

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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## Role of Homoeopathy in Joint disorder

- Effectiveness of constitutional approach in the treatment of osteoarthritis of knee joint in individuals of high bmi using womac osteoarthritis index.
- A case study on cervical spondylosis
- Homoeopathic management of juvenile rheumatoid arthritis: a case report



**BJAIN**

# DICTIONARY

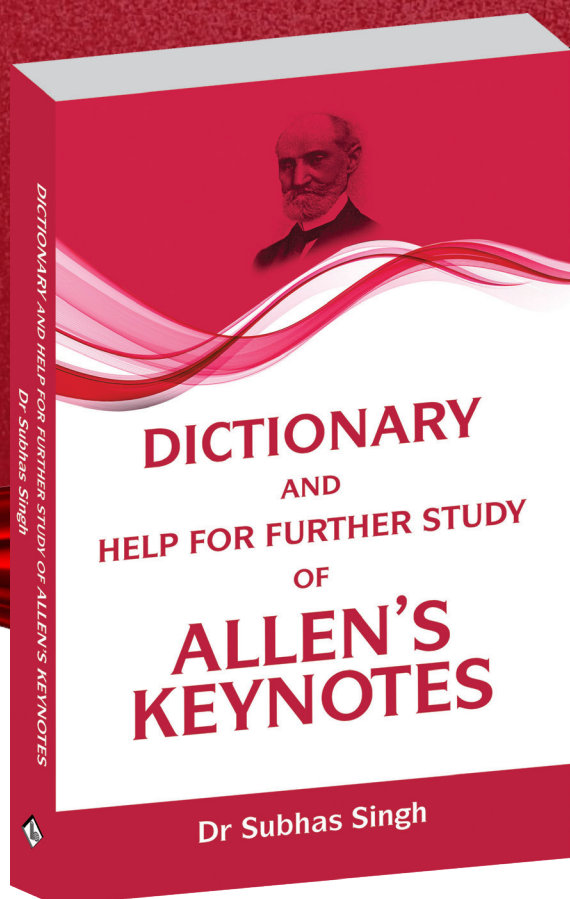
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HELP FOR FURTHER STUDY

OF

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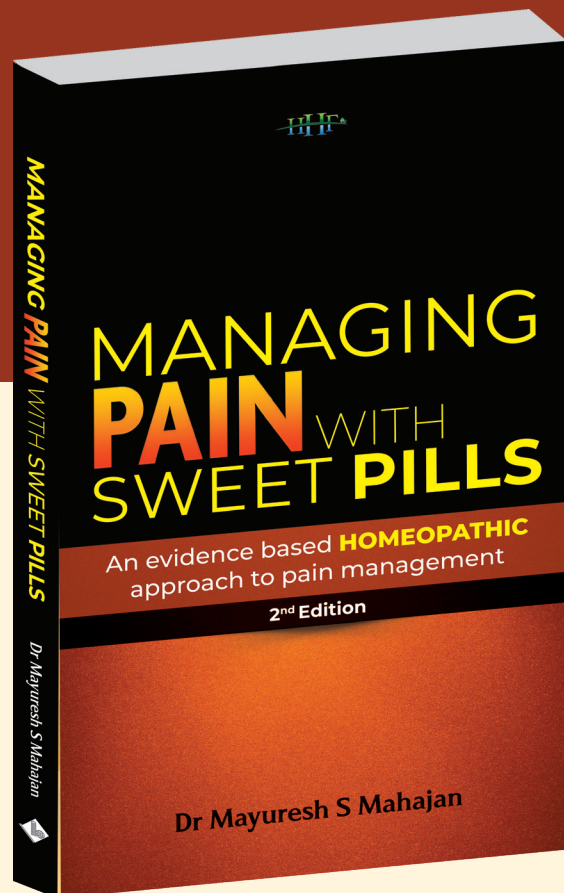
Dr Subhas Singh



- 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.



# MANAGING **PAIN** WITH SWEET **PILLS**



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

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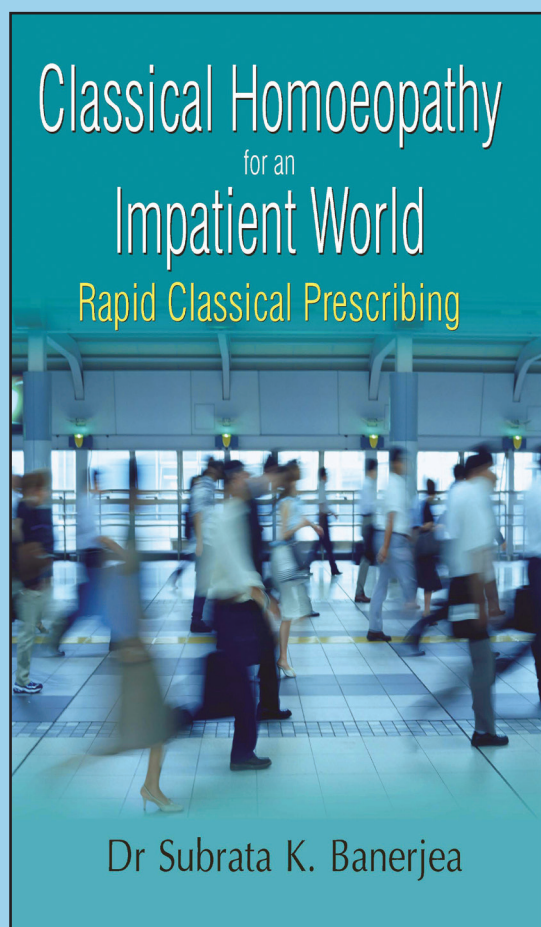
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# Classical Homeopathy for an Impatient World

*by Dr Subrata K Banerjea*



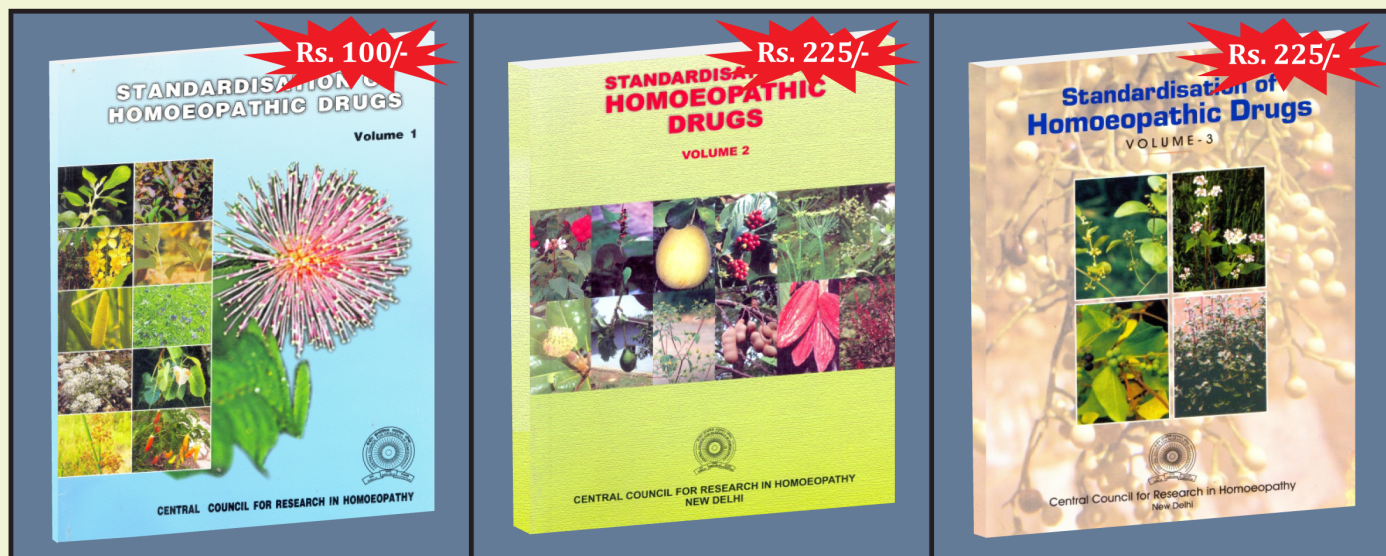
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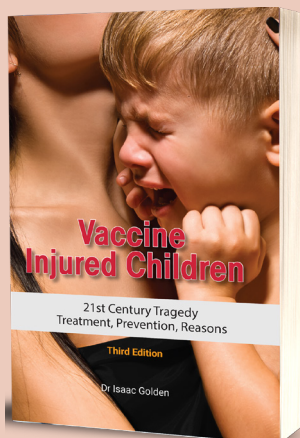
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## Vaccine Injured Children

Dr Isaac Golden

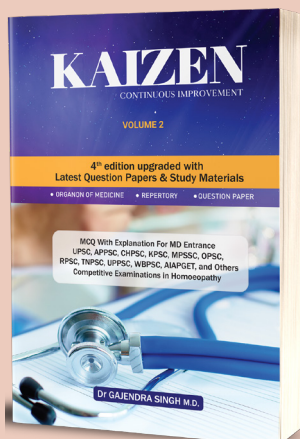


- A valuable resource and an authentic evidence for practitioners of any modality to recognise and treat vaccine injury.
- A guide for the parents or would-be parents about the painful effects of different vaccines on children.
- This book is not against vaccination but only an attempt to make people aware about all the immunisation options available, their safety and effectiveness, so as to guide a parent to take the right decision for the child.
- A factual book possessing answers to all queries related to vaccination or vaccines, their symptoms, treatment options or preventive methods available.
- Discussion is being done on the intricacies of vaccines and their effects on the child's health.
- Available treatment options for such effects are being mentioned.
- Preventive measures that can be opted to prevent the child from harmful effects of vaccination are also stated.
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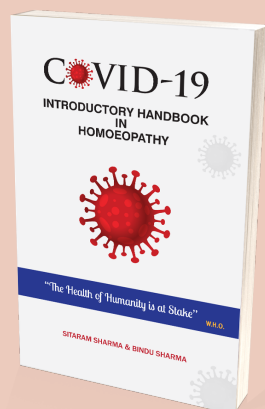


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- This volume constitutes organon of medicine, repertory and latest question papers of previous year's exam of PG entrance as well as of different PSCs.
- In the book, topicwise model questions of different subjects with answers explained from authentic references.
- The book also contains tabular presentations for comparisons and differentiating similar looking matter or symptoms, altogether at one place.
- There is relevant extra information regarding that question or topic given under the title 'little more'.

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## COVID-19: Introductory handbook in homoeopathy

Dr Sita Ram Sharma and Dr Bindu Sharma



- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance with the 'Organon of Medicine' and how these guidelines can be translated in the management of COVID-19 cases.
- Much focus is made on disease-oriented approach to devise management strategy without compromising with the tenets of homoeopathy.
- In the 'applied materia medica' section, each drug is described under these heads: organ affinity, scope of action, pathogenetic simulation, COVID-19 symptom similarity, concomitants, modalities, and salient features.
- A short repertory 'SYMPTOM INDEX' is annexed at the end of the book as a ready reference to assist in the search for a correct remedy in the quickest possible time.

ISBN: 978-81-319-1553-0 | ₹ 249 | 152pp

Dear Readers,

As the incidence of joint diseases in clinical practice are increasing nowadays, they are posing problems for aged persons as well as affecting individuals of different ages as they hamper their walking habit and normal routine works. Homoeopathy helps to prevent further damage of joints, minimising the most troublesome pains, stiffness and immobility. While most homeopaths agree that structural changes cannot be reversed in a few cases, the plus point is symptoms, such as pain can be alleviated to make individuals comfortable and ambulatory. Most cases respond well to homoeopathy as far as the long-term pain relief is concerned.

Reports have proven that homeopathy shows inconsistent results in the treatment of various joint disorders such as fibromyalgia, osteoarthritis, rheumatoid arthritis, especially for early cases where the medicines can slow down the degenerative process and offer considerable pain relief.

A research study published in IJRH on investigating the effect of individualised homoeopathic medicines in improving ADL by reducing pain, stiffness and limiting the disease

progress, showed that homoeopathic medicines are potential enough to improve the ADL of patients, by reducing pain and stiffness and limiting progress of the disease without any adverse, systemic effect and can safely be employed as a comprehensive health-care therapeutic.

#### A Quick Word on Issue Content:

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

The peer reviewed article of this issue includes effectiveness of constitutional approach in the treatment of osteoarthritis of knee joint in individuals of high BMI using WOMAC osteoarthritis index by Dr Shreya N Padiyar. The feather in cap of this issue is a special article on experiment based indicative deterrents to COVID-19 infection by Dr Pathirana W. The clinical case studies include a case of knee bursitis treated by homoeopathy by Dr Saurav Rathore, a case study on cervical spondylosis by Dr Sujata Naik, homoeopathic management of juvenile rheumatoid arthritis: a case report by Dr Virendra Chauhan, Dr Priyanka Nagar, acute management of gout by Dr Rajiv Rui Viegas Peres, temporo-

mandibular joint disorders and homoeopathy by Dr Priya Singh. Subjective articles include role of psychological factors with the ageing in the incidence of osteoarthritis – a homoeopathic perspective by Dr Rajat Dwivedi, importance of stress factors in the changing pattern of life styles by Dr Manila Kumari, joint disorders and homoeopathy by Dr Bikash Biswas, Dr Sanjukta Mandal, systemic Lupus Erythematosus and its Homoeopathic perspective by Shishir Mathur, Sangeeta Jain and Pavitra Gaur. We are also grateful to Chaturbhuja Nayak Sir and Bijayalakshmi Beher for contributing an excellent article on utility of bowel nosode sycotic compound in the treatment of musculoskeletal disorders.

Homoeopathy must be projected as the best choice for joint disorders, as it will work definitely as the best choice for their cure and management. Also, I look forward to hearing opinions and recommendations. You may also login to our website, [www.homeopathy360.com](http://www.homeopathy360.com) for more information and opportunities related to homoeopathy.

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

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Call for papers for the upcoming issues:

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## Role of homoeopathic remedies in joint disorders



Editor's desk

### Introduction

The most common joint disorders observed during practise include:

- Osteoarthritis
- Gout
- Rheumatoid arthritis
- Osteoporosis
- Bursitis

### Aetiology

- Family history
- Being overweight
- Fractures or other joint injuries
- Overuse
- Playing sports that involve direct impact on the joint
- Certain medical conditions can also affect joint health esp. Contraceptive pills
- Seafood, meat, organ-meats (liver for example) and alcoholic beverages can start an attack
- The use of some diuretics can also be associated with acute gout attacks

### Prevention

Eat a balanced diet including calcium and vitamin D

Do not drink large amounts of alcohol

Do not smoke it aggravates rheumatoid arthritis patient

Get regular exercise

Now let's see some short cases from my KEM hospital

### Case 1

An obese female came with severe knee pain, she was on tablet indomethacin and salicylates with not much relief. Her symptoms included:

### Presenting complaints

- contraction of muscles and tendons - knee, hollow of
- swelling - knees
- inflammation – knees
- varices – on feet

### History of presenting complaints

Chronic stitching, tearing pain in both knees right more than left.

Constant heavy sensation in the knees, the pain is more located in hollow of the knee, worse motion, standing, walking, the tendons of the knee joint were contracted and there was pain in it while walking and standing. After days work or after exertion immediately, her pain in knees will be intolerable.

The PQRS symptom was walking after aggravation.

### Prescription

She was prescribed *Berberis vulgaris* 6c 2 times a day for 3 weeks asking her to reduce her pain killers in two months her pain in knee was better by 80%.

### Case 2

### Presenting complaints

A 67 years old man came with a diagnosed case of chronic arthritis of his hand, wrist and fingers. The fingers and wrist were deformed swollen, the tendons of the hand esp. Palms were contracted, any cold application gives substantial relief any heat aggravates, it's a tearing pain warm bath aggravates the pain, touching the fingers or hand even gently aggravates the pain. He also gets recurrent sore throat after having anything frozen or even slightly cold drinks or food.

The main concomitant of sore throat was the most important concomitant for the case.

### Prescription

A few doses of *Guaiacum officinale* 12c gave substantial relief to the patient.





# Experiment based indicative deterrents to COVID-19 infection

By Dr Pathirana W.

**Abstract:** In a recent research study among others, it was found that black tea, black coffee, zinc chloride and aluminum chloride demonstrated strong astringent activity. Zinc chloride and aluminum chloride are of interest to homoeopathy since *Zincum muriaticum* and *Aluminum chloridum* are two homoeopathic drugs prepared from them. Black coffee and black tea infusions were able to inhibit growth of *E. coli* and *Salmonella typhi* by 60.7%-87.5%. The proteins of the microorganisms bind with the astringent substances leading to precipitation of proteins. It is proposed that persons exposed to COVID-19 virus gargle the mouth with these agents so that the viral particles are disabled by reacting with surface proteins. A very significant aspect here is that the protein-astringent binding is a fundamental chemical reaction and will take place irrespective of the viral mutation and the strain.

**Keywords:** pestilence, tea and coffee infusions, *Zincum muriaticum* 2X, COVID-19 virus, spike proteins, protein-tannin complex, chelate, inhalers.

The COVID-19 pandemic is a desperate situation due to non-availability of a specific drug and requires desperate solutions. The current vaccination programs are likely to leave behind over half the world's population without being vaccinated. The vaccination assures only one year's prophylaxis. This article proposes simple therapeutic measures in order to mitigate the impact of the current COVID-19 pandemic, more appropriately the "pestilence" because of the large number of deaths. It is expected either to prevent the infection or reduce the severity of the disease thereby the fatality rate.

In a research project we conducted recently, tea, coffee, zinc and aluminium were found to exhibit powerful astringent and microbe inhibitory activities. Tea and coffee infusions are employed in folklore medicine against diarrheal diseases due to astringent action of the tannins present in the infusions. Both infusions were experimentally found to drastically reduce the colony counts of the bacteria *E. coli* and *Salmonella typhi*. On the basis of astringent activity

demonstrated by zinc chloride it can also be expected to inhibit microbial growth. Homoeopathic drug *Zincum muriaticum* ( $\text{ZnCl}_2$ ) has surprisingly similar symptoms to the initial stages of COVID-19 infection. Adoption of the two infusions and *Zincum muriaticum* 2X tincture as mouth washers or gargles are suggested as a means of disabling the virus particles. The 2X potency is equivalent to a 1% solution of zinc chloride which may be harsh on mucous membrane and must be diluted before use. The speed of onset and the severity of the disease are expected to be slowed down facilitating the natural immunological response in antibody production improving the survival rate.

## Protein-tannin complex and mechanism of action.

Mechanism of action is based on the astringent activity in which tannins complex with surface proteins of viral particles denaturing them and disabling the activity of the virus. <sup>[1]</sup> Tea and coffee infusions were able to reduce colony counts of test organisms by 60.7% to 87.5%. The homoeopathic drug *Zincum*

*muriaticum* is prepared with zinc chloride.<sup>[2]</sup>

In the proposed astringent therapy the infusions should reach the furthest possible points in the respiratory tract so that maximum number of viral particles are trapped. Gargling with the infusion for not less than 20 seconds is recommended. Tannins in tea or coffee infusions and zinc will complex with three types of viral proteins, the membrane, envelop and spike proteins, drastically disabling them in their functions. <sup>[3]</sup> Protein-tannin complex formation is a fundamental chemical reaction and is bound to take place unlike specific antimetabolite or enzyme mediated actions of antibiotics.

## Action regardless of mutations.

An advantage here is that the astringent reaction will take place regardless of the viral mutation and strain even if the spike protein structure changes. In fact tannins react to some extent with proteins of the living cell linings of mucous membrane of the mouth resulting in the 'puckered' feeling.

Tannins also chelate iron [Fe] and other metal ions required in tracer amounts for many of the metabolic reactions of micro-organisms depriving these nutrients further retarding the viral propagation.<sup>[4]</sup> Zinc too interact with viral proteins. The procedure disables free viruses before tissue invasion. Commencing with three daily eight hourly gargles up to one or two weeks followed by two gargles daily 12 hours apart for few more days are suggested to keep the virus disabled and eventually to perish. At the very first sign of irritation in the mouth, the frequency of administration and the strength of the infusion must be reduced.

#### Tannic acid as standard astringent.

Astringent activity was demonstrated using tannic acid as the reference standard in the protein precipitation reaction. Stronger astringents like aluminum chloride were identified but tea and coffee are suggested as these are widely available time tested safe beverages. Infusions can be prepared by adding 150 ml boiling water in to 2 g black tea or coffee, allowing to stand for about 15 minutes and straining.

Zinc chloride has a stronger astringent action than tea infusion and may be too harsh on mucous membrane unless diluted to 0.2% - 0.5%.<sup>[5]</sup> Gargling should be done in the same manner but they should be safely discarded and not swallowed. Aluminum chloride is stronger than both tannic acid and  $ZnCl_2$  according to our findings. It too can be used for the purpose since it is widely used topically as an anti-perspirant and a hemostatic in dentistry. However it lacks the immunological functions of Zn and is known to induce long term toxic reactions.

#### Related homoeopathic drugs.

The Department of Ayurveda, Unani and Naturopathy, Siddha and

Homoeopathy of the Government of India has proposed *Arsenicum album* 30 as the genus epidemicus for the current COVID -19 pandemic.<sup>[6]</sup> In another internationally coordinated study *Camphora* 1M is being used with apparent success.<sup>[7]</sup> It is also appropriate to keep under review medicines such as *Ammonium carbonicum*, *Antimonium tartaricum*, *Carbo vegetabilis*, *Gelsemium sempervirens*, *Kalium bichromicum*, *Influenzimum* and *Senega* as potential drugs for different stages of the disease.

#### Role of *Zincum muriaticum*.

Zinc chloride used in our study can be related to homeopathy as follows. The *Zincum muriaticum* symptoms "perversion of senses of smell and taste" has a surprising similarity to early symptoms of some of the COVID-19 patients. On the basis of this similarity *Zincum muriaticum* can be considered indicated in early stages of the disease. *Zincum muriaticum* 2X potency may be used for the rinsing or gargling purposes with the triple actions, chemically as an astringent, nutritionally, the tracer amounts that gets absorbed as an immune booster and dynamically acting as a low potency of a homoeopathic drug. For the mucous membranes, 0.2% - 0.5% solutions are recommended requiring the 2X tincture to be diluted 5 to 2 times with water.<sup>[5]</sup> For the gargling purpose the potencies should be worked out using a lower strength of around 20% ethyl alcohol to keep it at a tolerable strength legally and organoleptically following dilution with water. It must be noted that ethyl alcohol strengths below 10% are subjected to microbial spoilage. Volume recommended for gargling is 30 ml (two table spoonful) or more as required. Zinc chloride is a safe gargle since the lethal dose is 3-5 g orally.<sup>[8]</sup> Zinc is a versatile biological element involved in many metabolic

and immune boosting functions of the body in low concentrations of nanogram and picogram range and is toxic to microbes in high concentrations in milligram range as proposed here.

The industry can step in and formulate an inhaler or spray targeting the nasal cavities and the respiratory tract with a carefully chosen dosing regimen of a suitable zinc chloride low concentration. However the new route may warrant clinical trials. Many articles on the subject can be google searched under 'zinc viral protein interactions'. Only one drug should be used for gargling at a time. According to our study, the weakest to strongest astringent activity is in the order black tea, zinc chloride, tannic acid (reference substance), black coffee and aluminum chloride.<sup>[9]</sup> Zinc had been included in the cocktail of six drugs used in the recent treatment of the president of America<sup>[10]</sup>.

## Conclusion

The folklore practice of using tea and coffee infusions in diarrheal diseases were proved to be acceptable according to our study. Zinc chloride too had shown strong protein binding properties and should be active against the COVID-19 viral proteins. *Zincum muriaticum* 2X potency is recommended for the therapeutic purpose proposed here because it has the symptoms of loss of taste and smell similar to the onset symptoms of COVID-19 infection. There is a need to streamline the dilution procedure of the *Zincum muriaticum* 2X potency for gargling purpose with respect to both zinc and ethyl alcohol strengths. The 1% strength of Zinc chloride as a chemical in *Zincum muriaticum* 2X potency may be attractive to medical profession in general. Even a 25%

deterrence to the infection with the measures proposed here is an ample reward in this desperate situation.

## Acknowledgements

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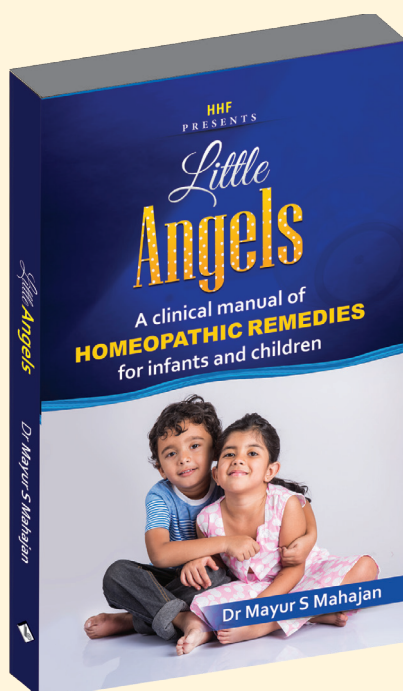
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# Little Angels

DR MAYUR S MAHAJAN



- This book is the result of the author's rich clinical experience. He went out of his way to describe the condition of each child in as much detail as possible, making it very easy for readers to understand and apply this knowledge in their clinic.
- The narration of cases is presented with gestures and mimicry that for us 'bring the patient to life'.
- The condition of each child is given in as much detail as possible, making it very easy for readers to understand and apply this knowledge in their clinical practice.
- All the rubrics are taken from Synthesis Repertory and Complete Repertory.

ISBN: 978-81-319-1804-3 | 194 pp



# A case of knee bursitis treated by homoeopathy

By Dr Saurav Rathore

**Abstract:** Bursitis is the inflammation of the bursae located throughout the body near the bone prominence to reduce the friction between the joints. Knee bursae are second commonest type of bursitis after elbow bursitis caused due to trauma or occupational micro-trauma. Here is a case of prepatellar bursae suggested for orthopaedic surgery, treated successfully by homoeopathic medicine, *Bryonia alba*, within a short period of time through proper case taking and selecting medicine on the totality.

**Keywords:** bursitis, trauma, surgery, homoeopathy, case taking

**Abbreviations:** FNAC – fine needle aspiration cytology, BD- twice a day, OD – once a day.

## Introduction

Bursae are the synovium-lined sac-like structure found throughout the body near the bony prominence and between the bones, tendons, ligaments and muscle [1]. Their function is to reduce friction between the structures. When they are swelled up or inflamed, they are known as bursitis. The knee bursitis (which lies between the patella and the overlying subcutaneous tissue) is the most common bursae of knee after the olecranon bursitis overall.

## Etiology

The inflammations of the thin wall present within the bursae due to any irritant cause the condition. The irritant may be acute direct trauma or more commonly repetitive trauma from kneeling. Other causes are gout, rheumatoid arthritis or infection which is less frequent. Immuno-suppressed patient, such as HIV, use of chronic steroids, Diabetes mellitus or on haemodialysis are on higher risk side of developing bursitis[2].

## Epidemiology

Male and female of all age groups can develop bursitis, but it has been

found that 80% of all bursitis patient are being males aged between 40-60 years. The septic bursitis which is 1/3 of all cases is quite common among children in case of prepatellar bursitis.

## History and physical

Two forms of bursitis exist, chronic and acute with wide variation in symptoms and sign. A detailed history is important covering medical, social and understanding of the patient's daily routine. Acute bursitis typically arises from trauma, infection or crystalline joint disease, while chronic bursitis is more likely the reason of inflammatory arthropathies and repetition pressure/ overuse or micro-trauma. In acute bursitis, patient generally present with erythema, warmth and pain on palpation of the bursae, the range of motion is also restricted secondary to pain.[3] However chronic is often painless, the bursae has time to expand and to accumulate for the increased fluid.

## Evaluation

The diagnosis of bursitis is primarily clinical routine lab test or radiological examination, but it is

not much beneficial. Aspiration of the inflamed bursae can be helpful when there is question of sepsis. Obtain a culture of the bursal fluid is the gold standard in the diagnosis in Septic bursitis.[4]


## Miasmatic analysis

Bursitis covers all the three miasm, mild inflammatory reaction in the wall of bursae with effusion of clear fluid within the sac indicates psora. When bursae wall gets infiltrated by lymphocytes, plasma cells, macrophages and may show focal calcium deposits in case of syphilis. If the inflammation becomes chronic, abscess formation takes place within the walls of bursae. The condition may progress to syphilitic miasm.[5]

## Case of acute aseptic prepatellar bursitis

A male patient (XYZ) aged 52 years attended OPD on 20/11/2019 with pain on his Left knee. He can't sit on the chair and was walking with the help of support because of the pain. The patient complaints of pain in left knee, which started spontaneously along the left lower limb some 20 days back and later settle over the knee. The nature of the pain was stitching- tearing which aggravate

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**Age:** 52 Years

**Sex:** Male

**Date:** 10/11/2019

**LD No:** 1054

**Ref. By:** Sadar Hospital

---

**Cytology Report**


**Specimen:** FNAC of Left Knee region


**Specimen No:** FNAC 3451/2019

**Microscopic Examination:** Aspirated fluid analysis shows sero-sanguineous straw coloured appearance with pre dominantly mononuclear cells. Gram-stain and culture is negative; WBC count is 2500/ $\mu$ L and Bursae fluid to serum glucose ratio is 40%.

**Impression:** Features are suggestive of *Aseptic Prepatellar Bursitis*.

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**Fig. 1:** FNAC Report

by motion and ameliorated by complete rest to the knee. The patient went to the allopathic physician for the complaints where he was diagnosed as prepatellar bursitis and was treated by steroids, analgesic and anti-inflammatory drugs without relief to the complaints. Later the patient was suggested for surgery by that physician. The patient refuse the surgery and came to Ho-

moeopathic College OPD for the treatment where a detailed case history was taken.

