

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Role of Homoeopathy in Lifestyle Disorders

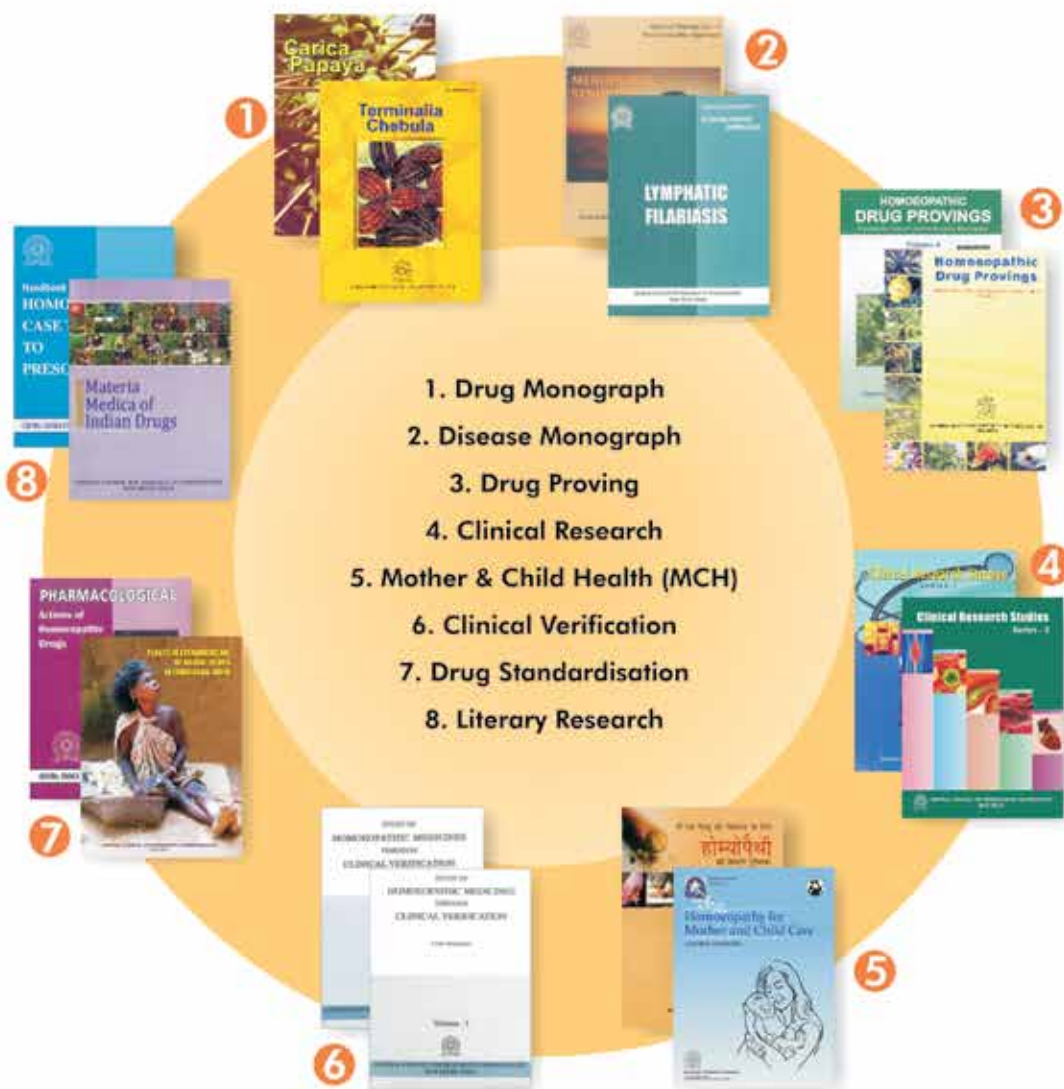
- Alcohol use disorder: an emerging lifestyle disorder
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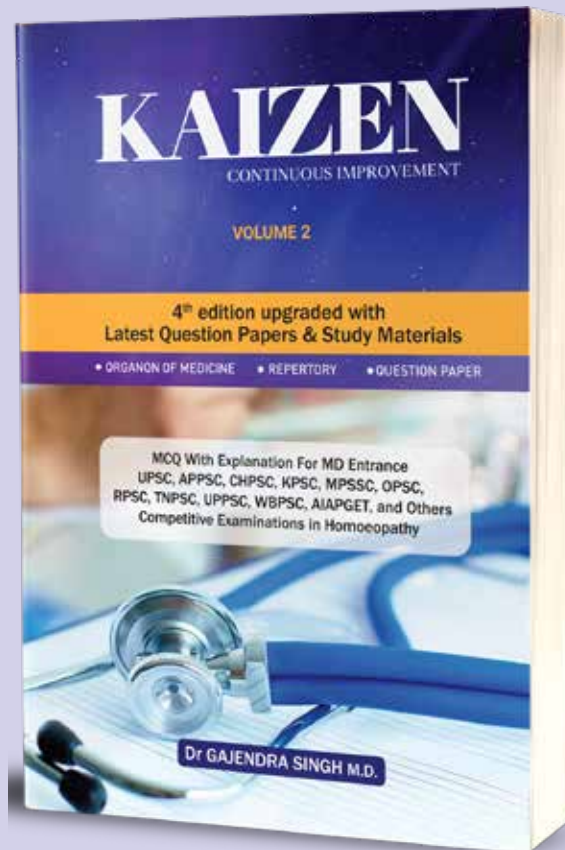
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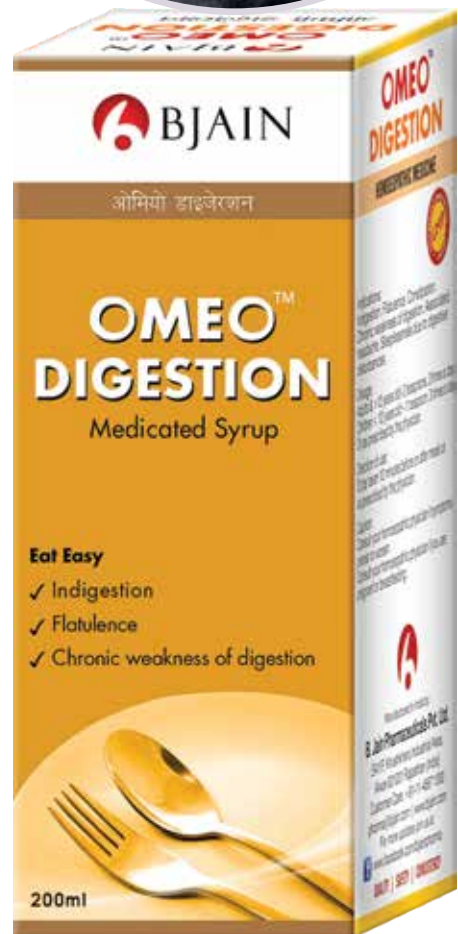
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Cover: Girl with a glucometer

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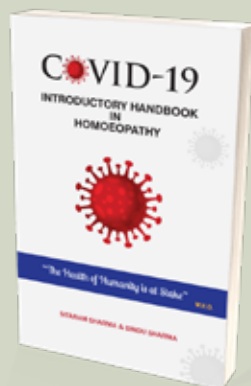
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COVID-19: Introductory handbook in homoeopathy

Dr Sita Ram Sharma and Dr Bindu Sharma

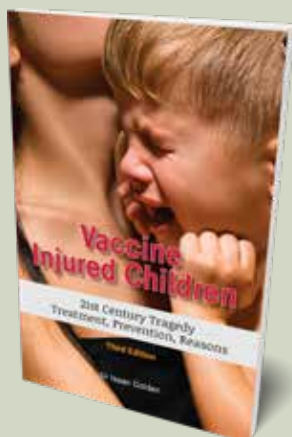


- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance 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

Vaccine injured children

Dr Isaac Golden

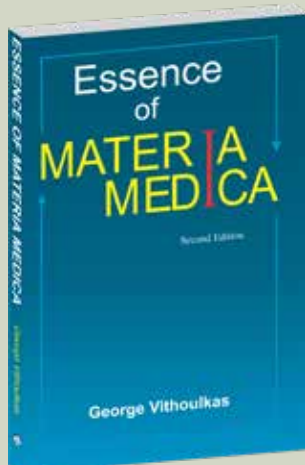


- A valuable resource and an authentic evidence for practitioners of any modality to recognise and treat vaccine injury.
- A guide for the parents or would-be parents about the painful effects of different vaccines on children.
- This book is not against vaccination but only an attempt to make people 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.
- Case records with the latest figures and data analysis are being presented to illustrate the practical aspects of the management of vaccine injury.

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Essence of Materia Medica

George Vithoulkas



- Describes portraits of 51 remedies
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Dear Readers,

From living under the open sky to sitting in an air-conditioned room; from working with stones to mechanizing; from simple living to modernising; our lives have dramatically advanced. Change is inevitable, it is the law of nature, but there is a difference of opinion as to whether we are now living sophisticated or previously; whether we can proceed or slow down this phase of development. Lifestyle today defines your family tomorrow. It is not only an old English saying but its relevance in today's circumstances is becoming more pronounced and outstanding. Lifestyle disorders have been on a mercurial rise over the past few decades. Factors such as sedentary lifestyle, psychological stress, environmental and occupational exposures, amalgamated with unhealthy eating habits have been the wrecker in chief. The mad and competitive rush to reach the pinnacle has serious health implications. Lack of proper awareness has made the situation even worse, and if they're not treated well, can cause havoc, changing the entire dynamics of a person's life.

Master Hahnemann has beautifully explained about lifestyle factors in the literature such as maintaining cause, obstacles to cure, and accessory circumstances, which prepare the soil for development of lots of diseases. Following "modus operandi", homoeopathy has time and again proved itself with some of its miraculous cure which could not be affected otherwise. From soothing the suffering of the patients to permanent restoration of health, homoeopathy has been efficacious, as illustrated in various

articles by eminent doctors in this issue. An individualised homoeopathic remedy, prescribed on the basis of the individual case history after understanding the patient completely, proves to be of great help in lifestyle disorders.

A Quick Word on Issue Content:

The peer reviewed article of this issue is a case report on homoeopathy with lifestyle modifications in dyslipidaemia associated with hypertension by Dr Anit Singh (Acharya). A special article on theoretical overview of the concept of health, disease and cure in current knowledge vis-a-vis with the homoeopathic concept of the same sketched from the Organon of Medicine of Dr Hahnemann by Dr N Harihara Iyer has been taken up for the readers to enlighten them about the fundamentals of homoeopathy. The subjective articles highlighting the homeopathic approach in lifestyle disorders include alcohol use disorder: an emerging lifestyle disorder by C.P. Sharma, Deeksha, Arun Kumar, irritable bowel syndrome: a psychosomatic disorder and homoeopathy by Dr Arpana Singh, lifestyle disorders and homoeopathic management by Prof. (Dr) Goutam Das, Calcarea group in management of obesity in children by Dr Jyoti Chhikara, Dr Vasundhara Mehrotra and Dr Priya Garg. The case studies such as a case of trigeminal neuralgia treated by Synthesis Repertory by Dr Azizul Islam Khadim, a case of life style disorder and homoeopathy by Dr S. Sabari Rajan and Dr C.T. Nisha Rani, role of homoeopathy in occupational lifestyle disorders by Dr Supriya S. Naik, , a case study on essential hypertension treated by

homoeopathy by Dr Sujata Naik and Dr Runali Kelwalkar-Kore, constitutional approach in homoeopathy cured hypothyroidism: a case report by Dr Dhanya G Nair have beautifully presented role of homoeopathy in numerous lifestyle diseases. The research papers include efficacy of homoeopathic medicine *Niccolum metallicum* in cases of migraine by Dr Heena Rawal and Dr Gaurav Bhatt, impact of stressful events in early life on cognitive impairment among adults – a risk factor for dementia by Dr Shreyank Kotian and Dr Girish Navada, and association of tobacco consumption with hypertension in adult rural community of North Belagavi, Karnataka – a cross sectional prospective study by Dr Jyothi Vijaykumar and Dr Shweta B. Nanjannavar.

Homoeopathy is a cost-effective, hassle-free, gentle healing art that improves the quality of life and thus increases the survival period. As a physician, one must move patients from requiring extrinsic motivation to change their unhealthy behaviour to being intrinsically motivated. Hope this issue will help the readers to visualise the power of homoeopathy in managing lifestyle diseases. We wish you would see many more cures in future and broaden the horizon of homoeopathy while dealing with such disorders. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora
hheditor@bjain.com



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

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Role of homoeopathy in lifestyle disorders



Lifestyle diseases are the ailments that are primarily based on day to day habits of people. Habits, which detract people from the activity and push them towards a sedentary routine, can cause several health issues leading to chronic non-communicable diseases that can have life-threatening consequences.

Introduction

Non-communicable diseases (NCDs) kill around 40 million people each year, approximately 70% of all deaths globally. ¹ NCDs are chronic in nature and cannot be communicated from one person to another. They are a result of a combination of factors including genetics, physiology, environment, and behaviours. The main types of NCDs are cardiovascular and chronic respiratory diseases in addition to cancer. NCDs such as cardiovascular diseases (CVD), stroke, diabetes, and certain forms of cancer are heavily linked to lifestyle choices, and hence, are often known as lifestyle diseases.

Cardiovascular diseases that include heart attacks and stroke account for 17.7 million deaths every year, making it the most lethal disease globally. Cancer kills around 8.8 million people each year, followed by respiratory diseases that claim approximately 3.9 million lives annually, and diabetes that has an annual morbidity rate of 1.6 million. These four groups of conditions are the most common causes of death among all NCDs. Lifestyle disease is defined as a disease associated with the way a person or group of people lives. Lifestyle diseases include atherosclerosis, heart disease, stroke, obesity, type 2 diabetes,

conditions associated with smoking and alcohol and drug abuse.

Case study

A man aged 60 years, an owner of a departmental store in Budapest famous for selling world-class tobacco and cigars, came with the diagnosed case of Buerger's disease; he once went to a doctor who frightened him of doing amputation. Since then, he stopped visiting doctors, he also suffered from obesity, hypertension, cholesterol issues for which he used to take conventional medications but refused to have any diet control, or give up smoking.

History of presenting complaints

Pain and cramps in calf and leg if he walks more than 100 yards or if he stands for more than 5 minutes, he had to sit. He used to get the same pain as he had on walking, he was on clopidogrel and pentoxifylline, but with very little relief. His complaints became worse in winters; and was a very chilly patient.

Generals

Very lazy and sedentary.

Short-tempered, gets angry, very fast, especially if kept waiting or someone did something wrong.

Very fearful of hoarse, never sat on a horse.

Considered doctors as a devil ever since they wanted to amputate his lower limb.

Totality of symptoms

MIND - ANGER - late, when others are

MIND - ANGER - wrong; actions of others from

MIND - FEAR - doctors

MIND - FEAR - horses; of

MIND - POTATO COUCH

EXTREMITIES - THROMBOSIS - Lower limbs

nux-v.	nat-m.	calc.	aur.	ars.	lyc.	phos.	sulph.	sep.	bry.	verat.	con.	staph.	arg-n.	sil.	arn.	calc-p.	pu
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Figure

GENERALS - ARTERIOSCLEROSIS

GENERALS - FOOD and DRINKS - meat - desire

GENERALS - HYPERLIPIDEMIA

GENERALS - HYPERTENSION

GENERALS - INDOLENCE and luxury, ailments from

GENERALS - OBESITY

GENERALS - SEASONS - winter - agg.

GENERALS - SEDENTARY habits

GENERALS - THROMBOANGITIS obliterans

GENERALS - TOBACCO - desire for tobacco

Analysis of symptoms

See figure.

Prescription

The drug of choice was *Nux vomica* LM3/ two doses in a day for a few weeks. He was asked to repeat only if symptoms persist (another local doctor was in charge of the case).

Follow up

After three months, he left his blood thinner totally and stopped smoking his all-time cigar!

He suddenly started losing weight, and in the next 6 months, he lost 15 kilograms without exercise or dieting.

After 12 months, he further lost five more kilograms; the last potency of *Nux vomica* used was LM12.





Homoeopathy with lifestyle modifications in dyslipidaemia associated with hypertension - a case report

Dr Anit Singh (Acharya) and Dr Prof. Tushar Acharya

Abstract: Dyslipidaemia particularly hypercholesterolemia and atherogenic dyslipidaemia have been closely implicated in the pathogenesis of coronary heart disease (CHD). Abnormalities of lipid metabolism is known to be associated with lifestyle-related diseases such as metabolic syndrome. Statins are commonly used as a conventional intervention however, being an expensive treatment and involving complications, usage of the drug is impeded. In this case a 38-year old individual diagnosed with hypertension associated with dyslipidaemia, was managed with Individualised Homoeopathic medicine, *Lycopodium clavatum*. The intervention along with Therapeutic lifestyle changes showed symptomatic relief along with lowering of the Lipid values. The results were assessed with Simple lifestyle indicator questionnaire (SLIQ) and Measure your medical outcome profile 2 (MYMOP2) questionnaire for lifestyle changes and symptomatic changes respectively. The results from this study may be used for pilot pragmatic study with robust outcome measures and larger sample size.

Keywords: Dyslipidemia, Individualised homoeopathic medicine, *Lycopodium clavatum*, Therapeutic lifestyle changes

Abbreviation: CVD (Cardiovascular Disease), NCEP (National Cholesterol Education Program), BMI (Basal Metabolic Index), WC (Waist Circumference), TDS (Thrice a day), TLC (Therapeutic Lifestyle Changes), MYMOP (Measure Yourself Medical Outcome Profile), SLIQ (Simple Lifestyle Indicator Questionnaire).

Introduction

The major cause of death according to the recent census is cardiovascular diseases (CVD). Out of the various risk factors, Dyslipidemia is having a significant relationship with the cardiovascular diseases.¹ Dyslipidemia refers to derangements of one or many of the lipoproteins; elevations of total cholesterol, low density lipoprotein (LDL) cholesterol and/or triglycerides, or low levels of high-density lipoprotein (HDL). The term 'atherogenic dyslipidemia' denotes a combination of elevated triglycerides, small-dense LDL particles, and low levels of HDL-cholesterol².

The National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III) reinforces LDL as the primary target of cholesterol lowering therapy with the optimal goal of its level below 100 mg/dL. The panel recommends treatment beyond LDL lowering for patients with triglyceride levels of 200 mg/dL and above. NonHDL cholesterol, representing the sum of all atherogenic lipoproteins, has been identified as a secondary target of therapy in patients with elevated

triglyceride levels. Managing and monitoring nonHDL-cholesterol level is found particularly important for Asian Indians^{3,4}. Lifestyle changes such as maintenance in regular aerobic physical activity, increase intake of Omega 3 polyunsaturated fatty acids in diet, and therapeutic interventions such as statins (HMGCoA reductase inhibitors), fibrates, or a combination of statins with fibrates or niacin have been suggested for their beneficial role in lowering LDL cholesterol levels, TGL, and increasing HDL cholesterol levels, but with their adverse effects.³

According to the National Cholesterol Education Programme Adult Treatment Panel III⁴

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

The statins have been prescribed by the conventional school as the first line of treatment, but the statins have its own side effects of causing myalgia and myositis, that leads to low adherence to statins therapy. Dyslipidemia being asymptomatic disease have been ignored by clinicians and the researches, With few clinical and preclinical researches, the need of the hour is to hold researches to combat the silent killer. The study has been taken to add clinical evidence to the literature so that similar study can be taken for future control trials.

