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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 46, No. 04, July 2020

PEER REVIEWED

Cholesterol - The silent killer

Hyperlipidaemia and Homoeopathy

- Homoeopathy in dyslipidaemia - a case report
- Constitutional approach in a case of hyperlipidaemia
- A study on the effectiveness of homoeopathic medicinesin hyperlipidaemia with an evaluation based on lipid profile

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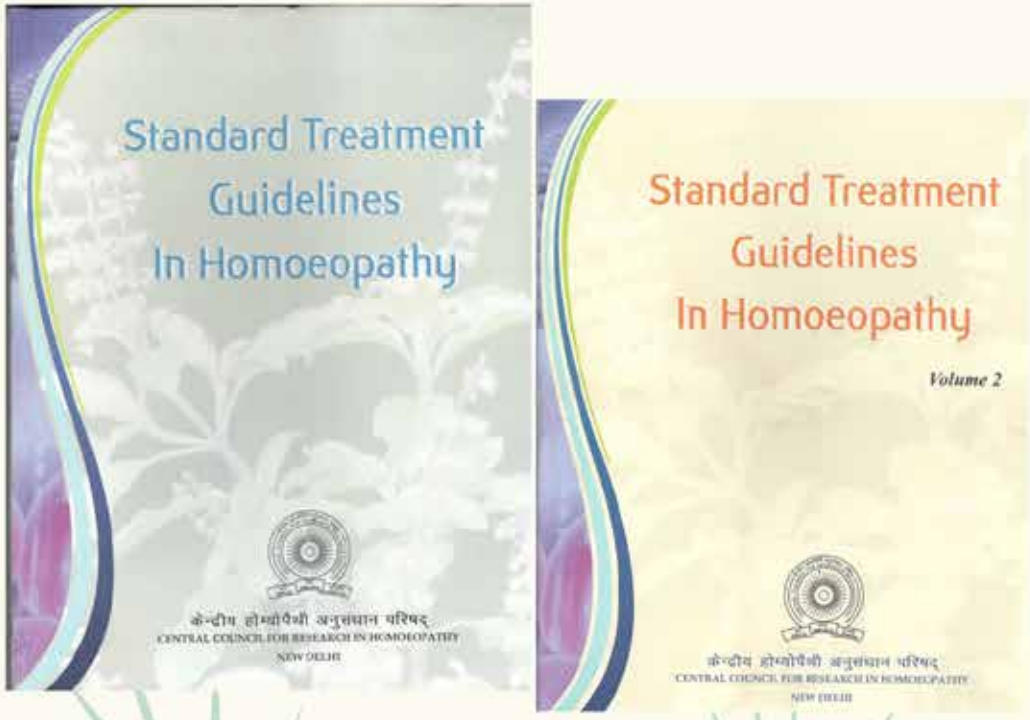

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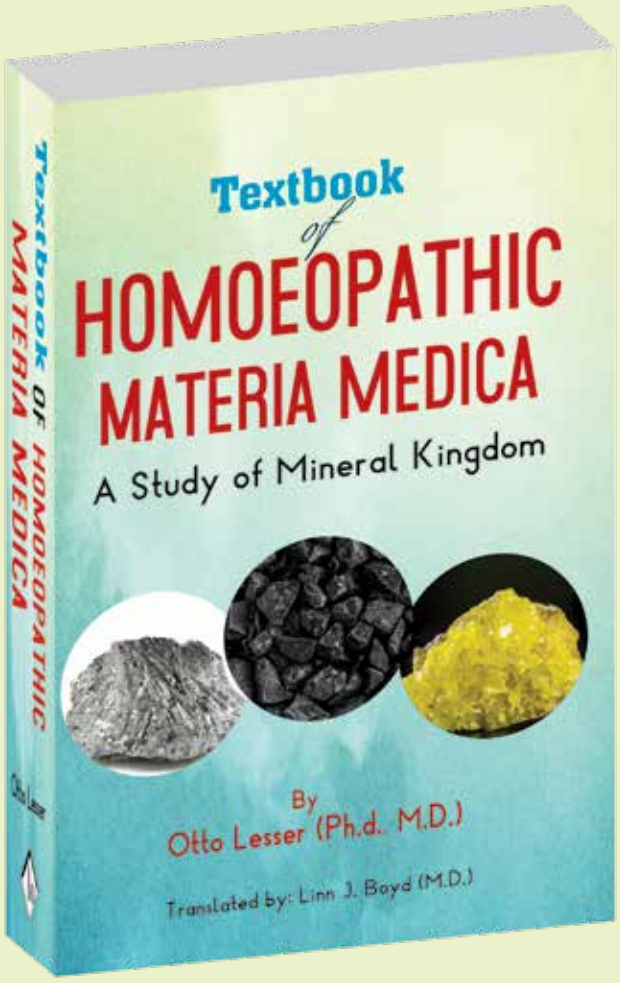
Textbook of Homoeopathic Materia Medica

Otto Lesser

Translated by Linn J Boyd



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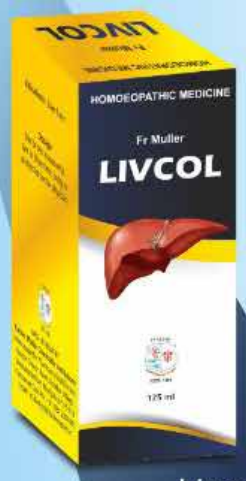

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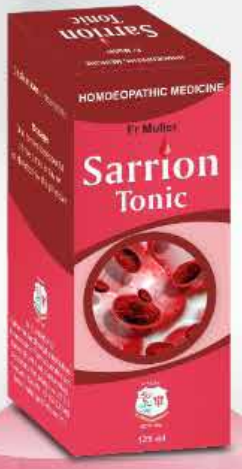

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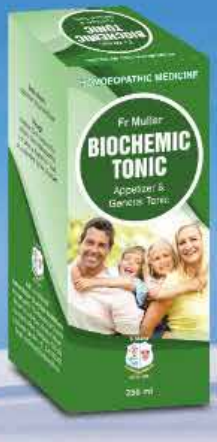

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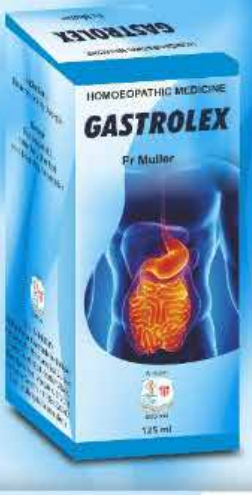

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THE HOMOEOPATHIC HERITAGE
Vol. 46, No. 04, July 2020, ₹ 30
Total No. of pages: 60

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Layout and Design Sanjay Kumar, Mohd. Naved

Website
www.bjainbooks.com

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

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

Published from 1921/10, Chuna Mandi,
New Delhi - 110055
Ph.: 91-11-4567 1000
Email: hheditor@bjain.com

Corporate Office: 0120-4933333

Cover: Cholesterol levels (low to high)

CONTENTS

All the subscribers of *The Homoeopathic Heritage* are requested to send us their updated phone numbers and other contact details at subscribe@bjain.com.

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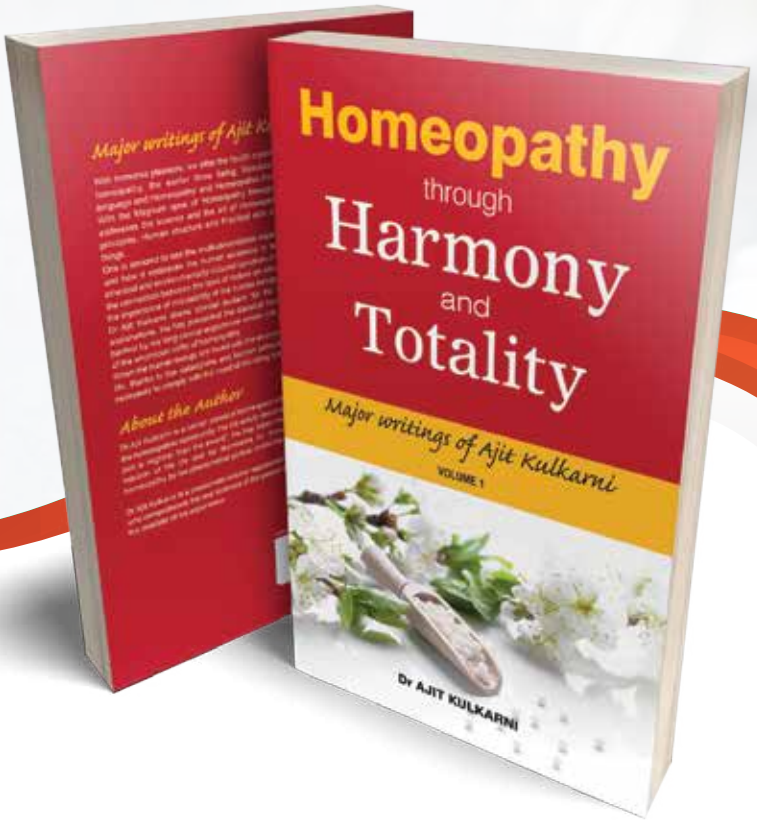
B Jain Publishers Launched A New Book On

Homeopathy through Harmony and Totality

Volume 1

By Dr Ajit Kulkarni



- A compendium of papers by an international teacher on various aspects of homeopathy, highlighting the integration of science and art of homeopathy.
- The first section, '*An Exegesis of philosophical writings*', explains the basic ideas and modern insights of homeopathy as a unique therapy with various possibilities and profundity of holism.
- The detailed analysis of the law of similars promulgates the value of homeopathy as a natural therapy of healing.
- A chart on miasms based on the energy pattern is a unique feature of the book.
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- A unique book for UG and PG students, professionals and non-professionals, psychologists and researchers.

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Dear Readers,

Cholesterol is an essential component for an individual as it helps to maintain and regulate the vital functions like the production of essential hormones, fighting infections, building immunity, bone formation and development of brain function. Its level can be maintained by having a healthy diet, regular exercise, sleeping well and reducing the stressful lifestyle. In case the cholesterol level becomes high, employing the **homeopathic remedies** would prove to be greatly effective in dealing with the stress level and the other causes, thus reducing the cholesterol in the body.

An individualised homoeopathic remedy, prescribed on the basis of the individual case history after understanding the patient completely, helps to maintain the desired level of cholesterol for a longer time.

A research study on "Hypercholesterolemia effectively managed with homeopathic medicine Gautteria gaumeri (Yumel)" by *Aejaz Husain, Ashish Indani, Poonam Bhutada* concluded that Guatteria gumeri was observed to be highly efficacious in controlling hypercholesterolaemia.

This clearly indicates the efficacy of homoeopathic medicines in reducing the high cholesterol levels in blood as well as their inherent power to dissolve the cholesterol deposits that have clung to the arterial walls and narrowed down their lumen. Miasmatic trump cards are the best to prove supremacy of homoeopathy in chronic and incurable illness like hypercholesterolaemia, especiallt one with a stamp of unknown cause(s).

A Quick Word on Issue Content:

I feel privileged to introduce you to this issue of "*The Homoeopathic Heritage*". I am thankful to all the authors as well as our readers for your selfless contribution to the journal.

A wonderful research paper on the effectiveness of homoeopathic medicines in hyperlipidaemia by Prof. Dr. S. Sabarirajan, Prof. Dr. S. R. Ameerkhan Babu and Dr K. Lakshmi, a peer reviewed article on constitutional approach in a case of hyperlipidaemia by Dr A.P.S. Chhabra, a review article on hyperlipidaemia by Dr Yashaswini, a case of secondary hyperlipidaemia using BBCR by Dr J. Senthilkumar and Dr S. Pavithra, homoeopathy in dyslipidaemia by Anit acharya, Chaturbhuja Nayak, Arun Phophlia, Tushar Acharya are the highlighted articles of this issue. A special article on A study of clinical investigation of KUB with special reference to urinalysis and their homoeopathic therapeutics by Dr Anum Zaheer is another feather in the cap of the issue. The subjective articles of this issue like antihyperlipidaemic and anti-atherosclerotic effect of *Allium sativum* : a short review by Dr R.S. Krishneswari, homoeopathy- an alternate to statins Dr Sana Parveen, action of *Allium sativum* and *Curcuma longa* in regulating lipid metabolism by Dr Ruchi Singh, Dr Pooja Shukla, Dr Diksha Agrahari, beat hyperlipidaemia for healthy heart by Dr Nandini Dadhich and Dr Dilip Dadhich, hyperlipidaemia and liver: role of homoeopathic medicines as drainage remedies by Dr Jaimin R. Chotaliya have added more worth to this issue.

Homoeopathy proves to be significantly effective in managing hyperlipidaemia. A physician must aim to lower high cholesterol to desired levels and also to prevent coronary heart disease or any further complications. Homoeopathic simillimum is the solution to all such cases affecting people across the life-course in all regions of the world.

Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora
hheditor@bjain.com

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

Call for papers for the upcoming issues:

Unbolt Yourself		
October 2020	Homoeopathic Aggravation	August 15, 2020
November 2020	Role of Homoeopathy in Lifestyle Disorders	September 15, 2020
December 2020	Cancer and Homoeopathy	October 15, 2020

Hyperlipidaemia and homoeopathy

Introduction

Dyslipidaemia is a group of disorders of lipoprotein metabolism, which includes overproduction or deficiency of lipoproteins or both. It is regarded as primary risk factors for atherosclerotic disease, especially coronary heart disease. Dyslipidaemia components may consist of elevated LDL cholesterol, elevated triglycerides, or both and low HDL (protective) cholesterol. It is a pathological condition in which lipid levels are deranged. In developed countries, it is a significant contributor to cardiovascular morbidity and mortality.

Incidence and prevalence

In India, approximately 25-30% of urban and 15-20% of rural subjects are suffering from dyslipidemia. Although it is more common among males, it affects both genders. 30 to 40 years of age group tends towards high prevalence, but above 60 years, it becomes markedly elevated. Men are more prone than women. In developed countries, most dyslipidaemia's are hyperlipidaemia's, i.e. an elevation of lipids in the blood, often due to their dietary habits and lifestyle.

Case study

Date: 18-10-1998

An obese male aged 36 years visited with the complaint of abnormal lipid levels. He was working as a financial analyst in a bank, His triglyceride levels were 367 mg/dl, and his LDL level was 215, he was entirely asymptomatic when he saw me, he was advised to take capsule avas CV atorvastatin (10mg) + clopidogrel (75mg). After reading the side effects of this medicine, he decided to consult me for homoeopathic treatment, as in his past life, his smoker's cough was cured by me, a few years back.

Life space investigation

Wake up at 7 am

Breakfast at 8 am (fried eggs, aloo paratha with amul butter, curd, black coffee)

Reaching office at 10.30 am (black coffee with biscuits)

Lunch-no fixed time (meat or chicken with rice)

Evening around 8 pm: 2 glasses of beer

Dinner around 11 pm (meat, fish, very little vegetables)

Goes to bed at 1 am after watching movies on cable T.V.

Take around 6-8 glasses of beer on weekends.

Smokes 20-25 cigarettes in a week

No exercise whatsoever

Physical generals

Hunger pangs often better by eating some cheesy snacks.

Craving for beer, cheesy snacks, cold drinks, coffee

Aversion to lentils and sour drinks.

Aversion to monsoon.

Change of weather invites running nose and sinusitis.

Sleep on sides

Very thirsty person

Mental generals

Very hard worker

Invests 100% in his occupation

Always worried about improving the business of the bank

Great taskmaster

Practical and strong-willed

Family history

Angina

Rheumatism

Hypertension

Past history

Tonsillitis

Ringworm

Pinworms

Knee injury

Totality of symptoms

MIND - ALCOHOLISM

MIND - ANXIETY - business; about

MIND - DICTATORIAL

MIND - INDUSTRIOUS

MIND - OBSTINATE

MIND - PRACTICAL

MIND - WILL - strong will power

GENERALS - FOOD and DRINKS - beer - desire

GENERALS - FOOD and DRINKS

- cheese - desire

GENERALS - FOOD and DRINKS - coffee - desire

GENERALS - FOOD and DRINKS - cold drink, cold water - desire

GENERALS - FOOD and DRINKS - lentils - aversion

GENERALS - FOOD and DRINKS - sour drinks - aversion

GENERALS - FOOD and DRINKS - vegetables - aversion

GENERALS - WEATHER - change of weather - agg.

GENERALS - WEATHER - wet weather - agg.

GENERALS - HUNGER - agg.

GENERALS - HYPERLIPIDEMIA

GENERALS - HYPERTENSION

GENERALS - TOBACCO - desire for tobacco - smoking; desire for

(See Repertorial sheet)

sulph.	nux-v.	caust.	chel.	sep.	nat-m.	calc.	lyc.	med.	phos.	verat.	ars.	puls.	rhus-t.	ch
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-	1	-	-	1	-	-	1	1	-	-	-	-	-	-

Diet and regimen

Advised regular walk and reduction of alcohol and smoking

Prescription

Chelidonium majus LM 3/ one tsf from 5th cup 2 times a day for two weeks.

Follow up

5th November 98

His triglyceride levels were 276 mg/dl, and his LDL level was 184

Prescribed Chelidonium majus LM 3/ one tsf from 5th cup 2 times a day for two weeks

12th December 98

His triglyceride levels were 276 mg/dl, and his LDL level was 184

Prescribed Chelidonium majus LM 3/ one tsf from 5th cup 2 times a day for three weeks

7th January 99

His triglyceride levels were 201 mg/dl, and his LDL level was 160

Prescribed Chelidonium majus LM 3/ one tsf from 5th cup 2 times a day for six weeks

14th February 99

His triglyceride levels were 160 mg/dl, and his LDL level was 114

Prescribed Chelidonium majus LM 3/ one tsf from 5th cup 2 times a week for six weeks

Followed by a placebo for the next subsequent visits.

Twenty years have passed, never any report of abnormal lipids.

Selection of remedy

Lyco-like persons with a definite sense of right and wrong.

- Want to convince.
- No respect for authority.
- Liver problems.
- Anxiety conscience.
- Difficult to express affection, but want to advise; dictatorial.
- Anxiety about health; doubt at the diagnose of the doctor.
- * Heaviness of head with the icy-cold occiput.
- Neuralgic pain over the right eye, cheek, and ear.
- Facial neuralgia/paralysis with liver-problems.
- Yellow discoloration tongue/ indented tongue.
- Stomach pain, >>warm milk.
- Acute hepatitis, jaundice.
- Constant pain under inferior angle of right scapula.
- Pain in gall bladder extending to the back.
- Metastasis liver to arthritis.
- Diarrhea alternating with constipation.
- Pain in right shoulder.
- Pain in knees aggravated after walking.
- Icy coldness of tips of fingers.
- Skin - dirty yellow.
- Sleep unrefreshing.
- @ Right-sided complaints.
- Desire: cheese; milk; warm food.
- Aversion: coffee; meat; cheese.
- Aggravation: morning; 4 am; change of weather.
- Amelioration: lying left side, limbs drawn up; warm drinks and food; eating.

■■

A study on the effectiveness of homoeopathic medicines in hyperlipidaemia with an evaluation based on lipid profile

Prof. Dr S. Sabarirajan, Prof. Dr S. R. Ameerkhan Babu and Dr K. Lakshmi

Abstract:

Background: The raised or abnormal levels of lipids and lipoproteins in the blood has become a common clinical problem of the century which has turned out to be a challenge to the physician.

Objective: The aim of this study will be to evaluate the efficacy of homoeopathic medicine in controlling hyperlipidaemia in addition to a multidisciplinary intervention(diet and exercise guidelines) with an evaluation based on lipid profile.

Methods: Patients will be collected from in-patient and out-patient departments, peripheral centers, rural health camps and medical camps conducted by Vinayaka missions homoeopathic medical college and hospital. Inclusion criteria fixed for the study are individuals with age between 35 years to 70 years group, both male and female are taken for study. no particular sampling procedure shall be adapted. Sample size will be minimum 30 in number. Exclusion criteria fixed for the study are age below individuals with 35 years and above 70 years, Complication that may result from hyperlipidaemia (like myocardial infarction, stroke, etc).

Results: Most of the patients got symptomatic relief, as well as general wellbeing. In most of the patients after treatment the lipid profile is reduced, indicating a need of longer time of treatment. *Lycopodium clavatum* and *Calcarea carbonicum* were found to be most frequently indicated constitutional remedies.

Conclusion: Homoeopathic treatment with lifestyle modification (dietary and exercise when strictly implemented) are the best method of managing hyperlipidaemia. Study evidently showed that hyperlipidaemia can be effectively treated with homoeopathic medicines.

Keywords: hyperlipidaemia, homoeopathy, diet, coronary heart disease, remedies.