### Case history

The 52 years old male patient was resident of Paraspani village and is a coal miner by profession. He was not so well nourished and looks physically weak. The appetite was

satisfactory, but thirst was very well marked, tongue was brown and dry. The dryness, cracks and ulcers was also present on the lips. The patient complaints of bitter taste in mouth all of the time. While asking and collecting the history, he got angry and irritated. No more specific findings were noted from the patient. Bowel, urine, sweat, sleep all was normal, but patient prefers

to sleep on left side which gives relief to his painful suffering of the left knee.

## Local examination (left knee)

Inspection- Normal bone contours, the Joint is red and swollen  
Palpation - Normal bone and soft tissue contours. Local Tenderness ++  
Movements- All movements are painful esp. extension.  
Measurements - No discrepancy in limb length.

## Investigations

X-Ray Left Knee- No bony abnormality detected on left knee

FNAC- Suggestive of aseptic prepatellar bursitis (*report enclosed*)

## Diagnosis

On the basis of the presenting complaints, physical examination and the FNAC report, the case is diagnosed as acute prepatellar bursitis.<sup>[6]</sup>

## Analysis and evaluation of the symptoms

The totality of the symptoms which includes, characteristic mental, physical generals, particular and pathological was considered in analysis of the case. Further W. Boericke's *New Manual of Homoeopathic Materia Medica with Repertory* was preferred using Homopath Classic 8.0 software<sup>[7]</sup> (*Repertorial chart is given in Fig. 2*)

**Table 1:** Miasmatic analysis and evaluation of the symptoms

Mental Intensity <sup>(Miasm)</sup>	Physical generals Intensity <sup>(Miasm)</sup>	Particulars Intensity <sup>(Miasm)</sup>
Irritable + <sup>(Psora)</sup> Anger + <sup>(Psora)</sup>	Physically Weak+ <sup>(Psora)</sup> Tongue- brown, dry++ <sup>(Psora)</sup> Lips - dry+ <sup>(Psora)</sup> , cracked and parched+ <sup>(Sycosis)</sup> Thirst- present++ <sup>(Psora)</sup> Taste- bitter++ <sup>(Psora)</sup>	Acute Knee Bursitis+++ <sup>(Psora)</sup> Left Knee Pain<Motion++ <sup>(Psora)</sup> > Rest+ <sup>(Psora)</sup> , Lying on painful side+ Knee Joint- stiff & red and swollen, hot with Stitching tear pain+ <sup>(Sycosis)</sup>

## Rubric Selected (using W. Boericke's Repertory):

- MIND- Emotion- Effects- Anger
- LOCOMOTOR SYSTEM- Knees-Inflammation(synovitis, bursitis, housemaid's knee)- Acute
- LOCOMOTOR SYSTEM- Knees- Pain- In general
- LOCOMOTOR SYSTEM- Reflexes- Stiffness of knees
- LOCOMOTOR SYSTEM- Reflexes- Swelling
- TONGUE- Coating, color- Brown dry
- STOMACH- Thirst
- TASTE- Perverted- altered- bitter
- MODALITIES- Aggravation- Motion

- MODALITIES- Amelioration- Rest
- MODALITIES- Amelioration- Lying- painful side, on

## Selection of remedy and its potency with justification

The repertorial result of the case showed that most of the symptoms

The screenshot shows the Homopath Classic 8.0 Repertorisation chart. The chart displays a grid of remedies (columns) and their corresponding symptom scores (rows). The remedies listed are: Bry, Hux-v, Puls, Sulph, Rhus-t, Bell, Rhus-a, Colch, Nat-m, and Acon. The symptoms listed are: [Mind]Emotion effects:Anger, bad news, disappointment, vexat; [Locomotor System]Knees:Inflammation,Acute (synovitis, bursitis); [Locomotor System]Pains:In general; [Locomotor System]Reflexes:Stiffness of knees; [Locomotor System]Reflexes:Swelling; [Tongue]Coating, color,Brownish, dry; [Stomach]Thirst; [Taste]Perverted, altered,Bitter, bilious; [Modalities]Aggravation:Motion; [Modalities]Ameliorations:Rest; [Modalities]Ameliorations:Lying:Painful side,on. The chart shows that the remedy Acon has the highest score (12) for the symptom [Mind]Emotion effects:Anger, bad news, disappointment, vexat. The total score for the chart is 11.

Remedy Name	Bry	Hux-v	Puls	Sulph	Rhus-t	Bell	Rhus-a	Colch	Nat-m	Acon
Totality	30	17	15	15	14	13	13	13	13	12
Symptom Covered	10	6	6	6	5	5	5	5	5	5
[Mind]Emotion effects:Anger, bad news, disappointment, vexat	3	3	2					2	2	2
[Locomotor System]Knees:Inflammation,Acute (synovitis, bursitis)	3		3	2	3	2				3
[Locomotor System]Pains:In general	3	3	2	3	3	2	3	2	3	2
[Locomotor System]Reflexes:Stiffness of knees	3			2			3			
[Locomotor System]Reflexes:Swelling	3					2				3
[Tongue]Coating, color,Brownish, dry	3				3					
[Stomach]Thirst	3	2		3	3	2	2	3	3	
[Taste]Perverted, altered,Bitter, bilious	3	3	3	3	2				2	
[Modalities]Aggravation:Motion		3	2	2		3	3	3	3	2
[Modalities]Ameliorations:Rest	3	3				2		3		
[Modalities]Ameliorations:Lying:Painful side,on	3		3							

**Fig. 2:** Repertorisation chart (Homopath 8.0 Software)



of this case is covered by *Bryonia alba*.<sup>[7]</sup> This also correlate with miasmatic analysis as majority of the symptoms are psoric in nature<sup>[8]</sup>. After consulting materia medica, *Bryonia alba* is found to be most appropriate for this case covering general, physical and mental picture.<sup>[9]</sup>

According to totality and miasmatic basis, *Bryonia alba* was prescribed with 30<sup>th</sup> centesimal potency at the initiation of the treatment due to the progressive pathology of the case.

#### Prescription with general management

*Bryonia alba* 30c/ 6 doses twice a day was prescribed on 20/11/2019 initially for 3 days and asked the patient to elevate the affected limb, take rest and avoid any trauma to the knee, he was also asked to come for follow-up after 3 days.<sup>[7-9,10]</sup>

**Table 2:** Follow-up of the case

Date	Symptoms	Prescription
23/11/2019	Pain left knee <, with general well being	<i>Bryonia alba</i> 30c/ 6 dose BD <sup>[9,10]</sup>
27/11/2019	Pain lower limbs >	<i>Bryonia alba</i> 200c/ 3 dose OD <sup>[10]</sup>
30/11/2019	Gen>. Pain knee diminished	Sac Lac 30c/ 5 dose OD
5/12/2019	Gen>, Can walk easily	Sac Lac 200c/ 5 dose OD
10/12/2019	Improved, no more complaints	

#### Justification of repetition of medicine and increasing potency

Repetition of medicine was done because after some improvement, when the action of the medicine stops, the case comes to stand still position.

#### Change of potency

According to the Kent, the same potency should not be repeated on more than two occasions. The same potency not being repeated again has recorded favorable effects was said by Dr. Hahnemann.<sup>[10]</sup>

#### Preventive measures

Prepatellar bursitis is best prevented by avoiding direct or micro trauma to the knee area and by avoiding prolonged kneeling. One can also rest knees by switching activities to avoid over use and stress. Proper protective kneepads will help preventing inflammation of the bursae. The overall health and weight should be maintained.

#### Prognosis

Bursitis is not a fatal disorder and most patients have a good outcome. The vast majority are managed as outpatients. However, patients who do not avoid the trigger or continue with the same activity tend to develop recurrences.

#### Conclusion

Cases of prepatellar bursitis which require orthopedic surgery, can be cured through homoeopathy within a short period of time, if the case history is taken in detail and medicine is selected after considering the totality. In every case of bursitis, homoeopathic medicine is effective and can avoid expansive surgical procedure and other complications.

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# Acute management of gout

By Dr Rajiv Rui Viegas Peres

**Abstract:** The race for development and the accompanying emotional stress in present times have added to the woes of mankind. In olden times gout was considered to be the disease of the kings, however in recent years due to urbanisation, abuse of diuretic drugs and lifestyle changes has led to hyperuricaemia. The increasing incidence of gout as the second most harmful metabolic disease after Diabetes mellitus in urban India has compelled physicians to take uric acid seriously. Even in conventional system of medicine using colchicine drugs has created dependency and unwanted side effects, besides this recurrence and relapses are commonly observed. Homoeopathic medicines have proved to be far superior in controlling and treating acute episodes of gout.

**Keywords:** Acute gout, acute remedy.

**Abbreviations:** ESR – erythrocyte sedimentation rate, < - aggravated by, > - ameliorated by, MI – myocardial infarction, KUB – kidney, ureter, bladder, USG – ultrasonography.

## Introduction

Gout is a form of metabolic crystal arthropathy associated with hyperuricaemia. It can be defined as the pathological reaction of the joint or periarticular tissues due to presence of monosodium urate crystals.<sup>1</sup> An acute gouty arthritis affects the metatarso-phalangeal joints of the big toe initially and

later feet, ankles, knees, hands, wrist & elbow. The excruciating pains are usually at night.<sup>2</sup> If untreated and severe, gout leads to visible and palpable tophaceous deposits and a destructive arthropathy. Nephrolithiasis develops in 10-25% of patients with gout. In the past, progressive renal failure has been common in the gouty population

with up to 25% of patients with gout dying of renal disease.<sup>3</sup> Even with modern treatment, often patients come up with recurrences and relapses, hence it is evident that conventional treatment may not give complete relief. Whereas homoeopathic treatment appears to be more efficacious due to its individualistic approach.

## Criteria for the diagnosis of acute gouty arthritis<sup>3</sup>

1. Multiple attacks	2. Inflammation within 1 day	3. Redness	4. Monoarticular	5. Pain, Swelling 1 <sup>st</sup> metatarsophalangeal jt.	6. Unilateral tarsal joints
7. Tophi	8. Hyperuricemia	9. Radiograph	10. Subcortical cyst	11. Negative culture joint fluid	12. Unilateral 1 <sup>st</sup> meta tarso phalangeal joint

## Case 1

On 29<sup>th</sup> January 2013 a 46 year old married man presented with Patient complaint of high Uric Acid, since last 22 years. His levels of uric acid went up to 9.85mg/dl, ESR= 40. First right ankle got swollen then the left ankle, after a while it spread to the right knee joint & the left knee joint followed eventually. He would develop stiffness of joints overnight.

As a result of his alcohol problem, this was the outcome. He used to drink too much rum and coke. > applying ice, < motion, < touch, < walking, < standing, < night when the feet get warm in bed. Complaint of soles & heels being very painful with corns, he can hardly step on them. Also the pain in the soles is like as if burning since 3 months. In childhood he suffered a burn injury that scar pains him now. Presently,

he complaint of pain in ankle joints the most since 6 months. Currently his serum uric acid= 7.33mg/dl. and E.S.R=32. He usually takes a lot of painkillers, and is allergic to zyloric tablets, develops boils all over the body.

He also complaint of high acidity, since more than last 5 years, and burning pain in the stomach > eating ice cream, > warm drinks, but < by

drinking cold water. Acidity was as a result of eating too late, for instance, if he took dinner at 3 am after all his guests have gone. Complaint of eruption in between the toes since 3 months. He used to scratch until it bled, < by washing.

Past history: At 41 years, suffered from bilateral renal calculi, used laser but the crushed particles resulted in urinary blockage.

Family history: Father expired of M.I. Mother suffered gouty arthritis.

Appearance: He was obese, big bellied and short.

Personal history:

Craving – meats+2, sweets+3.

Thermals: Hot patient

### Life situation:

Patient ran this family restaurant. By nature, he was friendly, generous,

loving, religious and preferred occupation. He was very easy going, lazy person, messy in his habits and forgetful person. He was always joking, but now there was restriction in movements and even turning in bed was difficult. However, he always used to be positive even when problems came.

### Physical examination:

Pulse=76beats/minute	B.P=150/90mmHg	R.R=18breaths/minute	Oedema+	Weight=100kg
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### Analysis and evaluation of symptoms:

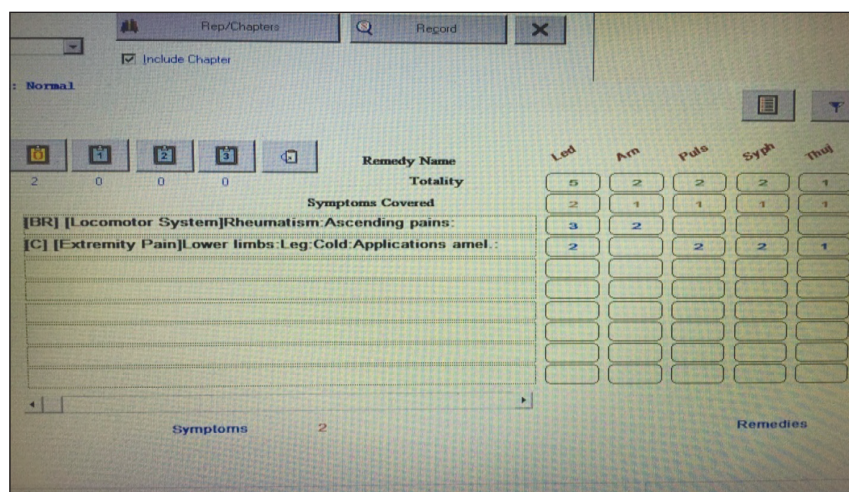
<b>Common symptoms:</b> -Pain in ankle and sole, stiffness, swelling, acidity; burning.	<b>Uncommon symptoms:</b> -Ascending rheumatism, pain better by ice application.
-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Mental general <small>intensity+miasm</small>	Physical general <small>intensity+miasm</small>	Particulars <small>intensity+miasm</small>
		Rheumatism ascending +++(sycosis)
		Joint pain ameliorated by ice application ++(syphilis)
	Craving meat ++(sycosis)	
Forgetful+(psora)		

**First Prescription:** 29-01-13: **Ledum palustre 200**, twice a day was given for 3 Days with Saccharum lactis for 1 month Justification: Pain began

in lower limbs and ascended, dissatisfied, aversion to company when ill, ankles swollen, feet stiff in the morning, worse touch, stiffness

better by putting feet in ice water, itching in feet worse after scratching, burning feet at night, better by cold bathing)





## Follow up

Date	Symptoms	Medicine
24-03-13	Joint pains 90% better, stopped all pain killers. Eruptions between toes resolved. More active. No acidity. Ate less sweets. Pus like offensive discharge from umbilicus. Uric acid=3.7 All generals good. Weight 95kgs. B.P= 140/84mmHg	Placebo for 2 months
06 -06-13	Complaints of burning of soles at night, better by keeping them out of the bed. Complaint of suffocation attacks at night in sleep, injuries was taking a lot of time to heal. Felt tired easily, couldn't stand for long. Patient is restless. Craving for sweets. Weight 90kgs. B.P= 140/82mmHg	Placebo for 2 months
23-07-13	Burning in soles absent. No sleep apnoea. Very happy and grateful, spend more time with his family and cautious about his health.. All generals better. Weight=88kg. B.P=140/80mmHg	Placebo for 1 month

### Gout perspective as per stalwarts:

**E.A. Farrington** gives a general description of gout and divides the treatment into the acute paroxysm and that of the general symptoms. For an acute attack, the following have been most successfully used: *Colchicum autumnale*, *Ledum palustre*, *Arnica montana*, *Sulphur*, *Eupatorium Perfoliatum*, *Sabina*, *Antimonium crudum*, *Bryonia alba*, *Nux vomica*, *Rhus toxicodendron*, *Benzoicum acidum*, *Berberis vulgaris*, *Manganum aceticum*, *Cinchona officinalis*, *Causticum*, *Guaiaicum officinale*, *Colocynthis*, *Lycopodium clavatum*, *Calcarea carbonicum*, *Graphites*, *Rhododendron*, *Staphysagria*, *Kalium bichromicum*, *Natrum phosphoricum*, *Lithium carbonicum*, *Iodium*, *Ammonium phosphoricum*, *Aurum muriaticum*. For gout affecting the kidneys, he advised *Benzoicum acidum*, *Arsenicum album*, *Phosphorus*, *Phosphoricum acidum*, *Zincum metallicum*, *Terebinthinae oleum*, and *Plumbum metallicum*.<sup>4</sup>

**Temple S. Hoyne** says about *Nux vomica*; one could not well dispense with the treatment of rheumatism and gout, especially in habitual drinkers, oversensitive to pain, constipation, scanty dark frequent

urine, head mixed with chilliness, especially worse during motion.

He has spoken of Sulphur as a drug recommended in acute as well as chronic gout with general and local symptoms being taken into consideration.

*Ledum palustre* affects the joints, muscles, tendons and periosteum. The pains commence from below upwards. Worse in the evening, motion and by warmth of bed. Chronic rheumatic gout.<sup>5</sup>

**Alexander L. Blackwood** mentions that *Ledum palustre* is indicated in rheumatic diathesis, when the disturbance begins in the feet and extends to the body. The secretions are altered and deposits take place about the joints, with sticking, tearing pains changing locations suddenly, pains worse at night and from warmth, although the patient is chilly.<sup>6</sup>

### Miasmatic expression of gout:

Most of the pioneers have regarded gout as sycotic. **Aetiology:** Obesity & excess of purines in diet that is non-vegetarian.

**Predisposition:** Past history or family history of hyperuricaemia is marked. Hyperlipidaemia is marked. History of bronchial asthma, warts, moles, keloids, renal cysts, ischemic heart disease, obesity, dystonia, arthritis, pigmentation of skin.

**Mental disposition:** Jealousy, envy, pride, defiant nature, gloomy feeling, selfish, melancholy, depressed, dull, lazy, difficult memory.<sup>7</sup>

**Physical disposition:** Obese, excess hair on the body, potbellied with short stature. Vesicular eruptions. Craves beer, smoked meat, nuts, cheese, butter & beans.<sup>8</sup>

Diathesis: Gouty.

**Expression:** Spasmodic type of pain, involvement of single or multiple joints. Marked Swelling, monosodium urate crystals deposit in other parts of the body like ear lobules, tendoachilles or ulnar surface of the forearm, Onset is slow gradual & insidious. Urates nephropathy, acute gouty arthritis.

**Modalities:** Worse during day, Pain aggravated in damp weather, aggravated early mornings on first

motion. Pain better by hard pressure and warm application. Meat aggravation. Better by slow motion, worse getting wet, worse by eating sour, Likes either hot or really cold things. Ameliorated by pathological discharges.

*Investigation:* Serum uric acid elevated, ESR marked to moderate level, X-ray KUB at times show increase of calcium oxalate stones. USG shows presence of renal stones urate in origin.

*Pathology:* Slow gradual complications.<sup>9</sup>

## Conclusion

The goals in management of gout includes the following: Providing rapid and safe pain relief, preventing further attacks and preventing formation of tophi and destructive arthritis.

In managing acute attacks, a well selected acute remedy will have to be used. Diet is very important for these patients. Homoeopathy has always proved beneficial in treatment of acute gout.

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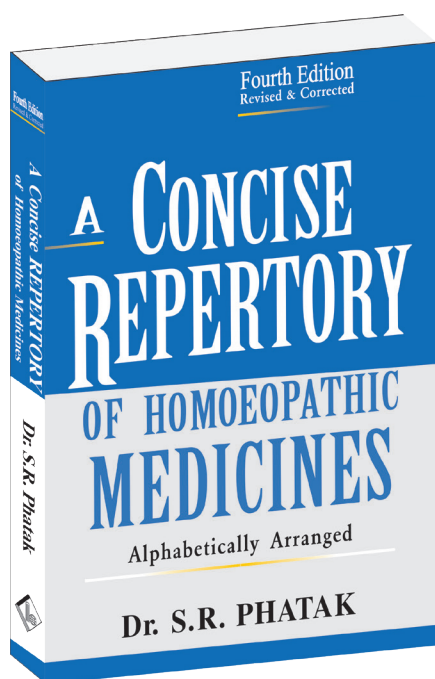
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# Temporo-mandibular joint disorders and homoeopathy

By Dr Priya Singh

**Abstract:** TMDs are the second most common musculoskeletal problem resulting in pain and disability. It can be really painful and disturbing in day today activities. People usually ignore the symptoms and opt for treatments only in severe cases. The homoeopathic literature is filled with lots of drugs that can help to manage signs and symptoms of this disorder and produce effective cures based on simillimum. This article deals with homoeopathic approach to management of TMDs.

**Keywords:** temporo-mandibular joint, temporo-mandibular joint disorders, treatment, homoeopathy

**Abbreviations:** TMJ- temporo-mandibular joint, TMD- temporo-mandibular disease, DC/TMD- diagnostic criteria for temporomandibular disorders

## Introduction

The temporo-mandibular joint is one of the most heavily utilised and underappreciated joints in the human body. Mechanically, the TMJ is what allows you to open and close your mouth, and extend and move your jaw from side to side. Functionally, it facilitates chewing, talking, and facial expressions.

TMJ is formed by the articulation of the mandible and the temporal bone of the cranium, located anteriorly to the tragus of the ear, on the lateral aspect of the face. The squamous portion of the temporal bone articulates with the condyle of the mandible at a juncture, separated by an intra-articular meniscus. It is a synovial joint capable of both hinge and sliding movements. The mandible has a horizontal part (the body) and a vertical part (the ramus) meeting at the mandibular angle.

## Temporomandibular Joint Disorders:

Temporo-mandibular joint disorders are any disorder that affects or is affected by deformity, disease, misalignment, or dysfunction of the temporo-mandibular articulation. TMD includes anatomical, histological, and functional anomalies in the functioning of the muscular and/or articular components of the system.

Depending on the practitioner and the diagnostic methodology, the term TMD has been used to characterise a wide range of conditions diversely presented as pain in the face or the jaw joint area, limited mouth opening, closed or open lock of the TMJ, abnormal occlusal wear, clicking or popping sounds in the jaw joints, and other complaints.[1]

## Epidemiology:

Epidemiological studies have estimated that approximately 50%–75% of the population exhibit signs of TMDs. Internal derangement (36.8%) may be subclinical and the patient might not try to relate this to an underlying jaw problem. In <15%–20% of the patients, the signs changed into symptoms for which the patient will seek treatment. The frequency to seek treatment increases if the symptoms interfere with day-to-day activities[2]. The prevalence of TMD is high in general population (40%–60%).

According to a World Health Organization (WHO) report, TMD is the third somatological disorder, after dental caries and periodontal diseases, to be considered a populational disease. The symptoms of temporo-mandibular joint dysfunction are more common

in the female population, compared to males. Scientists relate to the female jaw structure, vitamin deficiencies, varying hormones, pain gene variant and internal stress management. Young females less than 30 years old are at increased risk of temporo-mandibular joint disorder. In contrast to the previous reports, some recent studies have shown that temporo-mandibular joint disorder prevalence reaches its peak between 45 to 64 years of age, before decreasing with older age as older adults seemed to have milder symptoms of temporo-mandibular joint disorder.[3]

## Pathophysiology:

The etiology of TMD is multifactorial and includes biological, environmental, social, emotional, and cognitive triggers. Causes include parafunctional habits like clenching, grinding, cheek and tongue biting, emotional distress, sudden or direct trauma due to blows or impacts, whiplash injuries and occlusal factors. There is a constant association with other pain conditions (like chronic headaches), fibromyalgia, autoimmune disorders (like Sjogren syndrome, rheumatoid arthritis, and lupus erythematosus), psychiatric illness, and sleep apnea.



TMD is categorised as intra-articular (within the joint) or extra-articular/masticatory muscle disorders (involving the surrounding musculature). Musculoskeletal conditions are the most common cause of TMD, accounting for at least 50% of cases. Articular disc displacement involving the condyle-disc relationship is the most common intra-articular cause of TMD.<sup>[4]</sup>

The displaced disc can degenerate, become mis-shaped, perforated, or even torn. If the patient cannot achieve proper treatment, internal derangement gets progressively worse with time, inflammation accompanied, and osteoarthritic changes (abrasion of articular cartilage and underlying bone, flattening of articular surfaces, less pronounced articular eminence, osteophyte formation, subchondral cyst, and resorption of the condyle) occur. Several inflammatory mediators such as tumor necrosis factor- $\alpha$ , interleukin 1- $\beta$ , prostaglandin E2, etc. play crucial roles in the pathogenesis.<sup>[6]</sup>

TMD is characterised by clinical signs of pain or malfunction occurring jointly or separately:

- pain in the temporo-mandibular joint (TMJ),
- articular sounds,
- pain in the muscles of mastication, anomalies in mandibular movements,
- signs and symptoms that may be associated with orofacial pain and/ or cervico-scapular problems.<sup>[5]</sup>

### Diagnosis:

No universal diagnostic criteria have yet been established. A comprehensive version, known as the diagnostic criteria for TMDs (DC/TMDs), has been proposed by Schiffman *et al.* in 2014. DC/TMD includes a valid and reliable screening questionnaire and diagnostic algorithms for the most common pain-related

TMDs. The protocol is intended for use within any clinical setting and supports the full range of diagnostic activities from screening to definitive evaluation and diagnosis. It has two components, Axis I and Axis II. Axis I protocol is used for screening and differentiation of most common pain related TMDs and intraarticular disorders. The Axis II protocol is an easy method to assess jaw physical functioning and to screen behavioral and additional psychosocial status.<sup>[7]</sup>

The DC/TMD classification is as below:

### I. Temporomandibular Joint Disorders

1. Joint pain
  - A. Arthralgia
  - B. Arthritis
2. Joint disorders
  - A. Disc disorders
    1. Disc displacement with reduction
    2. Disc displacement with reduction with intermittent locking
    3. Disc displacement without reduction with limited opening
    4. Disc displacement without reduction without limited opening
      - B. Other hypomobility disorders
        1. Adhesions / adherence
        2. Ankylosis
          - a. Fibrous
          - b. Osseous
        - C. Hypermobility disorders
          1. Dislocations
            - a. Subluxation
            - b. Luxation
          3. Joint diseases
            - A. Degenerative joint disease
              1. Osteoarthrosis

2. Osteoarthritis
  - B. Systemic arthritides
  - C. Condylolysis/idiopathic condylar resorption
  - D. Osteochondritis dissecans
  - E. Osteonecrosis
  - F. Neoplasm
  - G. Synovial chondromatosis
4. Fractures
5. Congenital/developmental disorders
  - A. Aplasia
  - B. Hypoplasia
  - C. Hyperplasia

### II. Masticatory Muscle Disorders

1. Muscle pain
  - A. Myalgia
    1. Local myalgia
    2. Myofascial pain
    3. Myofascial pain with referral
      - B. Tendonitis
      - C. Myositis
      - D. Spasm
  2. Contracture
  3. Hypertrophy
  4. Neoplasm
  5. Movement disorders
    - A. Orofacial dyskinesia
    - B. Oromandibular dystonia
  6. Masticatory muscle pain attributed to systemic/central pain disorders
    - A. Fibromyalgia/ widespread pain

### III. Headache

1. Headache attributed to TMD

### IV. Associated Structures

1. Coronoid hyperplasia

The diagnosis of TMD is based largely on history and physical examination findings. Clinicians

should be vigilant in diagnosing TMD in patients who present with pain in the TMJ area. Conditions that sometimes mimic TMD include dental caries or abscess, oral lesions (for example, herpes zoster, herpes simplex, oral ulcerations, lichen planus), conditions resulting from muscle overuse (for example, clenching, bruxism, excessive chewing, spasm), trauma or dislocation, maxillary sinusitis, salivary gland disorders, trigeminal neuralgia, postherpetic neuralgia, glossopharyngeal neuralgia, giant cell arteritis, primary headache syndrome, and pain associated with cancer.

Acute fractures, dislocations, and severe degenerative articular disease are often visible in plain radiography (transcranial and transmaxillary) views. Computed Tomography scan is superior to plain radiography for evaluation of subtle bony morphology. Magnetic resonance imaging is done for comprehensive joint evaluation in patients with signs and symptoms of TMD. Ultrasonography is a low-cost technique to diagnose internal derangement of the TMJ when magnetic resonance imaging is not readily available.<sup>[4]</sup>

## General Management

Supportive patient education is the recommended initial treatment for TMD. Adjunctive measures include jaw rest, soft diet, moist warm compresses, passive stretching exercises and occlusal splints.

## Homoeopathic Approach

As mentioned by Dr Hahnemann in his *Organon of medicine*, 'Homoeopathy treats the patient and not the disease'. Homoeopathic treatment involves giving minimum

doses of the simillimum selected according to the patient's totality of the symptoms and his individuality. One can select remedies according to the total picture of the patient, including not only symptoms but lifestyle, emotional and mental states, and other factors. Based on the same, homoeopathic medicines can be effectively used not only in the palliation of symptoms of temporomandibular joint disorders but produce effective cures and recovery following the constitutional approach.

Some rubrics related to TMJ from different repertories based on type of pain.<sup>[13]</sup>

1. Face - pain, jaws joint, opening the mouth agg.  
alum. Am-c. am-m. CAUST. Cor-r. dros. Dulc. Hep. Nicc. Sabad. Verat. Zinc.
2. Mouth - open difficult to  
Caust. LACH. Merc-c. Phos.
3. Face - pain jaws joints  
Arum-t. Bapt. Bry. Caust. Cham. Rhus-t. Stry.
4. Face - pain, jaws  
Aids. Alumn. CAUST. Nux-v. Rhus-v. Sphing.
5. Face - pain, jaws joints, chewing agg  
acon. Alum. Am-c. am-m. bar-c. bell. Calc. coc-c. cor-r. dulc. Kali-s. puls. Sil. Spig. V-a-b. zinc.
6. Face - pain, jaws upper  
Amph. Calc-ar. Calc-caust. Calc-p. Calc-s. Cham. Euph-a. Kali-bi. Kali-cy. Kali-i. Kreos. Lyc. Spig. Spong. Verb.
7. Face - pain, jaws lower  
Agn. Am-m. Anac. Anthraci. Ars. AUR. Bell. Bov. Bry. Carb-an. Carb-v. Caust. Cocc. Colch. Coloc. Dulc. Gels. Kalm. Lach. M-ambo. M-arct. Meny. Merc.