Materials and Methods

Case Profile

A 38-year-old female patient visited clinic on 12/02/2018 with presenting complaints as-

- Patient had severe throbbing headache at the temporals, aggravated with stress, slight better after bitter vomiting for 06 months.
- For 2 months she is suffering from numbness in the left arm with formication, heaviness in arm aggravates on hanging it, slight better when at rest.

History of presenting complaints:

- The patient was apparently well until 06 months back she has severe headache, occasionally she experienced epistaxis followed with headache. She took allopathic medications that initially relieved the epistaxis, but the headache reappeared.

After few months she had pain with numbness in the left arm that gradually increased in intensity. She massaged with ayurvedic oil that slightly relieved the pain, but numbness persisted.

Past History: Five years back she undertook Cholecystectomy done for multiple gall stones

Personal History: The patient is and entrepreneur by profession. She is a vegetarian. She divorced two years back and a parent to two children.

Family History -The patient's father was hypertensive and mother, a Diabetic.

Gynecological History-The patient is frequently suffering with Urinary tract infection in the past for which she undertook allopathic treatment with relief in the complaints. She has a regular menstrual cycle with partly clotted discharges. Her obstetrics history is G₂P₂A₀L₂ both by LSCS

Physical Generals: She has a n endomorphic appearance. Her appetite and thirst are normal with,

three meals and 2-3 litres of water respectively. She has desire for sour and sweets that are not so significant. She is sensitive to hot weather, with sour smelling sweat on her palms and soles, though general complaints are better on wrapping. She sleeps an unrefreshing sleep frequently dreaming of flying in air.

Mental : Angers easily; suppressed emotions, desires company, does not want to stay alone

Miser for her belongings, does not want to share it.

General Examination

Height-150 cm; Blood pressure-135/95mm hg; Weight-72 kg; Obesity +; BMI-32(Normal < 23)

WC-32 inches; Xanthelasma -Absent

Systemic Examination: Nothing specific

Investigations

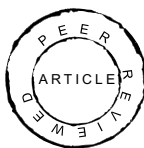
Previous Investigations and reports
10/04/18:TC 200mg/dl;TGL- 280mg/dl;HDL -40 mg/dl; LDL 140 mg/dl NON HDL -160mg/dl.

Final diagnosis

Dyslipidemia associated with hypertension.

Analysis and evaluation

S. No.	Type of symptoms	Symptoms	Intensity
1.	Mental generals	Angry easily	++
2.	Mental generals	Dreams of flying	++
3.	Mental generals	Desire for company	++
4.	Physical generals	Hot patient	++
5.	Physical generals	Sour sweat on palms	++
6.	Particulars	Throbbing headache at temporals, gets relief with vomiting	++
7.	Particulars	Vertigo in morning on rising.	++
8.	Particulars	Formication in left arm.	++



Miasmatic diagnosis⁵

Hot patient syphilis

Desires company psora

Angers easily Psora

Vertigo on rising Psora

Sour perspiration Psora

Formication in left hand Psora

Psora predominant.

Totality of Symptoms

Angers easily

Desires company

Dreams of flying

Hot patient

Sour sweat on palms

Throbbing headache at temporals, relief with vomiting

Vertigo in morning on rising

Formication in left arm.

Prescription

Lycopodium clavatum 15/7, *Calcarea carbonicum* 10/7, *Phosphorus* 6/14, *Conium maculatum* 6/13 and *Nuxvomica* 6/12 were the top five remedies that came after repertorisation. *Lycopodium clavatum* covered all the symptoms with highest gradation, miasmatic background and general symptoms of the patient. *Lycopodium clavatum* 200 C twice a day on first day, to be taken empty stomach on clean tongue, followed by *rubrum* 200 thrice a day for two weeks. The potency was selected according to the nature of the case and the susceptibility of the patient.⁶ In Kent's Lesser writing also, master Kent mentioned that single well selected medicine can be repeated every four hours.⁷

Comparison of medicines^{8,9,10}

Symptoms	<i>Lycopodium clavatum</i>	<i>Calcarea carbonicum</i>	<i>Conium maculatum</i>	<i>Nuxvomica</i>
Angers easily	Speaks with an air of command; manner stiff and pretentious; strikes her attendant and grows angry;	Violence and anger. Easily offended; takes everything amiss.	She feels peevish, vexed and easily put out about trifles.	Irritable, morose, sullen; quarrelsome if disturbed.
Desires company	Dread : of men; of solitude, irritability and melancholy.	Desire for company.	Dislike to society and yet a dread to be alone	Cannot bear reading of conversation; irritable and wishes to be alone.
Dreams of flying	Dreams : confused; anxious; vivid, anxious; frightful, frequently awakening him;	Horrible, frightful dreams of sickness, death and corpses.	Dreams frightful.	Dreams : sad or frightful; of mutilations;
Sour sweat on palms	Sweat, most profuse on face; about scalp and temples; on chest and trunk; at night or early in morning; sourish, acrid; profuse, sour smelling, on body, not on legs	Sour sweating of hands and palms of hands.	Sweat of palms of hands.	sour, cold and clammy; relieving pains in limbs; offensive; one-sided;
Vertigo in morning on rising	In hot room : vertigo.	Reeling vertigo, with nausea and vomiting.	Vertigo : each time when turning the head; like turning in a circle	Vertigo : on rising from seat, or bed, or on raising head; with vanishing of sight
Hot patient	Inclination to uncover : likes to go without any covering on head	Aversion to open air; the least cold air goes right through.	Worse from growing cold and in cold weather;	Excessive sensitiveness to open air; liability to take cold.
Throbbing headache at temporals, relief with vomiting	Throbbing headache : from motion;	Tensive headache, mostly in right side of head and temple, agg from stooping; amel from pressure.	Throbbing from forehead to occiput.	Head feels as if it would split and scalp is sore to touch, pressure on head with hands amel pain
Formication in left arm.	Hands feel numb, dull tingling as if they had been asleep; sensation of heaviness and feeling of enlargement of hands	Crawling : on side of nose; on lower part of face; in rectum.	Arms when lifted fall like inert masses and remain immovable.	Sensation of sudden loss of power of arm in morning.

Repertorisation

Since, the analysis and evaluation constituted marked physical and mental generals and particular symptoms, repertorisation was done by Synthesis Repertory. *Method* RADAR 10.0 FOR WINDOWS.¹¹

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Follow ups

Date	Signs and Symptoms	Prescription
12/04/18	Headache at temporal region, with slight relief with wrapping up. Numbness and tingling in left arm, pain aggravates on hanging. Vertigo on rising in morning. BP 135/95 mm hg. The investigation showed increase in total cholesterol Triglyceride, LDL and VLDL.	<i>Lycopodium clavatum</i> 200C Two doses on the first day followed by Placebo 30 C TDS. TLC were being advised for two weeks.
24/04/18	Headache slight better, numbness persists. Vertigo with no relief. BP 140/95mmhg.	Rubrum 30 C thrice a day and TLC were being advised for two weeks.
08/05/18	Headache decreased in intensity slightly, numbness persists. BP 130/90 mm hg	Placebo TDS for two weeks. TLC were being advised
22/05/18	Vertigo slight better, no improvement in numbness BP 130/90 mm hg	Placebo 30 TDS for one month. TLC were being advised
22/06/18	Epistaxis appeared with the headache. Numbness slight relieved. BP 130/90 mm hg	<i>Lycopodium clavatum</i> 200C two doses on the first day followed with Placebo 30 TDS for two weeks, advised to lower the salt content in the diet, Practice meditation. .
06/07/18	Vertigo better, no reoccurrence of epistaxis. Numbness same as before. BP 130/90 mm hg	Placebo 30 TDS for one month. TLC were being advised
09/08/18	Headache decreased with numbness and vertigo persisting. BP 120/85 mm hg	Placebo TDS for a month. TLC were being advised
10/09/18	Symptoms slight reduced in intensity; patient is getting sound sleep. Patient advised to get the lipid profile done on the next visit. BP 130/85 mm hg	Placebo TDS for two weeks. TLC were being advised
18/09/18	Complaints better. The investigation showed decrease in the Lipid profile.	Placebo 30 tds for 30 days. TC 190mg/dl TGL 160mg/dl LDL 140 mg/dl HDL 45 mg/dl Non HDL 145 mg/dl

The MYMOP and the SLIQ questionnaire showed slight changes with the intervention. The MYMOP showed symptomatic changes from 3.3 to 3, while the SLIQ to assess the lifestyle modification showed change from 3 to 4. Though the changes are slight but that shows the effectiveness of Homoeopathic treatment along with therapeutic lifestyle changes in management of lifestyle disorders

* **MYNAPCO Follow up ***
 Full name: _____ Today's date: 10/09/18
 Please circle the number to show how often your problem has been in the LAST WEEK.
 (Please check the YOUR appears, not mine unless so)

	0	1	2	3	4	5	6
SYMPTOM 1 <u>Headache</u>	As good as it could be					<u>5</u>	As bad as it could be
SYMPTOM 2 <u>Stomach pain</u>	As good as it could be				<u>5</u>		As bad as it could be
ACTIVITY <u>Swimming</u>	As good as it could be			<u>5</u>			As bad as it could be
WELLBEING	As good as it could be				<u>6</u>		As bad as it could be

If a problem (any symptom) has appeared please describe it, and mark how bad it is below.
 (Symptoms do not arise this): _____

SYMPTOM 3

 As good as it could be _____ As bad as it could be _____

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made recently, or other things happening in your life, please write down (a few letters) instead of your name and age: _____

Are you taking medication? **OR THIS PROBLEM?** Please write: YES/NO
 # _____
 Please write in name of medication, and how much a day / week. _____

(3)

MYNAPCO Measure Yourself Medical Outcome Profile

Simple Lifestyle Indicator Questionnaire

Part I: To answer these questions, think about your eating habits in the past year. Indicate how often you eat the following foods. Please include all meals, snacks and eating out.

1. Lettuce or green leafy salad, with or without other vegetables

☐ 1 lettuce or green leafy salad ☐ 2-3a/week ☐ 4-6a/week ☐ once/day ☐ 2+day

2. Fruit, include fresh, canned or frozen, but do not include juice

☐ 1 fruit ☐ 1-2a/week ☐ 4-6a/week ☐ once/day ☐ 2+day

3. High fiber cereals or whole grain breads, this includes cereal such as Raisin Bran, Frost and Flax, oatmeal, kamut, and breads which are whole wheat, multigrain, or pumpernickel

☐ 1 time ☐ 1-2a/week ☐ 4-6a/week ☐ once/day ☐ 2+day

Exercise: To answer the following questions please indicate how many times per week you take part in the following activities for a duration of at least 30 minutes or more at a time:

1. Light exercise, such as:

- ☐ light gardening and light housework (dusting, sweeping, vacuuming)
- ☐ leisurely walking (walking your dog)
- ☐ bowling, fishing, carpentry, playing a musical instrument
- ☐ volunteer work

☐ 0a/week ☒ 1-3a/week ☐ 4-7a/week ☐ 8 and more/week

2. Moderate exercise, for example:

- ☐ brisk walk
- ☐ bicycling, skating, swimming, curling
- ☐ dancing (aerobic, waltzing, square)
- ☐ gardening, Tai Chi or moderate exercise classes

☐ 0a/week ☒ 1-3a/week ☐ 4-7a/week ☐ 8 and more/week

3. Vigorous exercise, for example:

- ☐ running, jogging, ice-skating, lap swimming, aerobics
- ☐ heavy yard work
- ☐ weight training
- ☐ soccer, basketball or other league sports

☒ 0a/week ☐ 1-3a/week ☐ 4-7a/week ☐ 8 and more/week

Alcohol: Please indicate how many drinks of the following types of alcohol you consume in an average week:

✓ Wine: drinks (3-5 oz.)

✓ Beer: 4 drinks (10-12 oz or 1 bottle)

✓ Spirits: 1 drinks (1-1 1/2 oz.)

Smoking: Please indicate your smoking habits below:

Are you a smoker? ☒ Yes ☐ No

If yes, how long have you been smoking? 05 years

If no, did you ever smoke? ☐ Yes ☐ No

If yes, how many years ago did you quit? years

Life Stress: To answer this question please circle the number which you feel best corresponds to the level of stress in your everyday life

1 2 3 4 5 6

Not at all stressful Very stressful

(3)

Simple Lifestyle Indicator Questionnaire

Diet: To answer these questions, think about your eating habits in the past year. Indicate how often you eat the following foods. Please include all meals, snacks and eating out

- Lettuce or green leafy salad, with or without other vegetables
☐ less than 1/week ☐ 1/week ☐ 2-3x/week ☐ 4-6x/week ☐ once/day ☐ 2+/day
- Fruit: include fresh, canned or frozen, but do not include juices
☐ less than 1/week ☐ 1/week ☐ 2-3x/week ☐ 4-6x/week ☐ once/day ☐ 2+/day
- High fiber cereals or whole grain breads; this includes cereal such as Raisin bran, Fruit and Fiber, cooked oatmeal, and breads which are whole wheat, multigrain, rye or pumpernickel
☐ less than 1/week ☐ 1/week ☐ 2-3x/week ☐ 4-6x/week ☐ once/day ☐ 2+/day

Exercise: To answer the following questions please indicate how many times per week you take part in the following activities for a duration of at least 30 minutes or more at a time:

- I. Light exercise, such as:
- light gardening and light housework (dusting, sweeping, vacuuming)
 - leisurely walking (walking your dog)
 - bowling, fishing, carpentry, playing a musical instrument
 - volunteer work
- ☐ 0/week ☐ 1-3x/week ☐ 4-7x/week ☐ 8 and more/week

- II. Moderate exercise, for example:
- brisk walk
 - bicycling, skating, swimming, curling
 - gardening (raking, weeding, spading)
 - dancing, Tai Chi or moderate exercise classes
- ☐ 0/week ☐ 1-3x/week ☐ 4-7x/week ☐ 8 and more/week

- III. Vigorous exercise, for example:
- running, bicycling, x-country skiing, lap swimming, aerobics
 - heavy yard work
 - weight training
 - soccer, basketball or other league sports
- ☐ 0/week ☐ 1-3x/week ☐ 4-7x/week ☐ 8 and more/week

(4)

Alcohol: Please indicate how many drinks of the following types of alcohol you consume in an average week:

- ✓ Wine: _____ drinks (3-5 oz.)
- ✓ Beer: 4 drinks (10-12 oz or 1 bottle)
- ✓ Spirits: _____ drinks (1-1 1/2 oz.)

Smoking: Please indicate your smoking habits below:

- Are you a smoker? ☐ Yes ☐ No
- If yes, how long have you been smoking? 0.5 years
- If no, did you ever smoke? ☐ Yes ☐ No
- If yes, how many years ago did you quit? _____ years

Life Stress: To answer this question please circle the number which you feel best corresponds to the level of stress in your everyday life

1 2 3 4 (5) 6
 Not at all stressful Very stressful

This is the end of the questionnaire. Thank you for your cooperation!

(4)

Concomitant therapy³-

Physical activity-Brisk walking for atleast 30-40 minutes each day. A total of 60 minutes of physical activity is recommended every day, which includes aerobic activity, work-related activity and muscle strengthening activity.

Yoga-Practice¹² Yoga and Meditation for once in a day. **Pranayama** - Rechaka Puraka, Rechaka Puraka with Kumbhaka, Suryabedha Chandrabedha, Suryabedha Chandrabedha with Kumbhaka, and Kapalabhati.

The yogasanas practiced were Surya namaskar, Uttanasana, Mandukasana, Ustrasana, Yogamudra, Matsyendrasana, Paschimottanasana, Bhujangasana, Sarvangasana, Halasana, Uddiyana, Ardhamatsyendrasana, Dhanurasana, Shalabhasana, Sarpasana and Chakrasana.

These asanas should be practiced to 40-60 minutes

Diet¹³-Avoid oily rich food. Take fibre rich diet. Eat small and frequent meals every day. The following restrictions in food habits are required.

Carbohydrate- Low GI (glycemic index) carbohydrate foods, e.g., oats (*jai*), unpolished rice, parboiled rice, whole pulses, beans (*fali*) and legumes (*sabut anaz*), some whole fruits (like guava, apple, etc.) should be preferred. High GI foods [refined flour, root vegetables such as yam (sooran/shakarkand), potato, tapioca (a type of *shakarkand*), colocasia (*arbi*), etc.] should be consumed in moderation.

Fat- Consumption of butter and *ghee* (clarified butter) should be kept to minimum.

- Use of (*Vanaspati*), as cooking medium should be strictly avoided.

Proteins- Recommended protein sources for :Non-vegetarian: Egg white, fish, and lean chicken. Vegetarian: Soya, pulses, whole grams (*channa*, *rajma*, green gram, etc.), milk and low-fat dairy products.

Addition of extra salt at the dining table should be avoided. Alternatives to sweetened beverages can be water, skimmed buttermilk, tender coconut water, low fat milk.

Following are some of the food items that have been documented to have lipid lowering effect: Oats, Nuts, Psyllium husk, Cinnamon, Flaxseeds, Fenugreek, Soy, Amla, Garlic.

Contd. on pg 39.....

A theoretical overview of the concept of health, disease and cure in current knowledge vis-a-vis with the homoeopathic concept of the same sketched from the *Organon of Medicine* of Dr Hahnemann

Dr N Harihara Iyer

Abstract: The concept of health, disease and cure in homoeopathy and other therapeutic systems are different. This difference is largely philosophical. The philosophy of homoeopathy rests on the pillar of vitalistic/substantialistic school of thought whereas modern medicine has its footing on the theory of materialism. Homoeopathy defines and explains health, disease and cure in the perspective of life force. Other systems

Keywords: cure, disease, health, predisposition, primary action, secondary action, susceptibility.

Abbreviations: WHO – World Health Organization

Introduction

The three words frequently discussed by the medical community is health, disease and cure. There are different therapeutic systems practiced world over. Definitions and interpretation of these words may vary according to the background on which each therapeutic system is erected. Here an overview of the concept of modern medicine and homoeopathy on health, disease and cure is made on their theoretical and philosophical perspective. The concepts reveals that homoeopathy has footings in vitality concept whereas all other therapeutic systems finds its base in materialistic ideas. So naturally, the starting point and conclusions of disease and cure are different in both the systems.

Concept of health, disease and cure by WHO

The definition of health by World Health Organisation is the most accepted one since its declaration

in 1948. Call for modifying the definition of health become stronger when the spirituality concept has evolved in religion and culture. Nevertheless, a lack of consensus in defining the word spirituality in terms of religion or intangible life force disabled the amendment of the same in subsequent meetings of WHO in 1998.

The universally accepted concept and definition of health that appears in the preamble of the constitution of World Health Organisation prepared in the year of establishment, 1948, reads 'Health is a state of complete physical, mental and social wellbeing and not merely the absence of diseases or infirmity' ⁽¹⁾. Dr Andria Stamper proposed the idea for this definition, erudite in the field of social medicine in Croatia and one of the founders of WHO ⁽²⁾. This definition of health reflected the idea of social wellbeing apart from physical and mental wellbeing. On the proposal to amend the definition for a more inclusive one by the special group of WHO executive board in 1998 suggested 'Health is a dynamic state

of complete physical, mental and spiritual and social wellbeing and not merely the absence of disease or infirmity' as cited by Shukla ⁽³⁾. This can be seen in the agenda item 7.3 of 22nd January 1998 on review of the constitution of the WHO report of the special executive group. The proposal was to include the two terms dynamic and spiritual in the definition of health ⁽⁴⁾. But due to various conflicts and also due to the difficulty in defining the new terms the definition proposed was not in force and was not amended ⁽⁵⁾.

