

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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## Homoeopathy in Paediatric disorders

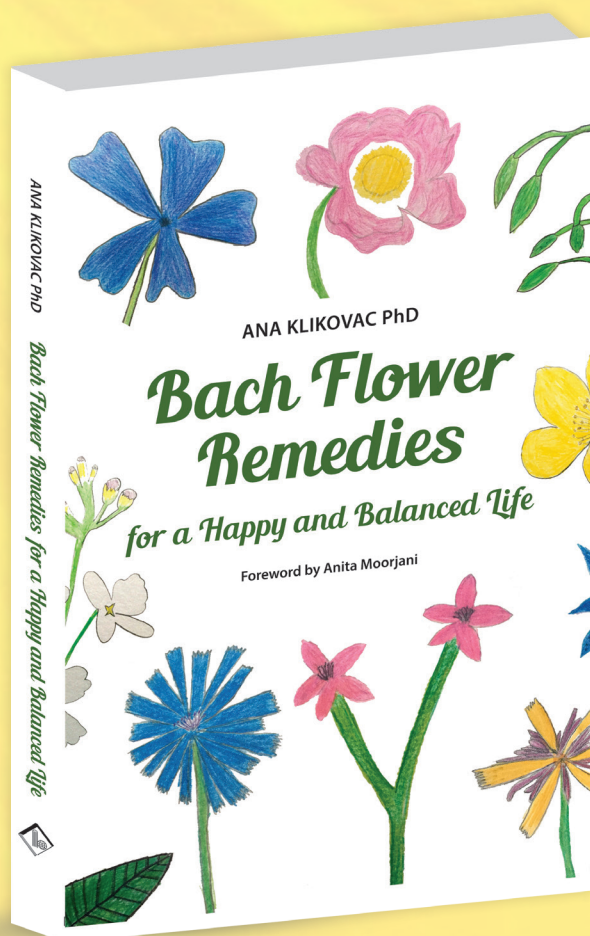
- A case on ADHD using Kent's Repertory
- A case report on a space occupying lesion
- A case of pica treated with homoeopathy



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# Bach Flower Remedies for a Happy and Balanced Life

ANA KLIKOVAC PhD

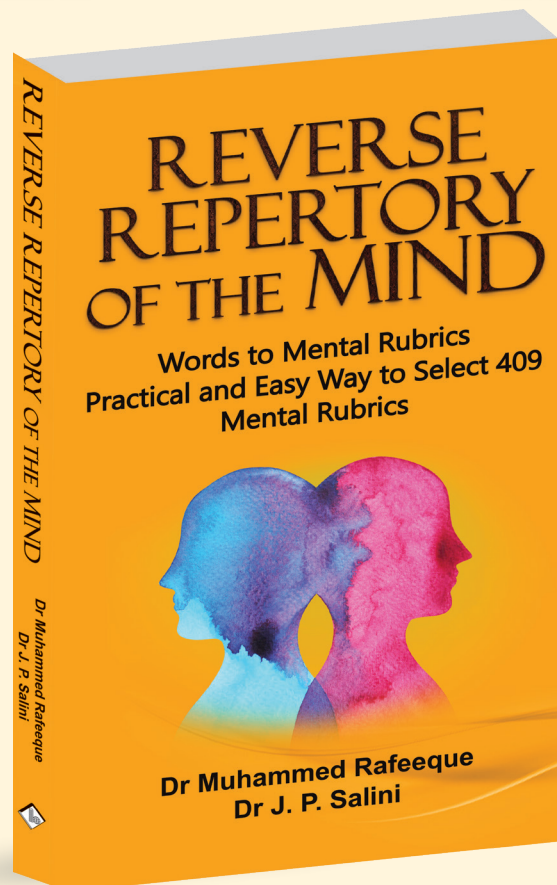


- The book contains many examples and overviews of similar remedies, with a clear differentiation between them
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- the writing style of the author will make you feel that she is talking to you, as if you are sitting in one of her courses on Bach flower remedies.
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• Dr Muhammed Rafeeqe • Dr J. P. Salini



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- The language of the book is kept very simple and comprehensible language keeping in view the need of the student making it a handy reference.



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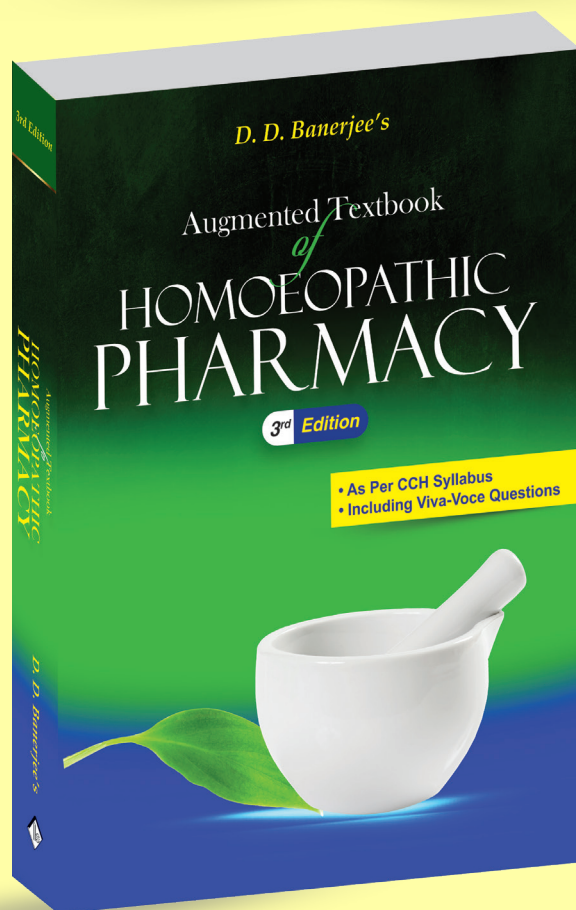




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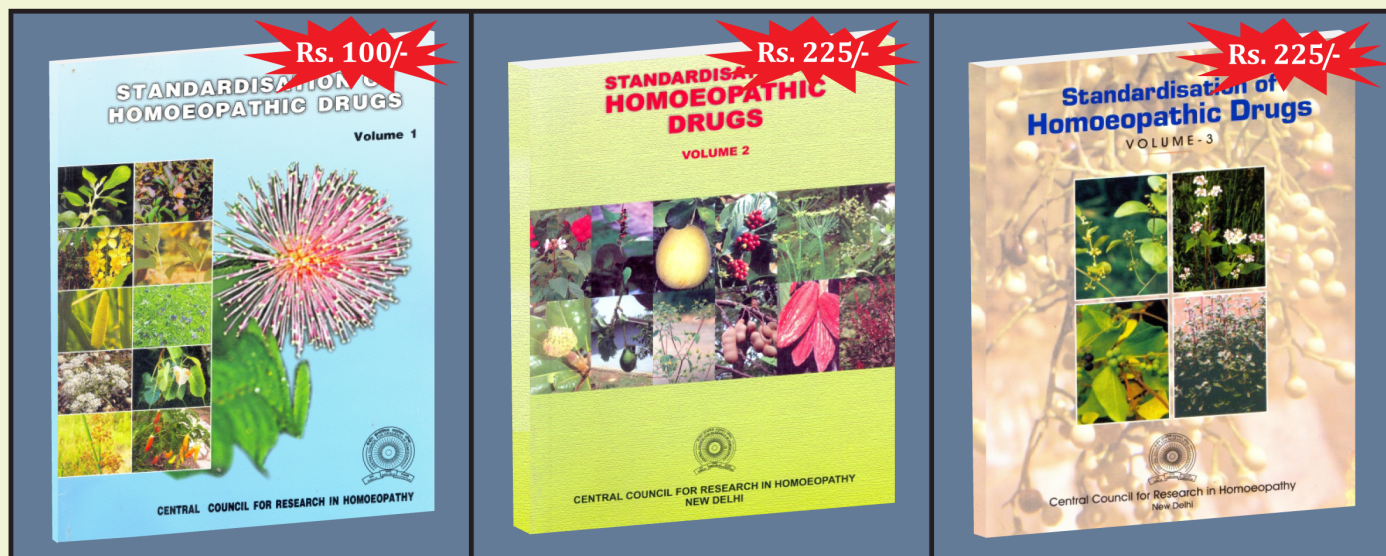
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- Augmented work of Dr Banerjee compiled as per the CCH syllabus, including introduction, illustrations, mechanism, tables, development, scope and research in pharmacy, as stated in the Pharmacopoeias.
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- Several new chapters have also been introduced in the updated edition, under different sections such as Hospital Pharmacy, Industrial Pharmacy, Pharmacovigilance and Adverse Drug Reaction, and many more topics in different chapters.
- In the appendix, a few important short questions with answers have been added.

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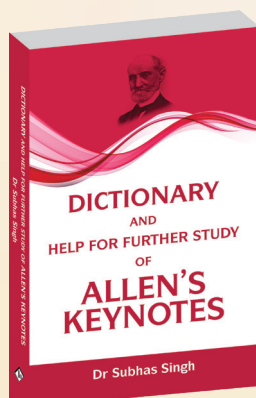
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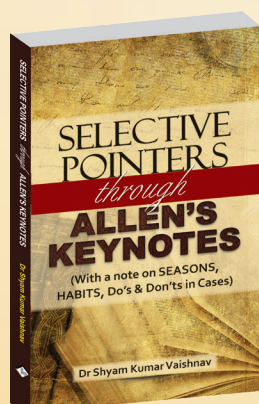
## DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



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

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

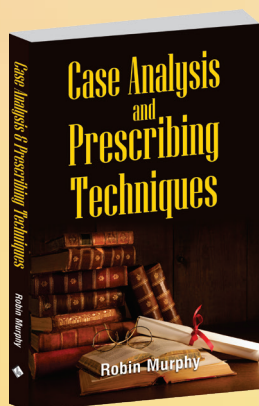
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



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

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

## Case Analysis & Prescribing Techniques By Robin Murphy



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

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

**Dear Readers,**

Our “sweet pills” can make a child readily take the medicines without any trouble. Homoeopathy is a very safe and an easier method of treatment in paediatric disorders. Homoeopathy can bring about favourable results in common acute and chronic paediatric problems, including asthma, allergies, colic, croup, eczema, otitis media, and diarrhoea as well as various behavioural disorders affecting children such as nocturnal enuresis, phobias, hyperactive disorders, autism, etc. While acknowledging the limitations of current scientific knowledge regarding its effectiveness, one should always be optimistic about the value of the individualised approach to treatment and the promising results of the randomised, controlled trials conducted so far.

A 1992 study conducted in a paediatric ambulatory department in Montreal, Quebec, concluded that of the 11% who used complementary and alternative medicine, homoeopathy ranked the second in overall use. Also, in two British paediatric studies, 15% of children with asthma and 35% of children with atopic dermatitis who tried complementary and alternative medicine, were treated with homoeopathy. References to the literature and observations of stalwarts makes it clear that homoeopaths can offer a lot in curing fatal neurological conditions. Research suggests a homoeopath's working experience in the

neonatal intensive care unit (NICU) with paediatric neurological cases at the Rural Homoeopathic Hospital, Palghar in consultation with a paediatrician showed encouraging results. Cases ranging from seizures, altered state of consciousness including coma due to encephalitis and hypoxic ischaemic encephalopathy, hypocalcaemia, meningism, and sclerema neonatorum, either recovered completely or showed significant improvement with homoeopathy, when even the paediatrician gave up hope.

**A Quick Word on Issue Content:**

This issue of “*The Homoeopathic Heritage*” is an attempt to describe the scope of homoeopathy in paediatric disorders through different case studies and research papers.

The peer reviewed article of this issue includes a case on ADHD using *Kent's Repertory* by Dr A.M. Aarthi, Dr J. Senthil Kumar, Dr R. Sri Vaishnavi. The clinical case studies include a case report on a space occupying lesion by Dr Papiya Chanda, and a case of pica treated with homoeopathy by Dr D. G. Bagal, Dr Uttara Agale. The feather in cap of this issue is an excellent article for the academic section on writing acknowledgement section in an article by Sakshi Mehrotra, Chaturbhuj Nayak.

Subjective articles include acute diarrhoea in children and its homoeopathic management by Dr Mohammed Salahuddin, Dr Sandhya Rathour, Dr

Shivangi Jain, Dr Manju Bijarnia, a narrative review of calcaneal enthesophytes and homoeopathy by Dr Smita Balunnavar, Dr Jyothi Vijayakumar, Dr Shweta Nanjannavar, treatment of paraphimosis by constitutional homoeopathic medicine – a case report by Dr Hozaiifa Ayubi, obesity in children and it's homoeopathic management by Dr Mohammed Salahuddin, Dr Sandhya Rathour, Dr Manju Bijarnia, Dr Shivangi Jain, role of homoeopathy in rheumatoid arthritis: an overview by Dr Subhasish Sarkar, Dr Asif Sardar

These are only a few good studies showing possible benefits of homoeopathy when prescribed by trained practitioners for disease conditions in children. Hence, more rigorous studies showing efficacy need come up so that it can be officially recommended as a credible complementary or alternative therapy for the paediatric population.

We are also obliged to all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, [www.homoeopathy360.com](http://www.homoeopathy360.com) for more information and opportunities related to homoeopathy.

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

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

Call for papers for the upcoming issues:

Unbolt Yourself		
July 2021	Homoeopathy in female disorders	May 15, 2021
August 2021	Posology and homoeopathy	June 15, 2021

## Homoeopathy in paediatric disorders



Editor's desk

### Introduction

A few childhood illnesses commonly witnessed in Indian subcontinent are as follows:

- Common cold (it's not surprising that the common cold is one of the most common childhood illnesses)
- Ear infections
- Influenza
- Bronchitis
- RSV
- Hand, foot, and mouth Disease
- Gastroenteritis
- Sinusitis

However, the prevalence of mental disorders among children has been 14-20% in various studies. 20% of children and adolescents have a disabling mental illness worldwide, and suicide is the third leading cause of death among adolescents. Childhood psychiatric morbidity is more severe in middle and low-income countries because these countries have a much more significant proportion of child and adolescent population, much lower levels of health indices, more deficient infrastructure and resources to deal with problems.

In the following article, a case of depressive episodes with mixed anxiety in a ten years old boy is being discussed who was already on antidepressant (tablet fluoxetine 20mg 4 times a week) for the last two months. The parents started noticing side effects, for example, loss of appetite, tremor, sweating, etc., hence they were afraid to continue further.

### Case

The patient's father was a car mechanic working very hard for long hours, and his mother worked as a compounder in a municipal hospital, he had one elder sister who is 16 years old, and another brother who was eight years old, and very brilliant, while his sister was equally smart.

The patient was not so competent since the beginning due to strong history of pregnancy. His father had some bad debts in the garage and was very stressed; as a result, his consumption of alcohol increased, and there were frequent fights with his wife during pregnancy, occasional even physical abuse with his wife due to which the mother developed fear and fright. As pregnancy advanced, the father started remaining calm and quiet.

After birth, the patient developed milestones which were behind the lower percentile of his age, then got admitted to regular school, and now he was finishing his third grade and promoted to 4th grade.

### Totality of symptoms

Recurrent bout of anxiety with

difficult respiration. While talking, the patient developed severe anxiety since three months. He did not attend school, wanted to lie down in his bed all alone or sat in the corner of a dark room with no communication. He did not make much contact with his family either, his essential nature was very mild, very dull in studies. He always suffered from headache in cold, wet weather. He used to suffer from recurrent stye every summer. When he was one year old, he suffered from otitis media. Perspiration was more on the face, he had ineffectual desire to pass stool which was very painful, often took twenty minutes to clear the bowel, he still used to wet his bed. His shoes always had a bad smell because of offensive foot sweat. He mostly slept on back, couldn't tolerate cheese and sour food, instead loved sweets.

### Rubrics

- MIND - AILMENTS FROM - fright
- MIND - ANXIETY - children - in
- MIND - ANXIETY - driving from place to place
- MIND - ANXIETY - respiration; with impeded
- MIND - ANXIETY - speaking, when
- MIND - MENTAL EXERTION - aversion to
- MIND - MENTAL EXERTION - aversion to - literary work
- MIND - MILDNESS
- MIND - SADNESS - alone - spends night alone to hide his gloominess



- MIND - SADNESS - anxious
- MIND - SADNESS - children, in
- MIND - SADNESS - company - aversion to company, desire for solitude
- MIND - SADNESS - day and night
- MIND - SADNESS - gloomy
- MIND - SADNESS - quiet
- MIND - SADNESS - stomach complaints; with
- HEAD - PAIN - weather - cold - wet - agg.
- EYE - STYES
- EAR - INFLAMMATION - Meatus
- RECTUM - CONSTIPATION - difficult stool
- RECTUM - CONSTIPATION - painful
- BLADDER - URINATION - involuntary - boys, in
- EXTREMITIES - PERSPIRATION - Foot - offensive

- SLEEP - POSITION - back; on
- GENERALS - FOOD and DRINKS - cheese - agg.
- GENERALS - FOOD and DRINKS - sour food, acids - agg.

### Prescription

*Natrum carbonicum* and *Rhus toxicodendron* came out to be the closest similimum remedies.

*Natrum carbonicum* covered the following symptoms:

1. MIND - AILMENTS FROM - fright
2. MIND - ANXIETY- driving from place to place
3. MIND - ANXIETY- speaking, when
4. MIND - MENTAL EXERTION - aversion to
5. MIND - MILDNESS
6. MIND - SADNESS - company-aversion to company, desire for solitude

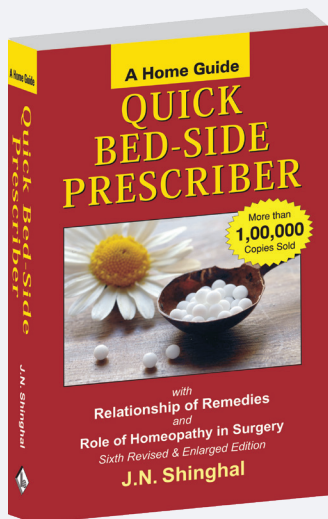
7. MIND -SADNESS - gloomy
8. MIND -SADNESS - stomach complaints: with
9. HEAD - PAIN -weather- cold - wet - agg.
10. RECTUM - CONSTIPATION - difficult stool
11. EXTREMITIES - PERSPIRATION - Foot - offensive
12. GENERALS - FOOD and DRINKS - sour food, acids - agg.

However, while studying the case deeply, *Rhus toxicodendron* was chosen. The 0/1,0/3,0/12 potencies were used in five cup method over six months; initially, the drug was repeated three times a day for four days, followed by placebo, aiming to reduce the dose of Prozac. Later on, it was repeated once a week as the patient was getting better.



## Quick Bedside Prescriber

By J. N. Shinghal



- The ailment is explained elaborately, followed by remedies that can treat it effectively. This book will be useful for those who have an interest in homeopathy and want to use homeopathy for themselves and their family.
- Some of the existing alphabetical headings with added cross-references are
- Mentioned in order to help the busy practitioner to find out the right medicines without much ado.
- The author has included treatments for some more diseases. which did not find a place in previous editions.
- He has included drugs for external applications in some diseases.

ISBN : 978-81-319-0351-3 | 752pp



# A case on ADHD using *Kent's Repertory*

By Dr A.M. Aarthi, Dr J. Senthil Kumar, Dr R. Sri Vaishnavi

**Abstract:** Attention deficit hyperactive disorder is the most common neuro behavioral disorder, among the most prevalent chronic health conditions affecting school-aged children, and the most extensively studied mental disorder of childhood. ADHD is characterised by inattention, including increased distractibility and difficulty sustaining attention; poor impulse control and decreased self-inhibitory capacity; and motor over activity and motor restlessness.

**Keywords:** ADHD, homoeopathy.

**ABBREVIATIONS:** ADHD - attention deficit hyperactive disorder; DAT 1 – dopamine active transporter; DRD 4 -dopa responsive dystonia; AF-after food; BF- before food; DSM-diagnostic and statistical manual of mental disorders; USA-united states of america; IQ- intelligent quotient

## Introduction

Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood, among the most prevalent chronic health conditions affecting school-aged children, and the most extensively studied mental disorder of childhood. ADHD is characterised by inattention, including increased distractibility and difficulty sustaining attention; poor impulse control and decreased self-inhibitory capacity; and motor over activity and motor restlessness<sup>[1]</sup>

The simplest way to conceptualise a psychiatric disorder is a disturbance of cognition (i.e. thought), cognition (i.e. action), or affect (i.e. feeling), or any disequilibrium between the three domains.<sup>[1]</sup>

Characteristics of ADHD include poor selective attention, difficulty focusing, or distractibility. Hyperactivity may or may not be present. Attention deficit hyperactivity disorder (ADHD) it is defined as hyperactivity, impulsiveness and inattentiveness inappropriate for age. Boys suffer

thrice compared to girls.<sup>[2]</sup>

Children with disorders of attention may show impulsivity, distractibility, disinhibition, and general behavioral immaturity<sup>[3]</sup>.

