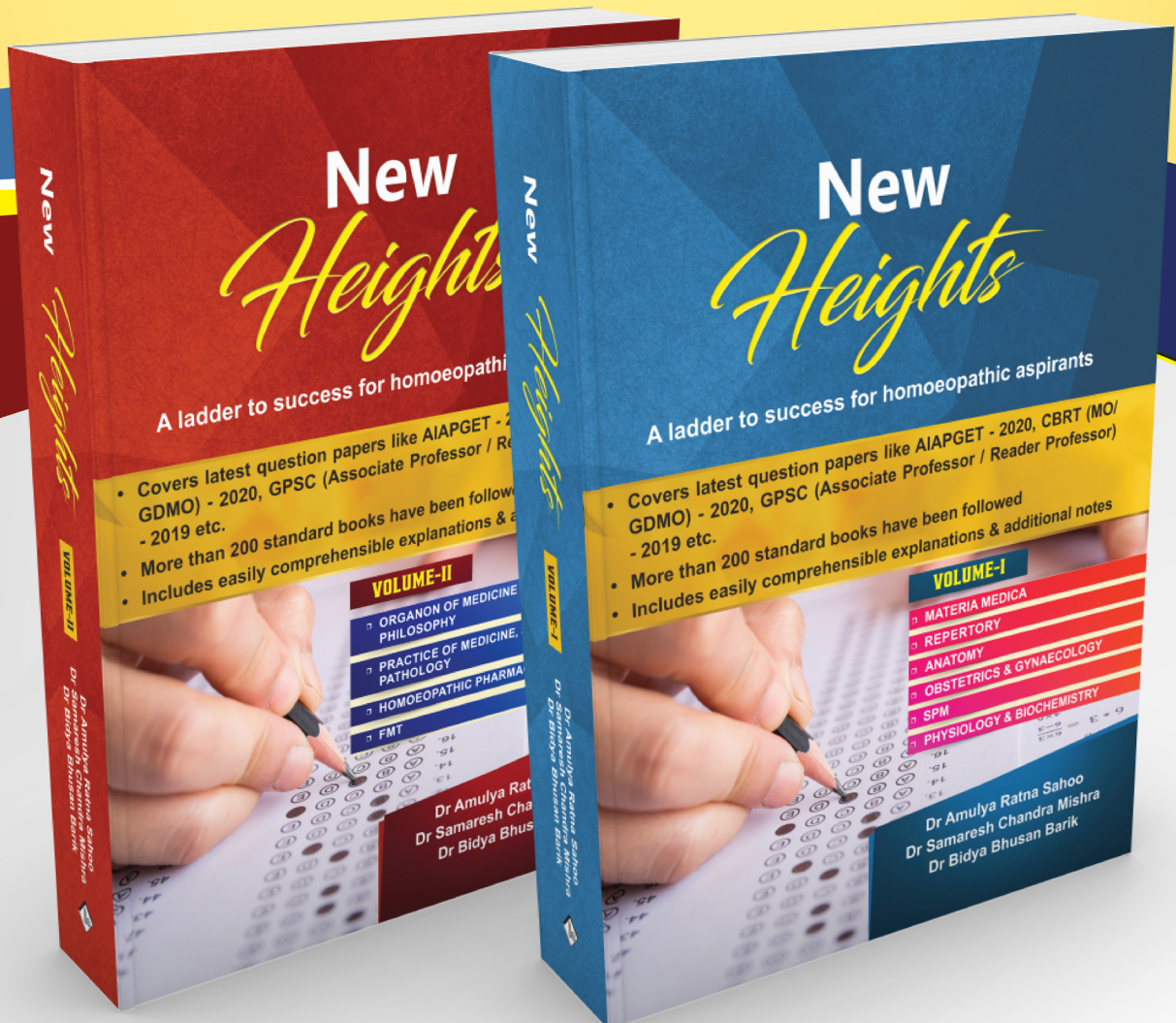
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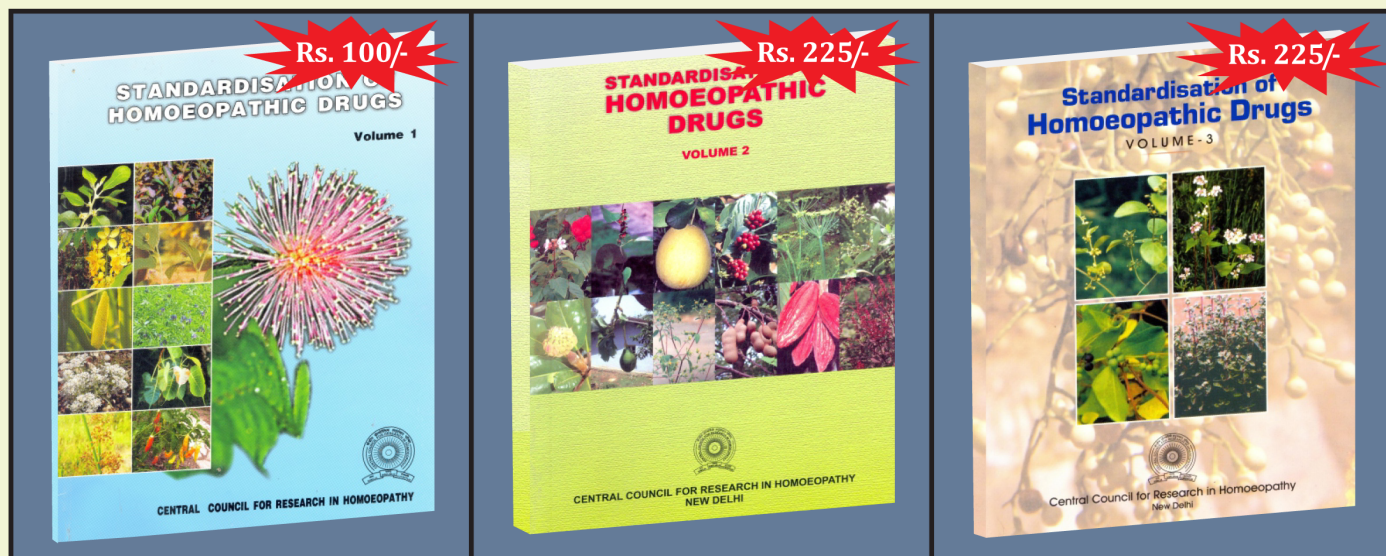
- The book contains precise, self-sufficient & up to date study materials in Homoeopathy, Medicine and allied health sciences.
- 34 sets of question papers have been solved from UPSC and different state PSC & MD homoeopathic entrance examinations, including most of the latest question papers.
- Explanations have been provided under almost all the questions for easy understanding and better comprehension.
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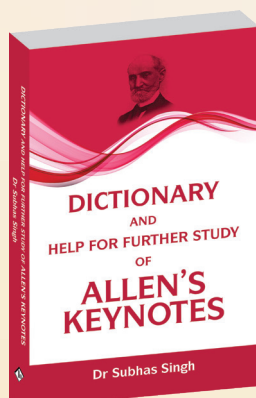
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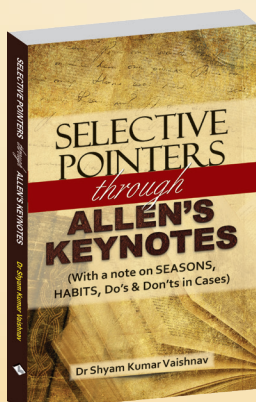
## DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
- The author has done his best to provide the word meanings to all the difficult terminologies and nomenclature used in Allen's Keynotes.
- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

ISBN: 978-81-319-1381-9 | ₹ 499 | 440 pp

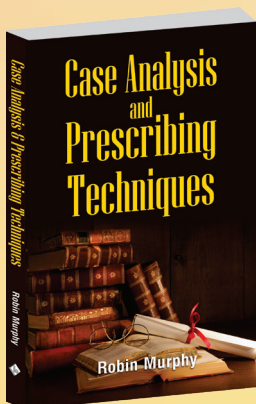
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
- The book is divided into 2 sections in which, the most important symptoms are arranged under 11 subsections, based on different phases of life, addictions, seasons along with the Do's and Don'ts.
- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

ISBN: 978-81-319-1805-0 | ₹ 145 | 120pp

## Case Analysis & Prescribing Techniques By Robin Murphy



- The author has taken a point-by-point approach to case-taking, punctuated by general discussions of the related topics.
- He has given invaluable tips, making it somewhat revolutionary compared to accepted concepts disclosed and applied in the earlier case-taking guidelines.
- several cases are analyzed throughout the book with discussions and follow-up. This book contains the transcripts of seven, 95 minute audiotapes. There is student-teacher dialogue clearing queries.
- The book also guides about potency selection.

ISBN: 978-81-319-0249-3 | ₹ 299 | 296pp



Dear Readers,

Homeopathy is already known to treat various epidemics since long. Our Master, Dr Samuel Hahnemann treated an outbreak of typhus in 1813 during the battle of Leipzig. He treated 180 patients, losing only two. In *The Organon of Medicine*, Hahnemann has advised to assume every epidemic to be new and unknown; examine it thoroughly in all its details; the totality of the signs and symptoms is revealed only after several cases are observed, never from any one patient; the ordinary symptoms and the more unusual symptoms constitute the characteristic picture of the disease; all patients who catch the epidemic are suffering from the same disease; while in subsequent cases, the appropriateness of the remedy will be corroborated or a more appropriate one will be revealed. This issue of the journal is an effort to prove the efficacy of homeopathic medicines in combating the problems faced after suffering from COVID-19.

India's had a high rate of recovery cases (approximately 90%) from COVID-19. However, there is a subset of patients, who despite beating their COVID infection, continued to experience health complications that last for months. This was termed as 'long COVID' or post-COVID wherein patients suffer from health problems such as weakness, lung problems, hairfall, depression, etc. A clinical study by Jessie Hawkins, Colby Baker, Lindsey Cherry, Elizabeth Dunne, published by the National Library of Medicine (NIH) on black elderberry (*Sambucus nigra*) supplementation, which effectively treats upper respiratory symptoms. Also, according to a study by the National Center for Biotechnology Information in the U.S. National Library of Medicine, *Thuja occidentalis* promotes hair growth by inducing the anagen phase in resting hair follicles, and is,

therefore, a hair growth-promoting agent. A clinical trial on depressed patients treated by homeopaths: a randomised controlled trial using the "cohort multiple randomised controlled trial" (cmRCT) design by Peter Viksveen, Clare Relton, and Jon Nicholl supported the efficacy and safety of homeopathic treatments for depression.

#### A Quick Word on Issue Content:

This issue of "*The Homeopathic Heritage*" is an attempt to describe the scope of homeopathy in post-COVID ailments through different case studies and research papers.

The peer reviewed article of this issue include diagnostic evaluation and measuring scales for dermatological diseases: in context to dermatitis/eczema by Dr Yogesh Dhondiraj Niturkar, endurance and wind: horse's remedy rides to the rescue by Claudia Gutiérrez Maupomé, and a case of post-COVID hypochondriacal disorder by Prof. Dr A.V.Rajeshwar Rao. The feather in cap of this issue is an excellent research paper on Pandemic? Infodemic? Plandemic? Syndemic: the crisis of the COVID-19 pandemic seen from the biomedical, political, economic and sociocultural aspects by Carlos Alberto Castelblanco Roberto. The clinical case studies include a case report of alopecia areata treated with homeopathy by Dr Ajay Vishwakarma, Dr Nitin Kumar, TMJ subluxation with maze of common symptoms treated by homeopathy by Dr Sonia Tuteja, Dr Mehak, inguinal hernia cured by homeopathy: a case report by Dr Dhanya G. Nair, homeopathic approach in lichen planus: a case report by Neeta Sharma, Yashasvi Shakdviya, treatment of seborrheic dermatitis by constitutional homeopathic medicine: a case report by Dr Rajani Kumari, tinea corporis and homeopathy: a case report by Dr B.K. Chauhan. The subjective section include articles on a lesser known homeopathic remedy to combat

ill-effects from post-COVID illness- *Alstonia scholaris* by Komal Prajapat, Karanpreet Nahar, Subhash Kaushik, homeopathic approach to nocturnal enuresis in children by Dr Koushik Bhar, Dr Supriya Pramanik, Dr Prabin Kumar Shaw, post COVID-19 complications and their homeopathic management by Dr Amit Arora, Dr Udes Kumar, Dr Dhananjay K. Shukla, recovered from COVID-19 but are still experiencing some symptoms/ post-COVID ailments and its homeopathic management by Dr Srabani Pal, Dr Falguni Patel and Dr Shweta Patel, post COVID-19 respiratory complications and homeopathic approach by Dr Sanjay Sarkar, Dr Biswajit Bera, and Dr Ashish Biswas. The special section of this issue includes two amazing papers dedicated to our Master on Dr Hahnemann was RIGHT! Proved by Prof. L. Krishna Rao and the phases of Hahnemann's medical practise by Peter Morrell.

Hence, homeopathy may be recommended as a complementary medicine to strengthen immunity as well as recover from the post-COVID symptoms. Homeopathy has repeatedly prevented numerous serious diseases and hospitalisations. A day would soon come when the world will pay a tribute to this healing science and owe a debt of thanks to the generations of homeopathic physicians who have preserved and nurtured this method over the years.

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

Dr Yashika Arora Malhotra  
[hheditor@bjain.com](mailto:hheditor@bjain.com)

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

Call for papers for the upcoming issues:

Unbolt Yourself		
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February 2022	Boenninghausen's Method in Practice	December 15, 2021
March 2022	Individualised Homeopathy: Evidence-based Case Reports	January 15, 2022
April 2022	Homeopathic Materia Medica and Periodic Table	February 15, 2022

# Homoeopathy for post COVID ailments



## Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) is a novel infectious disease, emerged in Wuhan, China, in late december 2019 and quickly developed into a pandemic. The spectrum of COVID-19 symptoms ranges from a mild, self-limiting respiratory tract illness to severe progressive pneumonia, multiorgan failure, and possible death. Despite much effort and current multiple clinical trials, there are, till date, no specific therapeutic agents to treat/cure a coronavirus infection.

Homoeopathy, though controversial, is one of the most popular forms of complementary and alternative medicine. Moreover, a patient may require a series of medications to elicit cure. As homoeopathic medications are subjective and unique to each individual, randomised clinical trials may be designed to test how a single medicine treats the disease with one primary outcome, while some may be ill-suited to examining homoeopathic remedies.

## Case study

A case suffering from post COVID-19 complications which was successfully treated with homoeopathy is being discussed below. Before discussing the case, a long list of symptoms noticed in the last 21 months is stated below. The degree to which people were affected and their level of recovery was extremely variable. **Symptoms**

- Acid reflux
- Anxiety for health
- Body temperature irregularity
- Bowel dysfunction
- Brain fog
- Burning sensation in throat and/or chest
- Chest heaviness
- Chest pain, tightness
- Depression
- Impaired exercise tolerance
- Insomnia
- Joint pains/contractures
- Loss of taste/ smell
- Memory/attention deficit
- Muscle aches/weakness
- Nerve pain
- Palpitation
- Pins and needles/ numbness

- Prolonged fatigue
- PTSD – post-traumatic stress disorder
- Shortness of breath-lung fibrosis-type 1 respiratory failure
- Skin on fingers puckering
- Sore throat
- Unable to climb stairs

## Case study

Date: 31<sup>st</sup> May 2021

Mrs. A. G., a 70 years old female, consulted for COVID – 19. She tested positive on 29<sup>th</sup> April 2021. Since a week or 10 days before, she complained of high fever with throat pain, cough, severe bodyache and weakness. She consulted her general physician who gave her antibiotics and NSAIDs. Though fever and body ache were under control, rest all her symptoms aggravated.

On 30<sup>th</sup> April, she was admitted to Saifee hospital, and on admission, her O<sub>2</sub> saturation was 89%.

In Saifee hospital, she was treated with NSAIDs, antiviral medications, and 6 injections of Remdesivir.

On discharge, the patient was on 2 litre O<sub>2</sub>/minute.



Her medications were as follows:

1	Tab Nintedanib 150 MG	1-0-1	30 Days
2	Cap Pan 40	1-0-0	60 Days
3	Tab Rovor 10 MG	0-0-1	60 Days
4	Tab Wysolone 10 MG Followed by Tab Wysolone 5 MG	1-0-0 1-0-0	15 Days 15 Days
5	Tab Goutnil 0.5 MG	0-0-1	60 Days
6	Tab Broclear	1-0-0	60 Days
7	Tab Montec Lc	0-0-1	60 Days

### Current Symptoms

1	Dry cough	< talking <sup>2</sup> > lying on abdomen > expectoration
2	Expectoration very scanty and lumpy	
3	Constantly needs to clear her throat <sup>2</sup>	
4	O <sub>2</sub> level fell on slightest exertion <sup>3</sup> . Her O <sub>2</sub> level was maintained on 92% with 2-3 litre of O <sub>2</sub> per minute.	< slightest exertion <sup>3</sup>

### On examination

- Chest- air entry was very poor
- O<sub>2</sub> level on pulse oximeter – 92%
- Pulse – 126/minute, and very rapid

- Blood pressure: 130/90 mm Hg

### Investigations:

RT-PCR positive on 29<sup>th</sup> April 2021

RT-PCR was repeated on 12<sup>th</sup> May 2021 which showed positive

HRCT score 18/25 on 3<sup>rd</sup> May 2021

3<sup>rd</sup> May 2021

Serum creatinine	0.52
Serum chloride	105
Serum sodium	138
Serum potassium	4.10
TLC	14170
Platelets	257000
D-dimer	914.80
Ferritin	523.7
IL-6	165.7

### Chest X-Ray - 10<sup>th</sup> May 2021

Peripheral patchy consolidation in right mid- and lower zone in left mid-zone.

COVID score – 4

### HRCT of Chest - 17<sup>th</sup> May 2021

Multiple abnormal areas of ground

glass attenuation scattered in bilateral lung parenchyma in central and subpleural location, these areas show underlying inter lobular and intralobular septal thickening giving “crazy pavity” appearance and mild changes of fibrosis with bronchiectasis in left upper and lower lobes.

Image finding shows COVID-19 infection.

CT severity score 18/25.

### Prescription

*Kalium carbonicum* 200C/ 5 cup meth-  
od/1 teaspoonful hourly for 7 day

## FOLLOW UP

Date	Follow up	Prescription
7/6/2021	Throat pain (pricking) < coughing (new symptom) Cough was better for 1-2 days after that it got worse. Cough < lying down, during sleep Constant cough She was disturbed due to coughing <sup>2</sup> . Wakes up due to cough. Very tormenting cough. Breathlessness < during cough <sup>3</sup>	<i>Squilla maritima</i> 1M/ 5 cup method 8 hourly for 7 days
15/6/2021	At night, between 11 pm -12 am, patient started deteriorating. Her O <sub>2</sub> started dropping, it reached till 58%. Was advised to start with 4 litre O <sub>2</sub> per minute.	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 1 AM	O <sub>2</sub> 64%	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 2 AM	O <sub>2</sub> 66%	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 3 AM	O <sub>2</sub> 72%	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 4 AM	O <sub>2</sub> 79%	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 5 AM	O <sub>2</sub> 89%	<i>Laurocerasus</i> 200C 5 cup method every 15 minutes for 1 hour
16/6/2021 5 AM	O <sub>2</sub> 93%	<i>Laurocerasus</i> 200C 5 cup method 2 hourly for 1 hour



16/6/2021 7 AM	O <sub>2</sub> 96%	<i>Laurocerasus</i> 200C 5 cup method 4 hourly for 1 hour
23/6/2021	Throat pain >> Cough > With lumpy yellow colour expectoration Breathlessness > Right lumbar pain due to cough. (new symptom)	<i>Laurocerasus</i> 200C 5 cup method 6 hourly for 7 days
2/7/2021	Much better	<i>Laurocerasus</i> 200C 5 cup method 6 hourly for 7 days
8/7/2021	Throat pain -0- Cough < With copious lumpy white colour expectoration Breathlessness > Right lumbar pain due to cough -0- Palpitation < walking (new symptom) Nose block due to mucus in nose (new symptom)	<i>Laurocerasus</i> 200C 5 cup method 4 hourly for 2 days
10/7/2021	Throat pain < coughing  Cough <  With copious, lumpy, yellow colour expectoration. Thick expectoration < morning  Breathlessness >>  Right lumbar pain due to cough -0-  Palpitation < walking -0-  Nose blocked due to mucus in nose persisted	<i>Kalium bichromicum</i> LM6 5 cup method 12 hourly for 15 days

2/8/2021	<p>House visit</p> <p>Cough<sup>3</sup> &lt; lying, talking, sleep during</p> <p>Constant cough</p> <p>She was disturbed due to coughing<sup>2</sup>. Had to wake up due to cough.</p> <p>Breathlessness<sup>3</sup> &lt; slightest exertion</p> <p>Mouth dryness with no thirst.</p> <p>No fever</p> <p>Hawk disposition<sup>3</sup></p> <p>Food taste too salty<sup>3</sup></p> <p>Acidity &lt; evening</p> <p>No appetite</p> <p>On observation</p> <p>Lips dry</p> <p>Palm warm to touch</p> <p>Fingertips blue</p> <p>Tongue strawberry red in colour with centre fissure</p> <p>Lung: crackles</p> <p>spO<sub>2</sub> 87 with O<sub>2</sub> support (4 litres per minute)</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 4 hourly for 15 days</p>
17/8/2021	<p>Cough &gt;&gt;</p> <p>Breathlessness &gt;&gt;</p> <p>O<sub>2</sub> was 92%</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 4 hourly for 15 days</p>
23/8/2021	<p>No complaints.</p> <p>O<sub>2</sub> was 96%</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 4 hourly for 15 days</p>
7/9/2021	<p>No complaints.</p> <p>Appetite increased.</p> <p>O<sub>2</sub> was 94%</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 6 hourly for 15 days</p>
25/9/2021	<p>No complaints.</p> <p>O<sub>2</sub> was 97%</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 8 hourly for 15 days</p>
22/10/2021	<p>No complaints.</p> <p>O<sub>2</sub> was 97%</p>	<p><i>Beryllium metallicum</i> 200C</p> <p>5 cup method 8 hourly for 45 days</p>

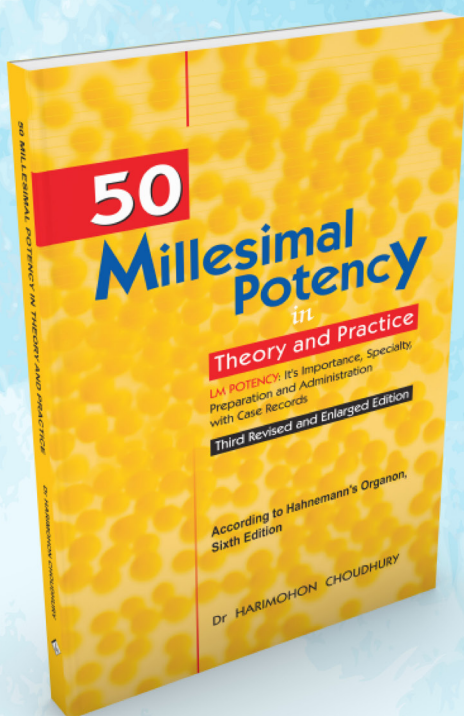


/12/2021	Throat pain -0- Cough -0- Breathlessness -0- spO <sub>2</sub> 95%-97% without O <sub>2</sub> support. Now she was able do her household work without any difficulty. Tablet Nintedanib 150 MG 0-0-1 Tablet Zincovit 1-0-0 Capsule Gemcal 0-0-1 Vitamin D 60K once in a month. Rest all the medicines were stopped.	<i>Beryllium metallicum</i> 200C 5 cup method 8 hourly for 30 days
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# MILLESIMAL POTENCY<sub>in</sub>

## THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera, in a very simple and lucid manner.
- At each step, guidelines by Dr Hahnemann have been quoted to show the authenticity of the authors views. The author also touches upon various general topics on homeopathic philosophy such as the need for single medicine, the selection of potency, & repetition of the medicine etc.
- At the end the author has given two cases of Dr Hahnemann treated with LM potencies and also presents many of his own cases.

ISBN :9788131903445 | ₹149 | 128 pp

# A lesser known homoeopathic remedy to combat ill-effects from post covid illness- *Alstonia scholaris*

By Komal Prajapat<sup>1</sup> \*, Karanpreet Nahar<sup>2</sup>, Subhash Kaushik<sup>3</sup>

**Abstract:** *Alstonia scholaris* of family Apocynaceae is known to be the best home remedy for high fever since antiquity and is gaining immense popularity among Homoeopathic physicians for its restorative tonic effects in case pertaining to post-COVID illness. Having a post-COVID condition adds to the already distressing challenge of recovering from COVID illness. The following article attempts to discuss, summarize and review the ethnopharmacological relevance of lesser known Homoeopathic remedy *Alstonia scholaris* in the light of post-COVID illness.

**Keywords:** urticaria; capillary permeability; angioedema; homoeopathy.

**Abbreviations:** Immunoglobulin-E (IgE), angiotensin converting enzyme (ACE), systemic lupus erythematosus (SLE).

## Introduction

The utilisation of ethnomedical data of lesser known Homoeopathic remedies have immensely added to the healthcare in traditional system of medicine. This has further led us to consider that these lesser known remedies might be put to use in health conditions of recent times. Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19. These post-COVID conditions may include new or ongoing symptoms, multi organ effects of COVID-19 and effects of COVID-19 illness or hospitalization.<sup>[1]</sup> Even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. People commonly report experiencing different combinations of the following symptoms: diarrhea, fast-beating or pounding heart, headache, difficulty breathing, cough, tiredness, sleep problems, chest or stomach more so. Preclinical studies have shown that it possesses anti-microbial, anti-diarrheal, anti-plasmodial, anti-oxidant,

anti-inflammatory hepatoprotective, nootrophic, anti-stress, anti-fertility, immunomodulatory, analgesic, anti-ulcer, wound healing, anti-cancer, chemopreventive, radiation protection, radiation sensitization, and chemosensitisation activities. To get rid of this post-COVID long term symptoms and complications, Homoeopathic management helps in reducing these ill-effects after fever without getting things more complicated.

*Alstonia scholaris* is a bitter tonic, febrifuge, diuretic, anthelmintic, stimulant, carminative, stomachic, aphrodisiac, galactagogue and haemostatic. It is used as a substitute for cinchona and quinine for the treatment of intermittent periodic fever. An infusion of bark is given in fever, dyspepsia, skin diseases, liver complaints, chronic diarrhea and dysentery. *Alstonia scholaris* was introduced in 1866 in Monthly Homoeopathic Review, Vol. X, 508 and in Allen Encyclopaedia Materia Medica, Vol. I, p. 192. In homeopathy, its stem bark is used to prepare the mother tincture. From mother tincture the next potency prepared is 2x which contains one

part of the mother tincture with two parts of purified water and seven parts of strong alcohol. The 3x and higher potencies are prepared with dispensing alcohol. These tree species are rich in secondary metabolites such as antioxidants, alkaloids, saponins, flavonoids, terpenes and tannins and are widely used in traditional treatment systems.

## History

Scholar tree is an elegant evergreen tree, found in most parts of India.<sup>[2]</sup> The generic name commemorates the distinguished botanist, Prof. C. Alston of Edinburgh, 1685-1760. The species name *scholaris* refers to the fact that the timber of this tree has traditionally been used to make wooden states for school children. On the Western Ghats of India, tribal people are reluctant to sit or pass under the tree, for the fear of the devil. Local superstition about its devilish character mainly stems from the fact that its milky sap is rich in poisonous alkaloid, and thus the tree is shunned by cattle.

Among traditional plants, *Alstonia scholaris* (Family Apocynaceae),



popularly known as “Saptaparni” in Hindi or the ‘Indian devil tree’ has been used in folk medicines for the treatment of diarrhea, dysentery, malaria, fever and cardiac as well as respiratory problems.<sup>[3]</sup> In traditional medicine, the milky juice of plant is applied on injuries and ulcers to treat pain including rheumatic pains. The bark is known as ditabark, used by Indians as traditional medicine to treat diarrhea, dysentery, gastrointestinal troubles, asthma, malaria, jaundice, cancer and many other ailments. It has also been used as an aphrodisiac.<sup>[4]</sup> When damaged, the bark lets out sticky milky latex, which is also valued for its medicinal properties. This is used by Ayurveda physicians in formulations, and not to be consumed as is.

## Materials and methods

Literature about *Alstonia scholaris* was collected by using both electronic and library search. Additionally, referred books on traditional medicine and ethnopharmacology were also utilized for receiving traditional records about both the plant species.

## Sources

The bark of *Alstonia scholaris* contains Ditamine, Echitamine, Echitanine, Echicaoutchien, Echicerin, Echitin, Echitein, Echiretin and fatty acids.<sup>[5]</sup>

-Tannins; Tannins that become stored in the bark of trees protect the tree from being infected by bacteria or fungi. Tannin also exert other physiological effects human health, such as to accelerate blood clotting, reduce blood pressure, decrease the serum lipid level, produce liver necrosis and modulate immunoresponses.

-Saponins; Saponins are naturally

occurring compounds that are widely distributed in all cells of legume plants. Clinical studies have suggested that these health – promoting components, saponins, affect the immune system in ways that help to protect the human body against cancers, and also lower cholesterol levels. Saponins decrease blood lipids, lower cancer risk, and lower blood glucose response. A high saponins diet can be used in the inhibition of dental caries and platelet aggregation, in the treatment of hypercalciuria in human, and as an antidote against acute lead poisoning.

-Terpenes; In nature, terpenes are defence system to stop plants getting eaten by herbivores or damaged by high temperatures. For humans, different terpenes have different effects - including different health benefits. Each plant has a unique blend of terpenes. This is called its terpenes profile. It is used as an anti-inflammatory and antioxidant, to aid detox and to fight fungal infections.

## Discussion

### Physiological action of *Alstonia scholaris*

- Used as a tonic; *Alstonia scholaris* is a bitter tonic, febrifuge, diuretic, anthelmintic, stimulant, carminative, stomachic, aphrodisiac, galactagogue, and haemostatic.<sup>[6]</sup>
- In post-fever effects; it helps to increase the digestive power and cure the debilitating effects after fever. It has proved a valuable remedy in chronic diarrhea and the advanced stages of dysentery. It is used as a substitute for cinchona and quinine for the treatment of intermittent periodic fever.
- Skin ulcer; the bark paste is

applied locally in chronic skin ulcers and latex is used to clean the wounds.

- Fever bark; used in high blood pressure.
- In addition to the cytotoxic effects, *Alstonia scholaris* is also observed to possess radiomodulatory, chemomodulatory and chemopreventive effects, which is efficacious in the treatment and prevention of cancer. [7]

### Implication-physiological action of *alstonia scholaris*

- According to William Boericke- Malarial diseases, with diarrhea, dysentery, anemia, feeble digestion, are the general conditions suggesting this remedy. Characteristics are the gone sensation in stomach and sinking in abdomen, with debility. A tonic after exhausting fevers. Painless watery stools. Diarrhea immediately after eating.
- Encyclopedia of pure materia medica by T.F Allen; Violent purging and cramp in the bowels, vertigo, and general weakness.

## Conclusion

The proving of *Alstonia scholaris* was done so many years before, and was available in source like Encyclopedia of pure materia medica and William Boericke. Those proving contain all the symptoms that usually occur as a consequence after exhausting fever, which now we can consider as post covid long term symptoms. The difference is just in terminology. Therefore, we can aptly say that in homoeopathy, *Alstonia scholaris* in form of mother tincture helps in curing of ill-effects from post-covid fever.