Concerning the knowledge of the disease, it starts with two terms dis and ease and it means lack of ease. It is defined as an abnormal condition that negatively affects the structure or function of all or part of the organism, and that is not due to any immediate external injury. They are associated with specific signs and symptoms. It is defined that 'an abnormal condition of a part, organ or system of an organ resulting from various causes such as infection, inflammation, environmental factors or genetic defect characterised by

an identifiable group of signs, symptoms or both' ⁽⁶⁾. The current idea about the cure is 'a method of course of treatment used to restore health.'

Careful verification of the idea of health, disease and cure shows that the idea of present-day medicine rests on the materialistic viewpoints and fail to grasp the idea of the concept of wellbeing is the dynamic and spiritual level.

Homoeopathic concept of health

The homoeopathic concept of health, disease and cure is centred on the concept of the vital force or life force. Homoeopathy as a therapeutic system has found no strain in comprehensively defining and explaining the phenomena of health, disease and cure because it stands on the concept of life force. Homoeopathy considers life force as 'dynamis' and spiritual. Unlike the current knowledge, homoeopathy and its founder, Hahnemann, had no confusion in interpreting the word spiritual vital force.

He categorically said that spiritual vital force is immaterial energy capable of permeating the entire material organism and is powerful to coordinate all the functions of the human body to preserve the health of the person. Definition of vital force according to Hahnemann in the *Organon of Medicine* is "In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism) rules with unbounded sway, and retains all part of the organism in an admirable harmonious, vital operation, as regards both sensation and function so that our indwelling, reason gifted mind can freely employ

this living, healthy instrument for higher purpose of our existence." ⁽⁷⁾

In short, the concept of health in homoeopathy starts from the animating life force (dynamis) which makes life existing and that health is primarily a balanced state of life force which is reflected as harmonious functioning of the human being in all three levels of life via body, mind and spirit ⁽⁸⁾. It also satisfies the criteria of WHO on elements of physical and social wellbeing by making it equipped for the higher purpose of existence.

Homoeopathic concept of disease

The disease is the primarily deranged state of vital force manifested as altered sensations and functions in three levels of a human being. Homoeopathy has its concept of the dynamical theory of disease and the dynamical mechanism of disease production. Hahnemann says the disease is the result of the action of a dynamical inimical agent on the dynamical vital force. It is stated explicitly based on primary action and secondary action proposed in aphorism 63 and 64 of *Organon of Medicine*. The primary action is expressed by Hahnemann is as follows "every agent that acts upon vitality, every medicine deranges more or less vital force, and cause a certain alteration in the health of the individual for a longer or shorter period" ⁽⁷⁾. For the production of disease, the person should show a dent on the two criteria's such as susceptibility and predisposition as per the insight of Hahnemann as noted in aphorism 31. To the context, Hahnemann ⁽⁷⁾ says, "We are made ill only when our organism is sufficiently disposed and susceptible to the attack of a morbid cause that may be present

and to be altered in its health, deranged" (p. 42). Apart from these aspects, the morbid agent should be capable of producing an impression on it and at the same time strong enough to alter the vital force to effect a change of state. This change of state of vital force from healthy to deranged and the resultant signs and symptoms caused by the combined effect of the causative agent and inherent predisposition is called as a disease in homoeopathic perspective.

To start with a dynamical inimical agent, it can be a psychological or a physical agent having 'dynamis' or existence, acts on the dynamical vital force of the human body. It can act and produce an impression only if the patient is susceptible to the action of that agent. If not it is incapable of producing any effect and repelled altogether. If that patient is susceptible to that disease agent, the vital force will allow it to act upon it. According to Aphorism 64, Hahnemann is saying that the vital force will take only a passive or receptive role during the primary action of the disease agent. Thus in this stage, it can produce an impression on the vital force. This impression and thereby the change of state of the dynamical vital force is influenced by two factors, via the quality of the influencing agent and the genetic predisposition of the host. In homoeopathic parlance, the predisposition is depended on several factors like the constitution, genetic and hereditary influence, and diathesis. The miasmatic background of the person ⁽⁹⁾ also influences it. Along with the production of the impression, if the combined effect of both these forces are strong a change of state of vital force is the result. This is called as diseases per se by Dr Kent or in plain words the primary dynamical alteration of vital force.

It is a rule that whenever vital force is altered its reflection will be produced. Initially, alteration affects in the constitutional level and that is considered related to the spiritual level where there may be no external manifestations. The persistence of this state will produce reflection in the mental and emotional level and the patient will start experiencing subjective sensations and he starts saying "I feel..".⁽¹⁰⁾ Subsequently, the stage comes where the patient starts experiencing physical symptoms initially of reversible nature due to changes in physiological and biochemical imbalances. The persistence of this stage without any proper and careful intervention first result in reversible pathological changes and later on ultimately in irreversible pathological changes. The symptom thus produced is an image of the inner altered vital force that is influenced solely by the constitutional factors and miasms especially in chronic diseases. However, in acute disease the symptoms are in tune with the constitution and the causative factors. This is the way by which and manner through disease and production of the disease has explained in homoeopathy.

Homoeopathic concept of cure

The cure is the restoration of altered vital force into normalcy to make the functions normal in all the three spheres such as body, mind and spirit. Cure according to Hahnemann⁽⁷⁾, in aphorism 2 of *Organon of Medicine*, is "The highest ideal of cure is rapid, gentle and permanent restoration of health, removal or annihilation of disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles" (P.31).

The cure is made possible by the application of similar medicine in homoeopathy. The *modus operandi* of homoeopathic cure is dealt with in aphorisms²⁹. It is substantiated with the help of aphorisms 26, 31, 33, 45, 63, 64, 245, 279 and 280. The natural law of homoeopathy says to produce a cure two things have to be satisfied, one medicine should be similar and the other it should be stronger. It is said in aphorism 26 of *Organon of Medicine* as "A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations" (7 p. 40).

The similarity is confirmed in the diathesis or genetic dispositional level, mental level and physical level as far as possible because the alteration of vital force is reflected in these levels. A similar drug is a drug substance that in its proving on healthy human being has produced similar affection and manifestation in all three levels. Homoeopathic medicine is made stronger than the disease agent is by adjusting the dose and potency enabling it to overpower the disease agent. According to Hahnemann as per aphorism 33, living organism show increased susceptibility to medicine compared to natural disease. The homoeopathic medicine is prepared in such form to reach and act in dynamical level through a peculiar process.

The *modus operandi* in homoeopathy starts with the administration of similar medicine. This produces an impression in vital force due to its primary action. Being similar it can act in the same line of disease force regarding predisposition, susceptibility, the capacity of alteration of vital force and manifestation thereafter.

Being stronger it will produce its impressions strongly. The vital force will show the selective affinity or vital affinity to the medicinal force because the medicinal force is strongly making an impression most similar to that of the disease agent. Therefore, at this moment the susceptibility and predisposition of vital force are for the medicinal agent. Now the stronger medicinal agent will overpower and extinguish the disease force and take hold of vital force. It is a rule in the dynamical level that no two similar forces can exist in the same plane as per Hahnemann's revelations in aphorism 45. Now the patient is experiencing a medicinal disease as the natural disease force is eliminated and extinguished. Being the medicinal force is stronger and similar the vital force will be deranged in a more intensified manner resulting in more discomfort in manifestations. This seeming intensification of already existing symptoms immediately after the administration due to the primary action (aphorism 161) of a correct homoeopathic medicine is called as homoeopathic aggravation. This is considered a good omen in homoeopathy.

The rule of dosage in homoeopathy is that minimum quantity of medicine for cure. It is mentioned by Hahnemann in aphorism 280 that a homoeopathic dose is that much quantity of medicine capable of overpowering, annihilating and extinguishing the disease force from the vital force to produce a scarcely perceptible homoeopathic aggravation. For that purpose, the repetitions of medicine are not done as and when a favourable response has witnessed unlike in other therapeutic systems. So naturally, when the homoeopathic aggravation has

witnessed medicinal dose is not continued so that the effect of the medicine is reduced. That means the intensity of primary action has reduced. This is the time when the vital force reacts to the primary action of homoeopathic medicine powerfully. The secondary action gain an upper hand. The secondary action is the reaction of vital force against the primary action of the disease agent or the primary action of a medicinal agent. In the case of homoeopathic medicine, it produces an artificial disease that is in the same line of natural disease. Therefore, during the secondary action, the vital force reacts against the primary action of the medicinal agent now. By this way of reaction, the vital force will be brought back to a state of normalcy. This state of restoration of vital force into normalcy is designated as a cure in homoeopathy.

In this way hypothesised and explained the homoeopathic way of interpreting disease, disease production, regaining normalcy of vital force in cure in letter and spirit. Hahnemann himself confessing in aphorism 28 that he cannot demonstrate all the phenomena as in a laboratory experiment but his experience and knowledge has proved him to think in this way with utmost prudence, faithfulness and diligent adherence to homoeopathy.

Conclusion

The sum and the substance are that the starting point of the state of health, disease and cure is not the cells and the physiological functions but it is the animating harmonious life force and its derangement as well as in its restoration in homoeopathy. The idea of homoeopathy rests on the vitalistic more precisely substantialism

viewpoint of health, disease and cure⁽¹¹⁾. The restoration of life force to normalcy is attained through the administration of medicine based on symptom similarity in such form that it is capable of reaching a dynamic level.

The modern medicine starts diseases with physiological as well as perceptibly visible changes of state of health and considers cure as the annihilation of it through materially acting substances and quantity.

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Alcohol use disorder: an emerging lifestyle disorder

C.P. Sharma, Deeksha, Arun Kumar

Abstract: Increasing alcohol intake in young people is gradually becoming a part of modern lifestyle. Alcohol use is widely prevalent in Indian society and consequently results in widespread losses. Problem drinking that becomes severe is given the medical diagnosis of “alcohol use disorder” or AUD. Homoeopathic literature is equipped with a large number of medicines for management of Alcohol use disorder. This article deals with Homoeopathic approach to management of this disorder.

Keywords: AUD, alcohol use disorder, lifestyle disorder, homoeopathy.

Abbreviations: AUD – alcohol use disorder, AUDIT- AUDs identification test, DALY - disability-adjusted life years, WHO – World Health Organization, HIV – human immunodeficiency virus, AIDS – acquired immunodeficiency syndrome, DSM - Diagnostic and Statistical Manual of Mental Disorders, CAGE – cut-annoyed-guilty-eye.

Introduction

Drinking alcohol to relax or socialise can be a part of healthy lifestyle if consumed in moderation with a good diet and exercise regime. Increasing alcohol intake in young people is gradually becoming a part of modern lifestyle.

Lifestyle diseases are those diseases whose occurrence is primarily based on the daily habits of people and are the result of an inappropriate relationship of people with their environment.¹

The most commonly used alcoholic beverages have different concentration of ethyl alcohol in them like beer, wine, whiskey, rum, vodka, gin, brandy and locally brewed beverages like arrack and toddy.² Problem drinking that becomes severe is given the medical diagnosis of “alcohol use disorder” or AUD. AUD is a chronic relapsing brain disorder characterised by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.³

Alcohol use is widely prevalent in Indian society and consequently results in widespread losses in the form of injurious physical health

outcomes like cirrhosis of liver, heart disease, diabetes and various other lifestyle disorders as well as leads to absenteeism, road traffic accidents and various mental health and behavioral problems.⁴

Epidemiology

According to a report by the WHO, the consumption of alcohol has more than doubled in India from 2.4 litres in 2005 to 5.7 litres in 2016 with 4.2 litres being consumed by men and 1.5 litre by women. In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3 per cent of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs). Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes.⁵

Despite their high prevalence, alcohol use disorders are undertreated partly because of the high stigma associated with them, but also because of insufficient systematic screening in primary health care.⁶

Alcohol is one of the leading causes of death and disability globally and the same is true for our country India. Prevalence of alcohol

use in India is reported to be 21.4% and there is increasing alcohol intake among the young people. Moreover, 4.5% males and 0.6% females in age-group of 15 years and above are suffering from alcohol use disorders and 3.8% of males and 0.4% of females are suffering from alcohol dependence. The alcohol-related problems account for more than a fifth of hospital admissions; 18% of psychiatric emergencies; more than 20% of all brain injuries and 60% of all injuries reporting to India's emergency rooms. The harmful use of alcohol is a causal factor in more than 200 diseases and injury conditions, the report stated.⁷

Diagnosis and assessment

For screening to identify at-risk individuals and diagnose AUDs, the AUDs Identification Test (AUDIT), for use in a primary care setting, is a validated screening tool, as recommended by the WHO.⁸ Whereas, the CAGE questionnaire, the name of which is acronym of its four questions, is a widely used screening test for problem drinking and potential alcohol problems.⁹ Under DSM-5, the current version of the Diagnostic and Statistical Manual of Mental

Disorders (DSM), anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of AUD—mild, moderate, or severe—is based on the number of criteria met.³

Standard management

Primary care management of alcohol-related problems include three core steps, namely, counselling the patient on the ill-effects of alcohol and, if necessary, prescribing medications like disulfiram and connecting with the patients by organising treatment programs and forming support groups.¹⁰

Homoeopathic approach in AUD

Homoeopathy as a system of medicine without any side effects can be used to treat various aspects of AUD. While taking the history of the patient, alcoholic history should be carefully attended. If patient is diagnosed to be suffering from AUD, homoeopathic approach can be adopted to treat the patient and break his habit. Homoeopathy can help in managing acute symptoms, de-addiction and withdrawal symptoms. Individualized homoeopathic medicine can be selected as per the totality of symptoms. AUD predominantly belongs to syphilitic miasm.¹¹ Few specific medicines are available in homoeopathic literature for de-addiction and managing acute and withdrawal symptoms.

Homoeopathic literature is equipped with a large number of medicines for management of alcohol use disorder. While using repertorial approach, certain specific rubrics which can be referred to for removing tendency to alcoholism and for bad effects developing

from alcohol abuse are mentioned below.

Rubrics related to tendency to alcoholism:¹²

Mind- alcoholism- to remove the habit of drinking; to

Mind- alcoholism- withdrawal from; to support the

Generals- family history- of alcoholism

Rubrics for bad effects of alcoholism:¹²

Mind- alcoholism- ailments from

Mind- delirium tremens- small quantities of alcoholic stimulants from

General- convulsions- alcoholic drinks after

General- dropsy- general in; alcoholism from

General- inflammation- nerves- alcohol from

General- locomotor ataxia- alcoholism from

Generals- paralysis- alcohol; after abuse of

Generals- paralysis agitans- alcohol; after abuse of

Generals- trembling- externally- alcoholism from

Generals- twitching- alcoholism in

Generals- varicose veins- alcoholism from

General- weakness- alcoholism, in

Generals- weariness- alcoholic drinks, from

Homoeopathic therapeutics for alcoholism:^{13,14,15}

Veratrum album - It is often used to remove bad effects of excessive use of alcohol and tobacco.

Asarum europaeum - It was a popular remedy in Russia for drunkards. Whenever, unconquerable longing for alcohol is present.

Calcarea arsenicosa - Suited to complaints of drunkards, after abstaining from alcohol; when craving for alcohol is still present (*Asarum europaeum*, *Sulphuricum acidum*).

Coca - These patients have longing for accustomed stimulants especially alcoholic liquors and tobacco.

Lachesis mutus - Especially suited to drunkards with congestive headaches and haemorrhoids or prone to develop erysipelas or apoplexy. They have craving for alcohol and are talkative before and during drinking. These people are ill-natured, vindictive, jealous, envious. They can be inclined to violent crimes like to kill others but not himself.

Ledum palustre - Useful in constitutions abused by alcohol (*Colchicum autumnale*).

Mezereum - Indicated for bad effects of mercury or alcohol.

Sulphuricum acidum - It is the head remedy for chronic alcoholism. There is craving for alcohol with internal trembling in drunkards, when there is sensation of trembling all over, without real trembling. Patient crave brand but develop ailments from brandy-drinking. They cannot tolerate even the slightest amount of food or drink especially water, unless mixed with whisky. Patient appears to be pale, shrivelled and cold. Dr Hering suggests "sulphuric acid, one part, with three parts of alcohol, 10 to 15 drops, three times daily for three or four weeks, has been successfully used to subdue the craving for liquor".

Syphilinum - Indicated when patients crave alcohol, in any form and a hereditary tendency to alcoholism is found.

Quercus glandibus - It is known to antidote effects of alcohol. It can take away craving for alcoholics when taken in dose of ten drops in a teaspoonful of the distilled spirit three to four times a day, for several months. Dropsy and liver affections are usually found.

Strophanthus hispidus - It produces special disgust for alcohol with nausea and so helps in treatment of dipsomania. Seven drops of tincture is advised to subdue the craving.

Angelica atropurpurea - Its tincture is known to produce disgust for liquor in dosage of five drops, three times daily,

Strychninum nitricum - In 2x and 3x trituration, it is said to remove craving for alcohol when used for two weeks.

Ranunculus bulbosus - Useful in recovering from bad effects of alcohol, also in maniac attacks of drunkards. Its mother tincture in dose of ten to thirty drops is useful in delirium tremens. It is generally used in third to thirtieth potency.

Coffea cruda: Headache due to alcoholism, with sensation as if nails were driven into head. It is worse in open air. Complaints with sleeplessness, convulsions and liveliness.

Antimonium crudum: Useful in nausea persisting for a long time after drinks.

Cantharis vesicatoria: In delirium tremens, patient attempts to bite. This is usually accompanied by urinary complaints and sexual excitement.

Avena sativa: This drug is known to take away the longing for alcohol when nervousness and sleeplessness are present.

Nux vomica: *Nux vomica* is chiefly useful in nervousness produced by drinking wine or liquor. Patient is so nervous that it gets frightened from the little noise and springs up at night with dreadful visions. Gastric troubles, giddiness, restlessness and many other complaints developing from bad effects of liquor are antidoted by *Nux vomica*. Mental symptoms like tendency to jealousy and envy or to suicide by shooting or stabbing are also guiding.

Cannabis indica: It is indicated when alcoholism produces violence and talkativeness in the patient. Delusions and hallucinations are very particular, relating to exaggeration of time, space, etc. Face is usually flushed with dilated pupils and perspires easily.

Opium: For delirium tremors which trouble the patient over and over again, especially in old sinners. They get drunk even after taking mild wines. More useful in brandy drinkers. Face is dark red with expression of fright or terror. Breathing is strenuous with visions of animals and ghosts with uneasy sleep.

Stramonium: It is suitable for habitual drunkards with bright red face. Patient has hallucinations and illusion that are frightful and terrifying. He has vision of animals coming at him from every corner from which he tries to escape.

Petroleum: This medicine is suitable to drunkards who lack energy and don't have strength of will, so weak that they are unable to refuse a glass of wine. There is vomiting after the least excess in drinks. They talk a lot when drunk.

Arsenicum album: It is also a head remedy and should be tried at first when there is a thirst for drinking alcohol in the patient. There is an inclination to vomiting and still more to diarrhoea. Drunkards present with trembling of limbs.