Abbreviations: TGL -Triglycerides , VLDL - Very Low Density Lipoprotein, IDL - Intermediate Density Lipoprotein, LDL - Low Density Lipoprotein, HDL - High Density Lipoprotein. TC -Total cholesterol, DALY - disability adjusted life years

Introduction

"Hyperlipidaemia is a disorder of lipoprotein metabolism, which can include overproduction or deficiency of lipoproteins or both. The disorder can manifest as an elevation of plasma cholesterol, TGLs, or both, or a low high density lipoprotein level or all three together that contributes to the development of atherosclerosis."[1]

Globally, a third of ischaemic heart disease is attributable to high cholesterol. Overall, raised cholesterol is estimated to cause 2.6 million deaths (4.5% of total) and 29.7 million disability adjusted life years (DALYS), or 2.0% of total DALYS. Raised total cholesterol is a major cause of disease burden in both the developed and developing world as a risk factor for Ischemic heart disease and stroke. A 10% reduction in serum cholesterol in men aged 40 has been reported to result in a 50% reduction in heart disease within 5 years; the same serum cholesterol reduction for men aged 70 years can result in an average 20% reduction in heart disease occurrence in the next 5 years.[2]

Effects of the level of cholesterol [3]

Total level of cholesterol	Category
Less than 190 mg/dl	Desirable
200-240 mg/dl	Borderline
Above 240 mg/dl	High
LDL (Bad) level of cholesterol	LDL category
Less than 98 mg/dl	Optimal
98-130 mg/dl	Above optimal
131-159 mg/dl	Borderline
160-190 mg/dl	High
Above 190 mg/dl	Very high
HDL (Good) level of cholesterol	HDL category
Less than 39 mg/dl	Major risk for heart
39-59 mg/dl	Better
Above 60 mg/dl	Protective against heart disease

Aetiological classification of dyslipidaemia [1]

Primary hyperlipidaemia	Secondary hyperlipidaemia
A. Hypercholesterolaemia • Monogenic ▪ Familial hypercholesterolaemia due to decreased clearance of LDL ▪ Familial combined hyperlipidaemia-excess of TG and apoprotein B 100 production ▪ Familialmonogenic hypercholesterolaemia due to overproduction of apoprotein B 100 • Polygenic hypercholesterolaemia **B. Hypertriglyceridaemia** • Over production of VLDL-TGL ▪ Familialendogenous hypertriglyceridaemia withoutexcess of apoprotein ▪ Familial combined hyperlipidaemia (as above) • Peripheral clearance defect of TG-rich Lipoproteins ▪ Familial lipoprotein: deficiency (Fredrickson Type-1) ▪ Familial apoprotein C-II deficiency • Primary clearance defects ▪ Familial endogenous hypertriglyceridaemia ▪ Familial Type V hyperlipoproteinaemia ▪ Familial combined hyperlipidaemia-clearance defect with excess apoprotein ▪ B 48 production • Primary clearance defect combined with secondary excess production of TG	**A. Hypercholesterolaemia** • Hypothyroidism • Diabetes mellitus • Cushing's syndrome • Oral contraceptives • Diets rich in saturated fat • Nephrotic syndrome • Chronic liver disease • Anorexia nervosa • Acute intermittent porphyria • Cholestasis • Dysglobulinaemia **B. Hypertriglyceridaemia** • Diabetes mellitus • Obesity • Hypothyroidism • Diets rich in carbohydrates • Excessive alcohol consumption • Chronic renal failure • Cushing's syndrome • Beta-blockers and diuretics • Glucocorticoid and oestrogen use • Dysglobulinaemia **C. Glycogen storage disease** • Systemic lupus erythematosus • Bulimia • Pregnancy • Hypopituitarism

Clinical features

- Although hypercholesterolaemia itself is asymptomatic, longstanding elevation of serum cholesterol can lead to atherosclerosis.[4] Over a period of decades, elevated serum cholesterol contributes to formation of atheromatous plaques in the arteries. [5]
- Very high levels of lipids or triglycerides can cause: corneal arcus [6]

See Figure 2.

Objectives

- To evaluate the efficacy of homoeopathic medicine in controlling hyperlipidaemia in addition to a multidisciplinary intervention(diet and exercise guidelines) with an evaluation based on lipid profile.

Materials and methods

Source of the data

- Patients will be collected from in-patient and out-patient

Fredrickson's Classification of Hyperlipoproteinaemias [7]

Types	*Major Elevation in Plasma*	
	Lipoprotein	*Lipid*
Type I	Chylomicrons	TGL
Type 2a	LDL	Cholesterol
Type 2b	LDL+ VLDL	TGL + Cholesterol
Type 3	Chylomicron remnants + IDL	TGL + Cholesterol
Type 4	VLDL	TGL
Type 5	Chylomicrons + VLDL	TGL + Cholesterol

Figure 2: Classification of hyperlipoproteinaemia

departments, peripheral centers, rural health camps and medical camps conducted by Vinayaka missions homoeopathic medical college and hospital.

Method of collection of the data

Following inclusion criteria are fixed for the study:

- Age between 35 years up to 70 years group. Both male and female are taken for study.
- Detailed case history by interview as per the perform prepared for the topic.
- Medication will be on the basis of the Homoeopathic totality.
- The prescription are limited with in the preview of the review of literature.
- The patients will be investigated to conform the diagnosis.
- Cases will be followed for a period of 6 months, with fortnightly outpatient department visits.
- Sample size will be minimum 30 in number.
- No particular sampling procedure shall be adapted.

Exclusion criteria fixed for the study:

- Age below 35 years and above 70 years.
- Complication that may result from hyperlipidaemia (like myocardial infarction, stroke, etc).

See Figure 1 to 5.

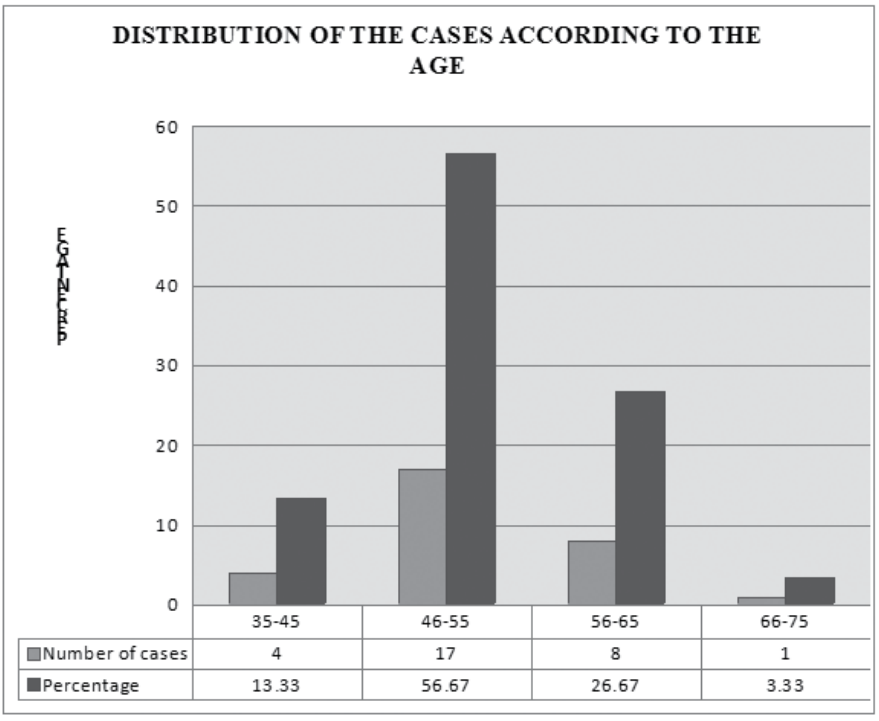

Figure 1. Distribution of the cases according to the age

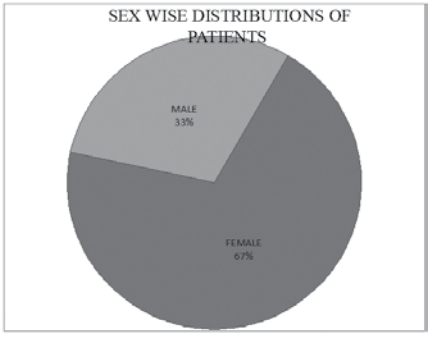

Figure 2. Sex wise distributions of patients

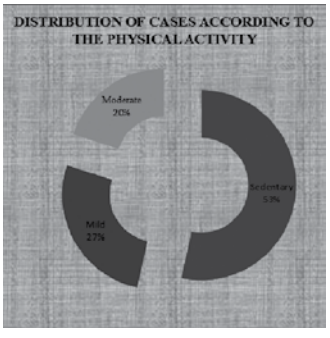

Figure 3. Distribution of cases according to the physical activity

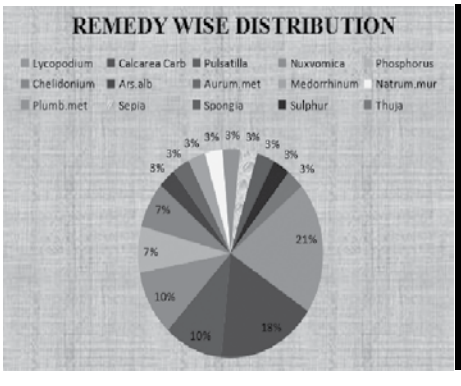

Figure 4 Remedy wise distribution

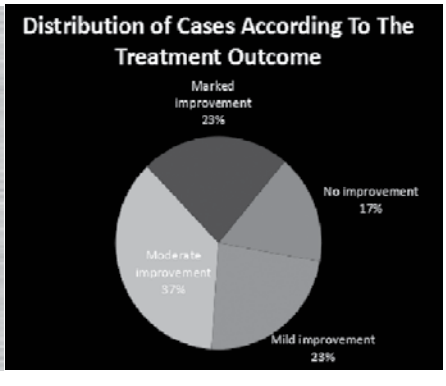

Figure 5 Distribution of cases according to the treatment outcome

Table 1. TREATMENT OUTCOME WITH LIPD PROFILE VALUES

Patient no.	Occupation	Lipid profile Before	Lipid profile After
1.	Teacher	TC-250 TG-190 LDL-159 HDL-34 mg/dl	TC-200 TG-145 LDL-140 HDL-40 mg/dl
2.	Housewife	TC-290 TG-200 LDL-194 HDL-32mg/dl	TC-224 TG-176 LDL-150 HDL-40 mg/dl
3.	Weaver	TC-220 TG-180 LDL-152 HDL-32mg/dl	TC-127 TG-80 LDL-37 HDL-74mg/dl
4.	House wife	TC-272 TG-208 LDL-203 HDL-32 mg/dl	TC-254 TG-190 LDL-182 HDL-34 mg/dl
5.	Weaver	TC-268 TG-196 LDL-142 HDL-46 mg/dl	TC-278 TG-190 LDL-140 HDL-40 mg/dl
6.	Housewife	TC-230 TG-178 LDL-168 HDL-34 mg/dl	TC-167 TG-141 LDL-91 HDL-47 mg/dl
7.	Housewife	TC-230 TG-200 LDL-212 HDL-28 mg/dl	TC-196 TG-170 LDL-184 HDL-36 mg/dl
8.	Weaver	TC-254 TG-204 LDL-184 HDL-30 mg/dl	TC-248 TG-200 LDL-178 HDL-32 mg/dl
9.	Sweeper	TC-247 TG-192 LDL-170 HDL-30 mg/dl	TC-208 TG-160 LDL-150 HDL-36 mg/dl
10.	Housewife	TC-238 TG-204 LDL-208 HDL-28 mg/dl	TC-200 TG-176 LDL-160 HDL-36 mg/dl
11.	Coolie	TC-226 TG-184 LDL-168 HDL-30 mg/dl	TC-176 TG-151 LDL-109 HDL-37 mg/dl
12.	House wife	TC-238 TG-208 LDL-184 HDL-30 mg/dl	TC-206 TG-190 LDL-170 HDL-36 mg/dl
13.	House wife	TC-215 TG-176 LDL-164 HDL-34 mg/dl	TC-185 TG-120 LDL-130 HDL-31 mg/dl
14.	Coolie	TC-290 TG-190 LDL-230 HDL-42 mg/dl	TC-282 TG-180 LDL-220 HDL-40 mg/dl
15.	Weaver	TC-242 TG-194 LDL-200 HDL-42 mg/dl	TC-228 TG-176 LDL-174 HDL-46 mg/dl
16.	House wife	TC-264 TG-182 LDL-168 HDL-40 mg/dl	TC-221 TG-158 LDL-140 HDL-48mg/dl
17.	Auto driver	TC-276 TG-210 LDL-180 HDL-48 mg/dl	TC-268 TG-200 LDL-176 HDL-46 mg/dl
18.	House wife	TC-260 TG-300 LDL-190 HDL-52 mg/dl	TC-246 TG-284 LDL-172 HDL-54 mg/dl
19.	House wife	TC-238 TG-196 LDL-174 HDL-34 mg/dl	TC-204 TG-160 LDL-148 HDL-42 mg/dl
20.	House wife	TC-284 TG-202 LDL-186 HDL-30 mg/dl	TC-242 TG-171 LDL-154 HDL-36 mg/dl
21.	House wife	TC-268 TG-232 LDL-190 HDL-52 mg/dl	TC-231 TG-207 LDL-144 HDL-45 mg/dl
22.	Watch man	TC-242 TG-190 LDL-200 HDL-30 mg/dl	TC-218 TG-172 LDL-184 HDL-40 mg/dl

23	House wife	TC-224 TG-176 LDL-158 HDL-30 mg/dl	TC-198 TG-153 LDL-134 HDL-40 mg/dl
24.	House wife	TC-280 TG-190 LDL-200 HDL-40 mg/dl	TC-220 TG-162 LDL-168 HDL-48 mg/dl
25.	Weaver	TC-248 TG-212 LDL-196 HDL-46 mg/dl	TC-208 TG-186 LDL-162 HDL-48 mg/dl
26.	Coolie	TC-264 TG-186 LDL-178 HDL-38 mg/dl	TC-240 TG-170 LDL-166 HDL-42 mg/dl
27.	House wife	TC-274 TG-297 LDL-184 HDL-30 mg/dl	TC-232 TG-246 LDL-162 HDL-38 mg/dl
28.	House wife	TC-230 TG-180 LDL-196 HDL-42 mg/dl	TC-200 TG-156 LDL-164 HDL-48 mg/dl
29.	Coolie	TC-260 TG-190 LDL-208 HDL-44 mg/dl	TC-246 TG-178 LDL-186 HDL-46 mg/dl
30.	Auto driver	TC-298 TG-270 LDL-240 HDL-50 mg/dl	TC-286 TG-256 LDL-230 HDL-48 mg/dl

Results and conclusion

Thirty clinically diagnosed cases of Hyperlipidaemia were taken into consideration for the study. The patients were between the age group of 35- 70 years. Patients of both sexes were treated. A detailed case history with the proper clinical examination along with lipid profile was done in all the patients.

- The commonly affected age group according to my study was 45-55 years shown in Figure 1
- Females are more commonly affected than males shown in Figure 2.
- In occupation wise most of them are housewives.
- Most of the hyperlipidaemia patients were having sedentary working individuals shown in Figure 3.
- Diabetes mellitus, osteoarthritis, and APD were most common associated complaints observed.
- The fundamental miasm which covered mostly was sycotic in the study.
- The dominant miasm which covered mostly was also the psora-sycotic in the study.
- *Lycopodium clavatum* and *Calcarea carbonicum* were found to be most frequently indicated constitutional remedies as shown in Figure 4.
- Along with constitutional treatment, general management in the form of diet and exercise guidelines was given to the patients.
- According to the need of the cases some acute remedies were prescribed in between.
- Most of the patients got symptomatic relief, as well as general wellbeing.
- In most of the patients after treatment the lipid profile is reduced, indicating a need of longer time of treatment are given in Table 1.
- Hence, one can conclude that homoeopathic treatment with strict implementation of lifestyle modification (diet and exercise guidelines) are the best method of managing hyperlipidaemia.
- This study evidently shows that hyperlipidaemia can be effectively treated with homoeopathic medicines.

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A review article on hyperlipidaemia - homoeopathic approach

Dr Yashaswini

Abstract: In the following article, a literature review has been done on different aspects of hyperlipidaemia and the homoeopathic approach to be considered in cases of hyperlipidaemia.

Keywords: Hyperlipidaemia, homoeopathy.

Abbreviations: mg/dl: milligram/decilitre, XP: xanthelasma palpebral, CAD: coronary artery disease, PAD: peripheral artery disease, F/H: family history, DM: diabetes mellitus, SLE: systemic lupus erythematosus.

Introduction

Modern lifestyle makes life easier but it also has many adverse effects. In current, the scenario, among the total health problem maximum burden is of lifestyle disorder which is constantly rising and is the major area of global concern, mainly in the developing countries, due to westernisation of diet, obesity, ageing, reduced physical activity, and other lifestyle changes.

Hyperlipidaemia is regarded as a highly modifiable risk factor for cardiovascular disease due to the influence of cholesterol on atherosclerosis. It results from genetic predisposition interacting with an individual diet and lifestyle. Any defect in the synthesis, transport or excretion of the lipids causes a rise in their level in plasma which becomes a risk factor for coronary heart disease which is one of the major cause of death in the present day.

Aetiology

The behavioural risk factors include current tobacco use harmful use of alcohol, low fruit and vegetable intake, physical inactivity, overweight, and obesity.

The biological risk factors: comprises raised blood pressure, raised blood glucose, raised total serum cholesterol, fat intake, and salt intake.

The increase in cardiovascular risk depends to a significant extent on the changes in lipid profiles as observed in obesity. These changes are decreased high-density lipoprotein cholesterol and increased triglyceride levels.

Clinical symptoms

Hyperlipidaemia patients are mostly asymptomatic and have no clinical signs. Many are discovered during screening. Screening of people with high risk should be undertaken, to include those:

- A family history of coronary heart disease (below 50 years of age)
- A family history of lipid disorders
- Obesity
- Diabetic mellitus
- Hypertension
- Severe abdominal pain as a result of pancreatitis (this happens if triglycerides deposit in the pancreas, which may occur when triglyceride levels are 800 mg/dl or higher)

Chest pain and even a heart attack (this may occur when enough cholesterol has built up in blood vessel walls to block the flow of blood in the heart)

Sometimes it presents through a sign such as:

- tendinous or tuberous xanthomas.
- corneal opacity and corneal arcus.
- Xanthelasma palpebral (XP) is characterised by sharply demarcated yellowish flat plaques on upper and lower eyelids, in women with a peak incidence at 30–50 years.
- It is also considered as the cutaneous marker of underlying atherosclerosis along with the disturbed lipid metabolism

Severe or untreated hyperlipidaemia can lead to other conditions, including coronary artery disease(CAD) and peripheral artery disease (PAD).

Both CAD and PAD can cause serious health complications, including heart attacks and strokes. Common symptoms of these conditions include:

- leg pain, especially when walking or standing
- chest pain
- tightness or pressure in the chest and shortness of breath

- pain, tightness, and pressure in the neck, jaw, shoulders, and back
- indigestion and heartburn
- sleep problems and daytime exhaustion
- dizziness
- heart palpitations
- cold sweats
- vomiting and nausea
- swelling in the legs, ankles, feet, stomach, and veins of the neck
- fainting

Balanced diet

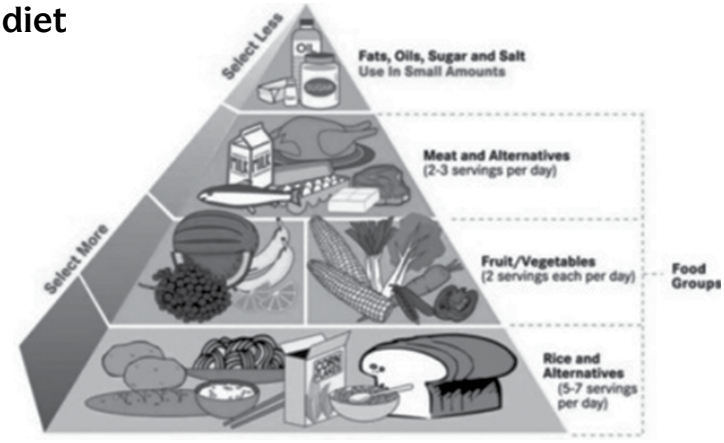

Figure 1: Balanced diet

Miasmatic expression of dyslipidaemia

Particulars of dyslipidaemia	Psora / sensitising	Sycotic / constructive / incoordination	Tubercular / reactive	Syphilitic / destructive
Family history	May or may not have a family history of dyslipidaemia	Family history of Dyslipidemia atherosclerosis, CAD, etc.	F/H of Dyslipidemia	Strong F/H of Dyslipidemia, early CAD, stroke, etc.
Aetiology	Unknown cause. Increased intake of fat, secondary to alcoholism, drugs, hepatic infections	Mutation in the gene. Hepatic cholestasis. Enzyme disorders, secondary to autoimmune disease like SLE, endocrine disorders like DM, hypothyroidism, cushing's syndrome.	Mutation in gene	Mutation in gene, secondary to nephritic syndrome
Pathology	Defective metabolism of fat. Deficiency in apoprotein or enzymes.	Defect in receptors, enzyme activity. Deposition of cholesterol and lipoprotein in the wall of blood vessels	Defect in receptors, enzymes	Lack of apoprotein, receptors, enzyme activity Atheromatous plaque resulting in complication of haemorrhage, thromboembolic phenomena
Clinical Manifestations	No manifestations with only serum change. Pancreatitis. Reversible with diet and lifestyle changes	Lipemia retinalis hepatomegaly, hepatic fibrosis, splenomegaly, hypertension, xanthoma, xanthelasma, atherosclerosis, enlarged tonsils	Recurrent pancreatitis. Intermittent peripheral neuropathy	Accelerated atherosclerosis, premature CAD, stroke, peripheral vascular disease, Haemolysis

Table no 1: Miasmatic evaluation of a hyperlipidaemia

Hyperlipidaemia in repertory

The rubrics specifically related to hyperlipidaemia seen in repertories are

Synthesis 9.1

Generals – Hyperlipidaemia –

all-s, ***aur,*** calc, calc-f, ***chel,*** chin, ***chion***, chr-ac, colch, cortiso, ferr-i, ***hydr***, ***lec***, med, nux-v, perh-mal, ***tarax***, thuj, ***thyreotr***, ***vanad***, zing

Generals – Arteriosclerosis –

adren. *Am-i.* am-van. aml-ns. ant-ar. arg-n. *Arn.* ars. *Ars-i.* asar. aster. *Aur.* aur-br. *Aur-i.* aur-m-n. *Bar-c.* bar-i. bar-m. bell-p. benz-ac. cact. cal-ren. *Calc.* calc-ar. calc-f. card-m. chinin-s. chlol. con. crat. *Cupr.* ergot. fl-ac. form. form-ac. fuc. *Glon.* hed. hyper. iod. *Kali-bi.* *Kali-i.* kali-sal. kres. lach. lith-c. mag-f. mand. naja *Nat-i.* nit-ac. phos. *Plb. Plb-i. Polyg-a.* rad-br. rauw. *Sec.* sil. solid. spartin-s. *Stront-c. Stront-i.* stroph-h. sumb. syph. *Tab.* thlas. thyr. *Vanad. Visc.* zinc-p.