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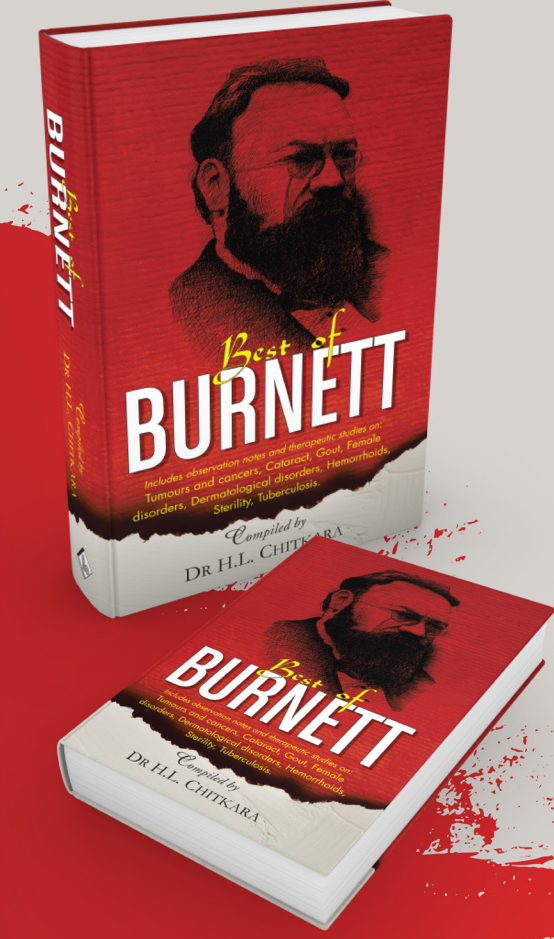
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ISBN: 9788131901595 | ₹499 | 734 pp



# A case report of alopecia areata treated with homoeopathy

By Dr Ajay Vishwakarma, Dr Nitin Kumar

**Abstract:** This is a case of 28 year male having hairfall with intense on scalp, moustache and beard treated at personal clinic with individualised homeopathy medicine. When patient came for consultation, he was presented with a bald head with slight patches of hair above the ear on both sides suffering since last 1 year. Systematic case taking followed by repertorisation of the totality of symptoms was done by Synthesis Repertory using RADAR software in order to choose the individualised remedy, and a few homoeopathic medicines including Tuberculinum, Arsenicum album, Lycopodium clavatum, Phosphorus, and others were shortlisted. The patient responded well to the individualised homoeopathic treatment, i.e. Tuberculinum 200 in 3 doses with gradual and steady recovery.

**Keywords:** baldness, hairfall, alopecia areata, *Tuberculinum*, homoeopathy

**Abbreviations:** VOLP: (Vocabulário Ortográfico da Língua Portuguesa) Brazilian Portuguese spelling vocabulary  
DECS: health science descriptors (DeCS – Health sciences descriptors is a structured and trilingual thesaurus created by BIREME – Latin American and Caribbean center on health sciences information)

## Introduction

Hair loss is mostly distressing and can have a significant effect on a person's quality of life. It's not a life-threatening condition but the patient feel depressed and definitely affects the way of living of the patient. The word "alopecia" comes from the Greek ἀλώπηξ (alōpēx), which means "fox". It is an allusion to the constant hair loss suffered by these animals during life. According to the Brazilian Portuguese spelling vocabulary (VOLP), alopecia should not be marked with an accent (paroxytone stress) due to the influence of Latin (alopecia). The term is also registered this way among the health science descriptors (DECS) for scientific indexing in Brazil<sup>1-3</sup>.

The description of the classical clinical pattern of baldness in men is known since antiquity. As an example, Hippocrates' (400 BC) observation may be cited that eunuchs did not develop baldness. Later, Joseph Plenck,

in his book "Doctrina de Morbis Cutaneis" (Vienna, 1776) (Vienna, 1776) identified, in these cases, the miniaturisation of hair follicles, which he called "calvities".

## Non-scarring alopecia

Different kinds of alopecia are included under this category, for example, alopecia areata, androgenetic alopecia, telogen effluvium, taenia capitis, anagen effluvium, etc.

### Alopecia areata

Alopecia areata is an acute, patchy alopecia that affects up to 2% of the population with no difference between sexes<sup>4</sup>. Approximately 20% of affected patients are children. The aetiology is unknown, but the pathogenesis is likely autoimmune. Patients may have a single episode, or they may have remission and recurrence. The diagnosis can usually be made clinically. Hair loss in alopecia areata occurs in three different patterns: patchy alopecia is circumscribed, oval-shaped, flesh-

coloured patches on any part of the body; alopecia totalis involves the entire scalp; and alopecia universalis involves the whole body. Evaluation of the scalp may reveal short vellus hairs, yellow or black dots, and broken hair shafts (which are not specific to alopecia areata). Microscopic examination of the hair follicles demonstrates exclamation mark hair (i.e. hairs that are narrower closer to the scalp and mimic an exclamation point; nail pitting is also associated with alopecia areata.<sup>5</sup>

## Case report

### Personal data:

Name of the patient: Mr G

Age: 28years

Sex: Male

Marital status: Married

Address: Chhattarpur

Dated: 20/03/2021

## Presenting complaints

Patient complained of hairfall over the head, moustache and beard since 1year. There was itching over moustache, beard and scalp with much scratching.

After scratching, hair fell out from that area.

## History of presenting complaints

Patient was apparently well 1 year back when gradually, he experienced hairfall from certain areas of scalp, moustache and beard.

Hairfall started as itching on the head and moustache with much scratching. After scratching, the hair over that area fell out as he pulled the hair.

## Past history

Patient suffered from typhoid fever and dengue 1 and 1/2years back. After drinking goat's milk, eruptions appeared on the whole body.

After six months of typhoid fever, the complaint of hair fall started.

Complaint of constipation with hard stools, rumbling in abdomen after drinking and eating hot food and drinks since 1and ½ year

Early morning: stools hard and then soft, after taking tea, etc.

Protrusion of a mass during defaecation with pain

Diarrhoea after eating oily food

## Family history

History of tuberculosis (Father died of tuberculosis)

History of cancer (Brother died of cancer)

## Physical generals

- Appetite: Adequate
- Thirst: Thirsty with dry mouth, takes lots of water
- Desire: Cigarette, egg, milk

- Aversion: Nothing significant
- Intolerance: Oily food causes diarrhoea
- Stool: Unsatisfactory, first hard and then soft, pain during passing stool
- Perspiration: Profuse on nose, forehead and back, offensive
- Tongue: Dry, white coated
- Sleep: Normal, refreshing
- Dream: Nothing significant
- Thermal Reaction: Hot

## Mental generals

The patient was very restless and fastidious with want of any activity every time. He was very industrious, always did his work himself. He didn't like when anyone scolded him without his fault. Desired for company but on getting angry, didn't talk to anybody and wanted to sit alone, didn't express his anger but got normal when someone consoled him. He had fear of height.

## Analysis and evaluation of symptoms

<b>Physical generals</b> <sup>Intensity</sup>	Desire cigarette <sup>+</sup>	Desire egg <sup>+</sup>	Desire milk <sup>+</sup>	Intolerance from fatty food causes diarrhoea <sup>++</sup>	Pain during stool <sup>++</sup>	Unsatisfactory stool, first hard then soft <sup>+</sup>
<b>Mental generals</b> <sup>Intensity</sup>	Restless <sup>++</sup>	Fastidious <sup>++</sup>	Want of activity every time <sup>++</sup>	Desire company <sup>+</sup>	Didn't like to talk when angry <sup>+</sup>	Didn't express his anger <sup>+</sup>
<b>Particulars</b> <sup>Intensity</sup>	Hairfall over head with itching <sup>+++</sup>	Hairfall over moustache and beard with scratching <sup>+++</sup>	Scratching aggravation <sup>++</sup>			

## Provisional diagnosis

Alopecia areata<sup>6</sup>

## Totality of symptoms

- Desires to do any activity every time
- Hairfall in patches on head, moustache and beard
- Hairfall with much itching and scratching
- Scratching on head causes falling of hair on that spot
- Unsatisfactory hard stools with pain during defaecation
- Family history of tuberculosis
- Medical history of typhoid fever



## Rubrics7

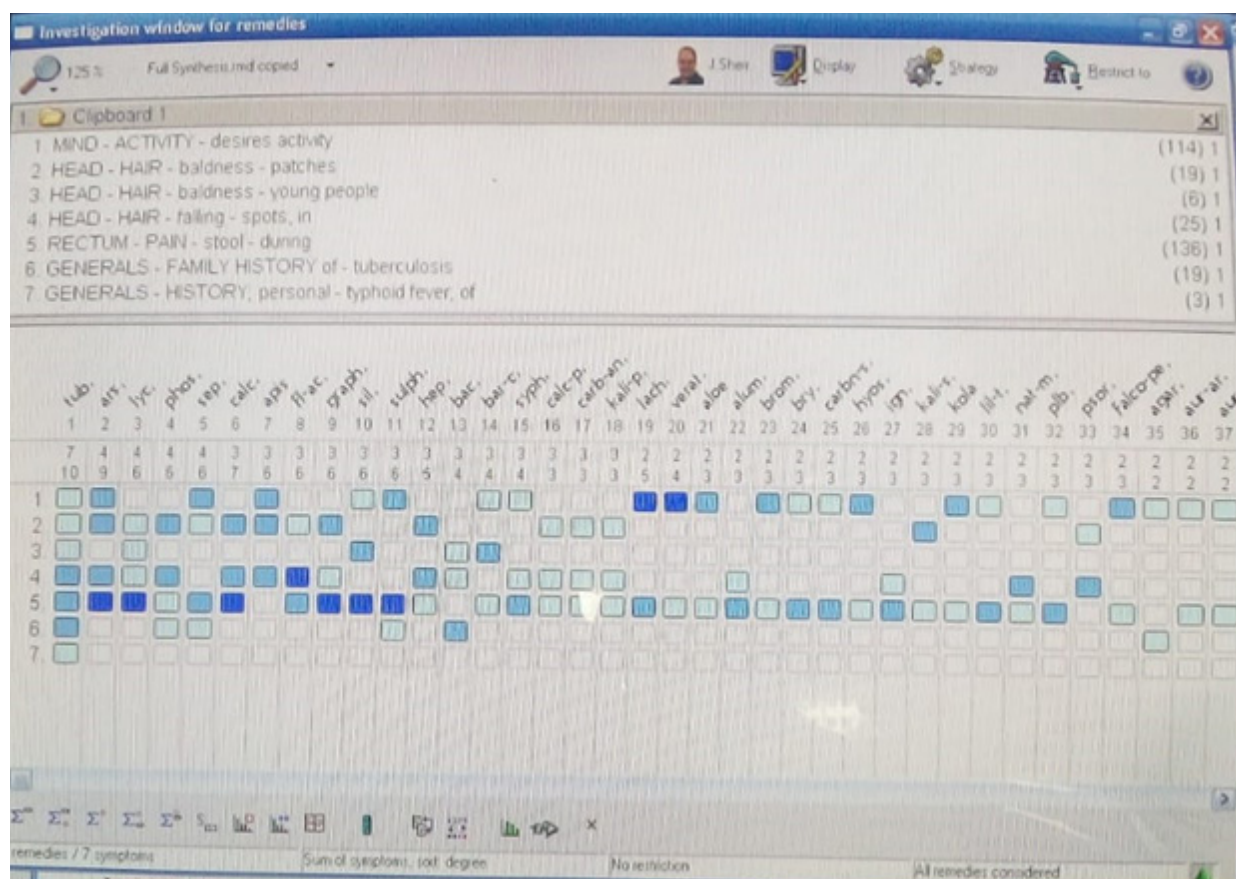
- Mind – activity – desires activity
- Head - hair- baldness, patches
- Head – hair – baldness, young people
- Head – hair – falling, spots in
- Rectum – pain - stool, during
- Generals – family history of – tuberculosis
- Generals – history – personal, typhoid fever, of

## Analysis of the case

After analysis and evaluation of the case the characteristic symptoms were used to form the totality “restless, desire to do any activity every time” were the important mental generals in this case. Hairfall over head, moustache and beard were the important particulars and pain during stool included in the physical generals, medical history of typhoid and family history of

tuberculosis.

The selection of the remedy was based on repertorisation from RADAR 10 software using *Synthesis treasure edition*, 2009 by Frederick Schroyens<sup>20</sup> with reportorial result showing top five remedies as *Tuberculinum* (10/7), *Arsenicum album* (9/4), *Lycopodium clavatum* (6/4), *Phosphorus* (6/4), and *Sepia officinalis* (6/4).



## Prescription

*Tuberculinum* 200 / 3 doses

## Basis of prescription

After analysing the reportorial result and consultation with *The Guiding Symptoms of Our Materia Medica*<sup>8</sup> and *The Dictionary of Practical Materia Medica*<sup>21</sup>, *Tuberculinum* 200/

3 doses were prescribed (including symptoms such as restlessness, desire of activity every time, hard stools with pain in rectum, desire of milk)<sup>9</sup> and he also had history of tuberculosis and cancer in family accompanied with medical history of typhoid fever, although restlessness and other characteristic symptoms of the case were also present in *Arsenicum album*, *Tuberculinum*

was selected as per the persisting tubercular miasm. *Tuberculinum* 200 was given in 3 doses after which the patient showed improvement in his complaints followed by placebo for 1 month

**Potency-** Thirtieth and much higher, in infrequent doses. When *Tuberculinum* fails, *Syphilinum* often follows advantageously, producing a reaction.<sup>10</sup>

## Follow-up:

Date	Symptoms	Medicines
20-03-2021	Patient 1 <sup>st</sup> visit	<u><i>Tuberculinum 200/ 3 dose</i></u> ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (Aph 248,280) <sup>11</sup>
09-04-2021	Improvement in hairfall	<u>Placebo</u>
10-05-2021	Improvement in hairfall on head, still present over beard and moustache Itching persisted	<u><i>Tuberculinum 200/ OD/ 3days</i></u> (According to Kent's 11 <sup>th</sup> observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) <sup>12</sup>
09-06-2021	Further improvement in hairfall and itching, there was regrowth of hair on the bald spots	<u>Placebo</u>
10-07-2021	Slight improvement in hairfall from beard and moustache, Itching better	<u>Placebo</u>
14-08-2021	Slight improvement in hairfall from head Hairfall persists from beard and moustache Itching on the spots present	<u><i>Tuberculinum 200/ 1 dose</i></u>

### Patient: Before the treatment



### Patient: After the treatment



## Discussion and conclusion

Homoeopathic medicine selected on the basis of principles of homoeopathy proved to be very effective in this case of alopecia areata and shown good results of improvement. *Tuberculinum* was selected on the basis of family history of tuberculosis, medical history of typhoid fever and mental generals keeping in mind materia medica and homoeopathic principles. Treatment was continued for 5 months. There was marked improvement after the first prescription continued with placebo for 1 month. Next dose of *Tuberculinum 200* was given after 2 months when the improvement became standstill.

The potency selection was done on the basis of susceptibility of the patient as stated by Dr Close<sup>13</sup>

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and



the higher the potency required.

2. Age: medium and higher potencies for children
3. Higher potencies for sensitive, intelligent persons.
4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal conditions, even the crude drugs may be required. He also writes, "different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times."

As the patient was young, the susceptibility was high but the disease was in organic stage and according to duration of disease moderate potency of 200 was selected for prescription.

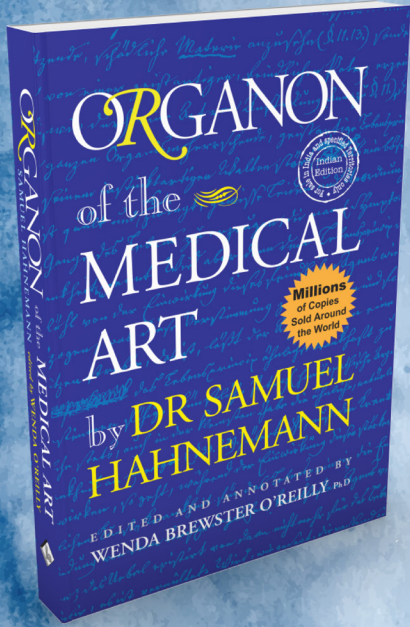
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# ORGANON of the MEDICAL ART

by DR SAMUEL HAHNEMANN

- An indispensable source of teachings of Dr. Hahnemann which forms the basis of homeopathy.
- The best translation of the 6th edition of the Organon der Heilkunst. A translation that is as comprehensible & accessible as possible. It conveys more of Hahnemann's meaning than ever before, preserving the primary sense of his words.
- The comprehensive text is divided into chapters and sections along with marginal headings and editorial footnotes which provide focus for our thoughts.
- The glossary has definitions of medical terms used in the Organon as well as translation notes on specific words which will enable readers to understand what Hahnemann meant instead of guessing the exact English word for the German word.
- This translation and adaptation of the Organon has been prepared with care and precision and it throws light on our high mission of restoring the sick to health.

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# Diagnostic evaluation and measuring scales for dermatological diseases: in context to dermatitis/eczema

*By Dr Yogesh Dhondiraj Niturkar*

**Abstract:** Diagnosis of a disease needs keen observation about the presentation of the disease in terms of location, sensation, modalities, concomitant, onset, duration, intensity, frequency, spread, side, size, depth, outcome, stage and the pace of disease episode. Once diagnosis is made then the physician should focus on tools of measuring scales that are widely used by researchers for understanding the impact of disease on the quality of life of the individual. Use of scales aids in perceiving the scope of a particular medicine in a particular disease. Adhering to diagnostic criteria and measuring scales ensures appropriate execution of the planned therapeutic strategy and to arrive at the expected outcome. It helps in increasing the probability of cure and adds evidence to the action taken by the physician for the sake of restoration of the sick to cure as it is termed.

**Keywords:** Atopic dermatitis, diagnostic evaluation, measuring scales, quality of life.

**Abbreviations:** AD: atopic dermatitis, aph: aphorism, QoL: quality of life, EASI: eczema area and severity index, dermatitis family impact (DFI), family dermatology life quality index (FDLQI), Infants' dermatitis quality of life index (IDQOL), children's dermatology life quality index (CDLQI), quality of life index for atopic dermatitis (QoLIAD).

## Introduction

Individualisation of patient as a person and disease is the core of homoeopathy. It requires various skills and knowledge's for arriving at individualising examination of a case of disease. Hahnemann had given general directions, of which the practitioner has to bear in mind what is applicable for each individual case. For this, the demands on the physician are nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease. Hahnemann had mentioned the manner in which investigation of acute and chronic diseases has to be done in aph. 83-104 so that the physician should be able to clearly perceive the person and his disease. [1] Apart from the guidelines, there are diagnostic evaluation criteria and assessment measurement scales for evaluating the remedy response.

In medical practise, a variety of assessment scales have been devised

for various clinical conditions. The tools have been designed to provide objective measurement of function for screening, evaluating baseline status, monitoring changes over time, determining the effects of interventions, and predicting and documenting outcomes of individuals and populations. [2] Dermatological diseases are common yet difficult to treat due to its cosmetic value, complex clinical presentations and needs, which necessitate a special approach to their evaluation, care and cure. The process of comprehensive care should be multi-dimensional. In addition to the medical diagnostic evaluation, it should determine functional status and quality of life through frequent use of standardised measurement instruments. In this article, tools for diagnostic evaluation and assessment scale for dermatitis has been dis-

cussed for adding value to the common clinical condition and improving case report writing.

**Diagnostic evaluation:** The diagnostic evaluation tool for eczema is used to measure the extent (area) and severity of atopic eczema (eczema area and severity index). [3] In research study, it has been demonstrated that the EASI can be learned quickly and utilized reliably in the assessment of severity and extent of AD. The study showed that there was consistency among the evaluators between consecutive days of evaluation. The study results supported the use of the EASI in clinical trials of therapeutic agents for AD. [4] The diagnostic evaluation covers body regions, scoring of areas of involvement in each areas of involvement in each anatomical region, calculation of intensity, and calculations as per the area involvement.

**Table 1:** Dignostic evaluation: eczema area and severity index (EASI)

**Body regions:**

- Head/neck
- Trunk
- Scoring of areas of involvement
- Upper limbs
- Lower limbs
- in each anatomical region (area)

0	1	2	3	4	5	6
No eruption	< 10%	10-29%	30-49%	50-69%	70-89%	90-100%

**Calculation of Intensity**

Criteria	0 (Absent)	1 (Mild: just perceptible)	2 (Moderate: obvious)	3 (Severe)
• Erythema (E)	None	Faintly detectable erythema, very light pink	Dull red, clearly distinguishable	Deep, dark red
• Infiltration/Papulation (I)	None	Barely perceptible elevation	Clearly perceptible elevation	Extensive elevation
• Excoriation (Ex)	None	Scant evidence of excoriation No erosion or crust	Several liner mark, some erosion or crust	Many erosive and/or crusty lesions
• Lichenification (L)	None	Light thickening of skin discernible only by touch	Definite thickening of skin with exaggerated markings and visible criss-cross pattern	Thickened indurated skin and visible exaggerated criss-cross pattern

**Calculations**

1. Head/Neck	(E + I + Ex + L) x Area x 0.1 (in children 0-7 years (E + I + Ex + L) x Area x 0.2)	
2. Upper Limbs	(E + I + Ex + L) x Area x 0.2	
3. Trunk	(E + I + Ex + L) x Area x 0.3	
4. Lower Limbs	(E + I + Ex + L) x Area x 0.4 (in children 0-7 years (E + I + Ex + L) x Area x 0.3)	
EASI	Sum of the above four body areas	Total score =

**Measuring scales used for assessment of quality of life:** There are six frequently used quality of life instruments for atopic dermatitis (Fig. 1).<sup>[4]</sup> Each instrument is prepared with a quality of life target (family, children, proxy rating, self-completed and adults) specificity (AD or dermatology specific) and description in terms of number of items (questions) and score range.

**Frequently Used QOL Instruments for AD**

Instrument	QOL Target	Specificity	Description <sup>a</sup>
Dermatitis Family Impact (DFI) questionnaire	Family QOL instrument	AD specific	10 items; score range, 0–30
Family Dermatology Life Quality Index (FDLQI)	Family QOL instrument	Dermatology specific	10 items; score range, 0–30
Infants' Dermatitis Quality of Life Index (IDQOL)	Children <4 y (proxy rating)	AD specific	10 items; score range, 0–30
Children's Dermatology Life Quality Index (CDLQI)	Children 4–16 y (self-completed)	Dermatology specific	10 items; score range, 0–30
Dermatology Life Quality Index (DLQI)	Adults	Dermatology specific	10 items; score range, 0–30
Quality of Life Index for Atopic Dermatitis (QoLIAD)	Adults	AD specific	25 items; score range, 0–25

Abbreviations: QOL, quality of life; AD, atopic dermatitis.

<sup>a</sup>The higher the score, the more QOL is impaired.

**Fig 1:** Frequently used QoL instruments for atopic dermatitis



### 1. Dermatitis family impact (DFI) questionnaire

The dermatitis family impact questionnaire is a disease-specific measure to assess the impact of atopic eczema on the quality of life (QoL) of the parents and family members of affected children. This questionnaire measures how much having a child with atopic dermatitis affects the quality of life of other (adult) members of the family. It is designed to be completed by adults (aged 16 years or over) who have a child (up to and including the age of 15 years 11 months) in the family with atopic dermatitis. The use of the DFI has revealed the major impact of atopic eczema on the QoL of families of affected children. The strengths of the DFI include wide international experience of its use, defined test-retest reliability, good internal consistency, sensitivity to change, and good construct (convergent) validity. The total score is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0.<sup>[5]</sup>

### 2. Family dermatology life quality index (FDLQI)

The family dermatology life quality index (FDLQI) is a questionnaire designed for adult (more than 16 years of age) family members or partners of patients (of any age) with any skin disease. It is self-explanatory and can be simply handed to the patient's family member/partner who is asked to fill it in without the need for detailed explanation. The questions are designed to be completed with a one-month recall period. The total score is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0.<sup>[6]</sup>

### 3. Infants' dermatitis quality of life

### index (IDQOL)

IDQOL is a questionnaire designed for use in infants with atopic dermatitis below the age of four years. It is self-explanatory and should be completed by the child's parent(s) or regular care taker. The questions are designed to be completed with a one-week recall period. The infants' dermatitis quality of life index is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. The severity of eczema is scored separately and can be correlated with the infants' dermatitis quality of life index.<sup>[7]</sup>

### 4. Children's dermatology life quality index (CDLQI)

The children's dermatology life quality index (CDLQI) and the Cartoon CDLQI are designed to measure the impact of any skin disease on the lives of children. The questionnaires are self-explanatory and can be simply handed to the patient who is asked to fill them in with the help of the child's parent or guardian, as necessary. Both versions of the CDLQI have been validated from the age of four years to 16 years (i.e. up to 15 years and 11 months). The questions relate to the impact of the skin disease on the child over the last week, i.e. over the last seven days. The children's dermatology life quality index (CDLQI) and the cartoon CDLQI are designed to measure the impact of any skin disease on the lives of children. The questionnaires are self-explanatory and can be simply handed to the patient who is asked to fill them in with the help of the child's parent or guardian, as necessary.<sup>[8]</sup>

### 5. Dermatology life quality index (DLQI)

The aim of this questionnaire is to measure how much the skin problem has affected your life OVER THE LAST WEEK. The person has to tick ⇒ one box for each question. The questions are based upon how much the skin trouble has affected the person in terms of whether the skin is itchy, sore, stinging, how much the person feels embarrassed or self-conscious, how does it interfere with gardening, shopping, sexual activities, studying or working. The questionnaire is designed for use in adults, i.e. patients over the age of 16. It is self-explanatory and can be simply handed to the patient who is asked to fill it in without the need for detailed explanation. It is usually completed in one or two minutes. The DLQI is calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired.<sup>[9]</sup>

### 6. Quality of life index for atopic dermatitis (QoLIAD)

QoLIAD is a disease specific patient reported outcome which measures the impact that atopic dermatitis (AD) has on a given patient's quality of life. It is a 25 item questionnaire for patients over the age of 16 with a maximum score of 25 and is restricted to yes or no answers. Higher scores on the QoLIAD indicate a greater negative influence that the disease has on quality of life. The initial version of the QoLIAD had 56 items that reflected the areas of need fulfillment identified in the qualitative interviews as having been affected by AD: mental and emotional stimulation, physical and emotional stability, security, sharing and belonging, self-esteem, personal development and



fulfilment. QoLIAD is a practical, reliable, valid and culturally applicable instrument for measuring the impact of AD and its treatment on QoL in clinical trials or in routine clinical practice.<sup>[10]</sup>

## Conclusion

The diagnostic evaluation and use of assessment scales as part of standard clinical practice in recording the health status of those who are affected due to skin diseases will aid in to improve clinical practise guidelines.

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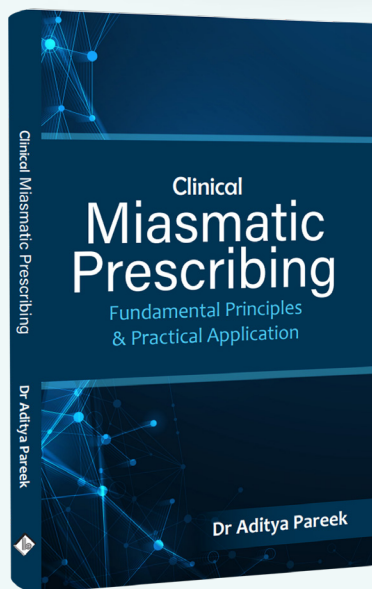
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# Clinical Miasmatic Prescribing

Dr Aditya Pareek



ISBN : 978-81-319-1690-2 | 260pp | ₹ 299

- The author has shared his experience on miasms and how to clinically apply the different miasms in practice. The book is divided into 3 sections.
- The first section aims to put across the fundamentals of the theory, its utility and brief history. It also deals with the applied aspects of theory i.e. anti-miasmatic prescribing.
- In the second section, considering the importance of clear clinical differentiation, comparative tabulations have been provided aiming at clinical utility.
- Remedy discussion has been attempted for most of the symptoms mentioned.
- The third section which includes cases is not an extensive case collection of chronic cases, rather it just aims to show the applicability and practical utility of the theory in common clinical situations for better understanding of the principles discussed in part one.

# TMJ subluxation with maze of common symptoms treated by homoeopathy

By Dr Sonia Tuteja, Dr Mehak

**Abstract:** Though numerous dental conditions like toothache, swelling gums, etc. can be treated with homoeopathy. This article is also an attempt to show the effectiveness of homoeopathic medicines in dental conditions like subluxation of the temporomandibular joint.

**Keywords:** temporo-mandibular joint (TMJ), subluxation, orthopantomogram (OPG), pain jaw, homoeopathy, *Causticum*.

**Abbreviations:** temporo-mandibular joint (TMJ), orthopantomogram (OPG), *Saccharum lactis* (SL), thrice a day (TDS).

## Introduction

Hyperextension of TMJ usually results in subluxation or luxation of the joint which may, along with anatomical predisposition to the maximally open mouth position. It is not associated with a specific pathological characteristic of the joint.<sup>[1]</sup> The condition may be acute or chronic.

Apart from discomfort, a subluxation can also cause pain. The movement of the condyle close to and over the individual opening limit can lead to stiffness of joints and the inability to open the mouth (open lock), which is a prominent clinical sign of TMJ luxation.<sup>[1]</sup>

## Pathophysiology of subluxation

In a luxation or dislocation of the TMJ, the mouth opens over its normal boundary, the mandible is blocked and it is called open lock or spontaneous luxation of the condyle and the disk complex. The excessive opening of the mouth upon yawning, singing, or during dental procedures leads to this condition. In a spontaneous luxation, the patient cannot close the mouth independently and permits a

previously long-lasting subluxation (hypermobility) on wider mouth opening.<sup>[1,2]</sup>

## Case history

Case of a person aged 22 years male approached on dated 6/9/2020 with complaints of continuous pain over temporomandibular joint from last 3-4 months. Previously felt on right side, accompanied by left side. When the patient did brushing<sup>+2</sup> and yawning<sup>+3</sup>; the joint gets stuck on<sup>+3</sup> and it takes few minutes to close the mouth. Pain and pressing feeling while having meals and difficulty while chewing<sup>+2</sup>.

Onset- not known.

Frequency- Episodes almost on daily basis, mainly while doing brushing and cleaning tongue.

When the dental doctor was consulted for the defined problem, he wants to check the X-ray temporomandibular region, so advised OPG (orthopantomogram). After OPG, the patient was said that there is mandatory to do sittings for jaw alignment/ splinting, which is for 2 years. Patient wasn't ready for

the procedure, thus approached to homoeopathic physician.