Mez. Nat-m. Nux-v. Phos. Plat. Rat. Rhus-t. Sars. Sel. Sil. Spig. Verat. Zinc.

8. Face - stiffness jaws  
Arum-t. CAUST. Cupr. Cupr-act. Gels Hyper. Ign. Kali-i. Lach. Merc. Merc-c. Merc-i-f. Mez. Morph. Nat-c. NUX-V. Phyt. RHUS-T. Sil. STRY. Ther. Verat.
9. Face - stiffness jaws lower  
CAUST. Cupr. Cupr-act. Gels. Hyper. Ign. Kali-i. Lach. Merc. Merc-c. Merc-i-f. Mez. Morph. Nat-c. NUX-V. Phyt. RHUS-T. Sil. STRY. Ther. Verat.
10. Face - pain, jaws, drawing pain  
Alumn. Aur. CARB-V. Con. Nux-v. Rhus-v.
11. Face - pain jaws lower drawing pain Sil.
12. Face - pain, jaws, burning anac.  
Bov. Caust. Daph. Fl-ac.
13. Face - pain jaws pressing pain dulc.  
Rutasymph. Tritic-vg. Vanil.
14. Face - pain, jaws, stitching pain acon. Agath-a. aids. Ambr. Arge-pl. berb. Carb-an. Cimx. Ham. Heroin. Kalm. Op. thuj. Verat. Zinc.

Homoeopathic therapeutics: [9,10]

*Angustura vera*: It is indicated in tensive pain in temporal muscles when opening jaws. There is pain in articulation of jaw, in masseter muscles, as if fatigued by chewing too much. Person experiences cramp-pain on the zygomatic arch. The greatest craving for coffee is a characteristic symptom for the drug. Patient complains of headache, with heat of face. Acute pain in cheeks and drawing in facial muscles.

*Alumina*: Suited for tensive pain in articulation of jaw when opening mouth or chewing. There is twitching of lower jaw. Patient

experiences rush of blood to face after eating. Tension in skin of the face as if egg albumen had dried thereon. Patient feels extraordinary lassitude and fatigue, particularly from talking. Many complaints are in afternoon and when sitting. He feels best during moderate exercise, in evening and in open air.

*Belladonna*: There is faceache, with intense cutting pains and half open mouth. Pain is sharp and cutting in nature, come and go quickly. The slightest touch renews the attacks and intensifies the pains. All complaints are consequences of taking cold. The symptoms are intensified in the afternoon and at night. Patient experiences restlessness, delirium and somnolency.

*Causticum*: It is suited for pain in jaws, with difficulty in opening mouth. There is pain in facial bones. Rheumatism of articulation of lower jaw. This remedy manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicated by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints; progressive loss of muscular strength, tendinous contractures. Sensitive to drafts and cold. The symptoms are intensified in evening, in open air and after drinking coffee.

*Calcarea fluorica*: This remedy is useful in hard swelling on the cheek, with pain or toothache and hard swelling on jaw-bone.

*Euphrasia officinalis*: It is indicated in stitches and stiffness of cheeks and lower jaw when talking and chewing. Suited for bad effects of falls, blows or mechanical injuries to external parts. Fleeing, itching stitching here and there through entire night, with great restlessness. Most complains are worse in evening.

*Ignatia amara*: There is extraordinary spasmodic yawning with pain in maxillary joint as though it would be dislocated. Sleep so light that patient hears everything. Restless sleep and great restlessness at night. Extraordinary changeableness of all the symptoms. Patient experiences dislocative pains in joints. There is cutting stitches, as from a sharp knife. Coffee, tobacco and brandy aggravate the symptoms. The attacks are renewed after dinner, in evening after lying down, and early in morning immediately upon awaking, they are diminished when lying upon back, upon painful parts, or in general by a change of posture.

*Magnetis polus rrticus*: There is violent, spasmodic yawning, with pain in maxillary joints, as though they would be torn out. Patient complains throbbing pain in lower jaw with burning while there is chilliness. Cramp – like pain in hollow teeth, with single jerks in right lower jaw. Jaws ache, with violent jerks, as they would be torn out. Complaints are worse after eating, in a warm room and better in open air.

*Magnes artificialis*: This remedy is suited for dislocative pains in the maxillary joint. There is bruised pain in joints, especially in side on which he does not lie. Patient has a sleep feeling in the limbs with great tendency to take cold.

*Menyanthes trifoliata*: It is indicated in pain and cracking in maxillary joint when chewing. Painless twitching of facial muscles. Person presents with pinching and sticking pain in the limbs and joints. Most symptoms are intensified during rest and toward evening, and are better during motion and from the laying on of hands.

*Mezereum*: This remedy is suited for affections of bones and

neuralgias especially about teeth and face. There is bruised, weary feeling in joints, with drawing and stiffness. There are pains of various kinds, with chilliness and sensitiveness to cold air. Bone pains. Hard work to talk. There is headache which is worse from talking. There is violent neuralgia about face and teeth, running towards ear, at night; worse, eating; better near hot stove. Pains shoot upward and seem to draw patient up out of bed. Semi-lateral complaints.

*Natrum sulphuricum*: It is suited for painfully stiff maxillary joints. There is tearing in cheek bones which is worse in cold air and better by hard rubbing. Patient experiences wandering and piercing pains, compressive, needle-like, boring or tearing pain in almost any part. Complaints are worse in wet weather and dampness, morning and evening during menses, lying on left side, walking, motion, pressure of clothes, rest, touch and better by dry, open air, cloudy weather, momentarily, on changing position, after breakfast.

*Nux vomica*: It is indicated for bad effects of coffee, tobacco and spirituous liquors, of continuous mental exertion, night watching and sedentary habits. There is tearing in jaws, extending into bones of face, renewed by cold drinks. Swelling of one cheek. Great debility or irritability of entire nervous system. Feeling of illness in periodically returning attacks. Easily takes cold, sensitive to drafts of air, complaints from taking cold. Every mental exertion excites or heightens the symptoms. The complaints are by motion, slight touch and relieved by hard pressure. The symptoms are most intense early in morning upon awaking and after eating.

*Petroleum*: Indicated in cramp-like



pain in the maxillary joint, or as though it would be dislocated, especially when yawning. Inflammatory swelling of sub-maxillary glands. There is cracking, creaking and gouty stiffness of joints.

Patient complains of weariness early in the morning and evening. There is great emaciation. Aversion to open air and takes cold easily. There are complaints from riding in a carriage or ship. General internal, insufferably sick feeling, with trembling and great weakness.

*Phytolacca decandra*: There is pain in bones of face and in all joints with feeling of mumps coming on. Jaws ache. There is general soreness, with tired aching and restlessness. Great muscular debility, lassitude and desire to lie down. Affects the right side. Pains appear and disappear suddenly and are often followed by itching, burning or soreness. Smarting sensations and all symptoms are accompanied by heat. All the secretions are greatly increased, tears. Patient is worse from motion, raising up, wet weather, at night, open air, pressure, at 11am. Complaints are relieved by eating, warm and dry-weather.

*Rheum*: There is drawing, welling up, almost a bubbling sensation in lower jaw, extending into temples. Bubbling, gurgling sensation, as from small bubbles in muscles and joints. All joints pain when moved. Asleep sensation in parts wherein he lies. Weakness and heaviness of entire body, as after waking from a deep sleep.

*Rhus toxicodendron*: Suited for effects of excessive muscular exertion or contusions combined with over-exertion. There is dislocation and dislocative pains in joints. Cramp like pain in the maxillary joint, or as though it would be dislocated, especially when yawning. Tearing pains externally especially from

forehead and temples down to ears. Jaws crack when chewing. There is easy dislocation of jaw. There is swollen face with cheek bones sensitive to touch. Facial neuralgia, with chilliness which is worse in the evening. The patient has sensation, as though something were torn loose in inner parts. There is intolerance of cold (open) air as it excites stitches in joints. Convulsive twitching and other symptoms appear after cold baths. All the symptoms are intensified in the evening and at night, after midnight, during rest, from cold or becoming cold and from getting it while sweating.

*Sabadilla*: Person experiences cracking in both maxillary joints when opening mouth wide. There is burning heat, redness of face and sensitiveness to cold, which also intensifies the symptoms. Pains move from right to left. Aggravation of symptoms is there in forenoon or in hours before midnight as well as during rest and in the cold. There is painful drawing in limbs, seemingly in bones. Pains, especially in joints, are as though someone were scraping about or cutting them inside with a knife.

*Staphysagria*: This remedy is suited for bad effects of onanism or the abuse of Mercury. There is easy dislocation of the maxillary joint. Painful submaxillary glands with or without swelling. Inflammation of bones of face. Painfulness of muscles to touch, and of joints to motion. Person suffers from great weariness and stiffness of all joints with continual inclination to lie down. Heaviness of limbs and dullness after the noon - day nap.

*Thuja occidentalis*: This remedy is indicated for bad effects of the use of beer, fat, acids, sweets, tobacco, tea, wine and onions. Person experiences cracking in maxillary joint and swelled temporal arteries. There

is boring pain in zygoma which is better from touch. There are stitches in limbs and joints with aversion to motion. All symptoms are often unilateral especially on left side. Warmth of bed intensifies many symptoms. Attacks are usually worse in afternoon and at night and are better during rest. There is sensation of water tricking in many parts.

Complaints return annually. Many symptoms are relieved by turning from left to right side while lying down.

*Verbascum thapsus*: There is tension and violent pressure on zygoma and articular eminences of temporal bone, like prosopalgia. Face-ache. Burning pressure and tension extending over entire cheek, from zygoma and maxillary joint, especially worse or excited by a change of temperature. Pains are mostly associated with a feeling of numbness. The symptoms are excited and intensified by changes of temperature, namely, when going from open air into room and vice versa.

## Conclusion

Homoeopathy is an emerging field of dental medicine that is useful in management of conditions affecting orofacial structures. With advantages of minimal side effects and favourable treatment outcome, homoeopathy has emerged as one of the alternative therapy in cases of treatment failure or poor response to conventional drugs. The knowledge and understanding of homoeopathic approach of treatment is still an ongoing process and further research should be carried out in this regard. [8] Many clinical trials and case-control studies have been published about the effectiveness of homoeopathic remedies for oral and maxilla-facial problems, however, no specific study for TMDs and homoeopathy has been done.

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# Utility of bowel nosode sycotic compound in the treatment of musculoskeletal disorders

By Dr Chaturbhuja Nayak<sup>1</sup>, Bijayalakshmi Behera<sup>2</sup>

**Abstract:** Bowel nosodes are deep acting, constitutional medicines which can produce alterations from the most subtle mind upto the organic tissue level. They can also be prescribed on the basis of the organisms present in the stool culture of the concerned patient. When the apparently indicated remedy fails to act or totality of symptoms is covered by many medicines, the bowel nosodes can also be prescribed. *Sycotic compound* is one of such polychrest bowel nosodes, which has applicability in so many clinical conditions including musculoskeletal disorders. It acts favourably in such disorders when its totality of symptoms either covers that of the patients; or its related medicine(s), though indicated, fail(s) to relieve the patient(s) completely. This article presents a brief profile and indications of *Sycotic compound* in the treatment of patients suffering from musculoskeletal disorders.

**Keywords:** bowel nosode, *Sycotic compound*, homoeopathy, musculoskeletal disorders.

**Abbreviations:** disability adjusted life years(DALYs), compound (co.), year lived with disability(YLDs), rheumatoid arthritis (RA)

## Introduction

Bowel nosodes are the medicines prepared by potentising the cultures of non-lactose fermenting bacilli of intestinal flora. It is a fact that bowel flora has a definite role in the health and disease conditions. It is observed that certain bowel population increases with certain diseases. For example, high frequency of small intestinal bacterial over-growth was found in patients with rheumatoid arthritis.<sup>[1]</sup> In 1986, a study had shown the role of bowel flora particularly klebsiella species in ankylosing spondylitis. It was presumed that similar mechanism might be involved in the reactive arthropathies which may follow bowel infections, and probably in reiter's syndrome also.<sup>[2, 3]</sup>

Throughout the world, prevalence and burden from musculoskeletal disorder condition were exceptionally high. All musculoskeletal disorders combined caused 21.3% of the total years lived with disability globally-second to mentally and behavioral problems(23.2%). When taking into account both death and disability,

all musculoskeletal disorders combined accounted for 6.7% of the total global disability adjusted life years(DALYs), which was the fourth greatest burden on the health of the world's population(third in the developed countries). Low back pain ranked first(highest)for the disability(YDLs), and sixth for the overall burden(DALYs). For neck pain the condition ranked fourth highest for year lived with disability(YLDs) and 21 first for DALYs. Osteoarthritis, RA and gout were also significant contributors to the global disability burden.<sup>[4]</sup>

According to Julian, microbiologically *Sycotic compound* (*Sycotic co.*) is streptococcus faecalis.<sup>[5]</sup> This medicine is prepared from Streptococcus faecalis, now known as enterococcus faecalis. After Kalinas suggestion, Streptococcus faecalis was considered under the genus Enterococci thus streptococcus faecalis is known as Enterococcus faecal.<sup>[6]</sup> Enterococci are gram-positive commensal coccoid bacteria that belong to normal microbiota of the gastrointestinal tract of humans, most mammals, birds, and many other species. In the colon

of nearly all humans enterococci can be found in numbers as high as 10<sup>8</sup> colony-forming units per gram of faeces. From more than 13 enterococcal species that are described, enterococcus faecalis and enterococcus faecium are isolated most frequently.<sup>[7]</sup> Its chief sphere of action are mucous membranes, fibrous tissues, synovial membranes causing pain in nape of neck, severe backache, muscular rheumatism, pain in knee and ankles.<sup>[8]</sup>

## Sycotic compound

**Adaptability:** Pale, sallow, anaemic countenance; puffy swollen face, greasy skin; dark haired more than fair-haired, premature gray hairs.<sup>[8]</sup>

Children: Pale, sallow, with long dark eye lashes; tubercular diathesis.<sup>[8]</sup>

Women: Hairs on face and upper lips.<sup>[8]</sup>

**Chief spheres of action:** Mucous membranes, fibrous tissues, synovial membranes.<sup>[8]</sup>

**Keynote symptom:** 'Irritability' is the keynote symptom of *Sycotic com-*



*pound* which is manifested in different spheres of 'Mind' and 'Body'.<sup>[8]</sup>

## Mind<sup>[8,9]</sup>

- Irritable, nervous, tense, cross, restless;
- Irritable when excited, after taking egg;
- Sudden anger, from indignation;
- Fastidious;
- Fear of being alone, darkness, animals particularly dogs;
- Tearful, timid, fussy, bites nail;
- Hypersensitive;
- Depressed, exhausted;
- Prostration.

## Physical generals<sup>[8]</sup>

- Thermal reaction: Chilly
- Desires: Butter, sweets, salt, fat, cheese, milk, rich food
- Aversion: Egg, fat, milk, cheese, sugar, vegetables, tea, vinegar, meat, bread, potato, tomato, salt, sweet, pudding
- [Note: Some of the *Sycotic compound* patients have desire for fat, salt, milk and cheese while others have aversion to these]
- Intolerance: Egg (causes nausea, vomiting, bilious attack and hay fever; even thought of egg in morning produces nausea), fat, onion, orange; smell of cooking causes nausea
- Appetite: Fussy and does not like many things
- Stool: Crumbles when passed, pale, offensive, frothy and excoriating.
- Constipation or looseness of bowel with sudden urging in morning or with excitement; loose motion after every meal
- Urine: Frequent and painful urination, with sudden urge;

urine strong smelling and corrosive

- Sleep: Insomnia, restless sleep (won't be left alone), cannot sleep till 3 a.m.; night terrors and nightmares
- Dream: Of dead people
- Sweat: Profuse from head and body during sleep
- Sides of body: Left side more affected

## Modalities<sup>[8]</sup>

*Aggravation:* Cold, damp weather and frost, first motion, night, sitting.

*Amelioration:* Daytime, motion, heat, rest.

## Musculoskeletal symptoms<sup>[8]</sup>

*Back*

- Fibrositis of neck, shoulder and back; stiffness all over, neuritis of head and neck.
- Fibrositis and myositis of back.
- Severe backache, lumbo-sacral pain, pain in loin and ilio-sacral junction. Pain generally aggravates after sitting, on beginning to move, at night and ameliorates from motion, heat.

*Upper extremities*

- Muscular rheumatism and neuritis of arms with aching pain at night.
- Rheumatism of shoulders, arms, elbows and wrists.
- Arthritis of wrists, fingers, metacarpo-phalangeal joints particularly of middle finger; fingers deformed with nodules, numb with spasms.
- Pricking and stiffness of hands; nocturnal pain in arms.

- Amelioration of pain during dry day and by hot water application.

*Lower extremities*

- Rheumatism of knees and feet.
- Legs painful at night, in bed, soles of feet painful; painful swelling of heels; feet painful while walking, as if walking on loose cobble stones; pain in metatarsal bones.

**Prototype medicine-** *Thuja occidentalis*<sup>[8]</sup>

## Comparisons

*Rhus toxicodendron*<sup>[10]</sup>

- Suited to persons of rheumatic diathesis.
- Rheumatism affecting fibrous tissues, especially right side more affected than left.
- Restless, can't stay long in one position; must change position often to obtain relief from pain.
- Aggravation: Before a storm, cold, wet rainy weather, from getting wet while perspiring, during rest.
- Amelioration: Warm, dry weather, motion; change of position; moving affected parts.

*Bryonia alba*<sup>[10]</sup>

- Suited to persons of gouty or rheumatic diathesis; prone to bilious attacks.
- Pain: stitching tearing, aggravation at night, motion, inspiration, coughing; amelioration by absolute rest, and lying on painful side.
- Excessive dryness of mucous membranes of entire body.
- Great thirst for large quantities of water at long intervals.

## *Pulsatilla pratensis*<sup>[10]</sup>

- Pain: drawing, tearing, erratic, rapidly shifting from one part to another.
- Pain accompanied with constant chilliness; the more severe the pain, the more severe the chill.
- Pain appears suddenly and leaves gradually, or tension much increases until very acute and then "let's up with a snap".
- Thirstlessness with dry tongue.
- Weeps easily, almost impossible to detail her ailments without weeping.
- Aggravation: First motion, in warm, close room, evening, at twilight, lying on left or on the painless side.
- Amelioration: In the open air; lying on painful side, cold application.

## *Thuja occidentalis*<sup>[10]</sup>

- Sensation as if body, especially the limbs, were made of glass and would break easily.
- Flesh feels as if beaten, from the bones, chill, beginning in the thighs.
- Restless feet at night.
- Aggravation: At night, from heat of bed; at 3.00 am, 3.00 pm, from cold, damp air.

## *Causticum*<sup>[10]</sup>

- Rheumatic affections, with contraction of the flexors and stiffness of joints; tension and shortening of muscles.
- At night, unable to get any easy position or lies still a moment.
- Must move constantly but motion does not ameliorate.

- Aggravation: In clear fine weather, cold air, especially draft of cold air, from getting wet or bathing.
- Amelioration: In damp, wet weather, warm air.

## *Kalmia latifolia*<sup>[10]</sup>

- Suitable for rheumatic, gouty complaints, especially when heart is involved as a sequel of rheumatism or gout.
- Rheumatism: pain intense, changes places suddenly, going from joint to joints; joints become hot, red, swollen; aggravation from least movement.
- Pains: Sticking, darting, pressing, shooting in a downward direction; attended or succeeded by numbness of affected part.

## *Ledum palustre*<sup>[10]</sup>

- Rheumatism or gout; begins in lower limbs and ascends.
- Affects left shoulder and right hip joint.
- Easy spraining of ankles and feet.
- Swelling of feet, up to knees; of ankle with unbearable pain when walking, as from sprain or false step; ball of great toe swollen, painful; pain in heels as if bruised.
- Pains are sticking, tearing, throbbing.
- Aggravation: Motion, at night, warmth of bed, and covering.
- Amelioration when holding feet in ice water.

## Research Update

*Sycotic co.*, being a polychrest medicine, can be applied basing upon the totality of symptoms of a patient suffering from a particular musculoskeletal disease. Besides, it can also be administered

to such a patient exhibiting presence of the bowel organism *Streptococcus faecalis* in his/her stool.

<sup>[8]</sup> A prospective study was done by the Principal Investigator (who is the corresponding author of this article) at Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Bhubaneswar sponsored by the Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, under Extra-mural Research scheme, with the objective to study the effectiveness of homoeopathic bowel nosodes in the treatment of cervical spondylosis on the basis of organism(s) present in the stool culture. The enrolled patients (n=69) manifested the symptoms like pain in scapular region(s), shoulder(s), arm(s) (n=65), neck pain (n=6), tingling/ numbness in arm(s), finger(s) (n=18), stiff neck (n=07), headache (n=06) and vertigo (n=03). Out of the enrolled patients suffering from cervical spondylosis, 37 were prescribed with *Sycotic co.* Of them, 10 (27.02%) showed marked improvement, 12 (32.43%) patients exhibited moderate improvement, 11 (29.73%) mild improvement and 04 (10.81%) no improvement.<sup>[11]</sup>

## Conclusion

The homoeopathic bowel nosode *Sycotic compound*, when prescribed on the basis of totality of symptoms of the individual patients suffering from musculoskeletal disorders or basing upon the presence of the bowel organism *Streptococcus faecalis* in the stool of individual patients, can yield favorable results. On the other hand, *Sycotic co.* has not been thoroughly proved as per Hahnemannian method to obtain its complete profile. Moreover, more research studies need to be undertaken with more samples, following study design with greater rigor, to explore unfathomed areas of *Sycotic compound*.<sup>[8,11]</sup>

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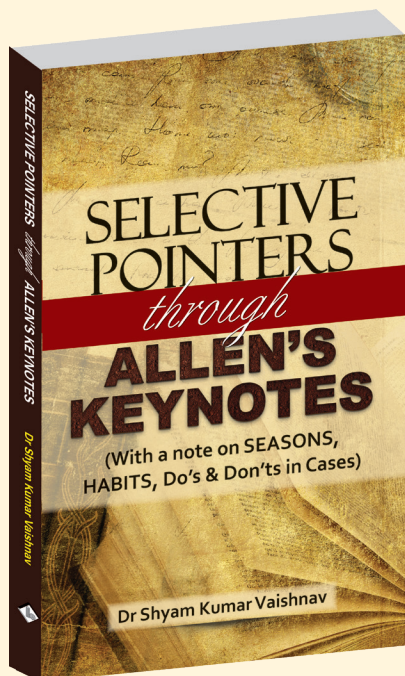
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# Role of psychological factors with the ageing in the incidence of osteoarthritis – a homoeopathic perspective

By Dr Rajat Dwivedi

**Abstract:** With the advancing ages, psychological burden develops with producing impact on the physical body. Mind and being a unified system of life and effects are transmitted to either side. With the ageing process mind getting more stressed are usually transferred to the physical body. Overburdened with stressed articulating joints becomes more prone to the development of rigidity causing inflammation and ultimately resulting into osteoarthritis. From the homoeopathic viewpoint of miasma, this aspect becomes more relevant for treatment of such cases with classical way of homoeopathy. Miasma and mind relationship getting changed with advancing age are one of the basic factors for physical illness. Osteoarthritis finds suitable explanation in these context.

Advancement in medical sciences it has been understood that there is correlation between the mental state for promulgation physical illness. In the following paper, it is tried to be explained about the role of psychological factors in the evolution of osteoarthritis cases.

**Keywords:** Osteoarthritis, mind, ageing, homoeopathy. **Abbreviations:** OA - osteoarthritis

## Introduction

There is strong ability incorporated within the brain to adapt to changes with neuroplasticity. Neuroplasticity lends the brain a strong ability to adapt to changes in the environment that occur during ageing. It has been demonstrated through the animal models about the changes in the neurotransmission and imbalances to be expressed as neural growth factor. These changes are variable and depends on the different factors creating stressed state in the mind. Adaptability with the changes are subjected to both prevailing psychological state and tissue changing pattern related to ageing. It is postulated features prevailing are physical exercise improves the molecular, biological, functional and behavioural-cognitive changes associated with brain ageing. The aged human brain has been described as showing weight and volume loss and increased ventricular size. which has been observed with neuroimaging which

shows significant variation and many healthy elderly individuals show no significant macroscopic changes<sup>1</sup>.

In homoeopathic perspective, one can better understand through *Organon of Medicine* that continuous worry, wrongs, vexation, anxiety, or continuously occurring frights or fear also destroys one's health usually to a greater extent<sup>2</sup>.

Condition of feelings, thoughts and will prevailing have further effects the physical body in liver, spleen and kidney. It is the thought, the feeling and the will that shape the body and the different parts in it giving them diseased conditions. Disease, thus, begins in the interior and then comes to the exterior, from the centre to the circumference, from the mind to the body. If this is the course of disease, then the course of cure also must be the same, i.e. from the centre to the circumference, from the mind to the body; because, unless that is done, i.e. if the cure begins from the circumference to the centre, from the body to the mind,

the effect of diseases is removed and the causes which are in the central point of mind continue to prevail and produces effects eternally. By removing the effect, you cannot remove the cause. The destruction of the effect, is not the destruction of the cause. Simply removing the peripheral sphere, the root causes are not removed. The difference between individual and individual means a difference between their respective minds, and this again means a difference between their actions and physical body, which means difference in their diseases<sup>3</sup>. Routine daily practice expresses that there is a mental or emotional blockage behind every second to third physical symptom. Only when this emotional blockage is solved, the body succeeds in implementing existing and applied solutions and it can heal.

The ancient greeks thought that the uterus wandered about the body causing symptoms. But it is not an organ that wanders, it is sadness. And it is looking for a way out<sup>4</sup>. It is understood that management of



the mental symptoms is sufficient to dispel the physical changes brought on by the stress which was very much evident in this condition.

## About osteoarthritis

Osteoarthritis (OA) is the most prevalent form of arthritis worldwide and is affected. OA is the degradation of joint tissues from the effects of “wear and tear”, injury or repetitive use causing pain, a grinding sensation and inflammation which get impacted with the aging process also. The breakdown of joint tissues can cause the grinding of bone-on-bone, pain, bone damage, limited joint movement and deformities. However, this form of arthritis does not involve immune system. Many osteoarthritis research scientists are studying cartilage, the lubricating surface in the joint. Work is being done to re-grow cartilage using stem cells treated with molecules to aid their growth. Osteoarthritis (OA) is characterised by articular cartilage degeneration, subchondral bone sclerosis, and osteophyte formation with major clinical symptoms, including chronic pain, joint instability, stiffness, and radiographic joint space narrowing. A variety of risk factors has been identified in the initiation and progression of OA, including age, gender, traumatic injury, obesity, metabolic dysfunction, and environmental and genetic factors. Despite extensive research over the past 20 years to delineate the pathogenic mechanism or mechanisms of OA, a full understanding of the initiators of the disease and the factors that accelerate OA progression is yet to be achieved. Thus, there is no clinical diagnosis for early OA and no effective disease-modifying treatment of late OA other than pain-relieving medication or the replacement of damaged joints<sup>5</sup>.

## Homoeopathic perspective

Homoeopathic understanding of osteoarthritis is that it is the “disease of adaptation.” The violation of life space in this adaptive mechanism is responsible for the physical alteration that is reflected in form of OA. One of the effects of evolution on human mechanism is the resulting changes in the organic characteristics on the spiritual, physiological, as well as psychological experiences of people that alters the dynamics of present life experiences. Other than experiencing the possibilities of human life today, people are going through things like OA.

The schedule followed by people today is adding to the growth and severity levels of diseases. Osteoarthritis is the condition resulting from a combination of both current life choices as well as the past imprints. As the patient adapts to the changes and sees this as a compromise to his life circumstances, then osteoarthritis becomes evident. The trouble with compromise is that nobody wins, it is like a slow death engulfing the patient in its fold<sup>6</sup>.

Life spaces violation is seen in patients who have been trained to adjust to the circumstances. The only belief held widely is that both the psychological and emotional processes have an impact on the general well-being, mental health, as well as the physical health of a person. All these factors join together to become one holistic aspect of any person, and is considered as the foundation of one's life. The patient with the advancing ages develops a rigidity which acquires a state that no further input can be made. It thus reflects a childish behaviour. This changed the mind-set of the patient who in the course of time kept adjusting and was never able

to realize the self. The suppression and domination were the results of this adjustment which forced him to ‘stay within.’ As a result, there was destruction of emotions and spontaneity in the individual. At the cellular level there was this outburst which explains the syphilitic trait of this disease and also justifies the pathology from the homoeopathic viewpoint. The therapeutic assay of the medicines which have been found relevant in this and similar pathology also supports this viewpoint.

The importance of sycotic miasm in conditions of dominance and suppression has been exemplified in the homoeopathic literature and has been repeatedly verified through cases.

## Repertorial approach<sup>7</sup>

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

MIND – FORSAKEN FEELING-Iso-lation sensation of

MIND –DWELLS- past disagreeable occurrences of

MIND –GRIEF- Silent

MIND –LOATHING- Life at

MIND – MOOD-Repulsive

MIND - OBSTINATE

MIND –THOUGHT-Persistent

MIND- FIXED-Ideas

GENERALITIES-OLD people

## Case study

The conceptual aetiology of the difficulty in adjustment is well illustrated in this case of Osteoarthritis of both the knee joints

where the patient, a male in his 60's, complained of stiffness and painful knee joints which was diagnosed to be osteoarthritis. Pain was pulsating and had restricted movement.

He came with his attendants on 06/03/2017. He was suffering for the past five years with this complain. There was in-drawing sensation with congestion restriction of movement. he felt better on with cold application and continued motion.