Disorder is characterised by attention deficit, hyperactivity and impulsiveness for 6 months which causes moderate psychological, social and/or educational impairment in 2 important settings (home, school, peers).<sup>[4]</sup>

## Aetiology

No single factor determines the expression of ADHD; mothers of children with ADHD are more likely to experience birth complications, such as toxemia, lengthy labour, and complicated delivery. Maternal smoking and alcohol use during pregnancy and prenatal or postnatal exposure to lead are commonly linked to attentional difficulties associated with the development of ADHD. Food colorings and preservatives have inconsistently been associated with hyperactivity in previously hyperactive c

hildren.<sup>[5]</sup>

There is a strong genetic component to ADHD. Genetic studies have primarily implicated 2 candidate genes, the dopamine transporter gene (DAT1) and a particular form of the dopamine 4 receptor gene (DRD4), in the development of ADHD.<sup>[5]</sup>

Abnormal brain structures are linked to an increased risk of ADHD; 20% of children with severe traumatic brain injury are reported to have subsequent onset of substantial symptoms of impulsivity and inattention. These include dysregulation of the frontal subcortical circuits, small cortical volumes in this region, widespread small-volume reduction throughout the brain, and abnormalities of the cerebellum.<sup>[5]</sup>

## Incidence

ADHD affects 3 to 4 percent of children in the USA. Boys are more affected than girls in a 6:1 ratio. ADHD persists into adolescence and adult life. Age of onset is usually before 4 years but diagnosis is made

around 3 to 4 years of age. Statistical data is not available for the Indian children; experts agree that it is roughly the same percentage as in the western population.<sup>[6]</sup>

## Clinical Features

- Symptoms of inattention, including not being able to focus during classroom instruction, difficulty with organization, and forgetfulness
- Symptoms of hyperactivity, which may include fidgeting, acting as if driven by a motor, excessive talking, and difficulty remaining seated in the classroom
- Symptoms of impulsivity, which may include behavior such as blurting out answers before a question is completed
- Effect of attention problems on the child with ADHD Difficulty conforming to classroom routine

Development of the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) criteria leading to the diagnosis of ADHD has occurred mainly in field trials with children 5-12 year of age. The current DSM-IV criteria state that the behaviour must be developmentally inappropriate (substantially different from that of other children of the same age and developmental level), must begin before 7 year of age, must be present for at least 6 months, must be present in 2 or more settings, and must not be secondary to another disorder. DSM-IV identifies 3 subtypes of ADHD.<sup>[7]</sup>

### The 1<sup>st</sup> subtype

Attention-deficit/hyperactivity disorder, predominantly inattentive type, often includes cognitive impairment and is more common in

females.<sup>[7]</sup>

### The 2<sup>nd</sup> subtype

- Attention- deficit/hyperactivity disorder, predominantly hyperactive-impulsive type, and attention deficit/hyperactivity disorder, combined type, are more commonly diagnosed in males.

## Diagnosis

The diagnosis of ADHD is based on the criteria of DSM IV on hyperactivity, impulsivity and attention deficit. Psychometric tests should cover four essential areas— language skills, visuospatial skills, sequential analytic skills and motor planning and execution skills. Educational level, as measured on the peabody individual achievement test and the wide range achievement test, may be lower than expected for age IQ, especially for children who also have learning disabilities. Specific test for learning disabilities should be administered to pin point areas of difficulty.<sup>[8]</sup> (at least six of the following criteria for a minimal of six months)

- Inattention: often fails to give close attention to details or makes careless mistakes in school work or other activities.
- Often has difficulty in sustaining attention in takes or play activity.
- Often doesn't seem to listen where spoken to directly.
- Often doesn't follow through instructions and fails to finish schoolwork, chores, and duties in workplace.
- Often has difficulty in organising tasks and activities.
- Often avoids, dislike, or is reluctant to engage in tasks that require sustained mental effort.

- Often loses things necessary for talks or activities, for example toys, school assignments, pencils, books, tools.
- Often easily distracted by extraneous stimuli.
- Often forgetful in daily activities.

## Treatment Intervention for Behavioural Problems

For kids whose impulsive behaviour is creating conflict at home and getting them into trouble at school, therapy can help them rein in the behaviour that's problematic and establish more positive relationships with the adults in their lives. It trains parents to interact differently with children, in order to elicit desirable behaviour on the part of the child and discourage behaviour that's causing him trouble.<sup>[9]</sup>

They result in better behavior on the part of children, decreased arguing and tantrums, better parent-child interactions, and reduced parental stress.<sup>[9]</sup>

## School intervention

Young children with ADHD can benefit from systems that encourage positive behaviour, like the "daily report card." These approaches pinpoint specific goals for behaviour in school, give kids feedback on how they're doing, and reward them for meeting those goals successfully.<sup>[9]</sup>

### For attention problems:

The other broad area of behavioural help for kids with ADHD includes skills-based interventions to teach techniques they can use to stay on top of their schoolwork and manage their responsibilities at home. This kind of training, which is done by learning specialists,





teaches kids skills to maximize their strengths and compensate for their weaknesses.<sup>[9]</sup>

### Investigation

Scoring the Vanderbilt ADHD diagnostic rating scale

Scoring the Conner's comprehensive behavior rating scale <sup>[10]</sup>

### ❑ SOME RUBRICS IN THE KENT'S REPERTORY WHICH HAS BEEN TAKEN FOR THE ADHD REFERENCES ARE<sup>[11]</sup>;

- ABSENT MINDED -MIND CHAPTER
- ABSORBED, buried in thought – MIND CHAPTER
- ABUSIVE – MIND CHAPTER
- AGITATION – MIND CHAPTER
- EXCITEMENT, excitable
- AMOROUS : (see lewdness and lascivious, also genitalia)
- ANGER, irascibility (see irritability and quarrelsome)
- ANTICIPATION, complaints from

- ANXIETY
- ATTENTION (see concentration)
- BITING
- BUFFOONERY
- FOOLISH behavior (see [childish](#))
- CAPRICIOUSNESS
- CARELESSHEEDLESS
- CLINGING to persons or furniture
- COMPREHENSION, DULLNESS, morning, rising, on
- CONFUSION of mind
- DELUSIONS, imaginations, hallucinations, illusions
- DESTRUCTIVENESS
- DISOBEDIENCE
- DULLNESS, sluggishness, difficulty of thinking and comprehending
- FORGETFUL (see [memory](#))
- GESTURES, makes
- LASCIVIOUSNESS, lustful
- LAUGHING

- MEMORY, weakness of weakness of ([see mistakes](#))

### Case presentation

Mast. X of age 5 came with the complaint of hyperactivity, with poor concentration, irritability, shouting, inability to speak two words together at a same time since one year. The patient also has the habit of biting things, gets anger very easily when things not offered and doesn't obey to whatever told. He easily forgets names and places. Birth history reveals the mother had threatened abortion in her first pregnancy 7 years back. This is her second pregnancy and she did not have any complications.

### Physical Generals

Patient has a good appetite of having three meals per day with an average thirst of 1.5 litres of water per day. Patient had desire for sweets ++. Bowel habits were regular once a day without no discomfort. Passed urine 4-5 times per day. Sleep was disturbed due to complaints.

### Analysis and evaluation of symptoms

Mental generals	Physical generals	Particulars
Irritable <sup>++</sup> (psora)	Desire – sweets <sup>+++</sup>	
Poor concentration (psora)	(psora)	
Difficulty in speaking two words together (psora)	Sleep – disturbed	
Forgetful (sycosis)	(psora)	
Didn't obey (psora)		
Shouting (syphilis)		
Anger <sup>++</sup> (psora)		

### Prescription:

*Arsenicum album* 200 /1 dose

(anger excited easily; restlessness;

irritable; lamenting; poor memory; sleep disturbed; lack of concentration; poor memory) <sup>(13)</sup>

(Potency and dosage – twelfth to

thirtieth, higher and in infrequent dosage)<sup>(13)</sup>

Placebo(4-0-4) / 15 days, AF

## REPERTORIAL RESULT:

The screenshot shows the Zomeo - Quick Repertorisation software interface. The search query is 'Kent->Mind-4761'. The results table shows the following data:

Remedy Name	Lyc	Nux-v	Ars	Sulph	Ph-ac	Nat-m	Sep	Cham	Cocc	Merc	Bry	Acon
[Kent] [Mind]Concentration:Difficult: (162)	3	3	1	2	3	2	3	1	2	2	1	2
[Kent] [Mind]Excitement,excitable: (163)	2	3	2	2	3	3	2	3	2	2	2	3
[Kent] [Mind]Irritability (see anger):Children,in: (18)	1		1				1	3				
[Kent] [Mind]Forgetful (see memory): (153)	3	1	1	2	3	2	1	1	3	3	1	2
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome): (137)	3	3	3	3	2	3	3	3	2	1	3	3
[Kent] [Sleep]Sleeplessness:Anxiety,from: (21)		1	3	1		1			3		1	1
[Kent] [Stomach]Desires:Sweets: (36)	3	1	1	3		1	2			1	2	
[Kent] [Mind]Lamenting,bemoaning,wailing etc. (compare weeping): (...)	3	2	2	2	1	1	1	2	1	1	2	2
[Kent] [Mind]Speech:Monosyllabic: (7)		2	1		2					1		

## Follow up:

S. No.	SYMPTOMS	PRESCRIPTION
1.	Patient felt better. Anger slightly reduced. Sleep improved.	<i>Arsenicum album</i> 200/ 1 dose. (every correctly chosen homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success - § 248) <sup>[14]</sup> Placebo (3- 0 – 3) AF/ 15 days
2.	Patient felt better. 30% improvement. Anger slightly reduced. Sleep improved. Concentration slightly improved.	Placebo (3-0-3)/ 15 days, AF
3.	Patient felt better. Generals were good. Aggressiveness reduced. Sleep improved.	Placebo (3-0-3) AF/ 15 days
4.	Patient felt better with all complaints. Generals good. No new complaints.	Placebo (3-0-3) AF/ 15 days.

## Conclusion

Homoeopathy has a very positive effective in all stages of ADHD. Individualised homoeopathic medicines based on constitutional

remedies does wonders in the treatment of ADHD. It helps arrest further progress of disease and hence deterioration caused by disease.

## References

1. Richard E. Behrman, MD, Robert M. Kliegman, MD, Hal B. Jenson, MD. Nelson textbook of paediatrics.19



- thed.Netherlands: Elsevier publications;2011.P 3, 5, 6, 7, 8,9.
2. Niraj Ahuja.A short textbook of psychiatry.7thed.New Delhi:Jaypee Brothers Medical Publishers (P) Ltd; 2011. P 3
  3. Suraj Gupte. The short book of paediatrics. 11 thed.New Delhi: Jaypee Brothers Medical Publishers (P) Ltd ;2009.P 3, 6, 10,
  4. Lloyd J.Brown, Ryan J.Coller, Lee Todd Miller.BRS paediatrics. 2nded. Lippincott Williams and Wilkins; 2005. P 5, 6, 11
  5. Helen A. Brough, Ram Natraja. Rapid paediatrics and child health. 2nded. Oxford, U.K Hoboken , N.J Wiley – Blackwell;2010. P 6
  6. A.Parthasarathy. IAP textbook of paediatrics. 4 thed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd ;2009.P 6, 8, 9
  7. Vinod K Paul, Arvind Bagga.O P Ghai essential paediatrics. 8 thed. CBS Publishers & distributors;2013. P 10, 11
  8. Krishna M Goel, Devendra K Gupta. Hutchison's paediatrics. 2nded. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2012. P 12
  9. American Psychiatric Association (2013), [\*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition\*](#), American Psychiatric Association: Arlington, VA, [ISBN 9780890425572](#)
  10. Volkow ND, et al. (2009). *Evaluating dopamine reward pathway in ADHD: Clinical implications*. DOI:[10.1001/jama.2009.1308](#)
  11. J.T.Kent.Kent's repertory of the homoeopathic materia medica. Reprint edition. New Delhi: B.Jain Publishers(p) ltd;p 20, 21, 22, 23,24,25,26,
  12. Homopath Zomoeo Software
  13. Boericke's New manual of Homoeopathic Materia Medica with Repertory, William Boericke, third revised & augmented edition based on ninth edition, B.Jain publishers, New Delhi.
  14. Organon of Medicine,

Dr. Samuel Hahnemann, VI edition, B.Jain publishers, New Delhi.

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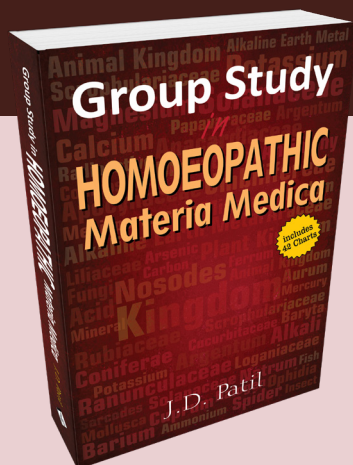
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## Group Study in Homoeopathic Materia Medica

Dr J. D. Patil



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



# A case report on a space occupying lesion

By Dr Papiya Chanda

## Abstract:

**Introduction:** This case report is an illustration of the beautiful result of homoeopathic medicines in a case like complex SOL in right adnexa.

**Case summary:** A 24 years old female came with the complaint of pain in the right lower abdomen. USG report confirmed the patient was having a complex SOL in right adnexa. After proper case taking, repertorisation and consulting with materia medica, *Medorrhinum* 0/2 was prescribed, followed by *Medorrhinum* 0/4, 0/6, 0/8 and then placebo as the patient improved both symptomatically and pathologically.

**Conclusion:** This case report is presented here to exhibit the worth of nosodes in homoeopathy.

**Keywords:** SOL, abdominal pain, *Medorrhinum*, nosode, homoeopathy.

**Abbreviations:** space occupying lesion (SOL), International Classification of Diseases (ICD), full term normal delivery (FTND), last child birth (LCB), alternate day (AD), ultrasonography (USG).

## Introduction

Space occupying lesions are Spathological structures that have a recognisable volume and that can affect nearby structures. Such lesions can form a mass or deformities at the level of the organs of the abdominal cavity that can be tumour and non-tumour. The space occupying lesions of the abdominal cavity comprise two groups, namely non-neoplastic and neoplastic<sup>(1)</sup>. Most adnexal masses are benign. The common ovarian lesions include physiological cysts, endometrioma, benign cystic teratoma, and cystadenoma<sup>(2)</sup>.

The following case elaborates the importance of nosode in homoeopathy.

## Case history

A female aged 24 years (Registration number 17433/17) came to NIH OPD on 4/7/17 with the complaint of pain

in the right lower abdomen for last 1 and ½ months. Pain was recurrent and throbbing type lasting for about 5 minutes, aggravated during menses and ameliorated from warm applications. She had sudden, severe pain in the whole abdomen about 1 ½ month back for which she took modern medicine but after that episode was over she started to have recurrent pain in right lower abdomen from time to time. She had a history of abortion.

## Family history

Mother was suffering from diabetes mellitus and hypertension.

## Physical generals

She was a hot patient, used to feel hungry, but while starting to eat, lost the desire. Her tongue was moist, white-coated. She was thirsty for large quantities of cold water at long intervals. Had desire for sour,

meat, raw onion, cold water, hot food. She had hard stools; much sweating above the upper lip.

Menstrual history: Cycle = 4-5 days/25-30 days, flow scanty in drops, brownish red in colour, pain in lower abdomen during the first day of menses lasts for 6-7 hours; thick, yellowish-white discharge per vagina < before menses. Sexual desire decreased.

**Obstetrical history:** 1 FTND, LCB = 6 ½ years ago.

## Mental generals

Irritable, irritation during sexual intercourse.

## Physical examination:

Pallor was present; blood pressure was 116/84 mm of Hg. Her tongue was moist, white-coated and her skin was cold to touch. Abdominal examination revealed slight tenderness over the right iliac fossa.

## Provisional diagnosis<sup>(3)</sup>

1. Pelvic inflammatory disease (ICD-10-CM code N73.9)
2. Tubo-ovarian mass (ICD-10-CM code N83.9)

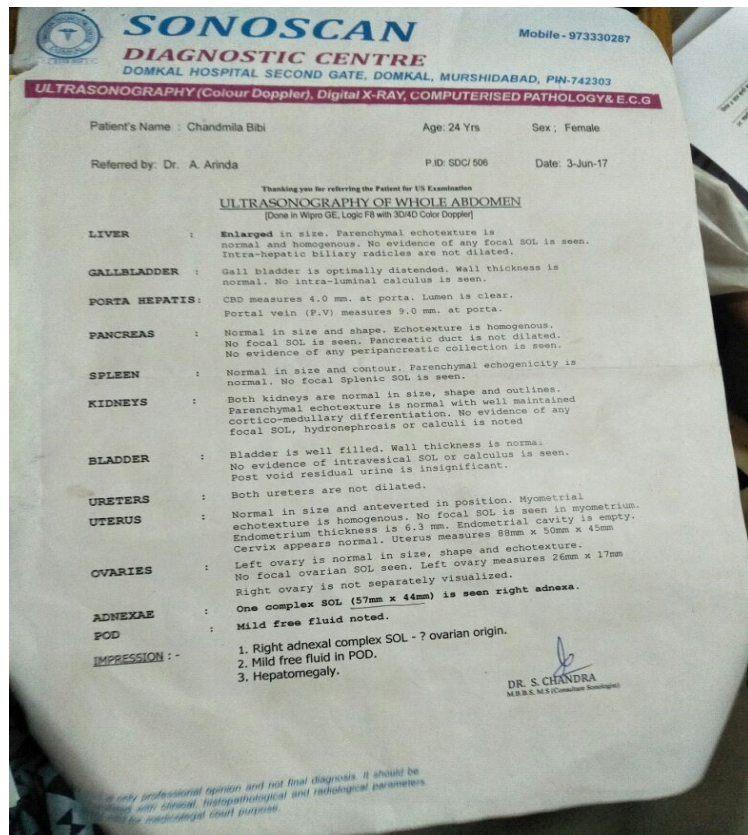
## Diagnostic reasoning

Pain in right lower abdomen, aggravated during her menstruation. Tenderness over right iliac fossa. Presence of abnormal vaginal discharge.

## Laboratory investigations

USG report showed right adnexal complex SOL ( 57mm x 44mm).

Her CA-125 was 8.4 ng/ml on 08/06/17.

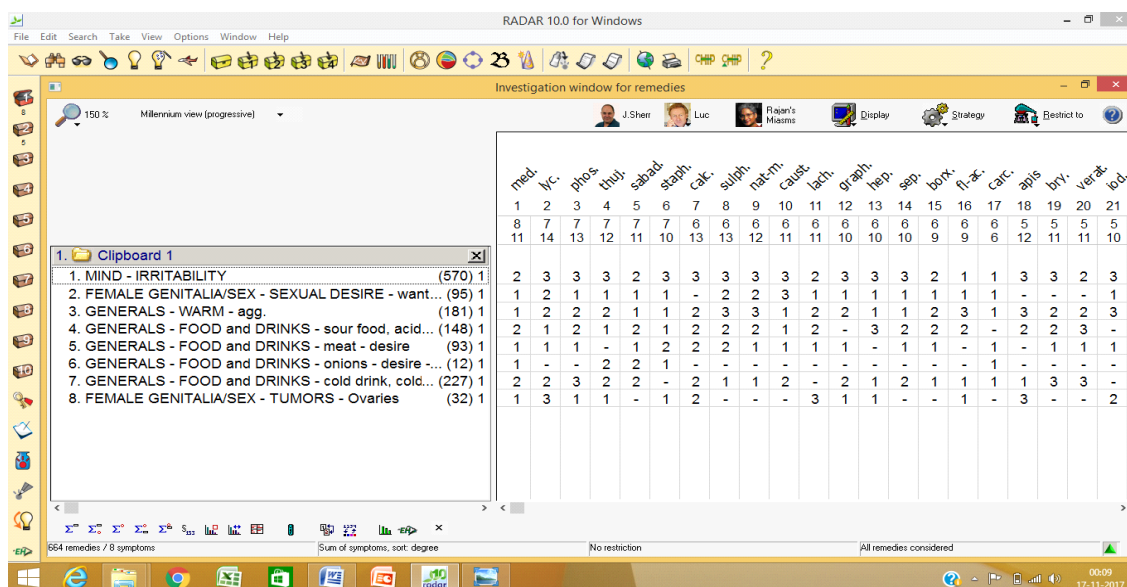


## Analysis of Symptoms:

MIASMATIC ANALYSIS	
SYMPTOMS	MIASM
Abdominal pain > by warm application	Psora
Desire for sour food	Psora
Desire for hot food & cold water	Sycosis
Irritability	Latent psora and sycosis
SOL of right adnexa	Sycosis
Anaemia	Psora
From the above miasmatic analysis, one can understand that the case represents a multi-miasmatic picture with predominance of psora and sycosis <sup>(4)</sup> .	
ANALYSIS AND EVALUATION OF SYMPTOMS <sup>(5)</sup>	
Mental general symptoms	Irritable, irritation during sexual intercourse.
Physical general symptoms	Thirst: Large quantities of cold water at long intervals. Desire: Sour, meat, raw onion, cold water, hot food. Thermal reaction: Hot patient. Sweat: Less but much sweating above the upper lip. Sexual desire decreased.
Particular symptoms	Pain in the right lower abdomen for last 1 ½ months. Recurrent throbbing pain lasting for about 5 minutes. Aggravation during menses. Amelioration from warm application.

## Repertorial Analysis<sup>(6)</sup>:

Repertorisation done from Synthesis 9.0.



## FINAL SELECTION OF MEDICINE: *Medorrhinum*<sup>(7,8,9,10,11)</sup>.

### Justification:

1. Pathology indicated sycotic miasm predominancy.
2. Patient was a very hot patient but her skin was very cold to touch.

In order to repeat the dose of the

medicine at frequent intervals, LM potency was chosen.