China officinalis: This medicine can be given to drunkards who wish to reform in doses of ten to thirty drops twice daily to remove the craving for alcohol in them.

Discussion and conclusion

Homoeopathy is effective in alcohol use disorder like many other disorders but lacks scientific evidences for proving its efficiency. For development of homoeopathy as first line treatment or an adjuvant to conventional therapies, it needs scientific researches and their evidences to be recorded in different studies, which is usually neglected. There are a few researches which have been conducted in alcohol use disorder.

In a study by Gopinadhan and Balachandra, homoeopathic medicine *Arsenicum album* was shown to develop aversion to alcoholic drinks in alcohol dependents.¹⁶

In another study, it was observed that homoeopathy can be a valid and effective treatment method to help the patients to break the cycle of dependence on alcohol and also to improve alcohol-related problems like sleep disturbances.¹⁷

A study also showed that homoeopathic medicines can manage the withdrawal symptoms of drug dependents and can also reduce the problem of chemical dependency.¹⁸

Although these researches provided evidence in favour of

homoeopathy but a few more researches with larger sample size, different research design and in comparison with control group can be conducted to determine the role of Homoeopathy in treatment of alcohol use disorder with evidence.

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A case of trigeminal neuralgia treated by *Synthesis Repertory*

Dr Azizul Islam Khadim

Abstract: In the following article, a case of 40 years women suffering from trigeminal neuralgia, is discussed which was treated with holistic approach of homoeopathy with the help of *Synthesis Repertory*.

Keywords: trigeminal neuralgia, miasm, homoeopathy, *Synthesis Repertory*.

Abbreviations: International Headache Society (HIS), twice a day (BD).

Introduction

Trigeminal neuralgia is defined as a sudden, usually unilateral, severe, brief, stabbing, recurrent episode of pain in the distribution of one or more branches of the trigeminal nerve (**International Headache Society, IHS**)⁽¹⁾. Trigeminal neuralgia or tic douloureux is neuropathic disorder of trigeminal nerve.⁽²⁾

Age group: 37 to 67 years

Sex: Women are affected 3 times more than men

Maxillary and mandibular branch is more affected than ophthalmic.

Involvement of branch:

1. Maxillary: 60%
2. Mandibular: 49%
3. Ophthalmic: 16%
4. All 3 divisions: 1% trigeminal nerve.⁽²⁾

Homoeopathy is the primary choice of therapy for trigeminal neuralgia as homoeopathic treatment has shown an overwhelming response in the treatment of trigeminal neuralgia on the basis of individualistic approach, minimising the frequency, the duration, and the intensity of pain.

Case presentation

Chief complaints

A 40-year women came with the complaint of pain over the right side of face extending to ear for last 6 months. The pain was sharp, stabbing, aggravated from touch, cold, night. She used to feel sleepy after eating.

History of presenting illness

Pain started 6 months ago, but intensity increased from last 3 days. Sharp, stabbing pain used to come at about 5 minutes interval and disappeared within a minute. She took conventional treatment earlier but no improvement.

Past history: viral hepatitis at the age of 24 years, treated with homoeopathy.

Family history: not specific.

Personal history:

Diet was irregular, loved travelling. She took anti-hypertensive medicines regularly.

Physical generals

The patient was restless and couldn't stay in place. But she wanted to share her feeling with everyone. She wanted to know different unknown things and preferred to live with

her family members. She had great apprehension at night.

While enquiring her physical general aspects, it was found that her appetite was normal, desire for milk. Her tongue was red, she used to take plenty of water. She could not bear cold. Her stools were satisfactory, no complaints in urine. Sweat was normal. All complaints were relieved by motion and at night.

Diagnosis

Diagnosis was based on clinical symptoms and physical examination of the patient according to International Headache Society criteria:⁽²⁾

Miasmatic analysis

1. Sharp, stabbing pain- PSORA
2. Aggravation from cold- PSORA
3. Aggravation at night- SYPHILIS
4. Restless- PSORA
5. Desire for milk- PSORA
6. Apprehension at night- PSORA
7. Prefer company- PSORA
8. Wants to travelling- PSORA, SYPHILIS

Analysis and evaluation of symptoms

S. No.	Symptom type	Symptom	Intensity
1.	Mental general	Restlessness and couldn't stay in one place	+++
2.	Mental general	Wanted travelling	++
3.	Mental general	Prefer company	+
4.	Mental general	Great apprehension at night	+++
5.	Physical general	Desire for milk	+++
6.	Physical general	Desire for plenty of water	++
7.	Physical general	Red tongue	++
8.	Physical general modality	Complaints relief on motion	+++
9.	Physical general modality	Night aggravation	++
10.	Physical general modality	Aggravated from cold, talking	++
11.	Physical general modality	Sleepy after eating	+++
12.	Particular symptom	Pain in the right side of face, extending to ear	+++
13.	Common symptom	Sharp, stabbing pain	+++

Totality of symptoms

- Restlessness and couldn't stay in one place
- Wanted travelling
- Great apprehension at night
- Desire for milk

- Tongue was red

- Complaints relieved from motion
- Felt worse at night
- Pain in the face extending to ear

Repertorial totality

The following mental general, physical general, and particular symptoms were taken into consideration, and repertorisation was done with the help of *Synthesis Repertory* (Radar opus 10.0)⁽³⁾

Symptom	Rubric
Restlessness	MIND-RESTLESSNESS
She wanted to travelling	MIND-TRAVELLING, desire for
Great apprehension at night	MIND-ANXIETY, night
Desire for milk	GENERAL-FOOD & DRINK, milk, desire
Tongue was red	MOUTH-DISCOLORATION, Tongue, red
All complaints relieved from motion	GENERALS-MOTION, amel.
Felt worse at night	GENERALS-NIGHT
Pain in the face extending to ear	FACE-PAIN, extending to, ear

Repertorisation⁽³⁾

See Repertorisation sheet.

Prescription

Prescribed on 08/05/2020

Rhus toxicodendron 200/ 2 doses, early morning mixing with ½ cup of water for 2 days along with placebo every day, two times after eating for 7 days.

After repertorisation, *Mercurius solubilis*, *Rhus toxicodendron* came up with highest mark and *Arsenicum album*, *Belladonna*, *Calcarea carbonica* possess second highest mark. But *Rhus toxicodendron* was selected on the basis of mental as well as physical symptoms of patient. In this case, patient was much restless with apprehension, and she felt sleepy after eating. After consulting *materia medica*⁽⁴⁾⁽⁵⁾ and repertory,

Rhus toxicodendron was indicated remedy. So, *Rhus toxicodendron* was selected for this case.

Selection of dose and potency

As per *Organon of Medicine*, aphorism 247 5th edition,⁽⁶⁾ and according to the susceptibility of the patient, potency was selected. Here the patient's susceptibility was high

1. MIND - RESTLESSNESS
2. MIND - TRAVELLING - desire for
3. MIND - ANXIETY - night
4. GENERALS - FOOD and DRINKS - milk - desire
5. MOUTH - DISCOLORATION - Tongue - red
6. GENERALS - MOTION - amel.
7. GENERALS - NIGHT
8. FACE - PAIN - extending to - Ear

Repertorisation sheet

and intensity of the symptoms was also high. Since she suffered from long time due to that affection, so the case was started with higher potency.

Follow up

Date of visit	Response	Medicine prescribed
11/05/2020	Severe pain in the right side of face, lasting 2-3 minutes	Rubrum-30/1 drop BD x 5 days
15/05/2020	In last 3 days, there was no attack. Patient felt better. Sleep was normal, 8-9 hours	Nihilinum-200/1 drop BD x 7 days
22/05/2020	Yesterday again, pain came but duration was less than previous	Lactopen-1M/1 drop BD x 5 days
29/05/2020	No pain for about 3 days. Patient was much happy and felt better	Nihilinum-200/1 drop BD x 7 days
08/06/2020	No occurrence of pain	Phytum-30/ 1 drop BD x 15 days

Advise

Patient was asked to avoid cold exposure, take nutritious diet and avoid spicy food.

Conclusion

Homoeopathy is an artistic and holistic treatment for such kind of a case. If the medicine is selected according to the symptom similarity and individualisation, most of the cases are curable. One must emphasise on the totality. With the help of homoeopathic treatment, the intensity and the frequency of pain gradually diminished, and ultimately the patient completely recovered from so-called TRIGEMINAL NEURALGIA.

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Efficacy of homoeopathic medicine *Niccolum metallicum* in cases of migraine

Dr Heena Rawal and Dr Gaurav Bhatt

Abstract: Migraine is nowadays considered to be one of the most common conditions affecting day to day life of an individual. The appearance and the associated symptoms along with headache and the different types of presentations in different individuals make it really hard for the attending physician as well as troublesome for the patient. The various causes leading to migraine pose a challenge in controlling the attacks of migraine in an individual.

For the project, the drug used was *Niccolum metallicum* in 30 potency, and final assessment was carried out. The efficacy was assessed by the changes observed in the subjective feeling at the end of the treatment regimen. In the study, out of the 48 cases treated and observed, 35 cases showed positive results and reduction in symptoms.

Keywords: Migraine, *Niccolum metallicum*, headache, right side, left side, homoeopathy.

Abbreviations: IT – information technology, C – Centesimal.

Introduction

Migraine is a primary headache disorder characterised by recurrent headaches that are moderate to severe. Typically, the headaches affect one half of the head, are pulsating in nature, and last from a few hours to 3 days.^(1,2)

The word *migraine* is from the Greek ἡμικρανία (*hemikrania*), ‘pain in half of the head’, from ἡμι- (*hemi-*), ‘half’, and κρανίον (*kranion*), ‘skull’.^(1,2)

Up to one-third of people affected have an aura, typically a short period of visual disturbance that signals that the headache will soon occur. Occasionally, an aura can occur with little or no headache following it.^(1,2)

Pathophysiology

The understanding of migraine pathophysiology is advancing rapidly. Improved characterisation and diagnosis of its clinical features have led to the view of migraine as a complex, variable disorder of nervous system function rather than simply a vascular headache.⁽³⁾

Recent studies have provided important new insights into genetic causes, anatomical and physiological features, and pharmacological mechanisms. The identification of new migraine-associated genes, the visualisation of brain regions that are activated at the earliest stages of a migraine attack, a greater appreciation of the potential role of

the cervical nerves, and the recognition of the crucial role for neuropeptides are among the advances that have led to novel targets for migraine therapy. Future management of migraine will have the capacity to tailor treatments based on the distinct mechanism of migraine that affect individual patients.⁽³⁾

Symptoms

Migraine symptoms may begin one to two days before the headache itself which is known as the prodrome stage. Symptoms during this stage include:^(1,2,4,5,6)

- food cravings
- depression
- fatigue or low energy
- frequent yawning
- hyperactivity
- irritability
- neck stiffness

In migraine with aura, the aura occurs after the prodrome stage. During an aura, one may have problems with vision, sensation, movement, and speech.^(1,2,4,5,6)

The next phase is known as the attack phase which is the most acute or severe of the phases when the actual migraine pain occurs. Attack phase symptoms can last anywhere from hours to days. Symptoms of a migraine can vary from person to person.^(1,2,4,5,6)

After the attack phase, a person will often experience the postdrome phase. These can range from

feeling euphoric and extremely happy, to feeling very fatigued and apathetic. ^(1,2,4,5,6)

Character of pain

People may describe pain as:

- pulsating
- throbbing
- perforating
- pounding
- debilitating

It may also occur as a severe dull, steady ache. The pain may start out as mild, but without treatment, will become moderate to severe. ^(1,2,4,5,6)

Causes

Researchers haven't identified a definitive cause for migraine. However, they have found some contributing factors that can trigger the condition including changes in brain chemicals, such as a decrease in levels of the brain chemical serotonin. ^(1,2,4,5,6)

Other factors that may trigger a migraine include: ^(1,2,4,5,6)

- bright lights
- severe heat, or other extremes in weather
- dehydration
- changes in barometric pressure
- hormone changes in women, such as estrogen and progesterone fluctuations during menstruation, pregnancy, or menopause
- excess stress
- loud sounds
- intense physical activity
- skipping meals
- changes in sleep patterns
- use of certain medications, such as oral contraceptives or nitroglycerin
- unusual smell
- certain foods

- smoking
- alcohol use
- travelling

Types of migraine^(1,2,4,5,6)

Two of the most common types are migraine without aura and migraine with aura. Some people have both types.

Migraine without aura

This is also called common migraine. Most people with migraine don't experience an aura. ^(1,2,4,5,6)

According to the International Headache Society, people who have migraine without aura have had at least five attacks that have these characteristics:

- Headache attack usually lasting 4 to 72 hours if not treated or if treatment doesn't work.
- Headache has at least two of these traits:
 - it occurs only on one side of the head (unilateral)
 - pulsating or throbbing pain
 - moderate or severe level of pain
 - pain worse when one moves, like when walking or climbing stairs
- Headache has at least one of these traits:
 - sensitiveness to light (photophobia)
 - sensitiveness to sound (phonophobia)
 - nausea with or without vomiting or diarrhoea
- Headache isn't caused by another health problem or diagnosis. ^(1,2,4,5,6)

Migraine with aura

This is also known as classic migraine, complicated migraine, and hemiplegic migraine. Migraine with aura occurs in 25 percent of people who have migraines. ^(1,2,4,5,6)

According to the International Headache Society, one must have at least two attacks possessing the following characteristics:

- An aura that goes away, is completely reversible, and includes at least one of these symptoms:

- visual problems (the most common aura symptom)
- sensory problems of the body, face, or tongue, such as numbness, tingling, or dizziness
- speech or language problems
- problems moving or weakness, which may last up to 72 hours
- brainstem symptoms, which includes:
 - difficulty in talking or dysarthria (unclear speech)
 - vertigo (a spinning feeling)
 - tinnitus or ringing in the ears
 - hypacusis (problem in hearing)
 - diplopia (double vision)
 - ataxia or an inability to control body movements
 - decreased consciousness
- eye problems in only one eye, including flashes of light, blind spots, or temporary blindness (when these symptoms occur, it is called retinal migraine) ^(1,2,4,5,6)
- An aura that has at least two of these traits:
 - at least one symptom spread gradually over five or more minutes
 - each symptom of the aura lasts between five minutes and one hour (if one has three symptoms, they may last up to three hours)
 - at least one symptom of the aura is only on one side of the head, including vision, speech, or language problems
 - aura occurs with the headache or one hour before the headache begins
- Headache isn't caused by another health problem, hence transient ischaemic attack has been excluded as a cause. ^(1,2,4,5,6)

Chronic migraine

Chronic migraine is also known as combination or mixed headache because it can have features of migraine and tension headaches. It's also sometimes

called severe migraine caused by medication overuse. ^(4,5)

Acute migraine

Acute migraine is a general term for migraines that aren't diagnosed as chronic. Another name for this type is episodic migraine. People who have episodic migraine attacks have headache up to 14 days a month. Thus, people with episodic migraine have fewer headaches a month than people with chronic ones. ^(5,6)

Niccolum metallicum

Metallic nickel (NICCOLUM)

Introduction

- Nickel is found associated with cobalt. It is said to have received its name (nickel, the devil) from the miners, who considered it as a "false ore" while they were mining for copper.
- It was proved by Nenning.
- Sir James Y. Simpson used the sulphate of nickel (NiSO₄) in "periodic headaches of a very severe character," and the provings showed that the metal and the carbonate act appropriately in this connection.
- Moser (*Am. H.*, xxiii. 61) has cured cases when the pain is < 10 to 11 a.m., and may be so intense as to cause the patient to cry out; appears first left side, may jump to right; disappears in evening.
- Hering has mentioned it as *suited to*: «literary men and others who suffer from periodical nervous headaches; weak, asthenopic, weak digestion, constipation; < morning on awaking.» ^(7,8,9)

Symptomatology

- Low-spirited; fears something evil will happen. Vexed and very angry from least contradiction. Anxious moroseness and inquietude. Trembling and fright with desire for solitude. Dislike to conversation. Anxiety on moving as if sweat would break out.
- Periodical nervous sick headaches, with asthenopia, weak digestion, constipation. Catarrh. Suited to debilitated, nervous, literary patients, with

frequent headaches, dyspepsia and constipation.

- Cracking in cervical vertebrae when moving the head. Pain on top as from a nail. Pressure on vertex, in morning; worse till noon and in warm room. Stitches. Objects appear too large. Migraine; first on left side. Twitching of upper lip.
- Dullness, does not comprehend the conversation, and is unable to relate properly in conversation.
- Vertigo: in the morning; when rising after stooping, in evening; when awaking, with nausea and desire to vomit.
- Vertigo, with dizziness and staggering, as from weakness, < on getting up in the morning.
- Heaviness and painful fullness in head, principally in forehead (compelling to rub forehead with hand), with vertigo; in morning, as if she had not slept sufficiently.
- Headache all day, in forenoon with vomiting of bile.
- Heat in head, compelling him to seek open air, with thirst (afternoon).
- Headache, in a room, and after a walk in open air.
- Pressure on vertex as from a hand as if a nail sticking in vertex.
- Pain in both sides of head, as if it were breaking. Stitches in head (when stooping).
- Tearing and shooting in head (and left eye in paroxysms). Periodical (every fortnight) headache.
- **Modalities:** *Worse*, periodically, every two weeks; yearly, forenoon. *Better*, in evening. ^(7,8,9)

Homoeopathy and migraine

Homoeopathy works proficiently for migraine as it gradually decreases the episodes of pain. Homoeopathy not only focusses on controlling the symptoms but also works deep inside and treats the roots as well as reduces the frequency and the intensity of attacks. Homoeopathic remedies are safe, act naturally and can be used by people of all age groups.

The best result in migraine treatment can be achieved if the strategic treatment is targetted at the root cause of migraine as well as the symptoms.

Objectives

1. To ascertain the role of *Niccolum metallicum* in migraine.
2. To avoid the role of analgesics in migraine.
3. To improve the quality of life of the patient.

Inclusion criteria

1. Adult men and women in the age group of 18 to 60 years.
2. Patients who are known and diagnosed cases of migraine
3. Patients who have started having the symptoms of migraine.

Exclusion criteria

1. Persons suffering from other disorders apart from migraine.
2. Pregnant and lactating women.
3. Non-complying patients who do not follow the treatment regimen.
4. Patients on other medications which cannot be stopped.

Methodology

The patients were clinically evaluated and treated with *Niccolum metallicum* as per the regimen. Subjects were told to avoid physical and mental exertion as much as possible. Any exposure to stimulants which can alter the action of medicines were to be avoided. For the project, the potency was decided as 30C in single dose. Final assessment was carried out and efficacy was assessed by the changes observed in the subjective feeling of the symptoms at the end of the treatment regimen.

Study was carried out on 48 adult men and women of the age group of 18 to 60 years and the sex ratio was kept equal.

Any deviation during the treatment period was taken into consideration and recorded separately. All completed case record forms were pooled together

and used for statistical analysis. The related analysis and the evaluation were utilised for further research purposes.

Wash-out period: At least 7 days, but not exceeding 10 days before participating in the study. The subjects were withdrawn from all the medications.