Nothing significant was noted in his past history. In his family history, the significant findings were that his father died of complains of gout and one of his brothers was asthmatic. On the mental plane, the patient came from a rural background and was retired government official. He was married to a lady also from rural background. He has two children (one sons and one daughter). He was recognized as mild gentle person. Approaching retirement age he developed being isolated

sensation and was most of the time kept dwelling on the past status of life. He was mild yet very obstinate and with advanced age he had lots of feeling of remorse and fixed ideas. His thoughts were disagreeable and persistent in nature with loathing at life's situation. However, he liked to keep himself engaged. On the physical plane, she had menopause eleven years back and had a normal menstrual course before that. She had aversion to fruits. He preferred to lie on back while sleeping and had variable nature of dreams.

## Analysis and Evaluation of Case with Miasmatic Understanding<sup>9</sup>

S. No.	Life Situation	Status	Dominating miasm
1.	Past life	Nothing significant, traditional rural life	Psora from the beginning with no significant expression
2.	Evolution of life	Normal development leading to retirement with development of isolation feelings although surrounded with care by family members.	
3.	Present status	He is dwelling on the past events of happy moments as well as some mishappening	Psora kept nurturing
4.	Impact on mind	Started feeling burdened with forsaken feelings	
5.	Impact on physical	Knee was affected as burdened with both aging factors as well forsaken feelings	
6.	Sickness	Joints pain represent the impacted physical suffering as outlet for mental forsaken sensation	Sycotic changes at initial stage
7.	Present miasm	<b>PREDOMINATING PSORA</b>	

## Repertorisation

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

		public	weight	air	phlegm	stomach	heart	liver	lungs	kidney	bladder	intestine	uterus	ovary	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prostate	rectum	anus	penis	testis	prosta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The repertorial analysis was in favour of *Pulsatilla nigricans*. Moreover, *Pulsatilla* was justified with reference to materia medica which seemed appropriate for the physical restlessness as an outlet for the mental restlessness.

The medicine was prescribed in 0/1 potency to be diluted in half cup of water and one teaspoonful to be taken twice a day till any changes get initiated. Treatment began from 06/03/2017, attendants were asked to

report regularly at the clinic for any change in the symptoms.

After a few weeks, his attendants reported of loose stools. We stopped further doses and prescribed placebo.

## Follow-Up

Prescription and follow-up		
Date	Change in symptoms	Prescription
21/03/2017	His attendants reported of loose stools	Medicine stopped and placebo was prescribed
15/04/2017	Feeling better with stool. Pain persisted	Potency was increased to 0/3
03/05/2017	Pain was better but still persisting. Walking still difficult.	No changes, continued same potency
06/06/2017	Pain was much better but still persisting. Walking still difficult.	Potency was increased to 0/5
08/07/2017	Free sensation in walking with pain reduce to minimum	No changes, continued same potency
After six months	Freshness sensation of freedom.	No changes, continued same potency
5/01/2018	Stagnation of improvement	Potency was increased to 0/5
After six months	Much better in walking. No feeling of stiffness and pain	No changes, continued same potency
7/07/2018	Much better in walking. No feeling of stiffness and pain	Now we stopped medicine and prescribed placebo to be continued till any further change are observed.
02/11/2019	Patient kept reporting for rest of the period. He was very satisfied with feeling of freshness and energetic.	Treatment stopped

At the end of almost three years of treatment, pain was completely cured which enabled him to walk freely to great extent. The patient is now leading a normal life.

## Discussion

Selection of the medicine in this case was done considering the totality of the symptoms as presented in the case with respective status of miasmatic condition, Reportorial approach is very much followed to get the exactness of presentation of similimum<sup>9</sup>. Potency selection also followed strictly under the guidelines of Master Hahnemann's directive in the sixth edition of

*Organon of Medicine* regarding the fifty-millimal potency<sup>2</sup>. Appropriate duration of follow up of the progress to monitor the development was strictly in accordance with Hahnemann's approach and twelve observation<sup>10</sup> as described by Dr J. T Kent. It is well observed that following the appropriate selection of medicine needs similimum at symptoms, potency and follow up helps establishing cure.

## Conclusion

Suppressing emotions and persistent thoughts is associated with numerous

disease conditions like autoimmune disorders, irritable bowel syndrome, ulcers, complications related to gastrointestinal health and higher rates of heart diseases<sup>8</sup>. Experiencing frustration, grief, sadness, anger, and pushing such feelings aside can result in physical stress on the body. It is just transference of mental feelings at the physical plane of life. Ageing get associated with such condition. It is situational appearance of disease and as long as it remains at psoric stage of miasm condition finds better solution. Internalized feeling when enabled to get externalized finds an outlet to remove the sufferings.

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

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

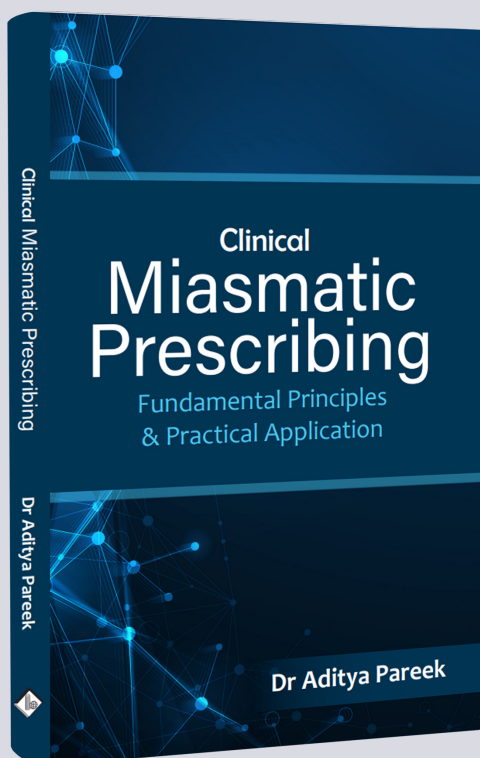
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# Clinical Miasmatic Prescribing

## Dr Aditya Pareek



- The author has shared his practical experience on miasms and how to clinically apply the different miasms in practise.
- The book is divided into 3 sections. The first section aims to put across the fundamentals of theory, its utility and brief history. It also deals with the applied aspects, i.e. anti-miasmatic prescribing.
- In the 2<sup>nd</sup> considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
- The 3<sup>rd</sup> aims to show the applicability and practical utility of miasms through various case discussions.

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## National news

### ***Dr Arun Bhasme Awarded Jeevan Gaurav Award from Homoeopathic faculty, MUHS.***

Jeevan Gaurav Awards were given by MUHS, on 16th February 2021, in the stone laying ceremony programme of Regional centre of the University, at Aurangabad by the Hon'ble Shri. Amit Deshmukh, Minister of Medical Education, Dr Nitin Karmalkar, incharge, Vice chancellor of the University and Ex. V.C. Dr. Deelip Mhaisekar.

This award is presented to the eminent persons from different departments who have done exceptional works in their faculty. From Homoeopathic faculty for the year 2020, Jeevan Gaurav Award was awarded to Dr Arun Bhasme, Ex-Principal of Sonajirao Kshirasagar Homoeopathic Medical College, Beed.

Under the guidance of Late Kesharbai Kshirasagar and Ex Minister, Shri. Jayadatta Kshirsagar, Dr Arun Bhasme has started curriculums from Diploma to Ph.D. Students come to this college to take PG education not only from the state but also from various parts of the country.

Dr Arun Bhasme has worked as the Dean of Homoeopathy faculty, as well as member of the Management Council, Senate, Academic Council and as Chairman of Standing Committee, Grievance Committee, Board of Examination, Board of Studies in Homoeopathy, Homoeopathy faculty, Planning board of Maharashtra University of Health Sciences.

He has played an important role in starting Homoeopathy faculty in BAMU Aurangabad. He has also worked there as Chairman BOS in Homoeopathy and of Homoeopathy faculty and started PG and Ph.D.

programmes in Maharashtra.

Dr Bhasme also worked as Executive committee member, Vice President Central Council of Homoeopathy, New Delhi.

Along with Dr Bhasme, Dr Mahale, Dr Mukhedkar, Dr InduPrakash Gajbhiye, from Medical Faculty, Dr Sharad Kokate from Dental faculty,

Vaidya Ramesh Gangal from Ayurved faculty, were awarded

Dr Kishore Malokar, Dr Balasaheb Pawar, Dr Rajesh Patni, Dr Yogesh Desarda, Dr Jatin Shah, Dr Mahendra Gaushal, Dr Rajiv Khedkar, Dr Anupama Pathrikar, Dr Fukran, Dr Uma Kulkarni, Dr Mahesh Golekar, Dr J D Patil, Dr Prakash Zambad, Dr Radheshyam Gunjal, Dr Prakash Dixit, Adv. Sanjay Bhosale, Dr Fugare, Dr Raorane, Adv. Sandeep Kulkarni, Adv Pradeep Deshmukh, Dr Pawan Dongare were present for the programme.



this Puraskar. On behalf of late Dr InduPrakash Gajbhiye, his wife Dr Meenakshi Gajbhiye received the award.

Registrar, Dr Kalidas Chavhan, COE Ajit Pathak, Finance officer, Shri Narhari kalaskar, Deans of various faculties, Dr Sachin Mumbare, Dr Jayant Palaskar, Dr Shrikant Deshmukh, Dr Dhanaji Bagal were present on the stage.

On this occasion Dr Kalyan Kale, Dr V R Kawishwar, Dr P Y Kulkarni,

Secretary of Adarsh Shikshan Sanstha, Ex-Minister Shri. Jaidatta Kshirsagar, Dr Ramjee Singh, President HMAI, Dr S.P.S. Bakshi former President CCH, MLA Shri Vikram Kale, Shri Prithviraj Patil, Dr Bharatbhushan Kshirsagar President Nagar Parishad Beed, Dr G D Pol, Principal Dr Deepa Kshirsagar, administrative officer Dr Raju Machale, Dr Vitthal Kshirsagar, congratulated Dr Arun Bhasme on his achievement.



# Importance of stress factors in the changing pattern of life styles

By Dr Manila Kumari

**Abstract:** The relationship between stress and illness is complex. The susceptibility to stress varies from person to person. Among the factors that influenced the susceptibility to stress are genetic vulnerability, coping style, type of personality and social support. The correlation between stressful life events with medical or physical illness and mental illness has to be studied and the impact of homoeopathic medicines in management of stress should also be accessed. This article aims to study the impact of homoeopathic medications in management of stress leading to an improved life style.

**Keywords:** Stress, life style disorder, homoeopathic medicines

**Abbreviations:** non communicable diseases (NCD)

## Introduction

Good health is the most valuable possession one could possibly have. Health has been recognized as fundamental human right and a worldwide social goal. There has always been confusion regarding concept of health as every individual perceives differently the state of health. The oldest definition of health is- "absence of disease". In 1948, WHO defines health in the preamble to its constitution as- "health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity." WHO has also an operational definition of health. Body and mind can never be separated from each other. Mental stress can reflect in physical plane and vice versa; the former which we call as Psychosomatic illness. The basic natural law states that- energy follows thought.<sup>[1]</sup>

## Lifestyle and Stress

Lifestyle is a diffuse concept which is used to denote "the way people live" Modern lifestyle changes includes sedentary life, unhealthy food choices providing inadequate fuel(food) to the body which in long

run deteriorate the harmonious functioning of the body. To uprise the standard of living has become the goal of life and people strain themselves maximum to achieve leading to stressful life. Although stress is normal to some extent.

Stress response of an individual depends on how they perceive the stressor and how they interpret or appraise it

Causes of stress in modern competing ambitious life may be due to- **1) External Factor** ( Financial problem, work load, personal relation, parenting, social status, life changes) **2) Internal factors** ( Pessimism, Inability to accept uncertainty, Rigid thinking, Lack of flexibility; Negative self-talk, Unrealistic expectations / perfectionism) .<sup>[2]</sup>

**DISEASE BURDEN** – People, who consistently make poor lifestyle choices, on a daily basis, can expect to suffer from a set of diseases known as lifestyle diseases. These belong to the non communicable diseases (NCD). Over the past decades, there has been a rapid transition in health- a shift from infectious disease to non communicable diseases. Rapid

urbanisation, globalisation of unhealthy lifestyle and population ageing are the driving factors for NCD. According to WHO , millions of death has been reported due to modifiable risk factors like- 7.2 millions / year from tobacco use; 4.1 millions/year due to excess salt /sodium intake; 3.3 million/year due to alcohol and 1.6 million/year attributed to insufficient physical activity. 19% of global deaths are attributed to elevated blood pressure followed by overweight, obesity and raised blood glucose.<sup>[3]</sup> In 2017, India witnesses 61.8% death due to non communicable diseases.<sup>[4]</sup>

Smoking, alcohol; high B.P., high blood cholesterol, diabetes, being overweight or obese, physical inactivity can be considered as **controllable risk factors** for developing heart disease, stroke, and metabolic syndrome. Age, gender, heredity, previous heart attack or stroke is **uncontrollable risk factors**. Controllable risk factors can be modified, treated or controlled by focusing on lifestyle habits.

Preventive medical care focuses on preventing health issues

from occurring; also focuses on diagnosing problems before symptoms or complications arise, when the chances of recovery are greatest. When done well, prevention improves overall health and reduces health care costs.<sup>[1]</sup>

### Lifestyle Disorder

Chronic stress responses to adaptation of unhealthy lifestyle behaviour which risked too many of the disease conditions. Stress is related to decrease of cellular and innate immunity and increase of cytokine activity due to possibly to a down regulation of glucocorticoids signalling. Some of the most significant health problems related to stress :-

- **Heart disease-** In studies depression and elevation in inflammatory markers predicted an increased risk of Coronary artery disease. Chronic stress leads to release of proinflammatory cytokines such as IL-1, IL-6, TNF which causes systemic inflammation. This cytokine leads to expression of adhesion molecule, endothelial dysfunction and atherosclerosis formation.<sup>[9]</sup>

Minor stress can result poor blood flow to heart muscles and in long term can affect the blood clots increasing the risk of stroke.

Several findings support the status of stress as a causal risk factor for CHD. Chronic stress has been associated with ~40-60% excess risk of CHD.<sup>[5]</sup>

People who have chronic heart problems need to avoid acute stress -- and learn how to successfully manage life's unavoidable stresses -- as much as they can.

- **Obesity.** --in stress brain releases cascade of chemicals (adrenaline and cortisol). Adrenaline helps to feel less hungry, while cortisol signals to replenish the food supply. People under stress increase the food intake, craving foods high in fats and sugar.
- **Diabetes.** Stress can worsen diabetes in two ways. First, it increases the likelihood of dietary changes, such as unhealthy eating and excessive drinking. Second, in response to stress the body's hypothalamic-pituitary portal system activates; CRH triggers release of adrenocorticotrophic Hormone which in turn releases Glucocorticoids. Cortisol increases the glucose level to give boost of energy which the body is unable to keep up this extra surge of glucose.
- **Headaches-** Stress acts as one of the most common triggers for tension headache as well as migraines.
- **Psychotic disorders-** stressor may cause or trigger the onset of anxiety disorder, depression, mood disorder, schizophrenia etc relevantly.
- **Gastrointestinal problems.** Stress causes increased level of inflammatory cells or mediators which causes intestinal dysbiosis altering the gut physiology .chronic stress also reduces the immune function of the body making it more vulnerable for foreign invaders in gut .Stress coping method may also involve the unhealthy diet selection which will hamper the normal physiology of gut.
- **Cancer-**Elevated level of cytokines has been associated with cancer stage in melanoma, breast cancer and bone sarcoma.
- **Accelerated aging and premature death-** in study of mothers who were caretakers of chronically ill children, there was an association of chronicity of stress with short telomere length. Telomere shortening is sign of cell senescence.<sup>[6]</sup>

### Why is it so important to manage stress?

The ability to successfully manage stress is the most important skill that one need for happiness and success in today's rapidly changing world. Sudden, unexpected or chronic stress and the effects of cortisol as well as unhealthy way of managing stress, can threaten long term health.

Endler and Parker had given different coping strategies like- 1) **Task oriented strategy-** this involves obtaining information about the stressful situation, deciding priorities and acting so as to deal with.; 2) **Emotional oriented strategy-** involves effort to maintain hope, venting feelings of anger and emotion and 3) **Avoidance strategy-** involves denying or minimizing the seriousness of the situation, conscious suppression of stressful thought and their replacement by self protective thoughts.

Lazarus and Folkman divided coping response in two types- Problem focused and Emotion focused.<sup>[7]</sup>

### Homoeopathic Approach

Stress and lifestyle choice can be considered as controllable risk factors, these can be modified and body function can return to normal harmony. Homoeopathy as a therapeutic method is concerned



with morbid vital processes in the living organisms. The morbid symptoms produced due to these avoidable circumstances should not be considered a disease condition rather Hahnemann mentioned these under **inappropriately named chronic disease**. These often become the obstacle to cure and responsible for maintaining the disease process. These will be the diversion deflecting the action of the curative remedy. Careful investigation of **accessory circumstances** are taken into consideration which includes mode of living and habits, social and domestic relation, occupation, diet, moral and intellectual character and etc. These represent the lifestyle adapted by the patient which may cause or trigger the condition. Homoeopathy perceives the accessory circumstances, individualising the case and analyse & modify those which tend to increase or maintain the disease condition or hindering the treatment. Physician as a preserver of health should individualise the patient and do the appropriate to ensure a permanent cure.

Homoeopathic medicines act dynamically and have significant effect on dynamic mental sphere. Similimum medicine will raise the vital force of the patient and will help the patient to cope up with the stressful situation restraining him to indulge in unhealthy lifestyle pattern.<sup>[8]</sup>

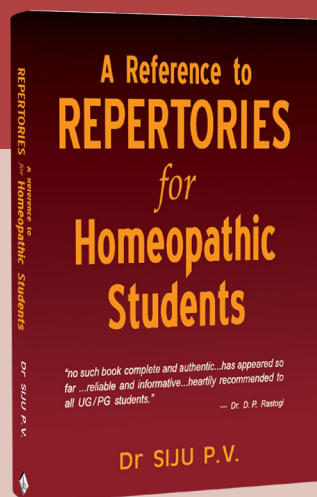
## Conclusion

The goals of medicine are to promote health, to preserve health, to restore health when impaired and to minimise suffering and distress. Lifestyle intervention in medicine extends from that of primordial prevention to primary prevention to secondary prevention to tertiary prevention. Intervention in primordial prevention is health promotion which includes lifestyle and behavioural change.<sup>[5]</sup>

The aim of physician is to move patients from requiring extrinsic motivation to change their unhealthy behavior to being intrinsically motivated to do so and thus not need external support.<sup>[9]</sup>

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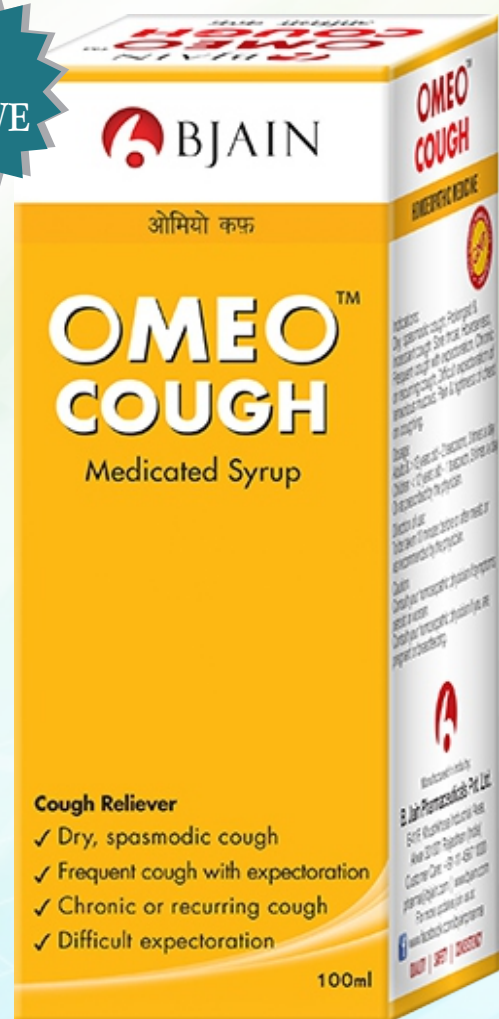
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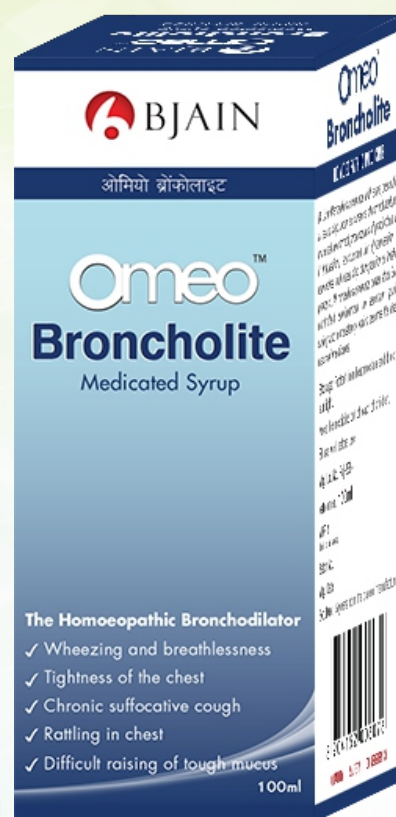
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# A case study on cervical spondylosis

By Dr Sujata Naik

**Abstract:** Cervical spondylosis is a degenerative disease affecting the vertebral bodies and intervertebral discs of the neck. It commonly manifests itself as neck pain and stiffness. Usually, middle-aged and elderly patients are affected by it.

In musculoskeletal disorders like cervical spondylosis, constitutional prescribing is the hallmark for true Homoeopathic simillimum. Only detailed case taking, analysis and repertorisation can result in accurate prescribing.

A remedy that covers the constitutional totality of the patient and also has an affinity for the musculoskeletal system could give long term relief and could also slow down disease progression.

**Keywords:** Cervical spondylosis, joint disorders, degenerative disorders

**Abbreviations:** NSA IDS: Non-steroidal anti-inflammatory drugs

## Introduction

The case selected is of cervical spondylosis, which is an age-related degenerative disorder of cervical spine. This particular case showed sufficient characteristic symptoms for selection of simillimum.

Cervical spondylosis is a common chronic condition of the neck involving the vertebral bodies (osteophyte formation), intervertebral discs (deformation, disc herniation), and adjacent ligaments. It is osteoarthritis of cervical spine.

## Aetiology<sup>1</sup>

Cervical spondylosis is caused by a degeneration of the intervertebral discs, which fragment, lose water content, and collapse with normal aging.<sup>2,3</sup> Complication of cervical Disc degeneration causes increased mechanical stress at the cartilaginous end plates at the vertebral body lip. This results in subperiosteal bone formation or osteophytic bars that extend along the ventral aspect of

the spinal canal and, in some cases, encroach on nervous tissue.

## Symptoms<sup>4</sup>

- Cervical pain aggravated by movement
- Referred pain (occiput, between the shoulder blades, upper limbs)
- Retro-orbital or temporal pain (from C1 to C2)
- Cervical stiffness—reversible or irreversible
- Vague numbness, tingling, or weakness in upper limbs
- Dizziness or vertigo
- Poor balance
- Rarely, syncope, triggers migraine, “pseudo-angina”<sup>5</sup>.

Current Conventional treatment options include:

- Medicines: Non-steroidal anti-inflammatory medicines, like ibuprofen or aspirin, opioid pain relievers, and muscle relaxants may help.<sup>6</sup>
- Surgery<sup>7</sup>

- Physical therapy: stretching and strengthening exercises that may ease symptoms.<sup>8</sup>
- Ice or heat: hot or cold applications as advised by physician
- Collar: Wearing a soft collar around your neck for short periods may help your symptoms.<sup>9</sup>
- Injections: injecting steroid medicine and pain-relieving drugs into the painful joint in your neck or into the space next to your spinal cord.<sup>10</sup>

Due to fear of side effects (like gastritis<sup>11</sup> and drug dependence), patient compliance for long term conventional treatment is limited. Besides, cervical Spondylosis being a progressively degenerative disorder, analgesics and anti-inflammatory drugs may have limited role in halting the progression of disease<sup>12</sup>. The crux of treatment rests on lifestyle management and physiotherapy.

Homoeopathy may provide long term relief for cervical spondylosis

as it addresses the root cause of disease and the factors that lead to its progression. Homoeopathy looks at disease as sum total of disturbance that occurs not just at the physical level but at deeper dynamic level.

## Case study

A 34 years old male, executive head of marketing in a private firm, presented in August 2015 with pain in neck region since 3 years. Pain at nape of the neck with stiffness and

tingling and numbness in both upper extremities. Pain << cold weather, << physical exertion. Patient has been taking NSAIDs (as advised by an orthopaedic) for one year without significant relief.

Location	Sensation	Modalities	Concomitant
Neck	Stiffness	<cold weather <physical exertion	Nothing Specific
Upper extremities	Stiffness and numbness	<cold weather <physical exertion	Nothing Specific

### Past history:

1. Recurrent episodes of rhinitis and coryza followed by sinusitis since early childhood.
2. Coryza << cold weather, change of weather.
3. Patient was diagnosed with deviated nasal septum and underwent endoplastic septoplasty surgery in 2009 for the same. No relief from upper respiratory episodes even after surgery.

### Family History:

1. Father is 62 years old and suffers from diabetes mellitus.
2. Mother is 59 years old, healthy
3. Paternal aunt died due to cancer
4. One brother, 31 years old and one younger sister, 29 years old, both are healthy.
5. Wife is 33 years old and healthy.
6. Patient has 7 years old daughter, healthy

### Personal History:

The patient's appetite, thirst, stool, and urine were normal. Patient had a strong craving for eggs and sweets.

He requires hot water for bathing and needs covers while sleeping throughout the year. Thermally chilly. He is heavy Smoker for more than 7 years.

### Life space and mental generals

Patient had inter-state love marriage. Patient is originally from Tamil Nadu while his wife hails from Rajasthan. Cultural differences gradually led to many disputes, arguments and fights. This has been a major reason of stress to the patient resulting in irritability and anxiety with restlessness. It has affected his concentration at work with episodes of acute anxiety and coldness within. Patient is extremely worried about his health. His earlier complaint of recurrent cold and sinusitis have not reduced even after surgery. The added suffering of neck pain has made him further restless and anxious. He is unable to handle the constant pressure and stress on all fronts and this is affecting his work and routine as well.

### Diagnosis analysis<sup>13</sup>

1. Clinical diagnosis –Cervical Spondylosis

2. ICD-10-CM diagnosis code M47
3. Reasoning:
  - a. Location -neck
  - b. Pain and stiffness of neck
  - c. Pain aggravated by motion

### Differential diagnosis<sup>14</sup>

- Other non-specific neck pain lesions—acute neck strain, postural neck ache, or whiplash
- Fibromyalgia and psychogenic neck pain
- Mechanical lesions—disc prolapse or diffuse idiopathic skeletal hyperostosis
- Inflammatory disease—rheumatoid arthritis, ankylosing spondylitis, or polymyalgia rheumatica
- Metabolic diseases—Paget's disease, osteoporosis, gout, or pseudo-gout
- Infections—osteomyelitis or tuberculosis
- Malignancy—primary tumours, secondary deposits, or myeloma

## Case Analysis

Symptoms	Type	Intensity (on scale 1 to 5)
Anxiety about health	Characteristic Mental symptom	5+
Overwhelmed by stress	Characteristic Mental symptom	5+
Desire sweets	Characteristic Physical General symptom	5+
Pain aggravation after physical exercise	Characteristic Physical General symptom	5+
Desire eggs	Characteristic Physical General symptom	4+
Takes cold easily	Characteristic Physical General symptom	5+
Cervical pain after cold exposure	Characteristic Physical General symptom	4+

### Rubrics Chosen After Case Analysis

1. Anxiety about health
2. Overwhelmed by stress
3. Desire sweets
4. Pain aggravation after physical exercise
5. Desire eggs
6. Takes cold easily
7. Cervical pain after cold exposure

### Repertorisation<sup>15</sup>

Remedy	Calc	Puls	Ars	Lyc	Bry	Calc-p	Nit-ac	Nux-v	Tub	Phos	Sulph	Sep	Kali-c	Med	Arg-m
<b>Totality</b>	27	23	22	21	21	20	20	20	20	20	18	18	18	17	17
<b>Symptoms Covered</b>	8	7	7	7	6	8	7	7	7	6	7	6	5	7	6
[Complete ] [Mind]Anxiety:Health, about:	4	4	4	3	3	3	4	4	0	3	2	3	3	3	3
[Complete ] [Mind]Handle things anymore, cannot, overwhelmed by stress:	4	0	3	2	0	1	0	1	3	0	1	1	0	1	3
[Murphy ] [Nose]Colds, tendency, to take, (see Coryza):	3	2	2	3	3	3	3	3	3	3	2	3	3	3	0
[Complete ] [Generalities]Coldness, lack of vital heat:	4	4	4	4	4	4	4	4	3	4	4	4	4	3	3
[Complete ] [Extremities]Pain:Rheumatic:Weather:Cold, from:	1	3	1	1	4	4	1	3	3	3	0	0	0	1	1
[Complete ] [Generalities]Exercise, exertion:Agg.:	4	4	4	4	4	3	4	4	4	4	4	4	4	3	4
[Complete ] [Generalities]Food and drinks:Eggs:Desires:	4	3	0	0	0	1	1	0	1	0	1	0	0	0	0
[Complete ] [Generalities]Food and drinks:Sweets:Desires:	3	3	4	4	3	1	3	1	3	3	4	3	4	3	3

### Remedy Analysis and Discussion

After repertorisation, the main remedies that could be considered included *Calcarea carbonicum*(20/8), *Pulsatilla nigricans*(23/7), *Arsenicum album* (22/7).

*Pulsatilla nigricans*<sup>16</sup>- doesn't cover the patient's constant anxiety about health and inability to handle stress, nor covers the internal chilliness and coldness of parts like *Calcarea carbonicum*.