### Prognosis<sup>(3)</sup>

Though from the USG report, it was clear that the patient was suffering from right adnexal complex SOL probably of ovarian origin, but without knowing the histopathology of the mass, the prognosis of the

case was difficult to assume. Any ovarian mass may present with the following complications:

- i. Torsion
- ii. Haemorrhage
- iii. Infection
- iv. Rupture
- v. Malignancy

## PRESCRIPTION: (on 04/07/2017)

*Medorrhinum* 0/2 / 16 doses/AD

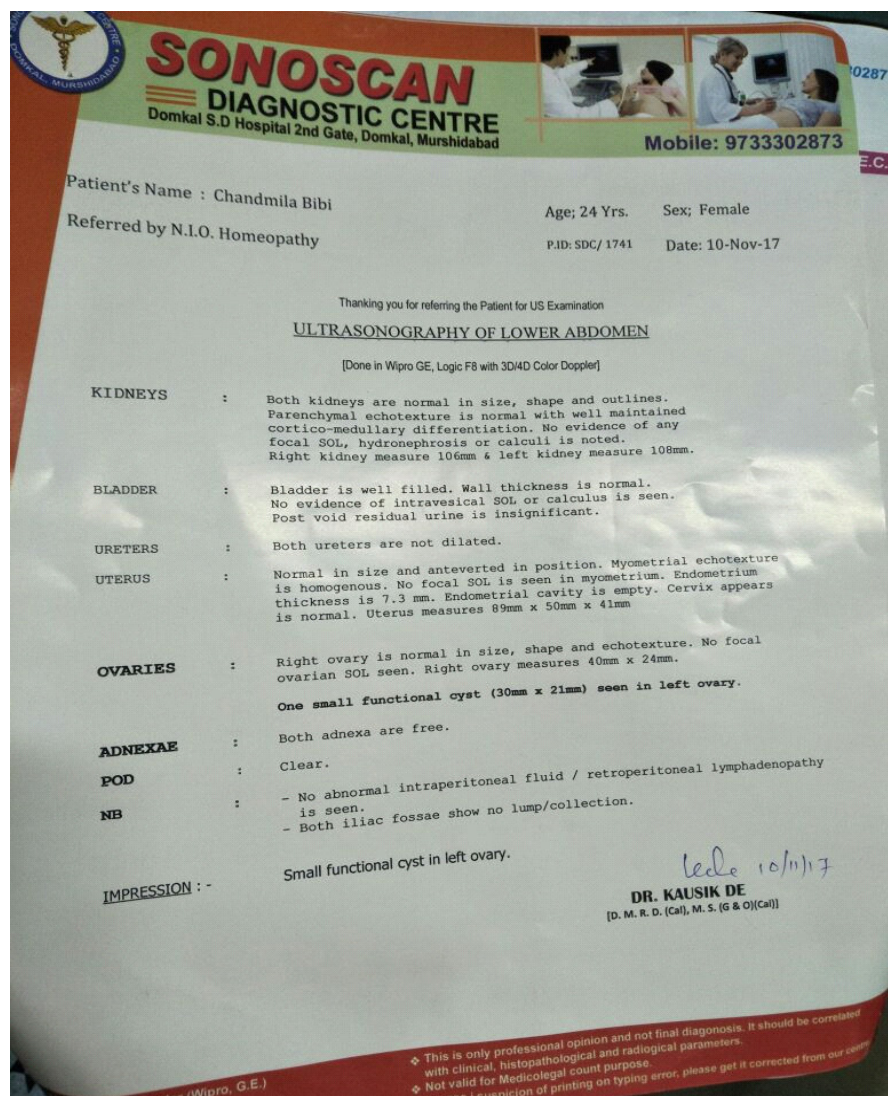
### Follow Up:

DATE	OBSERVATION	PRESCRIPTION
10/08/2017	Pain right lower abdomen better than before. Appetite improved. Stool regular but hard and unsatisfactory. White discharge per vagina was slightly less.	• <i>Medorrhinum</i> 0/4 /16 doses /AD
14/09/2017	Pain in right lower abdomen much less than before. Stool satisfactory. White discharge per vagina much reduced.	• <i>Medorrhinum</i> 0/6/ 16 doses/ AD
12/10/2017	Pain right lower abdomen absent. White discharge per vagina minimal. Stool regular and satisfactory. No new complaints. Advised to repeat USG lower abdomen.	• <i>Medorrhinum</i> 0/8/ 16 doses/ AD



14/11/2017	<p>Patient was much better.</p> <p>No pain in abdomen.</p> <p>Stool regular and satisfactory.</p> <p>White discharge per vagina occasional.</p>	<p>• Placebo 0/10/ 16 doses / AD</p>
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### USG report (on 10/11/2017):



2. Rockall A, Forstner R. Adnexal Diseases. 2018 Mar 21. In: Holder J, Kubik-Huch RA, von Schulthess GK, editors. Diseases of the Abdomen and Pelvis 2018-2021: Diagnostic Imaging - IDKD Book [Internet]. Cham (CH): Springer; 2018. Chapter 8. doi: 10.1007/978-3-319-75019-4\_8 [cited 2021 Mar 25]
3. Dutta DC. Textbook of Gynaecology including contraception. 5th ed. Kolkata. New Central Book Agency (P) Ltd. 2009. p 530, 288.
4. Allen JH. The Chronic Miasms with Repertory. 10th impression. New Delhi. B. Jain Publishers (P) Ltd. 2015.
5. Tiwari SK. Essentials of Repertorization. 3rd ed. New Delhi: B. Jain Publishers (P) Ltd; 2011. p 144-150.
6. RADAR software.
7. Allen HC. Keynotes and Characteristics with Comparisons of some of the Leading Remedies of the Materia Medica. 18th impression. New Delhi: B. Jain Publishers (P) Ltd; 2018. p 178-183.
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory. 9th ed. New Delhi: B. Jain Publishers (P) Ltd; 2010. p. 424-426.
9. Kent JT. Lectures on Homoeopathic Materia Medica. 9th impression. New Delhi; B Jain Publishers (P) Ltd; 2011. p. 727-731.
10. Kent JT. Repertory of the Homoeopathic Materia Medica. 7th impression. New Delhi: B. Jain Publishers (P) Ltd; 2010. p.731.
11. Hahnemann S. Organon of Medicine. 5th & 6th ed. New Delhi. B Jain Publishers (P) Ltd.

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### Conclusion

“Medorrhinum - For women, with chronic ovaritis, salpingitis, pelvic cellulitis, fibroids, cysts, and other morbid growths of the uterus and ovaries, especially if symptoms point to malignancy, with or without sycotic origin” - H. C. Allen<sup>(7)</sup>.

Nothing teaches in a better way than one's own experiences. Importance

of sarcodes and nosodes in homoeopathy is of utmost value. The above case cured beautifully by the action of a nosode re-establishes this fact.

### References

1. Jose A, Angel M, Katherine Y, et al. A space occupying lesion automatic quantification from abdominal contrast-enhanced computerized tomography images. Archivos Venezolanos de Farmacologia Terapeutica [Internet]. 2020 [cited 2021 Mar 25]; 39(4): 362-365. Available from: <https://zenodo.org/badge/DOI/10.5281/zenodo.4092869.svg>

# Acute diarrhoea in children and its homoeopathic management

*Dr Mohammed Salahuddin, Dr Sandhya Rathour, Dr Shivangi Jain, Dr Manju Bijarnia*

## Abstract:

**Introduction:** Diarrhoea is the commonest problem in the world, through which many children are suffer if it goes severe dehydration can leads to death due to diarrhea. Diarrhoea is passing loose stools 3-4 times in a period of 24 hours. In developing countries, it is very common disease through which every child has a episode of at least 2 time in a year suffer from diarrhoea.

**Keywords:** Children, acute diarrhoeal infections, homoeopathy, vomiting.

**Abbreviations:** ORS – oral rehydration solution.

## Introduction

**D**iarrhoea is a disease of acute infections enteritis. Diarrhoea is commonly characterised by watery, pasty stool, with increase in frequency of stools for more than 3 times in a day. Sometimes it may or may not be present with blood that is formed as dysentery, or sometimes may also associated with symptoms like vomiting, abdominal pain, fever. The causative agent of acute diarrhoea can be identified in 70-80% cases of acute diarrhoea. Certain drugs, food poisoning or any systemic infection can also lead to diarrhoea.<sup>1,2,3</sup>

Causes of acute diarrhoea are mostly bacterial, viral, and parasitic infection.<sup>1,2,3</sup>

**Bacteria:** *Escherichia coli*, *Vibrio cholera*, *Salmonella typhi*.

**Viral:** rotavirus, coronaviruses, enteric adenoviruses serotype 40 and 41.

**Parasites:** Giardia, Lambliia, Cryptosporidism, Parvum, Entamoeba Histolytica.

The route of transmission of infection is through faeco - oral route, or via eating, or drinking

contaminated food. Poverty and poor environmental hygiene in developing countries may also contribute to infection. Acute diarrhoea may last for 7 days, if occurs for more than 14 days, it is called persistent diarrhoea. Diarrhoea may lead to dehydration in the body as the body tries to maintain its fluid and electrolyte balance for proper functioning but when the loss is more, the body gets dehydrated.<sup>1,2,3</sup>

**Risk factor and complications:** Children at risk are those having weak immunity, low rate of immunisation, improper breast feeding, poor sanitation and personal hygiene. Unless the early and appropriate diagnosis and rehydration is not given, it may lead to life threatening conditions.

**Examination:** Parents need to be asked for total number of stools, their quantity, and if there is any vomiting, fever, or pain in abdomen.

One should observe the child carefully, if he is alert or restless or irritable or lethargic, whether the eyes look normal or sunken, whether the mouth is dry or moist, thirsty or eagerly thirsty. Like by feel or touch, the skin pinch can go back quickly,

hence slowly and very slowly, one can assist the level of dehydration, and accordingly start the treatment.

**Investigations:** stool microscopy, stool culture, stool pH.

## Management:<sup>1,2</sup>

- Rehydration and maintaining hydration.
- Ensuring adequate feeding.
- Oral supplementation of zinc
- Early recognition of danger signs, treatment, and complications.
- Increase intake of ORS solution, increase intake of water.
- Improve nutritional diet, proper breakfast.
- Intravenous fluids may be given in severe case of dehydration.
- Symptomatic treatment of vomiting, pain in abdomen and fever.
- Zinc supplement is also given to avoid severity.
- Vaccination.
- Proper washing of hands.

## HOMOEOPATHIC MANAGEMENT:<sup>4,5,6</sup>

1. **ACHYRANTHES ASPERA** – It is used in acute diarrhoea and

cholera. Watery stool, yellowish and mixed with flakes of mucus profuse in quantity. Excessive thirst. Pain in stomach.

2. **AILANTHUS GLANDULOSA** – Thin, watery, offensive diarrhoea, passing involuntarily with the urine. Stools frequent, watery, forcibly expelled.

3. **CHAPARRO AMARGOSO** – Chronic diarrhoea. Stool little pain, with much mucus.

4. **ELATERIUM** – Watery, copious, forceful stool. Squirting diarrhoea. Frothy, olive green, with cutting pain in abdomen.

5. **GAMBOGIA** – Diarrhoea, with sudden and forcible ejection of bilious stools. Tenesmus after, with burning at anus. Profuse diarrhoea in hot weather.

6. **LIATRIS SPICATA** – Diarrhoea with violent urging and pain in lower part of back. It use in cramp diarrhoea.

7. **GENTIANA LUTEA** – Diarrhoea with sudden urging with copious evacuation. Soft stools, immediately after rising. Bilious diarrhoea in afternoon. Stool soft, yellow, preceded by colicky pains, which become so severe after the stool that they force the patient to bend double.

8. **HELLEBORUS NIGER** – Diarrhoea always preceded by colic, which is relieved after every stool. Frequent pasty, undigested stools. Stools consisting of pure, tenacious, white mucus. Stools like frog-spawn. Diarrhoea, with pain in the abdomen, and nausea.

9. **JATROPHA** – Sudden, profuse, watery, like rice water. Diarrhoea, forced discharge. Loud noise in abdomen like gurgling of water coming out of a bung hole, associated with coldness, vomiting. Better by placing hands in cold water.

10. **RICINUS COMMUNIS** – Rumbling with contraction of recti muscles, colic, incessant diarrhoea with purging. Rice water stool with cramps and chillness. Diarrhoea without pain. Bloody diarrhoea.

11. **RHODODENDRON CHRYS-ANTHUM** – The disposition to diarrhoea returns in damp weather. Diarrhoea directly after a meal. Diarrhoea, as soon as he rises from bed, in the morning. Loose stool, expelled with pressing. Loose and yellowish stool, but sluggish, expelled with much pressing, and insufficient; sensation as if some faeces remained behind.

12. **SENNA** – Colic especially in little children. Diarrhoea with straining and prolapsed rectum and sore anus. Two liquid stools with griping pains.

13. **OXALICUM ACIDUM** – Chronic morning diarrhoea with cramping about the navel; tenesmus, renewed urging on lying down. Coffee brings on diarrhoea; stools watery; of mucus and blood; stools involuntary. Coffee acts violently on the heart and causes diarrhea. Thirst and colic after diarrhoea. Complaints come on from eating sour fruits, such as strawberries, cranberries, apples, rhubarb, tomatoes, grapes; also from eating sugar and starchy foods. Wine and coffee disagree.

14. **OPIUM** – Frothy (whitish, pasty) and liquid diarrhoea, with burning pain in anus, and violent tenesmus. Involuntary evacuations. Stool tenacious, gluey, yellowish-brown and of a mouldy odour.

## REPERTORIAL APPROACH

### 1. Murphy's Repertory <sup>7</sup> -

- Children – CONVULSIONS, children- diarrhea with- nux-m.
- Children- DENTITION, difficult, teething- diarrhea, with- acet- ac.

aeth. apoc. arund. Calc. Calc- P. Cham. ferr- p. ip. jel. kreos. Mag- p. merc. olnd. phos. Phyt. podo. rheum. Sil.

- Children- DIARRHEA, children- diarrhea infants- aloe. ant-c. Ars. cham. chin. Jal. Mag- c. PODO. Rheum. Stann.

- Children – EMACIATION – diarrhea, with- teucr.

- Children- FOOD, artificial, ailments from- diarrhea and vomiting – Nat-p. Nux- v.

- Constitutions- INFANTS, Constitutions- diarrhea- aloe. Ant-c. ars. Chin. Jal. Mag- c. PODO. Rheum. Stann.

- Constitutions- INFANTS, Constitutions- nursing, general – artificial, constipation succeeds diarrhea- alum. Podo.

### 2. Synthesis Repertory <sup>8</sup> -

- MIND- SHRIEKING- children, in- waking, on- diarrhea; during – sulph.

- HEAD- HYDROCEPHALUS- diarrhea; after- children; in- zinc.

- RECTUM- DIARRHEA- children; in- Acon. aegle- m. AETH. agar. agn. aloe. ant-c. apis. Arg-n. Ars. arund. Bac. Benz- ac. CALC. calc-p. CALC- S. carc. CHAM. chin. Cina coli. Crot-t. Dulc. Ferr. Form. gamb. ganph. hell. hyos. IP. Mag- c. MAG- M. MERC. Mez. moni. Mur- ac. Nat- m. nux- m. PHOS . PODO. PSOR. Puls. RHEUM. SIL. Staph. STRAM. sul- ac. SULPH. tub. Valer. zinc.

- RECTUM- DIARRHEA- chronic – children; in- chin. coll. iodof. tub.

- RECTUM- DIARRHEA – children- nursing- arund. calc- p. calc- s. cham. coli. sep. Sulph. verat.

- SLEEP- SLEEPINESS- diarrhea- during- children; in – Ant- t. chin. sulph.



- *GENERALS – CONVULSIONS- children, in – diarrhea, with – nux- m.*

### 3. Complete Repertory<sup>9</sup>-

- *MIND – IRRITABILITY – diarrhea – in – children- LYC.*
- *MIND – SHRIEKING, screaming, shouting – children, in – diarrhea, during- JEL. podo.*
- *ABDOMEN- DISTENSION – general- children, in- arg-n.*
- *RECTUM- CONSTIPATION- alternating with diarrhea – children, in- nat- p.*
- *RECTUM- DIARRHEA- general – morning-children, of – cemic. iod.*
- *RECTUM- DIARRHEA- general- children, in – emaciated children- acet- ac. tub.*
- *RECTUM- DIARRHEA- general- coldness, with- children- chin.*
- *RECTUM- DIARRHEA- general- convulsions, during – children- nux- m.*
- *SLEEP- SLEEPINESS- diarrhea- during- children; in – ANT- T.*

### 4. Boericke O., Repertory<sup>10</sup> -

- *ABDOMEN- diarrhoea, enteritis- cause, occurrence- in infant, children- Acon. Aeth. apis. Arg-n. Ars. arund. Bell. benz- ac. Calc. calc- act. Calc-p. camph. Cham. chin. cina, colos. Crot-t. dulc. ferr. grat. Hell. Ip. Mag- c. merc. Merc- d. nit- ac. Nux-v. Phos- ac. Podo. Psor. Rheum. sep. Sil. Sulph. valer.*
- *ABDOMEN- diarrhoea, enteritis- cause, occurrence- in infant, children, dentition- acet- ac. Acon. Aeth. arund. Bell. benz- ac. borx. Calc. Calc- p. Cham. ip. Kreos. Mag- c. merc. nux-m. Podo. rheum. Sil.*

gastrointestinal infection in childhood. Children can eat anything which he sees can lead to infection easily. Severe dehydration may cause malnutrition in children, but by giving proper homoeopathic medicine, proper hygienic environment, proper diet to children can improve the immunity of the children, decreasing the rate of diarrhoea.

## References

1. Paul VK, Bagga A. Ghai Essential Pediatrics. 8<sup>th</sup> ed. New Delhi: CBS publisher & distribution Pvt. Ltd. 2009.
2. Parthasarathy A. IAP Text Book of Pediatrics. 6<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2016.
3. Goel K, Gupta D. Hutchison's Paediatrics. 2<sup>nd</sup> ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012.
4. Boericke W, Boericke OE. Pocket Manual of Homoeopathic Materia Medica & Repertory comprising of the characteristics and guiding symptoms of all remedies. New York: Boericke & Runyon; 1906.
5. Clarke J.H. Dictionary of Practical Materia Medica, B. Jain publishers, New Delhi.
6. AAA - THE ENCYCLOPEDIA OF PURE MATERIA MEDICA By TIMOTHY F. ALLEN, A.M.,M.D. [Internet]. Homeoint.org. 2020 [cited 5 July 2020]. Available from: <http://www.homeoint.org/allen/a.htm>.
7. Murphy R. Homoeopathic Medical Repertory. 2<sup>nd</sup> Revised ed., New Delhi: B Jain Publishers (P) Ltd. 2006
8. Schroyens F. Synthesis, Repertorium Homoeopathicum Syntheticum. 9.1 Version. New Delhi: B. Jain Publishers (P)

Ltd. 2007

9. Complete Repertory. RADAR Software
10. Boericke W. New Manual of Homoeopathic Materia Medica and Repertory. 2<sup>nd</sup> re-augmented and revised ed., New Delhi: B. Jain Publishers (P) Ltd. 2000

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## DISCUSSION AND CONCLUSION:

Diarrhoea is a common

# Writing acknowledgement section in an article

By Sakshi Mehrotra, Chaturbhuja Nayak

**Abstract:** In a scientific publication, acknowledgement section is there to thank those who helped for conducting research or writing the manuscript. This section demonstrates the honesty and integrity of a researcher/author for giving credit to those who helped him/her for such academic work. But, a basic question arises in the mind of each author that whom to acknowledge and how to acknowledge? This article deals with various aspects of this issue, for the purpose of making the task easier and simpler.

**Keywords:** acknowledgement, scientific publications, why/ whom/ how to acknowledge.

## Introduction

*Acknowledgement and celebration are essential to fueling passion, making people feel valid and valuable, and giving the team a real sense of progress that makes it worthwhile* - This statement of Dwight Frindt is truly valid in the context of acknowledging persons and organization while writing scientific articles. In scientific publications, 'acknowledgement section' is there to thank those who have helped in various aspects of conducting research or drafting the manuscript thereon. This section is important to ensure that all affiliated support for the paper can be duly and transparently mentioned<sup>[1]</sup>. This also is a way of expressing gratitude for those who helped in creating an original work. Writing acknowledgement section is sometimes a sensitive as well as difficult task for authors. The difficulty in writing this section mainly arises when incorporating 'whom and how' to acknowledge help? This section is written for person/ organisations that have helped in research or writing, but are not fulfilling the criteria of authorship<sup>[2]</sup>. This section demonstrates integrity as a researcher which encourages continued collaboration<sup>[3]</sup>. This article addresses various facets of such intricate issues.

## WHY TO ACKNOWLEDGE?

According to Shamanic healer Greg Drambour, "If you honor/ acknowledge people, they will honor/acknowledge you". The gesture of acknowledging others show social awareness, and courtesy and does more to boost self-esteem and morale of the person acknowledged. Acknowledgement recognises the existence of someone<sup>[4]</sup>.

Acknowledgement provides appropriate recognition to all contributors for their hard work. It provides the reader with a good sense of who was responsible for each part of that research and manuscript<sup>[5]</sup>.

## Whom to acknowledge?

A major question that arises in the mind of each researcher is WHOM to acknowledge? The basic rule is that, the persons who do not qualify criteria for authorship, but have helped the researcher in various ways, should be acknowledged<sup>[6]</sup>.