## Physical generals:

His appetite was good, drank plenty of water, stools were satisfactory, but constipated when took lots of spicy food<sup>+2</sup>. Sweat was slightly offensive, non-staining. **Thermals:** chilly<sup>+2</sup>

## Mental generals:

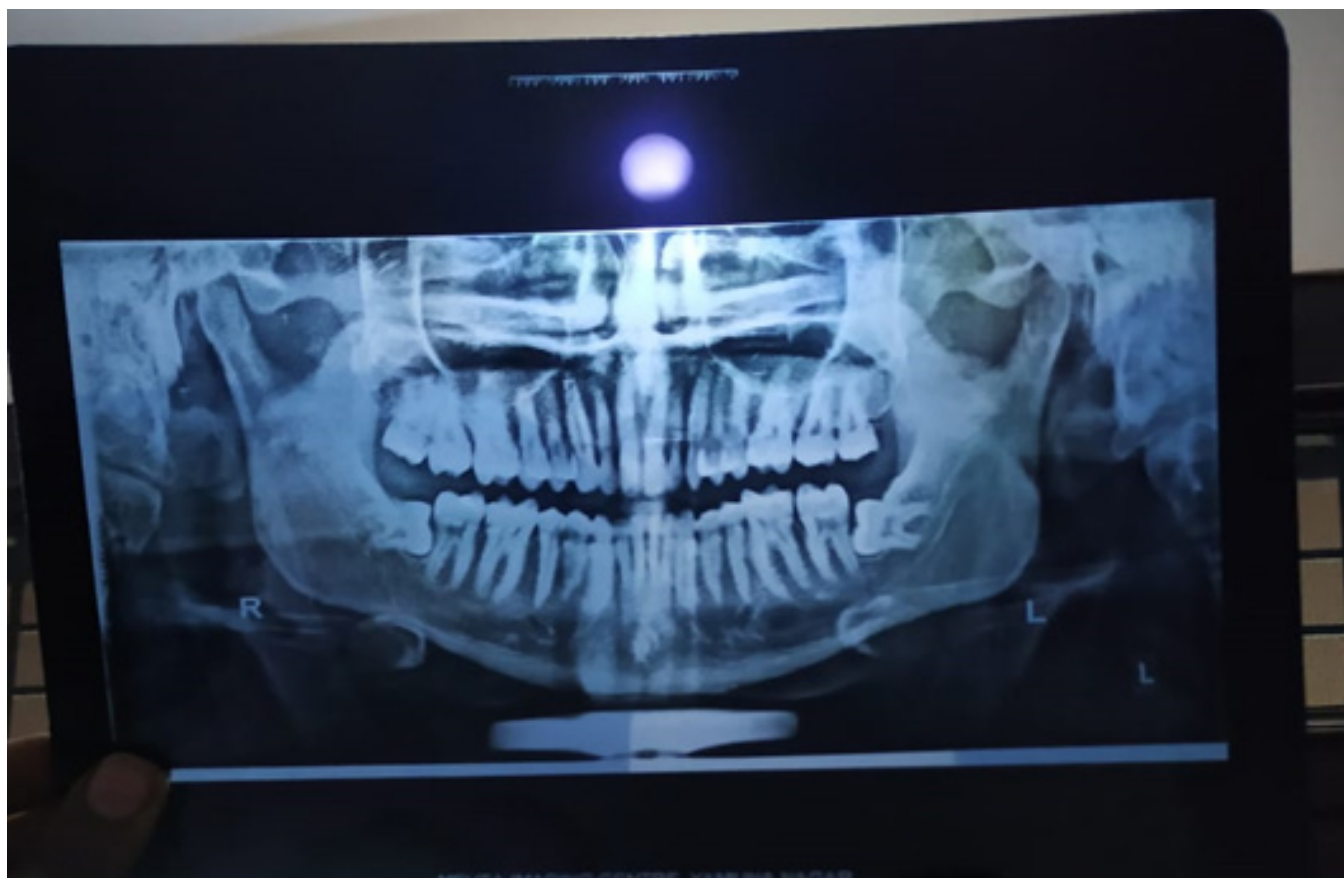
Emotionally weak, weeping<sup>+1</sup> at the sufferings of others. Anxious about his future<sup>+2</sup>. Weak concentration while studies<sup>+2</sup>, continuous thoughts came to mind preventing concentration. [No other mental symptoms is ruled out]

## Oral examination:

- No signs of gum swelling, gum bleeding absent, signs of pain due to wisdom tooth absent. [nothing abnormal detected]
- No history of tobacco chewing/ gum chewing/ or others.
- No history of any old /recent injury.

## Orthopantomogram findings:

No marked pathological changes visible. Mild space narrowing on right side.



**Diagnosis:** Subluxation of temporomandibular joint <sup>[2]</sup> [as per dental doctor opinion].

**Analysis and evaluation of symptoms:**

	Symptom classification	Miasmatic analysis <sup>[3,4]</sup>
Temporomandibular joint get stuck on <sup>+3</sup> <- brushing <sup>+2</sup> and yawning <sup>+3</sup>	Common symptom/ particular symptom	Psoric
Pain and pressing feeling <sup>+2</sup> on opening mouth <sup>+3</sup> , while having meals <sup>+2</sup> and difficulty while chewing <sup>+2</sup> .	Common symptom/ particular symptom	Psoric
Constipation <- spicy food <sup>+2</sup>	Physical generals	Psoric
Anxious about his future <sup>+2</sup> .	Mental generals	Psoric
Weak concentration while studies <sup>+2</sup> , continuous thoughts.	Mental generals	Psoric
Weeping at the sufferings of others <sup>+1</sup>	Mental generals	Psoric

As no peculiar striking symptoms were available, only a few maze of common symptoms were found while case taking. So, decided to refer homoeopathic repertory.



Rubric selection <sup>[5]</sup>: FACE- PAIN- jaw- articulation- opening mouth

Schroyens F., Synthesis 9.0 (English) Millennium view (progressive) ▼

**FACE - PAIN - Jaw**

• **Articulation (= Maxillary articulation):** (42) acet-ac. agar. alum. alumn. am-m. ang. *Arum-t.* asaf. asar. *Bapt.* brom. calc. *Caust.* cimic. cist. cor-r. dendr-pol. dream-p. dros. fl-ac. glon. hydrog. hyper. lac-e. laur. mang. nat-c. nicc. op. pin-con. psil. *Rhus-t.* sphing. spig. spong. *Stry.* sul-ac. til. tung-met. verb. vesp. xan.

**right:** (2) caust. hydrog.

**left:** (4) cor-r. mang-p. podo. v-a-b.

**morning:** (1) vesp.

**chewing:** (10) acon. alum. am-c. am-m. bell. calc. coc-c. cor-r. sil. v-a-b.

**opening mouth:** (10) alum. am-c. am-m. **CAUST.** cor-r. dros. hep. nicc. sabad. verat.

**pressure amel.:** (1) *rhus-t.*

**rest, during:** (1) *Rhus-t.*

**rheumatic:** (3) caust. dys. *Rhus-t.*

**shutting mouth:** (1) *Bar-c.*

**swallowing, when:** (1) *Arum-t.*

**warmth**

**amel.:** (1) *rhus-t.*

**yawning:** (4) cor-r. ign. *rhus-t.* staph.

**extending to**

**Face:** (1) verb.

**Teeth; into:** (1) lac-e.

• **Condyle:** (1) **PSOR.**

• **Lower:** ⚡ (68) acon. agar. agath-a. allox. aloe am-c. ambr. amph. arg-met. *Ars.* caps. *Carb-v.* *Caust.*

#### Reference from materia medica

##### *Allen's Encyclopedia of Pure Materia Medica*<sup>[6]</sup>:

- He could separate the jaws only with great difficulty, and could not open the mouth as usual; it seemed as if the throat below the jaw were swollen or tense.
- Sensation of tension and pain in the jaws, so that she could only with difficulty open the mouth, and also could not eat well, because a tooth seemed too long.
- Painfulness of the right inferior maxillary joint (after half an hour).

##### *Hahnemann's Materia Medica Pura*<sup>[7]</sup>:

- Rheumatic pains in the lower jaw (after a quarter of an hour).
- Burning pains in the lower jaw.
- Prickling-digging in the lower jaw.
- Drawing, first from the right, then from the left ramus of the lower jaw, towards the chin, and thence back again in the direction of the angle of the mouth, on each side.
- Tearing in the right lower jaw.

##### *Boericke's New Manual of Homoeopathic Materia Medica*<sup>[8]</sup>:

- Pain in jaws, with difficulty in opening mouth.
- Rheumatism of articulation of lower jaw.

Selection of remedy/ dose/ potency: As *Causticum* covering thermals of the patient and carrying maximum marks was also somewhat suited to the emotional background of the patient. So selected after remedial differentiation to materia medica. Also it was mentioned that where maze of symptoms, we may prescribe

a partially indicated remedy based on the recent symptoms.<sup>[3]</sup> And as the susceptibility was mild to moderate in terms of pathology and absence of peculiar mental & physical symptoms. So, 200 potency was selected [according to *Organon of medicine* 5<sup>th</sup> edition] <sup>[4]</sup> Multiple-dose stimulation should be reserved for cases in which single-dose

stimulation is considered to be insufficient. And as soon as adequate response is obtained, further stimulation should be suspended.<sup>[3]</sup>

#### Prescription:

[6-9-2020] Rx *Causticum* 200/ 1 dose/stat

SL 30/TDS/ 20 days

#### Follow-up:

1/10/2020	Received on phone Slight relief in pain while brushing ~30-40% but jaw locked while yawning- SQ	Rx <i>Causticum</i> 200/ 1 dose/ stat SL 30/ TDS/ 20 days
25/10/2020	Decrease frequency and intensity of the presenting complaint. Relief present. No episode in last 20-25 days	Rx SL 30/ TDS/ 20 days
15/12/2020	Otherwise better than before, but sometimes pain felt on sudden episodes of yawning. Patient also notice some changes at concentration level, no random thoughts disturb.	Rx <i>Causticum</i> 200/ 1 dose/ stat SL 30 /TDS/ 20 days
15/02/2020	No pain and jaw lock present while brushing. But once in 10-15 days may occur while yawning.	Rx <i>Causticum</i> 200/1 dose/stat SL 30 /TDS/ 1 week

#### Result and conclusion:

Homoeopathic medicine when selected only on the maze of common symptoms reduced the frequency of painful episodes while yawning and chewing, and could seem constitutional because the concentration level of the person improves. Sometimes, when no peculiar marked modalities are present while case taking, careful assessment and good repertorial command brought the cure itself. Thus, this is an attempt to show the effectiveness of homoeopathic medicines in dental conditions.

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# Pandemic? Infodemic? Plandemic ? Syndemic: the crisis of the COVID-19 pandemic seen from the biomedical, political, economic and sociocultural aspects

*By Carlos Alberto Castelblanco Roberto*

**Abstract:** The declaration by the WHO of the COVID-19 pandemic in march 2020 and its medical, socio-economic, political and cultural consequences have become evident worldwide, and this work aims to elucidate the network that has been woven through its surroundings from the historical and geopolitical and the great transnational economic interests of the private and state corporations involved in it, from the informational, statistical, bio-scientific media and finally the medical part and its direct implication in public health and its treatment as dissimilar in different regions and countries. As a key objective of the work, is the presentation of viable alternatives to the crisis from the state and medical-scientific, giving priority and special interest to public policies of sanitation and prevention traditional non-pharmacological and the implementation of prophylactic and curative mechanisms through homoeopathic medicine and indigenous ancestral practices combined.

**Keywords:** COVID-19, virus, pandemic, synergy, syndemic, vaccines, fears, eugenics, GMOs, globalisation, remedy, disease, homoeopathy, iatrogenesis.

**Abbreviations:** WHO – World Health Organisation, COVID-19 – coronavirus disease 2019, GMOs - genetically modified organisms

## Introduction

As the pandemic is declared of maximum public and world interest, the suitability and importance of homoeopathic medicine being directly involved in the curative resolution of the disease and in its prophylaxis, as a safe, effective and innocuous alternative to synthetic vaccines pharmacological, homoeopathic medicine must be an integral part to face not only this crisis but also the possible other crises that will arise.

### Headlines :

- I. THE PRELUDE TO THE FEAR.
- II. INFORMATION CRISIS.
- III. EDUCATION AND WORK IN PANDEMIC.
- IV. THE MIRACULOUS SOLUTION: THE VACCINE.
- V. PLANDEMIC GENESIS. GLOBALIST PROJECTS.
- VI. THE REMEDY, WORSE THAN THE DISEASE?

### VII. THE IMMUNE SYSTEM

### VIII. CONVENTIONAL MEDICINE AND HUMANIST MEDICINE: HOMOEOPATHY.

### IX. HOMOEOPATHIC MEDICINE : UNDERSTANDING AND EDUCATIONAL. NATURAL DEFENSES AND HOMOTOXINS. VACCINES AND THE LAW OF 'LIKE'. NUTRITION AND THE IMMUNE SYSTEM.

## Conclusion

a) What is dealt with in the present work teaches us to prevent errors due to excess improvisation, especially in the elaboration of synthesis biologics in the laboratory without strictly complying with the minimum international clinical protocols, regarding the safety and effectiveness of the final product;

b) That it cannot be claimed that a biological, no matter how effective

and innocuous, has exactly the same effects for one hundred percent of the population;

c) That today the population is still being experimented with as if it were a routine clinical laboratory experimentation, and that is extremely serious and irresponsible; and

d) That ALTERNATIVE MEDICINES, including HOMOEOPATHIC MEDICINE, should play a very important role in the resolution of global public health crises, and not only in declared pandemics, but in everything related to health and disease, and this requires a greater and efficient dissemination and awareness of the peoples.

## References

### REFERENCES AND NOTES CHAPTERWISE:

#### I- THE PRELUDE OF FEAR



- [1] Well, he had nothing to do with Spanish, since it was one of the consequences of the First World War, whose plague originated in a military camp in Kansas, USA but wreaked havoc in Spain and the rest of Europe.
- [2] Klaus Schwab, Thierry Malleret, "COVID19, The Great Reset", 2020, <https://www.youtube.com/watch?v=qVo8QYcCRgM>
- [3] George Orwell wrote "1984" after the hecatomb of WWII That fear glimpsed him as a result of the fascisms and corrupt capitalisms of the totalitarian and techno-scientific governments that followed, anticipating almost premonitory to the 21st century. [4] '... medical treatments far removed from physiology and often dictated by statistics', (as is often the case in politics). Bruno Falissard, Biostatistician, Paris, 'Free News', 2019.
- [5] Pablo Goldschmidt, Biochemical Physician, and Wolfgang Wodarg, "Poeple and microbes", 2020. See: "Panic is0 unjustified", [www.es-us.noticias.yahoo.com/vacuna-pfizer-221815029.html](http://www.es-us.noticias.yahoo.com/vacuna-pfizer-221815029.html) /
- [6] Ibid.
- [7] Deaths: 3'795, for 22,592 cases / 1'. Our World in Data, and Johns Hopkins University, June-20-2021.
- [8] Ibid.
- [9] Newspaper desdeabajo, Bogotá, No.283, sept 2021, p.10.
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- [11] Pierre Rimbart, "The society of the asocials", Editorial Office, Le Monde diplomatique, Paris, Sept. 2021, in Ed.Colombia # 214. The sociophobia of the sociopaths of Silicon Valley CEO's.

## II- INFORMATIVE OR DIS-INFORMATIVE CRISIS: INFODEMIA

- [12] Ovidio, "Arte de amar", L.III, p.397. ('You don't want what you don't know'). Aphorism denoting that 'indifference is born of ignorance'.
- [13] NYT, Max Fisher, "La misinformación", Jun.26.21.
- [14] "A lie, conveniently repeated hundreds of times, becomes the truth", Joseph Goebels, Minister of Nazi Propaganda for A. Hitler, "Diary".
- [15] Theodor W. Adorno, Foreword to "A Happy World", Aldous Huxley.
- [16] Alvaro Sanabria Duque, "Spring of Youth?", Newspaper desdeabajo, # 279, Bogotá, Jun-25-2021. Colombia Highest GINI index of inequality among OECD countries and second highest in Latin America: 0.54, dragging more than 4 'million people into absolute poverty, and since it was born, inequality has been greater in health care, according to a report by the World Bank September 2021.
- [17] WHO, FAO, UN Conference, NY MAY-20-2020.
- [18] Ibid. FAO.

## III-EDUCATION AND WORK IN PANDEMIC OR SURVEILLANCE CAPITALISM

- [19] It has been reported that in the world there have been more than two million occupational deaths, basically due to working longer hours as the main cause: Pulzo.com, June 20, 2021.
- [20] George Orwell. Op.cit.

- [21] Ibid., "Rebellion on the farm", Ed. Destino, Bogotá, 2008.
- [22] Carlos Eduardo Maldonado, "Information Society, Policies and Resistances", complexity, Internet, Echelon Network, information science, Ed. Desdeabajo, Bogotá, September, 2019.
- [23] Aldous Huxley, Op.cit, p.130.
- [24] "... all priests are the same, but some priests are more equal than others ...", George Orwell, in "Farm Rebellion".
- [25] Al Sumak Qamaña (Aymará), Suma Kawsay (Quichua), Utz 'Kastamal (K'iche'). (Bolivia, Perú-Ecuador-Colombia, and Guatemala-México, respectively).
- [26] Shoshana Zuboff, Professor Emeritus, Harvard Business School.
- [27] "TV peppers us with images that are born to be forgotten on the spot ... each news item is divorced from its own past (and from the future!) ... the more we learn about it ... the more we ignore it". Eduardo Galeano, "Los diablos del Diablo", in "Memories and Desmemorias".
- [28] Noam Chomsky, "Who Rules the World?" ed.BSA, Barcelona, 2016.
- [29] Alvaro Sanabria Duque, "Immunity, impunity and democracy", in Le Monde Diplomatique, ed. 208, Bogotá, March 2021, p.6.

## IV-THE MIRACULOUS SOLUTION: THE VACCINE!

- [30] Efficacy given by the relationship  $T / E = I$ , where I is the therapeutic (immunopreventive) index resulting from the quotient between the toxicity dose T divided by the efficiency dose E, that is, that  $a > I > T$ , and vice versa:  $a < I < T$ . See: Jorge Piñeros Corpas, et.al., "Compendium of Pharmacology", Fedicor, Juan N. Corpas Clinic, Bogotá, 1992.
- [31] Dr Fauci missed, in an interview, that the Pfizer, Moderna and J & J vaccines, did not have 'full' approval from the FDA, but from the CDC (!). NYT, May-20-2020. (As of June 2021 he still did not have such 'full' approval).
- [32] "According to the current cultural hegemony, the Indian, the black, the peasant, the people... use placebos, not medicine.", Eduardo Galeano, in "Los diablos del Diablo".
- [33] Pablo Goldschmidt, Op.cit.
- [34] Galeno Galilei, op.cit.
- [35] Dr María José Martínez Albarracín and Dr Christian Bermer, "Thought Police?", Madrid, 2020.
- [36] MSF - Doctors Without Borders - affirms in its 2020 report that with or without a pandemic, the poor of the Third World continued to die from malaria, dengue, yellow fever, malnutrition, HIV, hepatitis B and C, tuberculosis, all treatable diseases. , but that due to the 'domino effect' caused by the pandemic and because of the collapses in the Assistance Centers, common and current diseases, as well as the regular treatment of the elderly, children and pregnant women, were in second place to give priority to the diagnosis, treatment and vaccination for COVID-19. See: Annual Report 2020, MSF, Michiel Hoffman, Christine Jamet and Teresa Sancristoval. [www.msf.org.co/sites/files/documents/report\\_e\\_anual2020\\_colombia\\_O.pdf](http://www.msf.org.co/sites/files/documents/report_e_anual2020_colombia_O.pdf)
- [37] Pablo Goldschmidt, Op. Cit.
- [38] Galeno Galilei, op.cit. See: [https://t.me/PLANDEMIA\\_MUNDIAL\\_COVID](https://t.me/PLANDEMIA_MUNDIAL_COVID)
- [39] Luc Montagnier, <https://www.lifesitenews.com/news/nobel-prize-winner-mass-covid-vaccination-an-unacceptable-mistake-that-is-creating-the-variants>

com/news/nobel-prize-winner-mass-covid-vaccination-an-unacceptable-mistake-that-is-creating-the-variants

- [40] Institute for vaccine safety, Johns Hopkins University. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2pdf> See: Vaccine Excipient Summary, table # 2.
- [41] "There is a study that verifies that the relatives of doctors undergo surgery much less than those who are not relatives" (the same with vaccinations), Irene Velasco, MundoBBC News Mundo, August 31 2020, for "HayFestival-Querétaro", Dr Sitges-Serra.
- [42] Jörg Blech, "The inventors of diseases", Imago Mundi, Barcelona, 2009.
- [43] Jorge Ossa Londoño, "Principles of Medical Virology", Universidad de Antioquia, Medellín, 1990.
- [44] Sitges-Serra, "If you can, don't go to the doctor", Barcelona, 2020. <https://espanol.yahoo.com/noticias/vaya-m%C3%A9dic>
- [45] Eva Ma. Muñoz Criado, José Luis Martí Tusquets, "Imaginary sick", E.Bolsillo, Barcelona, 2004.
- [46] Jörg Blech, Op.cit.
- [47] Charles Levinson, "Vodka-Cola", Ed.Argos, Barcelona, 1977. On the hidden complicity between the western and eastern worlds in the world pharmacological industry.
- [48] The eleven 'must have' vaccines for neonates contain 17 times the maximum doses of aluminum (Al) salts as an adjuvant defined as toxic by the WHO. See: Vaccines.pubs.pinkbook, Vaccine Excipient Summary (Table # 2), in addition to other substances and elements no less lethal for infants, accumulating up to 40 vaccines between initial doses and boosters (2nd and 3rd) in children of one year old (! ! ?).
- [49] According to MSF (Doctors Without Borders) in a June 2021 report, there were more than 82 million displaced persons and refugees in the world (4% more than in 2020): 25 million Palestinians displaced by state terrorist Zionism from Israel, for example in Colombia 6 'million displaced people forced by violence, drug trafficking and State terrorism; 4 'million Venezuelan refugees; millions of Africans and Latin Americans migrating as 'wandering Jews' towards the unpromising 'American dream'.
- [50] Dr Jorge Piñeros Corpas, Op.cit.p.34.
- [51] Dr Jorge Ossa Londoño, Op.cit.p.101
- [52] Dr Chinda Brandolino, "Is It Really a Pandemic?" At GQRadio, Houston. <http://www.youtube.com/watch?v=L4jcGoUGTME>, "Tell me the truth", in Vosterix Bahía, Buenos Aires, <http://www.youtube.com/watch?v=CBWUizBs8>
- [53] Jorge Ossa Londoño, Op.cit., P.53.
- [54] See promotional drop-down for GSK-GLAXOSMITHKLINE: "Age and family history don't matter...", "Avoid cervical cancer", Drug terrorism supported by the health authority? Scientific Productions Ltd, 2006.
- [55] See: <http://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm09833.htm>
- [56] Dr Chinda Brandolino, "The nonsense of the coronavirus", <http://www.youtube.com/watch?v=K-SMZ2AEbk>
- [57] In addition to the 'Confidentiality' law with which the laboratories are protected to protect their contracts, especially with other States, which frees them from critical glances, leaving the negotiated companies in the limbo of "State

secret" (Top Secret). 'non santos' with leonine contracts that no one, not even the Congresses themselves can supervise, that is, Classified Documents not suitable for the knowledge of minorities and worse for the general public, another worse Law is compromised because of how permissive and prodigal it is, the one signed by the actor-president Ronald Regan: "... no manufacturer of vaccine serums is civilly or criminally liable for damages or death and damages derived from an injury associated with a vaccine " (! ??), Public Law 99 / 660 from the US. All of the above, of course, endorsed by the WTO in order to strengthen and protect the 'free' market. This means that no one can sue companies, not even in cases of negligence or recklessness. The only exceptions are cases of "willful misconduct" and proven. NYT.

See: LifeSiteVeriteCovid19.com, Dolcarevolucion.cat, duberevolucion.com, infodolcarevolucion.cat

[58] The University of Oxford on June 28, 2021 gave it the highest immune response rating compared to the other brands, when considered in single doses. Of course, it was the one that developed such a vaccine in their laboratories.

[59] Stive Hotz, Ph. D. Genetics Engineering.

[60] LifeSiteVeriteCovid19.com

[61] Sharon La Franiere, NYT 2021-06-17.

[62] Prensa Latina, Telesur, Jun-10-21

[63] Ekström, Berggren, et.al. in Nature Medicine, vol. 27, May-2021.

[64] See: "The Battle for COVID-19 vaccines highlights the need for a new global governance mechanism", Klaus Marhold, Institute for Entrepreneurship and Innovation, Vienna University, and Jan Fell, Institute of Service Science, National Tsing Hua University, Hsinchu, Taiwan.

[65] See MSF Ref.42 and 2020 Report: "... the detention and deportation of migrants in 2020 exceeded the maximum in 21 years. The Biden Administration detained and deported 19,000 children and 223,000 adults, far more than its predecessor."

[66] Federico Kukso, "The Patent War", in Le Monde, Ed.Col. # 211, Jun 2021.

[67] <https://www.desdeabajo.info/ciencia-y-tecnologia/item/42235-covax-la-trampa-html>

[68] Nature Portfolio Journals, Jun-2020.

[69] Dr Jörg Blech, Op.cit.

[70] News "WeekinAmerica", Santiago, May 20, 2020. <http://www.youtube.com/watch?v=31FqJaVv>

[71] Vaccine development is a risky endeavor. Companies rarely invest in manufacturing until they are sure the vaccine will be approved by governments (that's what lobbies are for). That is why its development is usually so expensive and takes so long. Moderna, for example, acknowledges that the entire development of its vaccine was funded by the US. The New York Times. <https://espanol.yahoo.com/noticias/coronavirus-estados-unidos-cu%C3%A1ntos-canes-041300599.html>

[72] Philip Potdevin, "Between geopolitics and biopolitics", in Le Monde diplomatique, ed. Col. No.210, May 2021, Bogota.

[73] Secretly, underground, are they not looking for the virus to continue its march slowly but lethally 'punishing' the stubbornness of the people, to impose more fear? It would be the 'most evil benevolence' and the politics of terror. (Behind the Reason: "Virus de Lies", Iñaki Gil, San Sebastián, Spain and Juan Francisco Coloane, Santiago de Chile, April-21-2020, <http://www>.

<youtube.com/watch?v=t-fUS6DQtk8>).

[74] Claudia P. Vaca G. "The apartheid of vaccines: Shut up or act?", In Le Monde diplomatique, Ed.Col. No.209. April 2021.

[75] See: "us.noticiasyahoo.com/adultosnovacunados/071257586.html", Jun 23, 2021.

[76] Els Torreele, Henry Lishi Li, Mariana Mazzucato, "Vaccines for the health of the people or of capital?" Dec 2020. Available at: <https://nuso.org/articulo/vacunas-para-la-gente-o-para-el-capital/> The pandemic also created new billionaires: Stéphane Boncel, -Director Ejec de Moderna, and Ugür Sahin, co-founder by BioNTech.

[77] "Good reasons to vaccine: Mandatory of payment for risk?" Journal of Medical Ethics. <https://jme.bmj.com/content/47/2/78BMJ>. journal of medical Ethics, accessed 80821

## V - PLANDEMIC GENESIS

[78] "Homo homini lupus ": Plautus, (Asinaria, II, 4, 88), ("Man is a wolf to man").

[79] "Give me the power to issue money, and then make the laws you want," Rothschilds, President of the US Fed, which, incidentally, is private.

[80] In the Korean War (1950-1953) fueled, instrumented and capitalized by the US, it was used to do a very efficient and 'scientific' 'job' of introduction and experimentation with the new American bio-control inventions native population, in addition to the destruction of the native population with blood and fire, and with the disastrous and deadly 'mustard gas'. The bacteriological chemistry of Bayer and Dow Chemistry 'serves' something.

[81] WWW read: World Wicked Web, or World Wily Web.

[82] [www.es.wikipedia.org/wiki/highHaigh\\_Frecuency\\_active\\_auroral\\_research\\_program\\_#](http://www.es.wikipedia.org/wiki/highHaigh_Frecuency_active_auroral_research_program_#) <youtube.com/watch?v=w4nRHOr5jD8>

[83] Dávalos, P., "The project of the Monte Peregrino Society", D.A, Bogotá, 2013.

[84] HISPANTV- " behind reason", Roberto de la Madrid, Tehran-Iran, with Andrea García, 'World Order' analyst, Madrid and Rafael Palacios, journalist, Madrid, Nov. 2019.

[85] On the subject at hand, the COVID-19 pandemic, see the Bilderberg Club meeting held in 2019 (three months before the declaration of pandemic by the WHO).

[86] Was today's 'Brexit' already scheduled?[87] M. Mesarovic and E.Pestel, "Humanity at the crossroads ", 2nd Report to the Club of Rome, FCE, Mexico, 1975.

[88] A. Gregg, "A medical aspect of the Population Problem ", in Science, 121, 1955, p.681.

[89] "Underdevelopment" is not a stage of development, it is a consequence of the development of transnationals", Eduardo Galeano.

[90] Lucy Nieto de Samper, "The Club of Rome, Development and peace where there is underdevelopment and war ", El Tiempo, Dec.19.1983, Bogotá, p.14A.

[91] See: "Los Liberales", Nicolás Morás (Argentina), Mauricio Castillo (Spain), "Agenda 2030", February 2021, available at: [http://www.youtube.com/watch?v=azKdnS\\_OUH8](http://www.youtube.com/watch?v=azKdnS_OUH8).

[92] It is evident that countries alone do not have the capacity to face crises, such as the current one, with the exception of the USA, China and Russia. In the Confined Global Village,

the biggest beneficiary, so far, outside the Big Pharms with ICTs, is Mainland China (expansion of 5G and the Silk Road) with the international financial system, and Russia (decisive foray into Africa, Asia and Latin America and the reluctant deployment by the US of its Nord Stream 1 and 2 gas pipeline).

[93] See: Murray Rothbard, "Wall Street, banks and North American foreign policy ", FCE, Mexico, 2020.

[94] <https://es.weforum.org/focus/el-gran-reinicio>

[95] Johannes Hirschberger, "History of philosophy ", Volume II, Ed.Herder, Barcelona, 1968.

[96] It is proven that the domestication of the gregarious animal, occurs better in its fold, which in other words, is the Kantian 'cosmopolitan citizenship'. Scattered towns are more difficult to dominate. Just as a herd is disbanded.

[97] Roy Childs, "Big business and the rise of North American statism ", Ed.AS, Barcelona, 2020.

[98] [www.organizaciondelasnacionesunidas.gov.agenda.2030.objetivosdesarrollosostenible](http://www.organizaciondelasnacionesunidas.gov.agenda.2030.objetivosdesarrollosostenible)

[99] Leonardo Padura, "The man who loved dogs", (Trotsky), coolec. Andanzas, Tusquets ed., Bogotá, 2016.

[100] Kurzweil Ray, "How to create a mind", Berlin, Lola Books, 2013.

[101] "Russian biologist plans more CRISPR edited babies" (2019), Platzi, Dec.03.2020, youtube / watch / v = xYIU-8End8w

[102] OFA Foundation for the Advancement of Biomedical Sciences, "Molecular Bases of Life and Disease", ed. José Felix Patiño, MD and Gustavo Román Campos, MD, Bogotá, 2001.

[103] Arnold Toynbee, historically verified that "The greatest characteristic of civilizations in decline is the tendency to standardization and uniformity."

[104] Platzi, op.cit., Dec.03.2020, youtube / watch / v = xYIU-8End8w

[105] "What great evil can conceal the (artificial) prolongation of a life", Markus Zusack, in 'The book thief', p.252.

[106] 'The useless human capital of the elderly and pensioners who do not produce'.

[107] They are evidently intertwined with the Climate Summit held in Kyoto, Japan, on Nov. 2015.

[108] Klaus Schwab, Therry Malleret, Op.cit (ref. # 2)

[109] The homo digital gregalis has 'self-segregated' by the virtual revolution in his relations with the rest of humanity, that is, the 21st century syndromic oxymoron: 'the gregarious man segregated by a sociophobic sociopathy', ex: speaking with strangers is an outdated practice, that of our ancestors, old-fashioned; an extravagance, a stupidity.

[110] "Social explosion: between anger, disappointment, disgust and hatred ...", in Le Monde diplomatique, ed. Colombia, # 211, June 2021, Bogotá.

"I did not choose violence, she chose me ... just as I prepare the rocks and the 'molochas' I also sharpen my pen and tear the myths and collective fears": Confessions of a "first line" -millennial-, in D.A. , Bogotá, sept, 2021, # 283.

[111] <https://es.weforum.org/focus/el-gran-reinicio>

[112] It is suspected that the coup against Evo Morales had its roots in the coveted Bolivian lithium.

[113] <http://www.youtube/watch?v=zajFaus3gjU>

[114] In those days Mr. Pompeo was happy with the

theme of the 'melting of the polar helmet' of the Arctic, because it was the precise opportunity to transit through open waters and for the exploitation of hydrocarbons and various metals of that rich and frozen subsoil. But I did not know that Russia was already moving towards those same plans!