*Arsenicum album*: doesn't have desire for eggs which is marked in this case. Also, *Arsenicum album* has great restlessness and intense thirst<sup>17</sup>.

### Remedy Reasoning

- *Calcarea carbonicum* has special affinity for glands, skin and bones. Its important features are chilly, overweight individuals with low bone health, chronic

deficiency of calcium and low vitality.

- In this case, patient's anxiety about his health with marked desire for eggs<sup>18</sup> and sweets characterize *Calcarea carbonicum*. Profuse perspiration scrofulous tendency and taking cold easily are some of the important characteristics. Rheumatic pains from exposure to cold damp weather, needs covering

<< slightest exertion. Thus, *Calcarea carbonicum* covered all the physical symptoms as well the mental and emotional state of patient.

## Prescription

- *Calcarea carbonicum* 30C, was given as 3 doses on 3 consecutive days. (For relief from severe

pain, medicine was given in repetition)

	Follow up	Remedy given	Reason
After 1 month (Sept. 2015)	<ul style="list-style-type: none"> <li>• Pain and stiffness at nape of neck decreased remarkably.</li> <li>• Tingling and numbness reduced by 50%</li> <li>• Had superficial episode of cold but did not lead to sinusitis</li> </ul>	<i>Saccharumlactis</i>	Since the action of the previous given remedy was continuing and no new symptoms were present <sup>19</sup> .
After 3 months (Nov. 2015)	<ul style="list-style-type: none"> <li>• Had one episode of acute pain and stiffness following physical exertion at work.</li> <li>• Pain &lt;&lt; by slightest movement of neck &gt;&gt; by rest 3+, &gt;&gt; hot fomentation.</li> </ul>	<i>Bryonia alba</i> 30C, 4 pills 3 times a day for 3 days was prescribed.	<i>Bryonia</i> was prescribed as it covered the acute episode including the characteristic modalities.
After 6 months (Feb. 2016)	<ul style="list-style-type: none"> <li>• Pain and stiffness at nape of neck reduced significantly.</li> <li>• His Anxiety reduced remarkably.</li> <li>• His recurrent episodes of rhinitis have decreased considerably</li> </ul>	<i>Saccharumlactis</i>	Remedy action still continuing Patient showing improvement. so no intervention required.
After 6 months (Aug. 2016)	No new symptoms. Patient is not anxious anymore. No episodes of pain or discomfort.	Advised to stop treatment	

## Inference

*Calcarea carbonicum* proves to be the accurate similimum in this case acting on both the mental and physical planes (Reduced anxiety and cervical pain, decrease in episodes of sinusitis). The above case illustrates the value of constitutional homoeopathic prescribing in treatment of cervical spondylosis. Homoeopathy could provide long term relief in such distressing conditions and improve the quality of life of the patient.

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Dr. Sujata Naik, M.D (Hom.) senior Homoeopath, practising extensively in Mumbai for last 32 years across 3

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

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

Her talk on work regarding "Homoeopathic treatment of chronic bronchial asthma in community

setup" at LMHI 2019, Sorrento, Italy was highly revered.

The retrospective study on 'Resistant Tinea' carried out at the Rural Hospital was presented by Dr. Sujata Naik at the LMHI 2018, Capetown and Faculty of Homoeopathy Congress 2018, Liverpool conferences and has been widely appreciated.

Dr. Sujata Naik is a prolific writer, columnist, orator. Dr. Naik has been regularly invited as a speaker at various National and International Health Forums.

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

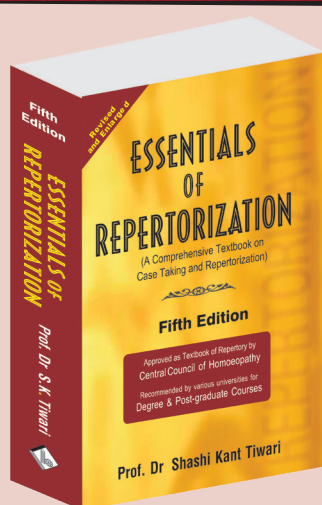
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# Homoeopathic management of juvenile rheumatoid arthritis: a case report

By Dr Virendra Chauhan, Dr Priyanka Nagar

**Background:** Juvenile rheumatoid arthritis is a term used to describe the condition of chronic inflammatory arthritis of unknown cause lasting longer than 6 weeks with onset before 16 years of age. Diagnosis of these conditions usually is possible on the basis of history and physical examination. **Case summary:** This case study describes a case of 14 years male child suffering from juvenile rheumatoid arthritis. An individualised homeopathic medicine *Medorrhinum* in different potencies prescribed on the basis of totality of symptoms which results in marked subjective improvement. Individualized homoeopathic medicine showed a positive role in the treatment of juvenile rheumatoid arthritis.

**Keywords:** Juvenile rheumatoid arthritis, inflammation, juvenile idiopathic arthritis, arthritis

**Abbreviations:** Juvenile rheumatoid arthritis – JRA, Juvenile idiopathic arthritis – JIA

## Introduction

Juvenile idiopathic arthritis is the most common chronic disease of unknown etiology in childhood and predominantly presents with peripheral arthritis.<sup>[1]</sup> It is defined as a chronic, inflammatory disorder of

unknown etiology which is classified into seven categories: systemic-onset type, persistent and extended oligoarthritis, polyarthritis with RA factor negative, polyarthritis with RA factor positive, psoriatic arthritis, enthesitis-related arthritis and undifferentiated arthritis.<sup>[2]</sup>

Juvenile rheumatoid arthritis, one of the autoimmune diseases is the most common chronic diseases of childhood and has a strong adverse effect on bony development in the growing child.

## SUBGROUPS OF JRA<sup>[3]</sup>

Recognisable subgroups of JRA		
SUBGROUP	% OF PATIENTS	CHARACTERISTICS
Systemic-onset Disease	10% to 20%	Systemic manifestations Slight male preponderance seronegativity: RF* and ANA* Severe arthritis in 25%
Polyarticular Disease RF-negative polyarthritis	20% to 30%	Symmetric polyarthritis of small and large joints Female preponderance Early or late childhood onset ANA in 25% Rheumatoid nodules common Severe arthritis in 10% to 15%
RF-positive polyarthritis	5% to 10%	Symmetric polyarthritis of small and large joints Female preponderance Late childhood onset ANA in 50% to 75% Rheumatoid nodules common Severe arthritis in >50%

Pauciarticular Disease Early childhood-onset	30% to 40%	Arthritis of few joints  Hips/sacroiliac joints spared Female preponderance Early childhood onset  ANA in 60%, RF-negative Chronic iridocyclitis in 30% Mild arthritis
Late childhood-onset	10% to 15%	Arthritis of few joints  Hips/sacroiliacs often affected  Male preponderance Late childhood onset  ANA-negative, RF-negative, HLA-B27 in 75%  Some will have spondylo-arthropathy as adults

\*RF = rheumatoid factor; ANA = antinuclear antibodies

## Clinical Features

1. Joint pain – inflammation causes pain and soreness that causes limping while walking.
2. Persistent joint swelling. Swelling present with warmth and erythema around joints.
3. Joint stiffness that typically worse in the morning or after a nap.
4. Loss of joint motion.

## Extra-articular manifestations

1. High intermittent fever
2. Rheumatoid rash
3. Hepatomegaly/splenomegaly
4. Lymphadenopathy
5. Anemia
6. Loss of appetite

## Diagnosis

Diagnosis can be made by a thorough physical examination and some diagnostic tests such as :

- C-reactive protein
- Complete blood count
- Erythrocyte sedimentation rate (ESR)
- RA factor

- Antinuclear antibody
- HLA-B27 test
- X-Ray or MRI scan

## Complications

1. **Uveitis** – One of the most significant complications associated with JIA is chronic uveitis. JIA associated uveitis is manifested by inflammation of the iris and ciliary body. Chronic inflammation of the anterior chamber can lead to synechiae, band keratopathy and ultimately blindness.<sup>[4]</sup>
2. **Growth abnormalities** – Inflammation at the growth plate can lead to overstimulation of the ossification centre, resulting in increased growth of the affected limb. Conversely, chronic inflammation may alternatively cause premature closure of the epiphyseal plate, resulting in a short limb.<sup>[5]</sup>
3. **Joint destruction and disability** – Uncontrolled arthritis can progress to contractures, limited range of motion and bony deformities, ultimately causing significant disability. Chronic joint inflammation can lead to bone erosions and joint

space narrowing from loss of cartilage.<sup>[6]</sup>

## Case Report

A 14 years old male child patient reported to the OPD on 5/11/2019 with burning pain in right foot, pain in right knee joint and right hip joint which is aggravated by walking. Pain from hip joint extends to knee. There is inflammation in eyelids with watering of eyes. Patient was suffering from multiple joint pains since 2 years.

## History of presenting complaints

Patient was apparently well 2 years back. He has suffered from chickenpox 2 years back and after the cure of chickenpox he started complaining of arthralgia. He took allopathic treatment but has no relief.

## Physical generals

Patient is thirsty, drink small quantities of water at short intervals. Appetite is good. Desire for sour and salty things. Stools and urine are normal. Sound sleep and moderate perspiration according to season and work.

## Mental generals

Patient is a native of Agra, studying in class X. He is good in studies and having interest in sports. He feels irritated due to pain. All the complaints aggravate while thinking of it. He is anxious about his health. He started weeping during pain, after which he feels better. He has a fear of dark.

## Past history

He suffered from jaundice at the age of 3 years and from chickenpox 2 years back. After chickenpox, arthralgia occurred.

## Family history

Maternal and paternal grandfather has H/O cardiac abnormalities and diabetes mellitus type 2. Mother is

having rheumatoid arthritis.

## Physical examination

Patient is oriented with time, place and person. There are no signs of pallor, cyanosis, clubbing, icterus and lymphadenopathy. His blood pressure was 110/60 mm of Hg, pulse 82/min, afebrile, weight about 41kg. He is lean and thin in built.

## Local examination

Location	Pain	Swelling	Redness	Temperature	Range of motion
Right knee	Present	Present	Not present	Hot to touch	Pain on walking
Right hip	Present	Not present	Not present	Normal	Pain on walking
Right foot	Present	Not present	Not present	Normal	Pain on walking

## Investigations

5/11/2019 (*1.1,1.2)	20/2/2020 (*1.3,1.4,1.5)	30/09/2020(*1.6,1.7)
Hb – 9.2 gm%	Hb -11.80 gm%	ESR -20mm/first hour
TLC – 7800cu.mm	TLC – 9200cu.mm	RA factor-Negative
ESR – 80mm/first hour	ESR – 12mm/first hour	CRP -Negative
CRP – Positive	CRP – 8.96mg/dL	

\*Reports are attached as image 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7

**Clinical diagnosis** – Juvenile rheumatoid arthritis

**Analysis and evaluation<sup>[7]</sup> of symptoms with miasmatic analysis<sup>[8]</sup> of symptom:**

S. No.	Classification of symptoms	Symptoms	Intensity	Miasm
1.	Mental generals	Feels irritated due to pain	+++	Psora
		Aggravation of complaints while thinking of it	++	Sycosis
		Weeps when in pain which ameliorates his complaints	++	Psora
		Fear of dark	++	Psora
		Anxious about his health	++	Psora



2.	Physical generals	Desire for sour things	++	Syphilis
		Drink small quantities of water at short intervals	++	Psora
		General modality - <walking	+++	Psora
3.	Particular symptoms	Burning pain in foot	+++	Syphilis
		Pain in right knee joint	+++	Sycosis
		Pain in right hip joint extending to knee	+++	Sycosis
		Inflammation of eyelids	++	Psora

## Totality of symptoms

After analysis and evaluation, the characteristic symptoms were used in constructing the totality of the case.

1. Burning pain in foot < walking
2. Pain in right knee joint < walking
3. Pain in right hip extending to knee

4. Inflammation of eyelids
5. General modality- <walking
6. Drink small quantities of water at short intervals
7. Desire for salty and sour things
8. Feels irritated due to pain
9. Fear of dark
10. Aggravation of complaints while thinking of it
11. Anxious about his health

12. Weeps when in pain which ameliorates his complaints.

## Repertorial result<sup>[9]</sup>

- *Medorrhinum* – 21/9
- *Phosphorus* – 17/9
- *Lachesis mutus* – 14/9
- *Natrum muriaticum* – 14/9
- *Arsenicum album* – 15/8

[illegible]

## Treatment

**First prescription (5/11/2019)** –Phytum 30/TDS/7days

**Follow – ups**

Date	Symptoms	Prescription
12/11/2019	All complaints are same as before	<i>Medorrhinum</i> 200/1dose stat Saclac 30/ TDS/15 days
27/11/2019	Pain in joints – same as before. Inflammation in eyelids - better	Phytum 30/TDS/15 days
12/12/2019	Pain in joints – improvement. Inflammation in lids – Not present Generals - normal	Phytum 30/TDS/15days
24/12/2019	Again pain in joints – aggravated. Swelling in joints – not present. Inflammation in lids – not present	<i>Medorrhinum</i> 200/1dose Phytum 30/ TDS/30 days
28/01/2020	No signs of improvement	<i>Medorrhinum</i> 1M/1dose Saclac 30/ TDS/30 days
25/02/2020	Pain in joints – shows marked improvement with no swelling and tenderness	Phytum 30/TDS/1month
07/04/2020	Pain in joints – occasionally present. Patient started playing cricket	Phytum 30/ TDS/ 1month
20/06/2020	Pain and swelling of right knee	<i>Medorrhinum</i> 1M/1dose SL 30/ TDS/15days
06/07/2020	No pain, no swelling. Anxiety about health – not present Patient feels good	Phytum 30/TDS/1month
23/09/2020	No complaints. Mental generals – improved Advised to repeat investigations	Phytum 30/TDS/15days
03/10/2020	General condition – good. Investigations – normal	-

## Discussion

In the above case of JRA, after proper analysis and evaluation of the case, the first prescription, *Medorrhinum* 200 was prescribed on the basis of totality of symptoms and repertorization result. *Medorrhinum* was repeated as and when required. After 8 months of treatment his complaints were improved very much. Patient said now he started playing sports which he was not

advisable to do earlier. At present patient is healthy and investigations are normal.

This shows the effectiveness of homoeopathy by giving a holistic cure in both physical and mental spheres.

## Declaration of Patient Consent

Patient's parents consent was taken for images and clinical information to be reported for this article.

## Financial support and sponsorship

Nil.

## Conflicts of Interest

None declared.

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 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Jaipur - 302029

No. 9088 Date 5/11/19  
 Patient Name PRATEEK Age 14 Sex M  
 Ref. by Dr. V. CHAUHAN OPD No. 14035 IPD No. 17253

**HAEMATOLOGICAL EXAMINATION REPORT**

Haemoglobin <u>9.2</u> gm%	Haematocrit (PCV) <u>31.3</u> %
TRBC <u>3.6</u> Millions/cu.mm	MCV <u>79.5</u> Cu. micrograms
TLC <u>7800</u> cu.mm	MCH <u>22.8</u> Miro-micrograms
DLC:	MCHC <u>29.4</u> %
Polymorphs <u>60</u> %	Reticulocytes Count <u>0</u> %
Lymphocytes <u>35</u> %	<b>PBF</b>
Eosinophils <u>03</u> %	RBC : <u>  </u>
Monocytes <u>02</u> %	WBC : <u>  </u>
Basophils <u>  </u> %	Platelet : <u>  </u>
E.S.R. <u>80</u> mm/First Hour(Westergren's)	
Total Platelets Count <u>1.57</u> Lacs/cu. mm	
TEC <u>  </u> /Cu. mm	
VEC <u>  </u> %	

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TECHNOLOGIST PATHOLOGIST

1.1

**A. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre**  
 Homoeopathy University Campus, Saipura, Sanganeer, Jaipur-302029

Serial No. 9088 Date 5/11/19  
 Patient Name PRATEEK Age 14 Sex M  
 Ref. by Dr. V. CHAUHAN OPD No. 14035 IPD No. 17253

**IMMUNOLOGICAL EXAMINATION**

BLOOD GROUP: <u>RH</u>	WIDAL <u>1/40</u> <u>1/80</u> <u>1/160</u> <u>1/320</u>
V.D.R.L. <u>  </u>	TO <u>  </u>
HCV RAPID CARD (C I A) <u>  </u>	TH <u>  </u>
HIV ANTIBODIES TEST (C I A) <u>  </u>	AH <u>  </u>
Hbs. Ag (AUST ANTIGEN) (C I A) <u>  </u>	BH <u>  </u>
PREGNANCY TEST • BHCG (URINE): <u>  </u>	MALARIA ANTIGEN
RA FACTOR (QUALITATIVE) <u>  </u>	Pl. Vivex <u>  </u>
CRP - (QUALITATIVE) <u>Positive</u>	Pl. Falicparum <u>  </u>
A.S.L.O. TITRE <u>  </u>	

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1.2

# CASE STUDY

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Web: www.drallab.com, E-PathLabs, 1000000000

**L21 - PPSC ET&H**  
88, Anand Nagar, Opp. Union Bank, GT Road  
Gurgaon, Phone no-8412571333

Name : Master PRATIK JAIN  
Lab No. : 282294814 Age: 15 Years Gender: Male  
A/C Status : P Ref By: SELF  
Collected : 28/2/2020 1:25:00PM  
Received : 28/2/2020 1:38:32PM  
Reported : 28/2/2020 8:56:19PM  
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>HEMOGRAM</b>			
Hemoglobin	11.80	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	35.60	%	49.00 - 50.00
RBC Count	4.65	millim <sup>3</sup>	4.50 - 5.50
MCV	77.00	fL	80.00 - 100.00
MCH	25.50	pg	27.00 - 32.00
MCHC	33.30	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	15.90	%	11.50 - 14.50
Total Leukocyte Count (TLC)	9.20	thou/mm <sup>3</sup>	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	50.00	%	40.00 - 60.00
Lymphocytes	32.50	%	20.00 - 40.00
Monocytes	6.10	%	2.00 - 10.00
Eosinophils	10.90	%	1.00 - 6.00
Basophils	0.50	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	4.60	thou/mm <sup>3</sup>	2.00 - 7.00
Lymphocytes	2.99	thou/mm <sup>3</sup>	1.00 - 3.00
Monocytes	0.56	thou/mm <sup>3</sup>	0.20 - 1.00
Eosinophils	1.00	thou/mm <sup>3</sup>	0.02 - 0.50
Basophils	0.05	thou/mm <sup>3</sup>	0.01 - 0.10
Platelet Count	119.8	thou/mm <sup>3</sup>	150.00 - 450.00

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1.3

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**L21 - PPSC ET&H**  
88, Anand Nagar, Opp. Union Bank, GT Road  
Gurgaon, Phone no-8412571333

Name : Master PRATIK JAIN  
Lab No. : 282294814 Age: 15 Years Gender: Male  
A/C Status : P Ref By: SELF  
Collected : 28/2/2020 1:25:00PM  
Received : 28/2/2020 1:38:32PM  
Reported : 28/2/2020 8:56:19PM  
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
Patients are mildly decreased. Result Rechecked, Please Correlate Clinically			
Mean Platelet Volume (MPV)	9.60	fL	8.50 - 12.00
ESR	12	mm/hr	0 - 15

Note

- As per the recommendation of International Council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood

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**L21 - PPSC ET&H**  
88, Anand Nagar, Opp. Union Bank, GT Road  
Gurgaon, Phone no-8412571333

Name : Master PRATIK JAIN  
Lab No. : 282294814 Age: 15 Years Gender: Male  
A/C Status : P Ref By: SELF  
Collected : 28/2/2020 1:25:00PM  
Received : 28/2/2020 1:38:32PM  
Reported : 28/2/2020 8:56:19PM  
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
C-REACTIVE PROTEIN (CRP) SERUM	8.96	mg/L	<8.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs. the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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—End of report—

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 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sanganeer, Jaipur-302029

S. No. 906 Date 30/9/2020  
 Patient Name PRATEEK Age 14 Sex M  
 Ref. by Dr. V. CHAUHAN OPD No. 29414035 IPD No. 6143

**HAEMATOLOGICAL EXAMINATION REPORT**

Haemoglobin.....gm%	Haematocrit (PCV).....%
TRBC.....Millions/cu.mm	MCV.....fl
TLC.....cu.mm	MCH.....pg
DLC:	MCHC.....g/dl
Polymorphs.....%	Reticulocytes Count.....%
Lymphocytes.....%	<b>PBF</b>
Eosinophils.....%	RBC : .....
Monocytes.....%	WBC : .....
Basophils.....%	Platelet : .....
E.S.R. <u>20</u> .....mm/First Hour(Westergran's)	
Total Platelets Count.....Lacs/cu. mm	
TEC...../Cu. mm	
VEC.....%	

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**TECHNOLOGIST** **PATHOLOGIST**

1.6

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 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sanganeer, Jaipur-302029

Serial No. 906 Date 30/9/2020  
 Patient Name PRATEEK Age 14 Sex M  
 Ref. by Dr. V. CHAUHAN OPD No. 29414035 IPD No. 6143

**IMMUNOLOGICAL EXAMINATION**

BLOOD GROUP	RH	WIDAL	1/40	1/80	1/160	1/320
V.D.R.L.		TO				
HCV RAPID CARD (C I A)		TH				
Hbs. Ag (AUST ANTIGEN) (C I A)		AH				
HIV ANTIBODIES TEST (C I A)		BH				
HIV - 1 -		MALARIA ANTIGEN				
HIV - 2 -		Pl. Vivax .....				
PREGNANCY TEST • BHCG (URINE):		Pl. falciparum .....				
RA FACTOR (QUALITATIVE) <u>Negative</u>						
CRP (QUALITATIVE) <u>Negative</u>						
A.S.L.O. TITRE						

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**TECHNOLOGIST** **PATHOLOGIST**

CS Scanned with CamScanner

1.7



# “Effectiveness of constitutional approach in the treatment of osteoarthritis of knee joint in individuals of high BMI using womac osteoarthritis index.”

*By Dr Shreya N Padiyar*

## Abstract:

**Background:** The main aim of this research article is to know how effective is constitutional approach in treating the osteoarthritis of knee joint with high BMI using WOMAC index. With the help of scientific evidenced based study.

**Keywords:** Constitutional approach, osteoarthritis of knee joint, high BMI, WOMAC osteoarthritis index.

**Abbreviations:** WOMAC: Western Ontario and McMaster, BMI: body mass index, KG: kilogram, TKR: total knee replacement, YRS: years, IPD: inpatient department, OPD: outpatient department, OA: osteoarthritis.

## Introduction

Osteoarthritis is the fourth leading cause of years with disability around the world.<sup>1</sup> It is also the second most common musculoskeletal problem in the world (30%) after back pain (50%).<sup>2</sup> Osteoarthritis is a clinical syndrome of joint pain and dysfunction caused by joint degeneration and affects more people than any other joint disease.<sup>3</sup> Osteoarthritis is a multifactorial disease in which obesity is one of the strong and modifiable risk factor for the onset of tibiofemoral knee osteoarthritis.<sup>4</sup> In radiographic studies knee OA is increased to 4-fold in obese women.<sup>5</sup> Several studies have shown that there is a relationship between overweight and the onset of radiographic osteoarthritis of the knee.<sup>6</sup>

It is estimated that a force of nearly 3-6 times body's weight is exerted across the knee joint while walking, and an increase in body weight elevates the impact of this force on the knee.<sup>7</sup> Thus, high BMI may interfere or mediate with pain and physical function of knee OA.<sup>8</sup>

Though osteoarthritis is an irreversible condition, cure cannot be attained but effective palliation can be done with the help of simillimum by considering patient as a whole.

## Objectives

- To understand the effectiveness of constitutional approach in the treatment of individuals with high BMI suffering from osteoarthritis.
- To assess the quality of life in individuals with high BMI suffering from osteoarthritis using WOMAC osteoarthritis index before and after constitutional approach.

## Materials and Methods:

New cases from year 2017 to 2018 will be selected. A minimum of 30 cases of high BMI with knee joint osteoarthritis will be studied using purposive sampling technique as per inclusion criteria and will be followed for a period of 3 months duration. The selected cases will be assessed by using WOMAC osteoarthritis index. In this study I

have utilised Womac osteoarthritis index which is self-explanatory index, in order to evaluate the quality of life of individuals with High BMI suffering from osteoarthritis before and after homoeopathic constitutional treatment. This questionnaire used to evaluate the condition of patients with osteoarthritis of the knee including pain, stiffness and physical functioning of the joints.<sup>8</sup>

Every case will be recorded in the Standardized Case Record of Father Muller Homoeopathic Medical College and Hospital, Mangaluru. Constitutional totality will be erected and suitable remedy will be administered. The potency selection and repetition of the doses will be done according to the demand of the case, with consideration of potency selection criteria. Follow ups will be seen observed and analyzed as per criteria set up in each case.

## Inclusion Criteria:

- Patients with BMI more than 25 kg/m<sup>2</sup>.
- Patients between 30-70 years



of age with radiographic Osteoarthritis of the Knee Joint, clinical history and clinical examination.

## Exclusion Criteria:

- Patients who are suffering from other systemic illnesses and OA due to trauma.

**Research Hypothesis:** the constitutional approach of treatment is effective in treating individuals having high BMI related osteoarthritis of the knee joint.

**Null Hypothesis:** The constitutional approach of treatment is not effective in treating individuals having high BMI related osteoarthritis of knee joint.

**Plan For Data Analysis:** The collected data will be analysed using paired 't' test before and after treatment.

## Sample Size of Estimation

$$n = \frac{(Z_{\alpha} + Z_{\beta})^2 \sigma^2}{(X_1 - X_2)^2} n = 30$$

## Results

The study was done to see the effectiveness of constitutional approach in individuals with knee joint osteoarthritis of BMI > 25 kg/m<sup>2</sup>. Individuals were selected based on the inclusion criteria and purposive sampling technique. 30 cases were

selected whose cases were taken in detail. The effectiveness of the constitutional approach was assessed using WOMAC osteoarthritis index before and after the treatment. The cases were selected from Father Muller Homoeopathic OPD, IPD and peripheral centres for the study. This study was conducted from the year 2017 to 2018. Below given is the statistical analysis derived from the data obtained of the selected 30 cases.

## Results Related To 30 Case Study – To Know The Efficacy Of Homoeopathic Treatment Before And After Treatment.

**Distribution of cases according to age:** Out of 30 cases taken for study, age groups between 60-70 yrs were majority affected with OA 14 (46.6%), whereas age groups between 40-50 yrs and 50-60 yrs were equally affected 8 (26.6%).

**Distribution of cases according to gender:** Out of 30 case study, 16 (53.3%) females and males 14 (46.6%) were affected. Hence, according to this distribution females were predominantly affected than males.

**Distribution of cases according to religion:** As per the distribution of cases 12 (40%) out of 30 cases were Hindus, 11 (36.6%) out of 30 cases belonged to Islam and 7 (23.3%) out of 30 were Christians. Amongst the distribution of religions obtained during the study Hindus were more

affected with OA.

**Distribution of cases according to occupation:** Case study reveals that out of 30 cases 14 (46.6%) were Housewives who were commonly affected with OA.

**Distribution of the cases according to the BMI obtained:** Out of 30 cases, 18 were type 1 obesity and 12 were overweight. Hence OA is commonly seen in type 1 obesity.

**Distribution of cases according to most commonly prescribed remedy:** This distribution of 30 cases gives an idea of the different constitutional remedies prescribed during the study, which amongst them 5 (16.6%) cases *Pulsatilla nigricans* was prescribed as a constitutional remedy.

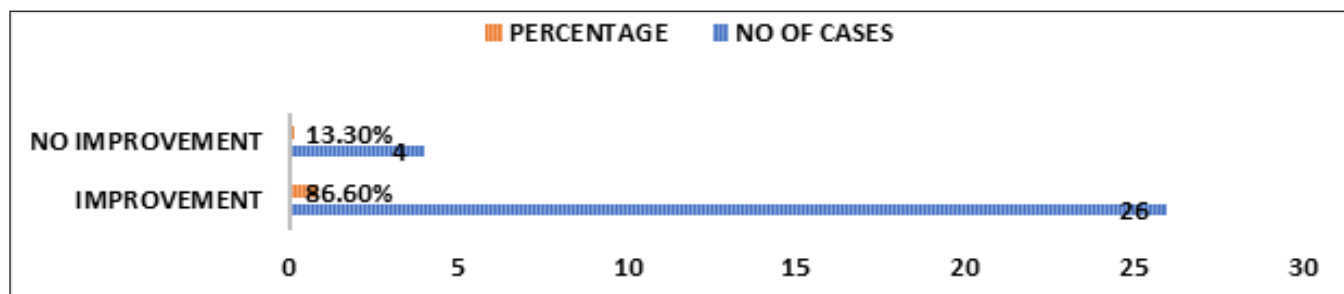
**Distribution according to the potency given:** Out of 30 case study, 22 (73.3%) were given 200c, 7 (23.3%) were given 30<sup>th</sup> potency and 1 (3.3%) was given in a potency of millesimal scale 0/1. Thus, 200c was the commonly prescribed potency.

## Distribution of cases according to knee joint affection

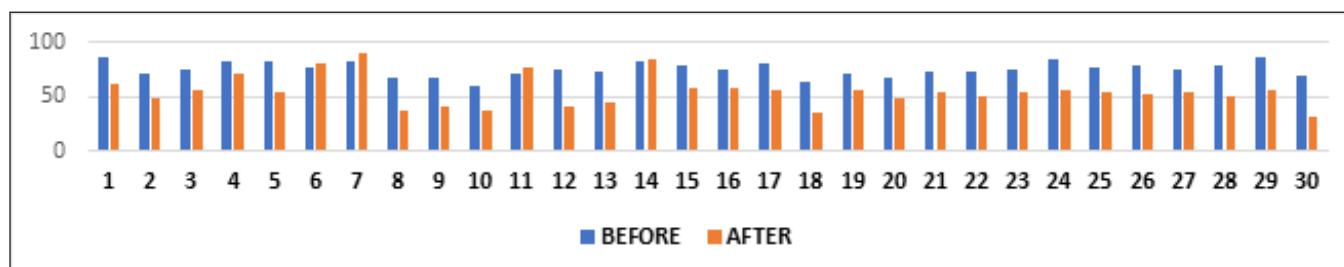
Out of 30 case study 24 bilateral affection of knee joint and 6 had unilateral affection 3 on each side. Hence bilateral knee joint affection is more common than unilateral affection.