-Old people in –

bar-c, stroph-h

Generals – Diabetis mellitus – accompanied by arteriosclerosis –

aur, chlorpr,plb, *syzyg*

Mind – memory weakness – arteriosclerotic disease with –

plb.

Blood – Blood vessels, general – arteriosclerosis –

adren. am-i. am-van. aml-ns. ant-ar. arg-n. *Arn.* ars. *Ars-i. Aur.* aur-br. *Aur-i.* aur-m-n. *Bar-c.* bar-i. bar-m. bell-p. benz-ac. cact. cal-ren. *Calc.* calc-ar. calc-f. card-m. chinin-s. chlol. con. crat. *Cupr.* ergot. fl-ac. form. form-ac. fuc. *Glon.* hed. hyper. iod. *Kali-i.* kali-sal. kres. lach. lith-c. mag-f. mang. naja *Nat-i.* nit-ac. phos. *Plb. Plb-i. Polyg-a.* rad-br. rauw. *Sec.* sil. solid. *Stront-c. Stront-i.* stroph-h. sumb. *Tab.* thlas. thyr. *Vanad. Visc.* zinc-p.

Boericke's repertory

Circulatory system - Arteries - Atheroma of arteries –

adren. *Am-i.* am-van. ant-ar. arn. ars. *Ars-i.* aur. *Aur-i.* aur-m-n. *Bar-c.* bar-m. cact. calc-f. chinin-s. con. crat. ergot. *Glon. Kali-i.* kali-sal. lach. lith-c. *Nat-i.* phos. plb. *Plb-i. Polyg-a.* sec. stront-c. *Stront-i.* stroph-h. sumb. thyroiod. *Vanad.*

Murphy's repertory

Blood - Blood vessels, general – atheroma-

aur-m. bell. brom. *Calc. Calc-f.* caps. *Graph.* kali-i. *Lac-ac. Lach.* lyc. phos. *Plb. Sil.* sulph.

-elderly people, in

Lach.

-morbus brightii, in

ph-ac.

-obese persons, in-

caps

Diseases – ATHEROMA

aur-m. bell. brom. *Calc. Calc-f.* caps. *Graph.* kali-i. *Lac-ac. Lach.* lyc. phos. *Plb. Sil.* sulph.

Diseases - ATHEROMA - elderly people, in

Lach.

Diseases - ATHEROMA - morbus brightii, in

ph-ac.

Diseases - ATHEROMA - obese persons, in

caps.

Diseases - ATHEROMA - pulmonary arteries, dilatation of right heart

phos.

Diseases - ANGINA, pectoris

acet-ac. *Acon.* adren. agar. **AM-C.** *Aml-ns.* anac. ang. **APIS** arg-cy. **ARG-N. ARN. ARS.** ars-i. **AUR. AUR-M.** bism. **CACT.** camph. caust. cere-b. *Chel.* **CHININ-AR.** *Chinin-s.* chlol. chr-ac. *Cimic.* coca *Cocain.* conv. *Crat.* crot-h. *Cupr. Cupr-act. Cupr-ar. Dig. Dios. Glon. Haem. Hep. Hydr-ac.* ip. *Jug-c. Kali-c.* kali-i. kali-p. *Kalm.* **LACH.** lact. **LAT-M.** *Laur.* lil-t. lith-c. lob. *Lyc. Mag-p.* magn-gr. morph. *Mosch.* **NAJA** *Nat-i.* nat-n. *Nux-v.* olnd. **OX-AC.** petr. **PHOS.** phyt. pip-n. prun. **RHUS-T.** *Samb.* saroth. sep. **SPIG. SPONG.** staph. stict. *Stram.* stront-c. stront-i. stry. *Tab. Tarent. Ther.* thyr. *Verat.* verat-v. zinc-val.

Diseases - FATTY degeneration, organs - fatty, degeneration, heart

adon. **ARN. ARS.** *Ars-i.* **AUR. AUR-M.** *Bar-c.* **CACT.** *Calc.* caps. cimic. crat. crot-h. cupr. cupr-act. *Ferr.* fuc. *Iod.* **KALI-C.** kali-fcy. kali-p. *Kalm. Naja* ph-ac. **PHOS.** phys. *Phyt.* stroph-h. stry-p. vanad.

Diseases - HEART, remedies ACON. adon. *Am-c.* aml-ns. **APOC.** *Ars. Ars-i.* **AUR. AUR-M.** aur-s. *Bad. Brom.* **CACT.** *Calc. Caust. Cench. Coll.* conv. **CRAT.** *Crot-h. Cupr.* **DIG.** ferr. gels. glon. *Hydr.* hyos. *Iod.* kali-ar. *Kalm.* **LACH. LAT-M.** *Laur. Lil-t.* **LITH-C. LOB.** *Lycps-v.* mag-p. *Mosch.* **NAJA** *Nat-m.* op. **PHOS.** *Psor.* **PULS.** seneg. **SPIG. SPONG.** stroph-h. verat-v.

Emergency - BLOOD, vessels, injury to

arn. ham. hyper. *Mill.* phos.

Heart - VALVULAR, heart disease

acon. *Adon. Aml-ns.* apis apoc. *Ars. Ars-i. Aur.* aur-br. aur-i. *Aur-m. Bar-c. Cact. Calc. Chel.* cinch. coll. **CRAT.** *Crot-h.* **DIG.** ferr. gala. *Glon.* hydr-ac. iod. *Kali-c. Kali-i.* **KALM.** lac-ac. *Lach. Laur.* **LITH-C.** *Lyc. Lycps-v.* **NAJA** nat-m. ox-ac. phos. plb. **RHUS-T.** samb. sang. ser-ang. **SPIG. SPONG.** stigm. *Stroph-h.* syph. tarent.

Toxicity - ALCOHOL, general - abuse of, ailments from

acon. *Agar.* alum. alumn. am-m. anac. *Ant-c.* apom. *Arg-n.* arn. **ARS. ASAR. AUR. BAR-C.** *Bell.* borx. bov. cadm-s. *Calc. Calc-ar.* carb-an. *Carb-v. Carbn-s.* card-m. caust. *Chel. Chin.* chlol. coca cocc. *Coff.* colch. *Con. Crot-h.* dig. eup-per. *Gels.* hep. hydr. hyos. *Ign.* ip. kali-bi. **LACH.** laur. *Led. Lob. Lyc.* naja *Nat-c. Nat-m. Nux-m.* **NUX-V. OP.** *Petr. Puls.* querc. **RAN-B.** *Rhod. Rhus-t. Ruta* sabad. *Sang.* **SEL.** sep. *Sil. Spig. Stram.* stront-c. stroph-h. stry. **SUL-AC. SULPH.** tab. thuj. *Verat.* zinc.

Constitutions - ADIPOSE tissue, increased - heart, with fatty degeneration of

Aur. Kali-c.

Constitutions - ADIPOSE tissue, increased - young people, of

Ant-c. **CALC.**

Constitutions - OBESITY

Acon. adon. agar. ail. alco. all-s. *Am-br. Am-c. Am-m.* ambr. *Ang. Ant-c.* ant-t. apis aran-ix. arist-cl. arn. *Ars.* asaf. *Aur.* bac. bar-c. *Bell.* blatta-o. borx. brom. bry. bufo calad. **CALC.** calc-act. *Calc-ar.* calc-caust. *Calo.* camph. canth. **CAPS.** carb-v. caust. cham. chin. chlorpr. cic. clem. *Coc-c.* coca cocc. coloc. con. cortiso. *Croc. Cupr.* dig. euph. euphr. **FERR.** *Fuc.* **GRAPH.** guaj. *Hura Hyos.* iod. ip. **KALI-BI.** kali-br. **KALI-C.** *Lac-d.* lach. laur. lith-c. lob. *Lyc.* lycpr. mag-c. mag-p. mang. merc. merc-d. mur-ac. nat-act. nat-c. nat-m. nux-m. olnd. op. *Phos.* **PHYT.** plat. plb. *Puls.* rheum rhus-t. rumx. sabad. sabal sars. sel. seneg. sep. sil. spig. spong. stram. stront-c. *Sulph.* thuj. *Thyr.* tus-fa. valer. verat. viol-o.

Therapeutics

Allium sativum – Adapted to fleshy subjects. Patients who eat a great deal more especially meat than they drink.

Arnica montana – Marked effect on blood. Fatty heart and hypertrophy.

Arsenicum iodatum – Senile heart, fatty degeneration, Arteriosclerosis

Aurum metallicum – Develops in the organism by attacking the blood. Deterioration of body fluids. Arteriosclerosis with high blood pressure.

Calcarea flourica – Arteriosclerosis.

Carduus marianus – Has specific relation to vascular system.

Crataegus oxyacantha – Arteriosclerosis. Said to have a solvent power upon crustaceous and calcareous deposits in arteries.

Lecithinum: Favourable influence on nutritive condition and especially on blood

Plumbum metallicum –.Arteriosclerosis.

Plumbum iodatum - Arteriosclerosis

Polygonum aviculare – In material doses of tincture found useful especially in arteriosclerosis

Strontium carbonicum – Arteriosclerosis. High blood pressure with flushed face, pulsating arteries

Tabacum – Produces high tension and arteriosclerosis of coronary arteries

Vanadium metallicum: Atherosclerosis

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Utility of BBCR in treating a case of secondary hyperlipidaemia

Dr J. Senthilkumar and Dr S. Pavithra

Abstract: Hyperlipidaemia is a condition excess of fatty substances called lipids, largely cholesterol and triglycerides, in the blood. It is also called hyperlipoproteinaemia because these fatty substances travel in the blood attached to protein. High cholesterol can produce atherosclerosis which leads to complications such as coronary artery disease, heart attack, stroke, and other problems.

Keywords: hyperlipidaemia, lipoproteins, triglycerides, BBCR, homoeopathy.

Abbreviations: chylomicrons (CM), very low-density lipoproteins (VLDL), low-density lipoproteins(LDL), intermediate-density lipoproteins (IDL), and high-density lipoproteins (HDL), National Cholesterol Education Program (NECP), coronary artery disease (CAD), myocardial infarction (MI), angina pectoris, cerebrovascular accident (CVA), *Boger Boenninghausen's Characteristics and Repertory* (BBCR), millimetre of mercury (mm Hg), milligram per decilitre (mg/dl), blood pressure (BP), Saccharum lactis (SL).

Introduction

Hyperlipidaemia is an increase in one or more of the plasma lipids, including triglycerides, cholesterol, cholesterol esters, phospholipids and/or plasma lipoproteins including very low-density lipoprotein and low-density lipoprotein,and reduced high-density lipoprotein levels.[1,2] Hyperlipidaemia has usually no symptoms. Atherosclerosis and atherosclerosis-associated disorders like coronary, cerebrovascular, and peripheral vascular diseases are accelerated by the presence of hyperlipidaemia. [3] Chylomicrons (CM), very low-density lipoproteins (VLDL), low-density lipoproteins(LDL), intermediate-density lipoproteins (IDL), and high-density lipoproteins (HDL) are the five classes of lipoproteins present in plasma based on different composition, size, and density[4] .

Hyperlipidaemia classification

1. **Primary**: It is also called familial due to a genetic defect, it may be monogenic, a single gene defect or polygenic, multiple gene defects.[5]

2. **Secondary**: It is acquired because it is caused by another disorder like diabetes, hypertension, nephritic syndrome, chronic alcoholism, hypothyroidism and with use of drugs like corticosteroids, beta blockers, and oral contraceptives. Secondary hyperlipidaemia together with significant hypertriglyceridaemia can cause pancreatitis.[6]

Symptoms

Hyperlipidaemia usually has no noticeable symptoms and tends to be discovered during routine examination for atherosclerotic cardiovascular disease[7,8]. Symptoms may include chest pain (angina), heart attack, or stroke. When levels are exceedingly high, cholesterol may be deposited in tendons or just beneath the skin under the eyes, swelling of organs such as liver, spleen, or pancreas. Blockage of blood vessels in brain and heart, higher rate of obesity and glucose intolerance, pimple-like lesions across the body[7,8].

Diagnosis

Hyperlipidaemia typically shows no symptoms and can only be detected by a blood test. Screening for hyperlipidaemia is done with a blood test called a lipid profile. According to National Cholesterol Education Program (NECP) screening should start at the age of 20, and if the report is normal, it should be repeated at least every five years[9].

Normal levels for a lipid profile[10,11]

Lipids	Desirable value	Borderline	High risk
Cholesterol	Less than 200 mg/dl	200-239 mg/dl	240 mg/dl
Triglycerides	Less than 140 mg/dl	150-199 mg/dl	200-499 mg/dl

HDL cholesterol	60 mg/dl	40-50 mg/dl	Less than 40 mg/dl
LDL cholesterol	60-130 mg/dl	130-159 mg/dl	160-189 mg/dl
Cholesterol/HDL ratio	4.0	5.0	6.0

Complications

Atherosclerosis, coronary artery disease (CAD), myocardial infarction (MI), angina pectoris, ischaemic stroke or cerebrovascular accident (CVA).[12,13,14]

Prevention

Low fats and cholesterol diet should be taken. Eat foods high in soluble fibre such as oats, beans, and certain fruits. Exercise regularly to maintain a healthy weight. Controllable lifestyle changes are the best way to fight hyperlipidaemia.

Homoeopathic approach

Homoeopathy operates on the law of similars. Homoeopathy can help high blood cholesterol, determining its cause through a holistic approach. Homoeopathic treatment is recommended because it not only can lower and stabilise blood cholesterol, it also has a positive effect on overall health.

Reportorial approach

Boger Boenninghausen's Characteristics and Repertory (BBCR) by C.M.Boger is one of the uniquie repertory popularised with the concept of complete symptoms, concomitants, pathological generals and fever totality[18]. It is mainly based on the therapeutic pocket book and he also followed the format of repertory of antipsoric remedies[18].

- Year of publication - 1905
- Number of remedies - 140 (characteristic part)[16]

448 (repertory part)

125 (concordane) [17]

Editions

I edition – 1905

II edition – 1937 (1st Indian edition)

II Indian edition – 1952[16]

Gradation

1st grade - CAPITALS 5 marks

2nd grade - **bold** *4 marks*

3rd grade - italics 3 marks

4th grade - Roman 2 marks

5th grade - (Roman) 1 Marks[18]

Plan and construction –

The repertory consist of 3 main parts:

1. The philosophical part with introduction, preface and Boenninghausen's characteristics.
2. Repertory part.
3. Concordance part[17].

The construction of BBCR is based on the following concepts:

i. Doctrine of complete symptom.

ii. Doctrine of pathological generals.

iii. Doctrine of causation and time.

iv. Concordance[18].

Case presentation

A. Introdution to the case -

A 69 years of male patient came with the complaint of headache since 4 months, on and off. Headache especially on occiput usually during night. sudden onset of bursting type of pain after exposure to light, gradually increases and persist upto 45 minutes to 1 hour, then gradually ameliorated after sleeping. No history of fall or injury to the head. On examination, blood pressure was 170/100 mm Hg.

Presenting complaints –

Location	Sensation	Modality	Concomitant
occiput	bursting	< night, light >sleep	-

Past history – no any specific history. Known case of hypertension for past 9 months

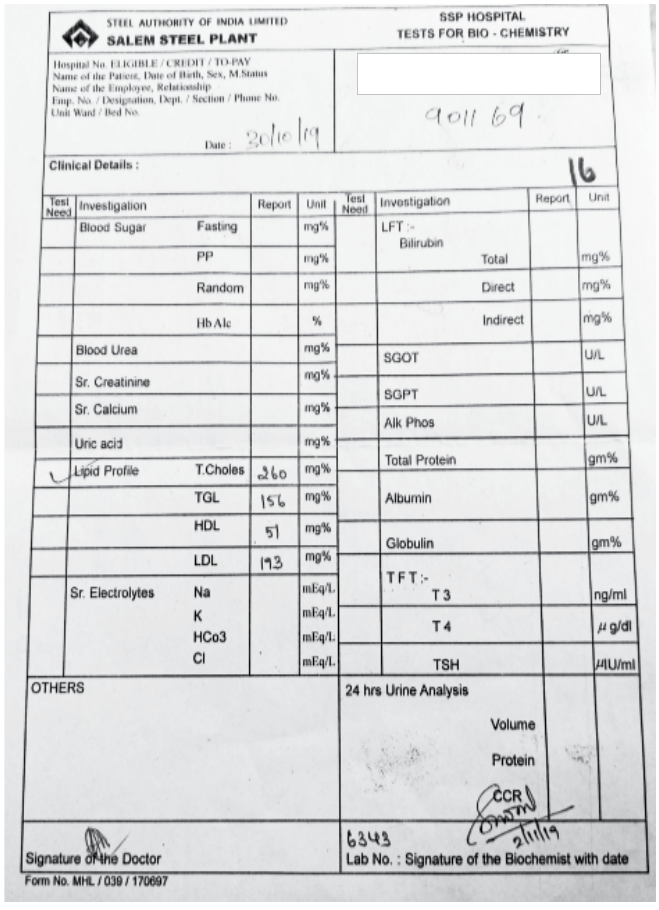
Family history – Father: died due to MI.

Physical generals - Appetite- 3meals/day, thirst- normal 2 litres/ day, sweat- normal, craving- salty things, aversion- sweets, eliminations- normal, sleep and dreams- normal sound sleep and no any specific dreams.

Thermal relationship - chilly

Mental generals – fearful and timid in nature, he feels very sympathetic, even for others problem.

Investigation – before treatment



STEEL AUTHORITY OF INDIA LIMITED
SALEM STEEL PLANT

SSP HOSPITAL
TESTS FOR BIO - CHEMISTRY

Hospital No. ELIGIBLE / CREDIT / TO-PAY
Name of the Patient, Date of Birth, Sex, M.Status
Name of the Employee, Relationship
Emp. No. / Designation, Dept. / Section / Phone No.
Unit Ward / Bed No.

9011 69

Date: 30/10/19

Clinical Details :

16

Test Need	Investigation		Report	Unit
	Blood Sugar	Fasting		mg%
		PP		mg%
		Random		mg%
		Hb A1c		%
	Blood Urea			mg%
	Sr. Creatinine			mg%
	Sr. Calcium			mg%
	Uric acid			mg%
✓	Lipid Profile	T.Choles	260	mg%
		TGL	156	mg%
		HDL	51	mg%
		LDL	193	mg%
	Sr. Electrolytes	Na		mEq/L
		K		mEq/L
		HCo3		mEq/L
		Cl		mEq/L

Test Need	Investigation		Report	Unit
	LFT :- Bilirubin	Total		mg%
		Direct		mg%
		Indirect		mg%
	SGOT			U/L
	SGPT			U/L
	Alk Phos			U/L
	Total Protein			gm%
	Albumin			gm%
	Globulin			gm%
	TFT :- T3			ng/ml
	T4			μ g/dl
	TSH			μIU/ml

OTHERS

24 hrs Urine Analysis
Volume
Protein

CCR
2/11/19

Signature of the Doctor

6343
Lab No. : Signature of the Biochemist with date

Form No. MHL / 039 / 170697

Analysis and evaluation

Mental generals	Physical generals	Particulars
timidity^{++} (sycosis)(19) fearsome^{++}(sycosis)(19) sympathetic^{+++}(psora) (19)	Aversion – sweets^{++} (psora) (19) Desires – Salty things^{+++} (tubercular) (19)	Pain in occiput^{+++} (syphilitic) (19) Bursting sensation^{+++} < light^{+++}, night^{+++} (syphilitic) (19) >sleep^{+++}(19)

Selection of repertory

In this case, location, sensation, and modalities are prominent with marked physical generals. Mental generals can be used for final differentiation. Hence, *Boger's Repertory* can be selected for repertorising the case by using Robert's method[15].