- [115] The Bloomberg agency itself published two audios, one on November 4, 2019: "Preparing for the next pandemic: As the coronavirus outbreak approaches a pandemic, world leaders and health officials are fighting for contain the consequences. That has led to quarantines and other emergency actions around the world. It's a scenario that was planned just a few months ago, at a meeting of leaders in global finance, politics and healthcare. Janet Wu of Bloomberg was there and brings us this report."
- [116] The lies talk about the animosity that Trump had towards the US Federal Reserve and that he had tried, if not to abolish it, at least to limit it, and that is why the Bilderberg Club never admitted it in its clan. Something similar with J.F. Kennedy and A. Lincoln, which is why they were assassinated. That is 'classified' information.
- [117] Oct 18 2019 • The Pierre Hotel Grand Ballroom. Information and privacy of Twitter Ads. #Event201 @JHSPH\_CHS @JohnsHopkinsSPH @gatesfoundation @wef @bloomberg.
- [118] The videos that remain accessible about this event of October 18, 2019 can be consulted on YouTube and include fragments dedicated to medical countermeasures; trade, travel and mobility; financial policy during the pandemic; as well as communications and the internet.
- [119] David Esturín, "El Cub BILDERBERG", ed.fcd, Madrid, 2019.
- [120] Eduardo Galeano, Op.cit.
- [121] According to MSF-Annual Report 2020: Common outbreaks such as Malaria, Cholera, Acute watery diarrhea in Sub-Saharan Africa, Ebola (Rep. Dem of Congo) and Measles (Rep. Central Africa and Chad) claimed more than 5,000 dead children during 2020, without taking into account those who succumbed in the Congo to the largest measles outbreak in the world.
- [122] Protein envelope that protects nucleic acid from a virus.
- [123] The plan of the COVID-19 Action Platform of the World Economic Forum and the WHO includes the collection of approximately 12 billion dollars to create and distribute a vaccine against the coronavirus, including in the working group corporations such as Volkswagen, Bank of America and Deloitte. Have you seen the same humanitarianism? That?
- [124] March 4, 2020: "Hosts June Grasso and Ed Baxter present the best stories of the day from Bloomberg Radio, Bloomberg Television, and more than 120 Bloomberg News offices around the world on Bloomberg Best's Bloomberg Radio. Highlights include ... Janet Wu on the potential impact of the next pandemic."
- [125] @elbuenjuicio Posted by Nombrefalso Puntocom
- [126] 10 questions for Yankees : <https://www.globalresearch.ca/ten-questions-for-the-us-where-did-the-novel-coronavirus-come-from/5707035>
- [127] Vladimir Ilyich Lenin, Selected Works, Volume II, p.124-130, Progress Ed., Moscow, 1961.
- [128] <http://estrategia.la/2020/04/25/pandemia-y-capitalismo-de-vigilancia/>
- [129] Carlos Eduardo Maldonado, "Introduction to cutting-edge scientific thinking", Ed.D.A., Bogotá, 2015.
- [130] Carlos Eduardo Maldonado, Op.cit.
- [131] See: "The West: the civilization that was born sick", Carlos Eduardo Maldonado, Ed.da, Bogotá, 2021.
- [132] See: "The World Dis-Order, Neo-globalization", Alfredo Galife Rhom, Mexico, 2019.
- [133] See: "The empire of surveillance", Ignacio Ramonet, Paris, 2019.
- [134] "Virus de Lies", Iñaki Gil, and Juan Francisco Coloane, See: ref. # 73.

## VI- IS THE REMEDY –preventive or curative- WORSE THAN THE DISEASE?

- [135] Ivan Ilyich, "Medical Nemesis", ed. Joaquín Matiz, Mexico 1976.
- [136] Hippocrates, "Treaties", Aphorisms, S.II Bibl Gredos, Barcelona, 1982.
- [137] That badly counted, they amount to about sixty, without taking into account the subspecialties.
- [138] Dr Herberito Alcázar Montenegro, "Towards the Medicine of the Future", IPN, Mexico, 1987.
- [139] Ibid. p.47
- [140] "The proliferation of new drugs and not always easily distinguishable, poses annoying problems for doctors ... so many have stopped making their assessments (eg with vaccines) and rely only on the literature of advertisements and of the representatives of the laboratories": Time Life Scientific Collection. "The drugs", Ed.Ofset Latina, 2019, Mexico, p.170
- [141] James Morrison, "DSM-IV Guide for Clinical Diagnosis", Modern Manual, Mexico, 2009.
- [142] Dr Sitges-Serra, in "If you can, don't go to the doctor", Op.cit. criticizes the 'social psychiatization' that turns what are physiological states into mental illnesses and abuses medication. Today around 15% of men and almost 30% of women receive some type of neuroleptics.
- [143] Hippocrates, Op.cit. p.337: "Life is short; science, extensive; the occasion, fleeting; the experience, insecure; the trial, difficult."
- [144] Ibid., P.467
- [145] H. Van et G.Abraham, "Psychiatrie psychobiologique", ed. Médecine et Hygiène, Genève, 1995.
- [146] DSM-IV, Breviary, Diagnostic Criteria, ed. Masson, Barcelona, 2000.
- [147] Hans Selve, Endocrinology, Ed. Salvat, pp.869 and following.
- [148] "Reproducibility is the fundamental requirement of all science": Robert M. Friedman. This maxim must be met in the laboratory, in experimentation. But is the human being to experiment and generalize?
- [149] "The terrain is everything, more than the virus", ("Le terrain est tout, plus que le virus"): Claude Bernard. When the illustrious physician indicated to L. Pasteur on his deathbed that microbes did not affect all animals and humans in the same way and intensity.
- [150] Dr Jorge Ossa Londoño, Op.cit.p.62 and sigts.
- [151] Scientific Reports –Nature Research-07-10-21.
- [152] Peter Tompkins, and Christopher Bird, "The Secret Life of Plants," ed. Diana, Mexico, 1982

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## VIII CONVENTIONAL MEDICINE AND HOMOEOPATHIC MEDICINE

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- [193] The developed countries of Europe and Canada do not tire of spreading invitations for young Latino couples, with at least two children, to move to make a 'new life': Importing fresh generation!
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- [195] Chagas disease, after the young Brazilian doctor Carlos Chagas who discovered and investigated it in Minas Gerais, is named: 'chinchus', 'chiribicus' and 'barbeiros' (Brazil); 'chupos' (Venezuela); 'whistle', 'bad ass', 'bug' (Colombia); 'vinchuca' in (Chile, and Argentina). In the end, this disease (preventable and treatable) kills with a fulminant heart attack. In Colombia, today this disease is an epidemic.
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## IX- HOMOEOPATHIC MEDICINE: UNDERSTANDABLE AND EDUCATIONAL

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- [206] I have seen on several occasions how a patient, while speaking, looks at his doctor with anguish and even fear, as if insistently looking for his gaze, fixed on the paper, as if to know if what he says to the doctor, he believes it, or at least, that he is listening to you. It seems that the patient is more of a psychologist than the doctor. Result: the patient leaves the office dejected. The doctor-patient relationship reduced to zero.
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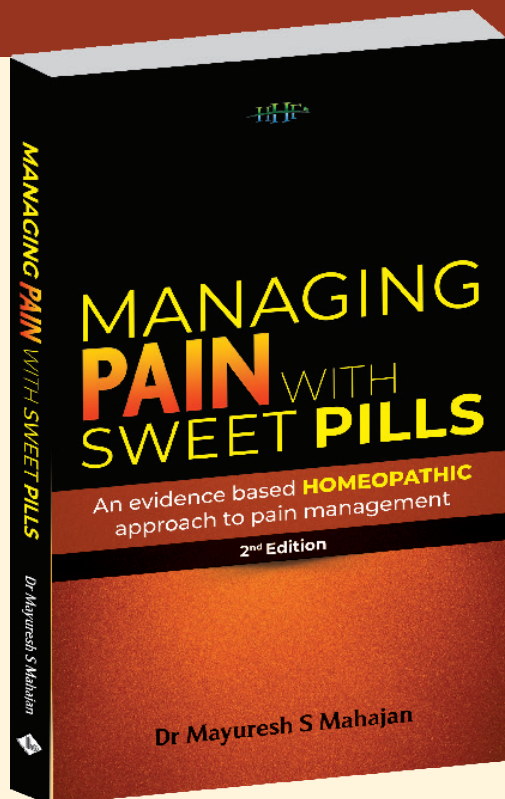
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# MANAGING PAIN WITH SWEET PILLS

Dr Mayuresh S Mahajan



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



# Endurance and wind: horse's remedy rides to the rescue

By Claudia Gutiérrez Maupomé

**Abstract:** This is a case study of approximately 1,500 patients between February, 2020 to November, 2021 with Covid-19 symptoms and/or tested positive. This includes 10 that were previously hospitalized and released, plus two that survived by use of a respirator. They were of both sexes, and their ages ranged from 15 days to 96 years old, and all at the time of treatment lived at an altitude above that of Mexico city, which is at 7,000 feet above sea level. They were all given the AYUSH recommended remedy of *Arsenicum album* in cases where there had not developed chronicle psora, and their own simillimum, plus *Arsenicum album* as intercurrent in the cases that had previous chronical conditions. The treatment demonstrated a success rate of 99.9 percent, as only two patients of this reported group died because of their previously weakened condition: One of alcoholic cirrhosis of the liver and the other because of an exceedingly low vital force, after they were sent back to be treated at a hospitalisation convenience and even then they still lived two and three months in a bettered condition.

**Keywords:** COVID-19, World Health Organisation (WHO), pandemic, intubated patients, post-COVID 19, homoeopathy, recovered, AYUSH Ministry, *Arsenicum album*.

**Abbreviations:** World Health Organisation (WHO), ayurveda, yoga and naturopathy, unani, siddha and homoeopathy (AYUSH), coronavirus disease (COVID-19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 50 millesimal potency (LM potency), International classification of diseases (ICD), novel coronavirus (nCov)

## Introduction

The World Health Organisation (WHO) in a news release october 16, 2021 described a post COVID-19 condition as "long covid" where in some instances the symptoms last for weeks or months after the infection has ceased.

It cites that approximately 15 percent of these cases progress to a severe disease and a five percent become critically ill. There is typical recovery period from two to six weeks, while others have symptoms with a continuation of the symptoms for weeks or months after their recovery from the acute illness, even though they are no infectious to others anymore.

Even patients that were not hospitalised can experience persistent or late symptoms, while others develop medical complications that may have lasting health effects.

The WHO case definition is the

"post-COVID conditions occurs in individuals with a history of probable or confirmed SARS COV-2 infection, usually three months from the on-set of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative diagnosis. These include fatigue, shortness of breath, cognitive dysfunction, impact on every day functioning. Symptoms may be a new onset following initial recovery or persistent, fluctuation or relapse.

Anyone with COVID-19 can get a post-COVID condition irrespective of the severity of the initial case of the disease. Serious long-term complications are also reported that affect different organ symptoms in the body:

- Cardiovascular, including inflammation of the heart muscle
- Respiratory, with lung function abnormalities
- Dermatologic expressed by

rashes

- Neurologic: including loss of taste and smell, as well as sleep disturbances
- Psychiatric with depression and anxiety, with changes in mood

Some 30 percent of the patients surveyed had persistent symptoms after nine months, while 85 percent were outpatients with mild illnesses. Any age of persons who had Covid 19 can develop later a post-COVID condition. Long-term conditions can occur in children and adolescents.

## Case study and repertorisation:

The persons that were recommended *Arsenicum album* 0/6 LM with post COVID-19 situation, presented single or included several symptoms described in the following taken from Clarke's clinical description in his dictionary<sup>2</sup>. It was particularly effective for those underlined symptoms. abscess, acne rosacea, amenorrhoea, anaemia, aphthae, asthma, atrophy, bronchitis, cancer, cold, coldness, cough, coxalgia,



croup, dandruff, depression of spirits, diarrhoea, dropsy, duodenum, dyspepsia, Ears, affections of, eyes, affections of, face eruption on, fainting, fever, gangrene, gastric ulcer, glandular swelling, gout, hay fever, headache, heart, affections of, hectic, herpes zoster, Hodgkin's disease, hydrothorax, hypochondriasis, ichthyosis, irritation, jaundice, leucorrhoea lips eruption, round, locomotor ataxia, lung affections, malignant pustule, measles, melancholia, menstruation, disorders of, morphoea, myelitis, nails, diseased, nettle rash, neuralgia, numbness, peritonitis, pityriasis, plethora, pleurisy, pneumonia, psoriasis, purpura, remittent fever, rheumatic gout, rheumatism, rickets, ringworm, sciatica, shivering, stomach, affections of, strains, suppuration, thirst, throat sore, tobacco habit, ulcers, vomiting, plus varices burn like fire, vertigo, Addison's disease, and persistent anxiety.

## Diagnosis:

World Health Organisation (WHO), emergency use ICD codes for COVID-19 disease outbreak.<sup>3</sup>

Post COVID-19 U10, RA03

- Personal history of COVID-19 QC 42.0, U 08.
- Post-COVID 19 condition U09 specific condition, RA02 specific condition
- Multisystem inflammatory syndrome associated with COVID-19

Prevention

- Adverse reaction to a COVID-19 vaccine PL00
- COVID-19 virus not identified U07.2, RA01.1
- COVID-19 virus identified U07.1, RA01.0

- Need for immunisation against COVID-19 U11 QC01.9+vaccine code

## Reasoning behind selected remedy:

An advisory issued after a meeting of the advisory board of the Central Council for Research in Homoeopathy under the Ministry of AYUSH recommended the homoeopathic medicine, *Arsenicum album* 30C, on an empty stomach daily for three days as a prophylactic.<sup>4</sup> Novel coronavirus (nCoV) is a large family of viruses that causes illnesses ranging from the common cold to acute respiratory syndromes.

"The drop in cases and deaths due to COVID-19 infections in India's has been attributed to India's national policy of using Homoeopathy. AYUSH recommended *Arsenicum album* 30C as the preventative against COVID-19".<sup>5</sup>

"Epidemics of intermittent fever in situations where none are endemic, are of the nature of chronic diseases composed of single acute paroxysms, each single epidemic is of a peculiar uniform character common to all the individuals attacked, and when this character is found in the totality of the symptoms common to all, it guides us to the discovery of the homoeopathic (specific) remedy suitable for all the cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic, that is to say who were not chronic sufferers from developed psora."<sup>6</sup>

In the aphorism 242, Hahnemann has mentioned that the remedy for epidemics is rarely an antipsoric, but in this pandemic has proven to be *Arsenicum album* of great help for many diseased with COVID 19,

and it is indicated for the chronicity as well as preventative and for the acute stage.<sup>7</sup>

Aphorism 2708, "by means of this manipulation (LM) of crude drugs are produced preparations which only in this way reach the full capacity to forcibly influence the suffering parts of the sick organism. In this way by means of similar artificial morbid affection the influence of the natural disease on the life principle present within is neutralised". So the LM potency was preferred in this situation.

## The patients were given remedies according to:

- Previous chronic situation of their psora by simillimum, plus intercurrent of *Arsenicum album*, with the potency depending on the severity of their symptoms (0/6 LM, 200 c h, M c h)
- If their sickness was only from the pandemic, no matter what was their symptom, they were administered *Arsenicum album* (0/0, LM, 200C, MC), depending on the severity.

The symptoms of the patients ranged from no hospitalisation to having been hospitalised, from a small headache to severe pain, vomiting blood, and the diagnosis of appendicitis, plus COVID-19, to include tumors and cancerous conditions, Addison's disease, lupus, erythematosis, leukaemia, and cases of colon and thyroid cancer.

## Follow-up:

The majority of the patients that had Post-Covid symptoms had previously taken the preventative doses<sup>9</sup> of *Arsenicum album* 0/6 LM. These people presented mild sequels in general so they were given another dose of the same potency succeeded twice more times and we observed



over a short time if the symptoms improved. With the improvement it was allowed the observation to continue and refrained from giving another dose.

If the symptoms persisted or changed, generally with a pain in the area of the liver, or of the lungs in the back, they were given another dose of the same, succussed twice more, at a frequency of once a week until they improved.

The other group was formed of patients that had not taken the preventive. Their subsequent health issues ranged from headaches to the illness described in the previous list in varying ways and degrees. Ten of them were hospitalised and two of these were intubated. These were delicate but responded well to an initial dose of *Arsenicum album* twice a week. Only five percent needed a 200 c h twice a week up to five doses, and only 25 needed a M c h of *Arsenicum album*. Three needed an M c h daily for 10 days and one required a 10 M c h twice in 10 days.

The two that were very delicate in previous psora stages and were sent baack to hospital conviniences were given 30C in plus method up to five doses a day with other intercurrents. They did not show any improvement from the beginning.

One woman had post-COVID as well as an inflammation as if eight months pregnant for a span of more than four months previous to homoeopathic treatment. She responded partially well t several doses of o/6 LM and was able to evolve better to a 200 c h and much better to a M c h. No other complications evolved.

### Prognosis:

Good for life and health for 99.9%

## Conclusion

It was very beneficial to find the AYUSH ministry proposal of *Arsenicum album* 30C as prophylactic, since given the conditions of the patients in the area of service, it was the simillimum indicated for the pandemic of COVID-19.

All 1,500 patients showed an advancement in health out of their previous conditions they came with. That is except for the two, one very precarious from alcoholic cirrhosis of the liver and the other delayed on seeking treatment until his vital force was nearly extinguished to where his bones broke because of a minor fall after they were sent back to a hospital facility

Some of the stricken children have evolved notably rapidly, except for 3 or 4 malnourished youths, fed with sugared beverages plus farinaceous foods.

Even 94, 95 and 96 year-olds have responded notably well, as has a woman of 55 years with trembling hands, although they were treated with *Gelsemium sempervirens* 0/6 LM10. The ones that developed gangerous conditions were still administered *Arsenicum album* as an intercurrent.

Given the conditions, altitude, weather, place, food and other factors, *Arsenicum album* has been the remedy that has healed the most people and prevented the continuation of the of the disease in 99.9 percent of the cases.

“Present case series emphasises the rapidity of response among moderate to severely ill patients to homoeopathic treatment when conventional medical options have been unable to relieve or shorten the disease.”<sup>11</sup>

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## About the author

**Claudia Gutiérrez Maupomé** studied to her doctorate in psychotherapy with more than 35 years of clinical work. She combines that with her federal license in Mexico as a homoeopathic therapist to offer an effective and well-rounded approach to her patients that come from a range of social, ethnic and educational backgrounds. She previously published in H.H. on topics of the effectiveness of homoeopathy in the treatment of canine parvovirus, influenza, two in cataracts, cervix uterine cancer, plus the uses of remedies in rescuing victims of drowning.



# Inguinal hernia cured by homoeopathy: a case report

By Dr Dhanya G. Nair

**Abstract:** Inguinal hernia is the most common type of hernia. It can appear as a swelling or lump in the groin or as an enlarged scrotum. It can occur both in adults and children. The most frequent cause of inguinal hernia in children is an abnormality in the embryonic development. The incidence of inguinal hernia in infants and children is about 1-5%. Although a surgical disease, homoeopathy can do wonders in inguinal hernias of children. Here is a case of inguinal hernia in a child, effectively managed with homoeopathic treatment.

**Keywords:** inguinal hernia, children, homoeopathy, cure.

## Introduction

A hernia is the protrusion of a viscus or part of a viscus through an abnormal opening in the walls of its containing cavity.<sup>(1)</sup> An inguinal hernia is the protrusion of intra-abdominal contents through a defect in the abdominal wall. It can be fat, bowel or genitourinary tract.<sup>(2)</sup> Inguinal hernia can be indirect or direct. An indirect inguinal hernia travels down the inguinal canal on the outer side of the spermatic cord. It forms as a result of the failure in the obliteration of the processus vaginalis, and the opening favours herniation of the abdominal contents. A direct hernia comes out directly forwards through the posterior wall of the inguinal canal. It forms as a result of the weakening of the posterior wall of the inguinal canal. Inguinal hernia in infants and children are almost always indirect.<sup>(1)</sup>

Inguinal hernia is more common in males than in females. Premature birth increases its incidence. Most pediatric inguinal hernias are detected during the first year of life. Sometimes, they are detected even later in life. The child usually presents with a bulging of the scrotum with or without pain or discomfort. Mostly they are painless, unless there is any complication. The bulge may become more prominent when the child cries or

strains. Complications of inguinal hernia include incarceration and strangulation. They can result in sequelae like gonadal dysfunction, intestinal necrosis and perforation, intestinal stricture, testicular necrosis, testicular atrophy, ovarian necrosis, ovarian atrophy and tubal stricture. They can become life threatening if not managed effectively.<sup>(3)</sup>

## Case report

A male child aged one and a half years old presented with a bulging of left testicle on 30/5/2016. According to his mother, he had been suffering from the complaint for the last 2 months. She told us that the swelling got worse on passing stool and urine, after food and on crying. The child often screamed before micturition.



### History of presenting complaints

The swelling appeared before 2 months, gradually. He was not

given any other treatment for the complaint. There is no relevant previous illness or treatment reported.

### Physical generals

His appetite was good and he had increased thirst for cold water. He had good sleep. He had irregular bowel movements. His urine was normal and he had increased perspiration on chest. He had an intolerance to hot climate and he had a desire for cold food and drinks and fatty food caused diarrhea.

### Mental and emotional state

He was active, restless, sociable, obstinate, got easily angered and he had the habit of throwing things when angered.

### Milestones of development

The baby had a premature birth. He had delayed walking (stability not attained yet). Other milestones were normal. His birth weight was 2.6 kg.

### Pregnancy history

Mother had difficult labour.

## PHYSICAL FINDINGS

### General examination

His vitals were normal and he had a body weight of 9kg.



## Systemic examination

The swelling was pear shaped with well-defined edge which extended up to the scrotum. Expansile cough impulse was present, which was palpable. On percussion, resonant note was heard, which shows that it contains intestine.

## TRANS-ILLUMINATION TEST <sup>(8)</sup>-

negative as it contains no fluid.

## PROVISIONAL DIAGNOSIS

Indirect inguinal hernia.

## DIFFERENTIAL DIAGNOSIS

**Hydrocoele**- it is a collection of fluid within the processus vaginalis which produces swelling in the inguinal region or scrotum. It is due to the failure in the closure of processus vaginalis during

embryonic development. A reactive hydrocele develops as a result of trauma, infection or a defect in lymphatic drainage.<sup>(4)</sup> In the above case, percussion revealed resonant notes showing that the bulging contained intestine and not fluid. Transillumination test was negative.

**Orchitis**- it is an acute inflammatory reaction of the testis, secondary to an infection. Most cases are associated with viral mumps. Other viruses and bacteria can also cause orchitis. Induration of the testis, tenderness, erythema and oedema of the scrotal skin can be seen <sup>(5)</sup>. In this case, the testis has no induration or tenderness, and erythema and oedema of the scrotal skin are not seen.

Based on the totality of symptoms, the patient was given a dose of *Thuja*

*occidentalis* 200. The symptoms which were considered in erecting the totality were:

- Late learning to walk
- Desires cold drinks
- Fatty food aggravation
- Sweat increased on chest
- Inguinal hernia of left side in children

RADAR 10 <sup>(6)</sup>(*Synthesis repertory*) was used in repertorising the case.

## Repertorial analysis

*Thuja occidentalis*-7/5

*Calcarea carbonicum*-9/4

*Phosphorus*-9/4

*Lycopodium clavatum*-7/4

*Sepia officinalis*-7/4

	thu.	calc.	phos.	lyc.	sep.	merc.	nat-m.	bell.	sil.	nux-v.	ars.	caust.	carb-v.	graph.	ph-ac.	acon.	ch
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
5	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	
7	9	9	7	7	6	6	5	5	5	4	7	7	6	6	6	5	5
1	3	2	1	1	1	3	1	2	1	2	3	2	-	2	1	-	
2	2	3	2	2	3	1	2	1	1	3	2	1	2	2	3	3	
3	1	1	2	2	1	1	1	1	1	2	2	3	3	-	1	1	
4	3	3	2	2	1	1	1	1	-	-	-	-	1	2	-	1	
5	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	

## Justification of the remedy and remedy differentiation

All the symptoms in the totality were covered by *Thuja occidentalis*. The main action of *Thuja occidentalis*

corresponds with the sycotic dyscrasia. It is a left sided remedy. One of the abdominal symptoms of *Thuja occidentalis* is 'protruding here and there', i.e. hernia.<sup>(7)</sup>

*Calcarea carbonicum* – the abdominal complaints are mostly of the right side. Hernia is on the left side. It is mostly indicated in umbilical hernia. *Calcarea carbonicum*

becomes worse from cold in any form<sup>(7)</sup> as well as worse from hot.

*Phosphorus* – the abdominal complaints of *Phosphorus* are mostly

of right side.<sup>(7)</sup>

*Lycopodium clavatum* – is a right sided remedy and desires warm drinks. It is indicated in right sided

hernia.<sup>(7)</sup>

*Sepia officinalis* – indicated in abdominal symptoms of right side<sup>(7)</sup>, but the patient has left sided hernia

### Follow up

DATE	SYMPTOM	PRESCRIPTION
6/6/2016	-Bulging slightly better -Screaming before micturition occasionally present	Placebo
13/6/2016	-Bulging better -No screaming before micturition	<i>Thuja occidentalis</i> 200 1 dose
20/6/2016	-No bulging -No screaming before micturition	Placebo

### Pictures showing progressive improvement

13/6/2016



20/6/2016



recognises no other option for managing paediatric inguinal hernia. The carefully selected homoeopathic remedies can change the scenario of retorting to surgeries for hernia repair. Let the young ones stay happy with the sweet pills and let not the pain hinder their cheerfulness.

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### Conclusion

Today, inguinal hernia repair is one of the most common pediatric surgeries performed all over the world. The modern medicine

### About the author

1. Dr Dhanya G. Nair, BHMS, MD(Hom.) (Practice of

# Homoeopathic approach to nocturnal enuresis in children

By Dr Koushik Bhar, Dr Supriya Pramanik, Dr Prabin Kumar Shaw

**Abstract:** Nocturnal enuresis can be very embarrassing for children and their families as the child grows up, but clinical intervention usually is not required until the child reaches about 5 to 7 years of age. However, nocturnal enuresis should not be left untreated. Motivational therapy, enuresis alarms are some of the modern treatment plan foundations. Homoeopathy can play a major role in treating this condition from which a great portion of children suffer all over the world.

**Keywords:** Nocturnal enuresis; children; homoeopathy.

**Abbreviations:** Diagnostic and statistical manual of mental disorders (DSM- IV), monosymptomatic nocturnal enuresis (MNE), lower urinary tract symptoms (LUTS), non-monosymptomatic nocturnal enuresis (NMNE), altered antidiuretic hormone (ADH), arginine vasopressin (AVP), chronic kidney disease (CKD), thyroid stimulating hormone (TSH)

## Introduction

Nocturnal enuresis is a widespread and distressing condition that can have a deep impact on the child/young person's behaviour and on their emotional and social life. It is also particularly stressful for the parents or guardians. Nocturnal enuresis can affect normal daily routines and social activities. It can also generate much more serious feelings and behaviours, such as a sense of helplessness and a lack of hope and optimism, feelings of being different from others, feelings of guilt and shame, humiliation, victimization and loss of self-esteem. There is evidence that children with bedwetting have higher than average levels of oppositional behaviour and conduct problems.<sup>1</sup>

### Definition:

- Nocturnal enuresis is defined as intermittent incontinence whilst sleeping.<sup>2</sup>
- The diagnostic and statistical manual of mental disorders (DSM- IV) defines nocturnal enuresis as an involuntary voiding of urine during sleep, with a severity of at least twice a

week, in children aged >5 years in the absence of congenital or acquired defects of the central nervous system.<sup>1</sup>

### Types:

- Monosymptomatic nocturnal enuresis (MNE)** is defined as nocturnal enuresis in children without any other lower urinary tract symptoms (LUTS) and without a history of bladder dysfunction.<sup>1</sup> MNE accounts for <50% of children with bedwetting.<sup>2</sup>
- Non-monosymptomatic nocturnal enuresis (NMNE)** includes children with associated voiding dysfunction.<sup>2</sup>
- Primary nocturnal enuresis** refers to children that have never been dry for more than a 6-month period; it is the more common form, occurring in 80% of cases.<sup>3</sup>
- Secondary nocturnal enuresis** refers to the re-emergence of bedwetting after a period of being dry for at least 6 months.<sup>3</sup>

### Epidemiology:

- The worldwide prevalence of enuresis among children aged

6-12 years is 1.4%-28%.<sup>3</sup>

- Indian data on incidence and prevalence are very limited. In general, prevalence of nocturnal enuresis is higher among male children than female children. The prevalence in India is 7.61%-16.3%. The prevalence is highest in children aged 5-8 years and lowest in children aged 11-12 years.<sup>3</sup> The prevalence in adult is ~0.5%.<sup>2</sup>
- In rural areas in India, the prevalence is higher among children from poor socioeconomic class compared to those from the upper middle class. A family history of enuresis has been identified in enuretic children from both rural and urban areas.<sup>3</sup>

### Pathophysiology:<sup>1,2,3</sup>

The exact cause of nocturnal enuresis is not clearly known, but several factors may be contributory. Three main factors that interact to produce nocturnal enuresis are:

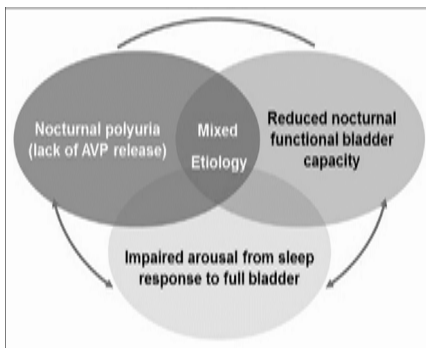
- Altered antidiuretic hormone (ADH) or arginine vasopressin (AVP) secretion:** an abnormal decrease in ADH levels



at night causes increased urine production (nocturnal polyuria). Impaired or deficient growth hormone release may inhibit vasopressin release, causing excess urine production at night.

- **Altered sleep/arousal mechanism:** impaired 'arousal from sleep' response to a full bladder; inadequate arousal may impair secretion of vasopressin, or vasopressin deficiency may impair arousal.
- **Reduced nocturnal functional bladder capacity** ( $\pm$  nocturnal detrusor over activity): children with nocturnal enuresis have smaller functional bladder capacities and high bladder instability at night.

Genetics play a crucial role in nocturnal enuresis. Familial predisposition, psychological factors, urinary tract infection, and constipation are also considered to contribute to nocturnal enuresis.



#### Risk factors:<sup>3</sup>

- Living with a single parent
- Living with step-parents
- Parents with health problems
- Conflicts at home
- Stress due to enuresis
- Scolding
- Poor scholastic performance

#### Evaluation:

#### History taking:<sup>2</sup>

Homoeopathy treats the patient, not the disease. In homoeopathic treatment, while taking a case, our main aim is to form a totality of symptoms by the process of individualisation considering past history, family history, all the generalities, and the peculiar characteristic features of the patient.

Enquiry should be made about –

- The frequency of episodes
- Whether it is a new or recurrent problem
- Daytime urinary symptoms, urgency, holding manoeuvres, daytime incontinence
- Bowel habit (constipation, incontinence)
- Any underlying contributory medical conditions
- Family history
- Psychosocial history

#### Clinical assessment:<sup>2,3</sup>

Physical examination in a child with MNE is usually normal. Physical examination in children with NMNE is recommended which should involve examination of the –

- Abdomen (for distended bladder and faecal impaction)
- Rectum, genitals (for signs suggestive of sexual abuse which may be the cause of secondary or persistent enuresis)
- Neurological examination
- Lower limb sensation
- Examination of the spine

Assessment of overall growth with the help of growth chart is essential to check for growth retardation due to chronic kidney disease (CKD) or obstructive uropathy.

#### Investigations:<sup>2,3</sup>

- **Voiding diary/ volume charts:** to assess

for nocturnal polyuria and functional bladder capacity; a baseline record of the enuresis pattern over 2 weeks can assess enuresis severity and give an objective measure of bladder performance. This diary records

- The time of going to bed and waking up
- Whether it was dry or wet night
- The volume of urine passed at night and in the morning
- The weight of the diaper in the morning, and
- The bowel movements
- **Urinalysis:** to assess for infection, the presence of glucose (diabetes) or protein (urinary tract infection, renal disease).
- **Serum glucose:** elevated in secondary enuresis.
- **Blood urea nitrogen:** elevated in secondary enuresis.
- **Serum creatinine:** elevated in secondary enuresis.
- **Serum TSH:** decreased in secondary enuresis.
- **Urodynamic study:** in general, not required; however, urodynamic study shows that bladder wall thickness is significantly higher in patients with detrusor over activity.
- **Ultrasonography of kidney and bladder/ voiding cystourethrogram:** to rule out the possibility of ectopic ureter, particularly in treatment-resistant cases; although it is rare.