## Distribution of cases according to the results obtained during the study.

RESULTS	NO OF CASES	PERCENTAGE
IMPROVEMENT	26	86.6%
NO IMPROVEMENT	4	13.3%



Out of 30 case study 26 (86.6%) cases improved using constitutional approach. Hence constitutional remedy was effective. Patients who showed improvement, their scale values reduced when compared to the first visit to the OPD ones who have shown no improvement.



To test the effectiveness of the treatment statistical analysis chart

#### A. Hypothesis.

- **Research hypothesis:** the constitutional approach of treatment is effective in treating individuals having high BMI related osteoarthritis of the knee joint.
- **Null hypothesis:** the constitutional approach of treatment is not effective in treating individuals having high BMI related osteoarthritis of knee joint.

As the data obtained from WOMAC osteoarthritis index will be analysed using paired 'T' test. The paired 'T' test can be calculated by the formula: Mean of difference of score (d) = 17.81

- **The estimate of population standard deviation is given by,**

$$S_D = \sqrt{\frac{\sum (d - \bar{d})^2}{n - 1}}$$

B. The estimate of standard error of the mean is given by,

$$SE = \frac{SD}{\sqrt{n}}$$

$\sqrt{n}SE = 2.051$  Hence, Population standard error of mean is given by, (SE) = 2.051

C. Critical ratio

$$\text{Paired-}t = \frac{\bar{d}}{SE_{\bar{d}}}$$

$$SE_{\text{Paired-}t} = 9.901$$

D. **Comparison with the table value:** This critical ratio, paired t follows a distribution with n-1 (i.e. 29) degree of freedom the 5% level is 2.045, 1% level is 2.756 and 0.1% level is 3.659 for 29 degrees of freedom. Since the calculated value is 9.901 which is greater than the table at 0.1% ( $p < 0.001$ ). Hence, null hypothesis is rejected and the alternative hypothesis is accepted.

E. **Conclusion:** Constitutional approach is effective in treating individuals having high BMI

related osteoarthritis of the knee joint.

## Discussion

In homoeopathy, the concept of individualisation is highlighted. We consider each patient as an individual and treat them by giving the exact simillimum. For deriving the exact simillimum the cases were taken in detail and a totality was obtained which consisted of mental generals, physical generals, and characteristic particulars. Osteoarthritis is an irreversible condition, hence the exact simillimum will help in effective palliation.

## Conclusion

After a detailed study of the 30 cases and using WOMAC osteoarthritis index before and after constitutional treatment, the following conclusions were drawn from the study:

This study also showed that Type 1 obesity patients suffered from osteoarthritis followed by patients of the overweight category. We



know that no two persons are alike and every patient is considered as an individual, in this study, *Pulsatilla nigricans* was frequently prescribed as a constitutional remedy. The most frequently prescribed potency was 200C, since it's a moderate potency and its action will not cause an aggravation of symptoms.

Thus, by constitutional approach there was an improvement in 26 (86.6%) cases along with the decreased scores of WOMAC OA index in comparison to the first visit and no improvement in 4 (13.3%) cases, whose WOMAC OA index increased after the treatment. This study shows us that constitutional approach of treatment not only yields good results in the treatment of individuals with high BMI related osteoarthritis of knee joint but also improves the quality of life of these individuals.

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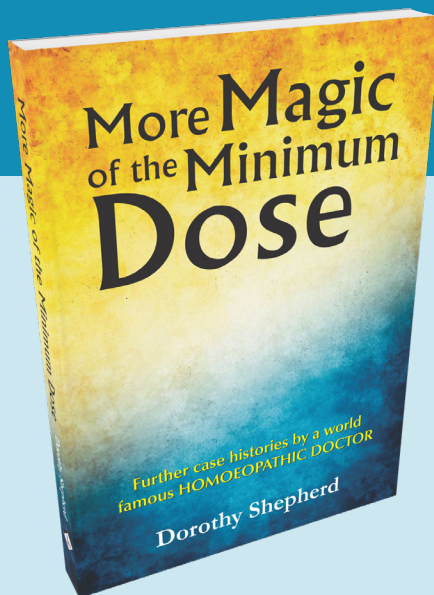
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# Joint disorders and homoeopathy

*By Dr Bikash Biswas, Dr Sanjukta Mandal*

**Abstract:** The incidence of joint disorders in clinical practice is very common nowadays. Joint disorders greatly affect females than males specially after menopause. Homoeopathy has huge scope in the treatment of joint disorders. Since these are mostly degenerative disorders, complete cure is not possible but with the aid of homoeopathic medicine and proper management, one can provide a great relief with no side effects.

**Keywords:** joints, arthritis, osteoarthritis, gout, rheumatoid arthritis, osteoporosis, septic arthritis, spondylitis, ankylosing spondylitis, arthralgia, homoeopathy.

**Abbreviations:** (Q) mother tincture, (OA) osteoarthritis, (RA) Rheumatoid arthritis, (H) hour, (C) centesimal, (HLA) human leukocyte antigen, (BMD) bone mineral density, IBD (inflammatory bowel diseases), (PMR) polymyalgia rheumatic, AS (ankylosing spondylitis)

## Introduction

A joint disorder is termed as Arthropathy when it involves inflammation of one or more joints in body<sup>[1]</sup> or causes pain and discomfort in daily work and inability to walk, move, lying freely.

**Arthritis:** Arthritis is a term used to mean any disorder that affects joints. Symptoms generally include joint pain and stiffness<sup>[2]</sup>. Onset can be gradual or sudden<sup>[3]</sup>.

**Osteoarthritis:** Osteoarthritis (OA) is a disorder characterised by progressive joint failure in which all structures of the joint have undergone pathologic change. The pathologic sine qua non of OA is hyaline articular cartilage loss accompanied by increasing thickness and sclerosis of the subchondral bone plate, outgrowth of osteophytes at the joint margin, stretching of the articular capsule, and weakness of the muscles bridging the joint. There are numerous pathways that lead to OA, but the initial step is often joint injury in the setting of a failure of protective mechanisms<sup>[4]</sup>.

### Loss Sign:

- L-loss of joint space<sup>[5]</sup>.
- O- osteophytes<sup>[5]</sup>.
- S- subchondral cysts<sup>[5]</sup>.
- S- subchondral sclerosis<sup>[5]</sup>.

**Gout:** Gout is a metabolic disease most often affecting middle-aged to elderly men and postmenopausal women. Hyperuricaemia is the biologic hallmark of gout. When present, plasma and extracellular fluids become supersaturated with uric acid, which, under the right conditions, may crystallise and result in a spectrum of clinical manifestations that may occur singly or in combination<sup>[6]</sup>.

**Rheumatoid Arthritis (Ra):** A chronic multisystem disease of unknown aetiology characterised by persistent inflammatory synovitis, usually involving peripheral joints symmetrically. Although cartilaginous destruction, bony erosions, and joint deformity are hallmarks, the course of RA can be quite variable. An association with HLA-DR4 has been noted; both genetic and environmental factors may play a role in initiating disease. The propagation of RA is an immunologically mediated event

in which joint injury occurs from synovial hyperplasia; lymphocytic infiltration of synovium; and local production of cytokines and chemokines by activated lymphocytes, macrophages, and fibroblasts.<sup>[6]</sup>

**Osteoporosis:** Osteoporosis is defined as a reduction in bone mass [or bone mineral density (BMD)] or the presence of fragility fracture, is a common condition in the elderly; women are at particularly high risk<sup>[6]</sup>.

**Psoriatic Arthritis:** is a chronic inflammatory arthritis that affects 5–30% of persons with psoriasis. Some patients, especially those with spondylitis, will carry the HLA-B27 histocompatibility antigen. Onset of psoriasis usually precedes development of joint disease; approximately 15–20% of pts develop arthritis prior to onset of skin disease. Nail changes are seen in 90% of pts with psoriatic arthritis<sup>[6]</sup>.

**Reactive Arthritis :** refers to acute non-purulent arthritis complicating an infection elsewhere in the body. The term has been used primarily to refer to spondyloarthritides following enteric or urogenital

infections occurring predominantly in HLA-B27-positive individuals<sup>[6]</sup>.

**Enteropathic Arthritis:** Both peripheral and axial arthritis may be associated with the inflammatory bowel diseases (IBD) of ulcerative colitis or crohn's disease. The arthritis can occur after or before the onset of intestinal symptoms. Peripheral arthritis is episodic and asymmetric; it most frequently affects knee and ankle<sup>[6]</sup>.

**Polymyalgia Rheumatica (Pmr):** Clinical syndrome characterised by aching and morning stiffness in the shoulder girdle, hip girdle, or neck<sup>[6]</sup>.

**Ankylosing Spondylitis (As):** Chronic and progressive inflammatory disease of the axial skeleton with sacroiliitis (usually bilateral) as its hallmark. Peripheral joints and extra-articular structures may also be affected. Most frequently presents in young men in second or third decade; strong association with histocompatibility antigen HLA-B27<sup>[6]</sup>.

## Homoeopathic Management

The prescriber by Clarke:

**Joints:**Cracking in , moving *Ginseng* 3x. 4h<sup>[7]</sup>.

Gouty subjects with strong melling urine. *Benzoicum acidum* 3x 4h<sup>[7]</sup>.

**On streching** – *Thuja occidentalis* 3c-30 4h<sup>[7]</sup>.

Acute synovitis: In rheumatic subjects, fever, pain , restlessness, anxiety – *Aconitum napellus* 3c 1h<sup>[7]</sup>.

Pain on motion, touch sensitive- *Bryonia alba* 3c 1h<sup>[7]</sup>.

Pain in children and women > cold < heat – *Pulsatilla nigricans* 3c 1h<sup>[7]</sup>.

Much swelling and little pain – *Apis mellifica* 3x 2h<sup>[7]</sup>.

Wen suppurate and sensitive- *Hepar sulphuricum* 6c 4h<sup>[7]</sup>.

When discharge watery and pain – *Silicea terra* 6c 4h<sup>[7]</sup>.

Chronic synovitis: syphilitic or mercurial pain swelling – *Kalium iodatum* 6c 6h<sup>[7]</sup>.

Of the knee- *Berberis vulgaris* 1x 4h<sup>[7]</sup>.

Dropsy of joint- *Iodium* 6c 4h<sup>[7]</sup>.

Gout: paroxysm – *Belladonna* 3c 1/2h<sup>[7]</sup>.

*Urtica urens* Q – ½ h<sup>[7]</sup>.

Locally with hot water> – *Colchicum autumnale* Q<sup>[7]</sup>. In forming stage – *Pulsatilla nigricans* 3c 2h<sup>[7]</sup>.

Sub acute gout – *Ledum palustre* Q 2h<sup>[7]</sup>.

With uterine disorder – *Sabina* 3c 2h<sup>[7]</sup>.

Stored gout, diposition, ( burnett)- *Urtica urens* Q in hot waret 1/2h<sup>[7]</sup>.

Rheumatism:<sup>[7]</sup>

Fever, pain restlessness –*Aconitum napellus* 3c 1h<sup>[7]</sup>.

Pain < working in damp , water , every movement, profuse perspiration on head – *Calcarea carbonicum* 3c 3h<sup>[7]</sup>.

Shifting nature of pain < motion –*Stellaria media* 2x 2h<sup>[7]</sup>.

Pain warp up> - *Arsenicum album* 3c 4h<sup>[7]</sup>.

Pain open air>- *Pulsatilla nigricans* 3c 3h<sup>[7]</sup>.

Syphilitic,, periosteal pain – *Kalium iodatum* 30c 6h<sup>[7]</sup>.

Syphilitic,, periosteal pain, sensitive to cold- *Mercurius solubilis* 6c 6h<sup>[7]</sup>.

For some externall application for reduce pain – *Capsicum annum* Q and *Glycerine* Q mix and rub over joints<sup>[7]</sup>.

## Homoeopathic Medicines by Boericke:

**Abrotanum:** Rheumatism following checked diarrhoea, emaciated legs, joints stiff lame, motiom><sup>[8]</sup>.

**Aconitum napellus:**Acute inflammatory rheumatism, red shining swelling <lying down(acute rheumatoid arthiritis)<sup>[8]</sup>.

**Actea racemosa:** small joint rheumatism, (gout) wrist swollen red <touch, motion, swelling of joints from slight fatigue lame feeling in arms (acute rheumatoid arthrititis)<sup>[8]</sup>.

**Agaricus muscarius:** rheumatism motion> pain in shin bone. Cramps in soles, numbness and paralysis of lower limbs<sup>[8]</sup>.

**Ammonium carbonicum:**Tearing joint pain heat of bed> deep periosteal pain, pain in big toe, painful heel (calcaneum spur)<sup>[8]</sup>.

**Anagallis arvensis:**Rheumatic and gouty pains<sup>[8]</sup>.

**Antimonium crudum:**Arthritic pain in fingers. Gout with gastric symptoms<sup>[8]</sup>.

**Apis mellifica:**Synovitis. Knee swollen , shiny, hot, stinging pain , rheumatic pain in limb and back. Cold bathing>touch ,pressure heated room>(acute rheumatoid arthiritis)<sup>[8]</sup>.

**Apocynum androsaemifolium:** Rheumatic pain in all joints. violent heat in soles. Swelling of hands and feet<sup>[8]</sup>.



**Argentum metallicum:**Rheumatism of elbow and knee <descending stairs. Writer's cramp, swelling of ankles<sup>[8]</sup>.

**Argentum nitricum:**(reactive arthritis )

Conjunctivitis, urethritis, inflammatory rheumatism, with rigidity.

**Arnica montana:**Gout. Rheumatism begins low down and works up. Lying down><Touch, motion, rest<sup>[8]</sup>.

**Asclepias:**Acute rheumatic inflammation of large joints<sup>[8]</sup>.

**Asclepias tuberosa:** Rheumatic joints give sensation as if adhesions being broken up on bending. <sup>[8]</sup>

**Asparagus:**Rheumatism of left shoulder<sup>[8]</sup>.

**Belladonna:**Acute inflammatory rheumatism. Tottering gait.Shifting in nature. <sup>[8]</sup>

**Bellis perennis:**Autotraumatism. Contracted wrist<sup>[8]</sup>.

**Benzoicum acidum:**Gout. cracking in joints. Ganglion, bunion on great toe<sup>[8]</sup>.

**Bryonia alba:**Knee stiff, painful, hot swollen joints. Rest, pressure><motion. (synovitis, OA)<sup>[8]</sup>

**Calcarea carbonicum:** arthritic nodositis. Rheumatoid pain by exposure to cold. Lying on painful side><sup>[8]</sup>.

**Calcarea fluorica:** ganglion. Gouty enlargements.Chronic synovitis of knee joints.Exostoses. Warm application><sup>[8]</sup>.

**Calcarea phosphoricum:** pain in joints and bones. <Upstairs<sup>[8]</sup>.

**Capsicum annum:** tensive pain

in knee, inflammation of petrous bone<sup>[8]</sup>.

**Carbo animalis:**pain in coccyx. Burn when touch. pain in hip<night<sup>[8]</sup>.

**Carbolicum acidum:**arthritis. Gnawing pain in shin bones<sup>[8]</sup>.

**Caulophyllum thalictroides:** small joint rheumatism<sup>[8]</sup>.

**Causticum:**rheumatic pain , burning in joints , weak ankle ,warm application><sup>[8]</sup>.

**Chelidonium amjus:** whole flesh sore, rheumatic pain in hip and thighs, intolerable pain in heel (CS) pressure><sup>[8]</sup>.

**Cinchona officinalis :** joints swollen, <cold air,touch .pressure><sup>[8]</sup>.

**Cocculus indicus:** cracking on joints, inflammation of knee. (OA)<sup>[8]</sup>

**Colchicum autumnale:** shifting rheumatism, gout , small joints extreme pain <touch, warm weather<sup>[8]</sup>.

**Colocynthis:** pain in left knee joint, with stiffness pressure and heat> (OA)<sup>[8]</sup>

**Cyclamen europeum:** pain in periosteum, burning sore pain in heels.( CS)<sup>[8]</sup>

**Dulcamara:** rheumatic pain alternates with diarrhoea<sup>[8]</sup>.

**Elantherium:** gouty pain in great toe, arthritic nodules with diarrhoea<sup>[8]</sup>.

**Eupatorium perfoliatum:**gout ,nodosities of joints<sup>[8]</sup>.

**Ferrum metallicum:**rt shoulder rheumatism<sup>[8]</sup>.

**Fluoricum acidum:** inflammation of joints. Osteoporosis<sup>[8]</sup>.

**Formica rufa:** rheumatism with

suddenness and restlessness, rubbing ><sup>[8]</sup>

**Gaultheria:** inflammatory rheumatism<sup>[8]</sup>.

**Ginseng:**rheumatism , cracking of joints<sup>[8]</sup>.

**Gnaphalium polycephalum:**pain with numbness, gout<sup>[8]</sup>.

**Guaiacum officinale:** gout. Shoulder rheumatism, heat in affected limbs<sup>[8]</sup>.

**Iodum:** gonorrhoeal rheumatism, walking about><sup>[8]</sup>

**Kalium bichromicum:**Rheumatism with gastric symptms.(**enteropathic arthritis**) syphilitic rheumatism, motion, heat>shifting in nature<sup>[8]</sup>.

**Kalium iodatum:** inflammatory rheumatism with effusion, severe bone pain <touch, lying down><sup>[8]</sup>.

**Kalium muriaticum:** swelling around joints, <motion, night, warmth<sup>[8]</sup>.

**Kalmia latifolia:** shifting rheumatism, deltoid right, joints red , hot swollen. Motion><sup>[8]</sup>.

**Ledum palustre:** gout, cracking of joints, swollen hot , ascending type cold application><at night, heat<sup>[8]</sup>.

**Lithium carbonicum:** gout, rheumatic pain hot water><sup>[8]</sup>.

**Lycopodium clavatum:** chronic gout,motion>< warm applicatio<sup>[8]</sup>.

**Manganum aceticum:** inflammatory joints, suppuration around joints, with itch. <cold, lying ><sup>[8]</sup>.

**Medorrhinum:** gout, pain in back, restless seashore, damp weather>< daylight to sunset<sup>[8]</sup>.

**Mercurius solubilis:** bone pain<cold, night<sup>[8]</sup>.

**Natrum salicylicum:** non homoeopathic uses: in articular rheumatism, usual dose 10-20 grains every 3 hours<sup>[8]</sup>.

**Natrum sulphuricum:** rheumatism change position, pressure < cold damp weather, gout<sup>[8]</sup>.

**Phytolacca decandra:** rheumatism < morning, shifting in nature, warmth, rest<sup>[8]</sup>.

**Pulsatilla nigricans:** pain with chilliness, shifting in nature, knee swollen tense pain. Open air, motion < heat<sup>[8]</sup>.

**Rhododendron:** gout in great toe, joints swollen, < rest, warmth<sup>[8]</sup>.

**Rhus toxicodendron:** hot painful swelling of joints, numbness and formication<sup>[8]</sup>. Warm, motion, rubbing, stretching limbs < cold, rainy weather, rest<sup>[8]</sup>.

**Salicylicum acidum:** articular rheumatism, knees swollen and painful < touch, motion<sup>[8]</sup>.

**Sanguinaria canadensis:** right shoulder rheumatism, sleep < motion, touch<sup>[8]</sup>.

**Stellaria media:** rheumatoid pains, motion < warmth<sup>[8]</sup>.

**Sulphur:** gout with itching, rheumatic pain in left shoulder, with stiffness. Warm weather < rest<sup>[8]</sup>.

**Syphilinum:** shoulder rheumatism right, moving about slowly < night<sup>[8]</sup>.

**Urtica urens:** gouty pains<sup>[8]</sup>.

Joint pain:

**Castanea vesca Q:** lower back pain, can hardly straighten up; muscles pain violently<sup>[9]</sup>.

**Franciscea uniflora Q:** Rheumatic pains in lower extremities. Notable rise of uric acid. Sweating ><sup>[9]</sup>.

**Pipera zinum 6x:** Gout with elevated uric acid. Constant backache. Rheumatoid arthritis<sup>[9]</sup>.

**Slag 6x:** Housemaid's knee, < going up stairs<sup>[9]</sup>.

**Viola odorata Q:** right side, rheumatism of the deltoid and wrist<sup>[9]</sup>.

Regional Pain:

**Ankle pain:** *Cyclamen europeum* 30c, *Propylamin Q*<sup>[9]</sup>.

**Back:** *Calcarea fluorica* (6x); *Castanea vesca* (Q); *Cotyledon umbilicus* (Q); *Cobalt* (1M); *Ginseng* (Q 6C); *Gettysburg water* (3x.); *Gnaphalium polycephalum* (1M); *Helonias dioica* (Q, 30C); *Jacaranda caroba* (Q); *Pimpinella* (30C); *Piper azinum* (6x)<sup>[9]</sup>.

**Inflammatory swelling:** *Gaultheria Q*, *Rhamnus californica Q.*, 6C<sup>[9]</sup>.

**Knee:** *Angustura vera* 6C, 30C, *Benzoicum acidum* 6C, 30C, *Jacaranda caroba Q*, *Kalium iodatum* 30C, *Slag 6x*<sup>[9]</sup>.

**Neck:** *Cyclamen europeum* 30C, *Gettysburg water* 3x, *Guaiacum officinale Q*, *Macrotin 3x*, 30C, *Pimpinella* 30C, *Trifolium pratense Q*<sup>[9]</sup>.

**Small Joints:** *Actea spicata* 6C, 30C, *Benzoicum acidum Q*, *Caulophyllum thalictroides Q*, 30C, *Hedeoma* 6C, 30C, *Viola odorata* 6C, 30C<sup>[9]</sup>.

Repertorial Approach:

**JOINTS,** affection in general: COLCH, MERC, SULPH<sup>[10]</sup>.

Ankylosis, spurious, with: Kali iod<sup>[10]</sup>.

Arthralgia: arg-m, symph<sup>[10]</sup>.

Broken as if: paris-quad<sup>[10]</sup>.

Colds agg: calcarean -phos, rum<sup>[10]</sup>.

**Cracking in:** PETR, nit-ac, rhus-t, sulph<sup>[10]</sup>.

**Cracking in, open air:** ruta-g<sup>[10]</sup>.

Nodes, hard around: form-rufa<sup>[10]</sup>.

Oedema about: thuj<sup>[10]</sup>.

small: caulo, ledum, actea -spi.

Sprain easily: phos, rhus-tox<sup>[10]</sup>.

Swelling, fatigue, slight agg: act-spi<sup>[10]</sup>.

Synovitis: apis, bry, cal-f, iod, puls, silicea<sup>[10]</sup>.

**Arthritis Deformans:** arn, caust, colch, kali-iod<sup>[10]</sup>.

Ascending, agg: bryo, calc<sup>[10]</sup>.

Amel: conium, ferrum-met, rhododendron, valeriana<sup>[10]</sup>.

**RHEUMATISM,** acute, articular: tuberculinum<sup>[10]</sup>.

Alternating with: kali bich<sup>[10]</sup>.

With mental symptoms: cimicifuga<sup>[10]</sup>.

With urinary and asthmatic symptoms: benzoic acid<sup>[10]</sup>.

Chronic: kali iod<sup>[10]</sup>.

Cold amel: ledum, pulsatilla, secalecor<sup>[10]</sup>.

**KNEE,** ascending agg.: alumina, badiaga<sup>[10]</sup>.

Descending agg: argentum mur, veratrum album<sup>[10]</sup>.

Effusion: iodum, rhus-tox, sulphur<sup>[10]</sup>.

Housemaid: natrum mur<sup>[10]</sup>.

**ANKLES,** inflamed: Manganum<sup>[10]</sup>.

**ELBOW,** ankylosis: silicea<sup>[10]</sup>.

Swelling: bryonia, mercury<sup>[10]</sup>.

**SHOULDERS**, ankylosis: Cuprum<sup>[10]</sup> Joint cracking in: Calc carb, Kali carb<sup>[10]</sup>

Swelling: colocynth<sup>[10]</sup>

**WRIST**, cracking: Arnica, Conium<sup>[10]</sup>

**SPINE**, cracking in: Oleum animalis<sup>[10]</sup>

**FINGER** joints, nodes on: Staphysagria<sup>[10]</sup>

Swollen: Nitric acid<sup>[10]</sup>

Mobility affected: Calc carb<sup>[10]</sup>

Red: muriatic acid<sup>[10]</sup>

**TOE**, swollen: ledum, sabina<sup>[10]</sup>

**GOUT**:

Acute: colchicum, sabina, urtica<sup>[10]</sup>

Small joint of: Rannunculusscleratus<sup>[10]</sup>

Rheumatic: rhododendron<sup>[10]</sup>

**DIRECTION**, radiating: Phytolaca, causticum, merc-sol<sup>[10]</sup>.

**PAIN**, tearing, very severe: RHUS TOX, Cham, Aconite, Bryonia<sup>[10]</sup>.

Drawing: RHUS TOX<sup>[10]</sup>

Bursting, splitting: BELLADONA, BRYONIA<sup>[10]</sup>

**DIAGNOSIS FOR CONFIRMATION:**

- **X-ray.**
- **Magnetic resonance imaging**
- **Complete blood count**
- **HLA B-27.**
- **Uric acid estimation.**
- **Rheumatoid (RA) factor.**

**GENERAL MANAGEMENT:**

- Yoga.
- Physiotherapy.

- Massages.
- Hot and cold compresses.
- Diet rich in calcium and vitamin D.
- Proper diet for weight loss.
- Joint protection.

## Conclusion

The goal of our treatment is to provide pain relief, increase joint mobility, increase joint strength and to control the disease from its further extent. The above mentioned therapeutics, reportorial analysis and general management strategies will greatly help in the treatment of joint disorders through homoeopathy.

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# Systemic Lupus Erythematosus and its Homoeopathic perspective

By Shishir Mathur, Sangeeta Jain and Pavitra Gaur

**Abstract:** Systemic lupus erythematosus is an inadequately defined syndrome that has challenged immunologists, genetics and clinicians to solve its nature. It is characterised by multiple etiologies, occurring in different stochastically linked clusters. Homoeopathically, it falls under category of psora and sycosis miasm.

**Keywords:** systemic lupus erythematosus (SLE), miasms, homoeopathy

**Abbreviations:** Systemic lupus erythematosus (SLE), discoid lupus erythematosus (DLE), deoxyribonucleic acid (DNA), ultraviolet (UV), antinuclear antibody (ANA), erythrocyte sedimentation rate (ESR), enzyme-linked immunosorbent assay (ELISA), white blood cell (WBC), red blood cell (RBC)

## Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disorder in which organs and cells undergo damage, initially mediated by tissue binding autoantibodies and immune complexes.<sup>1</sup> In SLE immune system mistakenly attacks healthy tissues, most commonly affected are- skin, joints, kidneys, brain.<sup>2</sup> Usually autoantibodies are present a few year before the occurrence of first clinical symptom.<sup>1</sup>

This is a rare disease with a prevalence that ranges from about 0.03% in Caucasians to 0.2% in Afro-Caribbean's. Females are mostly affected with peak age of onset between 20 and 30 years. Because of increased risk of premature cardiovascular diseases SLE is associated with considerable morbidity and five-fold increase in mortality compared to age and gender matched controls.<sup>3</sup>

Discoid lupus is a benign variant of lupus in which only skin is involved. Discoid rash consist of erythematous, slightly raised patches with adherent keratotic scaling and follicular plugging.

Discoid rash without any systemic features occur in discoid lupus erythematosus (DLE).<sup>4</sup>

Studies of Anti- dsDNA antibodies in SLE have significantly enriched our knowledge about more general aspect of immune system itself.<sup>5</sup>

Exact cause is not known but it is believed that it is more prevalent in people with family history of lupus or other autoimmune conditions (genetics). Environmental factors like UV rays, certain medications, viruses, physical and emotional stress, trauma etc are other responsible factors. Women are affected more and are found to suffer more during pregnancy and menstruation because of the hormone Estrogen (Hormonal influence).<sup>6</sup>

## Pathophysiology

The cause of SLE is incompletely understood but genetic factors play an important role. SLE is associated with inherited mutations in complement components C1q, C2 and C4 in the immunoglobulin receptor FcγR1 or in DNA exonuclease TREX1.<sup>6</sup>

There is an autoantibody production, which is directed against an-

tigens present within the cell or within the nucleus. This has led to the hypothesis that SLE may occur because of defect in apoptosis.<sup>6</sup> Antinuclear antibodies are most characteristic and present in more than 95% of patients.<sup>5</sup>

## Clinical features<sup>7</sup>

Almost all body systems are affected:

1. Skin: Butterfly rashes, malar over cheeks and face, patchy redness with scarring (discoid skin rash), photosensitivity
2. Mucus membrane ulcers: Inflammation of lining of tissues around heart and lungs. (pleuritis/ pericarditis)
3. Arthritis with 2 or more swollen tender joint deformity (Jaccoud's arthropathy)<sup>3</sup>
4. Abnormal amount of protein and cellular elements in urine.
5. Blood picture shows low WBC, RBC, platelets.
6. Seizures, convulsion or psychosis may be present.

## Investigations<sup>5</sup>

Screening laboratory tests are:

1. ESR

2. Blood count, differential blood count
3. Creatinine
4. Urinary status and sediment
5. ANA
6. Anti-dsDNA antibodies (ELISA ; confirmation by radio-immunoassay or immunofluorescence test )

## General management:

The therapeutic goals are to educate the patient about the nature of illness, to control symptoms and to

prevent organ damage and maintain normal function.