## For example-

- Direct technical help (e.g. supply of animal subjects, cells, equipment setup, methods, statistics/data manipulation, samples, chemicals/reagents, analytical/spectroscopy techniques)<sup>[1]</sup>;

- Indirect assistance (intellectual discussions about the research which lead to generation of new ideas)<sup>[1]</sup>;
- Affiliated institutions<sup>[1]</sup>;
- Funding bodies<sup>[3]</sup>;
- Supervisor/guide<sup>[3]</sup>;
- Scientists who provided technical help<sup>[7]</sup>;
- Laboratory staff, library staff<sup>[7]</sup>;
- Head of department/institution<sup>[8]</sup>;
- Person(s) who helped in data collection, typing manuscript<sup>[8]</sup>;
- Study participants<sup>[8]</sup>;
- Statistician who helped in data analysis<sup>[8]</sup>;
- Colleagues who helped in editing, proofreading, etc.<sup>[7]</sup>.

Those whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading, for example, "clinical investigators" or "participating investigators"<sup>[9]</sup>.

## Whom not to acknowledge?

Authors are not allowed to thank reviewers personally, or those who inspired them. The journal articles should not include help and guidance from family members and friends of the author(s)<sup>[1]</sup>.

Besides, contributions that are not specifically related to the research conducted, including personal encouragement from the friends or parents and contributions are of very general nature (example, from a laboratory manager who purchases all supplies for your research), should not be cited. Additionally, the anonymous editors are usually not thanked in the acknowledgments section [3].

### How to Acknowledge?

Titles such as Mr., Mrs., Miss, etc. are not commonly included, but honorary titles such as Dr, Professor, etc. are included. The institution to which acknowledged people belong, are usually mentioned. Pronouns like his, her, their, etc. are not used and the terms associated with specific companies should be written in full. The tone of the section should be in active voice. Any abbreviation used in this section should be expanded unless such abbreviation appears in the main body of the text<sup>[1]</sup>.

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## Conclusion

'Acknowledgement section' aims at thanking those who have either helped in research work or in writing about that research. A good 'acknowledgement section' comprises of all necessary help got during research and writing the manuscript. Unnecessary and too large 'acknowledgement section' gives a negative impact on readers, therefore, this section should be short and crisp. However, it should be kept in mind that no necessary help remains unacknowledged.

## References

1. What to Include in Your Acknowledgments Section. Charlesworth Author services [Internet]. February 06, 2018 [cited 20.01.2021]. Available from : <https://www.cwauthors.com/article/what-to-include-in-your-acknowledgments-section>
2. Nayak C. Writing and Publishing Research Articles: A Panoramic View. The Homoeopathic Heritage. December 2020;46(9): 41-47.
3. Writing Acknowledgments for Your Research Paper. AJE scholar [Internet]. [cited on 20.01.2021]. Available from: <https://www.aje.com/en/arc/editing-tip-writing-acknowledgments/>
4. The Importance of Being Acknowledged. Corp Magazine [Internet]. Corp Magazine April 21, 2016[cited 2021 May 26]. Available from: <https://www.corpmagazine.com/industry/human-resources/the-importance-of-being-acknowledged/>
5. How to draft the Acknowledgement Section of a manuscript. Enago Academy[Internet]. Enago Academy 2019[cited 2021 May 27]. Available from: <https://www.enago.com/academy/how-to-draft-the-acknowledgement-section-of-a-manuscript/>
6. International Committee of Medical Journal Editors- Uniform Requirements for Manuscripts Submitted to Biomedical Journals. New England Journal of Medicine 1997;336(4):309-16.
7. How to draft the acknowledgement section of a manuscript [internet]. No date [cited 07 feb 2021]. Available from: <https://app.enago.com/homepage/i/17429/how-to-draft-the-acknowledgment-section-of-a-manuscript>
8. Research integrity: Arts and Humanities [internet]. 2012 [cited 07 feb 2021]. Available from: [https://epigeum.com/downloads/ri\\_accessible/uk/05\\_arts/html/course\\_files/ar\\_4\\_50.html](https://epigeum.com/downloads/ri_accessible/uk/05_arts/html/course_files/ar_4_50.html)
9. Defining the Role of Authors and Contributors. [Internet]. ICMJE. [cited on 12.01.2021]. Available from: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html#three>

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# A case of pica treated with homoeopathy

*Dr D. G. Bagal, Dr Uttara Agale*

**Abstract:** Pica is a disorder in which children compulsively eat stuffs that have no nutritional value. The causes of pica can be deficiency like - iron, zinc, calcium or any other nutrient associated with it. Symptoms of pica includes abdomen upset/ pain, blood in stool, bowel problems and it can also lead to complications which can be difficult to tackle<sup>1</sup>. Pica cases generally comes up for treatment when there are other problems associated due to this cause<sup>1</sup>. Homoeopathy has its effective cure as it deals with mental generals as well as physical generals and particulars and this holistic approach is required to treat the behavior complaints of the children and help them in healthy growing. In this article, a case is explained in which pica is treated with homoeopathic medicine.

**Keywords:** Pica, homoeopathy.

**Abbreviations:** BCCR – DSM (Diagnostic and statistical manual of mental disorders), AEBE (air entry both side equal), H/O (history of), CNS (central nervous system), CVS (cardiovascular system), RS (respiratory system), P/A (per abdomen), RADAR (rapid aid to drug aimed research), SL (Saccharum lactis), OPD (outpatient department).

## Introduction

Pica is a disorder in which children compulsively eat stuffs that have no nutritional value, for example, dried flaks of wall paint, dry leave, mud, chalk, metal rust, soap, clay etc. In some cases it can lead to poisoning as if a person is having habit to eat metal rust, then it is harmful. Pica often occurs in individuals who have intellectual disabilities.<sup>1</sup> It comes under DSM-V – The American Psychiatric Association's diagnostic and Statistical Manual of Mental Disorders and is defined as eating non-nutritive, non – food substance for over a period of at least one month.<sup>1</sup>

The causes of pica may be deficiency of iron, zinc, calcium or any other nutrient associated with it. The unusual cravings may be a sign that body is trying to replenish low nutrient levels. Dieting and malnourishment can lead to pica.<sup>1</sup>

### Symptoms of pica includes:-

- Abdomen upset/ pain
- Blood in stool ( which may be

a sign of ulcer from eating non-eatable items)

- Bowel problems (such as constipation and diarrhoea)<sup>1</sup>.

As such there is no diagnostic tool to check for pica except case taking done by physician. The complications associated with pica are

- Poisoning such as lead poisoning
- Parasitic infections
- Intestinal blockages
- Injuries to teeth (eating glass and bricks)
- Chocking.<sup>1</sup>

Its treatment generally requires restoring of the required nutrients due to which the child is malnourished. Restoring the nutrients is an easy task but the behavioural problems which come in accepting the this corrected form of eating is a challenge to the physician and also to the parents as child readily doesn't give up eating the stuffs which he/she is addicted to. This includes many times stubbornness, excessive craving to

such indigestible stuffs, negligence on account of parents and many times disobedience and obstinacy shown by children. Pica cases generally comes up for treatment when there are other problems associated due to this cause.

Homoeopathy has its effective cure as it deals with mental generals as well as physical generals and particulars and this holistic approach is required to treat the behaviour complaints of the children and help them in healthy growing. A case is explained in which pica is treated with homoeopathic medicine.

## Case history

### Preliminary Data:-

**Name:** AQ

**Age:** 7 years

**Sex:** Male

**Occupation:** Student

**Status:** Unmarried

**Religion:** Hindu / Maratha



**Chief complaints**

Patient was brought by his mother with the complaints of:-

- **Frequent abdominal pains, cramping type, on and off since 1-2 months.**
- **Constipation, passes stool irregularly sometimes once in 2-3 days.**
- **Appetite decreased.**
- Eats soil, wall paint and putty/ clay, whenever mother scolded him not to eat it, he listened to, but when she was not present, he used to eat it, and when asked, used to lie that he did not eat it.
- He was very obstinate regarding leaving the habit of pica as told by his mother, he listened to her when scolded, otherwise did only what he wanted.

**Life space investigations:-**

Patient's father was in service, mother was housewife, and he had one younger sister.

The patient was well dressed, with lax body, having tendency to obesity, was chubby with anxiety on face. His behaviour was agitated but cooperative, changing mood from hilarious to low. He was having

good comprehension but paid less attention / concentration.

His memory was poor and forgetful, remembered what was taught but had to memorise a lot.

His judgement was also poor.

**Past history:**

Blood in stools, although scanty, once 20 -25 days before, but it was treated with home remedies and he became alright.

**Physical generals** included decreased appetite, desire for chocolates, sweets, soil, wall paint, and clay/ putty, aversion to chapatti, vegetables, and rice, child only used to eat the above desired food. Stools were irregular, unsatisfactory, once in 2-3 days, urine frequency was 11-12 times a day. The perspiration was profuse, over head and face staining yellow, sleep was unrefreshing. He was thermally a chilly patient.

The built of patient was obese, chubby, with lax musculature. His height was average, nutrition was poor. There was no abnormality detected in pallor, oedema, cyanosis, icterus, or lymphadenopathy.

**Systemic examination:-**

**Respiratory system** - AEBE, clear

**Investigations:**

Advised blood examination of serum calcium level and serum alkaline phosphatase

**Final diagnosis:-pica<sup>1</sup>****CASE PROCESSING:****1. Analysis of symptoms:-****Mental generals:**

- Poor concentration
- Memory poor/ forgetful.
- Mood changeable from hilarious to low.
- Tells lie ( for eating pica).
- Obstinate.

**Physical generals:**

- Appetite decreased.
- Stools - irregular and unsatisfactory
- Perspiration profuse on head and face staining yellow.
- Sleep - unrefreshing
- Desire for soil, chocolate, sweets, wall paint and clay.
- Aversion to vegetables and wheat/ chapattis.

**Particulars:-**

- Abdominal pain, cramping.
- Constipation.

**1. Evaluation of symptoms:-**

Sr. No.	Grades	Symptoms	Evaluation	Miasmatic analysis
1.	I Grade	Poor concentration	characteristic mental general	Psora
		Memory poor/ forgetful	characteristic mental general	Psora/ Sycosis
		Mood changeable from hilarious to low.	characteristic mental general	Sycosis
		Tells lie (for eating pica).	characteristic mental general	Sycosis
		Obstinate.	characteristic mental general	Sycosis

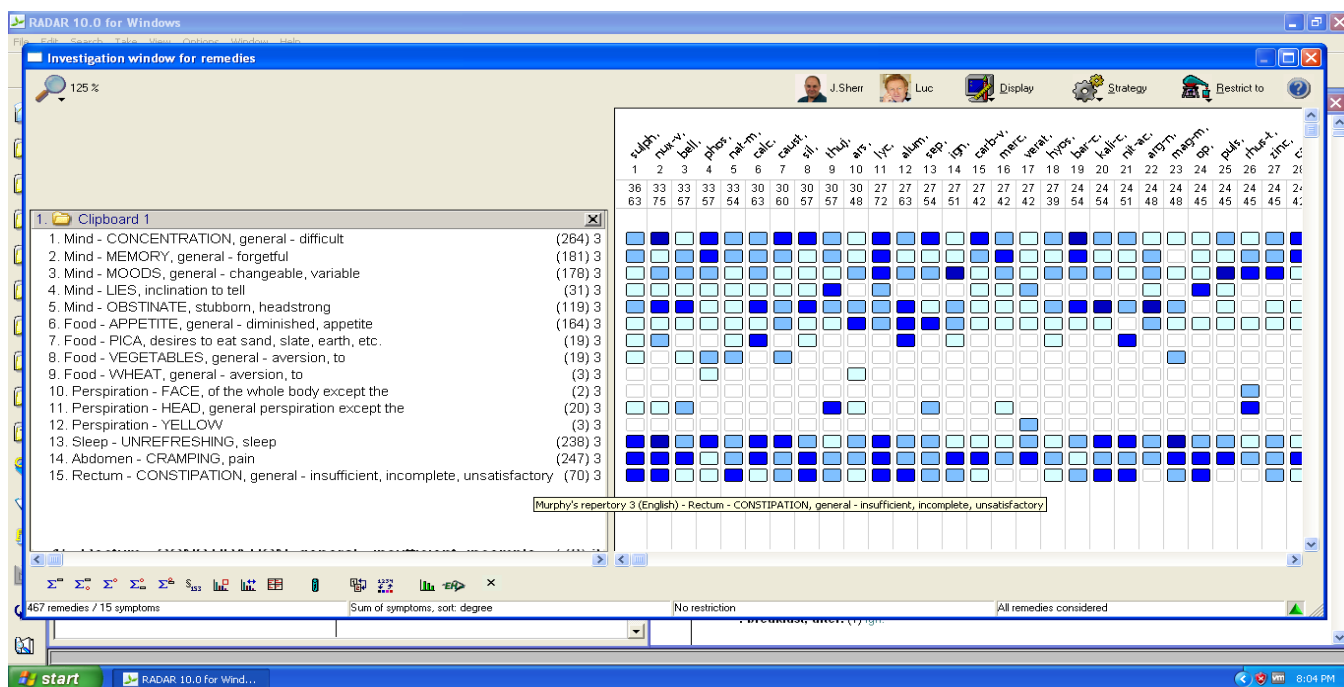
## CASE STUDY

2.	II Grade	Desire for soil, chocolate, sweets, wall paint and clay.	characteristic physical general	Psora
		Stools - irregular and unsatisfactory	characteristic physical general	Sycosis
		Perspiration profuse on head and face staining yellow.	characteristic physical general	Sycosis
		Sleep - unrefreshing	characteristic physical general	Sycosis
		Appetite - decreased	characteristic physical general	Sycosis
		Aversion to vegetables and wheat/ chapattis	characteristic physical general	Sycosis
3.	III Grade	Abdominal pain - cramping	particular symptom	Psora
		Constipation	particular symptom	Sycosis

**Process of repertorisation:-**total addition process

Software used :- RADAR<sup>3</sup>

**Repertorisation<sup>3</sup>:-**



**Probable remedies:**

1. Sulphur
2. Nux vomica
3. Belladonna
4. Phosphorus
5. Natrum muriaticum
6. Calcareo carbonica

**Miasmatic analysis:-**  
**Fundamental:-** Psora

**Dominant:-** Sycosis

**Susceptibility :-** Moderate

**Remedy selected:-** *Calcareo carbonica*

**Prescription on 3/12/2019**

*Calcareo carbonica* 1M/ 1 dose stat

S.L 200/2-2-2/ 15 days

*Calcareo phosphorica* 6X/ 4-4-4/ 1 month

**Justification for selection of remedy:-**

- a. Although *Calcareo carbonica* didn't come first in repertorisation but the patient

was chilly while *Sulphur* is a hot patient, so 1<sup>st</sup> remedy is void.

b. Patient had poor memory, obstinate, pica was there along with constipation suggestive of *Calcarea carbonica*.<sup>1,2</sup>

c. *Calcarea carbonica* was chilly and patient was more constitutionally obese, chubby

and obstinate.<sup>2</sup>

d. Even serum calcium level before treatment was 6.6mg/dl (8.4-10.4 mg/dl), even desire for calcium like non-edible materials suggested *Calcarea carbonica*.

e. *Calcarea phosphorica* 6X is given as it is for calcium deficiency,

and biochemic medicines overcome deficiency disorders immediately in paediatric age group. (*Schussler's Materia Medica*).<sup>2</sup>

**Follow up** – Patient was on regular follow up till now for other minor complaints.

Sr. No.	Investigations before treatment- 3/12/2019, serum calcium levels are low i.e, 6.6 mg/dl	Investigations before treatment- 11/02/2020, serum calcium levels are low i.e, 7.0 mg/dl
		

### Follow up:

Date	Complaints	Remedy	Justification of selection of remedy
3/1/2020	The constipation was decreased. No abdominal pain. Pica also decreased	<i>Calcarea carbonica</i> 200 1 dose stat and <i>Calcarea phosphorica</i> 6 X, 4-4-4 for 30 days.	Patient was improving so single dose is repeated and susceptibility is also moderate so, dose is repeated so as to cure the further symptoms. Even minimum duration of action of <i>Calcarea carbonica</i> is approximate 25-30 days, so repetition is required, for <i>Calcarea carbonica</i> . <sup>4</sup>
11/2/2020	Patient was concentrating properly in studies, Pica decreased only 10% was remaining, Patient is less obstinate now and listens to mother. Constipation is also now less observed passes stool regularly daily.	<i>Calcarea carbonica</i> 200 1 dose stat and <i>Calcarea phosphorica</i> 6 X, 4-4-4 for 30 days.	<i>Calcarea phosphorica</i> was repeated so as to fulfill the calcium deficiency which is evaluated in lab reports and till patient improvement. Apart from diet rich in calcium inside supplement is also required to patient.

1/4/2020	Since March 2020 due to lockdown patient had not himself visited to takes medicine and was continuing till June 2020 for pica. All complaints, i.e. constipation, poor concentration, obstinacy, pica was absent.	<i>Calcarea carbonica</i> 200 1 dose stat and <i>Calcarea phosphorica</i> 6 X, 4-4-4 for 30 days.  And advised parents to watch if he still tries to eat such non edible things. Parents counselling regarding proper calcium rich diet was done and patient was doing better.	
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## Conclusion

In cases of pica, constitutional homoeopathic medicine along with diet and biochemic combinations served useful in the above case. Homoeopathy not only cured the pica but also solved the behavioural complaints of the child, thus proving it to be a holistic method.

## References

1. 2005-2021 Healthline Media a Red Ventures Company, Everything you need to know about Pica Medically reviewed by [Karen Gill, M.D.](#) — Written by Gretchen Holm — Updated

on August 2, 2019, San Francisco Office, The Healthline team, August 2 2019.( [www.healthline.com/health/pica](http://www.healthline.com/health/pica) )

2. Dr. Schussler, Schussler's Biochemic Pocket Guide with Repertory, 2 nd edition, B.Jain Publishers Pvt. Ltd. , New Delhi, 2018, Page-27-29.
3. RADAR 10 software Schroyens F; Repertorium Homoeopathicum Syntheticum; 9th edition; New Delhi; B.Jain Publishers Pvt Ltd.
4. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica and Repertory. 9th ed. New Delhi: B. Jain Pvt. Ltd.; 2014.

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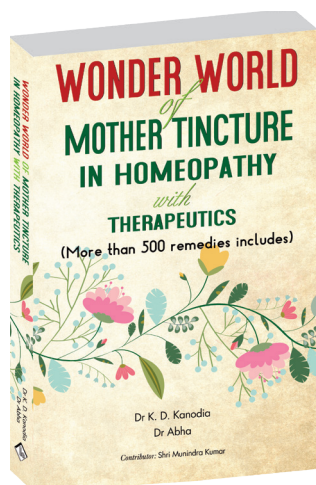
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# READ IT AND REAP IT



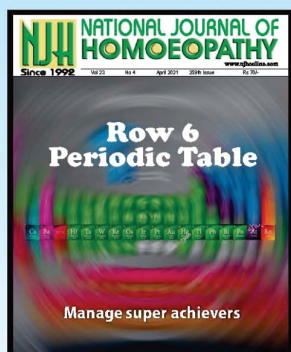
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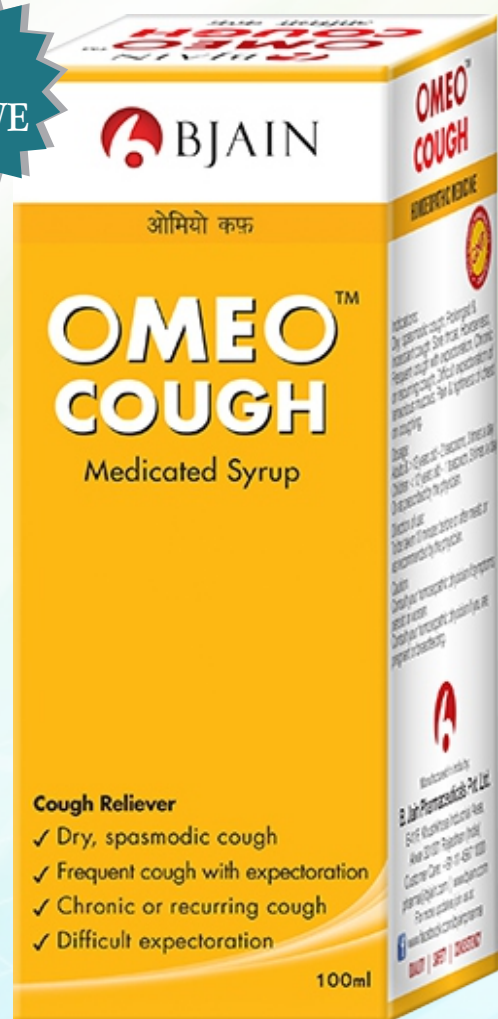
### Composition:

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Justicia adhatoda	Ø	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
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Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients		q.s.
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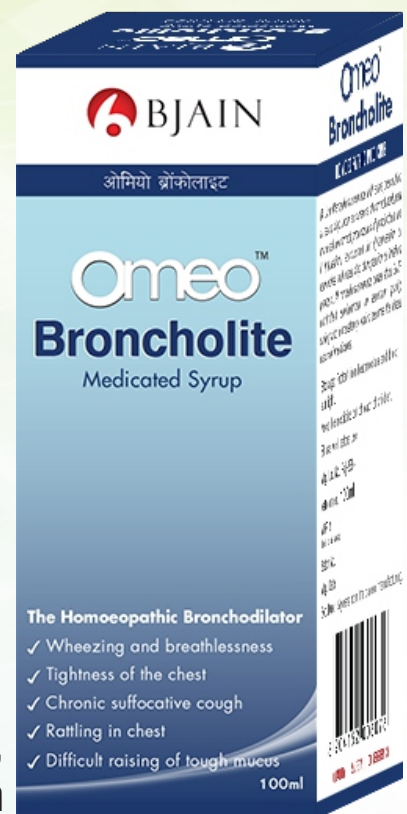
## Indications:

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

## Composition

Blatta orientalis	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
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# A narrative review of calcaneal enthesophytes and homoeopathy

By Dr Smita Balunnavar, Dr Jyothi Vijayakumar, Dr Shweta Nanjannavar

## Abstract:

A narrative review on history of calcaneal enthesophytes with its understanding on anatomical aspect of heel, classification according to location, its prevalence over the world and in India, with the various hypothesis to justify its cause, followed by symptomatology, radiological investigation and conclusion with its general management and homoeopathic remedies.