#### Differential diagnosis:<sup>3</sup>

Renal, neurologic, and organic disease states can also cause symptoms of nocturnal enuresis.

CONDITIONS	DIFFERENTIATING SIGNS/ SYMPTOMS	DIFFERENTIATING TESTS
<b>Congenital abnormality of urinary tract</b>	Urinary tract infections, continuous incontinence or dampness, hydronephrosis	Ultrasound of kidney and bladder; voiding cystourethrogram
<b>Constipation</b>	Faecal incontinence, hard stools, rectal bleeding	Bladder x-ray or ultrasound
<b>Diabetes mellitus</b>	Glycosuria, polyuria; possible weight loss and polydipsia	Urinalysis, fasting serum glucose, glycated hemoglobin
<b>Detrusor over activity</b>	Daytime urinary frequency, urgency; possible daytime incontinence	Urodynamics, bladder ultrasound
<b>Emotional disturbance</b>	Depression and/or defiant activity	Clinical diagnosis
<b>Neurological disorder (spina bifida, epilepsy)</b>	Epilepsy at least two unprovoked seizures and may be associated with incontinence	Electroencephalogram, radiograph, computed tomography, or magnetic resonance imaging scan
<b>Urinary tract infection</b>	Fever, dysuria, abdominal pain	Urinalysis and urine culture
<b>Pediatric vesicoureteral reflux</b>	Voiding symptoms, abdominal pain	Renal ultrasound
<b>Chronic kidney disease</b>	Increased urination especially at night, decreased urination, hematuria, puffy face or hands or feet	Renal ultra sound, urine tests, renal function test
<b>Posterior urethral valve</b>	Urethral obstruction, incontinence	Renal ultrasound
<b>Neurogenic bladder</b>	Spontaneous bladder contractions, incontinence	Uroflowmetry, Filling cystometrogram

## Management:

The first step is to educate the child and parents about the condition and provide reassurance regarding spontaneous resolution (annual cure rate is 15%).<sup>3</sup> Active treatment is usually deferred until age of 6 years and should be initiated only if non-medicinal measures fail.<sup>2</sup>

## General management:<sup>2,3</sup>

**Reassurance and counselling:** A combination of providing reassurance, emotional support, eliminating guilt, and rewarding the child for dry nights. Cleaning after bedwetting should not be performed as a punishment.

**Bladder training:** Regular daytime toileting, emptying the bladder before bed, avoiding bladder stimulants (i.e. black-current drinks, caffeine), reduced fluid intake in the hours before sleep, waking the child on a schedule of decreasing

intervals over several nights; the child is made to change clothes and bedding (if wet), and walk to the toilet if voiding is required. Adjust diet to avoid constipation and treat it with laxatives if it occurs.

**Conditioning therapy:** Alarm therapy with an enuresis alarm is the most effective strategy for curing nocturnal enuresis. Enuresis alarm should be considered only when behavioural measures are unsuccessful. Enuresis alarm consists of a sensor device attached to the child's underwear or to a mat under the bed-sheet, and an alarm placed on the bedside or attached to the child's collar. The sensor on the device is activated when bedwetting occurs. The alarm conditions the child to sense a full bladder and awaken from sleep (60–70% successful response).

## Homoeopathic management:

Whatever the name of the disease

may be, homoeopathic prescription is done by framing totality of symptoms only.

However, these are some of the drugs which are frequently indicated while managing a patient suffering from nocturnal enuresis –

- *Apis mellifica* – incontinence at night, and when coughing, with great irritation of the parts; urine clear, straw-coloured.<sup>4</sup>
- *Argentum nitricum* – incontinence of urine at night and in daytime; urine passed unconsciously and uninterruptedly; too profuse flow of pale urine.<sup>5</sup>
- *Belladonna* – involuntary urine, night and day, in girls or scrofulous children; consequent upon paralysis of sphincter muscle; urine contains white epithelia.<sup>4</sup>

- *Benzoicum acidum* – enuresis nocturna (after failure of Nitr.); urine high coloured, strongly ammoniacal, irritating and smelling like that of horses; from digestive disturbances; in old people.<sup>5</sup>
- *Calcareo carbonica* – irritable bladder; enuresis (use 30<sup>th</sup>); urine dark, brown, sour, fetid, abundant with white sediment, bloody.<sup>6</sup>
- *Causticum* – involuntary in children during the first sleep; incontinence of urine day and night in cold weather; with constipation.<sup>4</sup>
- *Cina maritima* – involuntary at night; urine turbid, white; turns milky on standing; suitable to children troubled with worms in the intestines; restless sleep at night.<sup>7</sup>
- *Equisetum hyemale* – enuresis diurna et nocturna; profuse watery urine, where habit is the only ascertainable cause; especially at latter part of night.<sup>4,8</sup>
- *Ferrum metallicum* – incontinence more frequent in daytime than at night or floods the bed several times at night; urine light-coloured, or the ammoniacal smell of the urine; stains the linen dark; clay-coloured, yellowish sediment, adhering to the sides and bottom of the vessel.<sup>5</sup>
- *Kreosotum* – incontinence of urine; copious, pale; urging, cannot get out of bed quick enough; during first sleep, from which child is roused with difficulty; he dreams that he is urinating in a decent manner.<sup>5,8</sup>
- *Lac caninum* – frequent and profuse urination; at night she dreams of urinating, and wets the bed.<sup>5</sup>
- *Medorrhinum* – nocturnal enuresis; passes enormous quantity of ammoniacal, high coloured urine in bed every night; < by over-work or over-play, extremes of heat or cold, when the best selected remedy fails; with a history of sycosis.<sup>8</sup>
- *Nux vomica* – where the weakness has been caused by use of intoxicating drinks, and intemperate habits; paralysis of urinary bladder, urine dribbles.<sup>7</sup>
- *Physalis* – enuresis; nocturnal incontinence; sudden inability to hold it in women; urine acrid, foul.<sup>6</sup>
- *Plantago major* – urine profuse flow, nocturnal enuresis.<sup>6</sup>
- *Psorinum* – during full moon; intractable cases; with eczematous history.<sup>6</sup>
- *Pulsatilla nigricans* – involuntary urination when coughing and during sleep; especially at latter part of night; from digestive disturbances.<sup>4,6,7</sup>
- *Quassia* – excessive desire – impossible to retain urine; copious micturition day and night. As soon as the child wakes up bed is drenched.<sup>6</sup>
- *Rhus aromatica* – enuresis due to vesical atony; constant dribbling; senile incontinence; urine pale, albuminous.<sup>6</sup>
- *Rhus toxicodendron* – involuntary discharges of urine at night, or while sitting, or when at rest; weakness of bladder, with constant dribbling and inconvenient desire to pass water; gouty or rheumatic subjects.<sup>5</sup>
- *Santoninum* – urine greenish if acid and reddish purple if alkaline; incontinence and dysuria; enuresis; feeling of fullness of bladder; chronic cystitis.<sup>6</sup>
- *Sepia officinalis* – child or adult wets the bed as soon as he goes to bed; always during the first sleep; urine deposits a reddish clay-coloured sediment which adheres to the vessel as if it had been burned on; foetid, so offensive must be removed from the room.<sup>5,7,8</sup>
- *Silicea terra* – enuresis nocturna, especially in children suffering from worms or chorea; weakness of urinary organs and constant desire to urinate; bloody, involuntary, with red or yellow sediment.<sup>5,6</sup>
- *Sulphur* – wetting bed at night, copious discharge; urine increased or involuntary at night; urine fetid, greasy pellicle on the surface; especially in scrofulous, untidy children.<sup>4,6,7</sup>
- *Thyroidinum* – enuresis in weakly children who are nervous and irritable (1/2 gram night and morning); urine smells of violets, burning along urethra, increase of uric acid.<sup>6</sup>
- *Verbascum thapsus* – constant dribbling; enuresis; burning urination; increase with pressure in bladder.<sup>6</sup>
- *Viola odorata* – milky urine; smells strong; enuresis in nervous children.<sup>6</sup>



## Conclusion

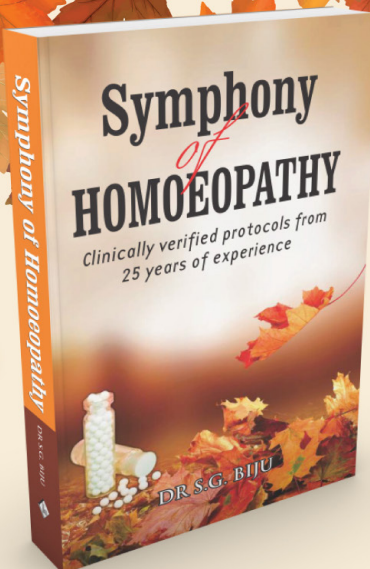
This assignment is an effort to understand nocturnal enuresis including definition, types, epidemiology, pathophysiology, risk factors, evaluation, investigations, and differential diagnosis along with management. There are plenty of homoeopathic medicines to treat nocturnal enuresis cases successfully. According to the situation, conventional treatment may be required.

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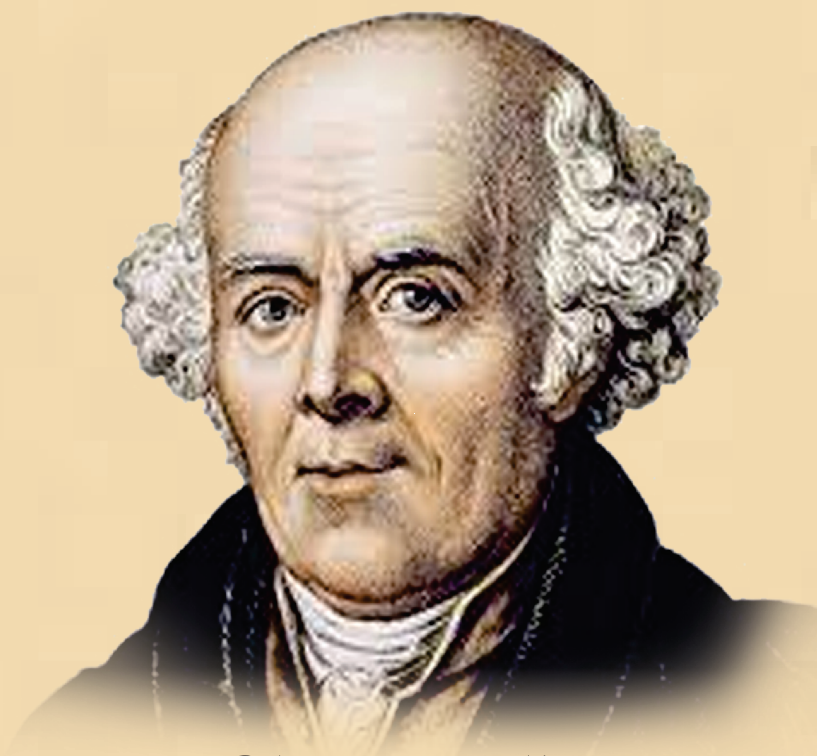
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- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

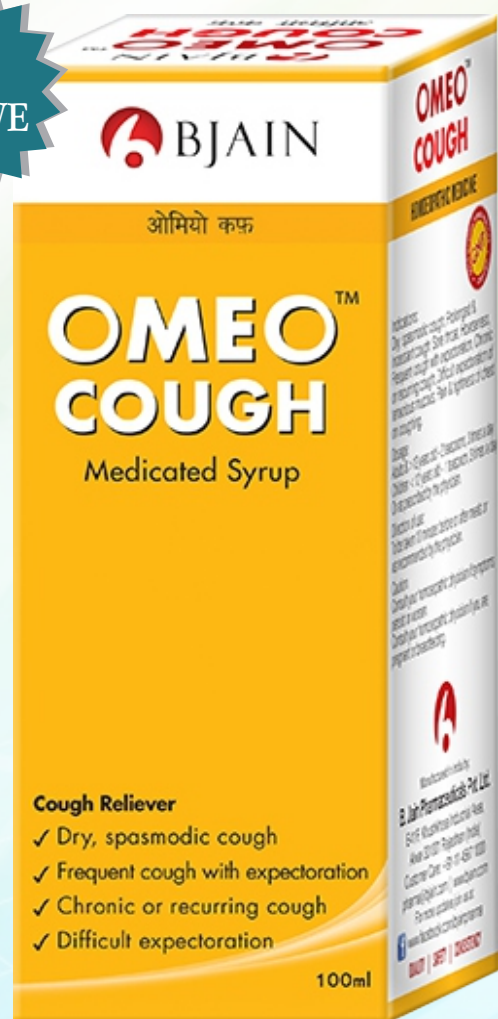
### Composition:

Rumex crispus	3X	1.0%
Justicia adhatoda	Ø	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients		q.s.
Alcohol content		11% v/v

**Dosage:** Adults & >12years old - 2 teaspoons, 3 times a day

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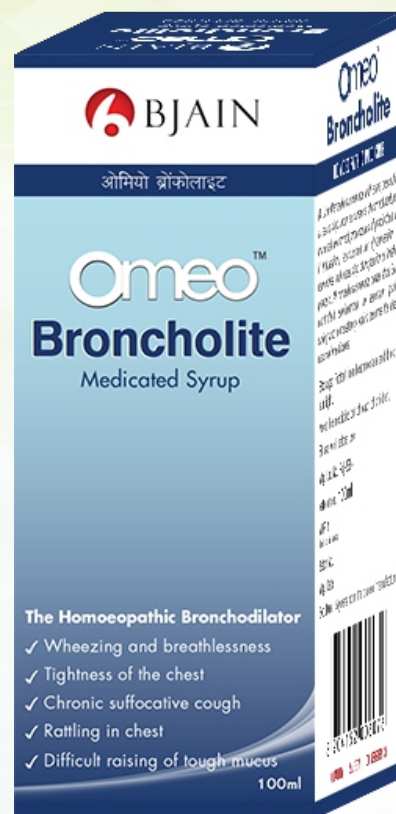
## Indications:

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

## Composition

Blatta orientalis	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
Excipients		q.s.
In syrup base		

**Dosage:** Adults & > 12 years old – 2 teaspoons (10ml), 3 times a day. Children < 12 years old – 1 teaspoon (5ml), 3 times a day or as prescribed by the physician.



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# Case of post-COVID hypochondriacal disorder

By Prof. Dr A.V.Rajeshwar Rao

**Abstract:** It is entirely normal for a person to have feelings of stress or anxiety during the COVID-19 outbreak. However, if these feelings become irrational and/or persistent they can have a severe impact on a person's mental health. Hypochondriacal patients are always a challenge. They require an extra hour of physicians' time; they are responsible for excessive healthcare; they often ask for unnecessary testing; they make repeated visits for minor ailments; they are in search of a new medication; and they are rarely satisfied when no definitive diagnosis or treatment is provided. They frequently require more consultation time with the physician. Many physicians fail to convince hypochondriacal patients that they have nothing to worry about.

**Keywords:** anxiety, hypochondriasis, illness anxiety disorder.

**Abbreviations:** ICD-10-international classification of diseases, COVID-2019 - corona virus disease 2019, LMP- last menstrual period, radar-rapid aid to drug aimed research, UC- uncommon, pqr-peculiar queer rare symptom, rx-to receive/to take, DSM-5 - diagnostic and statistical manual of mental disorders: fifth edition

## Introduction

Patients manifest persistent somatic complaints or persistent preoccupation with their physical appearance. Normal or common sensations and appearances are often interpreted by a patient as abnormal and distressing, and attention is usually focused on only one or two organs or systems of the body. The feared physical disorder or disfigurement may be named by the patient, but even so the degree of conviction about its presence and the emphasis upon one disorder rather than another usually varies between consultations; the patient will usually entertain the possibility that other or additional physical

disorders may exist in addition to the one given pre-eminence<sup>1</sup>. As stated in DSM 5: Most individuals with hypochondriasis are now classified as having somatic symptom disorder, however in minority of cases, the diagnosis of illness anxiety disorder applies instead<sup>2</sup>. The incidence of any psychiatric diagnosis in the 14 to 90 days after COVID-19 diagnosis was 18.1% (95% CI 17.6–18.6), including 5.8% (5.2–6.4) that were a first diagnosis<sup>3</sup>. The following was

chosen as it covered the mental and physical characteristic symptoms, hence was not a surgical case, and showed good follow up and rapid cure.

## Case History

Ms. "K" is a 22-year-old female medical student, moderately built, with normal behaviour and appearance, who attended our psychiatry out-patient department in Dharmakiran Government Homoeopathic hospital, Ramanthapur, Hyderabad on 13 July 2021, presented with greenish brown soft stool for four days with offensive smell which smells like a medicine. She thinks that may be because of eating pastry four days ago outside she developed this complaint. Frequency of stool- once or twice in a day. Develops nausea because of offensive stool, she also feels nauseating while eating food because of its odour which gets relieved one hour after eating<sup>3</sup>. Nausea without vomiting. She was tested positive for COVID-19 on 23<sup>rd</sup> may 2021, from then onwards she developed anxiety about her health with general weakness. She had anxiety when she was tested positive

about how did she contact. She had fear of getting lung infection. From then if she gets headache, she feels anxiety that it is migraine. After COVID, she started developing anxiety with shortness of breath, palpitations at least once in a day. She suffered from headache, around 6 pm in the evening, in the occipital region, relieved after sleeping. She has consulted many doctors, her symptoms persisted disproportionately in spite of reassurance that they are minor ailments and not dangerous.

Patient, as a person, she cannot mingle with others easily, feels like crying when she is angry. Her appetite - moderate, thirst- drinks large quantity of water 5 to 6 litres per day (before COVID-19 3-4 litres per day). Desires-chicken, potato, sweets. Aversion to raw onions<sup>2+</sup>; intolerance -ice-creams cold drinks, fanning as it causes itching in nose and ice, watering from nose and sneezing. Bowel movements-greenish brown soft stool with offensive smell, sleep- 10 pm to 6 am difficulty in falling asleep gets up 4-5 times, refreshing, position of sleep – right/left side. Cannot sleep in the darkness, she wants open





air even when windows are open. Gets up easily to little noises during sleep and develops restlessness and palpitation (before covid she used to sleep without getting up in between). Perspiration on palms and soles even in winter and while writing exam answer sheet becomes wet; dreams - unremembered. Habit of drinking milk once in a day. Hobbies- watching television, playing badminton.

Menstrual history -LMP-5/7/2021. Menses- regular, 28 to 30 days cycle, flow for 3-4days with slight lower abdominal pain.

On examination-palms of both hands are cold and clammy.

**Diagnosis of case:** Hypochondriacal disorder as per ICD-10<sup>1</sup>.

For a definite diagnosis, both of the following should be present:

(a) Persistent belief in the presence of at least one serious physical illness underlying the presenting symptom or symptoms, even though repeated investigations and examinations have identified no adequate physical explanation, or a persistent preoccupation with a presumed

deformity or disfigurement;

(b) Persistent refusal to accept the advice and reassurance of several different doctors that there is no physical illness or abnormality underlying the symptoms.

**Differential diagnosis:** somatisation disorder, depressive disorder, delusional disorder, anxiety and panic disorder<sup>1</sup>.

#### Investigation reports-

COVID POSITIVE REPORT (TEXT MESSAGE TO HER CONTACT NUMBER)

Dear K

Test result updated as Positive for Sample Number S113393767517

Registered Center: Navegaon Basthi

Please use the below link to download the report:

<https://c19.telangana.gov.in:80/crp/rapidTest/getRapidPatientTestResult?p1=57h59h61h58h62h57h59h&p2=57h59h58h56h62h56h59h>

Health Department  
Govt. of Telangana

11:46

#### Case Analysis

Sr. No	Chapter	Symptoms		UNCOMMON/COMMON
1	MIND	Anxiety about her health	mental generals	Uncommon
2	MIND	Thoughts about disease	mental generals	Common
3	MIND	Fear of impending disease	mental generals	Common
4	MIND	Hypochondriasis	mental generals	Uncommon
5	MIND	Delusions-sick-being	mental generals	Uncommon
6	STOMACH	Nausea-eating-amel	physical generals	Uncommon
7	STOMACH	Nausea-odors-agg	physical generals	Common
8	STOOL	Odor-offensive	physical generals	Common
9	CHEST	Palpitations of heart-anxiety-with	particulars	Common
10.	EXTREMITIES	Perspiration-hand-palm	physical generals	Uncommon
11.	EXTREMITIES	Perspiration-foot-sole	physical generals	Uncommon
12.	SLEEP	Disturbed-noise, by the slightest	physical generals	Uncommon
13.	GENERALS	Cold taking- a tendency	physical generals	Uncommon

14.	GENERALS	Cold air-agg	physical generals	Uncommon
15.	GENERALS	Food and drinks- onions-aversion	physical generals	Uncommon

#### Miasmatic classification<sup>4</sup>

Sr. No	Chapter	Symptoms	P	SYC	SYP	LTP	LTSYC	LTSYP
TOTAL			14	2	2	6		
1	MIND	Anxiety about her health	1			1		
2	MIND	Thoughts about disease	1					
3	MIND	Fear of impending disease	1			1		
4	MIND	Hypochondriasis	1			1		
5	MIND	Delusions-sick-being	1	1				
6	STOMACH	Nausea-eating-amel	1					
7	STOMACH	Nausea-odors-agg	1					
8	STOOL	Odor-offensive	1					
9	CHEST	Palpitations of heart-anxiety-with	1	1				
10.	EXTREMITIES	Perspiration-hand-palm	1			1		
11.	EXTREMITIES	Perspiration-foot-sole	1			1		
12.	SLEEP	Disturbed-noise, by the slightest			1			
13.	GENERALS	Cold taking- a tendency	1		1	1		
14.	GENERALS	Cold air-agg	1					
15.	GENERALS	Food and drinks- onions-aversion	1					

## REPERTORISATION

REPERTORY: *Synthesis treasure edition* (SE92) [RADAR 10.0 software]<sup>5</sup>.

Investigation window for remedies		150 % Millennium view (progressive)		J.Sherr Luc Rajan's Miasms Display Strategy Restrict to	
1. Clipboard 1					
1. MIND - ANXIETY - health; about	(61) 1				
2. STOMACH - NAUSEA - eating - amel.	(11) 1				
3. STOMACH - NAUSEA - odors - agg.	(21) 1				
4. STOOL - ODOR - offensive	(252) 1				
5. EXTREMITIES - PERSPIRATION - Hand - Palm	(97) 1				
6. EXTREMITIES - PERSPIRATION - Foot - Sole	(28) 1				
7. SLEEP - DISTURBED - noise; by the slightest	(43) 1				
8. GENERALS - COLD; TAKING A - tendency	(165) 1				
9. GENERALS - COLD - air - agg.	(196) 1				
10. GENERALS - FOOD and DRINKS - onions - aversion	(12) 1				
11. MIND - THOUGHTS - disease, of	(14) 1				
12. MIND - FEAR - disease, of impending	(109) 1				
13. MIND - HYPOCHONDRIASIS	(129) 1				
14. MIND - DELUSIONS - sick - being	(45) 1				
15. CHEST - PALPITATION of heart - anxiety - with	(144) 1				



**Prescription-** *SEPIA OFFICINALIS* 200C/ 1dose.

**Susceptibility of patient-** moderately susceptible<sup>6,7</sup>.

**Selection of potency:** 200C was chosen as patient has moderate susceptibility<sup>6</sup>.

**Basis of prescription** (justification of remedy)-In terms of repertorial scoring *SEPIA OFFICINALIS* scored 14/24, *Phosphorus* 12/23, *Sulphur* 11/22, *Arsenicum album* 11/21. In this case, *Sepia officinalis* is preferred as it covered all the three miasms, nausea eating after amelioration<sup>5</sup> (PQRS), nausea aggravation from odours<sup>5</sup>.

**PROGNOSIS:** On clinical examination, there was no gross pathology, so prognosis will be good<sup>6</sup>.

**Treatment plan:** Based on characteristic symptoms (PQRS)<sup>6</sup> available, one can expect a complete cure.

#### Follow up of the case-

DATE	COMPLAINTS	REMEDY	REASON
15/7/2021	She was feeling better by 50% of her complaints. Offensiveness of the stool also decreased. Stool colour was red.	R x - <i>S e p i a officinalis</i> 200 C 1dose	As it is an acute disease, remedy exhausts its action quickly so it needs repetition.
19/7/2021	Nausea relieved completely, offensiveness of stool decreased. Stool colour greenish pale. In the last two days, thirst increased with dryness of tongue. Sleep improved without getting up in the middle of night.	Rx-Placebo 1 dose	As there was improvement placebo was given.
29/7/2021	No further improvement of symptoms, so medicine was repeated in higher potency.	R x - <i>S e p i a officinalis</i> 1M,1dose	As per aphorism 246 and 247 <sup>7</sup>
16/8/2021	Dryness of tongue decreased with increased thirst. New symptoms-while passing stools, burning sensation which persisted for one hour after passing stool. She observed two drops of bright red colour blood after passing stool. Flatulence only morning.	Rx- <i>Phosphorus</i> 200 C,1 dose <sup>5,8</sup>	<i>Phosphorus</i> 200 C as it is complementary to the <i>Sepia officinalis</i> <sup>8</sup> and covered all the symptoms with higher score <sup>5</sup>
30/8/2021	Complete relief of all the symptoms	Rx-Placebo 1 dose	As there was improvement placebo was given.

## Conclusion

In this case, after administering *Sepia officinalis* 1M/one dose, there was relief of her symptoms by 50 %. As it is an acute disease, remedy exhausts its action quickly so it needs repetition. As there were new symptoms based on her presenting totality, we changed the remedy to *Phosphorus* 200 C as it is complementary to the *Sepia officinalis*<sup>8</sup> and covered all the symptoms with higher score<sup>5</sup>, her complaints got relieved where repetition was not required. This shows the efficacy of homoeopathy

in treating mental disorders and post-COVID-19 ailments.

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# Homoeopathic approach in lichen planus-a case report

By Neeta Sharma<sup>1\*</sup>, Yashasvi Shakdviya<sup>2</sup>

## Abstract:

**Background** –Lichen planus (LP) is an inflammatory skin disorder, characterised by an itchy, shiny, violaceous, flat-topped, papular eruption over different part of body. Since conventional mode of medicine doesn't completely cure the lesion but suppresses it, in the same or the other form. Homoeopathy on the contrary has a significant role in treatment of LP on the basis of totality of symptoms (individualisation) and holistic approach. In case of LP, homoeopathic medicines target the altered immunity of the body and bring it back to normally over period of time. A case of LP of 28 years old male is presented in this article who responded commendatory with single medicine *Rhus toxicodendron* depending on totality of symptoms repertorial result. Reduction in size and number of eruptions was observed over a period of five month.

**Method** – A detailed case taking was done and LP was diagnosed on the basis clinical history, physical examination and biopsy report. Individualised homoeopathic medicine was given on the basis of totality of symptom with aid of repertorisation.

**Result**- The patient recovered remarkably with homoeopathic therapy.

**Conclusion**- Homoeopathy has treated a difficult to treat condition, i.e. LP, in a relatively less time, where conservative treatment fail to give positive results.

**Keywords:** lichen planus, *Rhus toxicodendron*, homoeopathy, repertorial totality, single medicine

**Abbreviations:** LP- lichen planus, OPD – out patient department, T/R – thermal reaction, H/O – history of, RADAR – rapid aid to drug aimed research, TDS – thrice daily, HOPC – history of presenting complaints

## Introduction

L P is a chronic inflammatory and immune-mediated disease that affects the skin, nails, hair and mucous membrane. It is characterised by polygonal, flat topped, violaceous papules and plaques with overlying reticulate fine white scale.<sup>(1)</sup>

## Case Profile

A 28 years old hindu male reported in OPD (19H2496) on 22.2.19, with complaints of L.P. over scalp since 2 years.

### HOPC:

Patient was apparently well 2 years before, when, gradually, he started

complaining of intensely itchy, small, erythematous, flat-topped, slightly purplish eruptions over scalp.

Mental general:

Restlessness with continued change of position

Fear of dark

Feeling of despair

Physical general:

T/R - chilly

Great restlessness, felt better for a time, after change of position

Desire for milk

**Associated complaints:** Lower back pain

F/H: Father - diabetic; Mother - died H/O hypertension **Clinical finding**

**Local examination: (Figure 1)**

Site- scalp

Character- LP, like eruptions-itchy, slightly purplish with vesicles<sup>(1)</sup>.

Number- multiple

Discharge- slightly sticky

### Provisional diagnosis

Lichen planus, on the basis clinical history, physical examination and biopsy report<sup>(1)</sup>. **(Figure 2)**

## Analysis and evaluation of symptoms:

Symptom	Analysis	Intensity
Restlessness, both physically and mentally.	mental general	++

Fear of darkness	mental general	++
Feeling of despair	mental general	+
Desire for milk	physical general	++
Lower back pain	characteristic particular	+
Itchy, erythematous, vesicular eruptions over scalp	characteristic particular	++

## Totality of symptoms:

- Restlessness both physically and mentally.
- Feeling of despair
- Lower back pain
- Fear of darkness
- Desire for milk
- Itchy, erythematous, vesicular eruptions over scalp

## Miasmatic analysis:

Symptom	Miasmatic analysis
Restlessness both physically and mentally	Psora
Fear of darkness	Psora
Feeling of despair	Psora – syphilis
Desire for milk	Psora
Lower back pain	Psora
Itchy, erythematous, vesicular eruptions over scalp	Psora-sycosis
Chilly	Psora

In this case, as per analysis, psora is the dominant miasm with syphilitic background. <sup>(2)</sup>

## Repertorisation:

Considering the generals were marked in the case, Kentian approach

was taken into consideration and case was repertorised with the help of *Synthesis repertory* from RADAR 10.0 version. <sup>(3)</sup>

The screenshot shows the RADAR 10.0 for Windows software interface. The window is titled "Investigation window for remedies". On the left, there is a list of symptoms with their corresponding degrees of match: 1. MIND - FEAR - dark (22) 1, 2. MIND - DESPAIR (92) 1, 3. MIND - RESTLESSNESS, nervousness (249) 1, 4. GENERALS - ANXIETY general physical (65) 1, 5. STOMACH - DESIRES - milk (27) 1, 6. BACK - PAIN - Lumbo-sacral region (11) 1, 7. HEAD - ERUPTION - vesicles (11) 1. On the right, there is a grid of remedies with their corresponding degrees of match. The remedies listed are: ars., puls., calc., sulph., rhust., lyc., stram., acon., cupr., merc., nux-v., chal., nat-m., sep., sil., bry., carb-v., bow., carbam., arg-n., camph., aur., coff., phac., staph., ars-i. The degrees of match are: 13, 13, 12, 11, 10, 9, 8, 8, 8, 8, 7, 7, 7, 7, 6, 5, 5, 5, 8, 8, 7, 7, 7, 7, 6.

Figure 3 -Repertorisation sheet from RADAR 10.0 version

**First prescription with justification:**

*Rhus toxicodendron* 30 was prescribed after repertorisation and due consultation of materia medica<sup>(4)</sup>

on 22.2.19; considering that *Rhus toxicodendron* patient is physically as well mentally restless and its pathogenetic effects primarily causes vesicular eruptions. 30 potency

in repeated doses was selected as patient was having intense itching with oozing eruptions with considerable backache.

**Table 1:** Follow-up with prescription and justification

Date	Symptoms	Prescription with justification
4.3.19	Few new eruptions appeared and there is slight improvement in old eruption.  Itching and discharge from eruptions decreased. Lower back pain reduced around 30-35%	<i>Rhus toxicodendron</i> 30/ TDS for 14 days  As improvement was evident and amelioration going on medicine was repeated, considering that lichen planus is chronic inflammatory immune mediated condition, hence it was repeated. <sup>(6)</sup>
22.4.19	Further improvement in old eruptions but new eruption continued to form.  Itching remarkably reduced. Discharges dried up.  Back pain relieved.	<i>Rhus toxicodendron</i> 200/ 1 dose <sup>(5)</sup> stat  Phytum /TDS for 14 days  As new eruptions were appearing medicine was given in next higher potency.
6.5.19	Old eruption begins to start fading.  No new eruption.  Low back pain resolved around 80%.	Phytum/TDS for 14 days  As improvement was evident and amelioration going on with no new eruptions, patient was kept on wait n watch.
24.5.19	Relief in all symptoms	Phytum/TDS for 14 days  As improvement in all symptoms, patient was kept on wait n watch.
7.6.19	Relief in all symptoms and general condition became better  (figure-4)	Phytum/TDS for 30 days  Patient recovered and he was advised to come back in case of relapse, placebo was given for a month.