Withdrawal criteria

The investigator may withdraw a subject from the study for any of the following reasons:

1. The subject suffered from significant intercurrent illness or underwent surgery during the course of the study.
2. Any subject found to have entered the study in violation of this protocol. This would include pre-study directions regarding alcohol and drug use, fasting or if the subject was non-cooperative during the study.
3. Any subject who required the use of an unacceptable concomitant medicines.
4. If it was felt in principal investigator's opinion that it was not in the subject's best interest to continue.
5. Any subject who wished to withdraw his consent.
6. Any other justifiable reason, which should be adequately documented.

Results

Socio-demographic parameters

In our study, more number of patients were found in 18-60 years of age group. A significant positive correlation between lifestyle, age, dietary habits, side correlation and incidence was observed. Majority of patients were professionals (such as engineers, lawyers, IT experts, etc.), businessman and service personnel. Similarly, majority of them worked for up to 14-15 hours but took less amount of rest. Incidence was high among persons who had less sleep, more exposure to screen time, suffering from stress, having poor dietary habits, smokers. (Table 1).

Table 1: Socio-demographic parameters affecting migraine

Demographics range	Number of cases
Age	
18-30	17
31-40	20
41-50	06
51-60	05
Gender	
Female	24
Male	24
Occupation	
Professionals	09
Businessman	15
Service personnel	21
Others	03
Hours of work	
6-8	05
8-10	06
10-12	12
12-15	25
Smoking	
Yes	32
No	16
Side Predominance	
Right	18
Left	30

Medications prescribed

The medicine prescribed was *Niccolum metallicum* on the basis of its effectiveness mentioned in various literature of homeopathic materia medica in cases of migraine.

Descriptive statistics along with chi-square test (non-parametric test) were used. From the test statistics, it was observed that there was a significant reduction in pain, incidence and frequency of migraine by homoeopathic medicines ($p < 0.005$).

During the period of counselling, there were drop outs (around 20%) due to various reasons like far distance from hospital, refusal from family members, but after the project started, there were no drop outs.

Adverse effects

No adverse events have been reported for homoeopathic medicine. The subjects were examined throughout the study to evaluate any adverse effects after consumption of homoeopathic medicine.

Contraindications

There is no contraindication for *Niccolum metallicum*, but still to avoid the unexpected adverse event, pregnant and nursing women were not recruited in the study.

Discussion and conclusion

In the study, it was found that majority of the patients were in the age group of 31-40 yrs. Subjects were assessed based on the subjective feeling of the symptoms of migraine at the beginning and the end of the treatment plan.

Special attention was given to the education of patients in terms of symptoms of migraine. As the number of smokers were high in the study, it can also be considered as one of the contributing factors.

As migraine is most prevailing, dietary restrictions along with lifestyle changes, yoga and meditation can definitely improve the condition. Proper dietary habits with proper sleep can also have a positive outcome in the condition.

Homoeopathy has produced lot of successful results in cases of migraine without any side-effects. In the above study, out of the 48 cases treated and observed, 35 cases showed positive results and reduction in the symptoms with the use of the remedy *Niccolum metallicum* (Table 2).

Table 2

Number of patients	Relief of symptoms
06	Pain, frequency and incidence of migraine attacks were remarkably reduced
10	Pain and frequency of migraine attacks were partially reduced

19	Pain and frequency of migraine attacks were completely relieved
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*Remarkably reduced – As described by the patients, the intensity of symptoms was reduced by almost 75%.

*Partially reduced - As described by the patients, the intensity of symptoms was reduced by almost 30%.

The success in achieving the significant results in majority of cases is due to the specific effect of *Niccolum metallicum* in the said condition which helps the physician to draw significant conclusions.

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A case study on essential hypertension treated by homoeopathy

Dr Sujata Naik and Dr Runali Kelwalkar-Kore

Abstract: Essential hypertension (also known as primary or idiopathic hypertension) is defined as high blood pressure in the absence of any other identifiable secondary cause. In spite of medical advances, essential hypertension remains a major modifiable risk factor for renal and cardiovascular disorders.

The case study presented is of a 27-year old man, a diagnosed case of essential hypertension successfully treated with individualised homoeopathy. Majority of the presenting symptoms were common to the disease yet sufficient characteristic symptoms were elicited to enable the choice of simillimum. This case aptly illustrates the role of individualised homoeopathic treatment along with lifestyle correction to halt and reverse the progression of essential hypertension.

Keywords: Homoeopathy, essential hypertension, primary hypertension, idiopathic hypertension.

Abbreviations: BP- Blood pressure, mm of Hg- millimetre of mercury, OD –once a day, HS-at bedtime, SL - *Saccharum lactis*, Adv- advised

Introduction

Essential hypertension accounts for 95% of all cases of hypertension.¹

Aetiology

Although it has frequently been indicated that the causes of essential hypertension are not known, this is only partially true as one has a little information on genetic variations or genes that are overexpressed or under expressed as well as the intermediary phenotypes that they regulate to cause high BP¹

Pathophysiology

The pathogenesis of essential hypertension is multifactorial and complex. Multiple factors modulate the blood pressure (BP) including humoral mediators, vascular reactivity, circulating blood volume, vascular calibre, blood viscosity, cardiac output, blood vessel elasticity, and neural stimulation. A possible pathogenesis of essential hypertension has been proposed in which multiple factors, including genetic predisposition, excess dietary salt intake, and adrenergic

tone, may interact to produce hypertension. Although genetics appears to contribute, the exact mechanisms underlying essential hypertension have not been established.²

Progression

The progression of essential hypertension is as follows:

1. Prehypertension in persons aged 10-30 years (by increased cardiac output)
2. Early hypertension in persons aged 20-40 years (in which increased peripheral resistance is prominent)
3. Established hypertension in persons aged 30-50 years
4. Complicated hypertension in persons aged 40-60 years²

Factors that modify the course of essential hypertension³

1. Age : Younger the patient when hypertension is first noted, greater is the reduction in life

expectancy if the elevated blood pressure is left untreated

2. Race : In the United States, those with black ancestry have twice the prevalence of hypertension as compared to the whites
3. Sex: Females with elevated blood pressure fare well than males upto 65 years of age
4. Obesity : There is a positive correlation between weight gain and development of hypertension

Hypertension is mostly accompanied by accelerated atherosclerosis. Hence, independent risk factors associated with the development of atherosclerosis like cigarette smoking, glucose intolerance and/or elevated serum cholesterol levels significantly magnify the effect of elevated blood pressure on the mortality rate, irrespective of sex, age, or race.

Signs and symptoms

In most cases, there will be no apparent symptoms of essential hypertension, and it will only be

discovered during a regular medical examination. A strong family history of increased blood pressure along with reported findings of intermittent increase in pressure in the past, favours a diagnosis of essential hypertension.

Other symptoms that may be related to elevated blood pressure are:

- Dizziness
- Palpitation
- Headache
- Easy fatigability
- Impotence

If essential hypertension is not diagnosed, the condition has the potential to worsen and create heart or kidney problems.⁴

Treatment

The main goal of treatment is to prevent end organ damage and decrease the risk of mortality. Most adults with untreated hypertension develop increased arterial pressure over time. Even in its mildest form (i.e. with no evidence of any end organ damage), if hypertension is left untreated for 7-10 years, there is a high risk of developing significant complications.³

Homoeopathy seeks to address the root cause of the high blood pressure whether at mental, emotional, physical or environmental levels. The following is a documented case demonstrating the potential role of homoeopathy as

an effective treatment modality for a pathological condition like essential hypertension.

Case study

A 27-year old single male, resident of Mumbai, reported to the clinic on 30/10/2017, with frequent episodes of mild headache since December 2016. He had already been to a general physician and was diagnosed to be having essential hypertension (blood pressure was 140/90 mm of Hg) for which he was put on anti-hypertensives (tablet telma 40 -1 OD and tablet amlong 2.5 -1HS) since January 2017. Even with this treatment, the frequency and intensity of headaches was persistent.

Location	Sensation	Modalities	Concomitant
FACE (forehead)	Dull, heavy headache with occasional vertigo	Better temporarily by lying down	Constipation

Associated complaints

1. Recurrent upper respiratory tract infection (has this complaint since childhood)- blocked sensation in the nostrils only at night
2. Premature greying of hair – since age of 20 years, but has increased since the past 6 months

Past history

Repeated episodes of sneezing, cold and nasal obstruction. Diagnosed as deviated nasal septum, was advised surgery (sub mucous resection). Patient did not undergo it so far.

Family history

1. Mother – 50 years old. Hypertension and osteoarthritis (on medication for both)
2. Father – 54 years old. Had a

paralytic attack 2 years back. Recovered fully.

3. Elder sister – 34 years old, no significant health history.
4. Maternal uncle – hypertension - on medication.

PHYSICAL GENERALS: Patient's appetite, thirst, stool and urine were normal. Perspiration was moderate. Patient had a strong craving for sweets and rice.

Thermal state- Chilly (cannot tolerate cold weather or air conditioner at all. Desired for warmth in all seasons)

MENTAL GENERALS: Patient said that earlier he was short tempered but has calmed down since he has started this course of meditation. When asked about how he feels about taking anti hypertensives at such a young age, he said that it makes no difference to him. He has

come for treatment only because his family coerced him.

LIFE SPACE: Patient used to stay with his parents. His father lost his job when the patient was around 15 years of age. Since then, he started doing odd jobs with his mother to improve the family's financial condition. He had come up a very hard way and had to struggle for his education.

(Observation - When the patient narrated this history, his face was devoid of any expression or reaction. He was very matter of fact and showed very little expression when narrating his difficult and his physical complaints too)

Diagnosis analysis

1. Clinical diagnosis – essential hypertension
2. ICD-10-CM diagnosis code I10⁵

Symptom	Type	Intensity (On a scale of 1 to 5)
Fearless	Characteristic mental symptom	5+
Stoic nature	Characteristic mental symptom	5+
Chilly	Characteristic physical general symptom	5+
Lack of reaction	Characteristic physical general symptom	5+
Desire for sweets	Characteristic physical general symptom	5+
Desire for rice	Characteristic physical general symptom	5+

Rubrics chosen after case analysis

1. Mind- Fearless
2. Mind-Indifference-stoical to what happens
3. Mind-responsibility-early-taking responsibility too
4. Generals-Food and drinks-rice desire
5. Generals-Food and drinks-sweets desire
6. Generals-Heat-lack of vital heat
7. Generals-reaction lack of

Repertorisation⁶

See Repertorisation sheet.

Remedy analysis and discussion

After repertorisation, the main

remedies that came out included *Opium* (15/5), *Staphysagria* (15/5) and *Lycopodium clavatum* (15/4),

Staphysagria came close to *Opium* after repertorisation but it didn't cover the state of indifference.

Remedy justification

Opium covers all the physical symptoms as well the mental and emotional state of the patient. **Lack of reaction is the core of this patient.**

An *Opium* patient is unable to understand or appreciate his sufferings.⁷ Many *Opium* provers taking small doses had torpor, **inability to realise or feel their surroundings, or to take in the nature of states and judge of things.**⁸

In this case, the patient didn't seem to fully understand or appreciate (as seen by his lack of reaction during case-taking) the extent to which he suffered in his childhood due to the family's financial troubles. Also, on the physical plane, he didn't feel that he had any major symptoms due to hypertension, which again emphasises the lack of reaction.

Patient was advised to continue the anti-hypertensives.

Remedy

Opium 200 three consecutive doses at hourly intervals (to take care of spillage and/or neglect)

200 (high) potency was chosen as there were many characteristic symptoms.⁹

Remedy	Op	Staph	Lyc	Sulph	Tub	Graph	Kali-c	Puls	Ign
Totality	15	15	13	13	13	12	12	12	11
Symptoms Covered	5	5	4	4	4	4	4	4	4
Kingdom	☞	☞	☞	☞	☞	☞	☞	☞	☞
[Complete] [Mind] FEARLESSNESS: (90)	3	1		1	3	1		1	4
[Complete] [Mind] INDIFFERENCE, APATHY: Stoical to what happens: (10)	3						1		
[Complete] [Mind] RESPONSIBILITY: Ailments from, agg.: Early, too: (3)			1						
[Complete] [Generalities] FOOD AND DRINKS: Rice: Desires: (19)		3							
[Complete] [Generalities] FOOD AND DRINKS: Sweets: Desires: (300)	1	3	4	4	3	4	4	3	1
[Complete] [Generalities] COLDNESS, LACK OF VITAL HEAT: (755)	4	4	4	4	3	4	4	4	4
[Complete] [Generalities] REACTION: Lack of: (276)	4	4	4	4	4	3	3	4	2

Repertorisation sheet

Date	Follow up	Blood pressure	Remedy given	Reason
30/10/17	First prescription	140/80 mm of Hg	<i>Opium</i> 200 three consecutive doses at hourly intervals. Adequate rest. SL for one month	Based on repertorisation
3/11/17	Energy levels good. Headache episodes reduced. Had one episode of cold but it subsided on its own after 2-3 days. Generally better.	BP-130/84 mm of Hg	SL Adv : to reduce Telma 40 to Telma 20 and continue as OD dose. Continue Amlong 2.5- 1 HS (patient's physician informed)	Remedy action still continuing Patient showing improvement. So no intervention required. ¹⁰
3/12/17	Overall better. Had one episode of mild Headache which reduced on its own	BP-130/84 mm of Hg	SL for two months	Remedy action still continuing Patient showing improvement. So no intervention required. ¹⁰
4/2/18	Overall better. Had no episodes of headache or recurrent coryza in the last two months	BP-126/84 mm of Hg	SL for two months Adv to stop Telma 20 and Amlog 2.5	Remedy action still continuing Patient showing improvement. So no intervention required. ¹⁰
4/4/18	No episodes of headache or coryza in the last two months. Overall better	BP-120/84 mm of Hg	Adv to stop treatment	

Patient is under monitoring and continues to do well.

Conclusion

The above case demonstrates the potential role of individualised homeopathic treatment for essential hypertension.

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About the author

Dr Sujata Naik, M.D (Hom.), a senior homoeopath, practising extensively in Mumbai for last 32 years across 3 centres with thousands of patients from India and abroad. She is the first International affiliate member of Faculty of Homoeopathy, UK.

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 Naik was awarded the 1st place for her Research Poster Presentation on PCOS and its homoeopathic management at the 1st International Conference on Alternative Medicine held by AYUSH (The Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) in November 2017 at Dubai.

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

CO-AUTHOR : *Dr Runali Kelwalkar-Kore, M.D. (Hom.), Research Assistant at Dr Sujata Naik's Homeopathy Clinic.*



Contd. from pg 17.....

Discussion

This case study shows the effectiveness of Homoeopathy in Lifestyle disorders. This single report has similar results as shown in a previous research conducted that shows the importance of MNT(Medical nutritional therapy) on plasma lipoproteins of type 2 dyslipidemic patients¹⁴. Our single case report also showed the Individualised homoeopathic medicines with the therapeutic lifestyle changes as an auxiliary treatment is quite helpful in the management of cases with lifestyle disorders, this also shows similar result as conducted in research conducted by CCRH.¹⁵ The various Literatures of Materia medica^{8,9,10} also agrees with the repertorial totality like company desires, angers easily, hot patient and sour perspiration on palms and soles.

Conclusion

As single case report results cannot be generalised yet the outcome of this case report may improve the knowledge of the clinicians which will ultimately benefit the patients suffering from dyslipidemia. This was a retrospective study involving a single case. So, a prospective research study with randomised controlled trial (RCT) study design is suggestive.

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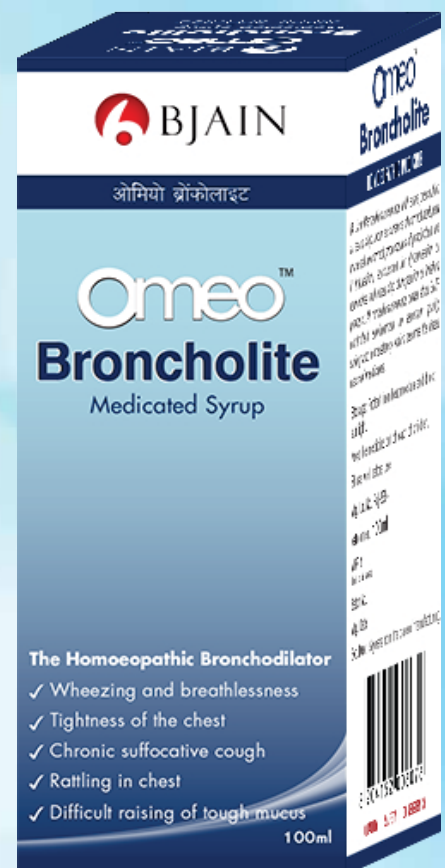
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Ipecacuanha	Ø	1.6 %v/v
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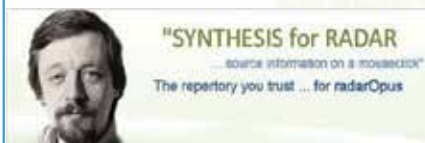
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Impact of stressful events in early life on cognitive impairment among adults – a risk factor for dementia

Dr Shreyank Kotian and Dr Girish Navada

Abstract: The objective of this analytical cross-sectional study was to find the association of mentally traumatic events in early life with cognitive decline in elders. Respondents who are above the age of 50 years, residing in old age home and patients attending OPD, who were mentally stable. 130 respondents were selected with the Purposive Sampling method. Pre structured questionnaire which was prepared to understand the demographic data, **stressful life event screening questionnaire** was administered to identify and understand the level of the stressful events in their lives. The cognitive status was assessed by collecting data using **mini mental health scale**. The data revealed that, 38.5% of them showed mild cognitive impairment and 16.9% respondents showed severe cognitive impairment. When measuring the range of cognitive impairment, 55.4% of the respondents showed increased odds of dementia, which suggest that chances of these respondents having cognitive decline is high.

Keywords: homeopathic constitutional treatment, dementia, disposition, mental health, cognitive impairment

Abbreviations: SPSS- statistical package for the social sciences, SLESQ -the stressful life events screening questionnaire, DM -diabetes mellitus, HTN -hypertension, PTSD -post traumatic stress disorder.

Introduction

Dementia is defined as the progressive disorder characterised by gradual loss of memory and cognitive decline. The “diagnostic and statistical manual of mental disorders” defines ‘dementia’ to be a loss of either one of the cognitive functions which can either be that of movement or actions, language or verbal functions and that of skills or execution. This change in an individual should be considerable comparing to their life in the past.⁽¹⁾

The incidence of dementia or cognitive decline is on a rise among the elderly, found out to be 11.67 per 1000 person-years for those more than 55 years of age and significantly higher in advancing age.⁽²⁾

Diagnosis of dementia in an early stage becomes very essential considering the lack of scope for cure after a significant progress of the disease. Hence, finding out the various factors responsible in onset of dementia is of prime importance. Head injury⁽³⁾, life style disorders like smoking, excessive alcohol consumption, iatrogenic causes, stroke, genetic mutations, levy body formation and psychological factors like cognitive impairment⁽⁴⁾, late life anxiety, geriatric depression, post-traumatic stress disorder⁽⁴⁾ are some of the risk factors that cause the onset of dementia symptoms in an individual above the age of 50⁽⁵⁾.

In context to early detection of dementia before the symptoms appear, identifying factors in younger age⁽⁶⁾ that can cause cognitive impairment becomes necessary to prevent the remote changes in future years

in an individual. Therefore, it becomes important to correlate factors like mental trauma, depression and stressful life in younger age⁽⁶⁾ to the cause cognitive impairment in elderly, allowing increased scope in managing the mental disturbances by various methods, thus preventing cognitive decline and dementia.