Patient should be advised to avoid sun and ultraviolet light exposure and to employ sunblocks (sun protection factor 25-20).<sup>3</sup>

## Homoeopathic approach towards SLE:

Homoeopathic treatment is one of the most natural treatments being able to relieve the chronic disease in short period of time. Medicine is prescribed on basis of most perceivable symptoms of the sick person

and the homoeopathic remedies, used in their smallest dose which had been so far proved as to their pure, true effects.<sup>8</sup>

## In view of Homoeopathic Miasms:

In debilitating chronic diseases which is so unwilling to yield treatment, the miasms associated with them must always look out because the action of miasms is to make gaps and breaches in nature that the debilitated life forces cannot repair.<sup>9</sup> Miasms with their basic symptoms associated in SLE are tabulated below<sup>10</sup>.

	PSORA	SYCOSIS	SYPHILIS
Nature of disease	Deficiency disorders	Deposition and/or deprivation of tissues	Destructive disorders, deformities and fragility
Psychic manifestation	Richest in subjective manifestations, full of emotions, imagination but little or no objective symptoms	Not influenced by moral doctrine or religion, no spiritual outlook	No mercy, sympathy or affection for anything including his own self. An urge for destruction seems to be his only emotion
Mind	Indolent, aversion to work, bath, untidy. Indifferent, alert, apprehensive	Suspicious, Jealous: it develops into worst form of degeneracy because of basic suspicion and jealousy	Vitiated mentally, vitiates the sense of judgement. Memory and retention powers are extremely diminished
Pace of action	Hyperactive, dramatic development of symptoms	Extremely slow, insidious	Midway in pace, i.e. moderate
Organs and tissues affected	Ectodermal tissues, Nervous system, endocrine system, blood vessels, liver, skin	Endodermal tissues, soft tissues, attacks internal organs pelvis and sexual organs, blood	Mesodermal tissues, soft tissues and bones glandular tissues particularly lymphatics
Respiratory system	Dry spasmodic cough, chilly and hypersensitive to cold. Ascitis and hydrothorax are psoric manifestations	Asthma, pneumonia, bronchitis, cough and cold all aggravated in humid moist atmosphere and during rainy season	Ulcers in respiratory passage. Paroxysmal cough with tasteless yellowish, greenish or clearly sticky thread like discharge
Heart	A feeling of increased circulatory function, plethora, empty feeling in precordium or heaviness. Patient always thinks as if his heart action will stop soon. It is he who is constantly taking his own pulse . Bradycardia is psoric	Heart is affected as a result of suppression of rheumatic complaints.  Pulse; slow and feeble, soft and easily compressible  Tachycardia is sycosis	Angina pectoris  High blood pressure  Irregular pulse is syphilitic

Urinary	Retention from cold ;burning while urinating Phosphaturia after febrile complications	Scanty urination, but during rainy season polyurea is characteristic	Irritation and burning of the parts, wherever urine touches, indicates acidity of miasm.
Skin	Dirty ,dry harsh skin	Small , reddish, flat vesicular eruption	All sorts of ulcers, boils which do not heal fast
Modalities	<winters, during sleep, >sunrise to sunset, summer	<rest, damp, cold, most cold, rainy season, humid atmosphere >from motion, winter, from any unnatural discharge	<from sunset to sunrise, from natural discharge, from perspiration >change of position, from any abnormal discharge

### *In view of Homoeopathic Repertory:*

The fundamental rule of homoeopathy in treating the chronic disease is to let the action of the remedy selected in a mode homoeopathically appropriate to the case of disease which has been carefully investigated as to its symptoms come to an undisturbed conclusion, so long as it visibly advances the cure.<sup>8</sup>

A number of medicines are mentioned in different repertories where the rubrics related to clinical term "SLE" are mentioned. Some are-

**SKIN-Lupus-** abr. agar. alum. alum-sil. alumn. ant-c. arg-n. **ARS.** ars-i. aur-ar. aur-i. aur-m. *Bar-c.* bell. calc. calc-sil. calo. *Carb-ac.* *Carb-v.* *Caust.* chr-o. cic. *Cist.* ferr pic. germ-met. graph. guare. hep. *Hydr.* *Hydrc.* kali-ar. *Kali-bi.* kali-c. *Kali-chl.* *Kali-s.* kali-sil. *Kreos.* lach. **LYC.** m-arct. merc. merc-i-r. nat-m. **NIT-AC.** nux-v. ol-j. *Phyt.* *Psor.* puls. ran-b. rhus-t. sabin. sep. *Sil.* solsp. staph. sulph. thiosin. **THUJ.** tub.<sup>11</sup>

**SKIN-Lupus-discoïd**<sup>11</sup> tub.

**SKIN-Lupus erythematosum**<sup>12</sup> agar. alum. alumn. ant-c. apisarg-n. **ARS.** ars-i. aur-m. *Bar-c.* bell. calc. *Carb-ac.* *Carb-v.* *Caust.* cic. *Cist.*

graph. guare. hep. *Hydrc.* kali-ar. *Kali-bi.* kali-c. *Kali-chl.* *Kali-s.* *Kreos.* lach. **LYC.** m-arct. merc-i-r. *Nat-m.* **NIT-AC.** ol-j. paull. *Phos.* *Phyt.* *Psor.* rhus-t. sabin. sep. *Sil.* spong. staph. sulph. **THUJ.** *Thyr.*

**SKIN-Lupus erythematosus**<sup>13-</sup> apis. cist. guar. *Hydrc.* *Iod.* *Kali-bi.* *Phos.* sep. *Thyr.*

### *In view of Homoeopathic materia medica:*

Homeopathic medicines with the indications which are peculiar to those medicines which can be selected constitutionally in case of SLE:<sup>13,14</sup>

1. **Cistus canadensis:** Indicated in scrofulous affections, and in scorbutic states. Stitches and cold feelings are very prominent.
2. **Hydrocyanicum acid:** Depression, Discouragement, Anguish in pit of the stomach. Weakness of limbs esp. of thighs. Paralysis of inferior extremities. Muscles of back and face principally affected.
3. **Guarea:** Canine hunger in evening with inclination to vomit during fever. Hardness at umbilicus. Respiratory symptoms <from putting hand to throat.

4. **Lycopodium clavatum:** Paleness of face < in evening, face yellow and earthy, circumscribed redness of cheeks. Loss of appetite, bitter taste esp. in morning.
5. **Kalium bichromicum:** Rheumatic pains in knee and hip joints esp. during day. Pains which wander from one side of body to another. Gastric symptoms alternate with rheumatic complaints.
6. **Kalium chloricum:** Nephritis, Inability to empty bladder, urine increased in evening and night, contains albumen, casts and altered blood. Precordial anxiety with palpitations and oppression.
7. **Kreosotum:** Lachrymose humour, weakness of memory. Frequent and constant heat of face with deep red colour of whole face. Putrid odour from mouth, rising of flatus along with sour regurgitations.
8. **Natrum muraticum:** Miliary eruptions with rashes all over body. Restlessness and jerking in limbs, trembling of lower extremities > from continued walking. Palpitation of heart at every movement of body, but esp. lying on left side.
9. **Nitricum acidum:** Stools green, slimy, offensive, haemorrhages



profuse and bright red. Erysipelatous swelling of cheeks. Blisters and ulcers on tongue.

**10. *Thuja occidentalis*:** Complete loss of appetite. Flatulence with rumbling and colic. Urethra swollen and inflamed. Sensation of trickling after urination with. During walking limbs feel as if made of wood or glass and would break easily

**11. *Psorinum*:** Extreme sensitiveness to cold. Tongue, gums ulcerated. Humid eruptions on face. Eructations like bad eggs. Always hungry, must have something to eat in middle of night.

**12. *Sepia*:** Nausea at smell or sight of food which is worse on lying. Flatulence with headache. Brown spots on abdomen. Involuntary urination, during first sleep. Cough in morning with expectoration tasting salty.

## Conclusion

SLE can be treated effectively with individualized homoeopathic medicine selected after proper case taking and administering the appropriate homoeopathic medicine best suited to the case. Sometimes patients with SLE presents with few symptoms and patient is unable to present complete personal history as well so individualization is not possible; such cases can be treated effectively through therapeutic approach. Homoeopathic medicines give wonderful results because they convert a disturbed state of health into a harmonic state and improve quality of life.

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# Vitamin-D deficiency an lifestyle disorder and its homoeopathic approach

By Dr J. Senthilkumar, Dr M. Prabhu and Dr B.A. Vetrivelan

**Abstract:** Vitamin D deficiency occurs when people do not have an appropriate dietary intake or exposure to UVB rays. Symptoms may include muscle weakness, bone fragility, fracture of bone and fatigue. Complications may leads to rickets in children and osteomalacia, osteoporosis in elderly.

**Keyword:** Phytochemical analysis, *Echinacea angustifolia*, spectrophotometer.

**Abbreviations:** Bi (NO<sub>3</sub>)<sub>3</sub>·5H<sub>2</sub>O – bismuth nitrate pentahydrate, HNO<sub>3</sub>- nitric acid KNO<sub>3</sub> – potassium nitrate, H<sub>2</sub>O – water, Na<sub>2</sub>CO<sub>3</sub>-sodium carbonate, HCl – hydrochloric acid, ZnCl<sub>2</sub> – zinc chloride, Mg – magnesium, FeCl<sub>3</sub> – iron chloride, H<sub>2</sub>SO<sub>4</sub> – sulphuric acid, NaOH- sodium hydroxide.

## Introduction

The natural form of vitamin D, cholecalciferol or vitamin D<sub>3</sub>, is formed in the skin by the action of UV light on 7-dehydrocholesterol, a metabolite of cholesterol. Few foods contain vitamin D naturally and skin exposure to sunlight is the main source.<sup>(1)</sup> Vitamin D is a fat-soluble vitamin. There are

two chemical forms of vitamin D; ergocalciferol (vitamin D<sub>2</sub>) and cholecalciferol (vitamin D<sub>3</sub>). Ergocalciferol is present in food. Cholecalciferol is synthesized in the skin on exposure to sunlight from 7-dehydrocholesterol.

## Physiology

Vitamin D is converted in the liver to 25-hydroxy vitamin D (25(OH)

D), which is further hydroxylated in the kidneys to 1,25-dihydroxy-vitamin D (1,25 (OH)<sub>2</sub>D), the active form of the vitamin. 1,25 (OH)<sub>2</sub>D activates specific intracellular receptors which influence calcium metabolism, bone mineralisation and tissue differentiation.<sup>(1)</sup>

## Functions

Intestine	Promotes intestinal absorption of calcium and phosphorus.
Bone	Stimulates normal mineralization, enhances bone reabsorption, affects collagen maturation.
Kidney	Increases tubular reabsorption of phosphate, variable effect on reabsorption of calcium.
Other	Permits normal growth.

Table showing functions of vitamin D<sup>(2)</sup>

## Causes

### Reduced skin synthesis:

Sunscreen use- absorption of UVB radiation by sunscreen

Skin pigment- absorption of UVB radiation by melanin

Aging- reduction of 7-dehydrocholesterol in the skin

Skin grafts for burns- reduction of

7-dehydrocholesterol in the skin

rejection medications

### Decreased bioavailability

Malabsorption- reduction in fat absorption

Obesity- sequestration of vitamin D in body fat

### Increased catabolism

Anticonvulsants, glucocorticoids, HAART (AIDS treatment) and anti-

### Breast feeding

Poor vitamin D content in human milk

### Decreased synthesis of 25-hydroxyvitamin D

Liver failure

### Increased urinary loss of 25-hydroxyvitamin D

Nephrotic syndrome

## Decreased synthesis of 1,25-dihydroxyvitamin D

Chronic kidney disease<sup>(3)</sup>

### Clinical features

Vitamin D deficiency leads to *rickets*, which is usually seen in young children between the age of six months and two years.

At birth, neonatal rickets may present as 'craniotabes'.

In the first few years of life there may be *widened epiphyses* at the wrists and beading at the costochondral junctions, producing the '*rickety rosary*', or a groove in the rib cage (*Harrison's sulcus*).

In older children, lower limb deformities are seen.

A '*myopathy*' may also occur.

'*Hypocalcaemic tetany*' may occur in severe cases.

In adults, vitamin D deficiency may result in *osteomalacia*.

Adult osteomalacia produces vague symptoms of bone or *muscle pain and tenderness*.

*Pathological fractures* occur. Occasionally a marked proximal myopathy leads to a characteristic '*waddling*' gait.

Deformity is uncommon. In modern practice many cases are detected biochemically in high-risk patients, especially the elderly and those with gastrointestinal disease or surgery, before clear symptoms are present. Occasionally, tetany or other hypocalcaemic features may occur.<sup>(4)</sup>

### Investigations

- **Increased serum alkaline**

**phosphatase**, indicating increased osteoblast activity, is the most common abnormality.

- **Plasma calcium** is usually normal, in association with secondary hyperparathyroidism and a raised PTH, but may be low in severe cases.
- **Serum phosphate** may be low, owing to increased PTH-dependent phosphaturia, though this is variable.
- **Serum 25OHD** is usually low. Serum 1,25(OH)<sub>2</sub>D levels are also usually low.
- **X-rays** are often normal in adults, but may show defective mineralization, especially in the pelvis, long bones and the ribs, with pseudo fractures or 'Looser's zones' - linear areas of low density surrounded by sclerotic borders.
- **Iliac crest biopsy** with double tetracycline labeling is occasionally necessary if biochemical tests are equivocal.
- **Serum fibroblast FGF-23** is sometimes elevated in tumour-associated osteomalacia.<sup>(4)</sup>

### Prevention and treatment

- Treatment should be directed towards correction of the cause where possible, with increase in vitamin D intake and sunlight exposure.
- Calcium and vitamin D. Daily intakes of 700-1000 mg of calcium and 400-800

IU of vitamin D are recommended. In those with low dietary calcium intake and at risk from vitamin D insufficiency, calcium and vitamin D supplement should be advised.

- Gentle exercise in the elderly may reduce the risk of falls and improve the protective responses to falling.
- Smoking cessation. Smoking is associated with lower bone mineral density and increased fracture risk. Alcohol abuse should be avoided.
- Physiotherapy and assessment of home safety are helpful. Hip protectors do reduce fractures in the elderly in residential care.
- Monitoring of serum calcium, alkaline phosphatase and renal function should be undertaken regularly to screen for hypercalcaemia. Normalization of alkaline phosphatase is a good measure of healing.<sup>(4)</sup>

### Vitamin D deficiency in repertory

#### MURPHY'S REPERTORY<sup>(5)</sup>

**Children - EMACIATION - rickets, with**

BELL.Kali-p.

**Children - RICKETS, rachitis**

am-c.arg-met.ars.ASAF.bar-c.Bell.bufo.CALC.CALC-P.caust.cic.con.Ferr.Ferr-i.ferr-m.Ferr-p.Guaj.heclahed.Hep.iod.Ip.iris.Kali-i.Lac-c.Lyc.MERC.mez.Nit-ac.nux-m.Ol-j.op.petr.Ph-ac.PHOS.plb.Psor.Puls.rhod.Rhus-t.rutasacch.sanic.Sep.SIL.Staph.Sulph.tarent.ther.thuj.

**Children - RICKETS, rachitis - cur-**



vature, especially spine and long bones

**CALC.**

**Children - RICKETS, rachitis - curve, tendency to**

*Calc-p.*

**Children - RICKETS, rachitis - soft-en or bend, disposed to**

*Ferr.*

**Diseases - OSTEOPORUS, brittle bones**

*bufoCalc.calc-f.CALC-P.carc.sil.symph.*

**Bones - PAIN, bones**

*abies-n.acon.Agar.agn.am-c.am-m.anac.Arg-met.arn.ars.ars-i.ASAF.Aur.bar-c.bell.Berb.bism.bry.Calc.Calc-p.calc-s.cann-s.canth.Caps.carb-an.carb-v.carbn-s.caust.Cham.chel.Chin.chinin-s.choc.cic.Cinnb.clem.Cocc.colch.Coloc.Con.Cupr.cycl.dig.dios.dros.dulc.EUP-PER.euph.ferr.Fl-ac.glon.graph.guaj.hell.Hep.ign.iod.IP.kali-bi.kali-c.kali-s.kreos.lach.led.Lyc.Lyss.mag-c.mag-m.mang.MERC.merc-i-f.Mez.nat-c.nat-m.NIT-AC.olnd.op.petr.PH-AC.Phos.plb.PULS.ran-s.Rhod.Rhus-t.RUTAsabad.Sabin.samb.Sars.sec.Sep.Sil.spig.spong.Staph.still.stront-c.Sulph.teucr.ther.thuj.valer.verat.viol-t.zinc.*

**Bones - CURVATURE, of bones**

*am-c.asaf.bell.CALC.CALC-F.HECLAhep.lyc.Merc.nit-ac.Phos.puls.rhus-t.sep.SIL.staph.SULPH.*

**Bones - CURVATURE, of bones - curving, and bowing of**

*Calc.Calc-p.HECLAlyc.Sil.*

**SYNTHESIS REPERTORY 9.1 <sup>(8)</sup>**

**GENERALS - BONES; complaints of - porous**

*phos.*

**EXTREMITIES - PAIN - Bones**

*agar.ang.Arg-met.Arn.Ars.ars-s-f.ASAF.Aur.bamb-a.Calc.Calc-p.carb-v.caust.Cham.chin.choc.cinnb.Cocc.Colch.Con.Cupr.Dros.EUP-PER.Ferr.Fl-ac.gels.graph.Guaj.Hep.iod.Ip.kali-c.Kali-i.lach.Led.Lyc.mag-s.mang.MERC.Merc-i-f.mez.mur-ac.nat-m.nat-ox.NIT-AC.NUX-V.ozonePH-AC.Phos.phyt.plut-n.positr.pot-e.PULS.PYROG.Rhod.Rhus-t.RUTASars.Sep.Staph.sul-i.Sulph.Syph.tarent.ther.*

**EXTREMITIES - PAIN - Bones - fractures; in old**

*bamb-a.symph.*

**GENERALS - RICKETS**

*am-c.arg-met.Ars.ASAF.Bell.CALC.Calc-p.con.Ferr.Ferr-i.ferr-m.ferr-p.Guaj.heclahed.Hep.iod.Ip.Kali-i.lac-c.Lyc.mag-c.mag-m.MERC.mez.Nit-ac.nux-m.Ol-j.op.Ph-ac.PHOS.pin-s.Psor.Puls.Rhus-t.rutasacch.sanic.Sep.SIL.Staph.Sulph.tarent.ther.thuj.thyr.*

**GENERALS - BRITTLE bones**

*Asaf.bufoCalc.carc.Lac-ac.LYC.MERC.Ph-ac.phos.SIL.SULPH.Symph.syph.thuj.thyr.*

**GENERALS - OSTEOPOROSIS**

*arg-met.bacls-7.calc-f.cortico.cor-tiso.dys.fl-ac.morg-p.palo.*

**GENERALS - OSTEOPOROSIS - old people; in**

*germ-met.*

**BACK - CURVATURE of spine**

*acon.agar.ant-c.ASAF.aur.bar-c.Bar-m.bell.bry.CALC.CALC-F.calc-i.Calc-p.CALC-S.Carb-v.carbn-s.caust.cic.clem.coloc.Con.dros.dulc.ferr-i.heclahep.ip.kali-c.lach.Lyc.Merc.MERC-C.mez.nat-c.nat-m.op.PH-AC.Phos.plb.psor.Puls.rhus-t.rutasabin.sep.SIL.staph.SULPH.syph.tarent.ther.thuj.tub.*

**BBCR REPERTORY <sup>(10)</sup>**

**HEAD - External - enlarged (rickets, hydrocephalus, etc.)**

*Apisbar-c.CALC.Calc-p.coloc.hell.op.SIL.Sulph.*

**HEAD - External - enlarged (rickets, hydrocephalus, etc.) - body, with weak**

*Sil.*

**BONES - Fracture - disposition to MERC.**

**BONES - Porous**

*Phos.*

**BONES - Curvature, curve, deformed, etc., rachitis**

*am-c.ASAF.bar-c.BELL.bufoCALC.Calc-p.caust.cic.FERR.HEP.iod.ip.LYC.MERC.Mez.NIT-AC.petr.PH-AC.PHOS.plb.PULS.rhod.RutaSEP.SIL.Staph.SULPH.ther.thuj.*

## Therapeutics

### Asafoetida

Darting pain and caries in bone. Periosteum painful, swollen, enlarged. Tearing stitches in upper arm and forearm down to tips fingers. Pain as of splinter sticking in right fibula.<sup>(7)</sup>

### Belladonna

Arms benumbed and painful. Pressure, with sharp pains in the carpal and metacarpal bones. Frequent dislocation of the joints of the fingers. Bending of the knees and of the feet in walking.<sup>(7)</sup>

### Calcarea carbonica

Defective formation of bone. Late learning to walk, because the legs are so weak. Open fontanelles. Emaciated children, with big head and big belly. Malnutrition. Weakness of ankle in children, turn

inward, while walking. Tired of short walk.<sup>(9)</sup>

## *Calcareo phosphorica*

Fontanelles remain open too long. Cranial bones soft and thin.<sup>(6)</sup> Neck too thin and weak to support head. Rickets.<sup>(7)</sup>

## *Phosphoricum acidum*

Weak. Tearing pains in joints, bones and periosteum. Great debility. Pains at night as if bones were scraped. Stumbles easily and makes missteps. Rachitis.<sup>(6)</sup>

## *Phosphorus*

Joints; stiff, with little pain sprains; easily dislocated; weak spells in joints, aggravation exertion. Bone fragility. Ankles; as if to break; easy dislocation. Tottery; stumbles easily. Joints suddenly give way. Knees cold; in bed.<sup>(9)</sup>

## *Silicea terra*

Scrofulous rachitic children; with large head, open fontanelles; slow in walking, and wasted in body especially legs. Emaciation. Malnutrition. Weak ankles and feet.<sup>(9)</sup>

## *Sulphur*

Nutrition is affected on account of defective assimilation, in spite of voracious appetite, the patient emaciates. Fontanelles remain open too long. Curvature of spine.<sup>(9)</sup>

## *Symphytum officinale*

Injuries to cartilages; periosteum; with excessive pain. Comminuted fractures. Non-union of fractures.<sup>(9)</sup>

## *Lycopodium clavatum*

It affects the nutrition; due to weakness of digestion. Stiff back.

Emaciation about the neck. Curvature and caries of bones. Emaciation of one hand and one leg. Toes bend when walking.<sup>(9)</sup>

## Conclusion

Thus, vitamin D deficiency can be treated by proper dietary supplements and sun exposure. Homoeopathic medicine works by initiating the body's inherent reaction, which then stimulates the body to heal by itself. The weak and brittle bones due to demineralization can be effectively treated using homoeopathic medicines.

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# A homoeopath's totalistic viewpoint—some observations on diabetes mellitus\*\*

By Dr Sarabhai Kapadia, B.SC., D.M.S., Bombay

At an academic level, full consideration of all aspects cannot justify the assertion that by merely maintaining the blood glucose at normal level, everything that is necessary (for the restoration of health), has been achieved. Rather, the present therapeutic knowledge of the modern science has been able to provide with means only to deal with this aspect of controlling blood sugar, *and nothing more*.

It is observed that diabetic patients inherit a constitution where there is a tendency for certain peculiar pathological changes in the blood vessels. The changes in the large vessels—macroangiopathy, as well as changes in the capillaries—microangiopathy are recognized. These same people tend to develop a fault mainly in the beta cells of the pancreas, resulting in insufficient production of insulin. Without insulin, carbohydrate utilisation is wanting, and gradually a total failure occurs when fat (which is burnt in the fire of the carbohydrates) also remains unutilized. This results into a toxic state, due to these unutilized substances and leads to coma, and death thereafter. This coma which was responsible for 64% of the deaths of diabetic persons (50 years ago) has been prevented by the use of insulin. Many diabetics now live longer.

However, it is doubtful whether the vascular changes have decreased as a result of the use of insulin. Not only so, on the contrary, it is feared that they may appear earlier, and faster, with the use of insulin. Some oral anti-diabetic drugs have been suspected to be enhancing cardiac troubles.

Diabetic angiopathies and related neuropathy are the main features to be dealt with during the clinical treatment of diabetes. It is not certain whether the vascular factor is a primary inherited disorder and related changes (mainly in the pancreas) are the secondary effects, 'which breed the failure of the carbohydrate metabolism, i.e. insulin deficiency. Or whether, the carbohydrate consumption deficiency is primary, and vascular changes are secondary to it. It is also felt that, may be, both are separately carried. Lately the emphasis on hereditary factor seems to have been diluted, particularly in the cases of juvenile diabetes. A very common innocuous virus (Coxsackie B4) has been suspected to be damaging the pancreas in the youngsters.

It is also interesting to note that insulin, which in small quantities is able to prevent and certainly cure hyperglycaemic coma, in larger doses produces hypoglycaemic coma. The pictures of both coma are so very similar to each other

that one kind of coma is likely to be mistakenly treated for the other. Many such fatal errors have, indeed, been recorded. It is necessary to explore whether our law of cure—*similia similibus curentur*—is in some way involved.

Under present allopathic treatment, it is this area of preventing death with insulin, that the treatment of diabetes is most effective. It is this singular success in postponing coma and thereby death that the use of insulin has been most spectacularly successful. However, probably a price has to be paid in terms of accelerating the disorders with macroangiopathy and microangiopathy.

People, suffering from infection fostered, and infection fostering, diabetes mellitus, have poor resistance, mainly to streptococcus infections, and ultimately to tuberculosis (our latent psora). It should be worthwhile inquiring whether it is this low resistance that is inherited, and if other complications are based on it.

It is held that some of the untoward effects of insulin may be due to the unavoidable impurities in the available preparations of insulin. Apart from impurities, carbolic acid, in small amounts, is intentionally added to prevent putrefaction. We know Carbolic acid as a drug capable of inducing painless gangrene.

\* 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.

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The possibility that a virus can affect the pancreas was long realised by our science. Parotidinum, a virus nosode, had cured/a case of diabetes. Dr. Tyler, while taking notice of the same, points out to the possibility of such other nosodes in the following manner:

“Dr. X, impressed by his results with the nosodes of previous acute diseases in difficult chronic conditions, tells of two cases of diabetes which had not been progressing favourably in spite of careful prescribing.

“No. 1 suffered from neuritis and rheumatism of thighs, of several years’ duration. After 3-6 hourly doses of Parotidinum 30, the rheumatism vanished and has not returned during the last 5 months. The blood sugar has not been tested owing to war conditions.

No. 2 had a severe aggravation, and then clinical improvement. These cases are merely suggestive.”

“Let us carry the matter further, on the same lines. If pancreatitis may start in infectious diseases, as enteric, pyaemia, septicaemia, and may entail diabetes, goitre, etc., we have also to consider.”

In order to provide a direction for such research, I place before you some concepts which should enable us to take a totalistic view of diabetes and give proper place to the blood glucose level, along with some typical cases from my clinical experience, which deal with various aspects of diabetes.

## **Maturity onset diabetes—an adaptation syndrome**

When a person who is physically active and has good digestion,

joins business as an executive, in contrast to his decreasing physical activity, his intake of food continues to remain the same, or even increases. This leads to obesity resulting from deposits of the extra calories. However, a stage of saturation comes for the holding powers of the entire organism and an opening for throwing off the excess becomes a necessity. It has to be done in one or the other way. One of the several ways, by which the organism manages this physiological situation, is diabetes. During the initial state of rising level of blood glucose which is recognised as a chemical diabetic state, increasing obesity is observed. The same excess on reaching another limit then finds a vent and sugar starts passing in urine, an overt stage of diabetes. So the maturity onset diabetes is in a way ‘an adaptation syndrome’ to the excess of calorie absorption over the years. Naturally the ‘whole situation’ takes a particular shape depending upon the hereditary characteristics, the beta cells of the pancreas being in some way vulnerable contribute to the outline of the emerging picture.

## **Physical activity and insulin requirement**

A certain level of blood glucose is a single aspect of a total ‘homoeostasis’. Homoeostasis involves a multiple of factors each of them involves autonomous counter balancing processes. It is well-known that glucose level is affected over and above that of pancreas by the secretions from pituitary, thyroid, adrenal glands and the functioning of liver; not only that, it is also affected by the functions of muscles. Increased physical activity needs increased utilisation of glucose; however, increased

physical activity reduces the need of insulin. The questions of biological processes are not mathematical like that of physics and chemistry.

Restricted diet and increase in physical activity is the key to the true control of diabetes. Use of any drug for control of blood sugar should not mislead and divert the attention of the patient from this fundamental issue.

## **Juvenile diabetes : depression of beta cell function**

With this vulnerability of the beta cells of the pancreas, inherited from both the parents, one becomes a candidate for juvenile diabetes. Juvenile diabetes seems to be truly based on depressed function of the beta cells of the pancreas. This may be due to any of the acute miasmatic influences taking root on the susceptibilities nourished by the chronic miasm or certain deep acting drugs.

## **Ketone in urine and fasting**

Ketosis may not simply be an extension of carbohydrate failure. During fasting, some persons pass ketone sooner than others without raised glucose levels in blood or glucose in the urine. Ketosis proneness is the major distinguishing criteria of juvenile and maturity onset diabetes. The key factor in the production of both the states may be partly different. The presence of both the tendencies should be responsible for a very complicated situation of ketosis.

## **Clinical experiences**

It is generally held, very strongly,

that suppurations in a diabetic person will not show a tendency to heal as long as abnormality at the carbohydrate metabolism continues. Therefore, use of insulin, or any anti-diabetic drug, is considered of paramount importance even by some homoeopaths. My experiences over the past many years lead me to the conclusion that this is not so.

I have seen suppurative conditions cured, although the urine examinations showed persistent presence of glucose. I had not been, therefore, quite rigid in insisting upon the administration of insulin. If the patient has not been on insulin, I do not put him on it, regardless of the level of glucose in blood or urine. If he was already on insulin, reducing the dose of insulin, so as to produce a slight state of deficiency (which should prove stimulating to the system) was employed by me in some cases.