Selection of rubrics[18]

Chapter	Rubrics	Reason	Page number
HEAD	Internal: occiput Internal: bursting, splitting, etc., as if Internal: time: night Internal: aggravation: light from Internal: amelioration: sleep, after	Location Sensation Modality Modality Modality	252 258 281 286 295
APPETITE	Aversion to: sweets Desire for: salty things	Physical general Physical general	475 477

Reportorial result[20]

Remedy Name	Phos	Bell	Sulph	Caust	Nat-m	Sil
Totality	14	14	14	12	12	12
Symptom Covered	7	4	4	5	4	4
[BN] [Head]Internal:Occiput:	2	3	3	3	1	3
[BN] [Head]Internal:Bursting, splitting, etc., as if:	3	4	4	2	4	4
[BN] [Head]Internal:Time:Night:	2	3	4	1		4
[BN] [Head]Internal:Aggravation:Light:From:	1	4			3	1
[BN] [Head]Internal:Amelioration:Sleep, after:	2					
[BN] [Appetite]Aversion to:Sweets:	2		3	4		
[BN] [Appetite]Desire for:Salty things:	2			2	4	

Prescription

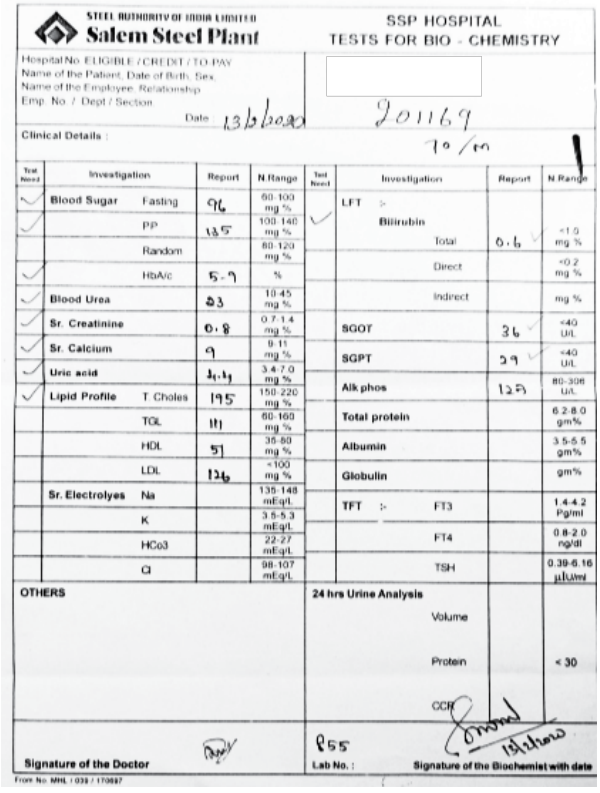
Phosphorus 30/1dose. (third to thirtieth potency)[21]. Reason – *Phosphorus* is the only remedy which covers all the rubrics in the above reportorial chart. The mental generals of this case, i.e. timidity, fear, sympathy, and thermal relationship also covered by *Phosphorus*.

Follow up

DATE	SYMPTOMS	PRESCRIPTION
05.11.2019	Patient felt better. There was a slight decrease in the occipital pain. Generals were good. No any new symptoms appeared. BP – 170/100 mm Hg.	SL pills (3-0-3)/ 15 days

21.11.2019	Patient felt better. 25% improvement. No any new symptoms appeared. Generals were good. BP – 160/90 mm Hg.	SL pills (3-0-3)/ 30 days
22.12.2019	Patient felt better. Generals were good. 50% improvement. generals were good. BP – 150/90 mm Hg.	SL pills (3-0-3) / 30 days
22.01.2020	Patient felt better. Generals were good. No new complaints. BP-130/80 mm Hg.	SL pills (3-0-3) / 15 days
15.02.2020	Patient felt better. Generals were good. No new complaints. BP – 130/80 mm Hg.	SL pills (3-0-3)/ 15 days.

Investigation- after treatment



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Salem Steel Plant

SSP HOSPITAL
TESTS FOR BIO - CHEMISTRY

Hospital No. ELIGIBLE / CREDIT / TO PAY
Name of the Patient, Date of Birth, Sex
Name of the Employee, Relationship
Emp. No. / Dept / Section
Date 13/2/2020 — 201169
Clinical Details : 70/m

Test Need	Investigation		Report	N.Range
✓	Blood Sugar	Fasting	96	60-100 mg %
✓		PP	135	100-140 mg %
		Random		80-120 mg %
✓		HbA/c	5.9	%
✓	Blood Urea		23	10-45 mg %
✓	Sr. Creatinine		0.8	0.7-1.4 mg %
✓	Sr. Calcium		9	9-11 mg %
✓	Uric acid		4.4	3.4-7.0 mg %
✓	Lipid Profile	T. Choles	195	150-220 mg %
		TGL	111	60-160 mg %
		HDL	51	35-60 mg %
		LDL	124	<100 mg %
	Sr. Electrolyes	Na		135-148 mEq/L
		K		3.5-5.3 mEq/L
		HCo3		22-27 mEq/L
		Cl		98-107 mEq/L

Test Need	Investigation		Report	N.Range
✓	LFT :-			
	Bilirubin	Total	0.6	<1.0 mg %
		Direct		<0.2 mg %
		Indirect		mg %
	SGOT		36	<40 U/L
	SGPT		29	<40 U/L
	Alk phos		125	80-306 U/L
	Total protein			6.2-8.0 gm%
	Albumin			3.5-5.5 gm%
	Globulin			gm%
	TFT :-	FT3		1.4-4.2 Pg/ml
		FT4		0.8-2.0 ng/dl
		TSH		0.39-6.16 µIU/ml

OTHERS

24 hrs Urine Analysis
Volume
Protein — < 30
CCR

Signature of the Doctor

855
Lab No. :

Signature of the Biochemist with date

Form No: MHL : 039 / 170697

Conclusion

Homoeopathic remedies not only lowers the cholesterol levels but also treats body's defective tendency to hold excess of fat, improves liver fat metabolism, detoxify the body, and also enhance the immune system. Homoeopathy treats the patient as a whole not just the disease. Individualisation plays a major role in homoeopathic prescription.

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Antihyperlipidaemic and anti-atherosclerotic effect of *Allium sativum*: a short review

Dr R.S. Krishneswari

Abstract: *Allium sativum* (garlic) is used in tincture form to lower the cholesterol levels in homoeopathy. This drug is also mentioned in materia medica, but the symptoms produced by it after proving are not showing the effects which they produced in their crude form. Other drugs which comes under this category includes *Rauwolfia serpentina, Terminalia chebula, Terminalia arjuna*, etc. The property of these drugs in mother tincture form to reduce the blood cholesterol levels is positive thereby reducing the chance of atherosclerosis. This article explains in short the components that accounts for the antihyperlipidaemic and anti atherosclerotic effect of *Allium sativum* in crude form.

Keywords:*Allium sativum*, hyperlipidaemia, atherosclerosis, S-allyl cysteine sulfoxide (SACS), allicin.

Abbreviations: S-allyl cysteine sulfoxide (SACS), S-methylcysteine sulfoxide (SMS), very low-density lipoproteins (VLDL), low-density lipoproteins(LDL), lecithin: cholesterol acyltransferase (LCAT), high-density lipoproteins(HDL).

Introduction

Crude extracts of the drugs of Indian origin are used for the reduction of cholesterol levels in blood. But the potentised form of these drugs will not exhibit these actions. *Allium sativum*(garlic) is one of the medicines among them. [1,2]. "A multicentric, double-blind randomized pathogenetic trial of Allium sativum" conducted by Dr Raj K. Manchanda et al showed that there is no statistically significant difference between the values of total cholesterol in pretrial medical examination and terminal medical examination of the verum and control group[3].

Allium sativum exhibits so many medicinal properties in its crude form. The medicinal activities includes anti-protozoal, anti-tumor, antimicrobial, antifungal, anti-viral, antithrombotic, hypolipidaemic, anti-hypertensive, antioxidant, antidiabetic, anti atherosclerotic, anti-inflammatory, hepatoprotective etc [4,5,6,7]. These medicinal properties are due to the presence of a sulphur containing aminoacid S-allyl cysteine sulfoxide (SACS), the precursor of allicin [4, 8]. This article focusses mainly on the antihyperlipidemic and anti atherosclerotic effects of *Allium sativum* in its crude form.

Allium sativum

Genus 'allium' comes under the family 'liliaceae' (aliaceae) comprising of 280 separate genera and 4000 species. It is a bulbous, perennial herb cultivated as an annual. Bulb is the part used medically [3,8,9]. Due to the broad spectrum therapeutic use of garlic it is known by different names such as 'Russian penicillin', 'natural antibiotic', 'vegetable viagra', 'plant talisman', 'snake grass', etc [6]. *Allium sativum* was introduced to homoeopathy as a drug by Petroz and Testeof France in 1852[3].

Chemical constituents

The bulb of garlic contains about 200 chemical compounds. It includes about 33 types of sulphur containing compounds such as alliin, allicin, ajonene, allylpropyltrisulfide, etc;17 types of amino acids such as arginine; minerals such as selenium, germanium, tellurium, etc; vitamins including A and C; saponins; lipids and fibre. [4,6,7,8,9]

Antihyperlipidaemic and anti atherosclerotic property

The antihyperlipidaemic and anti atherosclerotic property of *Allium sativum* is due to the presence of S-methylcysteine sulfoxide (SMS) or alliin, which is the precursor of active allicin that gives specific odour to garlic[4,6,8].

Alliin

SMS also known as alliin is an odourless sulphur containing compound and it is derived from the aminoacid cysteine. When the bulb is crushed, cut or chopped the compound is metabolised to allicin (diallylthiosulfinate) in the presence of enzyme allinase and allicin is the biologically active compound. It is unstable and metabolises to form other sulphur containing compounds [4,5,6,7].

Effects on hypercholestraemia

The active compounds of garlic reduce the formation of cholesterol by inhibiting 3-hydroxy-3-methylglutaryl-CoA [4]. Leyla Bayan

et al in the review, "garlic-a review of potential therapeutic effects" reports that garlic in a meta-analysis is considered as an alternative to conventional hypolipidemic medicines in lowering the cholesterol[5]. Prasan R. Bhandari in his review article, reports that LDL oxidation in vitro can be suppressed by garlic compounds [6]. Mamun M A, Hasan N et al reported that there was significant reduction in the levels of triglycerides, total cholesterol, LDL and VLDL levels in streptozotocin induced diabetic mice treated with ethanol extract of garlic compared to diabetic control mice [10].

Akhil Sanghal et al in a comparative study of *Zingiber officinale* and *Allium sativum* as a preventive of hypertension and hyperlipidemia showed that preventively garlic is more effective than ginger in controlling lipid levels [11]. A study on "antihyperlipidemic activity of methanolic extract of garlic in triton X-100 hyperlipidemic rats" shows that the oral administration of garlic extracts controls the hydrolysis of certain lipoproteins and its metabolism by the tissues, thereby reducing the elevated lipid levels[12].

A research article published on Asian Journal of Pharmaceutical and Clinical Research proved that the cholesterol levels of plasma and liver is decreased by *Allium sativum.* This is by increasing the activity of plasma lecithin: cholesterol acyltransferase (LCAT) which inturn reduce the cholesterol levels and increase the HDL levels[13]. There is significant reduction in the blood glucose and lipid levels by the use of garlic and ginger extract in alloxan induced rats [14].

A double-blind crossover study in moderately hypercholesterolaemic men by Manford Steiner et al concluded that there is significant reduction in total serum cholesterol of the participants administered with aged garlic extract as compared to placebo control group [15].

Effect on atherosclerosis

Garlic has the potential to prevent platelet aggregation and formation of arterial plaque[4].The anti atherosclerotic effect of garlic is due to the presence of S-allylcysteine and allicin[5]. Aged garlic extract inhibits the expression of CD 36 scavenger receptors and reduce the oxidised LDL uptake in human macrophages thereby preventing the atherosclerotic lesions [6].

Garlic has both anti-atherogenic or preventive effects and anti atherosclertotic or therapeutic effects on experimental atherosclerosis. The anti-atherosclerotic effect of garlic might be due to decrease in the atherosclerotic manifestations such as lipidosis, proliferation, and fibrosis [7]. A study conducted by Vasu Keshetty et al reveals that atherogenic index was reduced and returned to normal levels in groups of triton induced hyperlipidaemic rats treated with methanolic extracts of garlic and atorvastatin [12]. A study reported by S Lata et al confirms that *Allium sativum* is more potent when compared to *Allium cepa* and *Commiphora mukul* in prevention of hyperlipidaemia and atherosclerosis [16].

Conclusion

Garlic in its crude form has beneficial effect on the treatment and prevention of hypercholestraemia and atherosclerosis due to its sulphur containing compounds. In homoeopathy, *Allium sativum* mother tinctures are used in day-to-day practice for bringing down the serum cholesterol levels. But the studies showing its effectiveness are rare. More research studies should be carried with *Allium sativum* mother tincture to prove its effectiveness in the field of homoeopathy.

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Homoeopathy- an alternate to statins

Dr Sana Parveen

Abstract: The term "dyslipidaemia" was introduced in 2006, stand for abnormal levels of lipoproteins in blood. Currently, the management of dyslipidaemis in conventional therapy is achieved by the use of widely prescribed class of drugs statins. As there are well-documented side-effects of statin therapy, the cases can be well managed with homoeopathy along with dietary measures.

Keywords: Dyslipidaemia, hyperlipidaemia, hypercholesterolaemia, management, statins, homoeopathy.

Abbreviations: total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), triglycerides (TG), high-density lipoprotein cholesterol (HDL-C), hydroxymethylglutaryl-coenzyme A (HMG-CoA), statin-associated muscle symptoms (SAMSs), milligram (mg).

Introduction

The term "dyslipidaemia" was introduced in 2006, stand for abnormal levels of lipoproteins in blood, such as total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), and/or triglycerides (TG), or low levels of high-density lipoprotein cholesterol (HDL-C) alone. It is being classified as predominant hypercholesterolaemia, predominant hypertriglyceridaemia and mixed hyperlipidaemia.[1]

Currently, the management of dyslipidaemia in conventional therapy is directed at lowering LDL in particular, and total cholesterol in general, by the use of widely prescribed class of drugs **statins.** Their mode of action is primarily via inhibition of HMG-CoA (hydroxymethylglutaryl-coenzyme A) reductase, the rate-limiting enzyme in the cholesterol biosynthesis pathway. Despite its effectiveness, the discontinuation and non-adherence to statin therapy remains an ongoing problem. The major reason for discontinuation of statin therapy is statin-associated muscle symptoms (SAMSs) which are the well-documented side effect of statins. In addition to type 2 diabetes mellitus, neurological and neurocognitive effects, hepatotoxicity, renal toxicity, and others (gastrointestinal, urogenital, reproductive) side-effects.[2,3,4]

Homoeopathy- an alternative treatment option

Non-pharmacological management[5,6,7]

The cornerstone of treatment of hypercholesterolemia is a healthy lifestyle, an optimum weight, no smoking, exercising for 150 minutes per week and follow diet as given:

- Reduce intake of saturated and trans-saturated fat to less than 7-10% of total energy. Monounsaturated fatty acids up to 15% of total calorie intake.
- Reduce intake of cholesterol to <250mg/day.
- Replace saturated fat and cholesterol with alternative food such as lean meat, low-fat dairy products, polyunsaturated spreads and low glycaemic index carbohydrate.
- Reduce energy-dense foods such as fats and soft drinks, whilst increasing activity and exercise to maintain or lose weight.
- Increase consumption of cardio-protective and nutrient-dense foods such as vegetables, unrefined carbohydrates, fish, pulses, nuts, legumes, fruits, etc.
- Adjust alcohol consumption, reducing intake if excessive or if associated with hypertension, hypertriglyceridaemia or central obesity.
- Achieve additional benefits with supplementary intake of foods containing lipid-lowering nutrients such as n-3 fatty acids, dietary fibre (more than 20 gram/day) and plant sterols.

Response to diet is usually apparent within 3-4 weeks but dietary adjustment may need to be introduced gradually. Although hyperlipidaemia, in general, and hypertriglyceridaemia, in particular, can be very responsive to these measures, LDL-C reductions are

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often only modest in routine practice. Explanation, encouragement and persistence are often required to induce patient compliance. Even minor weight loss can be substantially reduce cardiovascular risk, especially in centrally obese patients.

All other modifiable cardiovascular risk factors should be assessed and treated.

Pharmacological management

Homoeopathy is a natural system of medicine comprising of treatment based on symptom similarity. Every individual patient suffering from dyslipidaemia has a different set of symptoms and intensity, so it becomes important to individualize every case and then prescribe the most suitable medicine, which is again a very important part in homeopathic prescription.

Research literature represents the effectiveness of homoeopathy in dyslipidaemia. In a review article published in 2015, presented that four preclinical, three observational studies, and two case records shows positive leads in managing patients suffering from dyslipidaemia with homoeopathy.[1] Other studies showing effectiveness of homeopathic mother tinctures like *Allium sativa Q, Curcuma longa Q* and *Gautteria gaumeri (Yumel)* in dyslipidaemia.[8,9] Two studies in humans have demonstrated the liver-healing properties of dandelion (*Taraxacum officinale*). In a 1938 study in Italy, twelve patients with severe liver imbalances, many exhibiting classic symptoms of loss of appetite, low energy, and jaundice, were treated with dandelion extract [one 5 - milliliter injection per day for 20 days]. Eleven of the twelve patients showed a considerable drop in blood cholesterol.[10]

Homoeopathic materia medica is impregnated with a variety of such symptoms under various remedies. There are some specific medicines for hypercholesterolaemia, some of which are:

Aurum metallicum[11]- Arterio-sclerosis, high blood pressure.

Bartya muriatica[11] *-Arteriosclerosis (Aurum, Secale) where a high systolic pressure with a comparatively low diastolic tension is attended by cerebral and cardiac symptoms*.

Cactus grandiflorus[11]- Atheromatous arteries and heart weakness of arterio-sclerosis.

Chelidonium majus[12]- Prolonged use of Chelidonium 3X, twice daily, is good for lowering blood cholesterol increasing diet.

Crataegus oxyacantha[14]- Wonderful solvent power upon crustaceous and calcareous deposits in the lumen of the arteries, and will in arterio-sclerotic subjects prolong life.

Magnesium fluoratum[13]- Metabolic complaints of senescence with cholesterol disorders.

Natrum iodatum[14]- Is useful in high arterial pressure in the 1x, especially in the beginning, and later in the 3x and 4x when the pulse is softer, arterio-sclerosis with angina pectoris, vertigo and dyspnoea.

Polygonum aviculare[13]- Useful in in arteriosclerosis.

Plumbum metallicum[14]- Hypertension and arterio-sclerosis. It seems to suit rather the pre-sclerotic states than those of actual sclerosis.

Strophanthus hispidus[14]- Senile arterio-sclerosis, fatty degeneration, failing compensation, tendency to dropsical accumulations.

Vanadium[13]- Fatty degeneration of the heart and liver. Arteriosclerosis. Deeply pigmented patches on forehead in liver disorders.

Commonly prescribed constitutional medicines are: *Calcarea carbonica, Baryta carbonica, Graphites, Lachesis mutus, Lycopodium clavatum, Natrum muriaticum, Nux vomica, Phosphorus, Pulsatilla nigricans and Sepia officinalis.*

Conclusion

Dyslipidaemia is a mammoth problem facing us, and it behoves us as health care professionals to get more patients on efficacious therapies like Homoeopathy which is cost-effective and no known side-effects. The optimum LDL-C for the population is less than 100mg/dL. In patients with atherosclerotic cardiovascular disease, the goal should be less than 70 mg/dl or a 50% reduction in LDL-C. For others, the goal should be an LDL-C less than 100 mg/dl or a 30% to 50% reduction in LDL-C.[6]

About the author

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Syzygium jambolanum	Ø	12.5%v/v
Cephalandra indica	Ø	12.5%v/v
Gymnema sylvestre	Ø	12.5%v/v
Helonias dioica	Ø	12.5%v/v
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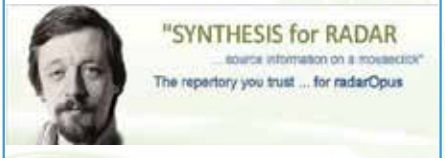

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Constitutional approach in a case of hyperlipidaemia

Dr A.P.S. Chhabra

Abstract: A female age 55 years diagnosed with hyperlipdaemia recovered by homoeopathy prescribing constitutionally *Arsenicum album* 200C after not responding to *Arsenicum album* 30C in addition to the diet and lifestyle related advice.

Keywords: hyperlipidaemia, *Arsenicum album*, homoeopathy.

Abbreviations: CBC: complete blood count; ECG: electrocardiography; GPAL: gravida, para, abortion, live; FTNVDs: full term normal vaginal deliveries; BP: blood pressure; ICD: International Classification of Diseases; OD: once a day (omne in die); TDS: 3 times a day (ter die sumendum), mm Hg – millimetre of mercury.