Aims and objectives

To find the association of stressful and mentally traumatic events in early life with cognitive decline in adults and to understand the importance of identifying and addressing the psychological changes in an individual. Also, to suggest various methods to prevent the cognitive decline after a psychological trauma.

Materials and methods

Study population

An analytical cross-sectional study was done for 6 months from December 2018 to May 2019. The study was conducted on the respondents who are above the age of 50 years, residing in St. Joseph Prashanth Nivas, Mangalore, India and patients attending the out-patient unit of Father Muller Homeopathic Medical College and Hospital, Mangalore, India, who were psychologically healthy and gave consent for study.

Respondents above the age of 50 years, who gave the consent for the study, and went through an experience of a well-marked stressful event in early life were considered for the study. The individuals who were measured using the “STRESSFUL LIFE EVENT

SCREENING QUESTIONNAIRE" and then showed a positive response of a stressful life event only were considered for the study.

Elders with poor health condition and serious impairment of health, and those individuals who were clinically diagnosed with any psychiatric condition were excluded from this study.

With 95% confidence level and 95% power with reference to ⁽⁴⁾, the sample size came up to be 130 using the formula $N = Z_{\alpha/2}^2 \sigma^2 / d^2$, where, $Z_{\alpha} = 1.96$ at 95% confidence level σ = standard deviation = 2.9, $d = 5\%$ of mean.⁽⁴⁾ Respondents were selected as per the sample size calculation with the non-probability (purposive sampling)

Questionnaire

A pre-structured questionnaire was prepared to understand the demographic data with information such as age, gender, academics and occupational status, personal and familial past and present medical history, patterns of sleep, appetite, thirst and daily routine.

The *stressful life event screening questionnaire*⁽⁹⁾ to identify and understand the level of the stressful events in their lives was administered. The *stressful life event screening questionnaire* consisted of questions that identified and graded the stressful and traumatic events in life such as physical or mental assault, sudden unexpected death of a close acquaintance by unnatural causes, childhood trauma and high graded stress relating to family, society and work space. The identification was done on the basis of Yes/No questions and the intensity of the event calculated by the repetition of the event, the impact it had on the daily activities and the clarity of the past event on the present day. The scale was applied, until 130 elders as per sample size calculation having stressful life events were found

On the selected 130 elders with a graded stressful life event, the present cognitive status of were assessed by collecting data using *mini mental health scale questionnaire*, ⁽⁶⁾ which is 10 questioned scale which calculates the present cognitive state of the individual based on memory, intellectual and abstract techniques which is measured with respect to the maximum of 30 points.

Statistical analysis

Analysis was done by using descriptive statistics, association of different scales with demographic data

was done using chi square test. Statistical package SPSS vers.23.0 was used to do the analysis. $p < 0.05$ was considered as significant.

Results

The present study shows the various stressful events of the respondents and their cognitive status. The demographic data of the respondents was also collected. The adults of the study population having stressful events in their life were selected for the study and 130 respondents were chosen. Among whom, 61.5% were males and 38.5% were females. 26.2% were in the age group of 60-65 years, 20% in the age group of 55-60 years, 18.5% in the age group of 50-55 years and 13.8% in the age group of 65-70 years and 9.2% are above 75 years.

Among the respondents 46.2% had unskilled type of occupation, 20% of them were managing the house work and 6.2% of them were professionals. 4.6% of them had post-graduation of education, 23.1% completed high school level, and 13.8% are illiterate. It was seen that 56.5% of the respondents were married, 35.4% were unmarried and 1.5% of the respondents were divorced.

It can be understood that 81.5% of the respondents lived in nuclear families and only 18.5% of them were living in a joint family setup. Although 60% of the respondents had no significant family history, it was seen 26.25% of the respondents had family history of diabetes mellitus, 10.6% of them had family history of hypertension and 1.5% of them had family history of dementia.

35.4% of the respondents reported with disturbed sleeping patterns and it was reported that 23.1% of the respondents were addicted to alcohol, 7.7% to smoking and 7.7% to tobacco chewing.

Table 1: Distribution of stressful life events among the respondents:

	Yes	%	No	%
Life threatening illness	4	3.1	126	96.9
Life threatening accident	24	18.5	106	81.5
Physical force/weapon used in robbery or mugging	4	3.1	126	96.9
Any death due to accident, homicide, suicide	36	27.7	94	72.3
Miscarriage	4	40.0	6	60.0
Sexual harassment against will	2	1.5	128	98.5

Touched parts of your body against will	2	1.5	128	98.5
Physically abused as a child	22	16.9	108	83.1
Physically abused as adult	8	6.2	122	93.8
Mental harassment	28	21.5	102	88.5
Witness of any death, injury or assault	5	3.8	125	96.2
Helpless with fear	2	1.5	128	98.5

The stress life events of the respondents were assessed by the standard scale, 'the stressful life events screening questionnaire (SLESQ)', a 13-item self-report measure for non-treatment seeking samples that assesses lifetime exposure to traumatic events. This scale is used to measure eleven specific and two general categories of events, such as a life-threatening accident, physical and sexual abuse, witness to another person being killed or assaulted, are examined. For each event, respondents are asked to indicate whether the event occurred ("yes" or "no"), their age at time of the event, as well as other specific items related to the event, such as the frequency, duration, whether anyone died, or was hospitalisation, etc.

The present research clearly depicts that most of the respondents (40%) had stressful event like miscarriage, 27.7% of them had experienced the stress due to death of the family member due to accident or suicide, 21.5% of them had faced mental harassment in the family, and 18.5% of them had experience life threatening accidents. There were other responses like illness, physical harassment, sexual harassment, helplessness, etc. with minimal percentage of respondents.

This result shows the various stressful events faced by the respondents in the present study.

Cognitive impairment

Cognitive function may decrease with the effect of few risk factors like clinical conditions like hypertension, decreased quality of life and stressful events in the life of any individual. Dementia which is cerebrovascular

disease is the leading cause in dementing illness. Hence in order to find the association of dementia and stressful events this screening was conducted. This scale measured the tests of orientation, attention, memory, language and visual-spatial skills.

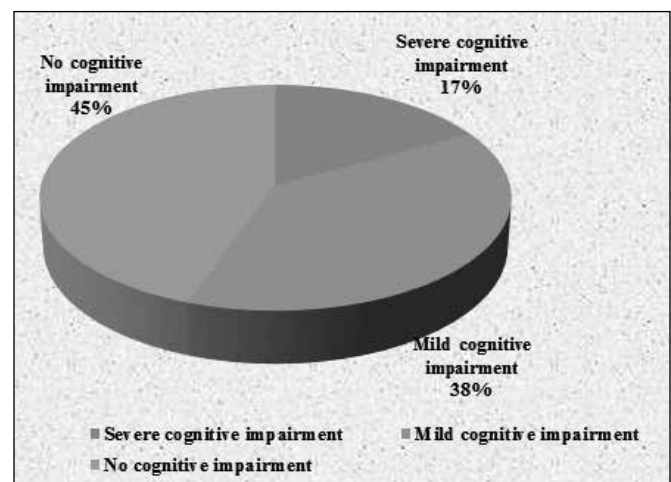
Table 2: Cognitive impairment

	Frequency	Percent
Severe cognitive impairment	22	16.9
Mild cognitive impairment	50	38.5
No cognitive impairment	58	44.6

As the objective of the study the researcher measured the cognitive status of the respondents by using mini mental state examination. The data reveals that 44.6% of the respondents do not have any cognitive impairment. However, 38.5% of them show mild cognitive impairment, and unfortunately 16.9% of the respondents show severe cognitive impairment. The cut-off point of cognitive impairment is <24.

This scale also measures the range of cognitive impairment, the data of the present study depicts that 55.4% of the respondents shows increased odds of dementia, which suggest that chances of these respondents having cognitive decline is high.

Fig 1: Cognitive impairment



Association

Table 3: Association between MMSE vs. marital status

		Marital Status					Total
		Married	Unmarried	Widow	Widower	Separated	
Severe	No %	12 15.8%	10 21.7%	0 0.0%	0 0.0%	0 0.0%	22 16.9%

RESEARCH REPORT

Mild	No %	20 26.3%	24 52.2%	2 100.0%	4 100.0%	0 0.0%	50 38.5%
Nil	No %	44 57.9%	12 26.1%	0 0.0%	0 0.0%	2 100.0%	58 44.6%
Total	No %	76 100.0%	46 100.0%	2 100.0%	4 100.0%	2 100.0%	130 100.0%

$\chi^2=24.478$; $p=0.002$ hs

It was found that marital status has significant association with cognitive impairment. Among the unmarried, maximum of them were in the group of moderate or severe cognitive impairment compared to married respondents ($p=0.002$)

Table 4: Family medical history vs. cognitive impairment

		Family medical history					Total
		Nil	DM	HTN	Dementia	malignancy	
Severe	No %	8 10.3%	10 29.4%	2 14.3%	0 0.0%	2 100.0%	22 16.9%
Mild	No %	28 35.9%	16 47.1%	6 42.9%	0 0.0%	0 0.0%	50 38.5%
Nil	No %	42 53.8%	8 23.5%	6 42.9%	2 100.0%	0 0.0%	58 44.6%
Total	No %	78 100.0%	34 100.0%	14 100.0%	2 100.0%	2 100.0%	130 100.0%

$\chi^2=23.285$ $p=0.003$ hs

The percentage of cognitive impairment in family history of diabetes mellitus and hypertension was found to be significant compared to other disease. ($p=0.003$). Surprisingly, the family history of dementia on those having cognitive impairment was nil.

Table 5: Life threatening accident vs. cognitive impairment

		Life threatening accident		Total
		Yes	No	
Severe	No. %	4 16.7%	18 17.0%	22 16.9%
Mild	No. %	10 41.7%	40 37.7%	50 38.5%
Nil	No. %	10 41.7%	48 45.3%	58 44.6%
Total	No. %	24 100.0%	106 100.0%	130 100.0%

Out of the 24 life threatening accidents which occurred among the subjects, 16.7% are having severe and 41.7% have mild cognitive impairment. ($p=0.0934$)\

Table 6: Physically abused as a child vs. cognitive impairment

		Physically abused as a child		Total
		Yes	No	
Severe	No. %	8 36.4%	14 13.0%	22 16.9%

Mild	No. %	6 27.3%	44 40.7%	50 38.5%
Nil	No. %	8 36.4%	50 46.3%	58 44.6%
Total	No. %	22 100.0%	108 100.0%	130 100.0%

$\chi^2=7.18$ $p=0.028$ sig

Physical abuse in childhood has a good association with cognitive impairment (36.4%). The association was found to be statistically significant ($p=.028$)

Conclusion

Stressful life events have an impact on the cognitive decline of the individual. This clearly shows in the present study that 55.4% of them have cognitive impairment. Association between marital status, family medical history and sleep pattern with cognitive impairment was found to be significant. Similarly, association of stress of physical abuse in childhood with cognitive impairment was found to be significant. The research found the similar result in the review of literature, study

conducted by Guerry M Peavy et.al⁽¹⁰⁾. Similar result was seen in the study conducted by Lena Johansson et.al⁽¹¹⁾. However, further research is suggested which could continue with the follow up of these respondents in order to see the progression of cognitive impairment leading to dementia.

Recommendations

1. Since dementia is only identified after a certain amount of progression of the pathology in the brain, it is only a good practice to identify various risk factors, which on preventing early in life by various measures, can considerably prevent the progression of the disease altogether.
2. Every OPD, Clinics or any health setup that deals which psychological trauma or Post traumatic rehabilitation, may consider the formation of cognitive impairment as a risk factor in an individual and applying techniques such as counselling, psychotherapy and supportive therapies, may help in managing the future-effects of the untreated mental trauma
3. A protocol in every health setup may be administered in order to identify any risk factor in patients of every age with respect to the possibility of avoiding the initiation of the disease.
4. Homoeopathically, identifying the cause ⁽¹²⁾ even before the effect is shown out, may help as a preventive measure to avoid the psychological ailment that can occur in the same way that any morbid disease is prevented by removal of the causative factor ⁽¹³⁾. Administration of a constitutional remedy, considering the patients as a whole, having included the factor of a history of psychological trauma, may help in removal of that particular factor, which may hinder the treatment of other morbid phenomenon. ⁽¹⁴⁾
5. Homoeopathic intervention for the PTSD symptoms that can occur as an acute manifestation of the mental disease, may be treated using the short acting remedies that is selected based on the symptoms of PTSD shown by the individuals, which will neurologically decrease the after effects of the trauma ⁽¹⁵⁾
6. Further research is proposed in therapeutically treating the PTSD symptoms and the psychological stress through homoeopathic remedies.

Financial support and sponsorship

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Conflicts of interest

None declared.

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Constitutional approach in homoeopathy cured hypothyroidism: a case report

Dr Dhanya G Nair

Abstract: Hypothyroidism is a condition which disturbs a person's harmonious life with weight gain, menstrual irregularities and mood swings. Many patients bear with them, the burden of taking hormonal treatment throughout their lifetime. The carefully selected homoeopathic constitutional medicines can bring about a cure in these sufferers within a short period of time. The following is the case of a 34 year old woman who was freed of her problems of hypothyroidism with homoeopathic constitutional medicines alone.

Keywords: Hypothyroidism, homoeopathy, constitutional treatment, symptomatic improvement, normal hormone level, no recurrence.

Abbreviations: TSH – thyroid stimulating hormone, T3 – tri-iodothyronine, T4 – tetra-iodothyronine, FTI – free thyroxine index.

Introduction

Inadequate synthesis of thyroid hormones resulting in its insufficient release for bodily needs is called hypothyroidism.⁽¹⁾ In places where there is no iodine deficiency, autoimmune thyroid disease called Hashimoto's thyroiditis is the most common cause of hypothyroidism whereas worldwide, iodine deficiency is in the forefront.⁽²⁾

The other causes of hypothyroidism include thyroidectomy or radiation therapy in the treatment of overactive thyroid or cancer of thyroid, some medications used in cancer and depression and overmedication in hyperthyroidism or hypothyroidism can also result from disorder of pituitary or hypothalamus, which is called central hypothyroidism.⁽³⁾

Primary hypothyroidism can be classified into chronic autoimmune thyroiditis, postpartum thyroiditis, subacute granulomatous thyroiditis, drug induced hypothyroidism and iatrogenic hypothyroidism.

The clinical features of hypothyroidism include unexplained fatigue, bradycardia, excessive gain in weight, slowness in movement and speech, lack of appetite, cold intolerance, dryness of skin, excessive loss of hair, sleepiness, locomotor pain and weakness, pitting oedema of lower limbs, hyporeflexia, depression, mental impairment, memory and concentration problems, constipation, disturbances in menstrual cycles, infertility, paraesthesia, decreased vision and hearing and fullness in throat and hoarseness due to the enlarged gland.⁽²⁾

Complications of untreated or maltreated

hypothyroidism include risk for cardiovascular disease due to the increased levels of cholesterol, goitre, pregnancy complications like pre-eclampsia, fluid retention, anaemia, postpartum haemorrhage, premature birth, miscarriage, myxoedema coma leading to confusion, hypothermia and drowsiness.⁽⁴⁾

It is a major risk factor in fertility and pregnancy. Hypothyroidism accounts for 53.7% of infertility cases.⁽⁵⁾ Maltreated hypothyroidism often leads to impaired intellectual, cognitive and neural functions in the newborn. Attention deficit and hyperactive disorders are also not uncommon in children born to hypothyroid mothers.⁽⁶⁾

TSH assays are used as the most sensitive tool for screening primary hypothyroidism. If the TSH level is high, the free thyroxine (T4) or the free thyroxine index level should be evaluated, which is a surrogate of the free hormone level. Routine measurement of tri-iodothyronine (T3) is not indicated. In hypothyroid patients, there will be elevated TSH with decreased T4 or FTI or elevated TSH with normal free T4 or FTI is considered as mild or subclinical hypothyroidism.⁽²⁾

Individualised homoeopathic constitutional approach in a case of hypothyroidism is seen to be very effective for its cure, that is disappearance of the symptoms as well as reestablishment of the normal hormonal levels, limiting the chances of recurrence.

Chambers Dictionary defines constitution as the natural condition of the body and mind; disposition. The importance of constitution while treating chronic diseases is mentioned in Aph:5 of *Organon of Medicine*:

"Useful to the physician in assisting him to cure are

the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc. are to be taken into consideration."⁽⁷⁾

The concept of constitutional treatment was also advocated by Hippocrates and Paracelsus.⁽⁸⁾ and was also used in Chinese medicine.

It is not infrequent that many have to depend on thyroidectomy for an enlarged gland with complications. According to the pioneer of Homoeopathy Dr H A Roberts,

"In removing the tonsils, the teeth or other organs by surgical operation we are dealing with the end product and not with the vital energy. We are cutting off the manifestation of disease and are doing nothing to set in order the vital energy or to prevent further disease manifestations. These diseased conditions have developed as an expression of the inward turmoil and distress under which the whole individual suffers."⁽⁹⁾

Case report

A woman aged 34 years presented with the symptoms of weakness, wandering type of pain in almost all her joints and lack of appetite, on 16/6/2015. She had been suffering from these complaints for the last 3 months. She was obese for her short height. She was well dressed and had a neat look. The anterior part of her neck showed a swelling. She looked depressed and lacked energy. She had been under hormonal treatment, but discontinued the treatment after a few days of starting the medication and opted homoeopathic treatment.

Mental generals

Slightest criticism from anyone made her unhappy. She was very affectionate.

Physical generals

She had a lack of appetite, thirst was normal. Her urine was normal and she was having constipation occasionally. **Reaction to heat and cold:** could not bear hot weather, but she preferred warm bathing. She preferred fanning only when it was too hot and she had an aversion to covering.

Menstrual history

She had too short menses lasting only for one to three days. No other abnormalities were detected.

Physical examination

On examination, her pulse rate was 62/minute, respiratory rate-16/minute, blood pressure was 110/70 mm of mercury and she had a normal temperature.

Examination of the neck revealed a uniform enlargement of the thyroid gland. It showed free upward movement on swallowing. No visibly dilated veins were detected on the anterior part of the thorax. Pemberton's sign was negative.

On palpation, the margins of the gland were well defined. No nodules were detected. The gland was uniformly enlarged. Cervical lymph nodes were not found to be palpable.

No bruit was heard on auscultation. Neck circumference was 34.5 cm.