## Discussion and conclusion

After repertorisation, *Rhus toxicodendron* was prescribed initially there was slight improvement in old eruption but a few new eruptions appeared so the potency was increased which resulted into drying up of discharges and

disappearance of old eruptions as well new eruptions appeared during treatment course. Itching was completely resolved and new hair follicle begins to form over affected area. The prescribed medicine not only improved the symptomatology but also improved other general symptoms of the patient as reported by him in follow ups.

Homoeopathy is a system of medicine which treats the patient as a whole and not the disease through selection of simillimum, as stated by Hahnemann in his *Lesser writings*. This case has relevant evidence of LP being treated effectively from single homoeopathic medicine.



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■■■

Figure-1 before treatment



Figure-3 during treatment



Figure-2 Biopsy Report



Figure-4 after treatment



# Dr Hahnemann was RIGHT! Proved

By Prof. L. Krishna Rao

**Abstract:** It is very difficult to understand the complex nature of the therapeutic law of homoeopathy, how attenuation of the drug to infinitesimal size releases the curative power of the drug and how the trituration process potentiates/dynamises the scale of medicines from 30C, 200C, 1M, 50M and 1MM in that order. An attempt is made in this paper to theoretically prove all the above points raised and prove Dr Hahnemann was cent percent 'RIGHT'.

**Keywords:** De Broglie hypothesis<sup>[1]</sup>, Schrodinger's wave equation<sup>[1]</sup>, quantum mechanics<sup>[1]</sup>, Maxwell's unified theory of thermodynamics<sup>[2]</sup>, Maxwell's statistical distribution theory<sup>[1]</sup> and Maxwell-Boltzmann law<sup>[1]</sup>.

## Introduction

Dr Samuel Hahnemann (1755-1843) found from his experiments that homoeopathic medicines in serial attenuations became more and more potent in their efficacy for the treatment of diseases. He could not offer in those days any rational and theoretical explanations for following law of similars (similia similibus curentur<sup>[3]</sup>) and how higher potencies from 12C onwards 30C, 200C, 1M, 50M, 1MM work. The author studied all actions and practices of Dr Hahnemann very closely, precisely and comprehensively to establish the procedure followed by Hahnemann.

## Objective of the study:

The purpose of this paper is to establish with full theoretical explanations the procedures followed by Dr Hahnemann in three chapters to prove beyond doubt that Dr Hahnemann was cent percent 'RIGHT' as summarised below:

1. To prove that reduction of mass of medicinal substance is inversely proportional to the energy produced.
2. To prove that trituration results in the liberation of energy of the medicine.

## 3. Proof for law of similars.

### Materials and methods:

#### 1. Reduction of mass of medicinal substance is inversely proportional to the energy produced.

##### 1.1. Schrodinger's wave equation <sup>[1]</sup> for one dimension

$$d^2\Psi/dx^2 + 2m/\hbar^2 (E-U) \Psi = 0 \text{ ---- (1)}$$

where E= Total energy of once microparticle (one atom or one molecule) of mass m

U = Potential energy

$\hbar$  = Planck's constant

$\Psi$  = Wave function

Schrodinger developed this theory as an extension of De Broglie particle-wave hypothesis.

Consider a microparticle in an infinitely deep potential well. Assume the particle can move only along the X-axis.

Let the motion of the particle be restricted by the walls of the well at  $x=0$  and  $x=l$  that are impenetrable for the particle

See Fig- 1

Let  $U=0$  for  $0 \leq x \leq l$

And  $U=\infty$  at  $x<0$  and  $x>l$

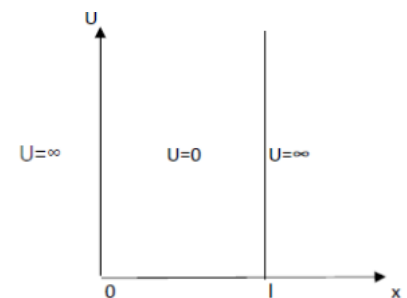


Fig 1. Infinitely Deep potential well

The probability of detecting the particle and hence  $\Psi$  beyond the walls is zero

Therefore  $\Psi(0)=0=\Psi(l)$  ---- (2)

Writing equation (1) as

$$d^2\Psi/dx^2 + \omega^2 \Psi = 0 \text{ ---- (3)}$$

$$\text{where } \omega^2 = (2m/\hbar^2) E \text{ ---- (4)}$$

Solution of (3) is  $\Psi(x) = A \sin(\omega x + \alpha)$  where A and  $\alpha$  are constants (5)

Using (2), we get  $\alpha=0$  and

$$\omega l = \pm n\pi \quad (n=1,2,3, \dots) \text{ ---- (6)}$$

$$\text{from (4) } E_n = (\pi^2 \hbar^2 / 2ml^2) n^2 \quad (n=1,2,3, \dots) \text{ ---- (7)}$$

$E_1, E_2, E_3, \dots, E_n$  are called the Eigen values and  $\Psi_1, \Psi_2, \Psi_3, \dots, \Psi_n$  are called the corresponding Eigen functions.

$E_n$  and  $\Psi_n$  are found to be discrete. The spacing between two adjacent energy levels is given by

$$\Delta E_n = E_{n+1} - E_n = \frac{(\pi^2 \hbar^2 / 2ml^2)}{(2n+1)} \quad (n=1,2,3,\dots) \text{---(8)}$$

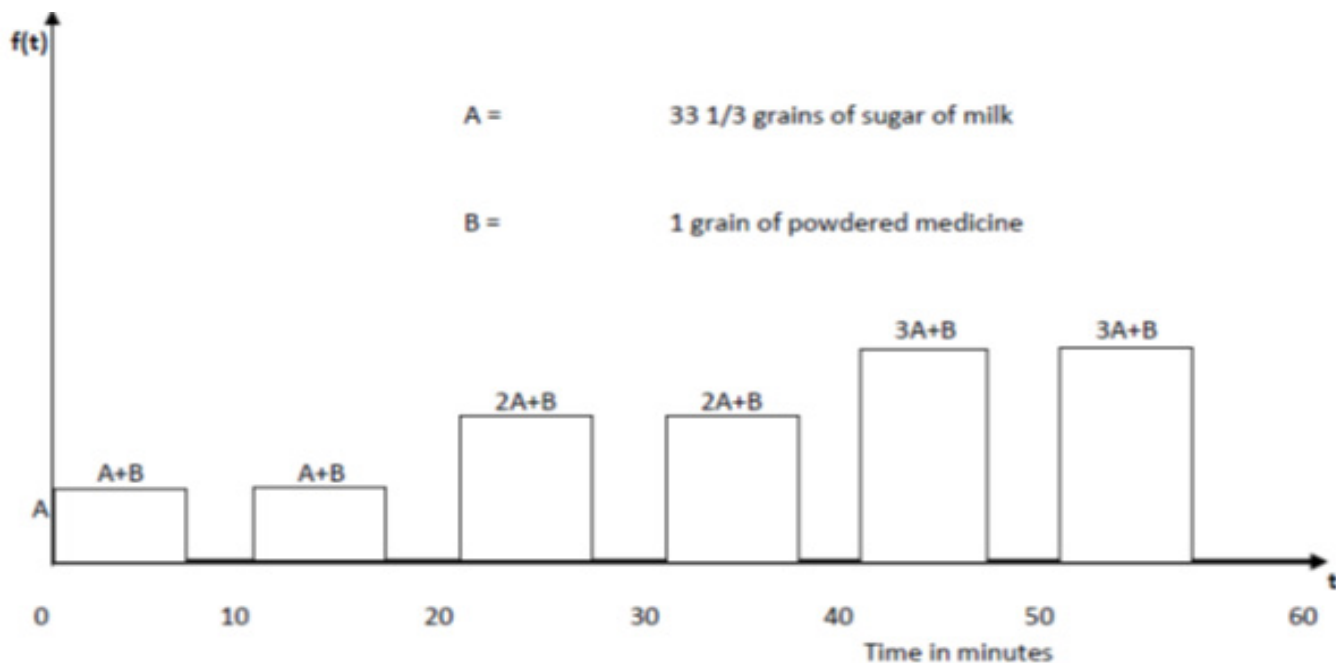
Therefore,  $\Delta E_n \approx \frac{(\pi^2 \hbar^2 / ml^2)}{(n)} \quad (n=1,2,3,\dots) \text{---(8)}$

Energy  $E_n$  is found to be inversely proportional to the mass  $m$  of the micro-particle.

1.2. Conclusion: It is now proved that reduction in the mass of the particle produces more energy which is discrete with discrete frequencies

## 2. Trituration results in the liberation of energy of the medicine

2.1 The process of trituration consists in the mechanical action upon one (1) grain of the medicine substance by the addition of an indifferent substance sugar of milk or alcohol for dry or fluid medicine respectively using a ceramic mortar and pestle. The process for achieving 1/100 potency is illustrated graphically in Fig 2.



Dr Hahnemann took prolonged time for trituration to liberate the latent energy according to his experimental observations and to get the most intimate mixture. The author studied deep into this process to find out the source of this liberation. The medicine and the mixture of sugar of milk as a whole, was considered as a thermodynamic system. It has four mechanical parameters  $V, T, p, S$  and four energy potentials  $H, U, F$  and  $G$ .  $F$  and  $G$  are always maintained at a minimum. This Thermodynamic model is represented as shown in Fig 3

S	U	v
H		F
P	G	T

Fig 3. Thermodynamic model of medicine substance

Dr Hahnemann said,

Quote: "A great and hitherto unknown change, undreamt of ensured, the development and liberation of the dynamic powers of the medicinal substance, so as to excite astonishment".

Unquote:

Let's explain theoretically, how this mysterious energy was liberated after trituration of 1/100 potency. The process involves impulses, which consist of a large force of an extremely short duration such that the change in momentum produced by it in a body is finite, but the

displacement of the body during the short interval of time is negligible. Therefore, the Heisenberg's Uncertainty principle is rewritten as

$$\otimes I \cdot \otimes x \geq \hbar/2 \text{---(10)}$$

Where  $\otimes I$  indicated the uncertainty in impulse. The Impulse is quantised without movement of mass, just like the momentum of photon without mass, waves of water in a deep-water tank, sound waves without physical movement of mass. The author came to the conclusion that the prolong trituration process in steps involved a) Isobaric, b) Isochoric c) Isothermal processes simultaneously.

The only example to quote is human being (no change in  $p, V$  and  $T$  during the entire process)



The author therefore studied two thermodynamic processes (i) Keeping p and T constant and (ii) Keeping V and T constant, which are surprisingly present in the trituration process of Dr Hahnemann.

2.2. The author studied P and T constant process. Maxwell <sup>[2]</sup> equations for such a process are

$$-(\partial s/\partial p)_T = (\partial V/\partial T)_p = (\partial^2 G/\partial p \partial T) \dots \quad (11)$$

This equation shows that an irreversible process of trituration carried under constant p and constant T entails reduction in Gibbs energy G.

2.3. The author studied V and T constant trituration process. The relevant Maxwell's <sup>[2]</sup> equations are:

$$(\partial s/\partial V)_T = (\partial p/\partial T)_V = -\partial^2 F/\partial V \partial T \dots \quad (12)$$

This process entails a decrement of

Free energy F.

2.4. Finally, loss of  $\Phi F$  and  $\Phi G$  is a gain for the medicinal mixture of 1/100 potency. this is what Dr Hahnemann called "the liberation of the dynamic powers of the medicinal substance so as to excite astonishment".

2.5 What is the nature of this energy liberated?

The total energy of a medicinal microparticle can take on only a discrete series of values  $E_1, E_2, E_3, \dots, E_n, \dots$  as is the case for the internal energy.

Boltzmann statistical distribution of energy is of the form <sup>[1]</sup>

$$N_i = N \exp(-E_i/KT) / \sum \exp(-E_i/KT) \dots (13)_i$$

Where  $N_i$  = Number of particles in a state with energy  $E_i$

$N$  = Total number of particles

$K$  = Boltzmann constant

$T$  = Absolute temperature

$E_i$  is given by Schrodinger equation (7)

2.6. Why was Dr Hahnemann insisting on repeated succussions during trituration process and also while dispensing medicines in vials after dilution?

To explain this, one can refer to statistical Maxwell-Boltzmann law <sup>[1]</sup>

$$dN_{V_x, V_y, V_z, x, y, z} = A \exp(-(PE+KE)/KT) dV_x dV_y dV_z dx dy dz \dots (14)$$

The PE and KE and hence the total energy can take on continuous series of values in the distribution mentioned above.

Armed with this knowledge, the author studied the first (1/100) trituration process to find out the number of particles  $N_i$  with energy  $E_i$ . See the following table

Stage	$m_d$ grains	$m_s$ grains	Total grains	$N_i/N$
I	1 9.438	100/3 24.895	34.333 34.333	0.2749      10 min
Repeat	16.602	17.731	34.333	0.4836      20'
II	16.602 33.142	51.604 34.524	67.666 67.666	0.4898      30'
Repeat	33.813	33.853	67.666	0.4997      40'
III	33.813 50.126	67.186 50.874	101 101	0.4963      50'
Repeat	50.49	50.51	101	0.4999      60'
Repeat EXTRA	50.5	50.5	101	0.50      70'

## 2.7. Conclusion: -

I. Trituration for 1/100 potency resulted in medicinal particles becoming 50% of the total mixture liberating energy. Medicine characteristics are transferred to the non-reacting indifferent sugar of milk

particles and equilibrium is attained at  $N/2=0.5$

II. See stage I. Repeated 1 min triturations 6 times in succession are likely to convert mechanical work into heat  $\partial Q$  producing a small rise in temperature  $\partial T$ . The ratio  $L_{\partial Q \rightarrow 0}/L_{\partial T \rightarrow 0}$  should be finite since the change un

entropy  $\partial s = L_{\partial Q \rightarrow 0}/L_{\partial T \rightarrow 0} = \text{finite}$   
Entropy increases for an irreversible process.

Hence it is very very important to see that the trituration process at every step shall be isothermal, isobaric and isochoric. Then only homoeopathic drug achieves

quality assurance. Hence there is a necessity to prolong trituration cycle time (please see an extra 10 minute cycle time achieved exact 50% of the

medicinal and sugar of milk particles in the mixture for 1/100 potency)

III. Every subsequent stage starts with 0.5 grains of  $m_d$  and 0.5

grains of  $m_s$  (since 1 grain of the mixture is taken out for subsequent  $(1/100)^2$  potency. Let us now see how the particles behave from the following table

Stage	$m_d$ grains	$m_s$ grains	Total grains	$N_i/N$
I	0.5 4.199	0.5+33.333 =33.833 30.134	34.333 34.333	0.1223 10'
Repeat	15.412	18.921	34.333	0.4489 20'
II	15.412 33.055	52.524 34.611	67.666 67.666	0.48885 30'
Repeat	33.806	33.860	67.666	0.4996 40'
III	33.806 50.126	67.193 50.874	101 101	0.4963 50'
Repeat	50.49	50.51	101	0.4999 60'
Repeat EXTRA	50.5	50.5	101	0.50 70'

IV. The above two tables show the necessity of prolonging the trituration cycle times ensuring strictly  $\partial T > 0$  and  $\partial Q > 0$  with their ratio finite, so that entropy  $\partial s > 0$

V. Hence mechanisation of trituration process should take care that no metal balls are used in the process, strictly follow ceramic mortar and pestle, ensure strict isothermal conditions to follow exactly what Dr Hahnemann did. The only suggestion from the author side is slight prolongation of cycle time to ensure quality assurance.

VI. One question arises in our mind why Dr Hahnemann chose 1 grain of medicine with 100 grains of sugar of milk.  $(1/100)^1$

process gives total 101 grains. If 100 grains are distributed to 100 grids in a row, you are left with 1 grain of the mixture ( $0.5 m_d + 0.5 m_s$ ) to start the second row of 100 grids

VII. Trituration  $(1/100)^n$  gives an output of  $0.5/n^2$  grains of medicinal substance. For 30C, 200C, 1M, 1CM and 1 MM the output is respectively  $0.5/30^2$ ,  $0.5/200^2$ ,  $0.5/1000^2$ ,  $0.5/10^{10}$  and  $0.5/10^{12}$  grains.

Thus, the author proved the presence of medicinal effect of the drug through indifferent non-reactive carrier sugar of milk particles in potencies beyond 1 MM.

Dr Hahnemann's divine intuition <sup>[3]</sup>

Quote

"The drug after losing all its material

properties has left its imprint on the diluting fluid and imbued the latter with energy of its own characteristic type"

Unquote

Thus, the author proved Dr Hahnemann perfectly 'RIGHT'

### 3.Proof of law of similars

3.1. The mass which is reduced by  $\odot m$  in  $(1/100)$  trituration process has resulted in reducing F and G by  $-\odot F$  and  $-\odot G$  respectively of the medicinal substance which is considered as a thermodynamic system. If a human body is considered as a thermodynamic system and if a healthy body is diseased, it may reduce either F or G or both. If the homoeopathic drug of  $(1/100)$  trituration process is given to the diseased person immediately,

the drug having +⊙F and ⊙G quanta of energy causes immediate cure.

This proves law of similars. Now let's see what happens if this drug in 1/100 potency is given to a healthy person F will become F+ ⊙F and G will become G+⊙G. This will produce disease symptoms in the healthy person. Since, F and G are always maintained at minimum, the innate and adaptive immune system of the healthy person automatically reduces back F and G to their minimum values, since ⊙F and ⊙G are administered in low potency/low energy. For curing and treatment, the amount of +⊙F and ⊙G, if insufficient, the homoeopathic physician will increase the dose as required to restore equilibrium in the diseased person. This proves Law of similars followed by Dr Hahnemann.

That is why Dr Hahnemann insisted on "study the diseased individual for totality of symptoms not the disease"

homoeopathic physician selects the drug depending upon the state of the individual, selects the drug, starts with a low potency and after finding improvement, changes the potency to treat the person of the disease.

3.1. The author proved that with reduction in the mass of the drug, the energy is found to increase, is discrete with closely spaced frequencies and closely spaced energy levels.

3.2. Trituration with repeated succussions in 3 stages with prolonged cycle times never allowing any rise in temperature and ensuring Isochoric, Isobaric process throughout resulted in liberation of medicinal energy.

### 3.3. Conclusion:

The presence of medicinal effect in potencies 30C, 200C, 1M, 1 CM and 1MM is proved.

Law of similars (similimum similibus curentur) is proved.

## Discussion and Conclusion

The ideal cure<sup>[3]</sup> was first enunciated by a Greek physician Asclepiades 124.B.C. his motto was "cito, tuto et jucunde" meaning disease should be treated "Speedily, Safely and agreeably".

The world had to wait for nearly two thousand years till Dr Samuel Hahnemann succeeded in materialising his ideal.

Now nearly after 175 years, the author put forth rational and theoretical explanations for all actions of Dr Hahnemann as perfectly 'RIGHT'

The author proved that attenuation and trituration is really a potentiation/dynamisation process as claimed by Dr Hahnemann<sup>[3]</sup>. We

### Quote

"The more the materiality of the drug is reduced by the process of trituration, the greater the specific therapeutic quality lying hitherto dormant in the drug seemed to be unveiled for effective action"

### Unquote

Dr Hahnemann was really God's incarnation. Divinity does 'No wrong'.

Dr Hahnemann received "the cross his payment for the crown he gave"

We still remember his last words to his wife on his death bed "GOD owes me nothing, but I owe him

much – yes everything"

Generations to come in future will realise the benefits of homoeopathy as a simple system of medicine, has a fixed therapeutic law, is based on comprehensible principles and is complete in itself as a therapeutic system.

Let's all the founding father of homoeopathy Dr Samuel Hahnemann in the temple of fame as a beacon of hope, benefactor and a source of health and happiness for all mankind.

The author humbly dedicates this paper to the Great Dr Samuel Hahnemann, the founding father of homoeopathy.

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# Post COVID-19 complications and their homoeopathic management

*By Dr Amit Arora, Dr Udesb Kumar, Dr Dhananjay K. Shukla*

**Abstract:** COVID-19, by and large is still an unexplored pandemic, still evolving and still not completely understood. Every day, some or the other new information come up about this disease. Since 2019, when it originated, the mutations and appearance of new strains over the time has been observed, leading to symptomatic variations in 1st wave and 2nd wave, the transmission is faster, the strains have become more virulent, affecting the younger age group and due to its more virulent nature, there is increased morbidity with greater demand of oxygen and more thrombotic complications. Homoeopathy has played a pivotal role in boosting the overall immunity of the population along with the treatment of disease. But along with the acute nature of disease, a new chronic dimension is appearing, i.e. the complications related to it after its recovery. Many reports state that the patients who recovered well, are coming back to hospitals with some or the other complications. So it's the time, that along with the planning for 3rd wave, we should also plan and think about treating and managing the post COVID-19 complications through the homoeopathic approach

**Keywords:** COVID-19, SARS-CoV-2, post COVID-19, lung fibrosis, thromboembolism, myocarditis, cardiomyocytes, anxiety.

**Abbreviations:** Coronavirus disease 2019 (COVID-19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), intensive care unit (ICU)

## Introduction

Post COVID-19 complications are a wide range of new, returning, or on-going health problems that people can experience more than four weeks after first being infected with the corona virus (SARS-CoV-2). Even people, who were asymptomatic during the infection, can have post COVID-19 complications<sup>1</sup>.

COVID-19, caused by SARS CoV2, a new pandemic, which originated in december 2019 in Wuhan, China, from where it spread to almost whole of the world, affected millions of people and caused mortalities. Since the time COVID-19 started every day we are seeing some new developments related to the disease, new appearance of symptoms and new complications. Almost one and half years have passed and still learning phase of this disease is going on. Now with the time the reports of post COVID-19 recovery

complications have started coming. As per the experts COVID-19 may present with long term effects after the recovery. These long term effects are more common in patients who suffered from the severe form of the disease<sup>2</sup>. In the 2<sup>nd</sup> wave, the hospitals admissions have increased due to appearance of more moderate and severe disease, so post COVID-19 complications are bound to rise.

Reports showing that some of the recovered patients are coming back with fatigue or body ache, respiratory or heart related issues, renal or liver complications<sup>3</sup>. So it is the need of the hour that long term effects shall be taken care of so that recovered patients lead a good quality of life. These long term outcomes may vary depending upon severity of disease and age of patients.

As per prevailing literature, the most common post COVID-19 recovery complications are:

1. **Fatigue<sup>4,5,6</sup>:** Some patients after recovery developed severe fatigue, lethargy, body-ache, loss of sleep, feverish feeling, less tolerance to exercise or dizziness<sup>3</sup>.
2. **Lung fibrosis<sup>7,8</sup>:** It is seen that some of the patients who had severe pneumonia developed lung scarring after the recovery. It is being seen that many patients who recovered from COVID-19 and had not any pre-existing lung disease. It causes shortness of breath and some individuals may require long term oxygen support. In severe cases of pneumonia in COVID-19, there is inflammatory response due to cytokine storm and can cause long-standing damage to the tiny air sacs (alveoli) in the lungs which results in scarring (fibrosis) of lung and thus long term breathlessness<sup>3</sup>.
3. **Pulmonary thromboembolism:** Patients with COVID-19 are at

increased risk of developing PE which may occur in up to one-third of critically ill COVID-19 patients requiring ICU admission<sup>9</sup>. It refers to as blockage in pulmonary artery because of the blood clot thus compromising the blood flow through the lungs. It is basically due to the immobility and restricted activity during the treatment and disease process<sup>10</sup>.

4. **Blood clotting<sup>11</sup>:** Immune response in COVID 19 damages the endothelium lining of blood vessel and due to damage to endothelium of blood vessel, there starts the cascade of coagulation system and blood clotting mechanism starts which may cause particular organ damage due to poor blood supply to that organ<sup>12</sup>. Certain studies have shown that some COVID-19 patients have suffered from brain stroke after the recovery due to clotting in brain vessels.<sup>13</sup>
5. **Myocarditis<sup>14</sup>:** Host immune response in COVID-19 may damage cardiomyocytes and cause myocardial inflammation. Patients may experience chest pain or dyspnoea on exertion. The fulminant myocarditis may result in ventricular dysfunction, and eventually heart failure.
6. **Depression and anxiety<sup>6</sup>:** COVID-19 is associated with morbidity and mortality and some may require long term hospital admission which requires oxygen support or ventilator support. Also because of the transmission of disease from person to person, the diseased person needs to get isolated or if admitted in hospital, the family members are not allowed to be with patient for support. So, simply surviving this experience

can make a person develop depression and anxiety<sup>3</sup>.

**Homoeopathic management of complications:** The following homoeopathic medicines can be thought of in these complications:

### 1. Fatigue:

- I. ***Gelsemium sempervirens*:** General prostration. Dullness, dizziness, drowsiness and trembling<sup>15</sup>. Tired feeling and mental apathy. Muscular weakness. Complete relaxation and prostration. Fatigue after slight exercise. Apathetic and dull. Thirstlessness. Chronic fatigues ever since a viral infection especially of limbs feel heavy and exhausted<sup>16</sup>.
- II. ***Kalium phosphoricum*:** Nervous prostration, weak and tired<sup>15</sup>. Convalescence after exhausting diseases. Muscular weakness after acute diseases<sup>16</sup>.
- III. ***Alfalfa*:** From its action on sympathetic nerves, it favourably influences nutrition by toning up of appetite and digestion, resulting in greatly improved mental and physical vigor<sup>15</sup>. Insomnia. Corrects tissue waste. It gives general feeling of well being<sup>16</sup>.
- IV. ***Avena sativa*:** Best tonic for debility after exhausting diseases<sup>15</sup>. Sleeplessness.
- V. ***Chininum arsenicosum*:** As a general tonic for general weakness and prostration. Disinclination for mental exertion<sup>15</sup>.

### 2. Lung fibrosis:

- I. ***Kalium iodide*:** It acts on fibrous tissue<sup>15</sup>. The action of this drug upon mucous membrane of bronchial

tubes causing oppression of breathing<sup>17</sup>.

- II. ***Silicea terra*:** It causes absorption of fibrotic and scar tissue. Slow recovery after pneumonia. Pressing pain, stitches, and general weakness in chest<sup>17</sup>.
- III. ***Medorrhinum*:** An antiscrotic hot remedy. Air hunger, cannot exhale. Wakes gasping for breath. Lungs feel stuffed up with cotton. Left lung very painful, feels drawn toward right side<sup>16</sup>.
- IV. ***Beryllium metallicum*:** Dyspnoea, dry cough difficult to expectorate. Respiration painful aggravated by movement. Cyanosis. Spasmodic cough with pain behind sternum<sup>16</sup>.
- V. ***Stannum metallicum*:** Debility in chronic bronchial conditions. Shortness of breath on exertion. Short, oppressive respiration, stiches in left side when breathing and lying on same side. Lungs feel weak, can hardly talk. Last stage of respiratory illness heading toward lung failure<sup>16</sup>.
- VI. ***Bromium*:** Fibrinous bronchitis. Bronchial tubes feel filled with smoke. Want to take deep breath but it excite cough. Lungs feel coated with down. Difficult and painful breathing<sup>16</sup>.

### 3. Blood clots:

- I. ***Arnica montana*:** It stimulates the absorbent power of blood vessels, thus helps in dissolution of clots<sup>17</sup>.
- II. ***Bothrops lanceolatus*:** Thrombosis and its manifestations like hemiplegia, aphasia, inability to articulate. Increase

oxidation<sup>15</sup>.

(i) *Aspidosperma quebracho*: Thrombosis of pulmonary artery<sup>15</sup>.

(ii) *Pituitaria glandula*: Checks haemorrhage and aids in absorption of clots<sup>15</sup>.

## 4. Myocarditis:

I. *Iodum*: Heart feel squeezed. Myocarditis, painful compression around heart. Feel as if squeezed by iron hand. Palpitation from least exertion.<sup>15,16</sup>

II. *Crataegus oxycantha*: Myocarditis. Irregularity of heart. Heart disease with extreme weakness. Very feeble and irregular heart action. Extreme dyspnoea on least exertion. Heart muscle worn out. Sustains heart in infectious diseases<sup>15,16</sup>.

III. *Adonis vernalis*: Myocarditis, irregular cardiac action, constriction and vertigo. Pulse rapid and irregular<sup>15,16</sup>.

IV. *Digitalis purpurea*: Frequent stitches in heart. Cardiac failure following fevers<sup>16</sup>.

V. *Arsenicum iodatum*: Myocarditis. Myocardial degeneration. Pulse rapid, feeble, weak, irregular<sup>16</sup>.

## 5. Post COVID anxiety and depression :

VI. *Aconitum napellus*: A state of fear, anxiety, worry and anguish of mind and body. Fright is most characteristic manifestation. Delirium is characterised by unhappiness, worry and fear. Fears death, future<sup>15</sup>.

VII. *Calcarea carbonica*: Anxiety with palpitation. Fears

of misfortune, disaster and contagious disease. Nightmares and poor sleep. Hopeless of ever getting well. Melancholic or doubting moods<sup>16</sup>.

VIII. *Psorinum*: Anxiety and restlessness. Despair of recovery. Constant thoughts of dying. Hopelessness. Desire to remain in bed. Melancholy and gloomy. Thoughts which he cannot get rid of reappear in his dreams. Despondent, fear he will die<sup>15,18</sup>.

IX. *Medorrhinum*: Fears going insane. Panic attacks. Fear of misfortune. Persistent ideas. Dwells on the past. Difficult concentration. Weakness of memory<sup>15</sup>.

X. *Gelsemium sempervirens*: Anxiety about future and present. Anxiety about health. Overpowering fear with fatigue. Fear from traumatic shock. Bad effects of bad news. Ailments from anticipation. Desire to be alone<sup>15</sup>.

XI. *Ignatia amara*: Silently brooding. Melancholic, sad, tearful. Not communicative. Sighing and sobbing. After shocks, grief, disappointment<sup>15</sup>. Persons mentally and physically exhausted by long-concentrated grief. Involuntary sighing. Bad effects of grief; broods in solitude over imaginary trouble. Desire to be alone. Ill effects, from bad news; from vexation with reserved displeasure.

## Conclusion

Post recovery COVID-19 complications are a new dimension

and needs extensive evaluation. Presently we do not exactly know that to what extent these complications tend to develop. The reports from various places are showing us that those who developed severe COVID-19, in that group we are seeing post recovery complications. Hence, one needs to access the impact of COVID-19 and plan accordingly, so that each life lives it best. Homoeopathy has proven to be effective in overall improvement of immunity in the general population and many research studies are going on to prove the efficacy of the homoeopathic medicines in the treatment of COVID-19 in different stages. Homoeopathy, with its holistic approach, can serve the post COVID-19 complications which are being observed in the patients.

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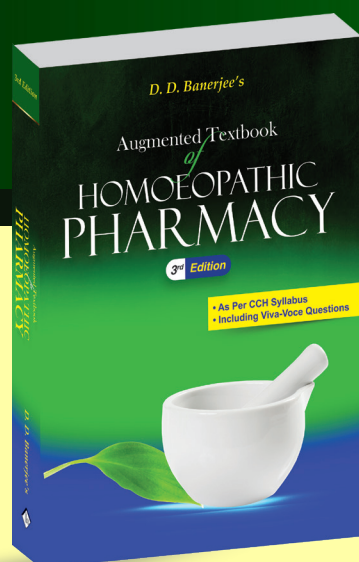
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- In the appendix, a few important short questions with answers have been added.

# Recovered from COVID-19 but are still experiencing some symptoms/ post-COVID ailments and its homoeopathic management

*By Dr Srabani Pal, Dr Falguni Patel and Dr Shweta Patel*

**Abstract:** COVID-19 can take a lengthy course over months resulting in great social and economic consequences. The most common persisting symptoms are anosmia, loss of taste, shortness of breath and fatigue. There are specific symptoms and nonspecific symptoms affecting physical and mental health. A holistic approach is necessary to bring a sick to health. Homoeopathy as a unique system of medicine may prove as miracle.