Many people come up with the complaint of severe heel pain which alter their day-to-day activities and it alarms a patient to professionally approach the consultant. Calcaneal enthesophytes with pain and activity limitations are the point to be considered in population suffering. Calcaneal enthesophyte is an abnormal bony outgrowth at the inferior or dorsal part of the calcaneus. Some of the assessment scales are used to assess quality of life of the patients.

As some of the homoeopathic remedies are known for their cure in bony exostosis, it has been used as source for management of calcaneal enthesophytes cases. Some helps in both relieving pain in heels due to spur and also in dissolving spurs. It is a safe and effective mode in management of the cases.

**Key words:** Calcaneal enthesophytes, haglund deformity, severe disease, quality of life.

**Abbreviations:** calcaneal spur[CS], quality of life[ QOL], plantar calcaneal spur[PCS], dorsal calcaneal spur[DCS], International Classification of Diseases[ICD], body mass index [BMI], diabetes mellitus[DM], non-steroidal anti-inflammatory drug[NSAID], extra-corporeal shock wave therapy[ESWT], ultrasound therapy[UT], endoscopic plantar fasciotomy [EPF], visual analogue scale[VAS], american orthopedic foot and ankle society scale[AOFASS], foot function index score[FFI], aggravation[< ], amelioration[>].

## Introduction

Walking through life, we spend most of our energy choosing the right shoes. -Ljupka Cvetanova  
Quality of life can be negatively affected if person is experiencing ongoing pain. Many people come up with the complaint of severe heel pain which alter their day-to-day activities and it alarms a patient to

professionally approach the consultant. Calcaneal enthesophytes [CS] with pain and activity limitations are the point to be considered in population suffering.

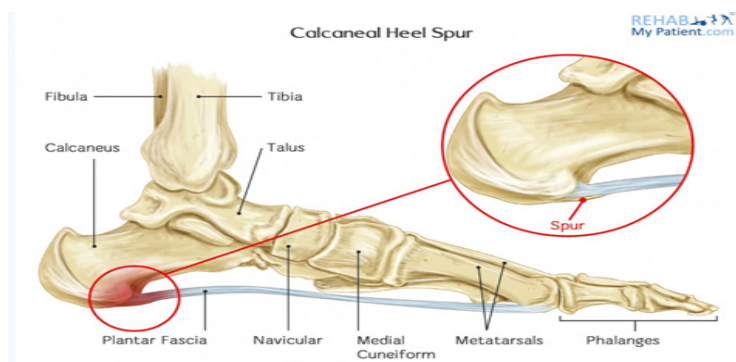
## HISTORY:

For the first time in 1900, A german physician named PLETTNER, discovered the bony outgrowth in rou-

tine X-ray and termed it as "KALKANEUSSPORN".<sup>1</sup>

## DEFINITION:

CS also known as enthesophytes are the abnormal bony projections from the back or underside of the heel bone [figure-1]<sup>2</sup> & that may make walking painful.<sup>3</sup>



**Figure 1:** represents projected CS<sup>[2]</sup>

## ANATOMY:

The os calcis is the largest tarsal bone amongst 7 bones, which forms prominence of the heel. Its significant role is in weight bearing, gait and posture.

**Inferior aspect of heel:** Plantar fascia is flat band of ligament that inserts into medial process of the inferior tuberosity, it maintains foot arch.<sup>1</sup>

**Posterior aspect of heel:** Achilles tendon is band of fibrous tissue that connects the gastrocnemius and soleus muscle to posterior calcaneal tuberosity. Its function is to dissipate stress exerted upon the region during motion.<sup>1</sup>

## CLASSIFICATION OF HEEL SPURS:

Based on location:

### 1. INFERIOR/ PLANTAR CS

[PCS]:Spur located in inferior aspect of heel, superior to plantar fascia [figure-2]<sup>4</sup>. Majority of PCS arise from medial process of tuberosity and commonly associated with plantar fasciitis.

2. POSTERIOR/DORSAL CS [DCS]: Spur located back of the heel [figure-2]<sup>4</sup> at insertion of achilles tendon, commonly associated with achilles tendinopathies.<sup>3</sup>



**Figure 2:** represents types of calcaneal enthesophytes.<sup>4</sup>

## CLASSIFICATION OF CS ACCORDING TO ICD- 10:

According to International Disease Classification, calcaneal spur is classified under specific code: ICD-10-CM codes

- **M77.3-** Calcaneal spur
- **M77.30**—Calcaneal spur, unspecified foot
- **M77.31**—Calcaneal spur, right foot
- **M77.32**-- Calcaneal spur, left foot<sup>5</sup>

## PREVALANCE:

- According to the study, PCS is prevalent at the rate of 11% in India, 13% in Ireland, 15% in Zimbabwe, 16% in Thailand, 17% in Europe, and 21% in America.<sup>6</sup>
- A Study conducted in Indian population to assess the

incidence of CS was reported total of 26.5%. Incidence of 15.5% was of DCS and of PCS was 6.5%.<sup>7</sup>

## AETIOLOGY AND PATHOLOGY:

Several theories have been proposed to understand the cause:

- In 1912, Ronald hypothesised that the epiphysis of the calcaneum extends down to plantar aspect and repetitive trauma results in PCS formation.
- In 1939, Bertani conducted study of 18 patients with flatfoot [Pes Planus] resulting in 40% with spur.<sup>1</sup>
- In obesity- plantar fascia tension increases when medial longitudinal arch is lowered. Increased body weight leads to pressure during walking.
- PCS is considered as part of

normal process of aging, with tendency of ligaments and tendons to ossify. Whereas in DCS it occurs as result of traction.

- Recently several authors suggested that PCS may be adaptive response to repetitive vertically oriented forces.<sup>6</sup>

**RISK FACTORS:** A retrospective homoeopathic study conducted in India,2017 specifies about risk factors below.<sup>8</sup>

**AGE:** Commonly seen in age group of 40-70years with increased prevalence in older age group. Out of 76 patients suffering from heel pain with CS;18-35 years- 10 (13.16%), 35-50 years- 32 (42.10%); 50-75years- 34 (44.74%).

**SEX:** In younger population, female, less than 49 years of age have high incidence than men.17 males (22.37%); 59 females (77.63%).

**OBESITY:** Prevalence of PCS increases with weight. BMI in these people is calculated to assess obesity. Obese (>27) — 5 (6.58%), overweight (>23) — 39 (51.31%), normal (17-23) — 30 (39.47%), below normal (<17) — 2 (2.63%).

**FOOT POSITION AND GAIT:** People with flat-foot are prone to have PCS with heel pain. Women wearing high heeled footwear causes high arch foot, abnormal gait, continuous standing or walking, etc.

**SPORTS ACTIVITY:** Continuous running, i.e. in athletes or any other sports activities with repeated trauma to the heel tissue with heel pain, may develop CS.

**ARTHROPATHY:** Includes osteoarthritis, ankylosing spondylitis, reiter's syndrome, diffuse idiopathic skeletal hyperostosis. Osteoarthritis 8 (10.53%) patients with CS.

**DIABETES MELLITUS:** Increased incidence in type 2 DM. 4 [5.27%] DM patients were sufferers.

### SYMPTOMS:

- Localised heel pain surrounding the spur.
- Increased intensity of pain after prolonged period of rest.
- Pain intense on first motion, relief from continuous motion.
- Pain- worse on walking, running, prolonged standing, lifting heavy weight.<sup>3</sup>

### DIAGNOSTIC CRITERIA:

#### I. Clinical presentation

#### II. Physical examination:

1. Range of motion of ankle and foot
2. Palpation of proximal plantar fascia attachment to rule out any tenderness or deformity

3. Swelling on examination
4. Evaluation of gait
5. BMI evaluation in obese individuals

**III. RADIOGRAPHY:** Lateral foot X-ray of affected side, showing osteophytes on posterior/inferior aspect of calcaneum.

**IV. MRI study-** in rare, painful cases.<sup>3</sup>

### DIFFERENTIAL DIAGNOSIS:<sup>6</sup>

- Calcaneal fractures—Aetiology--repetitive overload to the heel.<sup>3</sup>
- Baxter nerve entrapment - neuropathic heel pain with abductor digiti minimi atrophy.<sup>6</sup>
- Haglund deformity [retrocalcaneal exostosis]-- is in prominence of the superior aspect of the posterior calcaneus. Repeated pressure, from this deformity or from ill-fitting footwear, can cause inflammation and swelling between the calcaneus and achilles tendon, leading to retrocalcaneal bursitis.<sup>9</sup>
- Sever disease (calcaneal apophysitis) --- usually occurring between 5-11 years of age. Bones grow quicker than the muscles and tendons in these patients.

Diagnosis: Radiography is usually normal, may reveal a fragmented or sclerotic calcaneal apophysis.<sup>10</sup>

- Heel fat pad syndrome---atrophy or inflammation of shock absorbing fatty pad.<sup>3</sup>

### MANAGEMENT:

#### CONSERVATIVE TREATMENT:

- Orthotic insoles, night splints, heel inserts

- Analgesics, NSAIDs.
- Cortisone injections.
- Physical Therapy:

1. Extracorporeal Shock Wave Therapy [ESWT]
2. Ultrasound Therapy [UT]

### SURGICAL TREATMENT:

#### INDICATIONS:

1. Failure of all conservative measures.
  2. Very large spur causing compression of heel structures.
- Endoscopic plantar fasciotomy [EPF] with resection of spur<sup>11</sup>

Assessment scales are used to assess scores for functional evaluation, used pre-operative and post-operative respectively.

- VISUAL ANALOGUE SCALE [VAS]
- AMERICAN ORTHOPAEDIC FOOT AND ANKLE SOCIETY SCALE [AOFASS]
- FOOT FUNCTION INDEX SCORE [FFI]<sup>12</sup>

### HOMOEOPATHIC REMEDIES:

Some of the commonly indicated remedies for heel spur with or without pain includes:

#### CALCAREA FLUORICUM:

- Loss of calcium in the system follows with a hard, knotty exudation on the surface of a bone. Osseous growth and enlargement of bone with or without carries, particularly of traumatic origin. Boring pain and heat in parts. Swelling or indurated enlargements, present in fasciae, ligaments of joints or in tendons.<sup>13</sup>
- Indurated swelling, malnutrition of bones,

principally used for dispersing bone growths. Ulceration of bones, exostosis. 'Osseous tumors, enlarged bones with or without caries'.<sup>14</sup>

## RHUS TOXICODENDRON:

- Swelling, stiffness, pain on first motion after rest or on getting up in morning; >constant motion.<sup>15</sup>
- Lameness in tendons, ligaments. Ailments from cold, damp weather, sensitive to cold and > warmth.<sup>16</sup>

## VALERIANA OFFICINALIS:

- Pain in heels when sitting.<sup>17</sup>
- Drawing pain in tendo-achilles when sitting, pain in heel during rest.<sup>16</sup>

## AMMONIUM MURATICUM:

- Ulcerative pain in heels.<sup>17</sup>
- Pain of ulceration and pulling in heels, > - by rubbing, feet get very cold in evening in bed. Pain – stitching, tearing type, heel pain on walking, morning.<sup>15</sup>

## ARENIA DIADEMA:

- Bone pains in extremities, pain in os-calcis alternating with numb feeling, sensation of swelling, periodicity, extreme sensitive to cold.<sup>17</sup>
- Boring, digging pain in os-calcis, continues on moving foot and disappears by continuous motion.<sup>15</sup>

## AURUM METALLICUM:

- Exostosis with nightly pain in bones >- open air, complaints from sunset to sunrise.<sup>17</sup>
- Boring in bone, pain drives patient out of bed at night and makes him to walk.<sup>16</sup>
- Affections on bones resulting from abuse of mercury, syphilis, tearing pain in joints

and bones of feet and toe.<sup>14</sup>

## MEZEREUM:

- Bone pain. Bruised, weary feeling in joints, intolerable to touch.<sup>17</sup>
- Pain in periosteum <night, least touch. Violent pain in bones of feet, bones of instep< when walking.<sup>15</sup>

## MIASMATIC UNDERSTANDING:

P.S. Ortega introduced three forms of alterations of cellular functions, which can be imagined, includes: 1. DEFICIENCY [perturbation], 2. EXCESS [accumulation], 3] PERVERSION [degeneration]. It is significant to the Hahnemannian concept of chronic Miasms – PSORA, SYCOSIS, SYPHILIS respectively.<sup>18</sup>

As in the above condition, complaints start with psoric symptoms of functional disturbance like pain and inflammatory changes, followed by sycosis in which tissues are produced in excess and calcium gets deposited to form spur, following prolonged suffering leading to degenerative changes in plantar fascia heading towards syphilitic miasm.

## Conclusion

Calcaneal spur, an abnormal bony outgrowth at the inferior and dorsal part of calcaneus has a huge impact on QOL of patients with chronic suffering. Homoeopathic applicability in these cases would be beacon light in improving the bony exostosis. The purpose of this study is a commencement for our further homoeopathic interventional study on CS.

## References

1. Lindsay M: Bioarcheological

implications of CSs in the Medieval Nubian population of Kulubnarti, University of Colorado at Boulder, April 2016 <https://www.google.com/search?q=Bioarcheological+implication+on+calcaneal+spur&aq=chrome.0.69i59j69i57j0l5j69i60.21674j0j7&sourceid=chrome&ie=UTF-8#> Accessed on 25/2/20202]

2. Calcaneal spur/Rehab my patient[fig:2 reference] <https://www.rehabmypatient.com/ankle/heel-spur>
3. Calcaneal spurs- Physio-pedia <https://www.physio-pedia.com/calcaneal-spur#>. Access on 19/3/2020
4. Calcaneal spur-plantar fasciitis [fig:3 reference for types of CS] <https://www.vectorstock.com/royalty-free-vector/calcaneal-spur-plantar-fascitis-set-medical-vector-2938>
5. The ICD-10-CM Codes, Classification of Diseases of the musculoskeletal system, Clinical Description and Diagnostic Guidelines; Geneva, World Health Organisation. <https://www.icd10data.com>
6. Joshua K, Omid Y, Mirjalili SA: The plantar CS: A review of anatomy, histology, etiology and key associations, March 2017, doi:10.1111/joa.12607 <https://www.google.com/search?q=calcaneal+spur+articles&aq=chrome.69i57j0l3.11855j0j8&sourceid=chrome&ie=UTF-8#> accessed on 20/3/2020
7. Kullar JS, Randhawa GK, Kullar KK: A study of calcaneal



enthesophytes in Indian population, March 2014

<http://www.ijabmr.org/text.asp?2014/4/3/13/140709> accessed on 13/1/2020

8. Parveen S: A Retrospective study of homoeopathic treatment in patient with heel pain with or without CS, India J Res Homoeopathy 2017;11:6473

<http://www.ijrh.org/text.asp?2017/11/1/64/200844>  
Accessed on 5/12/2019

9. Haglund's Syndrome: A commonly seen Mysterious condition

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5101401>

10. Sever Disease- Orthoinfo

<https://orthoinfo.aaos.org/en/diseases---condition>

11. Thordarson David B: Orthopaedic Surgery Essentials Foot & Ankle; second edition; Series editors, chapter -9, page -217

12. Ersinkuyucu, Figenkocyigit, Mehmet erdil: The association of calcaneal spur length

and clinical and functional parameters in plantar fasciitis, International journal of Surgery 2015, Elsevier publications

<http://dx.doi.org/10.1016/j.ijssu.2015.06.078>

13. Boericke W, Dewey W: The Twelve Tissue Remedies of Schussler, Sixth edition, B Jain publications, page no:37-43

14. Gupta Das DC: Characteristic Materia medica with Leading Therapeutics, revised fourteenth Edition, reprint Edition-2005, B. Jain publication ltd, Pg. No-186-187

15. Clarke JH, A dictionary of practical Materia medica 3 volume, first edition, Jan 2005, B. Jain publications ltd.

16. Kent JT, Lectures on Homeopathic Materia medica, reprint edition July 2018, B. Jain publications ltd.

17. Boericke W, Pocket manual of homeopathic Materia medica and repertory, edition 2002, B. Jain publications ltd.

18. Ortega P, English translation by Coulter H: Notes on the Miasm,

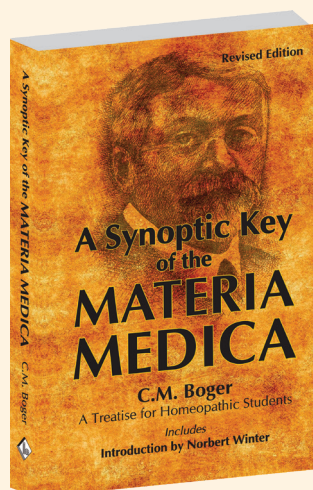
First English edition-1980, Published by National Homoeopathic Pharmacy New-Delhi, pg.no- 53-54

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## A Synoptic Key of the Materia Medica

C.M. Boger

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- The repertory is too instructive in its own way and many hints can be gathered from its unusual layout.

# Treatment of paraphimosis by constitutional homoeopathic medicine – a case report.

By Dr Hozaifa Ayubi

**Abstract:** Paraphimosis is a condition with the foreskin of the uncircumcised male is pulled back behind the glans penis, which develops venous and lymphatics blockage and congestion and will not be returned to normal position. This is an emergency condition which obstruct the blood flow to the glans penis with permanent drainage of glans and gangrene. In children this occurs due to self-manipulation by the child or the inappropriate retraction of foreskin by the care taker during cleaning. In adolescents and sexually active male, intercourse is a potential precipitant. Unknown cause of paraphimosis follow cystoscopy or bladder catheterisation, if the foreskin is not pulled back over the glans penis by doctor of medical provider. The surgical intervention in paraphimosis can be avoided by homoeopathic medicine. A case of paraphimosis of a middle-aged male is treated with constitutional homoeopathic medicine. This case shows the efficacy of homoeopathic medicine in cases of paraphimosis. In the following case, Sulphur, the constitutional medicine not only giving symptomatic relief to the patient but also restoring completely to its normal position.

**Keywords:** Homoeopathy, constitution, inflammation, paraphimosis, balanitis.

## Introduction

It is an uncommon clinical condition when the foreskin of penis trapped behind the glans and cannot be pulled back. If foreskin is trapped for a long time, then there is sign of lack of blood can cause gangrene<sup>(1)</sup>. This condition should be treated with medical emergency as it can cause many complications. Paraphimosis can be caused by the medical professional or parents handling the foreskin improperly. The foreskin can be retracted for cleaning, examination, urethral catheterisation, or cystoscopy. If the foreskin is left retracted for a long period of time. Some of the foreskin tissue may become edematous which makes reduction of foreskin difficult over the glans penis.

Phimosis is a main factor for paraphimosis. Phimosis is of two type one is pathological and other is physiological phimosis. Physiological phimosis resolve as child mature but pathological phimosis needs to be treated by surgery (preputioplasty) to loosen the preputial orifice and circumcision

to cut the foreskin tissue completely or partially<sup>(2)</sup>. Paraphimosis can be treated by manual reduction of foreskin. This leads to compressing of glans penis and moving the foreskin back to its normal position. If manual reduction fails there will be tight edematous band of tissue around the penis can be treated surgically (circumcision or a dorsal slit)<sup>(3)</sup>.

## Case Report

A male aged 32 years attended the surgery OPD (outpatient department) of R.B.T.S Government Homoeopathic medical college and Hospital, Muzaffarpur on 25/11/2020 with complaints of swelling in genitals particularly prepuce and glans penis and fever in afternoon for the past 10 days.

### History of present complaints

He took allopathic treatment but there was temporary relief and was advised to go for surgery.

### Past history

Jaundice in childhood.

### Personal history

Addiction- smoking

Occupation- businessman

### Generals

His appetite was good. There was desire for sour, acids and bitter foods. Prefers to take warm food. Thirst was moderate and perspiration was scanty. Stool was regular and satisfactory but had to go early morning. Patient was very irritable in the morning due to his illness. The patient was very much religious, wanted to talk about gods. There was a general feeling of tiredness. Thermally, he was a hot patient, preferred winter and couldn't tolerate heat.

### Local and systemic examination-

Tongue was clean and moist, with imprints of teeth. Face was flushed and anxious facies.

## Systemic examination-

Soft cystic swelling in prepuce.

Tenderness in glans penis.

Oedematous.

There was no sign of fluid accumulation.

## Diagnosis

By assessing the signs and the symptoms clinically, this may be a case of paraphimosis.