Laboratory investigations

Thyroid function test revealed a TSH value of 15.39 μ IU/ml and T4 of 8.2 μ g/dl

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REPORT

NAME : [REDACTED] SAMPLE COLLECTED AT : [REDACTED]
REF. BY : [REDACTED] MODERN CLINICAL LABORATORY
TEST ASKED: T4, TSH

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL THYROXINE (T4)	C.L.I.A	8.2	μ g/dl	4.5 - 12.5
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	15.39	μ IU/ml	0.30 - 5.5

Comments : ***
T4 was curative with clinical conditions.
Method :
T4 - Competitive Chemi Luminescent Immuno Assay
TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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

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

— End of report —

Sample Collected on (SCT) : 05 Jun 2015 08:00
Sample Received on (SRT) : 06 Jun 2015 09:42
Report Released on (RRT) : 06 Jun 2015 11:13
Sample Type : SERUM
Labcode : 060610565/KER11
Barcode : 51483437

Dr. Alap Christy MD
Dr. Chander Sampath MD
Page : 1 of 1
Reporting conditions normal

Figure 1

Diagnosis

Hypothyroidism with simple diffuse parenchymatous goitre.⁽¹⁰⁾

Symptoms considered for selection of remedy

Common symptoms	Uncommon symptoms
• Wandering type of pain+	• Sensitiveness to criticism++
• Too short menses_+	• Affectionate+
	• Hypothyroidism+
	• Desires spices++
	• Desires bread and butter+
	• Goitre+

Miasmatic analysis ⁽¹¹⁾

Symptom	Miasm
Wandering type of pain	Psora,sycosis
Too short menses	Psora,sycosis
Sensitiveness to criticism	Psora
Affectionate	Psora
Hypothyroidism	Psora
Desires spices	Psora
Desires bread and butter	Psora
Goitre	

	SL No:	Symptoms	Intensity	Miasm
Common symptoms	1.	Wandering type of pain	+	Psora, sycosis
	2.	Too short menses_	+	Psora,sycosis
Uncommon symptoms	3.	Sensitive-ness to criticism	++	Psora
	4.	Affectionate	+	Psora
	5.	Hypothyroidism	+	Psora
	6.	Desires spices	++	Psora
	7.	Desires bread and butter	+	Psora
	8.	Goitre	+	Sycosis

Repertorial chart ⁽¹²⁾

	nat-m	sep	sulph.	nux-v	am-c	lyc	puls	phos	calc.	calc.	m	
	1	2	3	4	5	6	7	8	9	10	11	12
	10	10	8	7	7	7	7	6	6	6	6	6
	15	12	16	11	9	9	8	14	13	12	9	9
1. Clipboard 1												
1. MIND - SENSITIVE - criticism; to	(20) 2											
2. MIND - AFFECTIONATE	(71) 1											
3. GENERALS - FOOD and DRINKS - spices - desire	(83) 2											
4. GENERALS - FOOD and DRINKS - bread - desire - butter, a...	(21) 1											
5. GENERALS - HYPOTHYROIDISM	(22) 1											
6. GENERALS - PAIN - wandering	(159) 1											
7. EXTERNAL THROAT - GOITRE	(83) 1											
8. FEMALE GENITALIA/SEX - MENSES - short, too	(105) 1											

Repertorial chart

Prescription

Based on the totality of symptoms, a dose of *Natrum muriaticum* 200 was prescribed. The 200th potency was selected because the patient looked young, intelligent and healthy. But for the symptoms of hypothyroidism, she had no other health problems. She had not taken any other modes of treatment. As the condition is a natural dynamic disease, it is curable. All these factors led to the selection of a moderate potency.⁽¹¹⁾

Justification for the remedy and remedy differentiation

RADAR 10.0(Synthesis repertory) was used in repertorising the case.⁽¹²⁾ *Natrum muriaticum* covered all the mental, physical, general and particular symptoms of the patient and served as the constitutional remedy. The patient has the emotional sensitivity of *Natrum muriaticum*. The other remedies following *Natrum muriaticum* are *Sepia*, *Sulphur* and *Nux vomica*. *Sepia* is thermally chilly, but the patient is hot. The patient is more womanly than *Sepia* and not as extroverted as a *Sulphur*. *Sulphur* patients have vitiated affection and are selfish. This patient is very affectionate. The patient was neat and well-dressed unlike *Sulphur*. *Nux vomica* patients are chilly and are defensive when criticized. This patient is sad when criticised.⁽¹³⁾

Follow up

Date	Symptoms	Prescription
16/6/2015	<ul style="list-style-type: none"> Depressed mood Weakness Pain in all joints Swelling of anterior aspect of neck 	<i>Natrum muriaticum</i> 200/1 dose

30/6/2015	<ul style="list-style-type: none"> Depressed mood persists 	<i>Natrum muriaticum 200/1 dose</i>
	<ul style="list-style-type: none"> Weakness better Pain persists Appetite better Swelling persists 	
17/7/2015	<ul style="list-style-type: none"> Mood better No weakness Pain only in lower limbs Swelling persists 	<i>Placebo</i>
31/7/2015	<ul style="list-style-type: none"> Pain in lower limbs persists Good appetite Swelling persists 	<i>Natrum muriaticum 200/1 dose</i>
15/8/2015	<ul style="list-style-type: none"> Pain in knees < walking Neck circumference: 33 cm 	<i>Placebo</i>
1/9/2015	<ul style="list-style-type: none"> Pain in knees better 	<i>Placebo</i>
18/9/2015	<ul style="list-style-type: none"> Pain in knees as such 	<i>Natrum muriaticum 200/1 dose</i>
3/10/2015	<ul style="list-style-type: none"> Complaint as such 	<i>Natrum muriaticum 1M/1 dose</i> (The case had come to a standstill and on further case taking, no additional findings were seen and as the previous potency had exhausted its action, a higher potency was selected) ⁽⁹⁾

16/10/2015	<ul style="list-style-type: none"> Complaint better 	<i>Placebo</i>
30/10/2015	<ul style="list-style-type: none"> Neck circumference: 32.8 cm 	<i>Placebo for 1 month</i>
1/12/2015	<ul style="list-style-type: none"> Neck circumference: 32 cm 	Placebo for 1 month

Thyroid function test was done on 5/2/2016 which revealed TSH as 2.74 μ IU/ml and T4 as 7.53 μ g/dl.

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E-mail: royaldiagnosticcentre@gmail.com

DIAGNOSTIC REPORT

NAME: [REDACTED] DATE: 05/02/2016
REF. BY: [REDACTED] TIME: 1:30:00 PM
TEST ASKED: T4/TSH LABCODE: 06

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL THYROXINE (T4)	C.L.I.A.	7.53	μ g/dl	5.2 to 12.7
THYROID STIMULATING HORMONE (TSH)	C.L.I.A.	2.74	μ IU/ml	0.30 to 4.5

Pregnancy Reference Range: TSH
1st Trimester: 0.10 - 2.50
2nd Trimester: 0.20 - 3.00
3rd Trimester: 0.30 - 3.00

Technology:
T4 - Competitive Chemiluminescent Immuno Assay
TSH - SANDWICH CHEMILUMINESCENT IMMUNO ASSAY

SHAMLA, S BSC, MLT
Reg. No. 62081928913

Senior Lab Technologist

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Follow up

The patient discontinued the treatment once the thyroid function test became normal and did not take any medication thereafter. On 13/3/2018, another thyroid function test was done on patient's own will which showed TSH to be 1.42 μ IU/ml. This shows that there is no recurrence of the condition which had got cured with the constitutional remedy.

PULSE LABORATORIES
REPORT

24x7 Customer Care
9961657172

NAME: THOTTACKAD REF NO: 1089/THOTTACKAD
AGE: 35 YRS/ FEMALE DATE: 13/03/2018

TEST	OBSERVED VALUE	REFERENCE RANGE
DEPARTMENT OF HORMONE ASSAYS		
TSH Method: CLIA	1.42 uIU/ml	0.35 to 5.50

* End Of Report *

CHIEF LAB TECHNOLOGIST
SIGNATURE: [Signature]
LAB NO: 1089/THOTTACKAD

REPORT DISCLAIMER

PATIENT'S ID: 8304886172 THOTTACKAD 9961657172 CHAMAMPATHAL 8304886172 MEENADOM 9961657172
CORPORATE LAB: 8/795, Near Taluk Hospital, Pampady PO, Kottayam.

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Author of articles in various Homoeopathic journals. Has written an article "Managing pneumonia homeopathically, based on the general symptoms: A case report" in July 2019 issue of Homoeopathic Heritage. Currently a private practitioner based in Kottayam, Kerala.

Conclusion

The above case of hypothyroidism treated with individualised homoeopathic constitutional medicine alone, without the use of any tinctures or biochemic medicines shows us that hypothyroidism is curable without the fear of recurrence.

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Irritable bowel syndrome: a psychosomatic disorder and homoeopathy

Dr Arpana Singh

Abstract: Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder (FGID), which is due to impaired gastric motility resulting in group of clinical symptoms like cramping abdominal pain, bloating, altered bowel habits, and mucus in stools in the absence of any structural abnormality. It is the most prevalent functional gastro-intestinal disorder noted in the general population worldwide. No definite aetiological factors have been identified till date, but factors like psychological stress, anxiety, depression, certain dietary factors, and increase in abnormal sensitivity to visceral distension, hormonal imbalance in women leads to symptoms of IBS. Anxiety and the lower quality of life are often associated with IBS. Current treatment for IBS includes mainly dietary changes, psychological support and allopathic treatment like anti-spasmodics, anti-cholinergic, anti-diarrhoeals, laxatives, anti-depressants, anxiolytics. This article discusses the epidemiology, aetiology, pathophysiology, clinical features, diagnosis and treatment of IBS and mainly focuses on the IBS and its management with homoeopathic medicines.

Keywords: Irritable bowel syndrome (IBS), functional gastro-intestinal disorders (FGID), homoeopathic management, irritable colon.

Abbreviations: Irritable bowel syndrome (IBS), Functional gastro-intestinal disorders (FGID), gastro-intestinal (GI), central nervous system (CNS), peripheral nervous system (PNS).

Introduction

Functional gastrointestinal disorders' (FGID) are a group of conditions with clinical manifestations in the absence of any obvious organic disease in gastro-intestinal (GI) tract. There may be discernible abnormalities in neuromuscular function such as dysmotility and visceral hypersensitivity, which are not routinely investigated. These disorders lead to the most common GI cause for consultation. FGID are classified on the basis of their prominent symptoms. The most accepted classification is ROME III criteria. It includes functional dyspepsia, epigastric pain syndrome, postprandial distress syndrome, cyclic vomiting syndrome, chronic idiopathic nausea and irritable bowel syndrome (IBS).

IBS is the most common FGID. It is defined as a group of symptoms that occur together, including recurring abdominal pain, changes in bowel habits, which may be diarrhoea or constipation or both without any organic pathology. Earlier, it was identified as spastic colon, mucous colitis, and irritable colon ^[1].

Epidemiology

IBS affects 11% of people globally. Out of these, 50% patients seek medical advice and almost 30% of them are referred to gastroenterologists. In western countries, female predominance is seen. However, in South Asia and India, most of the patients who report to

doctors are young men. Though IBS can affect any age group, 50% patients with IBS have their first symptoms before the age of 35 years. Moreover, the prevalence of IBS is more in the patients with positive family history ^[2].

Pathophysiology

The pathophysiology of IBS is considered to be multifactorial with interlinked genetic, psychosocial and environmental factors. IBS produces abnormalities in the CNS and PNS, which generate abnormal motility and secretory activity ^[1]. It also produces abnormalities in visceral sensation and has a lower pain threshold when tested with balloon distension (visceral hyperalgesia). Visceral hypersensitivity possibly relates to altered receptor sensitivity at the viscus itself, increased excitability of the spinal cord dorsal horn neurons, and altered central modulation of sensations.

There are some factors which can trigger IBS, which are ^[3]

- Affective disorders, for example, depression, anxiety
- Psychological stress and trauma
- Gastrointestinal infection
- Antibiotic therapy
- Sexual, physical, verbal abuse
- Pelvic surgery
- Eating disorders

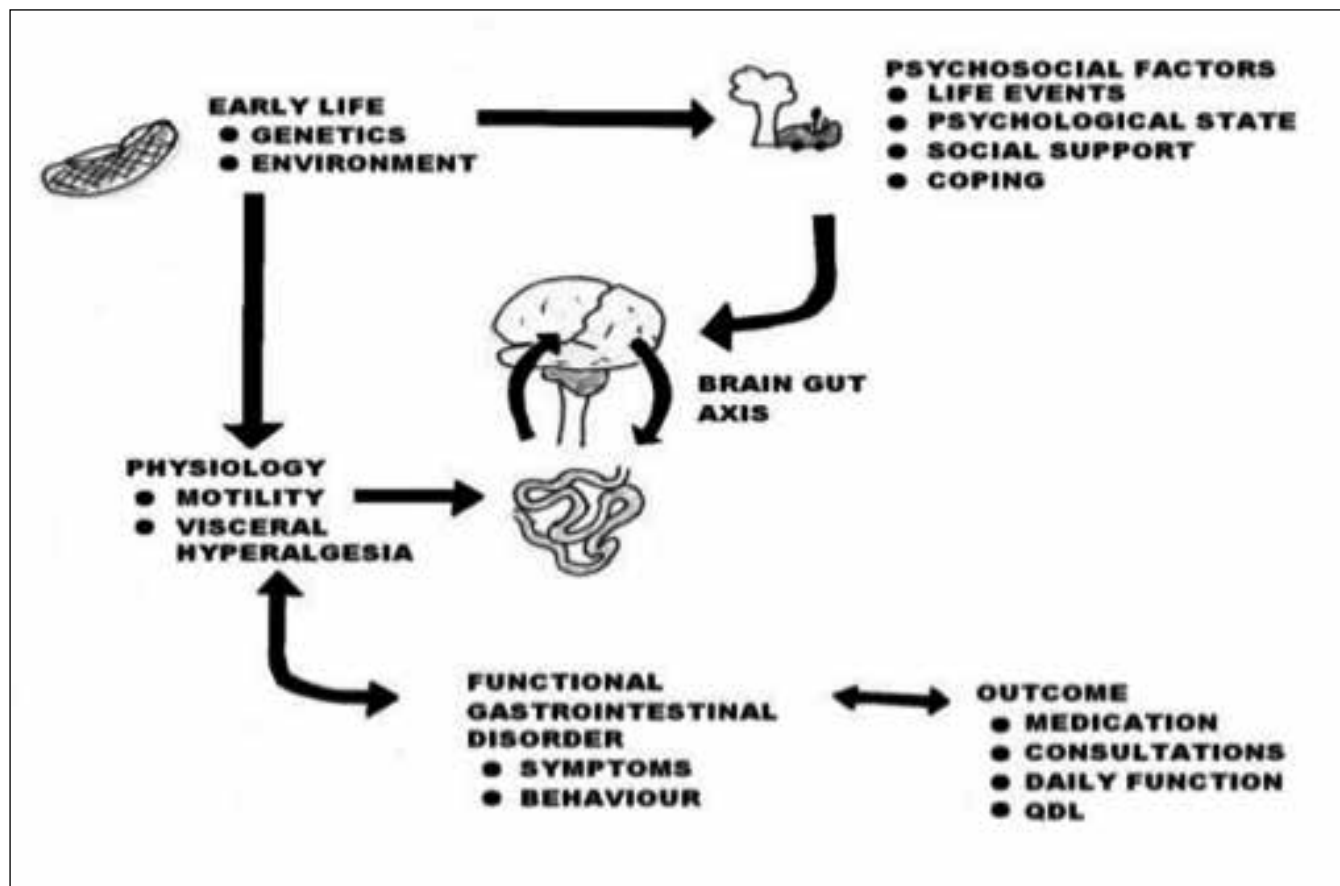


Fig.1 Pathophysiology of IBS ^[4]

Clinical features ^[1]

Pain: Pain is an important symptom and localised in the periumbilical region or lower abdomen, especially the left side. The abdominal pain and bloating get temporarily relieved after defecation.

Altered bowel habit: In the patients with constipation, there is a feeling of a sense of incomplete evacuation. Some may use digital evacuation of anal canal with profuse mucus and may develop ulcers in the anal canal or rectum. Stool consistency varies from small quantity semi-solid to liquid with mucus in patients with diarrhea, and also hard, pellet-like with mucus in constipated patients. Blood in stools may take the form of streaks or fresh drops after defecation.

Other symptoms: Along with lower GI symptoms, patients can also have upper GI symptoms like dyspepsia, heartburn, and bloating. Extraintestinal symptoms like dysmenorrhoea, dyspareunia, urinary frequency, and headache are also common in female patients. Abnormal psychological features have been reported in over 70% of patients. Stressful life events

are also being reported with increased frequency.

Associated conditions: Fibromyalgia, chronic fatigue syndrome, chronic back pain, chronic pelvic pain, chronic headache, and temporomandibular joint dysfunction exist in approximately half of all the patients with IBS, and occur almost twice as often as in the general population.

Diagnosis ^[3]

Diagnostic criteria: Rome III (2006) criteria	Alarming features against diagnosis of IBS which require further investigations ^[1]
In the preceding 3 months, there should be at least 3 days/month of recurrent abdominal pain or discomfort associated with two or more of the following:	<i>History of patient:</i> Late (>40 years) onset of symptoms, large-volume diarrhoea or steatorrhoea. Frequent nocturnal symptoms like blood in stools (except from anal lesions, for example, haemorrhoids,

Improvement with defecation, and/or onset associated with a change in frequency of stool, and/or onset associated with a change in the form (appearance) of stool.	fissure), fever, dehydration, significant weight loss, progression of symptoms or development of new symptoms. <i>Physical examination:</i> Abdominal mass, signs of malabsorption, bowel obstruction, thyroid dysfunction, extraintestinal manifestations (arthritis, skin lesions) <i>Laboratory findings:</i> Occult blood in stools
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Management

General management ^[1]

IBS is a benign condition, but its symptoms are similar to more serious diseases of bowel system, like inflammatory bowel disease (ulcerative colitis and crohn's disease) and colon cancer. This develops cancer fear in the patients. So, the first and the most important part of the treatment is to reassure and extend psychological support to the patient. Further, dietary advice must include restriction on items known to aggravate symptoms. Milk and spicy food may need to be restricted in those with diarrhoea, and milk, legumes and cabbage in those with gas bloating. Most importantly, the advice should be individualised.

High-fibre diets are found to be most effective in the patients with constipation. However, if the problem persists even after having adequate fibre (as often happens in Indian patients), fiber supplementation is given. For example, commercially available isaphgol husk preparations are advised to be taken, usually 1 to 2 teaspoons with breakfast and dinner to ensure an additional 15 to 20 grams fibre/day. Such hydrophilic agents bind water, prevent stool dehydration, and add bulk. Such supplementation is also found helpful in patients with diarrhoea.

Conventional treatment ^[1]

The conventional treatment of IBS includes administering drugs like selective serotonin-reuptake inhibitors, neurokinin-receptor antagonists, serotonin-receptor modulators, drugs with opioid, corticotrophin-releasing factor antagonists, antibiotics and probiotics, selective chloride-channel activators, cholecystokinin

antagonists, etc.

Homoeopathic management

Organon of medicine^[5]

According to aphorism no. 225, “few emotional diseases which have not merely developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of corporeal disease in time destroys the corporeal health, often to a great degree.”

Dr Hahnemann said that a few emotional diseases, which occur by emotional causes like continued anxiety, worry, vexation, great fear and fright, affect the body slightly in the beginning, but later in the course of time, they destroy physical health to a greater extent. These diseases classified as psychosomatic diseases.

Further, according to aphorism 210, “Of psoric origin are almost all those diseases that I have above termed one-sided, which appear to be more difficult to cure in consequence of this one-sidedness, all their other morbid symptoms disappearing, as it were, before the single, great, prominent symptom. Of this character are what termed mental diseases”, Dr Hahnemann stated that all mental diseases are of psoric origin.

So, to treat such psychosomatic diseases, Dr Hahnemann in aphorism 226, gave certain directions to the physicians. The patients should be given psychological support and advise with appropriate diet and regimen. To eliminate the recurrence, specific antipsoric treatment should be given as their fundamental cause is psora.