**Keywords:** COVID-19, SARS-CoV-2, post COVID, WHO, homoeopathy.

**Abbreviations:** COVID-19 – coronavirus disease 2019, SARS-CoV-2 - severe acute respiratory syndrome coronavirus 2, WHO – World Health Organisation, e.g – example, IL – interleukin, interstitial lung disease (ILD)

## Introduction

As the pandemic of COVID-19 continues, numerous additional symptoms, such as fever, dry cough, shortness of breath, fatigue, myalgias, nausea/vomiting or diarrhoea, headache, weakness, rhinorrhoea, anosmia/ageusia, and many laboratory abnormalities, i.e. lymphopenia and elevated inflammatory markers (e.g., erythrocyte sedimentation rate, C-reactive protein, ferritin, tumour necrosis factor- $\alpha$ , IL-1, and IL-6) have been reported. Other critical and severe complications of COVID-19 can include impaired function of the heart, brain, lung, liver, kidney, and coagulation system.

Most of the infected patients completely recovered after COVID-19 infection. However, a substantial proportion of patients who have been infected with SARS-CoV-2 continue to have symptoms long past the time that they recovered from the initial phases of COVID-19 disease. Clinicians worldwide called these long-term effects of COVID-19 “long-Haul COVID-19” or “long-term COVID-19”. In detail,

“long-term COVID-19” defines those individuals who have had SARS-CoV-2 infection but do not recover completely over a period of a few weeks (commonly 2–3 weeks). Based on the COVID-19 symptom study, a study carried-out on more than 4 million people in the US, UK, and Sweden, in which people enter their ongoing symptoms on a smartphone app, around 10% of patients who have tested positive for SARS-CoV-2 virus remain unwell beyond 3 weeks, and a smaller proportion for months. Thus, it is becoming clear, that some people who had a SARS-CoV-2 infection, even those described as “mild,” continue to suffer from persisting or cyclical symptoms.<sup>[1]</sup>

## Post COVID-19 condition (long COVID)

WHO’s case definition is as follows: “Post COVID-19 condition occurs in individuals with a **history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative**

**diagnosis.** Common symptoms include **fatigue, shortness of breath, cognitive dysfunction** but also others and generally have an **impact on everyday functioning.** Symptoms may be **new onset** following initial recovery from an acute COVID-19 episode or **persist** from the initial illness. Symptoms may also **fluctuate** or **relapse** over time.” This definition may change as new evidence emerges and our understanding continues to evolve.

## Symptoms reported after COVID-19 infection

Anyone with COVID-19 can get post COVID-19 condition, irrespective of the severity of disease. Common symptoms include fatigue, shortness of breath and a decline in mental abilities like memory or brain fog (cognitive dysfunction). The case definition does not include an exhaustive list of reported symptoms.

## Preventing the long term effects of COVID-19

The best way to prevent post-COVID conditions is to prevent COVID-19

illness. For people who are eligible, getting vaccinated against COVID-19 as soon as you can is the best way to protect yourself from severe COVID-19 disease and it can also help protect those around you. Continuing to observe public health and social measures even after vaccination is important

A vaccine's ability to prevent post COVID-19 condition depends on its ability to prevent infection in the first place. The vaccines we currently have are aimed at preventing severe disease and death. They are not as effective against infection; however, they should have some protective effect. There is emerging data that suggests the same: patients that have received vaccination against COVID-19 and developed disease are less likely to have symptoms for more than a month. [2]

### Homoeopathy for post COVID ailments

Common symptoms and its remedy:

**Head:** After covid hair fall is very common and may persist for few months. Homoeopathic medicines for hair fall after COVID are *Acidum phosphoricum*, *Acidum fluoricum*, *Lycopodium clavatum*, *Natrum muriaticum*, *Sepia officinalis*, *Carbo vegetabilis*, *Phosphorus*, *Sulphur*, *Thuja occidentalis*, *Ashwagandha*.

Mild to severe headache is also present in cases recovering from covid infection. Homoeopathy medicines *Belladonna*, *Bryonia alba*, *China officinalis*, *Magnesium phosphoricum*, *Nux vomica*, *Pulsatilla nigricans*, *Gelsemium sempervirens* are useful in treating headache after post COVID.

**Mouth:** Loss of taste is present during and after covid for few weeks to few months in some cases. Sometimes a bitter feeling

is also there like metallic taste in mouth. Homoeopathic medicines for these symptoms are *Belladonna*, *Sulphuricum acidum*, *Aceticum acidum*, *Kalium bichromicum*, *Nux vomica*, *Ferrum metallicum*, *Pulsatilla nigricans*.

**Nose and respiratory:** Loss of smell (anosmia) is very common post COVID, however in many cases, there is distorted smell (parosmia). There is a feeling of bad and putrid smell even though there is no such external stimuli present. Homoeopathy medicines are *Calcarea sulphuricum*, *Mercurius solubilis*, *Pulsatilla nigricans*, *Kalium sulphuricum*, *Silicea terra*, *Kalium bichromicum*, *Lycopodium clavatum*, *Sanguinaria canadensis*, *Teucrium marum verum* and *Nux vomica*.

**Cough:** is present long for months after COVID. Chest pain and tightness is also present in some cases. COVID pneumonia damage to air sacs (alveoli) resulting in scar and difficult breathing may persist for long. Many patients have developed advanced pathological changes resulting in interstitial lung disease (ILD). Homoeopathic medicines are *Belladonna*, *Bryonia alba*, *Arsenicum album*, *Phosphorus*, *Spongia tosta*, *Drosera rotundifolia*, *Carbo vegetabilis*, *Aspidosperma quebracho*, *Ipecacuanha*, *Lycopodium clavatum*, *Grindelia robusta*, *Pulsatilla nigricans*, *Sulphur*, *Natrum sulphuricum*, *Rumex crispus*, *Blatta orientalis*.

**Heart:** COVID 19 can cause lasting damage to heart muscles, increasing the risk of heart failure and other heart complication. There are instances of increased heart rate during recovery of covid19 giving symptoms like palpitations and chest discomfort.

Homoeopathic medicines

are *Aconitum napellus*, *Digitalis purpurea*, *Naja tripudians*, *Kalmia latifolia*, *Lachesis mutus*, *Spigelia anthelmia*, *Rauwolfia serpentina* Q, *Crataegus oxyacantha*.

**Neurological:** Symptoms like loss of memory, inability to concentrate and comprehend, brain fog, etc. are noticed during recovery from COVID-19. COVID may also increase risk of developing alzheimer's disease and parkinson's disease.

*Avena sativa* and *Ashwagandha* mother tincture may be useful.

**Gastrointestinal symptoms:** loss of taste, constipation, piles, loss of appetite, indigestion and liver function disturbances are the sum of common complications after COVID-19.

*Bryonia alba*, *Carbo vegetabilis*, *Pulsatilla nigricans*, *Lycopodium clavatum*, *Nux vomica* may be useful.

**Other general symptoms post COVID-19:** Anxiety and depression is very common in cases recovering from covid. Fear of infection is also found in many cases. Fibromyalgia, fatigue, muscle pain, joints pain, and a sense of being unwell. Disturbed sleep, body aches, weakness and mood swings are also seen during COVID-19 recovery.

Homoeopathic medicines include *Ignatia amara*, *Rhus toxicodendron*, *Calcarea carbonicum*, *Pulsatilla nigricans*, *Kalium phosphoricum*, *Passiflora incarnata*, *Avena sativa*, *Ashwagandha*. [3]

### Frequently used mother tinctures in COVID 19

#### ASHWAGANDHA

As a homeopathic remedy, it helps to make the patient stable in the



following conditions. If the patient is losing his nervous power or becoming weak day by day. The patient is unable to focus. Memory is getting weaker day by day. The patient is losing his decision power. Sickness is at a peak that will turn the patient into an abnormal person. If he is having mental sickness growing gradually or completely. Memory loss. Mental sickness. Loses decision power. Memory loss. <sup>[4]</sup>

## AVENA SATIVA

Has a selective action on brain and nervous system, favourably influencing their nutritive function. Nervous exhaustion, sexual debility, and the morphine habit call for this remedy in rather material dosage. Best tonic for debility after exhausting diseases. Nerve tremors of the aged; chorea, paralysis agitans, epilepsy. Post-diphtheritic paralysis. Rheumatism of heart. *Colds*. Acute coryza (20 drop doses in hot water hourly for a few doses). Sleeplessness. Nervous states of many female troubles. <sup>[5]</sup>

## ASPIDOSPERMA QUEBRACHO

Digitalis of the lungs. Removes temporary obstruction to the oxidation of the blood by stimulating respiratory centres, increase oxidation and excretion of carbonic acid. Pulmonary stenosis. Thrombosis of pulmonary artery. An effective remedy in many cases of asthma. It stimulates the respiratory centres and increase the oxygen in the blood; "want of breath" during exhaustion is the guiding symptom. <sup>[6]</sup>

## TINOSPORIA CORDIFOLIA

It has a curative influence over seminal debility, fevers, especially intermittent fevers, jaundice, splenic affections, leprosy, leucorrhoea, rheumatism, skin diseases,

secondary syphilis, genito-urinary troubles such as gonorrhoea, dysuria, etc. A tonic, patient is extremely weak, owing to repeated attacks of fever and exhausting seminal emissions. An excellent remedy for intermittent fever, jaundice, torpidity of the liver, bilious vomiting and leprosy. <sup>[7]</sup>

## GOOD DIET FOR POST COVID RECOVERY:

A balanced diet is important to regain help after post copy infection. Consume a high protein diet with 75 -200 grams of protein each day. Include as many, lentils, legumes, milk products, Soya seeds and nuts in your diet as possible. Non vegetarian should include animal products such as lean meat poultry, fish and eggs. Choose fruits and nuts instead of sugary treats such as cookies, cakes and chocolates to limit your sugar intake. Patients recovering from covid-19 should continue to take multivitamins vitamin B, C and D zinc, iron and selenium pills. <sup>[3]</sup>

**POSIOLOGY:** the medicine selected for each patient is tailored to person specific, taking into consideration, his/her mental make-up, physical symptoms, and characteristic particulars etc. In case of long term illness, besides the above mentioned factors, age, occupation, previous illnesses and life circumstance unique to that individual irrespective of the disease which he/she is suffering from, are also taken into consideration; thus the dictum "Homoeopathy treats the patient but not the disease". After the appropriate medicine is selected, it is essential to decide the requisite potency, dose and repetition which is imperative for optimum response and faster recovery in each case. Different types of potencies such as decimal or centesimal potencies

can be employed for treatment as are required for acute diseases. However, selection of potency of the remedy is dependent on various factors like susceptibility of the patient (high or low), type of disease (acute/chronic), seat/ nature and intensity of the disease, stage and duration of the disease and also the previous treatment of the disease. <sup>[8]</sup>

## CONCLUSION

Scientific evidences proves that homoeopathy not only treats the sick person but also acts as a prophylactic like genus epidemicus. Homoeopathy can reduce long covid complications as it treats the patient as a whole. Potentised medicines as well as mother tinctures are useful in treatment of post covid ailments. Homoeopathic medicines along with follow and practise the COVID protocol (WHO guidelines) is the best way to prevent COVID 19.

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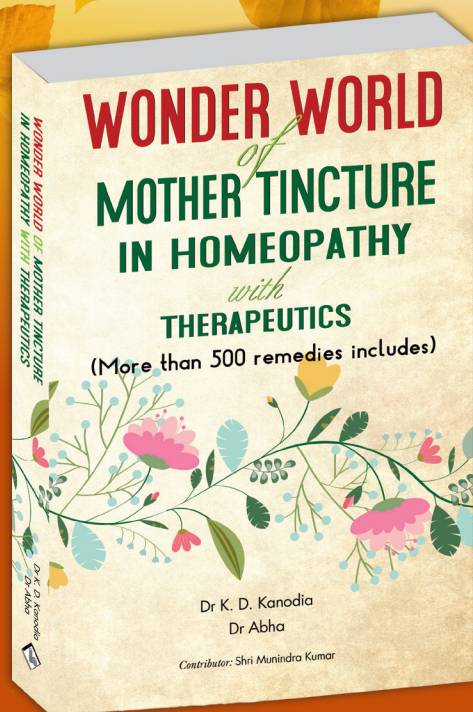
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# Post COVID-19 respiratory complications and homoeopathic approach

*By Dr Sanjay Sarkar, Dr Biswajit Bera, Dr Ashish Biswas*

**Abstract:** It is evident that the short term and long term complications of post COVID-19 infections caused by SARS-Cov-2 viruses are gradually increasing day by day. Homoeopathy itself demands a greater scope for management of these type of patients on the basis of totality of symptoms following the principles of homoeopathy.

**Keywords:** Post covid-19, complications, SARS-Cov-2, homoeopathy.

**Abbreviations:** Coronavirus disease-2019 (COVID-19), CT scan (CT), acute respiratory distress syndrome (ARDS), severe acute respiratory syndrome corona virus-2 (SARS-CoV-2), example (e.g.), ground-glass opacity (GGO), post-acute sequelae of COVID-19 (PASC), the National Health Scheme (NHS), severe acute respiratory syndrome (SARS), middle east respiratory syndrome (MERS).

## Introduction

COVID-19 is a viral disorder caused by beta-coronavirus, i.e. SARS-CoV-2, generally characterized by high fever, cough, dyspnoea, chills, persistent tremor, muscle pain, headache, sore throat; and loss of taste and/or smell and other symptoms of a viral pneumonia. In severe cases, coagulopathy associated symptoms often correlating with COVID-19 is seen (e.g., blood coagulation; thrombosis; ARDS; seizures; heart attack; stroke; multiple cerebral infarctions; kidney failure; and/or disseminated intravascular coagulation). In younger patients, rare inflammatory syndromes are sometimes associated with COVID-19 (e.g., atypical kawasaki syndrome; toxic shock syndrome; paediatric multisystem inflammatory disease; and cytokine storm syndrome).<sup>1</sup>

## Discussion

The acute course of COVID-19 is variable and ranges from asymptomatic infection to fulminant respiratory failure. Recovering from COVID-19 the patients can

have persistent symptoms and abnormalities in CT findings. After 3 months of acute infection, some patients will have CT abnormalities which include ground-glass opacity (GGO) and subpleural bands with concomitant pulmonary function abnormalities and also after 6 months of acute infection, few patients have persistent CT changes; including the resolution of GGOs seen in the early recovery phase and the persistence or development of fibrosis, such as reticulation with or without distortion of lung parenchyma.<sup>2</sup>

### Aetiology of lung disease after COVID-19

It is not clear that the changes after acute COVID-19 are a sequelae of lung injury or acute respiratory distress syndrome (ARDS), effects of mechanical ventilation, or direct injury from the virus. Lung fibrosis develops in a subset of patients with ARDS and the duration of acute respiratory failure in ARDS has been independently implicated in the development of pulmonary fibrosis. In a group of survivors of ARDS, persistent fibrotic changes often correlate with restrictive

physiology on tests pulmonary function and also a worse health and pulmonary related quality of life up to 2 years after index hospitalization. Ventilator induced direct injury to alveoli that leads to pulmonary interstitial oedema, hyaline membrane formation, and alveolar collapse commonly seen in patients with ARDS and can directly help to the development of pulmonary fibrosis. The higher incidence of barotrauma seen in patients with COVID-19 ARDS compared with non-COVID-19 ARDS and the finding of autopsy, patients dying from COVID-19 show evidence of ARDS on biopsy as well as SARS-CoV-2 in pneumocytes, fibroblast proliferation, and microscopic honeycombing. The relative contributions of these factors to lung disease after COVID-19 are currently unknown and a subset of patients, the aetiology of lung disease after COVID-19 appears to be an exacerbation of underlying interstitial lung disease.<sup>2</sup>

### Post-acute sequelae of COVID-19

The recovery from the infection is variable. Most of them will make a total recovery and others will



experience sequelae long after they recover from the acute infection and the severity of symptoms ranging from mild to debilitating. In a study of health care workers with mild COVID-19, 26% patients had moderate to severe symptoms for 2 months and 15% patients had moderate to severe symptoms for 8 months. The most common symptoms were loss of smell and taste, fatigue, and shortness of breath. Identified risk factors for symptoms after infection include increasing age and body mass index, female sex, and a higher number of symptoms during the acute illness. This group of symptoms, initially referred to as “long COVID,” but now it is called post-acute sequelae of COVID-19 (PASC). The National Institutes of Health assembled a workshop in December 2020 to summarise existing knowledge and to identify knowledge gaps and research priorities. The questions that were arisen include the cause and risk factors for PASC, as well as its management.<sup>2</sup>

### Post chronic sequelae of COVID-19

The severity and extent of the long term respiratory complications of covid-19 infection remain to be seen, but the data indicate that most of the patients experience persistent respiratory symptoms months after their initial illness. Recently published guidance by the National Health Scheme (NHS) lays out the likely aftercare needs of patients recovering from COVID-19 and also identifies potential respiratory problems including chronic cough, fibrotic lung disease, bronchiectasis, and pulmonary vascular disease. Evidence for these possible sequelae is largely derived from acute manifestations of covid-19, along with extrapolations from the 2003 outbreak of severe acute respiratory syndrome (SARS) and

data from acute respiratory distress syndrome (ARDS). It is reported that approximately 30% of people with SARS or middle east respiratory syndrome (MERS) had persisting lung abnormalities after their acute illness.<sup>3</sup>

The load of fibrotic pulmonary changes following SARS-CoV-2 infection is likely to be high; thus, the global burden of fibrotic pulmonary disease will be increasing significantly. Fibrosis is not common following other viral pneumonias and has almost never been reported after H1N1 pneumonia.<sup>4</sup>

The definition of fibrosis in the studies of post-acute COVID-19 may have inflated its prevalence and the term *fibrosis* should be reserved for more specific signs such as traction bronchiectasis or bronchiectasis, honeycombing, or architectural distortion. The natural history of these fibrotic-like abnormalities remains unclear. At least some reticular abnormality improves slowly with time but there also appears to be a group of patients who develop progressive lung fibrosis. It is assumed that CT findings in PASC should be classified as follows: predominantly ground glass, mixed ground glass and fibrotic, and predominantly fibrotic. Usually, parenchymal or subpleural bands without other fibrotic abnormality can be ignored.<sup>2</sup>

### Management

*General management:* as per need of the cases.

*Homoeopathic approach:*

The disease symptoms manifest themselves in unified order in the physical, mental and spiritual spheres but the individual doesn't show necessarily disturbances of these spheres in presenting the

disease conditions. The symptoms are accentuated in different spheres according to the tendencies of the vital energy and also the individual response to the dynamic disturbances.<sup>5,6</sup>

Dr Hahnemann taught how to discover and apply and showed us the necessity of applying a specific remedy to individual case of disease studied from the totality of the symptoms phenomena and without regard to the nosological classification.<sup>7</sup>

Pathological changes may be very much helpful in arriving the understanding of the miasmatic dyscrasia either acquired or hereditary. In acquired cases where there is ulceration from beginning, the condition mainly indicates the syphilitic dyscrasia but if the pathology is suggestive of overgrowth, malformations and or loss of co-ordination from the beginning indicate the sycotic dyscrasia. In this way, pathology can help us in arriving the diagnosis of miasmatic diagnosis for doing the prescription in cases of chronic diseases.<sup>8</sup>

Psora is the beginning of all sickness. Kent has stated, ‘had psora never been established as a miasm upon the human race, the other two chronic diseases would have been impossible and susceptibility of acute disease would have been impossible’.<sup>9</sup> Cure consists of simply in satisfying the morbid susceptibility of the organism and putting an end to the influx of disease producing causes.<sup>10</sup>

Selection of potency depends on the susceptibility of the patient but it is very much difficult to select correct potency necessary for a particular patient. From the knowledge of pathology, we may be able to assess

the degree of susceptibility with few exceptions. The more the structural changes are there, the susceptibility of the patient becomes lowered and lower potency is required and where the disease is still in the dynamic plane with functional symptoms assuming that the susceptibility of the patient is still high requiring higher potencies.<sup>8</sup>

## Homoeopathic therapeutics<sup>11-15</sup>

Most commonly used medicines are *Aconitum napellus*, *Ammonium carbonicum*, *Antimonium arsenicosum*, *Antimonium tartaricum*, *Arsenicum album*, *Arsenicum iodatum*, *Baptisia tinctoria*, *Belladonna*, *Bryonia alba*, *Cinchona officinalis*, *Crotalus horridus*, *Cuprum metallicum*, *Drosera*, *Gelsemium sempervirens*, *Influenzinum*, *Kalium carbonicum*, *Kali iodatum*, *Natrum muriaticum*, *Natrum sulphuricum*, *Oscillococcinum*, *Phosphorus*, *Pothos foetidus*, *Psorinum*, *Quebracho*, *Rhus toxicodendron*, *Sambucus*, *Sanguinaria canadensis*, *Sulphur*, *Thuja occidentalis*, *Tuberculinum*, *Zingiber officinalis*, etc.

## Indications

- *Aconitum napellus*: Pressure in left chest, oppressed breathing on least motion. Pressure in stomach with dyspnoea. Cough, dry, short, hacking; worse at night and after midnight. Great fear, anxiety and worry accompany with every complaints.
- *Antimonium arsenicosum*: Catarrhal pneumonia associated with influenza. Complaints worse after eating and lying down.
- *Arsenicum album*: Hay fever and coryza; worse in open air. Suffocative catarrh. Cough worse after midnight; worse lying on back. Wheezing respiration. Expectoration scanty, frothy. Cannot bear the smell or sight of food.
- *Baptisia tinctoria*: Constriction of chest. Lung feels compressed. Difficulty in breathing wants to open windows. Fears going to sleep on account of nightmare and sense of suffocation.
- *Bryonia alba*: Difficult, quick respiration; worse every movement; caused by stitches in chest. Cough with feeling as if chest would fly to pieces; must support chest. Cough dry at night; must sit up worse after eating and drinking with expectoration of rush coloured sputa.
- *Cinchona officinalis*: Influenza with debility. Cannot breathe with head low. Suffocative catarrh; rattling in chest; violent hacking cough after every meal.
- *Coccus cacti*: Constant hawking from enlarged uvula; coryza with inflamed fauces; accumulation of thick viscid mucus, expectorated with difficulty. Spasmodic morning cough. Walking against wind takes breath away.
- *Crotalus horridus*: Asthma with great prostration and debility, blue, puffy countenance cold sweat. Anxious breathing. Tingling from a dry spot in larynx. Difficult breathing, as if lung would not expand. Embarrassed breathing with constriction of throat. Pneumonia with tendency to gangrene or haemorrhage.
- *Influenzinum*: Dry painful cough. Bronchopneumonia of influenza. Nasal congestion. Coryza of influenza. Diarrhoea of influenza. Weakness and fatigue. Post influenza depressive neurosis. It has taken the place of *Baptisia tinctoria* as the routine remedy in epidemics.
- *Kalium iodatum*: Violent cough worse in morning. Pulmonary oedema. Wakes up due to choking. Expectoration like soap suds, greenish. Stitching pain through the lungs extending to the back. Cold travels downwards to the chest.
- *Myrtus communis*: Dry, hollow cough with tickling in chest; worse in morning. Sensation of burning of left chest.
- *Natrum muriaticum*: Great dryness of mucus membranes from lip to anus; lips dry and cracked especially in middle. Spasmodic, suffocative cough aggravate at night. Cough with tears from eyes and spurting of urine. Lung feels raw and sore from continual coughing. Pneumonia with much rattling, mucus clear, serous and frothy.
- *Oscillococcinum*: Influenza of all types. Epidemic influenza. Influenza at the beginning as a preventive, as well as during convalescence. Mucopurulent expectoration with humid cough.
- *Phosphorus*: Larynx very painful worse evening. Hard, dry, tight, racking cough. Congestion of lungs. Pneumonia with oppression of chest; worse lying on left side. Chronic catarrh with small haemorrhages.
- *Sarcocollactic acid*: Most violent form of epidemic influenza, with violent retching and great prostration, when arsenic fails.
- *Tuberculinum*: Shortness of breath. Sensation of suffocation, even with plenty of fresh air. Pneumonia after influenza. Dry, hard cough more during sleep, worse dyspnoea with chill and red face, worse in evening and raising arms. Thick yellow or yellowish green sputum.

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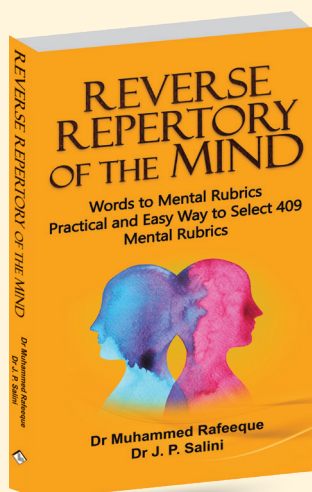
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ISBN: 978-81-319-1802-9 | ₹ 245 | 272 pp



# Treatment of seborrheic dermatitis by constitutional homoeopathic medicine- a case report

By Dr Rajani Kumari

**Abstract:** Seborrheic dermatitis is a common, chronic inflammation of the skin, characterized by the appearance of red, flaking, greasy areas of skin, most commonly on the scalp, nasolabial folds, ears, eyebrows and chest. The exact causes of seborrheic dermatitis are not completely understood, multiple factors appear to be involved in the pathophysiology of the disease. The principle three factors involved are: sebum secreted from sebaceous gland, presence of *Malassezia* yeast, and the immune response of the host. Currently in modern medicine usually include antifungal agents, mild topical steroids, and other agents such as selenium sulphide, sulphur, metronidazole and coal tar with much side effects. Homoeopathy offers very good results in treatment for seborrheic dermatitis during all stages. Homoeopathy provides cheap and effective treatment of seborrheic dermatitis as homoeopathy depends on the holistic approach and treats the patient as a whole. Using steroids for such disease may have some side effects but homoeopathy can offer a safe and secure treatment.

**Keywords:** Seborrheic dermatitis, *Malassezia* yeast, dandruff, homoeopathy

**Abbreviations:** out door patient department (OPD), seborrheic dermatitis (SD), hypertension (HTN), diabetes mellitus (DM)

## Introduction

Seborrheic dermatitis is a common chronic recurrent inflammatory dermatological disorder that most commonly affects adults; however, a more transient infantile form also occurs<sup>1</sup>. It presents as red, white and yellow flaking, itch and burning, hair loss and greasy looking patches in areas of the body where there is sufficient number of sebaceous glands are present. Most commonly affect the scalp, anterior hairline, glabella region, eyebrows, nasal alar, Melo-labial folds, central chest and ears<sup>2</sup>. SD affects the two-age group most commonly the infantine and adults. In first 3 months of life and at puberty and apex at 30-40 years. Approximately 5 to 10% of general population world-wide. It affects all ethnic groups in all regions globally<sup>3</sup>. The exact causes of seborrheic dermatitis are not completely understood, multiple factors appear to be involved in the pathophysiology of the disease. The principle three factors involved are: sebum secreted from sebaceous gland, presence of *Malassezia* yeast,

and the immune response of the host<sup>4</sup>. The most common approach towards seborrheic dermatitis involves the use of topical antifungal and anti-inflammatory agents. Systemic treatment may be used when the topical treatment no responds properly. The conventional science also prescribed other therapies for the management of SD like phototherapy, use of immune modulators and natural remedies.

## Case study

A 37-year-old married female patient attend OPD department of R.B.T.S Govt Homoeopathic Medical College and Hospital on 6/01/2021 with following complaints-

- Itching and scaling in head for 6 months < morning, perspiration > itching
- thickness skin areas on head & falling of dandruff
- discharge of thick, watery fluid after scratching.

## History of present complaints:

Onset was gradual but now it was spreading fast. She was taking allopathic treatment but there was only temporary relief.

## Past history:

Jaundice and chicken pox in childhood.

## Family history:

Father was suffering from HTN and mother was suffering from DM.

## Personal history:

Patient was a home-maker. She resided in a well-ventilated house but in a damp area; there was no such addiction of patient.

## Physical generals:

Her appetite was good and having strong desire sweets and meat; tongue was clean, thirst was adequate; stool was satisfactory and has to for stool early in the morning; urine was clear, there was

no burning in urination; sleep was sound and feel refresh in morning. Perspiration was moderate, non-offensive. Thermally patient was hot.

### Mental generals

Patient was very religious, introvert,

and anxious about her disease.

Patient was very irritable in morning and angers easily; consolation aggravates her trouble.

**Provisional diagnosis-** By assessing the sign and symptoms clinically this may be a case of seborrheic

dermatitis<sup>5</sup>.

## Analysis of the case

The case was analysed and the characteristic mental generals and physically generals were taken for evaluation and framing the totality of the symptoms for repertorisation.

Evaluation of symptom	Totality of symptoms	Miasmatic analysis <sup>6</sup>
<b>Mental generals</b>	Irritable in morning	Irritable -psora
Irritable in morning	Religious	Religious- psora
Religious	Desire for sweets	Desire for sweet -psora
Introvert	Desire for meat	Desire for meat- psora
Anxious about health	Urge for stool in early morning	Urge for stool in early morning -psora
Consolation aggravates	Tongue clean	Tongue clean- psora
<b>Physical generals</b>	Itching and scaling in head for 6 month< morning, perspiration, > itching	Itching and scaling- psora
Desire for sweets and meat		
Urge for stool in early morning		
Clean tongue		
<b>Particular symptoms</b>		
Itching and scaling in head for 6 months < morning, perspiration, > itching		
thickness skin areas on head and falling of dandruff		
discharge of thick watery fluid after scratching.		

### Miasmatic analysis-

Miasmatic evaluation using "The Chronic Diseases"<sup>7</sup> by Dr Samuel Hahnemann showed the predominance of psoric miasm.

Case was repertorised by *Synthesis Repertory*<sup>8</sup> using RADAR 10.0 software<sup>9</sup>. Medicine which came out with highest mark was *Sulphur*

followed by *Sepia officinalis*, *Staphysagria*, *Kalium phosphoricum*, *Natrum muriaticum* and *Calcarea carbonicum*, etc.

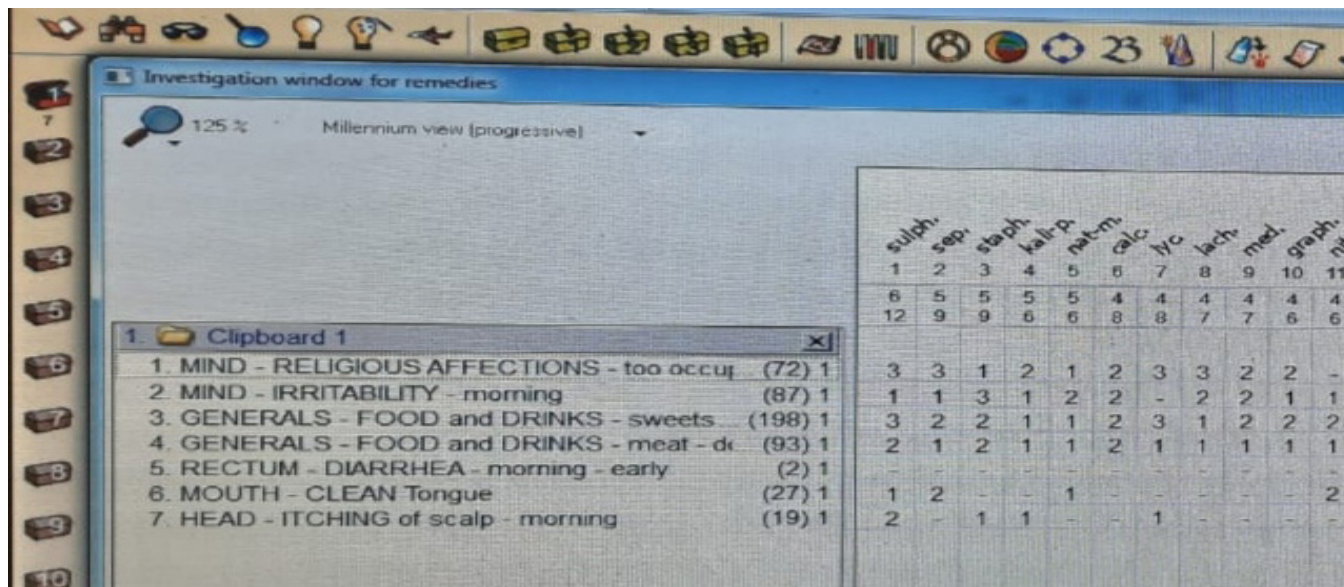
Repertorial analysis-

- *Sulphur*- 12/6
- *Sepia officinalis*- 9/5
- *Staphysagria*- 9/5
- *Kalium phosphoricum*- 6/5
- *Natrum muriaticum*- 6/5

- *Calcarea carbonicum*- 8/4

As *Sulphur* covers the maximum number of rubrics and carries the highest grade, i.e. (12/6) amongst the medicine comes in repertorial analysis and after the proper consultation from materia medica<sup>10</sup> and miasmatic analysis *Sulphur* was chosen.