Introduction

Hyperlipidaemia is an increase in one or more of the plasma lipids, including triglycerides, cholesterol, cholesterol esters and phospholipids and or plasma lipoproteins including very low-density lipoprotein and low-density lipoprotein, and reduced high-density lipoprotein levels.[1,2]

Generally hyperlipidaemia does not have any obvious symptoms but they are usually discovered during routine examination or until it reaches the danger stage of a stroke or heart attack. Patients with high blood cholesterol level or patients with the familial forms of the disorder can develop xanthomas which are deposits of cholesterol may form under the skin, especially under the eyes.At the same time, patients with elevated levels of triglycerides may develop numerous pimple-like lesions at different sites in their body.[2]

Hyperlipidaemia is the most important risk factor for atherosclerosis, which is the major cause of cardiovascular disease. Atherosclerosis is a pathologic process characterised by the accumulation of lipids, cholesterol, calcium and the development of fibrous plaques within the walls of large and medium arteries.[3,4]

Case history

Chief complaints

A female patient of age 55 yrs approached with the complaint of palpitation with shortness of breath, especially in the evening time. She was having a great anxiety for her health. She was very thoughtful and anxious about her family that something bad will happen to her family. She also had fear from narrow places.

History of present illness

Patient was apparently well 6 months ago and developed all her complaints gradually. Then she approached an allopathic physician who examined her and did all the investigations like CBC, thyroid function test, lipid profile, and ECG. All her reports were normal except lipid profile which was showing hyperlipidaemia and her blood pressure was markedly increased. So, he put her on antihypertensive and antihyperlipidaemic drugs.

Family history

Father died 10 years ago due to myocardial infarction.

Mother had a attack of stroke 4 years ago.

Past history

2002 – Appendectomy

2015 – Chikungunya

Physical generals

Appetite- Moderate

Thirst- Moderate

Desire- Fatty food

Aversion- Sweets

Stool- Once a day, satisfactory

Urine- Day_{4-5}, $Night_{0-1}$

Perspiration- Profuse in soles

Sleep- Disturbed

Dreams- Not specific

Obstetric history- $G_2P_2A_0L_2$, FTNVDs

Gynaecological history- Menopause 9 years ago

Sexual history- Not specific

Thermal reaction- Sensitive to both hot and cold temperatures

Mental generals

She already mentioned by herself while telling about her presenting complaints.

Vitals

BP-150/100 mm Hg

Diagnosis of the case

Diagnosis based on ICD 10 classification [5]:

E78.5 refers to hyperlipidaemia, unspecified that included excess of lipids in the blood.

On the basis of her clinical history, physical examination and investigations, no any cardiac or respiratory or any other kind of disease was diagnosed while her lipid profile showed increased tri-glycerides in the blood,thus she was diagnosed to be a case of hyperlipidaemia.

Analysis of the case

Mental symptoms	Physical generals	Common symptoms
Anxiety about health Anxiety about family Something bad will happen to her family Fear of narrow places	Shortness of breath <evening Desire-fatty food Aversion-sweets Perspiration-profuse in soles	Palpitation. Sleep disturbed.

Evaluation of case

The grading of the symptoms was done on the basis of how much the pateint emphasied on the following symptoms:

1. Anxiety about health
2. Anxiety about family
3. Something bad will happen to her family
4. Fear of narrow places
5. Shortness of breath <evening
6. Desire-fatty food
7. Aversion-sweets
8. Perspiration-profuse in soles
9. Palpitation
10. Sleep distubed

Repertorial totality

In repertorisation, 8 symptoms were taken which were uncommon in the case and *Synthesis repertory* was used because of prominent mental and physical generals.

Symptoms	Rubrics
Anxiety about health	MIND – Anxiety – health; about
Anxiety about family	MIND – Anxiety – famliy; about his
Something bad will happen to her family	MIND – Fear – happen, something will – family; to his
Fear of narrow places	MIND – Fear – narrow places,in
Shortness of breath <evening	RESPIRATION – difficult – evening
Desire fatty food	GENERALS – Food and Drinks – fat – desire
Aversion sweets	GENERALS – Food and Drinks – sweets – desire
Perspiration profuse in soles	EXTREMITIES – Perspiraton – foot – sole

Repertorial sheet[6]

(See repertorial sheet)

Prescription

Patient was prescribed on 29/09/2018:

***Arsenicum album* 30/3 doses/OD**

***Rubrum* 200 For 7 days**

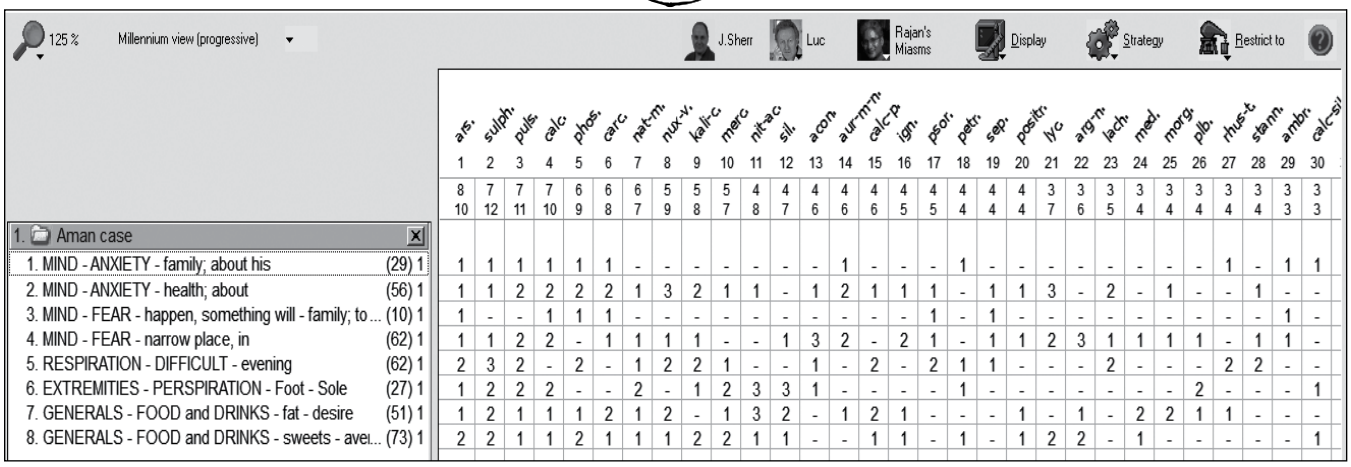
On repertorisation, the remedies such as *Arsenicum album, Sulphur, Pulsatilla, Calcarea carbonica, Phosphorus, Carcinosinum and Natrum muriaticum* came on the top.

Arsenicum album was covering all her rubrics. It was difficult to decide medicine for her but as patient at last herself pointed out her medicine by asking of consultancy fees and for taking a less money than that shows her possessiveness towards money which is a characteristic nature of *Arsenicum album*. [7]

Advise

Patient was advised to avoid fatty food and taking a low salt diet.

To do daily exercise and yoga atleast for 30 minutes.



	ars.	sulph.	puls.	calc.	phos.	carc.	nat-m.	nux-v.	kali-c.	merc	nit-ac.	sil.	acon.	aur-m-n.	calc-p.	ign.	pson.	petr.	sep.	positr.	lyc.	arg-n.	lach.	med.	morg.	plb.	rhus-t.	stann.	ambr.	calc-sil
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	8 10	7 12	7 11	7 10	6 9	6 8	6 7	5 9	5 8	5 7	4 8	4 7	4 6	4 6	4 6	4 5	4 5	4 4	4 4	4 4	3 7	3 6	3 5	3 4	3 4	3 4	3 4	3 4	3 3	3 3
1. MIND - ANXIETY - family; about his (29) 1	1	1	1	1	1	1	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	1
2. MIND - ANXIETY - health; about (56) 1	1	1	2	2	2	2	1	3	2	1	1	-	1	2	1	1	1	-	1	1	3	-	2	-	1	-	-	1	-	-
3. MIND - FEAR - happen, something will - family; to ... (10) 1	1	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-
4. MIND - FEAR - narrow place, in (62) 1	1	1	2	2	-	1	1	1	1	-	-	1	3	2	-	2	1	-	1	1	2	3	1	1	1	1	-	1	1	-
5. RESPIRATION - DIFFICULT - evening (62) 1	2	3	2	-	2	-	1	2	2	1	-	-	1	-	2	-	2	1	1	-	-	-	2	-	-	-	2	2	-	-
6. EXTREMITIES - PERSPIRATION - Foot - Sole (27) 1	1	2	2	2	-	-	2	-	1	2	3	3	1	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	1
7. GENERALS - FOOD and DRINKS - fat - desire (51) 1	1	2	1	1	1	2	1	2	-	1	3	2	-	1	2	1	-	-	-	1	-	1	-	2	2	1	1	-	-	-
8. GENERALS - FOOD and DRINKS - sweets - avei... (73) 1	2	2	1	1	2	1	1	1	2	2	1	1	-	-	1	1	-	1	-	1	2	2	-	1	-	-	-	-	-	1

Repertorial sheet

Follow up

Date	Symptoms	Vitals	Reports	Prescription
6-10-2018	No change	BP-140/94mmHg	-------	*Arsenicum album* 200/ one dose stat *Rubrum* 200/TDS for 7 days
15-10-2018	Anxiety and fear were better. Not much relief in her physical complaints	BP-140/90mmHg	---------	*Rubrum* 200/TDS for 15 days
01-11-2018	No more anxiety and fear. No palpitation and shortness of breath much better	BP-130/84mmHg	Lipid profile advised	*Rubrum* 200/TDS for 15 days
17-11-2018	Relief in all the complaints	BP-130/86mmHg	Serum cholestrol-143.2mg/dl Serum triglycerides-150.0mg/dl	*Rubrum* 200/TDS for 15 days

Reports

Before treatment

See Figure 1.

After treatment

See Figure 2.

Conclusion

The following conclusion was being made after studyng this case:

1. Case of hyperlipidaemia can be managed by prescrbing constitutional medicine with changes in lifestyle.
2. We have also seen through this case that the patient not only have relief in her physical complaints but her vitals and reports also came normal.
3. Patient become better first on mental plane.

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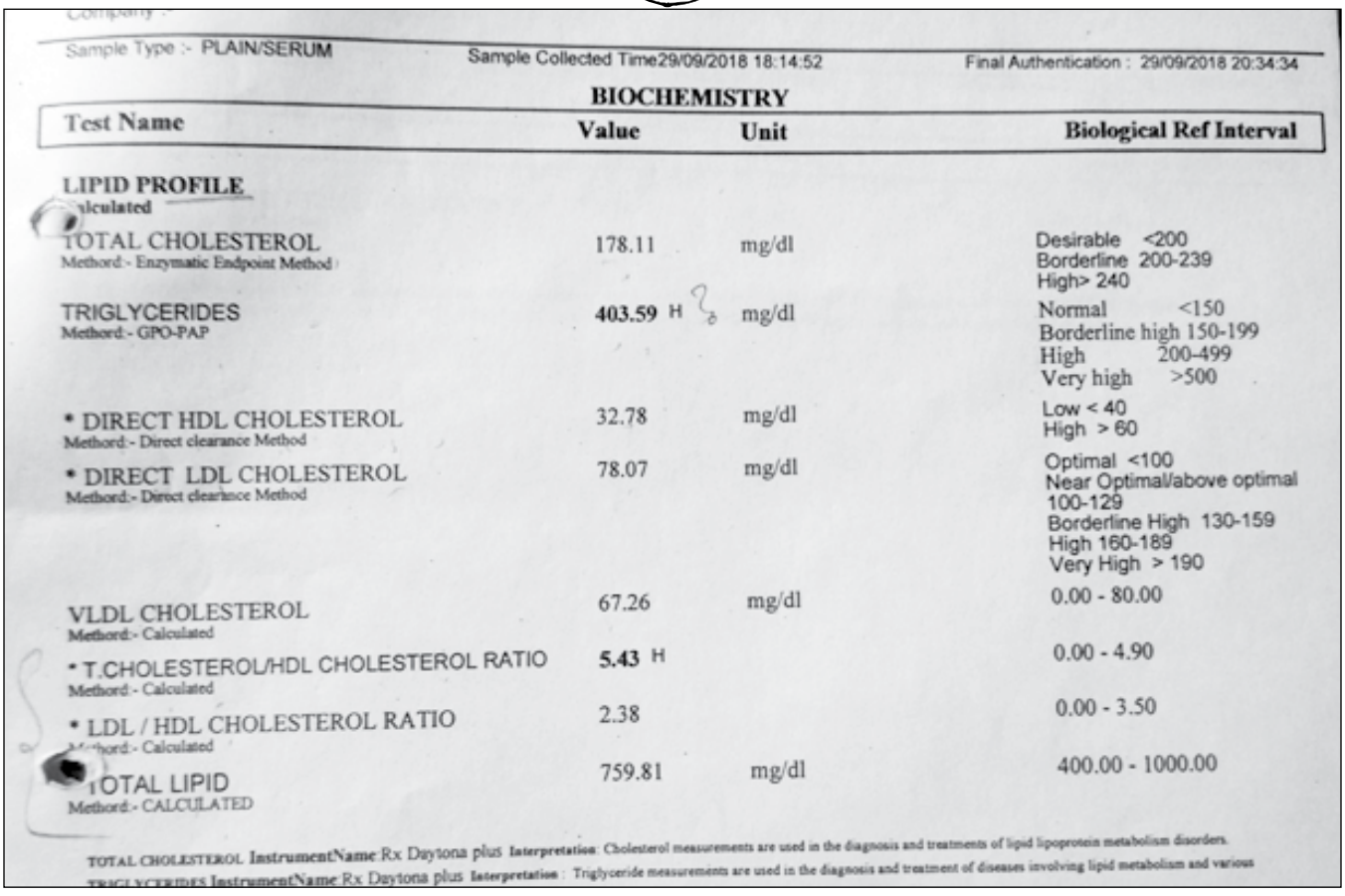


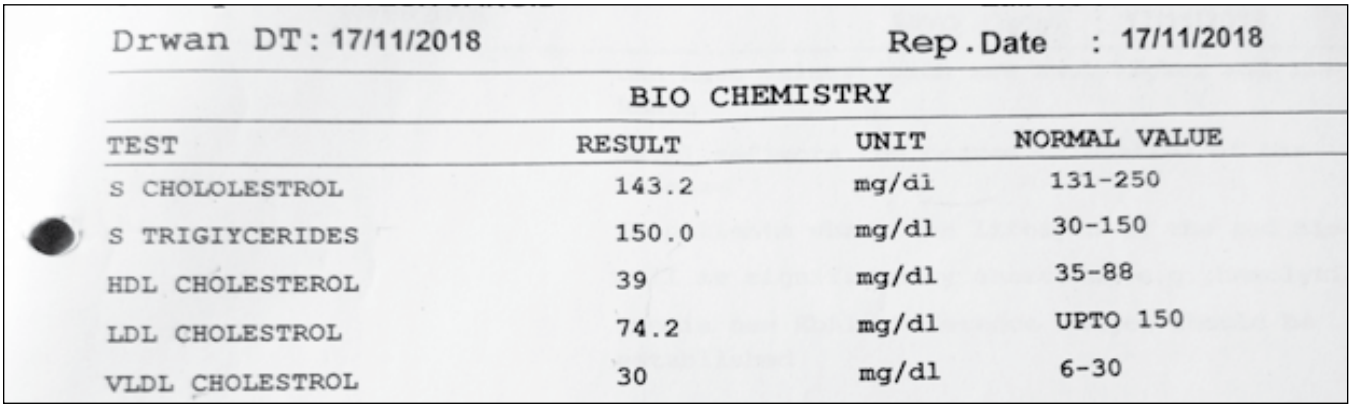
Sample Type :- PLAIN/SERUM | Sample Collected Time29/09/2018 18:14:52 | Final Authentication : 29/09/2018 20:34:34

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE (Calculated)			
TOTAL CHOLESTEROL (Method:- Enzymatic Endpoint Method)	178.11	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES (Method:- GPO-PAP)	**403.59** H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
* DIRECT HDL CHOLESTEROL (Method:- Direct clearance Method)	32.78	mg/dl	Low < 40 High > 60
* DIRECT LDL CHOLESTEROL (Method:- Direct clearance Method)	78.07	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL (Method:- Calculated)	67.26	mg/dl	0.00 - 80.00
* T.CHOLESTEROL/HDL CHOLESTEROL RATIO (Method:- Calculated)	**5.43** H		0.00 - 4.90
* LDL / HDL CHOLESTEROL RATIO (Method:- Calculated)	2.38		0.00 - 3.50
TOTAL LIPID (Method:- CALCULATED)	759.81	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Rx Daytona plus Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.
TRIGLYCERIDES InstrumentName:Rx Daytona plus Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various

Figure 1



Drwan DT: 17/11/2018 Rep.Date : 17/11/2018

BIO CHEMISTRY

TEST	RESULT	UNIT	NORMAL VALUE
S CHOLOLESTROL	143.2	mg/dl	131-250
S TRIGIYCERIDES	150.0	mg/dl	30-150
HDL CHOLESTEROL	39	mg/dl	35-88
LDL CHOLESTROL	74.2	mg/dl	UPTO 150
VLDL CHOLESTROL	30	mg/dl	6-30

Figure 2

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About the author

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Action of *Allium sativum* and *Curcuma longa* in regulating lipid metabolism- a literature review

Dr Ruchi Singh , Dr Pooja Shukla, Dr Diksha Agrahari

Abstract: Dyslipidaemia is a derangements of one or more of the lipoproteins in blood, such as elevated in total cholesterol (TC), low density lipoprotein cholesterol (LDL-C) and/or triglycerides (TG), or low levels of high density lipoprotein cholesterol (HDL-C). Literature on *Allium sativum*, and *Curcuma longa* was reviewed to understand their action on lipid metabolism. Information was collected from various researches available online regarding actions of *Allium sativum* and *Curcuma longa* and their active principles on lipid metabolism, animal studies, RCT and researches on homoeopathic preparations.

Keywords: Dyslipidaemia, homoeopathy, hyperlipidaemia, *Allium sativum, Curcuma longa*, cucurmin, pharmacological action, cardio-protective.

Abbreviations: total cholesterol (TC), low density lipoprotein cholesterol (LDL-C), triglycerides (TG), high density lipoprotein cholesterol (HDL-C), adenosine triphosphate (ATP), Diallyl disulphide (DDS), S-allylcysteine (SAC), diallyl trisulfide (DTS), 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase, non-alcoholic fatty liver disease (NAFLD), Cholesterol 7a-hydroxylase (CYP7A1), aged garlic extract (AGE), randomised controlled trial (RCT), thromboxane (TBX).

Introduction

Dyslipidaemia, i.e. derangement of one or more of the lipoproteins in blood, is a modifiable risk factor of cardiovascular diseases. It can present as elevated in total cholesterol (TC), low density lipoprotein cholesterol (LDL-C) and/or triglycerides (TG), or low levels of high density lipoprotein cholesterol (HDL-C).[1,2]

Table 1. ATP III classification of LDL, total, and HDL cholesterol (mg/dL) after 9- to 12-hour fast. [3]

LDL cholesterol	
<100	Optimal
100-129	Near optimal/ above optimal
130-159	Borderline high
160-189	High
>= 190	Very high
Total cholesterol	
< 200	Desirable
200-239	Borderline high
>=240	High
HDL Cholesterol	
<40	Low
>= 60	High

Westernised of diet, obesity, aging, reduced physical activity, and adverse lifestyle changes are the key risk factors for dyslipidaemia.[4]

Incidence: Overall approximately in 56% of ischaemic heart disease events and 18% of strokes, amounting to 4.4 million deaths annually, high blood cholesterol levels are estimated.[5] An increasing prevalence has been noted in India [6,7] Hypercholesterolaemia incidents increase with age and tend to be higher among urban residents than rural residents.[5,7]

Homoeopathy: Homoeopathic materia medica are based on drug proving, reproving and clinical verifications. Sphere of action of drug, pharmacological action and tissue affinity and the potential role of active principles and biologically active compunds has been a point of interest in developing the knowledge of drugs. The pharmacological basis of action of homoeopathic medicines has been linked to the presence of active principles and biologically active compounds. Collating data from basic researches can help to build a better understanding of pharmacological action of homoeopathic medicines. This review aims at illuminating the underlying pharmacology mechanisms in potential cardioprotective and hypo-lipidaemic actions of two medicines- *Allium sativum and Curcuma longa.*

Methods: Information was collected from various researches available online regarding actions of *Allium sativum* and C*urcuma longa* and their active principles on lipid metabolism.