## Analysis of symptoms

After analysing the symptoms of the case, the following characteristics

## Repertorisation sheet:

me (1413568055)  
unfiled  
This analysis contains 235 remedies and 8 symptoms.  
Intensity is considered

		1	2	3	4	5	6	7	8	9
01. MIND - IRRITABILITY - morning	1	59	1	-	1	2	-	1	2	2
02. MIND - RELIGIOUS AFFECTIONS - too occupied with religion	1	53	3	2	1	3	2	3	1	1
03. RECTUM - DIARRHEA - morning	1	109	3	1	2	1	2	-	1	1
04. MALE GENITALIA/SEX - SWELLING - Penis - Glans	1	16	1	3	1	-	2	-	-	-
05. MALE GENITALIA/SEX - SWELLING - Penis - Prepuce	1	34	2	4	2	-	-	1	-	2
06. FEVER - AFTERNOON	1	88	1	1	-	2	2	2	2	-
07. GENERAL'S - FOOD and DRINKS - sour food, acids - desire	1	77	2	1	1	2	2	2	2	1
08. GENERAL'S - LASSITUDE	1	140	2	2	1	3	2	2	2	2

including mentals, physicals, and particular symptoms were considered:

## Mental generals

1. Morning irritability
2. Religious affection
3. Lassitude, in general

## Physical generals

1. Desire for sour food
2. Desire for acids
3. Early morning diarrhoea

## Particulars

1. Swelling in prepuce and glans
2. Fever in afternoon

## Miasmatic analysis

Miasmatic evaluation using "The Chronic Diseases" by Dr Samuel Hahnemann showed the predominance of psoric miasm. <sup>(4)</sup>

By considering the above symptoms, *Kent's Repertory* was preferred and done by RADAR SOFTWARE.

## Repertorial analysis

Sulphur- 15/8

*Rhus toxicodendron*- 14/7

*Thuja*- 9/7

*Lachesis mutus*- 13/6

*Arsenicum album*- 12/6

*Sepia*- 11/6

## Discussion

After repertorisation, the medicines namely *Sulphur*, *Rhus toxicodendron*, *Thuja occidentalis*, *Lachesis mutus*, *Arsenicum album*, *Sepia*, *Natrum muriaticum*, etc. came up. But after consulting materia medica<sup>(5)</sup>, *Sulphur* was prescribed which remain unchanged in the succeeding follow ups and patient was responding

very well, as *Sulphur* covers the miasmatic background of the case.

## Prescription

*Sulphur* 200, 1 dose was prescribed along with *Rubrum* 200 on first visit on 25/11/2020, considering the repertorial totality and miasmatic background.

## Follow up

Follow up	Indication for prescription	Medicine with dose
30/11/2020	Swelling in prepuce and glans penis is slightly reduce Fever is better than before Patient is feeling better than before Thirst- profuse, stool- satisfactory	Placebo 200/1 drachm * twice a day for 2 weeks Rubrum 200/1 drachm * twice a day for 2 weeks

11/12/2020	Swelling of prepuce and glans penis is very much better, almost reduced (80%) No fever Cough and cold since yesterday Thirst profuse, stool- satisfactory, h/o exposure to cold winds.	Rubrum 200/1 drachm * twice a day for 2 weeks
19/12/2020	Swelling reduced, almost looked normal Fever – absent. Cold and cough became better Thirst moderate, stool- satisfactory	Rubrum 200/1 drachm * twice a day for 2 weeks
26/12/2021	No swelling in prepuce and glans penis Fever – absent. Cough and cold better. Thirst moderate.	Rubrum 200/1 drachm * twice a day for 2 weeks
04/01/2021	No swelling in prepuce and glans penis. Thirst- moderate, stool- satisfactory.	Rubrum 200/1 drachm * twice a day for 2 weeks
27/01/2021	Penis normal in shape, no swelling, no fever, thirst-moderate, stool- satisfactory.	Rubrum 200/1 drachm * twice a day for 2 weeks
05/02/2021	No recurrence	Rubrum 200/1 drachm * twice a day for 2 weeks

## Conclusion

Paraphimosis is considered as a surgical emergency if it is pathological and treated with preputioplasty to loosen the preputial orifice or circumcision (amputation of foreskin of the prepuce). If it lasts long and is painful, the patient is advised to go under surgery (dorsal slit) to relieve the pain and swelling.

The above patient had the complaint of swelling over prepuce. History revealed intake of many antibiotics and anti-inflammatory drugs before but with little relief to the patient. As homoeopathy treats patient as a whole, it eliminates the exciting and fundamental cause by annihilating the disease manifestation (signs and symptoms).

From this case, it is clear that the certain acute medical and surgical emergency condition like

paraphimosis with balanitis can be treated and successfully managed with our system of medicine by making the totality of symptoms and treat according to our principle laid by our Master.

## References

1. Donohoe JM, Burnette JO, Brown JA. Paraphimosis. eMedicine. Available from: <http://emedicine.medscape.com/article/442883> [Last Assessed on 24 November 2020]
2. Choe JM. Paraphimosis-Current Treatment Options. Am Fam Phys 2000; 62:2623-6, 2628
3. Surgical care at the district hospital. Geneva: World Health Organization. pp. 9-10. ISBN 9241545755. Available from: <http://whqlibdoc.who.int/publications/2003/9241545755.pdf> [Last accessed on 24

November 2020].

4. Hahnemann S. The Chronic Diseases. New Delhi: B Jain Publishers.
5. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. Third revised and augmented edition based on ninth edition. Calcutta: B. Jain Publishers (P) LTD.; 2014.

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# Obesity in children and it's homoeopathic management

By Dr Mohammed Salahuddin, Dr Sandhya Rathour, Dr Manju Bijarnia, Dr Shivangi Jain

**Abstract:** In today's era, obesity can be considered as an epidemic problem in developed countries because day-to-day activities of the children are changed, they spend more time on playing video games on computer, watching television, etc. Unhealthy food is their diet which constitute more calories and sugar content. Low physical activity, avoidance of outdoor games leads to accumulation of more fat in the body as their intake is more than their physical activity.

**Keywords:** Childhood, overweight, homoeopathy, lifestyle disorder.

**Abbreviations:** BMI – body mass index, TSH – thyroid stimulating hormone, T3 – tri-iodothyronine, T4 – tetra-iodothyronine.

## Introduction

Obesity implies too much fat in the body. Overweight due to extra muscles, bones or water or the much fat in the body. Children with BMI more than 85 percentile for age considered as overweight. The children whose BMI is more than 95<sup>th</sup> percentile can be considered obese. It is a life style disorder obesity is defining in different sub-headings:<sup>1</sup>

1. Wight for height
2. Skin fold thickness
3. Waist circumference
4. Waist hip ratio<sup>1</sup>

### Causes:

- Exogenous obesity- constitutional, excessive intake of food, decrease energy expenditure, fat cell hyperplasia.
- Endogenous obesity - endocrine cause, genetic cause, drugs

**General Examination:** One needs to differentiate between constitution or pathological obesity.<sup>1,2</sup>

- History: The physician should ask about the child eating habit, physical activity throughout day. Asking about snacks habit,

meal pattern any psychological maladjustment in child usual behavior history of past illness or any injury in CNS.

- Physical examination: Child with constitutional obesity generally have normal height as per their age. They have proportional obesity and rule out pathology.
- Laboratory Investigation: Routine examination is done T3, T4, TSH for hypothyroidism. In cushing's syndrome, plasma cortisol level is increase, Genetic testing for pader willi syndrome.

### Complications:<sup>1</sup>

- Bone: Fracture, slipped, capital femoral
- Metabolic: Diabetes type 2, insulin resistance
- Cardiovascular: Hypertension atherosclerosis
- Respiratory: Obstructive sleep apnoea.
- Gastrointestinal: fatty liver, gall stone

### Management:<sup>1,2</sup>

Childhood obesity is a major challenge for the society. It should be corrected by

- Lifestyle of the child
- Control the eating habit
- By increasing the physical activity

Promoting nutritional diet

## HOMOEOPATHY MANAGEMENT:<sup>3,4,5</sup>

1. *Ammonium carbonicum*- This remedy is found in rather stout patients who are always tired and weary, easily catch cold. Obese patients with a weak heart, wheezing, feel suffocated. Obese women with various troubles in consequence of leading a sedentary life. Great aversion to water; cannot bear to touch it. Sad, weepy, unreasonable.
2. *Antimonium crudum*- For children inclined to grow fat: for the extremes of life. All the complaints are aggravated by heat and cold bathing. Child cannot bear to be touched or looked at. Desire for acid, pickles. The constitutions are very irritable and fretful.
3. *Calcarea* *ostrearum*- Constitution is fair, fatty, and flabby. Increased perspiration, swelling of glands, scrofulous and rachitic condition,

ravenous hunger. Disposed to grow fat, children with red face, flabby muscles.

4. **Capsicum annuum**- Persons with light hair, blue eyes, nervous but stout and plethoric habit. Phlegmatic diathesis; lack of reactive forces, especially with fat people, easily exhausted; opposed to physical exertion, get homesick easily. Children; dread open air; always chilly; clumsy, fat and disinclined to work or think.
5. **Fucus vesiculosus** - A remedy for obesity and Non-toxic goitre; also exophthalmia. Digestion is furthered and flatulence diminished. Obstinate constipation; forehead feels as if compressed by an Iron ring. Thyroid enlargement in obese subjects.
6. **Graphites** - Patients who are rather stout, fair complexion with tendency to skin affections and constipation, fat, chilly and costive, with delayed menstrual history. Tendency to obesity.
7. **Kalium carbonicum** - Patients are fleshy, aged people with dropsical and paretic tendencies. Sensitive to every atmospheric change and intolerance of cold weather. Dark hair, lax fiber, inclined to obesity.
8. **Lac defloratum**: Obesity associated with fatty degeneration of tissues. It is also helpful in dealing with complications of obesity.
9. **Phytolacca berry** - Clinically found to be efficacious in obesity.
10. **Senega**- It is suited to plethoric persons; or persons tending to obesity; tall, slender, sprightly women; fat chubby children.

Faintness when walking in open air. Anxiety; with hasty respiration.

## Repertorial Approach:

### 1. Murphy's Repertory<sup>6</sup>-

- Children – obesity, in: *Ant -c. Bad. bar-c. bell. CALC. Caps. Ferr. Kali- bi. sacch- I seneg.*
- Constitutions-ADIPOSE tissue, increased- children, especially in: *Ant-c. CALC.*
- Constitutions- LARGE, fat, people, bloated – chubby, short necked children, disposed to croup: *KALI- BI.*
- Constitutions – OBESITY – children, in: *Ant -c. Bad. bar-c. bell. CALC. Caps. Ferr. Kali- bi. sacch- I seneg.*
- Diseases – OBESITY – children, in: *Ant -c. Bad. bar-c. bell. CALC. Caps. Ferr. Kali- bi. sacch- I. seneg.*
- Diseases – OBESITY – young people, in: *Ant-c. CALC. calc-act. lach.*

### 2. Synthesis Repertory<sup>7</sup>-

- GENERALS-OBESITY-children, in: *Ant-c. Bad. bar-c. CALC. Caps. cina. Ferr. graph. Ip. Kali-bi. kali-c. puls. sacch. seneg.*
- GENERAL – TALL people – obese; and children: *cina.*
- GENERALS – OBESITY – young people, in: *Ant-c. calc. calc-act. lach.*

### 3. Complete Repertory<sup>8</sup>-

- GENERALITIES- OBESITY-children, in: *alum. Ant-c. bac. Bad. bar-c. bell. CALC. Caps. cina. Ferr. graph. ip. Kali- bi. lac-d. lap-a. sacch-a. seneg. sulph.*
- GENERALITIES- OBESITY-children, in – fat anaemic babies with iodine appetite: *lap-a.*
- GENERALITIES – OBESITY – young people, in: *Ant-c. calc. calc-act. lac-d. lach.*

### 4. Boericke O. Repertory<sup>9</sup>-

- GENERALITIES- Obesity-children, in: *Ant-c. bar-c. bell. Calc. Caps. Ferr. Kali- bi. sacch.*

## Conclusion and Discussion:

Obesity, a life style disorder and a challenging problem of today, is increasing day by day due to other health related problems. To control this problem, one should motivate the children for reducing weight, or using homoeopathic medicine improves the metabolic activity of the body which helps the child to reduce weight.

## Bibliography

1. Paul VK, Bagga A. Ghai Essential Pediatrics. 8<sup>th</sup> ed. New Delhi: CBS publisher & distribution Pvt. Ltd. 2009.
2. Parthasarathy A. IAP Text Book of Pediatrics. 6th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2016.
3. Boericke W, Boericke OE. Pocket Manual of Homoeopathic Materia Medica & Repertory comprising of the characteristics and guiding symptoms of all remedies. New York: Boericke & Runyon; 2007.
4. Allen HC. Keynotes and Characteristics with comparisons of some of the leading remedies of Materia Medica. New Delhi: Indian Books and Periodicals publishers, 10th edition.
5. Phatak S. Materia medica of homoeopathic medicines. 2nd ed. New Delhi: B. JAIN publishers(P.) Ltd.; 1999.
6. Murphy R. Homoeopathic Medical Repertory. 2<sup>nd</sup> Revised ed., New Delhi: B Jain Publishers (P) Ltd. 2006

7. Schroyens F. Augmented clinical synthesis. 9.1 ed. New Delhi: B. Jain Publishers(P) Ltd; 2005
  8. Zandvoort R. Complete Repertory. 2019
  9. Boericke W. New Manual of Homoeopathic Materia Medica and Repertory. 2<sup>nd</sup> reaugmented and revised ed., New Delhi: B. Jain Publishers (P) Ltd. 2000
  2. PG scholar Department of Paediatrics, Dr. M.P.K. Homoeopathic Medical College Hospital and Research Centre, Jaipur (Raj.)
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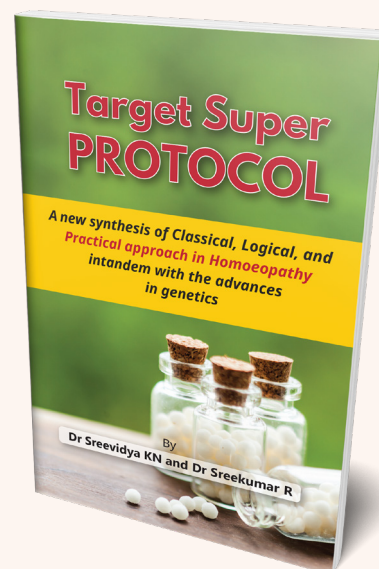
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# Target Super Protocol

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# Role of homoeopathy in rheumatoid arthritis: an overview

By Dr Subhasish Sarkar, Dr Asif Sardar

**Abstract:** Rheumatoid arthritis is a chronic progressive disabling autoimmune disease characterised by systemic inflammation of joints, damaging cartilage and bone around the joints. It is a systemic disease that can also affect the whole body and internal organs such as lungs, heart, and eyes. Although several anti-inflammatory and synthetic drugs are used for decades by conventional treatment for rheumatoid arthritis, there are many adverse effects on general health. Homoeopathy can make symptomatic improvement and improve general patient wellbeing without any adverse effects in general health condition. Role of homoeopathy and relevant, useful information in the treatment of rheumatoid arthritis are discussed in this article.

**Keywords:** Rheumatoid arthritis, conventional treatment, homoeopathy

**Abbreviations:** RA: Rheumatoid arthritis, Anti-CCP: anti-cyclic citrullinated peptides

## Introduction

Rheumatoid arthritis is an autoimmune inflammatory systemic disorder characterised by pain, swelling, stiffness, and mobility loss in various joints, especially hands, wrists, and knees. The affected joints become inflamed, rise in temperature and causes erosion. Rheumatoid arthritis generally affected bilateral symmetrical joints like both hands, both knees. As systemic affection, it progresses to extra-articular sites like eyes, mouths, lungs and heart.

<sup>1</sup> In some severe cases, a person may be restricted to perform in the workplace, which leads them towards unemployment.<sup>2</sup> Till now, there is no specific special treatment for rheumatoid arthritis in a conventional method; they mainly focus on palliative symptomatic improvement with several analgesic drugs. But long-term use of these synthetic drugs may have significant adverse effects on general health. In this context, there is a lot of useful information in homoeopathic literature regarding rheumatoid arthritis and also have evidence of clinical improvement in rheumatoid arthritis. The holistic approach of

treatment to rheumatoid arthritis gives symptomatic improvement and improves the general health of the patient. So as cost-effective treatment approach homoeopathy has a promising role in the treatment of rheumatoid arthritis.<sup>3</sup>

## Aetiology:<sup>4</sup>

Environmental & genetic factors may play an essential role in initiating the disease. The propagation of rheumatoid arthritis is an immunology mediated event of synovium and local production of cytokines and chemokines by activated lymphocytes, macrophages and fibroblasts.

## Factors increase risk of the disease:

- **Gender-** Female are more prone to the male to develop.
- **Age-** Middle age is the most vulnerable for this disease. But, it can develop in any age group.
- **Family history-** Strong family history of rheumatoid arthritis increases the risk.
- **Environmental exposure-** Though it is the autoimmune disease, there is some exposure of asbestos and silica increases the chances of rheumatoid

arthritis.

- **Smoking and alcohol-** Both agents are responsible for any disease conditions.
- **Obesity-** People those who are obese have high risk.

## Clinical presentation:<sup>1</sup>

Rheumatoid arthritis occurs in 0.5-1 % of the population; women affected three times more often than men, the prevalence increases with age, onset most frequent in fourth and fifth decades.

### □ Articular manifestations:

- Typically asymmetric polyarthritis of peripheral joints with pain, tenderness, and swelling of affected joints.
- Proximal interphalangeal and metacarpophalangeal joints frequently involved.
- Morning stiffness is common.
- Joint deformities may develop after persistent inflammation.

### □ Extra-articular manifestations:

- Cutaneous- rheumatoid nodules, vasculitis.
- Pulmonary- nodules, interstitial disease, bronchiolitis obliterans-organizing pneumonia, pleural



disease, Caplan's syndrome [sero (+ve) RA associated with pneumoconiosis]

- Ocular- keratoconjunctivitis sicca, episcleritis, scleritis.
- Hematologic- anaemia, Felty's syndrome (splenomegaly and neutropenia).
- Cardiac- pericarditis, myocarditis.
- Neurologic- myelopathies are secondary to cervical spine disease, entrapment, vasculitis.

#### Diagnostic criteria: <sup>5</sup>

The diagnosis of rheumatoid arthritis can only be established by an accurate and careful history and physical examination. Laboratory tests provide only limited help.

The acute phase response is usually elevated in patients with widespread disease, but the mat is normal in isolated small joint synovitis. Abnormal serological test (anti-CCP) and typical radiographic appearances of RA are periarticular osteopenia, and marginal non-proliferative erosions have an essential role in diagnosing rheumatoid arthritis.

#### Therapeutic approach of rheumatoid arthritis:

Rheumatoid arthritis has a different approach to management according to the case. It depends upon the progress of the disease, duration of illness and various factors which modifying the disease conditions. <sup>6</sup>

Though the selection of homoeopathic medicine must be based on individualisation and totality of symptoms with consideration of miasmatic background, it is challenging to prescribe constitutional medicine in rheumatoid arthritis. Unbearable knee joint pain, stiffness, and immobility make it very difficult

to get sufficient smooth treatment time. According to the severity of case different type of treatment, the approach can be taken in different case- <sup>7</sup>

- Constitutional medicine- when the patient came with less severe symptoms, constitutional treatment can be given. After a proper case taking, a deep acting constitutional medicine can be given based on the totality of symptoms.
- Nosodes and sarcodes -During the constitutional treatment, something improvement became standstill for the time being. Then intercurrent nosodes and sarcodes can be given.
- Symptomatic treatment- Some time due to lack of symptoms or due to acute aggravation of old case makes it difficult for a constitutional prescription. Palliative symptomatic treatment can be chosen on that condition.

#### Miasmatic view of rheumatoid arthritis: <sup>8</sup>

Generally, rheumatic complaints and arthritis are sycosis or psora-sycosis in nature. Sometime psora and syphilis may be present behind the disease.

- **PSORA**- Rheumatoid arthritis associated with psoric miasm presents typically neurological pain that is bruised and passive. Acute inflammatory state which is aggravated by motion, after exposure to cold weather and winter. The patient feels they relive by rest and warmth application. Psoric arthritis is mostly functional. Pain is the main feature without any deformity. Sometimes, psoriatic arthritis develops

after the suppression of skin lesions where psora is the main reason for developing disease conditions.

- **SYCOSIS**- Most of the rheumatisms is sycosis in origin. Arthritic pain with numbness and paralytic weakness of extremities. When sycosis is behind rheumatoid arthritis, there are structural changes of digits like swan neck deformities and Boutonniere deformities. Also developed rheumatoid nodules over the fingers. Rheumatic pain is migrating in nature with the stiffness of joint, which is aggravated by rest, damp, change of weather and rainy weather, amelioration of symptoms by motion, unnatural discharge.
- **SYPHILIS**- Syphilis means destruction and erosion. When bony erosion and osteopathic changes occur in rheumatoid arthritis, there is undoubtedly syphilis miasm present behind the disease. Along with burning, bursting and tearing pain which occurs at night. Pain aggravated by sunset to sunrise, from warmth and summer season. The patient feels better after sunrise and exposure to the cold, winter season.

But in modern scenario, no single disease is associated with single miasm, there is always two or three miasm complex present behind the condition.

#### Most frequently used homoeopathic medicines: <sup>9, 10</sup>

Constitutional medicines are always preferable for any disease conditions. Any treatment can be used in rheumatoid arthritis, but few medicines that have a significant role are given below.