My latest experiences show that insulin, probably, stands in the way of proper healing, and therefore, I am inclined to discontinue its use totally. This discontinuation should be effected in a gradual manner. For diabetic ketosis, result of extreme overt diabetes, insulin injected to control the blood sugar and rectify the failing metabolism, is the only way so far known. Thus, it is necessary to remain on watch and ensure absence of ketone in the urine, during such treatment. I have known such cases becoming very serious in the hands of homoeopathic physicians. Resorting to this palliative restoration of extremely overt diabetes with ketosis should be done without hesitation, due to absence of better knowledge at

present.

*Case No. 1:* A diabetic patient suffered from perianal abscess, with extreme sensitivity to pain. Pain was temporarily ameliorated by application of local heat. Guided by this modality the selection of Hepar sulphur was made. This promptly cured the condition.

On another occasion in the same patient, a painful palatal cyst was caused by a septic tooth. The pain was ameliorated by local application of cold as well as heat. *Mercurius iodatus* fiasds CM relieved the pain in a short time, and started a fever with rigor. However, the patient became well the next morning.

The same remedy cured a whitlow of the right middle finger that had destroyed a part of the nail. Within a period of 3 months, the nail was restored so well that no defect could be detected even during the most careful examination. The local modalities, and the right side, guided me to this prescription.

It is interesting to note that during all these episodes, the patient continued to pass glucose in his urine (yellow precipitate with Benedict's solution). No insulin, or any other medicine, was given.

*Case No. 2:* A 71-year-old man was having a carbuncle on the hip. The indurated area was about 3" in extent, all around. He was previously treated with antibiotics, which had adverse effects on the renal function. He refused to take injections. The urine showed presence of glucose. He was grossly overweight, with a dry and rough skin, which was itching badly. He was put on Graphites

1M, 4 to 6 times a day. About 2 ozs. of pus could be expressed every day on pressing the surrounding area. Later on, he developed the following symptoms : (i) waking up frequently at night from sleep, (ii) scratching followed by burning.

Sulphur 1M was administered in repeated doses on the basis of these indications, considering the previous treatment with antibiotics. He made a good recovery and the subsequent three years' follow-up did not show any recurrence of suppuration.

*Case No. 3:* A woman, aged 32 years, sustained burns on both legs. This was a result of application of hot water bottle during the state of collapse, following a delivery of twins. The denuded surface on each leg was approximately 6 inches long and about 1½" wide. The area dried up within a week, under *Ars. alb.* 1M, given in repeated doses. The condition, however, flared up with a rise of temperature after the patient had a hearty meal of *puranpoli* (an extremely high sugar content delicacy of Gujarati people). *Phos. ac.* and *Calc.* gave no relief. *Silicea* was finally selected on the basis of (i) fever with chill followed by perspiration (temp. rising upto 102°F-104°F), (ii) dirty white pus, resembling muddy milk, (iii) pain, *Amel.* by application of local heat, and (iv) offensive perspiration, which cured the condition.

All through the sickness, the urine showed the presence of glucose. Six months later, urine examination did not show any glucose. A follow up, ten years after, had indicated absence of diabetes.

*Case No. 4:* Mr. B. V. P., aged 50, an uncontrolled diabetic for several years, came down with an attack of postero-lateral myocardial infarction. He was in a state of collapse, and had a slow pulse. He recovered well on Ant. tart. 1M in every four hours' given for two months. He was passing 2% to 4% sugar in the morning urine. At the end of two months, he came out with a small white pustule on his calf with a large dark pink areola. Ant. tart. was continued because his heart condition was improving. The pustule with pink areola enlarged considerably and evolved into a carbuncle. Ant. tart. was continued (interpretation: calf muscle in the place of the heart muscle). After three days, when this opened, there was an initial discharge of considerable quantity of pus following 'brick red pus' and ultimately copious discharge of bright red blood occurred. The allopathic consultants opined that unless Immediate antibiotic and insulin treatment was applied, a gangrenous condition would be the definite outcome.

As the patient had full faith in Homoeopathy he continued my treatment. At this stage he was put on Phos. 1M, every four hours. The discharge of blood gradually reduced and the wound healed in about 3 weeks. He was kept on Phos. 1MB.D. and thereafter it was continued in 10M, 50M & CM potencies for about two years. His diabetes, however, continued in almost the same severity.

*Case No. 5:* This male diabetic patient, 58 years age, had the suppuration on legs. He was an addicted smoker from his very young days. The surgeons had advised an amputation, the actual

site of amputation to be determined at the time of the operation. The choice of site was between above knee, or below knee. The patient, obviously wasn't keen about either! The treatment was commenced with Arsenic alb. 1000, in repeated doses. After two weeks, Acid nitric 200 in repeated doses was given on account of the strong smell of urine. A few days later, the patient developed the symptom, perspiration on the side not lain on, and Thuja 1M was given for 2 days, in repeated doses. At this stage, the ulcer started bleeding copious, non-coagulable red blood. This occurred after the patient ate several green chillies (he had a great craving for it). The purulent discharge thoroughly mixed with red blood gave a brick red appearance. Taking into account these symptoms, Phosphorus 1M was started and continued for 24 months, till the healing was complete.

During this period the patient was showing febrile reaction on and off, and with every such episode of fever, he showed further improvement. A sterile gauze was used as a dressing, throughout. No other local application was used. The opening continued to discharge masses of necrotic muscles throughout this period till the process of healing was completed. These ulcers and lesions were totally painless.

*Case No. 6:* A case of gangrene failed to respond to proper homoeopathic prescribing (in contrast to case No. 5). One fails to appreciate this failure and is inclined to take two probable causes which prevented the cure: (1) sympathectomy operation was performed on her earlier. (2) insulin was permitted to maintain

control of the blood sugar.

*Case No. 7:* A chronically ulcerated bunion near the great toe was treated over a period of six months by me, where properly indicated remedies failed to bring about a permanent healing of the ulcer. Each time there was a recurrence of the ulceration after some signs of healing in response to the remedy given. The same person had earlier taken treatment from other homoeopathic physicians with similar experiences. During homoeopathic treatment, he was permitted to take anti-diabetic treatment as well.

*Case No. 8:* I have been suffering from diabetes since 1965 which was detected during a life insurance medical check-up—urine sugar giving a yellow precipitate with Benedict's solution. I had to resort to insulin in 1978, when I had started passing Ketone + + + over and above glucose + + + This crisis had occurred when there were long hours of fasting each day.

I suffered from ulceration of a bunion in May 1980 which was caused after a shoe bite. The ulcer developed into a deep crack and was oozing black offensive, sero-pus. This happened during the period when I was controlling my blood sugar with a diet, accompanied by regular injections of insulin. The ulcer became increasingly ugly, black, and was threatening to become a gangrene.

Several good prescriptions, after eliciting a healing response, failed to produce a total healing. On the contrary, the ulcer kept on recurring and enlarging. For a period of eight months, this deterioration continued.



At this stage, I decided to discontinue insulin and resort to a stricter diet control. In approximately eight weeks' time, the ulcer healed completely. Though the skin in this area had remained slightly thickened, there was no recurrence of the ulcer for last one year. Sugar in the urine had gradually gone up to a dark brown colour on diastatic showing over 2%. My fasting blood sugar estimate: 311 mg/c.c. Such cases have led me to conclude that insulin intake may be a serious impediment to the action of proper homoeopathic medicine at least in some cases. This is more so when suppurative and gangrenous conditions are threatening.

*Case No. 9:* in this note Shri Rawal, B.Sc. (Hons.), B.S.Ch.E., M.S.Ch.E., Michigan, U.S.A., aged 60 years (birth date: 3.4.1922); a consultant in pharmaceutical chemicals tells his own story.

The first detection of diabetes in my case was in August 1955. During the onset period one tablet of 500 mg of tolbutamide per day was prescribed. The dose was gradually increased and by the year 1965 I was taking three tablets of tolbutamide. Blood sugar after one hour of intake of glucose used to go as high as 200-250 mg. By 1970 the drug dose was four tablets of 500 mg tolbutamide and three tablets of phenformin; with this blood sugar after one hour of glucose intake used to be at the level of 150-170 mg. This dosage was continued till August 1972.

During 1962-72, off and on high blood pressure and ischemic pain along with high cholesterol were observed. Highest cholesterol at one time was 375 mg. For this and high blood pressure treatment from late Dr. Jal Vakil was taken.

Blood pressure would sometime shoot up to 180-190/115.

Along with these troubles I used to have lumbago like pain in the back. This pain used to come at least twice a year. At one time it was so severe that hydrocortisone was injected in the lower region of spine. With this there developed a cervical spondylosis for which traction and use of belts on the neck were needed.

From August 1972 homoeopathic treatment was started; during the treatment every alternate month post lunch blood sugar was done. After one year, i.e. by August 1973 the antidiabetic drugs were gradually reduced to two tablets of 500 mg tolbutamide per day. By April 1974 the allopathic drug was completely stopped.

During this period of the treatment in the initial stage itself there was marked improvement in spondylosis and the use of the belt was abandoned. When the allopathic treatment was completely stopped the blood sugar level used to be fasting 95-110 mg, post lunch 120-140 mg; this level was maintained with normal diet with occasional intake of little bit of sweets. For five years the sugar level was maintained at the above mentioned level. During this period once in a year lumbago like pain used to occur but for this, one or two days of homoeopathic treatment sufficed to cure the same. This pain did not appear at all during the last two years.

Yearly cardiograms showed continuous improvement over the previous ones. Ischemic pain was gone and cholesterol level

remained under 250 mg/c.c. Late 1979, the post lunch sugar was found to be at the level of 180 mg. This level again came down to normal at 130-140 mg within six months. During this period also no other drug was taken.

Before starting the homoeopathic treatment I used to get tired easily and stamina to work used to be at very low level. Because of this treatment my tiredness is not there. I am now 10 years older but I am able to work 8-12 hrs. a day and even when my work includes occasional travelling, I work with greater ease and comfort in spite of suffering from asthma.

During this treatment, asthma appeared. I did not feel it at that time. From the beginning it was observed that my breathing was not normal. Treatment for asthma is being continued for the last three years. The heavy attacks are not there but morning and evening breathlessness comes occasionally. The treatment is continued for the same.

## Therapeutic hints about the treatment of suppuration

There are several drugs recorded in repertory under abscesses, unhealthy skin and other places. However, we have quite a few drugs with well defined indications that enable us to control the suppurative processes and promote healing. Diabetes or no diabetes, the choice of the remedy should, as usual, be dictated by the general symptoms, especially the mental state, if prominent, the site of suppuration (side), direction of spread, the character of the pus, and the local sensations along with

concomitant symptoms and their modalities.

The modalities of heat and cold are of prime importance in determining the remedy. Effects of heat and cold stated by the patient, based on his offhand impressions, may be erroneous. Therefore, it is important to determine them by actual testing with the application of heat as well as cold to the painful part and be absolutely certain about them. I shall narrate a case to indicate the significance of this.

Mr. Das, a middle aged man, suffered from right sided hydrothorax of undetermined aetiology. He was operated upon his thorax, with removal of three ribs. Subsequently, chest fluid was tapped, three times, before he came under my treatment. I do not recollect the remedies administered in the beginning to which he responded partially. There was some slowing down in the collection of fluid; however, the same continued to increase causing a greater sense of heaviness on that side. On screening his chest, it became known that the entire right side was completely filled up with fluid. This called for an urgent tapping, which I was supposed to avoid. On returning from the radiologist, I once again sat down with the patient to elicit if at all there were any other new symptoms which were annoying him, apart from the heaviness of the chest. He told me that for last few days he had been very much troubled by pain in one tooth, and that he did not mention about it because he did not want to burden me with many problems. He was given two glasses of water, one considerably warm and the other ice cold, to test

the effect on the paining tooth, by holding mouthfuls of each in turn. He found that both aggravated his pain. On this I prescribed Merc. i.f. 1M, every two hours, while awake. He felt slight relief in the sense of heaviness during the first 24 hours. When he was x-rayed after five days the fluid had disappeared.

The second important point I would like to stress is that the supplicative drugs may not often act well unless we first treat the immediate causative factor. e.g. injury with appropriate drugs like Arnica (soft tissue injury), Hypericum (nerve injury), Symphytum, (bone injury) and Ruta (sprains of ligaments, periosteal and scalp injury). At times any one of these remedies, alone, may prove sufficient to check suppuration and complete the healing process.

The third significant point is that the prescriber should take into account the miasmatic background, if any and prescribe the appropriate remedy or nosode, and not rely merely on the anti-suppurative remedy. These, however, may be indicated later on during the treatment in order to complete the cure. They do not act well if prescribed right at the beginning, without prior preparation.

I have seen that Arsenic alb. although indicated is often quite insufficient to cure on its own. Its action often ceases and even the higher potencies show no better response. Finally, one is required to turn to some other more deep acting remedy. Valuable time may be saved by a timely change. I have since stopped relying on it except as an initial remedy to be

followed soon by one of the more appropriate deep acting remedies.

Range of Acid fluor. in suppuration is very deep. With amelioration from cold accompanied by amelioration from short sleep, it manages to cover the case fully. It appears to take over the work of final healing process as a complementary after most remedies. It rarely needs another remedy to complete its work after it has come in in the right manner. Even the work left over by Secale cor. in gangrene is completed by its action and it is one of the finest remedies of gangrenous states on its own.

## Leaders in the treatment of suppuration

Amelioration from warmth with aggravation from cold, brings in mainly Hepar sulph., Silicea and Ars. alb. for consideration. Hepar sulph. has splinter-like pains, extreme hypersensitiveness to touch and draft, the immediate relief from local heat is so 'flitch' that it becomes possible to touch and even press the painful part after application of heat; the pus is sanguineous, the desire for pungent food and sour articles, which aggravates, are its additional features. Ars. alb. has burning pain ameliorated by heat; prostration, thirst, and anxiety with its extreme restlessness; Ars. alb. shares its restlessness with Tarentula. (In Tarentula there is amelioration from music.) Silicea has amelioration from local heat, and has the offensive sweats in cold palms and soles. The pus has a peculiar dirty-muddy, white, appearance.

Amelioration from local cold should draw attention mainly, to the remedies; Fluoric acid, Lachesis, Secale cor., Calc. sulph.. Picric acid and Kali iodide. Fluoric acid is ameliorated by short sleep; whereas Lachesis and Picric acid are aggravated by sleep. Picric acid has considerable thirst for cold water, the neurasthenic state, and aversion to mental work with desire to sit still and listless. We have observed that joyotis and happy-go-lucky type Fluoric acid and jealous Lachesis bear inimical relationship to each other. It requires Pulsatilla, as a bridge between the two. Lachesis, as well as Pulsatilla, are jealous patients. Kali iodide patient has strong desire for open air and motion (walking) and has a very harsh temper like Hepar sulph.

I would like to point out my observation that many of the patients requiring Phosphorus often show an inordinate craving for chillies and pungent things; as regards cold drinks, many of them have learnt through experience to avoid these because cold drinks cause trouble to them. Hence craving for cold water of a Phosphorus patient is often not easily seen. Many phosphorus patients have been seen by me, who perspire on scalp while eating particularly pungent food or warm food. Perspiration on side not lain on has also been observed in a few of them. Brick red colour of the pus when pus appears to be thoroughly mixed with blood is characteristic of Phosphorus.

Acid fluor. often follows as a complementary medicine, especially when the characteristic amelioration from cold is present.

One sees in the chapter of

Generalities in Kent's *Repertory* that there are many remedies cited for aggravation from cold as well as heat. In this list also appear Acid fluor. as well as Silicea. However, in our experience it is seen that local modality of Acid fluor. in suppurating condition is aggravated by heat and ameliorated by cold and the reverse of the same is Silicea.

The placing of various remedies in this particular rubric shows that there are considerable symptoms which have shown aggravation from cold whereas more or less symptoms have also shown aggravation from heat. Fluoric acid is a remedy of overheated states, even ravages made by long hectic fevers of tuberculosis. Silicea is positively a leader for complaints on being chilled when overheated.

For amelioration from cold as well as from warmth, and aggravation from extremes of cold as well warmth, Mercury is most important. In Mercury, the affected part burns on touch, like Cantharis. Mercury also has a shivering sensation in an abscess. I have commonly used the iodides: Merc. i.f. for the right sided or for right to left, whereas Merc. i.f. for left sided or for left to right aggravation.

These comments on leading suppurative remedies are based on my partial notes made more than twelve years ago. These partial notes were compiled at that time, when I first thought of writing about diabetes and suppurations. Not only it is very far from an exhaustive therapeutics of the topic, even the indications of the remedies that have been described are very incomplete and cursory.

However, I feel I should share this information with my colleagues because:

(a) A full appreciation of a drug as a remedy as to its sphere of action and clinical utility cannot be derived without repeated clinical trials based on certain easily ascertainable indications. The experiences of old masters have repeatedly shown that wide efficacy and utility of approximately one hundred polychrest drugs. These same drugs are widely applied in the practice of Homoeopathy very successfully.

(b) At the same time, during scientific practice, one cannot overlook the immense value of a rare medicine which might be needed in a case before us. There are more than 50 remedies listed under the rubric Abscess, as well as Unhealthy skin, in Kent's *Repertory*. At various localities, again there may be different remedies mentioned. At the same time, one should be well aware that any of the approximately 650 remedies (or 1540, if we consider latest additions) may be called for in any given case. However, a kind of therapeutics of well defined, properly evaluated remedies has to evolve gradually. Such notes will contribute to the development of such therapeutics.

Source:  
*The Hahnemannian Gleanings*  
Vol. XLIX, No. 7, July 1982





# A repertory based on allen's keynote and nash leaders including relationship of remedies

By Captain K.K.Sirker

*"There is no resting ground in homoeopathy; progress is the very breath of its existence." –J. H. Clarke*

**Abstract:** As the name of the book says REPERTORY but actually the book is less voluminous as compared to other Repertories we usually follow. This feature of the book attracted me towards this book, to start my journey with this book.

So, to begin with, this repertory is basically based on other two very important rather essential books of homoeopathic materia medica, i.e. *Allen's Keynotes* and *Nash Leader's in Homoeopathic Therapeutics*.

ISBN: 81-319-0076-5

Publisher: B. Jain Publishers Pvt. Ltd.

## Introduction

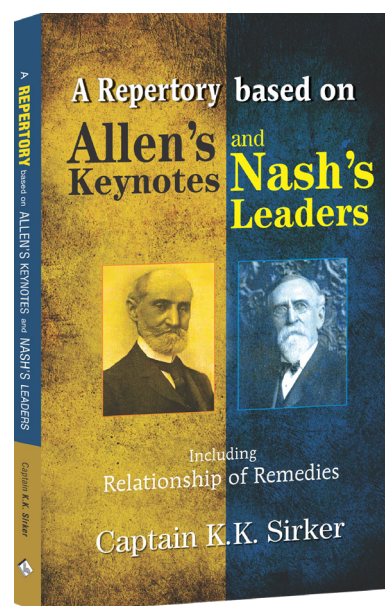
Learning gives creativity, creativity leads to thinking, thinking provides knowledge, and knowledge makes you great.

- Dr Abdul Kalam

## Repertory Proper

### MACROSTRUCTURE:

- ❑ This book consist of **40 chapters** with **328 remedies** which are classified as per the regions of human body, with certain additions of chapters under heading as –



S. No	Chapter	S. No.	Chapter
1	Abdomen	22	Mind
2	Alteration of states	23	Mouth
3	Back	24	Nose
4	Bladder	25	Perspiration
5	Chest	26	Prostate gland
6	Chill	27	Rectum and anus
7	Cough	28	Respiration
8	Ear	29	Sensation as if
9	Ear hearing	30	Sensation
10	Expectoration	31	Skin
11	Extremities	32	Sleep

12	Eye	33	Stomach
13	Eye-vision	34	Stool
14	Face	35	Teeth
15	Fever	36	Throat
16	Genitalia-male	37	External throat
17	Genitalia-female	38	Urethra
18	Generalities	39	Urine
19	Head	40	Vertigo
20	Kidneys	41	Relationship of remedies
21	Larynx and trachea		

## MICROSTRUCTURE

❑ The exclusive chapter are :

- Ch – 2 Alternation of state.
- In this chapter, alteration of states have beautifully explained with **28 rubrics** example: Diarrhoea (in summer) - Diarrhoea (in winter)

- Headache and foot sweat

- Ch-29 Sensation as if

In sensation as if part and explained with the associated sensation with **24 rubrics**

e.g: Head, elongated

Vagina, in warm water flowing down

- Ch -30 Sensation of

In sensation of sensation associated with part and explained with the associated sensation with **24 rubrics**

e.g: Cobweb, on face

Trembling, of all over

- ❑ This makes this repertory useful to help in selection of remedy on basis of individualisation.

- 41<sup>st</sup> chapter is the main highlight of the book because of its utility in day to day clinical practice. This chapter is on relationship of remedies

for second prescription, including complementary medicine, antidote, inimical, incompatible, similar and comparative remedies. This handy information helps the prescribers to get desired result in his practice.

## ARRANGEMENT OF CHAPTERS, RUBRICS AND SUB RUBRICS

- **Chapters:** Alphabetical order
- **Rubrics:** Alphabetical order
- **Subrubrics :** Alphabetical order

## Typography

### 3 Gradation Used

There are three gradation followed in the book as of *Kent's Repertory*.

- ❑ 3: *Italics*
- ❑ 2: **Bold roman**
- ❑ 1: Roman

### Cross References

- ❑ See in brackets wherever required  
Cramp (see pain)  
Croaking (see rumbling)

### Scope:

- Direct nosological diagnosis is been mentioned in form of clinical rubrics, which really

helps the practitioners of today's time, who gives lots of importance to the diagnosis of the disease.

- The basic format of the repertory is based on *Kent's repertory* because of which most of the users find it convenient to follow.
- The relevance and feasibility of this repertory makes it more handy and user friendly.
- This book is ready reference material available for students and busy practitioners for quick decision of prescription and follow up.
- The book has chapters, rubrics, sub-rubrics are all arranged alphabetically. Which makes the use easy as one doesn't have to memorise the order of presentation of chapters

### Limitations:

- ❑ Some of the remedies in *Allen's Keynotes* are missing in this book .For example, *Dysentric compound* ,*Malaria Officinalis*, *X-Ray*

## Conclusion

As homoeopaths, we all know materia medica is the ultimate

platform for selection of a remedy for which repertory is an index, which help us to hunt through. Even after best possible use of repertory and process of repertorisation, we have to go to materia medica for final call for prescription.

All practioners of homoeopathy across must have referred these two basic books of materia medica. As this repertory based on *Allen's Keynotes* and *Nash Leader's*, so after repertorisation it really goes parallel to confirm or reaffirm on the selected remedy.

**Reviewed by**  
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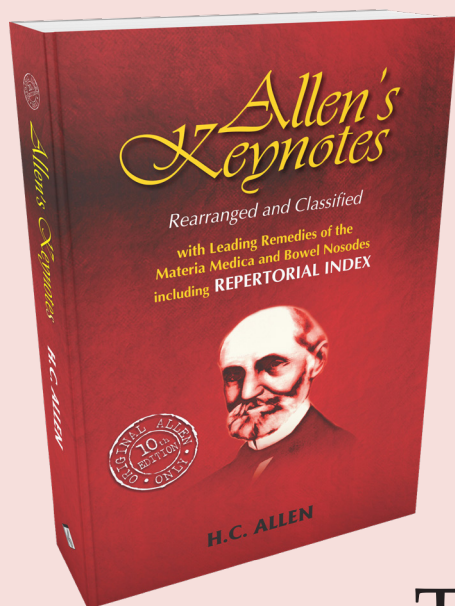


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# Allen's Keynotes

## H.C. Allen



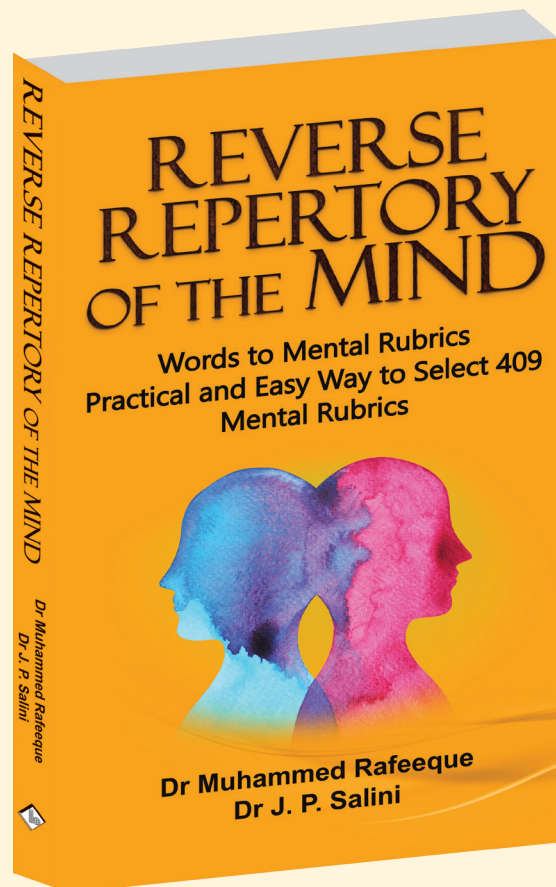
- Reportorial Index based on Allen's Keynotes has been incorporated in the latest edition
- All symptoms belonging to one organ or organs having a similar and related function, are grouped together, so as to facilitate a deeper understanding of pathogenesis of a drug and the genesis of a symptom
- Symptoms re-arranged and follow each other in a logical sequence, so that no symptom is lost to the reader even on casual reading
- Complete standard book on the homoeopathic materia medica has standardized abbreviations according to Synthesis Repertory

**T**his rearranged and classified Materia Medica with Bowel Nosodes is most comprehensive and practical work for the cure of the sick.

**ISBN: 978-81-319-0088-8**



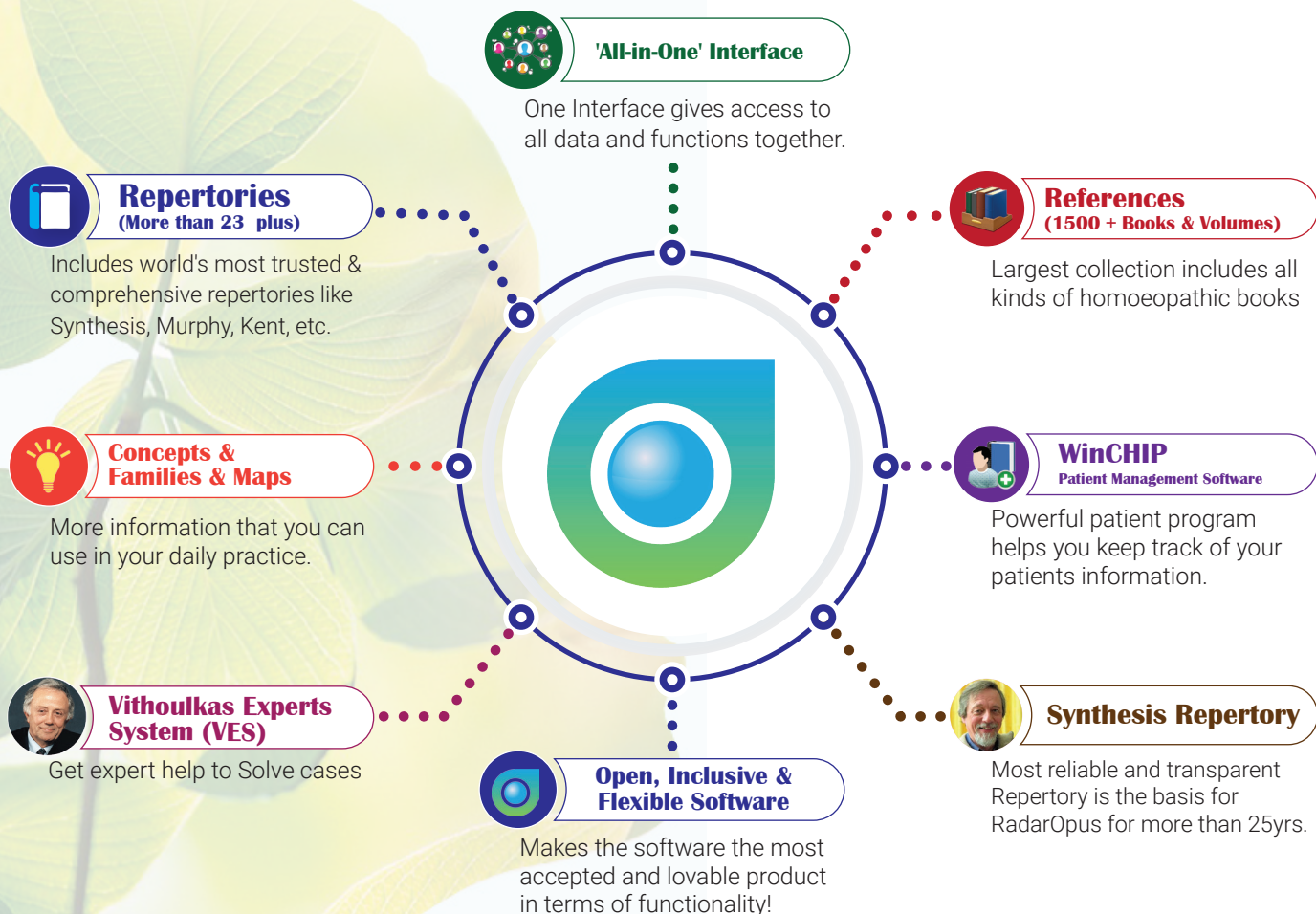
# REVERSE REPERTORY OF THE MIND



- The book clearly explains how to convert the patient's symptoms into rubrics given in the repertory.
- 409 mental rubrics from Kent's Repertory and Synthesis Repertory are wonderfully explained starting from "Abandoned" to "Zealous", including the meaning of the rubric, clinical situation, patient's and attendant's narration, the observation of physician, followed by important remedies given in the rubric.
- 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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