Allium sativum

Allium sativum L.(garlic), is commonly used spice in whose therapeutic properties have been known since older times. Currently, it is used by various alternative schools of medicine for its therapeutic properties like antibiotic, expectorant, antidiabetic, anthelminthic, decreases clotting of blood, and hypotensive action in cardiovascular disorders. [8] *Allium sativum* extracts have shown

anti-Inflammatory, antioxidative and anticoagulative activity in various studies. Some studies have reported that garlic oil, especially dehydrated powder could help in reducing the accumulation of cholesterol in the vascular walls of animals.[9,10]

Garlic as a drug, "*Allium sativum*" was introduced in homoeopathic materia medica proved in France by Petroz and Teste, 1852.[11]

Chemical composition

Allium sativum contains several enzymes, about 33 sulphur compounds, 17 amino acids and minerals such as selenium. The sulfur compounds such as allicin have shown to have medicinal effect and also give pungent odour. The principal bioactive compound is Allicin (allyl 2-propenethiosulphonate or diallyl thiosulphonate) and Other sulphur compounds found in Allium sativum having therapeutic effect also include Diallyl disulphide (DDS), S-allylcysteine (SAC) and diallyl trisulfide (DTS).[12,13]

Action of *Allium sativum* on lipid metabolism

Allium sativum has an impact on lipid levels in blood[13,14] It effects the cardiovascular system by decreasing cholesterol and Triglyceride, lowering of blood pressure, and can cause amplification in fibrinolytic activity.[15]

Absorption of cholesterol, and the synthesis of cholesterol and fatty acid are lowered , hence lowering blood cholesterol.[16] Garlic and various constituents can inhibit the human enzymes required in cholesterol biosynthesis such as squalene monooxygenase and HMG-CoA (3-hydroxy-3-methylglutaryl-coenzyme A) reductase.[17-21] Allicin and/or other components in garlic may enhance bile acid excretion, microsomal triglyceride transfer protein[22] and reduce hepatic cholesterol 7α-hydroxylase, HMG-CoA reductase, pentose-phosphate pathway activities, Cholesteryl ester transfer protein activity,[23] bile acid excretion,[24] and prohibiting hepatic fatty acid synthesis,[25] leading to decrease in the level of LDL-C[26].

Animal studies

Studies have displayed that *Allium sativum* extracts alone decline the level of serum TC, LDL, and TG in humans and rodents.[27,28]

Adding 8% raw garlic into the diet of rats led to lowering of level of plasma TC and LDL-C. [29]

Clinical research

A meta-analysis on Effect of garlic on total serum cholesterol revealed a significant reduction in total cholesterol levels with about 9%. Decrease in total serum cholesterol levels by intake of approximately one half to one clove per day, in the groups of patients studied.[24] A few studies found that garlic powder doesn't reduce cholesterol levels which can be taken as a result of loss of active compound(s) during processing.[30]

Research on homoeopathic preparation of *Allium sativum*

Researches on antihyperglycemic and antihypercholesteromic effect of *Allium sativum* Q in cases of hyperlipedmia have shown beneficial effects in animal studies.[31]

Homoeopathic materia medica

Allium sativum has vaso-dilatory properties. Arterial hypotension begins usually in 30 to 45 minutes after twenty to forty drop doses of the tincture.[32]

Curcuma longa

Curcuma longa.L of Zingiberaceae family commonly called as 'Indian turmeric' is used as spice that also affects the colour and enhances the taste of food in cuisines of Iran, Malesia, India, China, Polynesia, and Thailand.[33,34] In ayurveda, Susruta's recommended an ointment containing turmeric to relieve the effects of poisoned food in his works dating to 250 BC.[35] Curcumin, a collection of 3-6% polyphenolic mixture of curcumin, demethoxycurcumin and bisdemethoxycurcumin known as Curcuminoids are major components responsible for various biological actions like anti-oxidant, anti-cancerous, anti-septic, anti-coagulant, anti-edematic, anti-hepatotoxic, anti-hypercholesterolaemic, anti-inflammatory, etc.[33,36]

The application of the field of nanotherapeutics led to nanorange formulations of curcumin, popularly known as the "nanocurcumin."[37] Introduction of nanotechnology in curcumin provides a solution towards increased bioavailability and therapeutic efficacy.[38] Study on nanocurcumin's role in control of appetite among obese non-alcoholic fatty liver disease (NAFLD) patients showed that nanocurcumin supplementation reduced appetite significantly.[39]

Action of *Curcuma longa* on lipid metabolism:

Curcumin attenuates diet-induced hypercholesterolemia by increasing the rate of cholesterol catabolism through conversion of cholesterol to bile acids in the liver, and increases fecal excretion. The conversion is enhanced in order to replenish the loss in bile acids; the conversion of cholesterol to bile acids is the major pathway of cholesterol elimination

and accounts for about 50% of daily cholesterol excretion. Curcumin supplementation increased Cholesterol 7a-hydroxylase (CYP7A1) which is a liver-specific enzyme that catalyzes the rate-limiting step in the biosynthesis of bile acid from cholesterol in the liver. Moreover, as a mechanism, effect of curcumin on enterocytes inhibits re-absorption of excreted cholesterol as bile acids from digestive tract. The mechanism partially accounts for the hypo-cholesterolemic effect of curcumin, and involve in cholesterol homeostasis.[40]

Animal studies

Dietary curcuminoids prevent liver TG accumulation and epididymal adipose tissue weight gain and decrease plasma VLDL-TG in rats fed a high-fat diet. These TG-lowering effects are probably due to multiple inductions of fatty acid catabolism and utilization pathways by the metabolites of curcuminoids.[41]

Clinical research

Meta-analysis of RCTs on effect of curcumin on circulating interleukin-6 concentrations suggested a significant effect of curcuminoid supplementation in lowering circulating IL-6 concentrations which appeared to be more evident in patients with higher degrees of systemic inflammation.[42]

Research on Homoeopathic preparation of *Curcuma longa*:

Clinical verification study on *Curcuma longa* demonstrated that it can be considered as an important medicine for relieving various clinical conditions like anorexia, dyspepsia, abdominal colic, constipation, laryngitis, dry cough, dysmenorrhoea, lumbago, headache, vertigo, conjunctivitis, toothache, and anxiety neurosis. [43]

The drug proving/pathogenetic trial o *Nanocurcumin* 6X showed 42 signs and symptoms.[44]

Homoeopathic mother tincture of *Curcuma longa* revealed potent activity against inflammation in in rheumatoid arthritis in an experimental study on Wistar albino rats.[45] Hypolipidaemic effect of alcoholic extracts of the plants *Curcuma longa* showed mean lowering modulation - 23.1 mgs%.[46]

Table 2. Summary of biologically active constituents and action of Allium sativum & Curcuma longa

Name of drug	Active constituents/principles/ alkaloid	Action and potential use
Allium sativum[14-26]	sulfur containing active principles mainly in the form of cysteine derivatives, viz. S-alkyl cysteine sulfoxides	• antidiabetic • antibiotic • hypocholesterolaemic • fibrinolytic
	Allicin	• reduces hepatic 3-hydroxy-3-methylglutaryl coenzyme A reductase activity and increases bile acid excretion • hypocholesterolaemic reduces platelet aggregation
	steroid saponins from garlic and aged garlic extract (AGE)	• inhibits cholesterol absorption from the intestinal lumen and consequently reduces the concentration of plasma cholesterol. • Hypocholesterolaemic
		• proto-isoeruboside-B and isoeruboside-B (steroid saponin) inhibits blood coagulation • antithrombotic effect
Curcurma longa [33-47]	curcumin (diferuloylmethane)	• Curcumin protects against the oxidation of cholesterol and inhibits lipid peroxidation • antioxidant, protect against atherosclerosis, reduces cholesterol and TG levels
		• Inhibition of platelet aggregation due to potentiation o prostacyclin synthesis, serotonin release and inhibition of TBX synthesis anticoagulant
		• inhibiting o adipogenesis and inducting of the brown fat-like phenotype • treatment of obesity

	ethanol extract	• inhibits gastric acid secretion by blocking H(2) histamine receptors • gastritis and gastric ulcer.
	Cucurma oil	• neuroprotective • prevention of ischemic brain injury.

Conclusion

Dyslipidaemia is generally asymptomatic and screening test is recommended for all adults aged ≥ 21 years and younger individuals with other risk factors, such as a family history of premature cardiovascular disease and severe dyslipidaemia to identify patients requiring treatment.[48-50] Homoeopathic drug provings lack data on pathophysiological changes in the organism. Literature reviews form the basis of research and can provide a better insight into the pharmaclogical action of homoeopathic medicines, tissue affinity and organ effect. This information can be utilised for exploring research areas in homoeopathy. However, more comprehensive literature reviews with special emphasis on alcoholic extracts of medicines used in homeopathy can prove immensely helpful in understanding sphere of action of homoeopathic preparations. This literature review supports the use of homoeopathic preparations of *Curcuma longa* and *Allium sativum* which should be explored further in clinical RCT for their role in dyslipidaemia.

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Homoeopathy in dyslipidaemia - a case report

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Abstract: Dyslipidaemia is considered as one of the major risk factors for atherosclerotic cardiovascular disease (ASCVD). Studies have demonstrated a significant relationship between plasma cholesterol concentrations and coronary artery disease. Statins are commonly used as a conventional intervention however, being an expensive treatment and involving complications, usage of the drug is impeded. In this case a 60 years old individual diagnosed with borderline hypertension associated with dyslipidaemia, was managed with individualised homoeopathic medicine, *Cinchona officinalis*. The intervention along with Therapeutic lifestyle changes for six month showed symptomatic relief along with lowering of the Lipid values.

Keywords: Dyslipidaemia, individualised homoeopathic medicine, *Cinchona officinalis.*

Abbreviations: cardiovascular diseases (CVD), very low density lipoprotein (VLDL), low density lipoprotein (LDL), high-density lipoprotein (HDL), National Cholesterol Education Program (NCEP), 3-hydroxy-3-methyl-glutaryl-CoA reductase inhibitors (HMGCoA reductase inhibitors) evidence based medicine (EBM), triglyceride level (TGL), outpatient department (OPD), in-patient department (IPD), body mass index (BMI), waist circumference (WC), kilogram (kg), centimetre (cm), millimetre of mercury (mm Hg), total leucocyte count (TLC), thrice a day (TDS), randomised controlled trial (RCT).

Introduction

The major cause of death according to the recent census is cardiovascular diseases (CVD). Out of the various risk factors, dyslipidaemia is having a significant relationship with the cardiovascular diseases. [1]The term "dyslipidaemia" was introduced in 2006, denoting to derangements of one or many of the lipoproteins; elevations of total cholesterol, low density lipoprotein (LDL) cholesterol and/or triglycerides, or low levels of high-density lipoprotein (HDL). The term 'atherogenic Dyslipidaemia' denotes a combination of elevated triglycerides, small-dense LDL particles, and low levels of HDL-cholesterol[2].

The National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III) reinforces LDL as the primary target of cholesterollowering therapy with the optimal goal of its level below 100 mg/dL. The panel recommends treatment beyond LDL lowering for patients with triglyceride levels of 200 mg/dL and above. NonHDLcholesterol, representing the sum of all atherogenic lipoproteins, has been identified as a secondary target of therapy in patients with elevated triglyceride levels. Managing and monitoring nonHDL– cholesterol level is found particularly important for Asian Indians[3,4]. Lifestyle changes such as maintenance in regular aerobic physical activity, increase intake of Omega 3 polyunsaturated fatty acids in diet, and therapeutic interventions such as statins (HMGCoA reductase inhibitors), fibrates, or a combination of statins with fibrates or niacin have been suggested for their beneficial role in lowering LDLcholesterol levels, TGL, and increasing HDLcholesterol levels, but with their adverse effects. [3]

According to the National Cholesterol Education Programme Adult Treatment Panel III[4]

"Dyslipidaemia is defined by the presence of high total cholesterol (≥ 200 mg/dl), high LDL cholesterol (≥ 130 mg/dl), low HDL cholesterol (< 40 mg/dl), high non-HDL cholesterol (≥ 160 mg/dl), high cholesterol remnants [very low density lipoprotein cholesterol = total – (HDL+LDL) cholesterol ≥ 25 mg/dl] or high triglycerides (≥ 150 mg/dl) High total to HDL cholesterol was defined when ratio was either ≥ 5.0 or ≥ 4.0 as reported in an earlier study from India.[4]

The statins have been prescribed by the conventional school as the first line of treatment, but the statins have its own side effects of causing myalgia and myositis, that leads to low adherence of the statins therapy. No doubt, homoeopathy is emerging as an evidence based medicine (EBM). Many preclinical and clinical studies have been done to prove the efficacy of Homoeopathic medicines in dyslipidaemia. But the need of the hour is to further vindicate its scientific background through clinical researches.

Materials and methods

Case Profile

A 60-year-old male patient visited OPD of Dr. MPK Homoeopathic Medical College, Hospital and Research Centre on 12/02/2018 with OPD/IPD 16044/2943.

He presented with severe bursting pain in occipital region for the past 10 days that radiated and localised to right eye. The pain was accompanied with vertigo on stooping

Physician's observation: Patient was reserved and easily loses his temper. Has tendency of cursing those around him.

History of presenting complaints

Patient was apparently well two years back when he gradually developed heaviness in the occipital region. The pain gradually worsened and temporarily got relief by pain killers, but the heaviness still persisted. He often felt palpitation with exertion. Breathlessness was observed on ascending stairs.

Location: Occipital region

Sensation: Bursting character

Modality: < evening

Patient was apparently well 5 days back when he gradually developed pain in the right knee joint which was occasionally extending to back. The patient narrated the possible reason for this pain to be related to his occupation as a mason. He took allopathic medicine at the acute onset which subside the pain for few hours, but the pain is recurrent.

Location: Right knee joint and back

Sensation: Burning pain

Modalities: < after standing

Diagnosis

Dyslipidaemia associated with borderline hypertension.

Past History

Illness	Age	Treatment	Outcome
Haemorrhoids	34	Allopathic	Relapsed
Gall stones	45	Surgical	Treated

Mentals

- He is reserved, does not express his feelings easily (evident from physician's observation) (answered in monosyllables)
- He gets angry easily on trifling matters. (as observed, when questioned was irritated and was not cooperating).

Physical generals

- Appearance- Endomorphic
- Appetite- Normal: 3 meals/day; 1-2 chapattis / meal.
- Thirst- Normal, 2-3 litres /day. (in winters, does not feel like drinking)
- Desire- Sweets ++, $salt_{+}$
- Aversion- Pickles and citrus fruits.
- Stools- $Day_{1.}Night_{0}$, satisfactory
- Urine- $Day_{5\text{-}6.}$ $Night_{0\text{-}1}$
- Sweat- Profuse sour sweating in sleep.
- Sleep- 6 hours, unrefreshing, sleeps on one side.
- General tendency- Tendency to take cold easily
- Thermal Reaction- Sensitive to both extremes of heat and cold
- Addiction-4-5 bidi daily since 30 years.

General examination

Height-168 cm

Blood pressure-140/95 mm Hg

Weight-65 kg

BMI-25(Normal < 23)

WC-33 inches

Totality of symptoms

Angers at trifling issues

Bursting headache starting from occiput

Burning pain in extremities

Pain in right knee joint

Pain aggravates on standing

Profuse perspiration during sleep

Aversion to sour foods

Desires sweets.

Analysis and evaluation

S No	Type of Symptoms	Symptoms	Intensity
1.	Mental general	Angers at trifling issues	++
2	Physical generals	Desires sweets.	++
3	Physical generals	Profuse perspiration during sleep	++
4	Physical generals	Aversion to sour foods	++

5	Particulars	Bursting headache starting from occiput	++
6.	Particulars	Pain in right knee joint	+
7.	Particulars	Pain aggravates on standing	++
8.	Particulars	Burning pain in extremities	+

Prescription

Cinchona officinalis 30, thrice a day was prescribed based on covering maximum reportorial totality. The patient also had a history of multiple gall stones.

Selection of dose and repetition

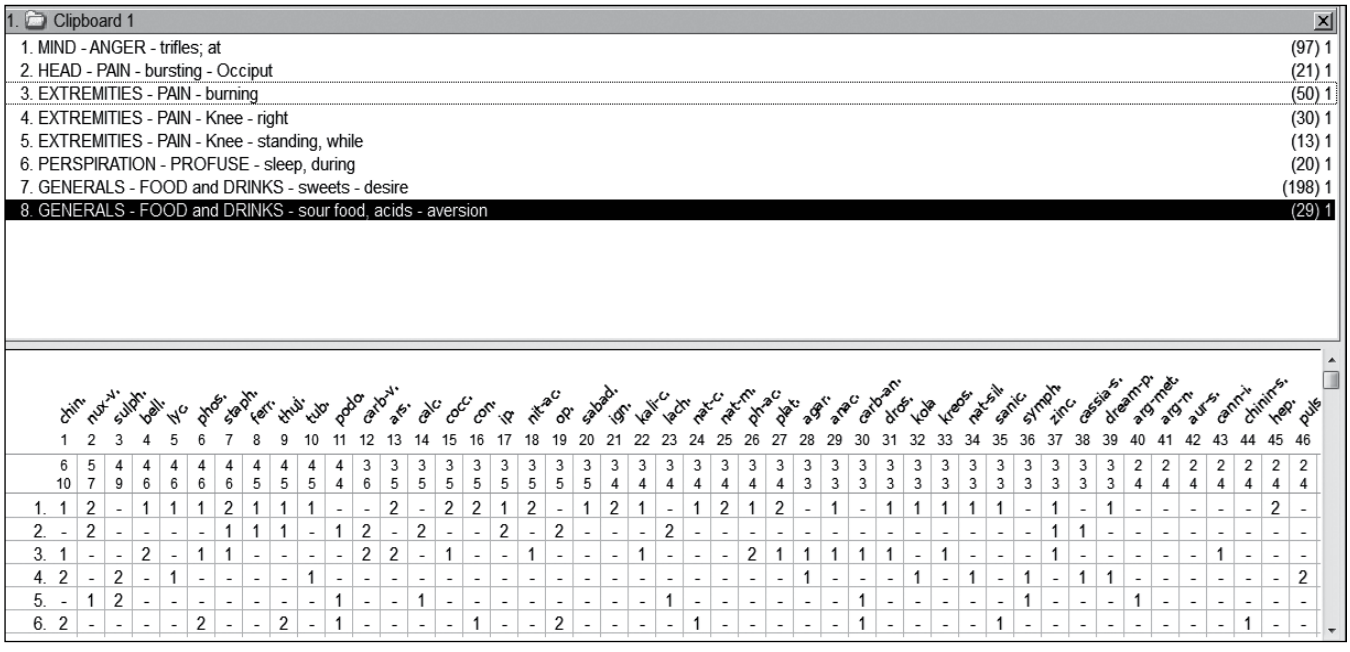
According to Master Hahnemann, as given in aphorism 247, the smallest doses of the best selected medicine may be repeated with the best, often with incredible results at frequent interval .[5]

In Kent's *Lesser writings* also, Master Kent mentioned that single well selected medicine can be repeated every four hours.[6]

George Vithoulkas also stated that in acute cases, repetition should be more frequent.[7]

Repertorisation

Since, the analysis and evaluation constituted marked physical and mental generals and particular symptoms, repertorisation was done by *Synthesis Repertory*.[8]

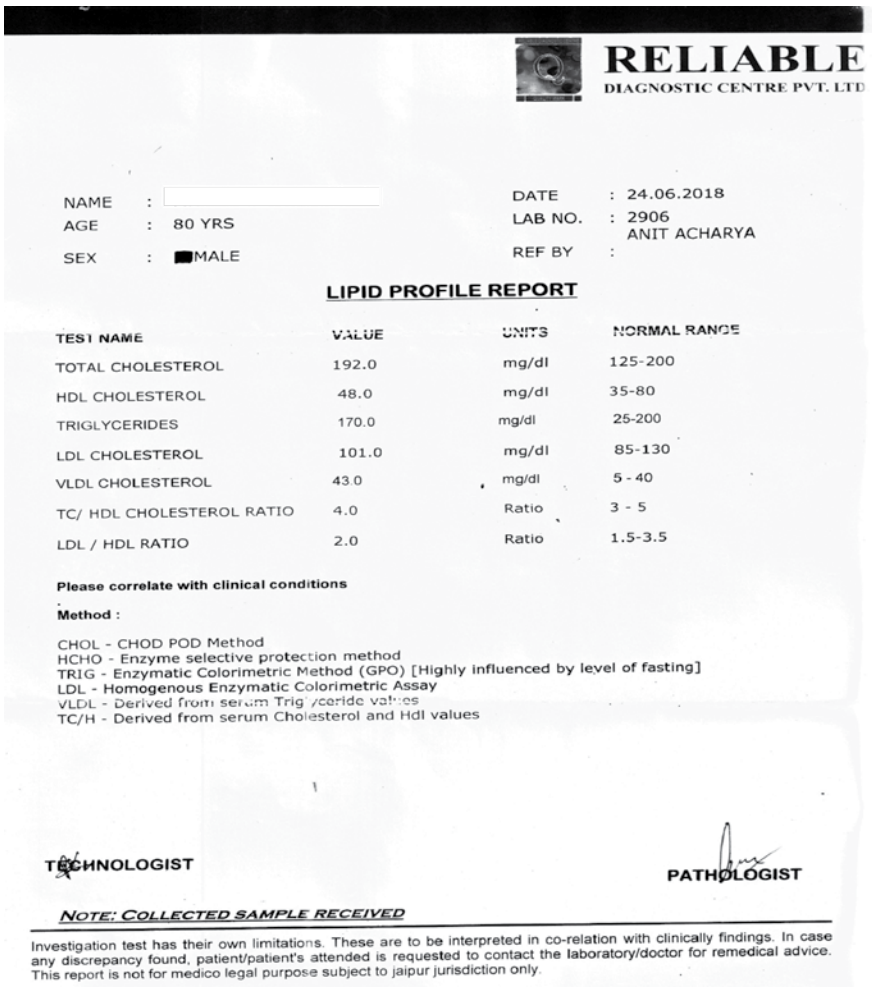


Repertorisation sheet

Follow up

Date	Complaints	Prescription
13/02/18	Throbbing pain in occiput localising to right eye, Palpitation< on exertion. The investigation showed increase in total cholesterol Triglyceride and VLDL.	*Cinchona officinalis* 30 TDS for 10 days TLC was being advised
25/02/18	Complaints same with no marked improvement	*Cinchona officinalis* 30C TDS for 10 days TLC Was being advised
03/03/18	Palpitation slight decreased in frequency	Placebo TDS for 10 days TLC was being advised