MEDICINE	INDICATIONS
1. <i>Belladonna</i>	Acute stage arthritis it is beneficial. Redness with swelling of the joint. Increase temperature of affected joints with throbbing pain. Complaints aggravated after warmth better by cold.
2. <i>Bryonia alba</i>	A good remedy for any arthritis. Complaints aggravated by motion and amelioration by rest. Swelling of the joint with stitching pain. Unable to stand from sitting position.
3. <i>Rhus toxicodendron</i>	When rheumatoid arthritis pain worse in the early morning. Aggravated after initial movement, better by continuous motion. Tearing pain with a stiffness of the joint.
4. <i>Phytolacca decandra</i>	Rheumatic pain aggravated at night. An electric shock-like pain worsened by motion.
5. <i>Rhododendron chrysanthum</i>	Right-sided joint pain. Pain aggravated after thunder storm, cold weather. Pain relief by motion and pressure. Rheumatic pain on winter and rainy season.
6. <i>Ledum palustre</i>	Swelling of the joints with tearing pain. Pain aggravated at the warmth of the bed, better by ice water. Deformity of the joint with pain as if scrapping of bone.
7. <i>Caulophyllum thalictroides</i>	Arthritic pain of small joints of the female. Pain alternative with the different joint. Joint pain associated with menstrual complications.
8. <i>Kalium bichromicum</i>	Shifting type of pain which is migrating from joint to another joint. Pain aggravated at night.
9. <i>Guaiaecum</i>	Affection small joint of wrist and fingers. Pain aggravated by warmth and better by cold application.
10. <i>Kalmia latifolia</i>	Indicated in severe acute pains in joints. Pain and inflammation begin in upper limbs and then spreads downwards. Pain worse at night. The pain usually affects the large joint.

## Conclusion

Rheumatoid arthritis is an autoimmune disease condition with symmetrical polyarthritis of small and large joints and systemic affection. It is one of the burden of diseases in our society in a modern scenario, leading to severe joint damage and disability. Progression of the disease can be reduced by early diagnosis and treatment. But in conventional therapy, several synthetic drug-using have some adverse effect on the body. Homoeopathy has the holistic approach of treatment to relieve the rheumatic pain along with general improvement. Also, homoeopathy has an excellent scope as add on therapy in rheumatoid arthritis. In homoeopathy, there is a lot of literature regarding rheumatoid arthritis and clinical based

improvement history. But there is a lack of adequate research study and evidence-based clinical trial regarding rheumatoid arthritis. In future need more evidence-based analysis needed to prove the effectiveness of homoeopathy in these disease conditions.

## References

1. Longo DL, Kasper DL, Jameson JL, Fauci AS, Hauser SL, Loscalzo J; Harrison's Principles of Internal Medicine; 19<sup>th</sup> Edition; vol-1; McGraw-Hill Medical; 2016: 845-846.
2. Emery P, McInnes IB, Van VR, Kraan MC. Clinical identification and treatment of a rapidly progressing disease state in patients with rheumatoid arthritis. *Rheumatology (Oxford)*, 2008; 47(4).
3. Singh S, Karwasra R, Kalra P, Kumar R, Rani S, Nayak D, Gupta YK; Role of homoeopathic mother tinctures in rheumatoid arthritis: An experimental study; *Indian Journal of research in homoeopathy*; Volume: 9; Issue:1;2015.
4. American College of Rheumatology. Rheumatoid arthritis; [Internet source] Available from: <https://www.rheumatology.org/L-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis>; [Visit on 26 Dec 2020].
5. Doherty M, Lanyon P, Ralston SH. Musculoskeletal Disorders, In Davidson's Principles and Practice of Medicine. Boon NA et al. (Eds) 19<sup>th</sup> ed; Churchill Livingstone, 2002: 1003-1006.
6. Banerjee SK; Miasmatic Prescribing; second edition; B Jain publishers (P) Limited; 2010.
7. Mishra SP; Homoeopathic approach in Osteoarthritis; [Internet source] Available from <https://www.homeobook.com/homoeopathic-approach-in-osteo-arthritis/>; [visit on 18 Dec 2020].
8. Anusha G; Rheumatoid Arthritis & Homoeopathy; [Internet source] Available from: <https://www.homeobook.com/rheumatoid-arthritis-and-homoeopathy/>; [visit on-19 Dec 2020].
9. Boericke O.E. Head in Boericke W. Pocket manual of homoeopathic materia medica. 9<sup>th</sup> edition. New Delhi: Indian books and periodicals publishers; Reprint edition 2007.
10. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of materia medica with bowel nosodes. Reprint edition. New Delhi: B. Jain Publishers Pvt. Limited, 2009.

# Scope of homoeopathy in disabilities related to the lifestyle disorders

By Dr Sabiha Naaz

**Abstract:** Lifestyle is one's way of living. Health requires the promotion of a healthy lifestyle. Poor lifestyle choices give rise to a cluster of diseases known as lifestyle diseases. Lifestyle diseases have been acknowledged to be common in the developed countries, and lately, India has fallen a prey. Homoeopathy is one of the most often sought-after treatments among the other alternative therapeutic methods. It is commonly used as curative, and in some incurable cases, even palliative. It is a cost-effective, hassle-free, gentle healing art that improves the quality of life and thus increases the survival period. The study aimed to throw light on the gentle art of healing and its contribution in serving humanity.

**Keywords:** *Alternative system of medicine, lifestyle disorders, homoeopathy.*

**Abbreviations:** non-communicable diseases (NCDs), lifestyle diseases (LSDs), World Health Organization (WHO), Indian Council of Medical Research (ICMR), disability adjusted life years (DALY), ischaemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), complementary and alternative medicines (CAM)

## Introduction

India is perceiving a rapid health upheaval with an emerging non-communicable diseases (NCDs) burden causing substantial morbidity and mortality in both urban and rural populations with considerable debt in potentially productive years (35-64 years of age) of existence<sup>(1)</sup>. Lifestyle diseases (LSDs) may be chronic diseases of long term and gradual development or they may culminate in rapid death. Lifestyle diseases are preferably referred to as 'non-communicable diseases' or 'civilisation diseases' symbolised as those diseases whose incidence is based on people's everyday habits and the consequence of people's improper relation with their environment. It is a non-infectious and non-transmissible medical condition or disease but is likely to progress continuously. Despite recent progress in coping with acute illness, chronic disease's practically epidemic proportions have left citizens desperate to opt for alternative therapies.

It was Hippocrates who first related disease to the environment. Centuries later, Pettenkofer gave the

multifactorial concept of diseases. As the human organism is holographic, no level is entirely independent. It is only the field of homoeopathy that takes this holistic approach into account. Homoeopathy is one of the most common alternative medical systems. It is an authoritative approach that can support lifestyle problems and play a key role in postponing and controlling the development of associated disabilities. It can raise people's level of efficiency, innovation and serenity by eliminating vulnerability to upsetting influences.

## DISABILITIES RELATED TO LIFESTYLE DISORDERS

### Epidemiology

Globally, between the ages of 30-69, 14.2 million people die prematurely each year from diseases such as heart attack, diabetes and high blood pressure<sup>(2)</sup>. Some of these diseases have been lethal in contrast to inherited or infectious diseases. "Lifestyle diseases" are an epidemic and "trigger a much greater threat to public health than any other epidemic," said Shanthi Mendis, lead author of the WHO's chronic diseases prevention and

management report. In 2012, NCDs killed 38 million people, 16 million of whom were under the age of 70<sup>(3)</sup>.

The impact of chronic diseases on people's lives is severe when measured in terms of loss of life, disability, family misfortune, poverty and economic loss to the country. According to report published in 2017 by ICMR (Indian Council of Medical Research): 3 of the 5 prominent individual causes of disease burden in India were NCDs, with ischaemic heart disease and chronic obstructive pulmonary diseases as the top two causes and stroke as the fifth leading cause. In 2016, the spectrum of disease burden or disability adjusted life years (DALY) rates among the state was 9 times for IHD; 4 times for COPD; 6 times for stroke and 4 times for diabetes across India. Of the total deaths from major disease groups, 62% were caused by NCDs<sup>(4)</sup>.

### Aetiology

Diet and lifestyle are the primary factors which have been found to affect the susceptibility to many diseases. The major contributing factors to lifestyle diseases include

poor eating patterns, physical inactivity, wrong body posture, disturbed biological clock, addictions such as drug abuse, tobacco, smoking and boozing, exposure to industrial pollutants, and environmental toxins. In the modern age, among the risk factors “stress” has gained alarming popularity as the cause and trigger of various diseases.

## Common lifestyle diseases

The four main types of lifestyle diseases are<sup>(5)</sup>:

- CARDIOVASCULAR DISEASES (CVD)
- CHRONIC RESPIRATORY DISEASES
- CANCER
- DIABETES

The other lifestyle diseases include **hypertension, obesity, osteoporosis, alzheimer’s disease, arthritis, atherosclerosis, chronic liver disease or cirrhosis of liver, visual impairment and blindness, accidents and injuries**, and so on. These diseases can be prevented and shortened by changes in food, lifestyle and climate. This is motivating in such a way that if a person takes a step towards improving his/her lifestyle, the disease burden can be significantly reduced. But one needs to be vigilant as it needs to be tested before it’s too late.

## SCOPE OF HOMOEOPATHY

### Why an alternative system of medicine?

The chronic diseases arising from lifestyle disorder imposes a great burden on humankind both in terms of health and wealth. These big fat costly diseases that one falls prey to, demand regular treatment, expense, and in some cases without

much relief. These inroads on human health by modern medicines allure sick humanity towards a more gentle and inexpensive system. Their quest for relief ends them in an alternative system of medicine. The AYUSH system of medicines, especially in rural areas, is well accepted by the community because they are comparatively secure, efficient and readily available. For instance, individuals with diabetes are 1.6 times more likely to use complementary and alternative medicines (CAM) like homoeopathy than those without diabetes<sup>(6-7)</sup>. This ignites a ray of hope and scope for the homoeopathic physicians.

### Principles and dynamics of homoeopathy

The homoeopathic system is a scientific discipline founded on rules, concepts and techniques that are sound and verifiable. However, in its application to the individual patient, it is also an art. Homoeopathic medicines, on the other hand deal indirectly with the chemistry and structure of the physical body by dealing with substance and energies at the next and more subtle levels. Like every other science, Homoeopathy is also guided by its philosophy and fundamental principles of therapeutics. It is a system of medicine founded on a definite law “*similia similibus curantur*” which means “like cures like”. Homoeopathy may be defined as the therapeutic method of symptom similarity wherein the medicines selected can produce the most similar symptoms of the disease to be cured in healthy persons. Dr Hahnemann systematised this law by doing “proving” or systemic recordings of symptoms produced by substance on healthy human beings.

*“Homoeopathy treats the patient*

*not the disease”* is a commonly used epigram in homoeopathy. It adopts the holistic concept of disease whereby the disease is not considered something different from the whole life force. Hence, by sick, Dr Hahnemann meant sicknesses of the whole body and not merely an organ or a part of the body. The human being is more than the mere sum of its physical components, a fact most dramatically evident at the moment of conception and death. From this is surmised the presence of an “intelligent vital force” which animates, guides and balances the organism on all levels in both health and disease. Hence, the internal derangement of vital force which manifests as disease appealing through signs and symptoms is the sole object of treatment. A potentised substance selected according to the law of similars, is then prescribed to reinforce the dynamic level. The precise approach to each patient is, therefore, highly individualised.

### What has homoeopathy to offer in such a crisis?

Dr Hahnemann mentioned in his momentous work “*Organon of Medicine*”<sup>(8)</sup> in aphorism 4, “he is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health”. Further in aphorism 6, he stated that lifestyle is one of the factors of accessory circumstances that should be considered to remove the maintaining cause of the disease.

With regards to homoeopathy, he asserted in the footnote of aphorism 109 “It is impossible that there can be another true, best method of curing dynamic diseases (i.e., all diseases not strictly surgical) besides homoeopathy, just as it is impossible to draw more than one straight line betwixt two given points”. Following “modus



operandi" homoeopathy has time and again proved itself with some of its miraculous cure which could not be affected otherwise. From soothing the suffering of the patients to permanent restoration of health, homoeopathy has been efficacious. This has been illustrated in various works of Dr. Hahnemann and also other eminent stalwarts.

Let us consider some clinical cases given by Dr J. Compton Burnett<sup>(9)</sup>, a renowned converted homoeopath, showing the efficacy of homoeopathy concerning the major lifestyle diseases.

- A gentleman of middle age, resident in London was considered in a dying state. He received various allopathic treatments, but his disease Aneurysm of the aorta got worse. After proper case taking, the principal remedies were *Aurum metallicum*, *Chelidonium majus*, *Carduus marianus*, *Ceanothus americanus*, *Glandium quercus*, *Aconitum napellus*, *Ferrum metallicum*, *Cactus grandiflorus*, and *Baryta muriaticum*; the first-named and the four last being directly specifically curative. Dr Compton mentioned, "my knowledge of the use of Barium is due to Dr Flint, and this is not the first or second time that Homoeopathy has cured aneurysm". Hence, after *Barium*, the patient was healthy and leading a happy life.
- Another case mentioned by Dr. Compton was of a lady in Belgravia with Angina pectoris. Unwanted domestic drudgery, loss of loved ones, fright, loss of fortune, had led to it. Apart from the anginal attacks, there was a chronic, constant pain across the precordia, running away under the left breast. For years blisters had been applied at intervals with temporary

relief, till they could no longer be borne. The patient was quite depressed, sulky, and morose; menses suppressed. *Aurum metallicum*, 3 trituration, 6 grains every four hours cured the constant pain in a week, and the anginal attacks had not occurred so far and the patient smiles now and is bright. The menses, however, had not appeared and for this, she remained under his treatment.

- A case of an asthmatic gentleman of 50 years of age, with moderate emphysema of the lungs. At first, he was almost always short of breath on exertion and had bad nocturnal attacks of dyspnoea and cough. After a prolonged course of constitutional treatment, he was only partially cured which led Dr Compton to finally prescribe one drop powder of *Aralia racemosa* 3x which cured the case permanently. Dr Compton, through his various successful cases of chronic cough, confidently recommends *Aralia racemosa* for nocturnal cough that occurs either immediately on lying down or in first fore-midnightly sleep.
- A case of cancer of the left breast in a middle-aged woman with a deep crack in the angle of her mouth on the left side with thick indurated edges, probably of an epitheliomatous nature. Dr Compton prescribed a homoeopathic preparation of *Condurango* for about three years, with gradual, slow amelioration and eventually perfect cure.

The cases entirely convince, and even in the searching light of fifty year's further enquiry, these homoeopathic treatment sparkle with truth. Thus, one can get an idea of the broad spectrum of scope

that the homoeopathic system of medicine has to offer mankind even in the most challenging cases.

## Conclusion

Human society has changed much over the last centuries and this process of 'modernisation' has profoundly affected individuals' lives. Nevertheless, this condition can be managed effectively by homoeopathy. In addition to curing chronic diseases, homoeopathy stimulates the defense mechanism and balances the constitution of the patient. As more and more people are successfully treated, there would be less need for artificial drugs which are used for transient relief from suffering. However, in order to demonstrate the effectiveness of homoeopathy in these non-communicable diseases, which is the need of the hour, more evidence needs to be produced.

## References

1. Park K., Textbook of Preventive and Social Medicine, 25<sup>th</sup> edition; 2019, M/s BanarsidasBhanot Publishers, Pune, 362.
2. Park K., Textbook of Preventive and Social Medicine, 25<sup>th</sup> edition; 2019, M/s BanarsidasBhanot Publishers, Pune, 364.
3. Jain N. Homoeopathy- an option to Lifestyle Disorders, 2015. Available from: [https://www.homeobook.com/homeopathy-an-option-to-lifestyle-disorders/\[accessed 10<sup>th</sup> September 2020\]](https://www.homeobook.com/homeopathy-an-option-to-lifestyle-disorders/[accessed 10<sup>th</sup> September 2020]).
4. India: Health of the Nation's States 2017 Published by ICMR. Retrieved: Jan 2020.
5. State planning commission, Management of Lifestyle diseases through AYUSH, 2014. Available from: [http://www.spc.in.gov.in/spc-reports/Ayush.pdf\[accessed 10<sup>th</sup> September 2020\]](http://www.spc.in.gov.in/spc-reports/Ayush.pdf[accessed 10<sup>th</sup> September 2020]).
6. Egede LE, Ye X, Zheng D, Silverstein MD. The prevalence and pattern of complementary and alternative medicine use in individuals with diabetes. *Diabetes Care*. 2002;25(2):324-329
7. Mehrotra R, Bajaj S, Kumar D. Use of complementary and alternative medicine by patients with diabetes mellitus. *Natl Med J India*. 2004;17(5):243-5.
8. Hahnemann S., Organon of Medicine, 5<sup>th</sup> & 6<sup>th</sup> edition; 2009, B. Jain Publishers Pvt. Ltd., New Delhi, 31,32,81.
9. Burnett J.C., 50 Reasons for being a Homoeopath, 6<sup>th</sup> edition; 2018, B. Jain Publishers Pvt. Ltd., New Delhi, 15,33,34,35,36,68.



# Presidential Address to the Faculty of Homoeopathy\*

*By DONALD MACDONALD FOUBISTER, B.SC., M.B., CH.B., D.C.H., F.F.HOM.*

I greatly appreciate the honour of being elected President of the Faculty. All who know the value of Homoeopathy will agree that if the medical profession really understood its meaning and how to apply it, our anxiety that the public will in the near future be in a still worse position regarding availability of homoeopathic treatment would soon be allayed. Although to interest the profession we begin at a considerable disadvantage because medical students hear nothing about the subject except perhaps a jocular remark about a homoeopathic dose, implying that the principle of Homoeopathy, if it could be called a principle, is to give the patient far too small doses of medicine to have any effect. Any alleged cures he hears about later are put down to the unaided work of nature. If the condition of the patient was serious or recovery virtually impossible, then he argues that a wrong diagnosis must have been made. This is logical reasoning, but on a false premise.

For example, several years ago a child was admitted to Barton Ward suffering from diphtheria which was confirmed by a throat swab. The child was transferred to a fever hospital next day after having been given Merc. cyan. 200. The fever hospital sent the child home as their throat swab was negative. We were informed that we had made a wrong diagnosis. Mentioning this to Dr. Borland he told me that this was not an unusual happening. On one

occasion the Superintendent of the fever hospital actually came round at Dr. Borland's invitation to see the laboratory evidence. All he said was that "there must have been a mistake somewhere".

It is hard to believe the ignorance about Homoeopathy in the medical profession and still more in those responsible for the education of medical students. In an address to the British Medical Association Dr. Charles Wheeler said: "To say that the vast body of medical opinion for a hundred years has rejected Homoeopathy is true, but to imply that it has rejected it after trial and investigation is a gross fallacy. Each successive decade has handed its prejudice and ignorance on to the next and the simple tests which would have settled the matter once and for all have never been made, save by the few, who in consequence have maintained the heresy."

Minute or infinitesimal doses of drugs which are commonly prescribed in homoeopathic practice constitute the most formidable mental obstacle for doctors, so that they do not give Homoeopathy a second thought. Students are taught exclusively the use of drugs for their direct chemical or physical effects and for these purposes adequate doses of drugs are obviously necessary.

Not being given the facts about Homoeopathy, the vast majority of doctors, in this country at any

rate, imagine that Homoeopathy consists of such treatment as giving a millionth of a grain of aspirin instead of five grains to relieve a headache, or an infinitesimal dose of penicillin to cure pneumonia, which would of course, be absurd. The word Homoeopathy means like sickness, and as this implies, homoeopathic treatment consists broadly speaking in administering a medicine which is capable in health of evoking symptoms similar to those representing the patient's reaction to illness.

It is difficult for anyone trained in the more orthodox use of drugs to see this as a reality, yet Homoeopathy has survived for the greater part of two centuries—despite much opposition—simply because it has given satisfactory results.

Take measles, for example. One child is irritable, intensely thirsty, dislikes interference, especially being moved; another craves affection, is weepy, and is thirstless during the height of the fever. Other children may respond in other ways. It is known that Bryonia is capable of evoking in health the kind of reaction of the first child, and Pulsatilla that of the second. The homoeopathic treatment of the first child would be Bryonia, and of the second child Pulsatilla. It is not the size of the dose which makes a medicine homoeopathic, but the grounds (of similarity) on which it is selected. Hahnemann and his pupils practised Homoeopathy for ten

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

years with material doses of drugs, before using potentized medicines which erroneously have been taken for weak or inadequate doses of medicine.

This will be discussed shortly, but it should be made clear that it is only in respect of medicines chosen in this way that there is any question of giving potentized drugs. All experienced doctors and nurses know how different patients react in different ways to any acute infectious disease. Reactions of the *Bryonia* and *Pulsatilla* kind are fairly common, whether it is measles or primary pneumonia or typhoid fever. Such symptom complexes are not directly caused by the pathological process, and it is reasonable to regard them as in some way representing the patient's attempt to get well.

It is well known that when resistance is low—both in the very young and the very old, in the under twos and the over eighties—the effects of antibiotic treatment are not so good as in the in-between age groups. It is, we believe, this factor which can be influenced by homoeopathic treatment.

Some years ago Dr. Priestman and I had the opportunity to treat some hundreds of cases of pneumonia in the Children's Ward. We had between forty and fifty admissions each year of primary pneumonia. A few had had penicillin before they were admitted, and in some we used penicillin, but over 90 per cent. were treated solely by Homoeopathy. In moribund cases penicillin was given as well as Homoeopathy, the first to damp down infection and the second to attempt to raise resistance. Oxygen was of course administered on the usual clinical indications. It was suggested to me that it might be worth while to treat half the patients with Homoeopathy and the other

half with penicillin. Obviously such an experiment would be of little value unless many more cases were studied in this way and cases would have to be selected on grounds of age and severity, etc., In any case we felt certain that one child could be lost because of lack of penicillin and another might die from lack of Homoeopathy. Even if we could prove the value of Homoeopathy it might be at too great a cost, and as every statistical evidence of the past of the favourable effects of Homoeopathy has been apparently completely disregarded we would not wish to jeopardise the life of any child even if we had the opportunity to carry out such a survey. Homoeopathy can be tested out in other non-lethal diseases, and on the lower animals. As a matter of interest I tried to find out the mortality rate in other nearby hospitals but was unable to obtain any statistics.