## Repertorial sheet



### Prescription-

*Sulphur* 200/1 dose was prescribed along with *Rubrum* 200/1 drachm on first visit on 06/01/2021 considering the repertorial totality and miasmatic background.

### Basis of prescription- from Boericke Materia medica

This is great Hahnemann anti-psoric.

Religious melancholy.

Irritable.

*Sulphur* subjects are nearly always irritable, depressed, thin and weak, even with good appetite.

Great desire for sweets.

Morning diarrhoea, painless, drives out of bed

Scalp dry, falling of hairs, worse

washing

Itching; scratching causes burning.

Modality worse in morning.

After considering these symptoms from *Boericke Materia medica* and considering the reportorial analysis in which *Sulphur* carries highest marks (12/6), *Sulphur* was prescribed.

### Follow-up

Follow up date	Indication	Medicine
28/01/2021	Itching eruption in scalp better Dandruff better Discharge better	<i>Rubrum</i> 200/ 1 drachm <i>Saccharum lactis</i> 1M/ 1 drachm
15/02/2021	No itching on scalp Dandruff almost over No discharge was there.	<i>Rubrum</i> 1M/ 1 drachm <i>Nihilinum</i> 1M/ 1 drachm

### Conclusion

Seborrheic dermatitis is considered as a disease which is difficult to cure due to its severity of itching and recurrence. The patient visited our OPD with the complain of itching

in scalp and scaling from head. The patient had taken many anti-fungal and anti-inflammatory drugs before but there was little relief to the patient. As homoeopathy treats patient as a whole, it eliminates

the exciting and fundamental cause by annihilating the disease manifestation. From this case it is clear that the skin diseases like seborrheic dermatitis can be treated and successfully managed with



our system of medicine by making the totality of symptoms and treat according to our principle laid by our master.

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Conflict of interest: None declared

Ethical approval: Not required

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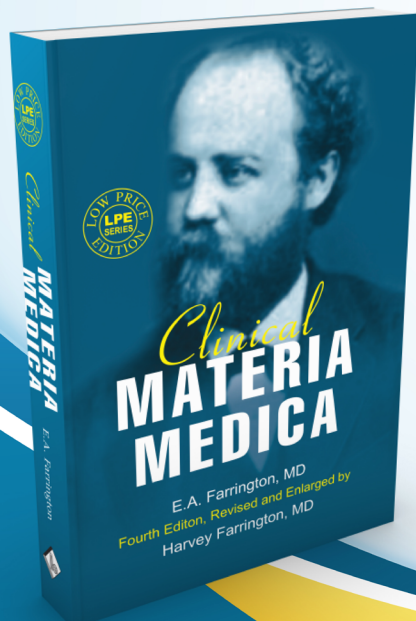


Before treatment (06/01/2021)



After treatment (15/02/2021)





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ISBN : 9788131901403 | ₹ 399 | 826 pp

# Tinea corporis and homoeopathy: a case report

By Dr B.K. Chauhan, Dr. Mithilesh Kumar Gupta

**Abstract:** Tinea infection, commonly known as ringworm, are the most common widespread superficial fungal infections in developing countries, with a higher prevalence of tinea corporis. This clinical condition has a great physical and psychological impact on social life. This is a case of a 19-year-old girl having chronic itching eruption around the neck which had spread over gradually. The individualised homoeopathic medicine, *Natrum muriaticum* 200C was prescribed on the basis of totality of symptoms and after repertorisation. Case has been followed up to 6 weeks; there was a miraculous result from baseline within a short period of time

**Keywords:** homoeopathy, tinea corporis, *Natrium muriaticum*, miasm

## Introduction

Skin problems become one of the challenging clinical entity nowadays. Patients want to be free from it permanently in a gentle way. Tinea is one of the most frequent agents of superficial fungal infections worldwide especially in the tropical and subtropical countries like India, where the environmental temperature and relative humidity is high.[1] These fungus metabolise keratin and are responsible to cause a variety of skin lesions by infecting skin, hairs and nails.[2,3] Other factors such as tight fashioned clothes and hurried life-style where people dress-up before proper wipe-off after bath, has been linked to higher prevalence. The low socio-economic condition with poor personal hygiene also plays a great contributory factor in this infection. Diabetic persons are more prone to this infection.

Depending on the site of infection of skin, the case is diagnosed and named accordingly;<sup>[4]</sup>

- a. fungal infection of **scalp** (*tinea capitis*)
- b. **trunk and extremities** (*tinea corporis*)
- c. **groin** (*tinea cruris*)
- d. **axillae** (*tinea axillaris*)
- e. **face** (*tinea faciei*)

- f. **beard area** (*tinea barbae*)
- g. **hand** (*tinea manuum*)
- h. **foot** (*tinea pedis*)
- i. **nails** (onychomycosis) (*tinea unguium*)

Skin to skin contact is the most common mode of transmission of the infection irrelevant to any age group. These fungi can more easily infect inflamed or traumatized skin. Diagnosis is clinical. Typical Tinea corporis lesion are annular or polycyclic lesion with peripheral rim of activity and central clearing resulting in a "ring" or "bull's-eye" appearance.<sup>[4]</sup>

**Treatment :** In modern medicine , topical agents followed by oral antifungal agents and lastly the steroids , are the treatment options but the relapse is frequent.

**Homoeopathic approach :** There are various articles and literatures which shows the remarkable efficacy of homoeopathic medicines on tinea infections. The individualised homoeopathic remedy has a vital capacity to correct the disease predisposition, and hence cut-down the chances of relapse.

## Case report

A 19 years old muslim girl of dark complexion came to the OPD of

RBTS Government homoeopathic medical college and hospital, Muzaffarpur, Bihar, with the complaint of recurrent itching eruptions around the neck more in right side which had spread over face, right shoulder and right ear with severe itching since one year. The lesion is disseminated, ill-defined margin with little scaling. Major part is blackish without any discharge. Itching followed by occasional burning and aggravated by washing and patient feels better while scratching.

History of present complaint and its treatment

The lesion was started on the back of neck one year ago and gradually distributed. The patient used to apply allopathic antifungal ointments which provided her temporary relief but the lesion reappeared.

**Personal history :** She was a student with no addiction and nothing significant habit.

**Past history :** Suffered from typhoid twice 4 years ago and recovered after allopathic treatment.

**Family history :** Nothing significant in maternal, paternal and sibling side.

**Mental generals :**

- She was forgetful and having awkwardness
- She likes solitude
- There was weeping tendency and she weeps more when alone.

**Physical generals :**

- Appetite was good
- Thirst was less
- Had desire for eggs, salt, fish, bitter
- Aversions: not specific
- Tongue- clean and little frothy
- Bowel movements were not

regular even she skipped 1 or 2 days.

- Micturition with occasional burning 4-5 times in daytime and rarely at night.
- Sleep was sound with nothing significant dream.
- Perspiration was generalised on exertion which stains cloth white in summer.
- Thermally, she was hot.

**Physical examination:**

- Built and nourishment : moderately built, poorly nourished.
- Mild anaemic

- No sign of cyanosis and jaundice
- Blood pressure: 112/72 mmHg.
- Pulse rate: 70 beats/min
- Respiratory rate: 17 cycles/min
- Temperature: Afebrile.(98.9 F)
- Height – 158 cm
- Weight – 54 kg

**Local examination of the lesions-**

- Site - multiple around neck more on right side
- Spread- on right side of face, right shoulder and right ear
- lesion - disseminated, ill-defined margin with little scaling
- appearance- Major part is blackish without any discharge

Pictures taken on 06/01/2020 (Before treatment)



Fig. 1



Fig. 2

**Analysis of the case :**

after detailed case taking, the case was thoroughly analysed with proper evaluation of symptoms and finally totality was framed for repertorisation.

**Evaluation of symptoms with gradation**

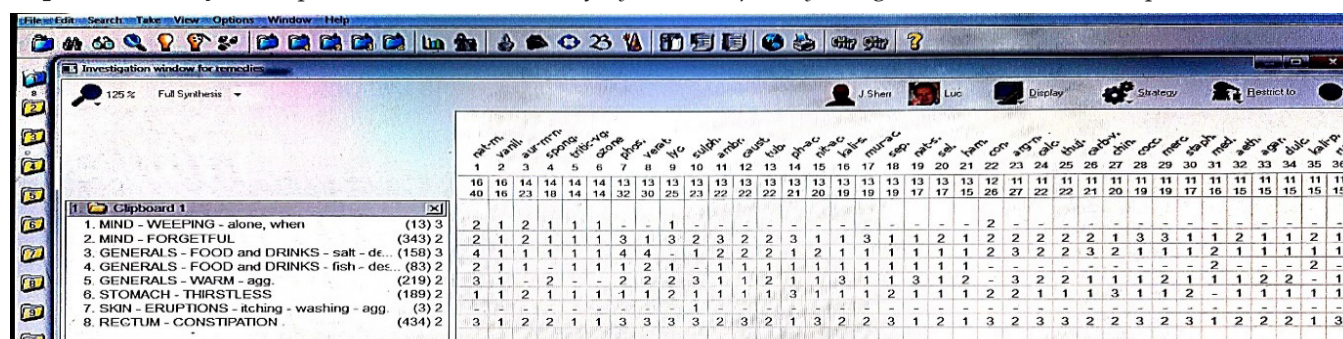
Disease oriented symptoms	Patient oriented symptoms
<ul style="list-style-type: none"> <li>• Itching eruptions +++</li> <li>• White scaly dry patches ++</li> <li>• Blackish discoloration over the eruptions ++</li> <li>• Peeling of skin +</li> </ul>	<ul style="list-style-type: none"> <li>• Weeps when alone +++</li> <li>• Forgetful ++</li> <li>• Desire solitude ++</li> <li>• Weeping tendency ++</li> <li>• Awkwardness +</li> <li>• Desires – egg ++, fish ++, salt +++, bitter+</li> <li>• Thirstless ++</li> <li>• Constipated bowel +++</li> <li>• Thermally Hot++</li> <li>• Perspiration stains cloth white ++</li> <li>• Eruptions predominates on the right side of the body++</li> </ul>



Totality of symptoms	Miasmatic analysis
Weeps when alone	Psora
Forgetful	Psora
Desire –fish	Pseudo-psora
Desire – salt	Pseudo-psora
Thirstless	Psora
Thermally hot	Syphilis
Constipated bowel	Psora
Itching eruptions< washing	Psora

**Miasmatic analysis :** As the symptoms of this case comes under different miasm, so the case is multi-miasmatic but with *psoric* predominance.

**Repertorial analysis-** Repertorisation was done by *Synthesis Repertory* using RADAR 10.0 homeopathic software .<sup>[6]</sup>



**Fig 3 : Repertorisation chart**

**Basis of prescription :** Repertorial result shows that the *Natrum muriaticum* was covering maximum rubrics with highest marks , *Phosphorus* and *Veratrum album* were carrying higher marks next to *Natrum muriaticum* but with less

number of rubrics . By considering patient's constitution and after consulting materia medica<sup>[7]</sup> ,finally, *Natrum muriaticum* was selected as simillimum.

**First prescription (on 06/01/2020) :**

*Natrum muriaticum* 200, 2 doses once a day for 2 days and placebo for 15 days was given.

**Advise–** Don't use any ointment. Apply only pure coconut oil. Keeping the affected areas clean and dry and maintain proper hygiene.

### Follow up of the case :

### Table - 1

Follow up date	Symptoms and justification	Medicine, potency and doses
01/02/2020	Itching was slight better after medicine with initial aggravation without change in the lesion but Itching became worse since few days as before. No change in bowel habit i.e., further improvement ceases. So as per homoeopathic philosophy <sup>[8]</sup> , it needed repetition. <b>(fig.- 4 )</b>	<i>Natrum muriaticum</i> 200/ 1 dose  Placebo for 15 days
15/02/2020	Marked improvement in itching as well as lesion within a week after giving medicine and bowel is very much regularised. As the medicine was still in action so only placebo was given. <b>(Fig.-5)</b>	Placebo for 15 days
19/02/2020	Lesion was almost resolved fully without recurrency and no new eruption within a few days. Patient was overall happy so he came so early. So placebo is given. <b>( Fig.- 6 &amp; Fig.-7)</b>	Placebo for 15 days

**Pictorial evidences :** Different pictures were taken **during** (Fig.- 4 & 5) and **after treatment** (Fig.- 6 & 7)



Fig.- 4



Fig.- 5

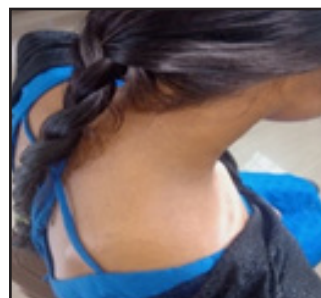


Fig.- 6

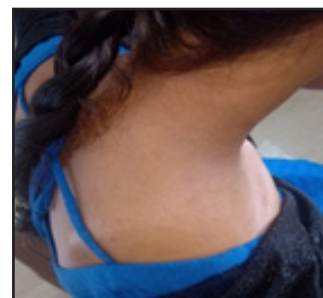


Fig.- 7

## Discussion

This case report describes the efficacy of single individualized constitutional homoeopathic remedy in obstinate condition called Tinea Corporis. As the typical lesion of tinea is well circumscribed boundary with central clearing, the lesion of this case is slight different because patient used to apply antifungal ointments regularly since a long time. so the lesion had an ill-demarcated boundary. Improvement was observed after first prescription. The lesions were started resolving with slight improvement in itching. As the treatment progressed, the lesions were resolving with a faster rate. Her mental instability and gastrointestinal dyscrasia were also shorted out in a gentle way. During course of treatment, no other lesion was formed. Thus, this case is considered to report because a decisive role of homoeopathy is seen here for effective and rapid management of tinea corporis. The task of treating ringworm by conventional oral medicine and external application was unsatisfactory and after getting failure, the patients look for the homoeopathic treatment to get permanent cure.

## Conclusion

There is a miraculous result of the

homoeopathic simillimum on tinea corporis. It can be successfully treated with the few doses of individualised homoeopathic medicines based on detailed case analysis and reconfirms the homoeopathic principles of cure. Homoeopathic treatment can deliver the fast cure of the patient and also removes the predisposition state to the tinea infection holistically. A complete disappearing of chronic skin eruptions with other complaints within a short period of time without any recurrence is documentary evidence. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

**Acknowledgement:** None

**Conflict of Interest:** None

**Source of Funding:** None

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■■■

# The phases of Hahnemann's medical practise

By Peter Morrell

**Abstract:** This article gives an overview of Hahnemann's medical practise mostly in terms of his use of potency and the changes in his choice of medicines. On this basis, the data allows us to divide his practice into several phases, which are therefore explored and explained.

**Keywords:** Hahnemann, case books, potency, history, antipsorics, miasms, allopathic medicines

*"let the pseudo-empiricism of the compendiums hold its tongue; let us hear what experience says."*<sup>[1]</sup>

## Introduction

The various twists and turns of Hahnemann's medical practise can be revealed by tracking the changes in his use of medicines and potency. This essay takes a close look at both these aspects of his medical career, and reveals some interesting episodes and events that shed some light on the development of homoeopathy, especially during the Leipzig period (1812-21). It is also possible to connect some of these changes in his practise with his evolving views on the theory of homoeopathy as revealed in his own writings of the period.

## The Medicines

Prescription data was taken from each casebook, totalled up and the % use of each medicine worked out. This was repeated for all of the 12 published casebooks <sup>[2]</sup> and

supplemented by data from a further eight of Hahnemann's actual casebooks examined personally in Stuttgart. This broadly-spread sample therefore provides a representative picture of data from all 54 casebooks (1801-42). All the data was compiled onto a spreadsheet and then further manipulation provided ranges of the most commonly prescribed medicines.

From that data, it becomes clear that his entire prescribing can be divided into three phases as shown in the table below. What characterises each phase is a general level of consistency in the % ranges for the various medicines in that phase. Differences in his selection and % use of the medicines also distinguishes one phase from another. All medicines that did not feature higher than 1% of use were deemed too insignificant

to be included in the table, and are therefore omitted from this study.

The data is condensed and presented in a more manageable form, so one can see at a glance how his medical career can be divided into three phases based on the medicines he was using. The dominant drugs of Hahnemann's medical practice—spanning his entire career—are shown in the table below with % range in brackets. D2 etc. = the casebooks names, with dates shown. The colour key shows where the medicine provings were first published.

F = *Fragmenta de viribus* (1805)

R = *Materia Medica Pura* (1811-33)

CK = *Die chronischen Krankheiten* (1828-39)

Highlighted in yellow are the drugs he used most in each phase.

1801-16 (D2 to D14)	1814-24 (D11-D27)	1824-43 (D27 to DF5)
Aconite (1-3.5) F	Antimony crude (1-11)	
Arnica (1-4) F	Argentum (1) R	
Belladonna (2-4) F	Arsenicum (1-4) R	Arsenicum (1-5) R CK
	Bryonia (1-10) R	Baryta carb (1-3) CK
	Calomel (1-7)	Calc (1-18) CK
Capsicum (1-4) F	Cantharis (1) F	Carbo veg (1-5) CK
Chamomilla (1-19) F	Coffea (1-7)	Causticum (1-7) CK
Cinchona (1-5) F	Conium (1-4) R	Conium (1-4) R CK
Cocculus (1-6) F	Cuprum (1-2) F	
Drosera (1-2) F	Digitalis (1-2) F R	
Hyoscyamus (1) F	Dulcamara (1) R	



Ignatia (1-5) <b>F</b>	Ferrum (1) <b>R</b>	
Ipecac (1-5) <b>F</b>	Hepar sulph (1-5) <b>R</b>	Hepar sulph (1-12) <b>R CK</b>
Ledum (1-6) <b>F</b>		Kali carb (1-8) <b>CK</b>
Mezereum (1-2) <b>F</b>		Lycopodium (2-15) <b>CK</b>
	Mercury (1-5) <b>R</b>	Mercury (1-7) <b>R</b>
	Muriatic acid (1-2) <b>R</b>	Natrum mur (1-5) <b>CK</b>
	Nitric acid (1-9)	Nit acid (1-11) <b>CK</b>
Nux vomica (1-19) <b>F</b>	Nux vomica (3-10) <b>F</b>	Nux vomica (2-5) <b>F</b>
	Petroleum (1-16)	Petroleum (1) <b>CK</b>
	Phosphoric acid (1-5) <b>R</b>	Phosphorus (1) <b>CK</b>
Pulsatilla (7-21) <b>F</b>	Pulsatilla (3-8) <b>F</b>	Pulsatilla (1-2) <b>F</b>
Stramonium (1-3) <b>F</b>	Rheum (1) <b>F R</b>	
Valerian (1-6) <b>F</b>	Rhus tox (1-10) <b>R</b>	
	Sassaparilla (2) <b>R</b>	Sepia (1-19) <b>CK</b>
	Sol phos (2-12)	Silicea (1-13) <b>CK</b>
	Spongia (1-4) <b>R</b>	
	Stannum (1-11) <b>R</b>	
	Staphysagria (1-2) <b>R</b>	
	Sulphuric acid (1-8)	
	Sulphur (3-50) <b>R</b>	Sulphur (1-32) <b>R CK</b>
	Thuja (1-6) <b>R</b>	Zincum (1-4) <b>CK</b>

**NB.** Sol phos is Hahnemann's shorthand for Solution phosphorous, presumably a soluble form of phosphorus of his own making.

	1801-16 (D2 to D14)	1814-24 (D11-D27)	1824-43 (D27 to DF5)
Fragmenta drugs	17	6	2
Reine drugs	0	19	4
CK drugs	0	4	16

From the tables, it is very clear that in his early years (1801-16) he was mostly using the drugs he had proved first, which appeared in the *Fragmenta de viribus* of 1805.

<sup>[3]</sup> It is also clear that in the second phase (1814-24) his practise was dominated by the drugs proved in the Leipzig period (1812-21) and published in the six volumes of his *Reine Arzneimittellehre* or *Materia Medica Pura* (1<sup>st</sup> edition: 1816-21). <sup>[4]</sup> And finally, of course, it is abundantly clear that in the last phase of his career (1824-43) his practice was dominated by the drugs he had proved while in Leipzig and Kothen (1821-35) and which were published in the several volumes of

his *Die chronischen Krankheiten* or *The Chronic Diseases* (1828-39).<sup>[5]</sup>

**Phase 1** dominant drugs are: *Chamomilla*, *Nux vomica* and *Pulsatilla nigricans*.

**Phase 2** dominant drugs are: *Sulphur*, *Petroleum*, *Antimonium crudum*, *Bryonia alba*, *Stannum metallicum*, *Rhus toxicodendron*, *Sol phos* and *Nux vomica*.

**Phase 3** dominant drugs are: *Sulphur*, *Sepia*, *Calcarea carbonicum* and *Lycopodium clavatum*, *Silica*, *Hepar sulphuricum* and *Nitricum acidum*

We now need to make some

comments and interpretations about the patterns revealed in the data. The most obvious question that arises from this data is why Hahnemann kept proving drugs and kept changing his use of them. The most probable answer is that he thought he needed many more drugs than he had—which is why he kept proving more drugs—and also that he was not entirely happy with the drugs he had, which might explain why he kept changing them. He wanted of course to establish a new materia medica as an alternative to the mainstream one. It is also highly likely that he was not entirely satisfied with the results of using the early drugs and so moved

increasingly into using the newly proven drugs.

It seems quite an astonishing fact that in his final years he continued to use only **two** really useful drugs from his first phase—*Nux vomica* and *Pulsatilla nigricans*, both of which appear in the *Fragmenta* provings. That only two of those early drugs maintain a significant presence in his late prescribing seems to demonstrate the level of dissatisfaction he must have felt with the early drugs. But it also reflects how very useful these two drugs have turned out to be. One might also argue that although the middle phase provided him with a much wider range of drugs to use, yet he still seemed to be somehow unhappy with most of them. Only a handful of middle period drugs survive into his final period, which again probably shows that they did not prove so very useful after all.

The provings seem to cast a direct 'shadow' onto his clinical use of drugs as shown in the Casebooks; the casebooks tend to mirror the provings. Hahnemann wasted no time at all in using a drug once it had been proved, in order to discern its potential power to cure cases. That being the case, and combined with his ever-changing use of drugs, we might conclude that the efficacy of the drugs in phases 1 and 2 was probably poor, and that it was only after he had proved the antipsoric drugs from around 1816—such as *Arsenicum album*, *Conium maculatum*, *Mercury*, *Nitricum acidum*, *Hepar sulphuricum*, *Petroleum* and *Sulphur*—that he then possessed the tools required to achieve much better clinical outcomes.

A distinguishing feature of these antipsoric drugs—and which contrasts them with all previous drugs—is that although they were

proved in phase two, they continued to be used in phase 3. In other words, all his chopping and changing in his use of drugs—especially in phase two—had finally led him to stumble upon some very reliable and deeper-acting drugs that held cases longer and showed enormous promise: he kept using these drugs right up to the end of his long life. Springing out of his use of these deeper-acting drugs came the miasm theory which in some respects rests on his older ideas about syphilis and gonorrhoea [6]; he merely adds psora to them. [7] All three are portrayed as invisible and deeper sources of the chronic disorders he had been treating with very limited success for many years.

There are many smaller remedies that Hahnemann used which I have omitted from this account because they were used only occasionally, in very small amounts and often for very brief periods of time. Including them would have obscured the broader overall patterns in his prescribing. They played a very small and insignificant part in the story of his use of drugs. Examples include *Aloe socotrina*, *Chelidonium majus*, *Cantharis vesicatoria*, *Corallium rubrum*, *Gratiola*, *Jalapa* and *Millefolium*. Other medicines he only occasionally employed in the early period, include: *Asarum europeum*, *Arum*, *Calomel*, *Bismuth*, *Cascarilla*, *Cinnabar*, *Coriaria*, *Cynapis*, *Filix mas*, *Gentian*, *Melampyrum*, *Oleum Ferrum*, *Pedicularia*, *Plumbago*, *Rhamnus*, *Scabiosa*, *Taxus*, *Tiliae*.

However, quite apart from that there are some notable exceptions to the above division of his career into three phases. The boundaries of these phases are inevitably arbitrary to some extent they are fluid. Some of the drugs continue on both sides of the boundaries, so it is worth detailing some of these exceptions to the patterns we have described.

In this regard, for example, his use of *Capsicum annuum*, *China officinalis*, *Cocculus indicus*, *Digitalis purpurea*, *Drosera rotundifolia*, *Dulcamara*, *Hyoscyamus niger*, *Ignatia amara*, *Ledum palustre* and *Stramonium* all extend to casebook D22 (1820-21). Similarly, his use of *Mercury*, *Nitric acid*, *Petroleum*, *Phosphoric acid*, *Sepia*, *Sulphuric acid* and *Thuja occidentalis* all extend to Casebook DF5 (1842).

It is also worth saying that Hahnemann was still using a host of minor drugs such as *Aconitum napellus*, *Arnica montana*, *Belladonna*, *Bryonia alba*, *Camphor*, *Capsicum annuum*, *Chamomilla*, *Drosera rotundifolia*, *Ferrum metallicum*, *Ignatia amara*, *Spongia tosta*, *Staphysagria*, etc., right up to the end of his career, but only in very tiny amounts, generally below 1% in the main. Nevertheless, the patterns given in the main tables above remain valid.

### The potencies

Regarding potency, a similar process was employed to that for medicines. In every casebook, the potencies, where known, were recorded throughout and then a numerical potency profile of that casebook was compiled which could then be converted into a set of percentages for each potency. This was repeated for each of the twenty casebooks used. In some cases, the nearest equivalent potency was used if the medicine was listed in a dilution format e.g., 1/500. Some streamlining was also employed to bring close potencies together, such as 14x and 7c. The data was compiled in a spreadsheet and totals and percentages calculated. That forms the basis of the table. From close scrutiny of the spreadsheet data, it became apparent that Hahnemann's entire medical career could be divided up in the way shown based on his use of potency.

Hahnemann used a very wide range of potencies during his long career. Examples include 9x, 11x, 13x and 15x from quite early on in his career, along with 19x, 12c, 15c, 60c and 90c from later in his career. It is also well-documented that he developed and used the quintamillesimal or Q (or LM) potencies while working in

Paris (1835-43).

Hahnemann's use of potency over his career does not follow quite the same pattern we have seen in his use of medicines. It cannot be divided up in quite the same way. Primarily his use of the low potencies lasted much longer and he did not change

the potency in use anywhere near as often as he changed his use of medicines. His use of potency can be divided into seven phases as shown in the table below. As before, all the data presented here has been extracted directly from Hahnemann's Casebooks.<sup>[8]</sup>

	1801-2	1802-7	1811-16	1816-20	1822-24	1826-35	1835-42
	D2-D3	D4-D6	D9-D14	D16-D19	D24-D27	D30-D38	DF2-DF5
1x	8	6	7	3			
1c	3	2	5	1.6	12.6		
3x	8	1	3				
2c	7	2	3	4.2	34.3	1	0.1
5x	10	4	1				
3c	5	2	6	2.1	5	8	0.2
7x	19	6	3				
4c	3	1	3		1.4		
9x	19	11					
5c	6	4	3				
11x	7	5					
6c	1	12	10	3.3	32	11	1.6
13x	3	20	3	3.7	2.8	0.5	
7c	1	21	38	42		7	
15x		1					
17x		1					
9c			4	1.3	3	4	0.4
19x		1					
12c			8	3		9.6	3.8
15c				3.6	4.4	0.5	1
18c			2	0.7		8.5	6.6
24c			1	0.8	1	2.3	22
30c				7	1	47.6	60
60c				11.7	1		
90				12	1.5		1.3
195							3
sum	100	100	100	100	100	100	100

As can be seen, his use of potency hovers between 3x and 9x in the first phase 1801-2, but it does not change very much between 1801 and 1824, hovering mostly around the 7c potency during that time. This pattern continues even into 1835 but alongside it some subtle changes

also arise, such as a shift towards the higher potencies 12c, 15c and 18c and reaching 30c as well. And from 1826 to 1843 the potencies 12c, 18c, 24c and 30c can be seen to entirely dominate his prescribing. The continuity of that pattern is interrupted briefly between 1822-24, during which time

he briefly reverts back to using 2c, 3c and 6c much more.

Converting the above data into a more compacted form arguably shows the overall patterns much more clearly.

	1801-2	1802-7	1811-16	1816-20	1822-24	1826-35	1835-42
	D2-D3	D4-D6	D9-D14	D16-D19	D24-D27	D30-D38	DF2-DF5
<11x	96	44	34	10.9	53.3	9	1.9
6c to 7c	5	53	51	49	34.8	18.5	0



9c to 18c	0	1	14	8.6	7.4	22.6	11.8
24c to 30c	0	0	1	7.8	2	49.9	82
Above 30c	0	0	0	23.7	2.5	0	4.3

We can now see that there was a general continuity in his use of the lower potencies (7c and lower) extending from 1801 through to 1824. Only thereafter does he begin to extend his use of the higher potencies, after some experimentation in using them around 1816-20. We can then make the important point that Hahnemann established homoeopathy based almost entirely on the lower potencies 11x to 7c. A fact that might surprise many modern homoeopaths. For example, between 1801-24 over 88% of his prescribing was with potencies 7c or lower! And that pattern was present from the beginning with the notable exception of the period 1816-20 where he dabbled in higher potencies for a short time.

However, we can also see that from around 1825-6 he becomes far more comfortable in using the higher potencies and in the last two phases of the table over 70% of his prescribing employs potencies over 9c. That is a sizeable shift in his use of potency, i.e., from 88% <7c during 1801-24 to 70% of >9c during 1826-42.

We can also identify a point between 1816 and 1824 where his use of potency suddenly goes up and then suddenly comes down again. This seems to have been an experimental phase on his part, in which he reached out into using the higher potencies for a short time and then retreated back from their use. In 1816-20 it seems he dabbled in using potencies higher than 30c such as 60c and 90c, but for some reason this experiment did not last very long and the following 1822-4 phase sees him going back to using the potencies of 7c and lower.

Interestingly, this phase coincides

with his publication of volumes 2 to 6 of the first edition of the *Materia Medica Pura* (1816-21), the provings of the new antipsoric drugs and his first glimpses of the miasm theory. It also coincides with the publication of the second *Organon of medicine* (1819) <sup>[9]</sup> in which he expresses his approval for mesmerism and the first mention of the concept of the vital force (*Liebenskraft*, *Lebensprinzip*, *dynamisches Prinzip*). <sup>[10]</sup> Clearly then, this period was an important transition point in the development of homoeopathy.

Not only was he changing his use of potency at this time but he was also experimenting with the new medicines that were destined to become the deepest and most reliable in homoeopathy and that he would continue to use for the rest of his medical career, such as *Arsenicum album*, *Aurum metallicum*, *Calcarea carbonicum*, *Carbo vegetabilis*, *Conium maculatum*, *Mercury*, *Nitric acid*, *Hepar sulphuricum*, *Natrum muriaticum*, *Petroleum* and *Sulphur*. Therefore, we might say that this period 1816-24 was crucially important for the development of the form of homoeopathy as we still know it today.

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