14/03/18	Occipital pain increased since two days. Palpitation reoccur with the headache	*Cinchona officinalis* 200 C two doses on first day, followed by Placebo 30 TDS for two weeks. TLC was being advised (As seen the *Cinchona officinalis* 30 C didn't show much improvement in physical generals,only headache slightly better.So,*Cinchona Officinalis 200C* was selected for second prescription).
01/04/18	Pain intensity lowered, palpitation on exertion Slight better.	Placebo30 TDS for one month. TLC was being advised
02/05/18	Pain slight better with decrease in frequency and intensity. palpitation persists but infrequent.	Placebo30 TDS for one month. TLC was being advised
02/06/18	Pain better. Palpitation less marked. Patient advised to get the lipid profile done on the next visit.	Placebo TDS for 20 days. TLC was being advised
24/06/18	Complaints better. The investigation showed decrease in the Lipid profile.	Placebo TDS for 15 days. TLC was being advised



RELIABLE
DIAGNOSTIC CENTRE PVT. LTD

NAME : [redacted]
AGE : 80 YRS
SEX : [redacted]MALE

DATE : 24.06.2018
LAB NO. : 2906
REF BY : ANIT ACHARYA

LIPID PROFILE REPORT

TEST NAME	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	192.0	mg/dl	125-200
HDL CHOLESTEROL	48.0	mg/dl	35-80
TRIGLYCERIDES	170.0	mg/dl	25-200
LDL CHOLESTEROL	101.0	mg/dl	85-130
VLDL CHOLESTEROL	43.0	mg/dl	5 - 40
TC/ HDL CHOLESTEROL RATIO	4.0	Ratio	3 - 5
LDL / HDL RATIO	2.0	Ratio	1.5-3.5

Please correlate with clinical conditions

Method :

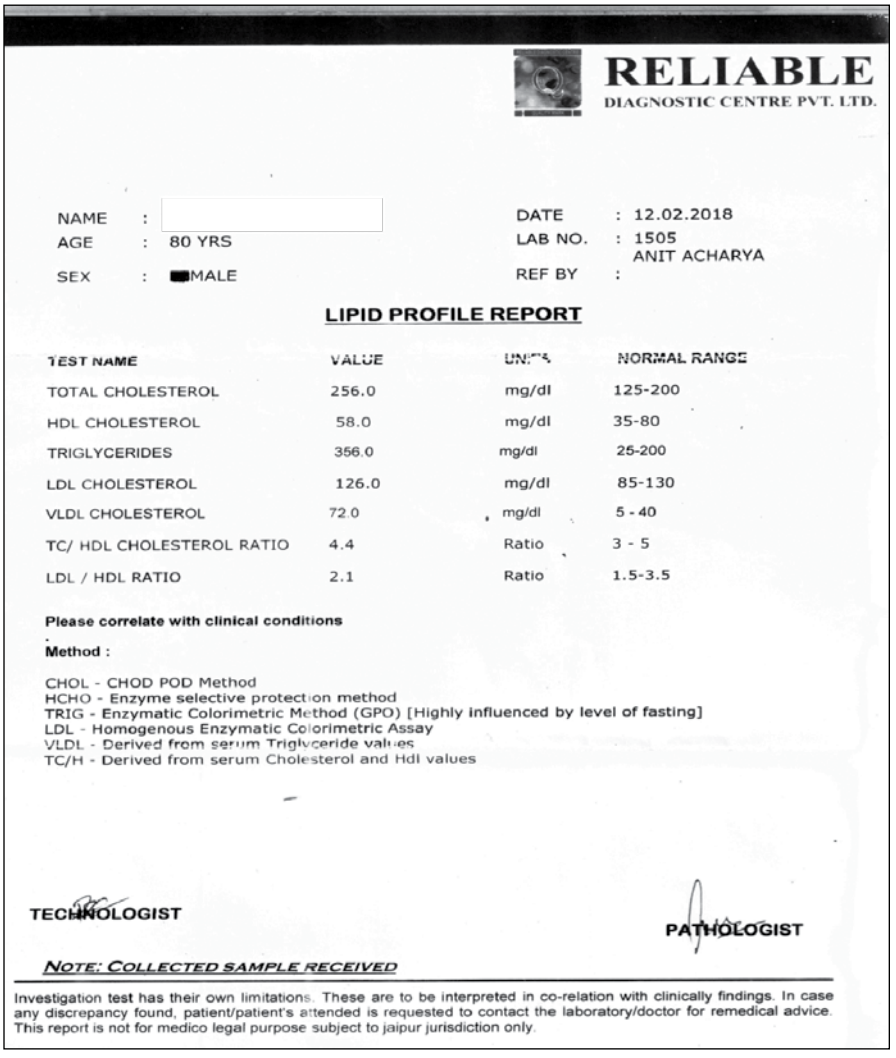
CHOL - CHOD POD Method
HCHO - Enzyme selective protection method
TRIG - Enzymatic Colorimetric Method (GPO) [Highly influenced by level of fasting]
LDL - Homogenous Enzymatic Colorimetric Assay
VLDL - Derived from serum Trig /ceride values
TC/H - Derived from serum Cholesterol and Hdl values

TECHNOLOGIST

PATHOLOGIST

NOTE: COLLECTED SAMPLE RECEIVED

Investigation test has their own limitations. These are to be interpreted in co-relation with clinically findings. In case any discrepancy found, patient/patient's attended is requested to contact the laboratory/doctor for remedical advice. This report is not for medico legal purpose subject to jaipur jurisdiction only.



RELIABLE
DIAGNOSTIC CENTRE PVT. LTD.

NAME :
AGE : 80 YRS
SEX : MALE

DATE : 12.02.2018
LAB NO. : 1505
REF BY : ANIT ACHARYA

LIPID PROFILE REPORT

TEST NAME	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	256.0	mg/dl	125-200
HDL CHOLESTEROL	58.0	mg/dl	35-80
TRIGLYCERIDES	356.0	mg/dl	25-200
LDL CHOLESTEROL	126.0	mg/dl	85-130
VLDL CHOLESTEROL	72.0	mg/dl	5 - 40
TC/ HDL CHOLESTEROL RATIO	4.4	Ratio	3 - 5
LDL / HDL RATIO	2.1	Ratio	1.5-3.5

Please correlate with clinical conditions

Method :

CHOL - CHOD POD Method
HCHO - Enzyme selective protection method
TRIG - Enzymatic Colorimetric Method (GPO) [Highly influenced by level of fasting]
LDL - Homogenous Enzymatic Colorimetric Assay
VLDL - Derived from serum Triglyceride values
TC/H - Derived from serum Cholesterol and Hdl values

TECHNOLOGIST

PATHOLOGIST

NOTE: COLLECTED SAMPLE RECEIVED

Investigation test has their own limitations. These are to be interpreted in co-relation with clinically findings. In case any discrepancy found, patient/patient's attended is requested to contact the laboratory/doctor for remedical advice. This report is not for medico legal purpose subject to jaipur jurisdiction only.

Concomitant therapy

The patient was advised therapeutic lifestyle changes and convinced to maintain a weekly record for adherence to diet and physical activity.[3]

Conclusion

The outcome of this case report may improve the knowledge of the clinicians which will ultimately benefit the patients suffering from dyslipidaemia. This was a retrospective study involving a single case. So, a prospective research study with randomised controlled trial (RCT) study design and a larger sample size is suggested for scientific validation.

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A study of clinical investigation of KUB with special reference to urinalysis and their homoeopathic therapeutics

Dr Anum Zaheer

Abstract: The kidneys and urinary bladder are important components of the excretory system in a human body. Today the incidence of kidney diseases is increasing at an alarming rate, mainly due to the high prevalence of lifestyle diseases, viz. type two diabetes, and hypertension. Apart from this, urinary tract infections and other less conspicuous diseases are also becoming increasingly common. In this wake, it is worth noting that an early detection and intervention in less possible time itself is the only way by which the failure of kidneys could be prevented. It is also imperative to remember that a thorough understanding of the various investigation techniques and its correlation with the homeopathic therapeutics is incredibly important in disease management. Many of the symptomatology mentioned in the homeopathic Materia medica is remarkably congruent with the modern investigative techniques and could help in the early intervention in a disease pertaining to the KUB.

Keywords: Clinical, urinalysis, homoeopathy.

Abbreviations: KUB (kidney, ureter, bladder), end-stage renal disease (ESRD), millilitre (ml), per million population (pmp), acute kidney injury (AKI), renal replacement therapy (RRT), glomerular filtration rate (GFR).

Introduction

Disorders of kidney and urinary tract are often clinically 'silent' and may be detected by biochemical testing, such as measurement of plasma creatinine or testing of urine. Severe renal disease may present with nonspecific symptoms, for example, tiredness or breathlessness due to renal failure and associated anaemia, or oedema due to fluid retention.[1]

Diagnosis has little or no role to play in homeopathic prescription is the biggest myth believed by many homoeopathic practitioners as selection of remedy solely depends upon 'totality of symptoms', same goes with importance of investigations. Both of these helps in better management of case, to decide acceptability or non-acceptability of case, to know the prognosis and depth of disease.

Description

There is a rising incidence of chronic kidney disease that is likely to pose major problems for both healthcare and the economy in future years. In India, it has been recently estimated that the age-adjusted incidence rate of ESRD to be 229 per million population (pmp), and >100,000 new patients enter renal replacement programs annually.[5]

Signs and symptoms of disorders of renal tract

Presenting complaints in renal disorders are urinary tract infections which manifests as abrupt onset of frequency and urgency of micturition, dysuria (painful urination), pain in loin, oliguria (urine output < 50 ml /day) , polyuria (urine output 3L/day) , nocturia (waking in night to void urine), urine incontinence (involuntary leakage of urine), haematuria (bleeding from anywhere in renal tract), proteinuria (passage of albumin in urine if in large amount indicates renal damage), oedema (pitting) due to collection of interstitial fluids, slow stream, hesitancy and terminal dribbling, urethral discharge.

Hypertension is very common feature of renal disease particularly early manifestation of reno-vascular and some glomerular disease.

Lastly acute renal failure also known as acute kidney injury (AKI) which is sudden reversible loss of renal function accompanied by reduction in urine volume, abnormal high creatinine. Generally, renal diseases progress to a final stage as end-stage renal disease (ESRD) and function is substituted by renal replacement therapy (RRT), haemodialysis, peritoneal dialysis, or transplantation.[2]

Investigations of KUB

Diagnosis of urinary tract are

more dependent on laboratory, histopathology and imaging techniques, to complete the diagnostic process, but the basic principles and requirements of clinical assessment often lead towards an area of diagnosis which directs subsequent laboratory and other technically orientated investigations. [4]

- URINALYSIS- The urine should be tested as part of every general medical examination and not just in patients with known renal or urinary tract disease.

1. Quantity-Normal adults in temperate climates usually pass between 750 and 2500 ml of urine every 24 hours.

2. Colour-The colour of urine is also heavily influenced by the urinary flow rate, with high flow leading to dilute urine and hence a pale color. Bile pigments in excess will colour the urine brown, with a characteristic yellow froth on shaking. Small to moderate quantities of blood impart a smoky appearance, with larger amounts leading to progressive brown or, in the case of brisk bleeding, bright red discolouration. Urine is normally transparent when freshly passed and still warm, but may be cloudy if there are large numbers of red blood cells or leukocytes, or if phosphates have precipitated in significant amounts.

3. Specific gravity and osmolality-The range of specific gravity is 1.001-1.035, which is equivalent to 50-1350 mOsmol/kg water. The presence of renal insufficiency leads to a reduction in the range of osmolality.

4. Glucose-Glucose in urine is seen in diabetics, less predictably patients with acquired chronic renal diseases may exhibit glycosuria at normal plasma glucose concentrations.

5. Protein-Heavy proteinuria(>1.5 g/day) is nearly always glomerular in origin and albumin predominates over larger proteins such as globulins Albumin excretion in the range 20-200 mg/day is termed microalbuminuria

Plasma calcium, phosphate, alkaline phosphatase, urea, urate, creatinine and electrolytes like sodium are assessed in patients those have tendency to form stones

- GFR- *Glomerular filtration rate (GFR)* - it is the rate at which fluid passes into nephrons after filtration and measures renal excretory function. It's a good parameter for staging chronic kidney. In acute kidney failure there is rapid decline in GFR leading to nitrogen, sodium & water retention. In chronic renal failure GFR reduced for considerable period and irreversible
- KIDNEY BIOPSY- one or two small cores of renal cortex are removed using a needle biopsy technique, is performed in patients in whom diffuse renal parenchymal disease is suspected. The test is invasive and carries a small but definite risk of serious complications Kidney biopsy is often the only way to distinguish the various forms of glomerulonephritis, both from one another and from tubule-interstitial diseases of the kidney
- PLAIN RADIOGRAPHS-with their help certain types of renal stone or other calcifications may be identified.
- ULTRASOUND - Ultrasound provides good images of the renal parenchyma and collecting system, and in nearly all patients gives a reliable estimate of renal size as well as identifying discrete lesions within the parenchyma, hydronephrosis and stone.
- INTRAVENOUS UROGRAPHY- involves the intravenous injection of organic iodine compounds that are excreted and concentrated radiographically. It is an extremely good technique for examining the renal collecting system, the ureters and the bladder, but gives less information than ultrasound about the renal parenchyma
- CYSTOGRAPHY- Bladder is filled with contrast via urethral catheter and X rays are taken before, during and after micturition. The test indicates completeness of bladder emptying, urine refluxes. It's an invasive procedure risk of infection cannot be neglected.
- COMPUTED TOMOGRAPHY AND MAGNETIC RESONANCE IMAGING- yields important information about surrounding retroperitoneal structures. It is useful in ureteric obstruction, malignancy,
- ARTERIOGRAPHY AND VENOGRAPHY- both are invasive procedure used to detailed studies of renal blood supply, the commonest indication is the patient with hypertension and/or renal insufficiency in whom renal artery stenosis is suspected.

Although Homoeopathy medical science is based on principle of similia, remedy is prescribed on the basis of symptom totality but

there are so many ways of studying homoeopathic materia medica among which therapeutics is one of them.

Repertorial approach

Colour of urine	Remedies
BLACK	***Carb-ac, Coloch, Lach, Ter.***
BROWN	***Ars-alb, Arnica, Benz-acid, Bry-alba, Chel, China, Merc-cor***
COFFEE LIKE	***Lach, Nat-mur***
GREENISH	***Camphor, Merc-sol***
RED	***Benz-acid, Bry-alba, Canth, Oci, Sep, Stram***
VOILET	***Mur-acid***
YELLOW	***Arn, Bell, Bry-alba, Cham, Ip, Lach***

Table 1. Showing remedies for coloured urine

- Glycosuria:

  See Figure 1
- Proteinuria:

  See Figure 2

Homoeopathic therapeutics for urine analysis

In homoeopathy, one cannot give a universal protocol for acute or chronic diseases as it treats man in sickness. It depends upon individuality of patient still there are numerous ways to study homoeopathic materia medica and therapeutics is one of them, so few drugs are discussed as follows-

1. ***Ammonium benzoicum***[6]- One of the remedies for albuminuria, Urinary incontinence in the aged. Urine scanty, smoky Albuminous and thick deposits.

Schroyens F., Synthesis 9.0 (English)

URINE

SUGAR: (112) *Acet-ac.* alf. all-s. alumn. am-c. aml-ns. ant-t. anthraco. arg-met. ars. *Ars-br.* aur. bar-c. benz-ac. berb. bov. calc. calc-p. calc-sil. camph. *Carb-ac. Carb-v.* carc. *Chel. Chin.* chinin-ar. chir-fl. chlol. *Cod.* coff. coff-t. *Colch. Coloc.* con. conv. cop. crat. cupr. *Cur. Elaps* ferr. ferr-i. *Ferr-m.* ferr-p. grin. helo. **HELON.** *Hep. Hydr.* ign. ins. *Iris* kali-bi. kali-br. kali-c. *Kali-chl.* kali-m. kali-n. *Kali-p. Kreos. Lac-ac. Lac-d. Lach. Lec.* led. lith-c. **LYC.** lycpr. *Lycps-v.* lyss. mag-c. mag-s. *Med.* meph. merc. morg-p. morph. mosch. mur-ac. nat-m. *Nat-s. Nit-ac. Nux-v.* op. ourl. petr. **PH-AC.** *Phlor.* **PHOS.** *Pic-ac.* **PLB.** *Podo.* ran-b. *Rat.* sal-ac. sec. sep. *Sil.* squil. *Sul-ac. Sulph.* **SYZYG.** tarax. **TARENT. TER.** *Thuj.* ~~uran-met.~~ **URAN-N.** vanad. vinc-r. zinc. zinc-p.

Figure 1: showing rubric – URINE:sugar: from Synthesis repertory

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

URINE

ALBUMINOUS: (199) absin. acetan. acon. adon. alco. all-c. all-s. allox. alum. alum-p. alumn. am-be. *Am-c.* am-caust. ant-c. *Ant-t.* antip. **APIS** apoc. arg-met. *Arg-n.* arist-cl. **ARS.** *Ars-i.* ars-s-f. astac. *Aur.* aur-ar. aur-i. **AUR-M.** *Aur-m-n.* aur-s. bell. berb. bism. borx. *Brach.* bry. cain. *Calc.* **CALC-AR.** calc-i. calc-p. *Cann-s.* cann-xyz. *Canth. Carb-ac. Carb-v. Carbn-s.* carc. caul. chel. *Chim. Chin. Chinin-ar.* chir-fl. chlol. cinnb. cob. coc-c. coch. *Colch.* cop. cortiso. *Crot-c. Crot-h.* cub. *Cupr.* cupr-s. *Dig.* diph-t-tpt. *Dulc.* euon-a. euonin. eup-pur. faec. *Ferr. Ferr-ar. Ferr-i.* ferr-p. ferr-pic. form. fuch. *Gels.* **GLON. HELL.** helo. *Helon. Hep. Hippoz. Iod.* kali-ar. *Kali-bi.* kali-br. *Kali-c. Kali-chl. Kali-i.* kali-m. kali-n. kali-p. kali-s. *Kalm.* kiss. kreos. **LAC-D.** lac-v. *Lach.* lat-h. lat-m. lec. *Leptos-ih.* lith-c. lon-x. **LYC.** lycps-v. mag-m. mang-act. med. mela. *Merc.* **MERC-C.** *Merc-cy. Merc-i-r.* methyl. mez. morph. mur-ac. myric. naphtin. **NAT-AR. NAT-C.** nat-f. nat-hchls. *Nat-m.* **NAT-P.** *Nat-s.* nat-sal. *Nit-ac.* nux-v. oci. oena. ol-j. op. osm. osm-ac. ourl. *Petr.* **PH-AC.** phase-xyz. *Phos. Phyt. Pic-ac.* pilo. pip-m. pitu-p. **PLB.** polyg-h. puls. *Pyrog.* rad-br. **RHUS-T.** ric. *Sabin.* sal-ac. samb-c. sars. scarl. *Sec. Ser-ang.* solid. spartin-s. stann. stigm. strych-g. sul-ac. sul-i. sulfon. *Sulph. Syc.* tab. *Tarent.* tax. **TER.** thuj. thymol. thyr. tub. tub-m. ~~uran-met.~~ *Uran-n.* urea vac. valer. vanad. vesi. visc. zinc. zinc-p. zing.

Figure 2: showing rubric – URINE:albuminious: from Synthesis repertory

2. ***Apis mellifica***- pain in renal region, soreness on pressure, and when stooping frequent sudden attacks of pain along the ureters ; urine suppressed or scanty, high-colored, fetid, containing albumen, blood-corpuscles, uriniferous tubes and epithelium especially after scarlatina.[7]

3. ***Acidum phosphoricum*** -frequent profuse & watery or milky urine, frequent urination at night

4. ***Ambra grisea***- urine smell sour.[8]

5. ***Arum triphyllum***- starts the flow of suppressed urine within a short time.

6. ***Benzoicum acidicum***- dribbling of urine in old people with enlarged prostate, urine has smell of bitter almonds in clothes, smell fills the whole room.

7. ***Cannabis indica*** -urine contains much slimy mucus, must strain to void urine.

8. ***Cantharis vesicatoria-*** burning in urine, constant desire to urinate, bloody urine

9. ***Chelidonium majus*** - urine profuse and foamy, yellow like beer, dark & turbid not clear.

10. ***Chininum sulphuricum-*** urine contains both uric acid & phosphoric acid

11. ***Copaiva officinalis-*** voids urine with pain, before micturition, burning pressure, fetid smell, turbid and green in colour

12. ***Epigea repens***- urine is brown color, contains muco-pus, uric acid, gravel, renal calculi or fine sand

13. ***Formica rufa***- useful remedy for baccili.coli infection of urine, large quantities, of turbid and foetid urine passed at night.[8]

14. ***Kalium sulphuricum***- very useful remedy when there is excessive calcium oxalates in urine.