In the early part of this century Dr. Robertson Day studied the statistics of pneumonias treated at the London Homoeopathic Hospital and in other London hospitals. He claimed that the mortality rate was 50 per cent. lower in the Homoeopathic Hospital, but, and this is the interesting point, he claimed that the death rate in children was still lower. The advantages of antibiotic treatment are that they do not require special training to administer, but the disadvantages are that their value depends on the nature of the infectious micro-organism. Homoeopathy can be applied immediately, and there are no problems of this kind as a general rule. Also there are no side effects. In other words, our attitude was that if it were possible to cure without danger of side effects, that was the treatment of choice. In very severe cases, or cases not responding or in which the homoeopathic medicine was not easy to find, both were

given.

Every now and then some leading member of the medical profession seems to feel it his bounden duty to make some derogatory remarks about Homoeopathy. Although these self-appointed judges do not have much knowledge of Homoeopathy and certainly have never tested it out properly, their influence is such that many honest members of the profession are still further dissuaded from looking into the subject.

A few years ago a Professor whose name I forget suggested that those who practise Homoeopathy give it to patients who have nothing seriously wrong, but when a patient is seriously ill the homoeopaths know full well that "proper" treatment must be given. No claim has ever been made that Homoeopathy is capable of curing everything. Hahnemann himself taught that it would be absurd not to use treatment other than Homoeopathy when conditions warranted it, including surgery which he advocated even in its crude state at that time, for example, in the removal of a stone in the bladder.

Not infrequently doctors argue about Homoeopathy on such false assumptions, that one has to explain to them what they are really discussing, and even then misunderstanding is usually so deeply ingrained that you end up hearing something about faith and suggestion, natural cure and the personality of the doctor!

Dr. Samuel Hahnemann, who discovered Homoeopathy, was one of the foremost physicians in Europe. At that time—towards the end of the eighteenth century—drugs were prescribed on advice of medical authorities, and prescriptions of up to two dozen ingredients were



sometimes prescribed, in the pious hope, as someone put it, that at least one would hit the mark. There was a flourishing trade in unicorn's horns and it is no wonder that Hahnemann was fiercely attacked by the Chemists' Guilds. The insane were beaten to drive off evil spirits and many patients were purged or bled to death. His first experiment was with Cinchona bark; crude quinine which was one of the few specifics available. Malaria was prevalent in Germany at that time. After taking therapeutic doses of Cinchona bark Hahnemann developed symptoms resembling malaria. He continued to experiment on his family and friends with cinchona bark and several other drugs to find their effects in health, and then, when a patient presented himself whose symptom complex resembled such known drug effects Hahnemann tried out the appropriate drug therapeutically and noted the results. It has been said that Hahnemann might well have happened to develop malaria after taking the Cinchona bark, and it has even been said that he built a system of therapeutics on a single misleading experiment. But Hahnemann was an experienced investigator and he was the last man to be deceived in that way. It was only after six years of such experiments that he published an essay on a new way of discovering the curative power of drugs.

The only reference I had to Homoeopathy as an undergraduate was by Dr. Clarke, a distinguished professor of Materia Medica and Therapeutics at the University of Edinburgh. He gave Hahnemann credit for being the first to put pharmacology on an experimental basis, but added that when it came to the question of doses the whole thing became ridiculous. Professor Clarke said that in a 200th potency of Natrum sulph. there would be

a single molecule of the drug in a volume of diluent equal to the size of the known universe, and the chances of your patient getting that molecule in her bottle was correspondingly small! That must have been the end of Homoeopathy for thousands of students who, over the years, passed through his otherwise capable hands. It probably would have been for me also if it were not for the fact that I was paired with a science student in the class of practical physiology, who told me of alleged cures of friends of his by homoeopathic treatment when orthodox treatment had failed. He was a keen Rugby footballer and he found that Arnica montana took out most of the aches and pains after the first game of the season. (It is interesting to note that German and Russian armed forces used Arnica to help deal with shock in battle casualties in world war two.) I did some reading about Homoeopathy and the idea of giving medicines with the object of stimulating the patient to get well appealed to me so strongly that I decided to find out whether it worked or not. Dr. Henderson Patrick, then Senior Physician of the Glasgow Homoeopathic Hospital, to whom I applied for guidance, said, "Wait till you have qualified and then we will teach you."

I could not wait, however, and experimented on my family and friends as occasion arose, but my first efforts were not very successful. There was only one apparently striking success. A man of just over 70 was severely ill with influenza. It was just after I had qualified. He had delusions of being scattered about in the bed. His daughter told me that it was unlike anything more could be done because this was, as she aptly put it, "the break up", which, by a coincidence, had also preceded the death of two other members of

the family. Baptisia has that kind of delirium and after a few doses of the 200th potency he made a rapid recovery, and lived for another seven years.

To return to the question of potentized drugs which has led to much confusion. There was nothing in Hahnemann's early experiments to indicate the size of the dose. He noted that especially in chronic disease there was sometimes a temporary worsening of the patient's condition. He decided to try to find the optimal dose of each drug, enough to work satisfactorily but without what he regarded as side actions. He diluted his medicines by succussion and found to his surprise that similar medicines worked even better when prepared in this way, and thus the term "potentized medicines".

It is only very recently that some light has been shed on the power developed in these medicines. It is a fact known to all experienced homoeopaths that highly potentized medicines act more powerfully than crude drugs or even low potencies, that is medicines which have not been diluted and succussed to the same extent.

In the early part of this century there was a difference of opinion among homoeopaths who used low potencies and those who believed in high ones. Dr. Wheeler compared the results in treatment of some hundred cases of pneumonia and found that the mortality rate was the same, but patients treated on the high potencies recovered much more quickly. Recent work on "anomalous" and "polymerized" water gives support to the view that the effects of potentized medicines may well result from a change in the molecular structure of the solvent. Water molecules form long



chains. The length and type of these chains seem to depend on the physical state of the water, the chemical characteristics of which may be determined accordingly. It is also probable that shaking, or succussion, alters these bonds.

Significant was the work done by the late Dr. G. P. Barnard, Research Physicist, and that of Dr. J. H. Stephenson in New York. Their joint paper on the subject, completed in 1965, said in part in its summary: "Recent application of quantum chemistry theory to biological systems indicates that these succussed high dilutions may act via the physico- dynamic structure of their solvent phase, rather than the chemical properties of their dissolved solutes. The solvent molecules may arrange themselves into stereospecific, isotactic polymers with the ability of self-replication in the absence of the initial exciting solute. Certain physical qualities of these succussed high dilutions appear to verify this conclusion."

Medicines potentized to the stage referred to by Professor Clarke act powerfully not only on man but on animals.

Pulsatilla 200 has a reputation among farmers for treatment of retained placenta in cattle.

In order to find out more about homoeopathy I obtained an appointment as house surgeon and later as house physician and eventually as registrar at the Royal London Homoeopathic Hospital before the war.

It was soon apparent that my early failures were due to my scanty knowledge of the materia medica and virtually no knowledge of homoeopathic case taking and prescribing. While on the surgical

side, I tried out Homoeopathy in postoperative cases especially to try to relieve pain due to flatulence. With expert guidance then freely available, I found that patients who were painfully distended, who obtained relief from eructations, responded well to Carbo veg.

200. Those who got relief from passing flatus usually responded to Lycopodium, and a number of medicines, especially Raphanus 200 were, according to indications, effective in most cases where the wind could not be dispelled in these ways. I used to wait in the evenings after operations and if I failed to get results I gave morphia or in other ways relieved the patient's distress. One of the more striking effects of Homoeopathy was rapid relief of pain in a patient waiting for operation for a protruding lumbar disc, when large doses of Omnopon had failed, by giving Coffea 10M. In a case of pleurisy not relieved even by morphia, Bryonia 200 gave rapid relief. I gave Arnica to a woman who was complaining bitterly of aching pains caused by a fractured neck of femur. It had no effect. As she was weepy, craving sympathy and I could not think of anything else, I prescribed Pulsatilla 200. Shortly after she called me as I was passing her bed and said, "Doctor, that second medicine went straight to the spot."

Gradually I became convinced of the therapeutic power of Homoeopathy, there is no other word for it. When

I was acting as house surgeon the children undergoing tonsillectomy were given Arnica before operation and Rhus tox. 30 afterwards. I had insufficient hospital experience to compare the results with orthodox treatments, but it was obvious that nurses and sisters coming from other hospitals were very impressed

with the results in the way of lack of pain postoperatively. As this is the most common operation in children it provided a basis of comparison. None of the children were denied pain killers.

When acting as Dr. Tyler's clinical assistant I saw many interesting cases treated by Homoeopathy. For example, a young woman who had been sent home after investigation for a cerebral tumour which proved to be inoperable. She had a plentiful supply of morphia which had little or no effect. As her health had been undermined by a severe attack of diphtheria, Dr. Tyler prescribed Diphtherinum 200 and there was a remarkable easing of pain. The medicine was repeated when pains became severe again with further relief. She lived for several months without much pain. When tackled about the effects of suggestion being mistaken for homoeopathic treatment Dr. Tyler used to say, "Well, if it is, it is a very useful way to apply suggestion".

There is no such recent statistical evidence of the effects of homoeopathic treatment as there was last century in epidemics of cholera in this country and in parts of Europe. In an epidemic in London in 1854, the evidence in favour of homoeopathic treatment was overwhelming, as judged by orthodox authorities, but this was not included in a report of the epidemic. When the Member of Parliament responsible was asked about the omission he said that if he had included it it might have encouraged quackery. The most recent large-scale statistical evidence of the effects of homoeopathic treatment is as far back as the pandemic of influenza following World War I. Homoeopathic doctors in America claimed that their rate of mortality in 17,000 cases of all ages

in the second wave of the disease was 0.3 per cent. against an overall mortality of about 20 per cent.

These statistics may be wrong, but any claim to superiority of homeopathic treatment in the past is put down to the bad effects of orthodox treatment at whatever time the statistics were produced. Although over 10 per cent of medical beds in hospitals are at present occupied by patients suffering from iatrogenic disease, this is still apparently no argument to try out Homoeopathy which is practiced by several thousands of qualified physicians, and sacrilegious as it may be, Homoeopathy is actually taught to medical students in some parts of the world!

Not everyone has the opportunities I have had in seeing a team of expert homoeopathic physicians at

work, and if somehow we could overcome the virtual brainwashing of medical students, we should be prepared to make it much easier for inquirers to try out Homoeopathy. Unlike testing a new antibiotic or analgesic in one's practice, some preparation, some study is necessary before Homeopathy can be properly evaluated clinically.

Could we not concentrate on near specifics such as Arnica for surgical shock, Chamomilla for teething difficulties, Ignatia for recent grief and so on. We could include remedies for animals such as Graphites for hard pad in dogs for those who have an opportunity to try out Homoeopathy in that way. I think that by a combined effort of experienced homoeopathic physicians a booklet could be prepared which would enable anyone to see for himself what

similar potentized drugs are capable of doing, with a very minimum of study.

It might be well to encourage this as a preliminary exercise before taking a place in the post-graduate classes. As a medical registrar, one of my duties was to help in teaching the medical officers Homoeopathy. It was soon apparent to me that the best was to ensure that any apparently striking results were seen by the doctors. Then and then only would they take up the study seriously.

Source: The British Homoeopathic Journal Vol. LX, No. 1, January 1971

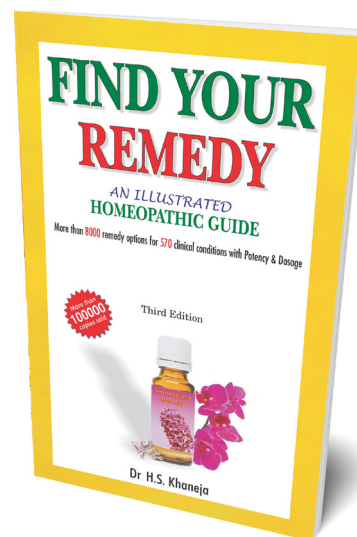


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# The Study of Materia Medica and Taking the Case: Cyrus Maxwell Boger

Reviewed by: Dr Yogesh D Niturkar

***The true physician is the man who knows how to make the best cures and the most expert healer is the man who knows best how to handle his materia medica. – C M Boger***

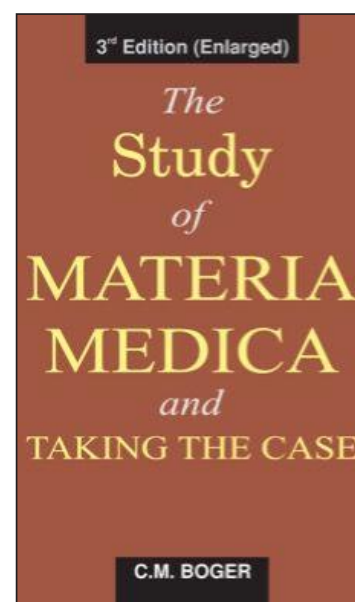
Dr C M Boger during his long career had contributed important scientific essays, articles and textbooks. His contributions made him universally recognized as author and physician of great stature. This small booklet titled as 'The Study of Materia Medica and Taking the Case' is a compilation of four essays by a teacher having immense knowledge accumulated from deep study and comprehension of philosophy and

materia medica. This booklet is resultant of the need to have an authoritative treatise on the study of homoeopathic materia medica and case taking from the Hahnemannian standpoint. The booklet is useful to the readers as it contains valuable information that is interesting and instructive. The current edition is the 3<sup>rd</sup> enlarged edition that covers 4 important essays written by Boger as mentioned in **Table 1**.

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Pages: 32

Publishers: B. Jain Publishers Pvt. Ltd.



**Table 1:** Booklet editions with year of publication and index

Edition	Year	Index
First	1941	The study of Materia Medica Taking the Case
Second	1952	Observations on Prescribing
Third	1961	Grading of Symptoms

## 1. The study of materia medica

In this essay, Boger has addressed key issues that are essential for undertaking the study of homoeopathic materia medica. Hahnemann showed rare acumen in setting down each expression in a personal way, thus securing scientific as well as physical accuracy in observing each individual symptom.

The faculty of mastering materia medica is not dependent upon encyclopedia memory but rather upon the inquisitor's ability to pick out the characteristics and distinguishing it from the nearest

similar. Therefore, it is very useful to have an idea of the relative values of related remedies, i.e. value of symptoms while on other hand learning how to examine a patient and then to find a remedy is of the utmost importance. He cautions about the common way of eliciting well know key notes and prescribing accordingly is a most pernicious practise. The patient's relative sensitiveness is a very helpful in separating remedies. The various cravings and aversions are highly significant. The past history and the way each sickness had developed helps in understanding the symptom development in a

distinctive way through the most diverse affections. The investigation of past history involves a recital of every past sickness, the trend of each sickness and its peculiarities help us to understand the miasmatic background. Few shortcomings of the psoric theory of Hahnemann is described. The next important thing is modalities. Then the facial expressions may be its true index and deserves our most careful scrutiny. All efforts should be taken to learn the nature of the mental change which depicts the whole patient as a person.

Boger has discussed about how

physicians are confronted everyday with conditions which lie on the borderline between surgical interference and the remedial powers of medicine. The simillimum often surprises us by its power; what we have been taught to look upon as incurable, is cured. At last, Boger gives advice to all physician that they should persistently cultivate the habit of keen observation, correct reasoning, direct inquiry of nature and absolute honesty with themselves, and all will be well.

## 2. Taking the case

This essay is discussed under introduction, location, the origin, taking the case, the modality, the mind, the concomitants, the peculiarities, the time, and conclusion. Under each heading, Boger gives a brief idea as pointers for homoeopathic prescribing.

Boger emphasises upon the success of physician being largely dependent upon his power of observing and proficiency in details. To develop the skill of observation and to bring proficiency one needs to study the exhaustive study of physical diagnosis and the many sided relationships to the symptomatology. Boger cautions that one should not only concentrate on the diagnosis along with its comprehension of its picture which will most certainly limit our grasp of the remedies from which a choice may be made. Boger states that different remedies affect different parts, tissues and functions of the organism. The study of regions implies discovery of the seat of the disease and of the remedies related thereto. The importance of considering location as a part of totality or for the selection of simillimum is reflected in Boger's other literary work including *The Synoptic Key of Materia Medica*.

In old school, aetiology is given too much of importance and on the contrary in homoeopathy the information gathered is wide and may include any influence whatsoever. Cause of disease is extrinsic which is in a general way more accessible and therefore more accurately defined. The second cause is autogenetic that often had mental states as their starting point. Emotional states. Irrespective of the cause the selection of the simillimum should be done with great safety. Closely related to the cause are the circumstances under which disease and the conditions which modify it makes its appearance. Modalities individualise and define every sickness as well as every drug, hence there is a need to select the most suitable medicine. Conditions which modify or excite mental symptoms are of utmost importance.

A study of mental symptoms should include the gross objective changes noted by the attendants as well as a close scrutiny and interpretation by the physician. The mind mirrors itself with great accuracy in the different modes and manners of physical expression.

Boger in this essay gave importance to concomitants because as a group the concomitants contain many anomalous and peculiar symptoms. It should be noted that the modalities, mental accompaniments and duration of an unusual symptom govern its position. Sometimes the affected organ seems overwhelmed by the impact of the disease and the vital powers can find expression through the concomitants only. Then the symptom becomes important and a sole guide for the selection of the remedy.

The physician should identify the peculiarities in the case as every sickness whether natural

or induced is the combination of events in location, origin, modality, mental condition, concomitants, peculiarities, and time. Objective phenomenon allows the largest scope to the acumen of the examiner. While observing, the physician should not escape anything. Subjective symptoms have an indefinite character or are common to many disorders therefore they deserve less attention. If an ordinary symptom appears in an extraordinary place or way that it becomes of much value. Sensations are expressed according to the mentality of the subject and it varies. Symptoms which return at stated times become important in proportion as the sickness of which they form a part. Many plants are known to show certain manifestations at particular hours of the day. According to the doctrine of signature, they have a meaning for us if we are only wise enough to see and use them. In conclusion Boger centers his attention that we deal with vital force in health, disease and cure.

## 3. Observations on prescribing

Under this essay, Boger has emphasised that the better we know our original materia medica the less we will feel the need of newer drugs. Therefore, the students should not only be taught and trained in correct curative methods but afterwards enabled to acquire the working tools needed to put into practise what they have learned. Boger brings it to our notice the sum of Hahnemann's incredible labour is before us and we should not fail to avail ourselves of this great store house of homoeopathic knowledge that we may actually cure and not trifle with disease.

He is not in favour of clinical experiment and empiricism. We should also reason from above downwards,



from within outwards and in the reverse direction of the coming of the symptoms. In this essay Boger explained clinical indications of *Senecio aurens*, *Urtica urens*, *Alumina*, *Solidago virgaurea*, *Pulsatilla nigricans* and *Pyrogenum*.

#### 4. Grading of symptoms:

Illness may present any possible combination from many thousands of symptoms although as a matter of fact such extreme variability of disease expression is the exception. Most of its symptoms are referred to particular diseases, organs and individuals. Therefore, we need use a form of analysis which assembles the most salient and useful points into rubrics which are then arranged

in a flexible and easily grasped schema. There is a variation in the case presentation, i.e. having few to many symptoms. The final analysis of every case therefore resolves itself into the assembling of the individualistic symptoms into one group and collecting the disease manifestations into another then finding the remedy which runs through the totality. Grading of symptoms largely depends upon their discovery and the extent of the subsequent confirmation obtained from every one of them, their sphere of action is also of vast importance. In the abstract, the same symptom may have the highest standing in one case and the lowest in the next, all depending upon the general

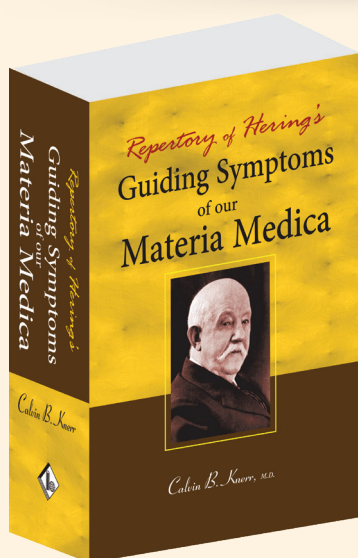
outline of the case, as delimited by the associated symptoms.

To summarise, this booklet is a worth possession for enthusiastic and serious readers of homoeopathy to learn systematic study of case taking, case analysis and homoeopathic materia medica. After reading this booklet one can comprehend the work of Boger as significant and valuable tool for the students, teachers, researchers & the practitioners in their service to humanity through homoeopathy. A special thanks to B. Jain Publishers Pvt. Ltd. for giving us access to such kind of literary treasure.



## Repertory of Hering's Guiding Symptoms of Our Materia Medica

Calvin B. Knerr, M.D.



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- Under Temperaments, 7 types are given like – bilious, choleric, mild, melancholic, phlegmatic, sanguine.
- This repertory is mostly used for the purpose of reference in clinical practice as it helps to refer to symptoms without much variation in the language of provers.

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