15. ***Lecithinum***- urine is scanty, lecithinium in 12X causes rapid decrease of phosphates, sugar, and albumin in urine.

16. ***Lycopodium clavatum-*** it treats uric acid diathesis, very important remedy for red sand in urine.

17. ***Methylene blue***- urine is of green color & contains large amount of blood.

18. ***Terebinthinae oleum***- Adapted to the early stages, when blood and albumen abound more than casts and epithelium, urine much diminished in quantity, loaded with albumen, casts of tubes with blood-discs ; urine highly charged with blood, especially if it is bright and passing in very small quantity.

Conclusion

The homeopathic materia medica is a colossal treasure of drug indications. Even then, if a homeopath fails to give the desired results while managing a disease instance, it is most probably the failure in arriving at a proper diagnosis and prognosis that becomes the major reason than the faulty selection of the right remedy itself. It is no different in the diseases related to the KUB as well, or the chances for failure are even more apparent in KUB diseases due to the vulnerability and to its strategic physiological functions. Though the symptoms related to KUB are usually milder and slower in onset and progression, any physician could detect an early symptom if he is well conversant in the investigative approaches. Even a simple routine urinalysis could visualize a myriad of symptoms. And, if the physician knows how to apply the drug knowledge appropriately, managing KUB disorder transpires at ease.

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Hyperlipidaemia and liver: role of homoeopathic medicines as drainage remedies

Dr Jaimin R. Chotaliya

Abstract: Hyperlipidaemia is one of the major prevalent non-communicable disease and it causes disturbances in the body that may affects the vital organs like heart, liver, brain, and kidney at a longer duration. Affection of hyperlipidaemia to liver is an essential one to study as we all know that liver is the main organ for synthesis and excretion of bio-molecules in body. So, with the understanding of remedies that affect the liver on specific spheres will help us to manage cases where hyperlipidaemia involves the liver. To understand the ***"specific organ effect"*** of remedies, concepts like drainage remedies and organ specific remedies are popular among physicians as well as controversial for classical homoeopathy.

Keywords: Hyperlipidaemia, liver, drainage remedies.

Abbreviations: very low-density lipoprotein (VLDL), triglycerides (TG) ,familial dysbetalipoproteinemia (FDBL), lipoprotein-X (LP-X).

Introduction

"Hyperlipidaemia"- this word is well known to medical world as it is a part of day to day practice. In this modern era of non-communicable diseases, hyperlipidaemia is also ranked higher with diabetes mellitus and hypertension. Hyperlipidaemia starts with irregular diet and regimen and ends with taking "statins" as regular medication with daily life. In homoeopathy, there is possibility to manage these disturbances with the help of appropriate medicines. From dietary advise, constitutional to drainage remedies are present for management of hyperlipidaemia. In the possible management with homoeopathy, let's discuss about drainage remedies for management of hyperlipidaemia.

Contents

- Hyperlipidaemia in connection to liver metabolism.
- Diet and regimen in liver disorders.
- Drainage remedies with their actions on liver.

Hyperlipidaemia in connection to liver metabolism

Liver is a chemical factory of body and all metabolisms of body take place in liver. Fat metabolism, one of the essential metabolic processes of body and it solely depend upon liver. This relation of liver and Hyperlipidaemia is very exhaustive to study in few lines. So, a short summary will help us to understand this concept.

Liver is the principal site of formation and clearance of lipoproteins. Due to that function of liver, liver disorders can affect plasma lipid levels in variety of ways. Hepatitis due to infection, drugs, or alcohol is often associated with increased VLDL (very low-density lipoprotein) synthesis and mild to moderate hypertriglyceridaemia. Severe hepatitis and liver failure are associated with dramatic reduction in plasma cholesterol and triglycerides (TG) due to reduced lipoprotein biosynthesis capacity. [1]

Cholestasis is associated with hypercholesterolaemia, which can be very severe. A major pathway by which cholesterol is excreted from the body is via secretion into bile, either directly or after conversion to bile acids, and cholestasis blocks this critical excretory pathway. In cholestasis, free cholesterol is coupled with phospholipids, and is secreted into the plasma as a constituent of a lamellar particle called LP-X (lipoprotein-X). The particles can be deposited in skinfolds, producing lesions resembling those which are seen in patients with familial dysbetalipoproteinemia (FDBL) (xanthoma strata palmaris). Planar and eruptive xanthomas can also be seen in patients with cholestasis. [1]

So, one can get short idea about the importance of liver, bile and their compounds for fat metabolism.

Diet and regimen in liver disorders

Dr Hahnemann in his *Organon of Medicine*, under the aphorism 261 mentioned, *"The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse: innocent moral and intellectual recreation, active exercise in the open air in almost all kinds of weather (daily*

walks, slight manual labour), suitable, nutritious, unmedicinal food and drink, etc."[2] So, this indicates diet and regimen management during treatment of chronic disease like hyperlipidaemia.

"Prevention is better than cure". So, let's consider one research study that suggests importance of diet in fatty liver disease.

In non-alcoholic fatty liver disease, red meats and its product, fats, sugar will higher the risk while whole grain and vegetables lower the risk.[3]

Drainage remedy with their action related to liver: [4,5,6,7]

The living matter is composed of carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus to which are added chlorides, potassium , sodium, calcium, magnesium, iron, and accessorily silica and fluoride. [4]

The carbon is borrowed from living matter under the form of carbonic acid, hydrogen in water state, nitrogen from ammonia state and sulphur in the state of sulphuric acid. [4]

As a consequence of the different operations for reduction and synthesis, the living matter builds from the organic substances. Some complex organic matters like proteins, fat, hydrate of carbon, combined with some mineral substances for obtaining the immediate principles constituting the tissues and organs of living matters. The simple substances will generally be the homoeopathic remedies of first importance.[4]

Thus, one finds principal minerals/ remedies for liver are *Sulphur, Phosphorus, Natrum sulphuricum*, from plant kingdom, the remedies are *Lycopodium clavatum* (which contains above 3 minerals in their composition) and *Chelidonium majus*.

Sepia officinalis and *Lachesis mutus* are from animal kingdom better suited for consideration.

Sulphur:

It suits well when some liver trouble co-existing with an active and transitory congestion of liver, or with general arterial congestion. The general abdominal congestion may be the symptoms of a tendency towards cancer with localisation in the abdomen. Bleeding haemorrhoids, incessant or periodical bleeding, are clear symptoms of *Sulphur*. "Pressure in region of liver; wind accumulates in the left side; feeling of weight in abdomen." [4]

Phosphorus:

Degeneration of fat. Suits less to ordinary insufficiency of liver rather remedy for cirrhosis, deep acute insufficiency of liver or chronic affection. Action of *Phosphorus* on blood functions of liver due to action on fibrinogen formation. Action is more on endocrinal liver than on exocrinal liver. *Phosphorus* has its action on nucleus of hepatic cells (abundance of phosphorus in nucleus). *Phosphorus* drained through central vein while *Lycopodium clavatum* drained through bile ducts. It produces a picture of destructive metabolism. It causes yellow atrophy of the liver and sub-acute hepatitis. [4,5]

Natrum sulphuricum:

Good choleretics, therefore acting on production of bile from interstitial lymph and laminary system. It is to be noted that one of the biliary salts, Taurocholate, contains, at the same time, *Sulphur* and *Natrum sulphuricum*. Which is itself choleretic so acting on formation of bile salts in tissue. It is useful like *China officinalis* in cholesterinaemia.[4]

Lycopodium clavatum:

Classical remedy for insufficiency of liver with more or less phenomena of retention of bile (like *China officinalis*). *Lycopodium clavatum* is for sclerosis and *Phosphorus* is for degeneration. Digestion proceeds very slowly, with flatulence and acidity.[4]

Sepia officinalis:

Main action through the portal congestion (whole body congestion as in *Pulsatilla nigricans*). Liver sore and painful; relieved by lying on right side. Patient has many brown spots on abdomen and feeling of relaxation and bearing-down in abdomen.[4]

Lachesis mutus:

Like *Phosphorus*, it has action on blood and remedy when overwork of nerves and sympathetic system with glandular overwork. Sleep aggravation suggests its sympathetic activity stimulation.[4]

Choleretic (causing secretion of bile):

Phosphorus, Natrum sulphuricum, Aloe socotrina., Podophyllum peltatum, Lachesis mutus, Chelidonium majus.[4]

Cholagogue (causing evacuation of bile):

Lecithinum, Mercurius solubilis, Mercurius dulcis, Chelidonium majus.[4]

Choleretics/cholagogue:

***Magnesium sulphuricum*[4]**

***Chelidonium majus*:**

Through the pneumogastric nerve, it produces congestion and active inflammation of the liver, as shown by the acute pain, and tenderness, with pain under the right scapula. It causes arrest of secretory function from over-stimulation or obstruction of hepatic ducts. It also causes fatty degeneration of the liver.[6]

This remedy (*Chelidonium majus*) seems act throughout the system, but almost always along with it the liver is involved, and it is suitable for what the old people and the doctors called "biliousness". We have remedies that act on the circular fibres of these little tubes, causing them to relax and allow stone to pass painlessly.[7]

Conclusion

As a homoeopath, it is our duty to make this science constantly updated and find a new way to improve our artistic quality. Advise from Dr Hahnemann's father was better suited to all homoeopaths in current era, that ***"Prove all things, hold fast which is good.*** "There are various guidelines in historical development of Homoeopathic science, which can be good guide for improving clinical skill. So, just explore it and use it in practice with your own unique understanding. This article is intended to be helpful for physicians and students to nurture their scientific mindset.

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Beat hyperlipidaemia for healthy heart

Dr Nandini Dadhich and Dr Dilip Dadhich

Abstract: Hyperlipidaemia is the condition in which there are high levels of lipids in the blood. The lipoproteins commonly estimated are total cholesterol, low density lipoproteins, high density lipoproteins, triglycerides and phospholipids. This elevation of plasma lipids influences the risk of cardiovascular diseases. Coronary artery obstruction and myocardial infarction being the most common. The management includes basic lifestyle changes. The treatment involves the intervention of hypolipidaemic drugs.

Keywords: Hyperlipidaemia, low density lipoprotein cholesterol, high density lipoprotein cholesterol, atherosclerosis, plasma lipid profile, homoeopathic approach.

Introduction

Hyperlipidaemia is characterised by raised plasma concentration of lipid parameters[1]. It is considered as one of the major risk factors for cardiovascular diseases. Abnormal metabolism of the lipid parameters are the main cause of atheromatous vascular diseases[1]. Coronary artery disease accounts for 20% deaths in India[2]. Atherosclerosis is characterized by blockage of arteries due to deposition of cholesterol plaques[1]. The metabolism of lipoproteins and cholesterol significantly contributes in initiation of atherosclerosis. Plasma lipid profile comprises of total cholesterol which should be <200 mg/dl, low density lipoprotein cholesterol which should be <130 mg/dl, high density lipoprotein cholesterol which should be >60 mg/dl, triglycerides; in some cases apoproteins are also considered like Apo-B level, Apo-A-1 level and Lipoprotein (a) level.[1, 2] The values may differ in pathological conditions like hypothyroidism, diabetes mellitus, obstructive jaundice, nephrotic syndrome, familial hyperlipoproteinemias.[1, 2] The sample should be collected after 12 – 14 hours of fasting.[1,2] Cholesterol is mainly present as low density lipoprotein which is bad cholesterol and high density lipoprotein which is good cholesterol.[1, 2]

Classification

Hyperlipidaemias are classified into hypercholesterolaemia (Type II a), hypertriglyceridaemia (Type I, IV and V) and combined hyperlipidaemia (Type II b and Type III).[2] In order of highest to lowest they are considered as –

- Type II A (primary familial hypercholesterolemia) in which there is elevation of low density lipoprotein due to receptor defect.
- Type II B hyperlipoproteinaemia in which cholesterol and triglycerides elevates with excessive production of apo-B.
- Type IV (familial endogenous type) in which there is over production of triglycerides by liver.
- Type I which is rare and occurs due to lipoprotein lipase deficiency.
- Type III is rare and occurs due to increased levels of low density lipoprotein and intermediate density lipoprotein.
- Type V in which chylomicrons and very low density lipoproteins are increased.

Symptoms

Usually, it is discovered during blood test and no symptoms are as such produced. Patients with high blood cholesterol level cam develop xanthomas under skin, especially eyes.[2]

Complications

- Atherosclerosis
- Coronary artery disease
- Myocardial infarction
- Ischaemic stroke

Risk factors:[1,2]

- Increased serum cholesterol levels.
- Increased low density lipoprotein cholesterol levels.
- Low high density lipoprotein cholesterol levels.
- Increased apoprotein levels and ratios.
- Increased Lipoprotein (a) level.
- Sedentary lifestyle.
- Smoking.
- Diabetes mellitus.
- Hypertension.
- Obesity.
- Increased homocysteine level.
- High sensitivity C-reactive protein.
- Diet low in saturated fat.

Consequences[1,2]

Increased levels of cholesterol causes the cholesterol esters to deposit in intma of arteries especially derived

from low density lipoprotein particles. They are endocytosed by macrophages through receptors. Since, the macrophages become overloaded, they become foam cells. They are visible in arterial wall as yellow patches as fatty streaks. These form atherosclerotic plaques. The condition is reversible in early stages, later the progression becomes irreversible. The fibroproliferative response starts which leads to increased plasma high sensitivity C-reactive protein. Further, it leads to proliferation and narrowing of vessel wall. The blood flow becomes turbulent and clot formation tendency occurs.

Management:[1,2]

- Reduce calorie intake.
- Reduce fat intake.
- Reduce saturated fat intake.
- Vegetable oil containing polyunsaturated fatty acids should be recommended.
- Green leafy vegetables should be recommended.
- Sucrose and smoking should be avoided.
- Regular moderate exercise is advised (30 minutes per day).

The therapeutic approach includes hypolipidemic drugs like statins, bile acid binding resins, fibrates, antioxidant, vitamin E, C.

Homoeopathic approach:[3,4]

Homoeopathic medicines for high plasma lipid levels provide control over elevated levels and also works on the body's tendency of altered metabolism.

ALLIUM SATIVUM – helps in controlling high cholesterol level in blood. The high blood pressure due to cholesterol deposits in the arteries can be treated.

AURUM METALLICUM -- prescribed in those cases where the arteries have become hardened due to cholesterol deposits. The patients experience rapid and irregular pulse with violent palpitations. The patient may complain of pain behind the sternum, especially at night.

BARYTA MURIATICUM – medicine for elderly people who suffer from high cholesterol levels and where the arteries have become rigid with loss of normal elasticity. The systolic pressure is always on the higher side in these patients.

CALCAREA CARBONICA – constitutionally prescribed to fatty patients leading sedentary lifestyle.

CARDUUS MARIANUS – medicine for lowering high level of cholesterol in blood. It corrects the fat metabolism in the liver.

CHOLESTERINUM **–an effective remedy for high level of cholesterol in blood. It also** stops the degeneration of arterial walls. It also treats enlarged liver.

CRATAEGUS OXYCANTHA – acts very efficiently in strengthening the weak muscles resulted due to cholesterol deposits and also helps in dissolving the deposits and regularizing the heart's action.

FEL TAURI – effective remedy in the treatment of high blood cholesterol. It treats a sluggish liver. It corrects fat metabolism and eliminates fat.

LYCOPODIUM CLAVATUM – regulates the fat metabolism in liver.

URANIUM NITRICUM – treats high cholesterol with diabetes. It is also effective for degeneration of the liver and high blood pressure.

Conclusion

The prevalence of hyperlipidaemia is very high in India. It has been a major cause for coronary heart disease. To reduce the risk of cardiovascular diseases due to hyperlipidaemia requires lifestyle alterations. Further, the modern medicine provides anti hyperlipidemic agents which reduces the blood cholesterol levels but also has some side effects. Homoeopathy, being an effective therapeutic way, can be integrated for treatment. It is curative, with no side effects and helps check the tendency.

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National News

Miss Mayuri Sawant, a student of Sonajirao Kshirsagar Homoeopathic Medical College Beed stood first in the subject of Homoeopathic Materia Medica, in the state in the 3rd year BHMS examination conducted by Maharashtra University of Health Sciences, in the month of October/November 2019. She also stood forth in the state in the third year BHMS examination. The college continued its tradition of success this year also.

Secretary of the institute and Ex.Minister Shri Jaidatta Kshirsagar, Beed Municipal Council President Dr Bharatbhushan Kshirsagar, Mrs. Deepatai Kshirsagar, former Principal of the college Dr Arun Bhasme, Principal Dr Mahendra Gaushal, Vice- Principal Dr Ganesh Pangarkar, teachers and non teaching staff of the college congratulated Miss Mayuri Sawant for achieving this success.

Upcoming Events Calendar

FEBRUARY 2021

"Homoeo Youth 2021" 8th
Dr D. P. Rastogi Memorial National Homoeopathic Seminar, Lucknow
Dr Farokh J. Master
Dr Sunirmal Sarkar

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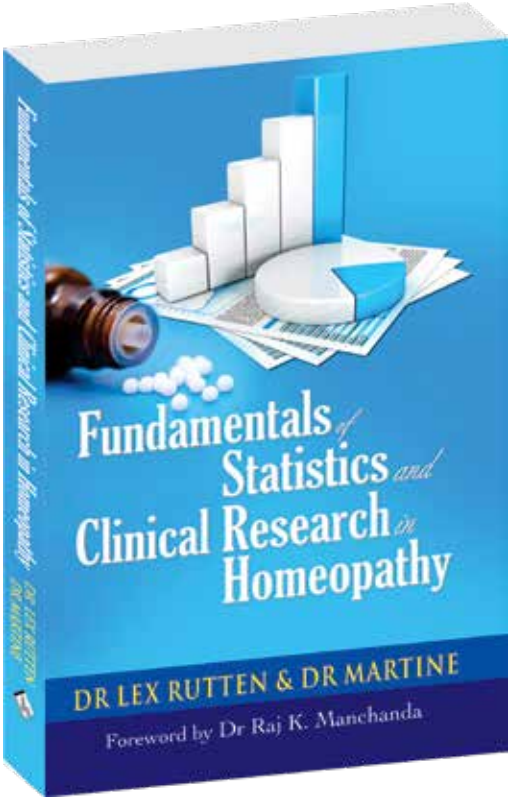
Fundamentals of Statistics and Clinical Research in Homoeopathy

Author: Dr Lex Rutten & Dr Martine
Foreword by Dr Raj K. Manchanda

Reviewed by Dr Yashika Arora

ISBN: 978-81-319-3792-1
Pages: 288
Publisher: B Jain Publishers



There are very less number of books which explain how statistics are involved in many medical decisions and how to assess practice experience, like the relationship between symptoms and beneficial effects of homeopathic medicines. This book "Fundamentals of Statistics and clinical research" is one of them. This book is a compendium of years of arduous work. The terminology used in statistics has been well explained with examples and the exercises given at the end of each chapter are written in a thought provoking style. This book is a requisite for applying statistics to identify homoeopathic symptoms as prognostic factors from the colossal and indeterminate data built up in two centuries. It explains the statistics in plain language and is written from homoeopathic standpoint, thus bridging the gap between practitioner and scientist.

The book serve as a tangible base for planning randomised controlled trials and modifying and modernising the homoeopathic repertory in future. Thus, mentioning all the guidelines required to make homoeopathy – an evidence-based medicine, collecting the data and prove the miraculous cure of homoeopathy with evidences. Science can and should be applied to improve homoeopathy. The book helps one to experience and choose the right homoeopathic medicine that can be expressed as a statistical algorithm.

The book aims to offer a basic guide to the most fundamental notions in statistics and methodology: why and how should you collect your own practice data. It encourages physician to participate in the process of multi-centered data gathering. The book focusses on Bayesian statistics that enables to show that homoeopathy is based on a scientifically sound algorithm.

The book consists of 288 pages and is an attempt to bring statistics and clinical research closer to homoeopathic doctors and students. The book is designed for homoeopaths, especially to understand the scientific algorithm of the way, a physician select the medicine for a particular patient, based on the diagnosis, the process is step-by-step, built on a combination of symptoms and observations. Likewise, the prognosis is based on a combination of symptoms and personal characteristics. The book is an eye-opener and shows how to interpret practical experience scientifically.

The scope and the importance of research is beautifully explained, the correlation of Master Hahnemann and Bayes's theorem to predict the future of the case, the different types of variables and statistical methods to be used, the ethical guidelines and the prognostic factor of research, when it comes to the scientific future of homoeopathy. With this instrument, homoeopaths can improve their methods with their own practical experience and use all the information, patients provide. The book includes the basic necessary knowledge about clinical research, to be used in everyday practise.

■■

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ISSN: 9070-6038
Date of Publishing (26th)
Date of Posting (27th, 28th)
Advance Month

Postal Registration No. DL (C)-01/1124/2018-2020
Licenced to Post without pre-payment
No. U(C)-236/2018-2020
RNI Registration No. 28802/76

Published & Printed by Mr. Kuldeep Jain on behalf of
M/s B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi–110055 Ph.: 91-11-4567 1000
Email: hheditor@bjain.com
Printed at Narain Printers & Binders, D-6, Sector-63, NOIDA, UP-201307
If undelivered please return to B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi-110055 (India) Tel.: +91-11-45671000
Email: hheditor@bjain.com, Web: www.bjain.com

ISSN 9070603-X