Rubrics related to IBS^[6]

Rubrics, which can be used for IBS, are numerous and are mainly found in the ‘stomach’, ‘abdomen’ and ‘rectum’ chapter of ‘*Synthesis Repertory*’. Some of the rubrics are as follows:

MIND- hypochondriasis- gastrointestinal complaints, with

STOMACH- pain- cramping

RECTUM- constipation- ineffectual urging and straining

RECTUM- diarrhoea- alternating with constipation

STOOL- changeable

STOOL- mucus

Indications of some homoeopathic medicines for IBS ^[7]

MERCURIUS CORROSIVUS: This remedy leads all other remedies in tenesmus of the rectum, which is incessant and not relieved by stool. It has dysentery and summer complaints of the intestinal canal. Terrible cutting and colicky pains in the abdomen and stools are hot, scanty, bloody, slimy, offensive with shreds of mucous membrane.

IGNATIA AMARA: This remedy has marked emotional element with altered co-ordination of functions. It is one of the chief remedy for hysteria and has marked hyperesthesia of all the senses. Patient is worse after any ordinary diet, great longing for indigestible things. Diarrhoea occurs from fright.

GAMBOGIA: It has a very intense and definite action on the GI tract. They have pain and distention, after stool. They complain of rumbling and rolling in the abdomen. There is profuse and watery diarrhoea in hot weather, especially in old people.

GRATIOLA OFFICINALIS: It acts especially on GI tract with chronic catarrhal condition. It is useful in mental problems from overweening pride. Constipation with gouty acidity. Haemorrhoids with hypochondriasis.

ALOE SOCOTRINA: It is useful in diseases of mucous membranes causing the production of mucous in jelly like lumps. It affects the mucous membrane of rectum causing colic, cutting and griping pain in the right lower portion of abdomen. All pains cease after stool, leaving profuse sweating and extreme weakness. Attacks preceded by obstinate constipation.

NUX VOMICA: It is used in hypochondriasis of persons with mental exertion leading to stressful life with gastric and abdominal complaints. Suited to especially drunkards. Alternate constipation and diarrhoea in persons who have taken purgatives all their lives.

ARGENTUM NITRICUM: It has considerable stomach distention combined with much flatulence. Diarrhoea comes on immediately after eating or drinking. Anticipation of an ordeal such as an examination or an interview may produce the symptoms.

COLOCYNTHIS: Severe colicky pains in abdomen eased by bending double and by passing on the abdomen or by applying a hot water bottle.

SULPHUR: Loose stool, more frequent during the

morning, yellow and watery. Abdomen is very sensitive to pressure and colic tends to occur after drinking.

PODOPHYLLUM: It is used in gastroenteritis with colicky pain and bilious vomiting. Morning painless diarrhoea which is not due to venous stasis or intestinal ulceration. Constipation alternates with diarrhea.

There are various other remedies which can be selected on the basis of individualisation, after proper case taking.

Conclusion

IBS can be effectively managed by homoeopathy due to presence of vast number of homoeopathic medicines with clinically verified symptoms related to IBS. Along with diet modification and avoidance of aggravating factors with homeopathic medicines, IBS symptoms can be effectively treated. Psychosomatic origin which plays a very important role in the pathogenesis of IBS can also be managed by thorough case taking and psychotherapy.

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Lifestyle disorders and homoeopathic management

Prof. (Dr) Goutam Das

Abstract: This article deals with the understanding of the concept of the *lifestyle disorders* and its importance in *study of illness* with the contest of *homoeopathy*, on the light of the teaching of our *Organon of Medicine and Homoeopathic Philosophy* that, whatever may be the lifestyle disorders are, *what to do* with them, *how to select the remedies* and *how to manage the cases* homoeopathically for *preventive or curative purposes* are also expressed in this article.

Keywords: Lifestyles – normal – deviation – types – causes – general management – homoeopathic interpretation – homoeopathic management – homoeopathic therapeutics.

Introduction

Lifestyle disorders develop those types of complaints associated with the way of living of a person's lifestyle or group of people who lives immoral, aristocratic, unnatural, artificial life; or due to their lifestyle, which causes hazards for bread and butter, environmental pollution in air, water, soil, bad habits, addiction, and thus ultimately, resulting in lifestyle diseases.

Dr Samuel Hahnemann says in Introduction of his *Organon of Medicine* that with the *civilisation of mankind* in the state, on the contrary, the occasions of diseases and the necessity for medical aid increased in equal proportion, whether for *physical or moral causes*. Hence, one can say Lifestyle Disorder is the *gift of modern civilisation* to the society, and also the *misuse of the gift of science*.

Lifestyle disorders having replaced common health risk factors have increased the rate of deaths and numerous diseases in the country for last few years.

Types of lifestyle disorders

Obesity, heart diseases, diabetes type-II, cancer; atherosclerosis, hypertension; swimmer's ears

due to constant use of mobile or headphones; complaints associated with smoking, alcohol, or abuse of drugs and as a result cancer of lungs, or colon, skin problems etc. occurs; chronic obstructive pulmonary diseases due to air pollution or smoking; stroke in young age group; alcoholic or non-alcoholic cirrhosis or hepatitis; backache; living in artificial environment, in air-condition, taking cold-stored, preserved, chemically fertilise and insecticide adulterated foods, fruits; career stress, family tension; anxiety and depression, etc. are the reasons too.

Causes

Development of lifestyle disorders are *insidious in onset*, these take many years to develop, and after the development these are *not easily to cure*; for the *rats' running in the competition of life* is mainly due to miss-interpretation of the meaning of the *concept of life*, are responsible for these conditions. Following causes may be discussed here:

1. An in-appropriate relationship between the surrounding environment and individuals; distorting the eco-system.
2. Mental anxiety, stress due to undue tension, insecurity in economic status and family life.
3. Lack of physical exercise.

4. Ignorance and poor knowledge of proper medical advise.
5. Poor posture of sitting, standing, sleeping.
6. Uncontrolled in biological clock.
7. Poor choices of lifestyle.
8. Premature menarche causes early old age; menopause comes and shortens the lifespan.
9. Bad effects of late night watching, misuses of social-media, internet; using stimulation, etc.

General management

Moderation in the lifestyle patrons with balanced diet, with fresh fruits, green vegetables regular intake; permissible physical exercise, yoga; with moral teaching, one can remove all the wrong and those which promote diseases from our diet and lifestyle:

1. Adding all those which are good, for our health and promoting the diet and lifestyle.
2. Owing moderate in everything, in work, rest, exercise, and also in enjoyment.
3. Preserve the eco-system, ecosystem will protect and maintain the good health, as natural as possible.

Homoeopathic management

Homoeopathy deals with 'the

sickness not with disease; disease is the result of sickness. **Sickness** are those abnormal signs and symptoms of the life, developed due to constant improper adjustment in its environment to maintain its normal growth and development for the higher purpose of its existence according to the individual's acquired and hereditary qualities, as per their lifestyle hazards.

Dr H. A. Roberts has mentioned that serum and vaccines therapy may increase the rapid cell growth, and create an outstanding problem of today as cancer and the homoeopathic physician have a challenge to have remedial aids.

According to Dr J.T. Kent, the '*spiritual sickness*', means '*false thinking and evil willing*' leads to '*uncontrolled desires*', dissatisfactions, always craving these or those to establish ourselves make us immoral, cheater, irrational, antisocial. In these connections, *homoeopathy plays a significant role to delaying the onset of the lifestyle disorders and its various complications by the individual constitutional treatment in hypothyroidism, early diabetes, depression, mood disorders, such metabolic or physic disorders which are common in the society today.*

1. Lifestyle disorders which engrafted with the hereditary stresses, and under long time, constitutional, individual homoeopathic treatment can be beneficial for us.
2. Less prone to diseases and infections, by increasing the general immunity.
3. Improvements in stress management, as stress will no longer cause problems and one will become free from stress.
4. Diabetes, obesity, hypertension will may be within control and

delay onset of complications.

5. Children, under constitutional homoeopathic treatment becomes healthy and less prone to diseases.

Hence, choosing homoeopathy as a treatment is recommended for better health of individual.

Homoeopathic therapeutics

Each and every patient and every medicine have had their own peculiar nature of sickness and that is to be learning, to clearly perceive in each individual case of the lifestyle disorders, as the knowledge of the disease indication and in each individual medicine specific for each case, as the knowledge of medicinal power, for their treatment respectively. Few homoeopathic medicines are referred here which may be needed for the treatment of lifestyle disorders, when *indicated individually*:

1. *Nux vomica*: *Nux vomica* person become ruled by his 'ambition'. His intelligence is pragmatic and efficient, rather than philosophical or intellectual. He thinks that any challenge can over-come by sheer effort. To overcome his limitation and to keep-up his work-pressure, he uses stimulants; that leads to gastric and nervous disorders; irritable to slight stress; intolerable to contradiction; his autonomous nervous system becomes exhausted, he became never gets satisfied, feel disturbed by his surroundings and '*ineffectual urges*' developed as the symptoms in all over the personality of the patient. **Key to *Nux vomica* patient:** *illness due to the bad effect of excessive mental labour, or sexual excess or excessive night watching. Frequent ineffectual urges for stool and relief after stool. Obstinate, mental*

rigidity, tenacious, jealous and recklessness. *Chilliness, oversensitiveness, cleanliness.*

2. *Kalium carbonicum*: Patient is upright and proper, systemic, routine oriented; maintaining strong ironic control over his behaviour and emotions; this exaggerated mental control drives into solar plexus – a state of anxiety, fear and apprehension felt in the stomach; during sleep mental controls are naturally relaxed, and he develops sleeplessness. **Key to *Kalium carbonicum* patient:** *Obesity of the body, and last night aggravation of suffering. Weakness, chilliness, and sensitiveness. Bag like swelling of the upper eyelids and sweating. Arthritis of the waist or backache.*
3. *Lachesis mutus*: So, when a lady has been divorced once or twice or a third time, you begin to see the symptoms which are very probably of the animal sphere and it may be *Lachesis* or *Sepia* or something like that. **Key to *Lachesis mutus* patient:** *Aggravation during and after sleep. Jealousy, loquacity, and sensitiveness. Complaints appears on left or left to right. Amelioration by any discharges. Bed effect of modern civilisation, human society becomes as snake kingdom, so need of *Lachesis mutus* more and more.*
4. *Medorrhinum*: Owing hereditary sycotic dyscrasia, strong commending up-right personalities, patient maintain, but insecurity realise at night during sleep, and going to intra-uterine posture, to balance the environment. **Key to *Medorrhinum* patient:** *Bed effect of hereditary gonorrhoeal dyscrasia and failure of appropriate medication. Burning, pain, sensitivity. Business and crying. Nervous weakness, weakness of memory, and fear of death.*

5. *Thuja occidentalis*: Hereditary syphilis, bad effects of vaccination; patient being a nature of disposition to cheat with guilty cautiousness, to adjust their society. **Key to Thuja occidentalis patient**: Warts, tumour and anaemia. Aggravation from cold, rain, and 3 a.m. Fixed ideas and dreamy sleep. Bad effect of vaccination and smallpox.
6. *Fluoricum acidum*: Enjoying life anyhow with wine, women or drugs in deep syphilitic patient. **Key to Fluoricum acidum patient**: Very hot patient. Discharges are excoriated, and offensive. Prevalence of intercourse. Headache when urination is interrupted.
7. *Ignatia amara*: Suffering silently from grief or sorrow due to rejection in love. **Key to Ignatia amara patient**: Suffering from suppressed grief, aversion to talk anything, due to blocked mood. Desire loneliness and sighing. Consolation aggravate and changeable mood. Contradictory symptoms of aggravation or amelioration.
8. *Staphysagria*: Suffering from insult due to repress anger, by the cheating and rejection in love. **Key to Staphysagria patient**: The prevalence of lust and its bad effect. Excessive anger and its bad effect. Difficulty in urination or shortness of breath due to intercourse. Recurrent styes and dental carries.
9. *Magnesia carbonica*: Among illegitimate infants, those that have been conceived by clandestine coition, that they have a tendency to sinking in the back of the head. The occipital bone will sink in, and the parietal bones just out over it, and there will be a depression. That is not an uncommon thing in children that go into marasmus. They are very likely to have a potter's clay stool ... this pasty stool, looking

as if it could be moulded into any kind of shape, is a *Magnesia carb.* stool. **Key to Magnesia carbonica patient**: Acidity and dyspepsia. Inordinate craving of meat. Menses; preceded by sore throat and toothache or during every pregnancy. Deep acting anti-tubercular medicine.

10. *Tuberculinum*: Changeable, cosmopolitan mentality; recurrent attacks of cough and cold with sneezing. **Key to Tuberculinum patient**: Bad effect of hereditary tuberculosis and failure of appropriate medication. Changeability in patient and also in illness. Easily take cold and glandular growth. Weakness and loquacity.

As a homoeopath, one should remember that every phenomena adjusts in individual's body and mind (as cause and effects) according to heredity and acquired qualities of an individual upon the life force as an one episode as lifestyle disorder and throughout the biography of the life there are so many episodes (layers) may developed and that one episode (layer) needs series of dose, potency, repetition of a single remedy or may need series of remedies to eradicate it (As per the rules of our "second prescription", **repetition of the first prescription and change in the second prescription**); that's why, long time follow up are needed, to simplify the case, to restore the sick to health, for the ideal of cure.

Conclusion

For the benefit of our society, the middle or moderate way of lifestyle should be as natural as possible with the knowledge of morality and rationality; preserving and by maintaining symbiotic relationship with the ecosystem ... along with the simplification of our hereditary stress by individual constitutional homoeopathic treatment, and by doing

these, we may control and minimise the lifestyle disorders from the LIFE.

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A case of life style disorder and homoeopathy

Dr S. Sabari Rajan and Dr C.T. Nisha Rani

Abstract: During the past century, dramatic modifications in lifestyle have radically changed the health priorities in most areas of the world, owing to a growing incidence of non-communicable disease. Urbanisation and associated changes, such as sedentary life style and fat rich diet, and a higher inherited tendency for diabetes mellitus makes Indians more prone to metabolic syndrome or insulin resistance and its manifestation, such as NAFLD and NASH. Let's see a case of NAFLD with obesity treated with homoeopathic medicine.

Keywords: Life style disorder, non- alcoholic fatty liver disease, obesity, homoeopathic medicine.

Abbreviations: Non-alcoholic fatty liver disease (NAFLD), non-alcoholic steatohepatitis (NASH), body mass index (BMI), waist-to-hip ratio (WHR), waist circumference (WC), left ventricle dysfunction (LV dysfunction), hepatocellular carcinoma (HCC), chronic kidney disease (CKD), cardiovascular disease (CVD), type 2 diabetes mellitus (T2DM), body mass index (BMI).

Introduction

Not restricted to adults alone, lifestyles have started hitting kids as well. The shift in purchasing power and the advent of technology has changed the way in which our lives now function. Less physical activity, more resource availability and no time to spare have made humans become preys to some extremely rare diseases that the ancestors had never even heard of back in the 1960s and 1970s. ⁽¹⁾

While the infectious diseases such as malaria, cholera, polio can be managed with proper treatment, lifestyle diseases can be prevented if a healthy active lifestyle is followed. Between the ages of 30-69 worldwide, 14.2 people die prematurely each year from diseases such as heart attacks, diabetes, and high blood pressure. Some of those diseases are shaving become more fatal than genetic or infectious diseases. ⁽¹⁾

Obesity

Obesity is a chronic and increasingly common disease globally characterised by excess body fat. ⁽²⁾

Presently, there are three commonly used objective methods of estimating obesity in clinical practice: (i) body mass index (BMI), (ii) waist-to-hip ratio (WHR), and waist circumference (WC) and (iii) fat distribution. Obesity is steeply increasing in India. Primary reasons are imbalanced foods and physical inactivity. ⁽²⁾

Correlation of NAFLD with obesity

There is a strong correlation between NAFLD prevalence

and established obesity indices. The prevalence of NAFLD, pooled for Asian countries, was estimated to be 27.4% (95% CI 23.3–31.9%). ⁽³⁾

“Non-alcoholic fatty liver disease (NAFLD) is an umbrella term which includes the simple deposition of adipose tissue in the liver to more progressive steatosis with associated hepatitis, fibrosis, cirrhosis, and in some cases hepatocellular carcinoma (HCC) ⁽⁴⁾. NAFLD is histologically further classified into non – alcoholic liver (NAFL) and non-alcoholic steatohepatitis (NASH). NAFL is characterised as the existence of liver steatosis without any evidence of hepatocellular injury in the form of ballooning of the hepatocytes. NASH is described as hepatic steatosis and inflammation with hepatocytes injury (ballooning) with or without fibrosis. ⁽⁵⁾

There is a firm evidence that NAFLD is an important risk factor for T2DM and there is increasing evidence that NAFLD not only contributes to the development and progression of CVD but also to cardiac diseases (for example, LV dysfunction and hypertrophy, AF and heart valve calcification) and CKD. Further research is needed to understand the biological mechanisms by which NAFLD influences risk of HCC and these extra-hepatic diseases not least to establish whether there are key ‘common threads’ (for example, insulin resistance and activation of inflammatory pathways) that link NAFLD to the development of extra-hepatic diseases. ⁽⁶⁾

Case study

A female aged 22 years old came to op, she is a known case of NAFLD with obesity.

Presenting complaints

Obesity for 5 years, and NAFLD with 3 years. Asymptomatic in clinical presentation.

Family history

Father – renal calculi, diabetes mellitus

Mother- hyperlipidaemia

Grandmother- hypertension

Physical generals: appearance fair complexion, obese

Appetite –decreased, thirst- increased, desire for egg++, aversion/intolerance to milk, sweat- profuse (generalised) and offensive+, stool and urine – regular.

Mental generals- Worried about obesity, anxiety about health, memory - good.

General examination: Height: 164 cm, weight: 95kg BMI: 35.3

Anaemia: mild pallor

Gastrointestinal system examination:

Inspection: No visible pulsation, no visible swelling, no discolouration, no dilated veins.

Palpation: No palpable swelling, no organomegaly, no fluid thrill, no tenderness, no local warmth.

Percussion: Normal tympanic sound heard with normal liver dullness.

Auscultation: Normal peristaltic sound heard.

Analysis and evaluation of symptoms

Mental generals	Physical generals	Particulars
Worried/anxious about health++ (psora) ⁽⁷⁾	Profuse, offensive sweat+++ (syphilis) ⁽⁷⁾ Increased thirst+ Desire – egg ++ Aversion –milk (psora) ++ ⁽⁷⁾	Obesity ++(sycosis) ⁽⁷⁾ Non-alcoholic fatty liver disease. (sycotic) ⁽⁷⁾

Miasmatic analysis

Fundamental miasm: sycotic; **Dominant miasm:** psora-sycotic

Selection of symptoms for repertorisation

Anxiety about health

Perspiration – profuse, offensive

Obesity

Fatty liver

Increased thirst

Aversion to milk

Desire for milk

Repertorial result ⁽⁸⁾

Calcarea carbonica 15/6/

Phosphorus 13/6

Silicea terra 13/6

Prescription on 24-10-2018

1. *Calcarea carbonica* 200/1 dose
2. *Rubrum metallicum* (2-2-2)/14 days

Selection of remedy

The medicine covered the following rubrics : anxiety about health, obesity, perspiration profuse, stomach increased, aversion to milk , desire egg. ⁽⁸⁾; and *Calcarea carbonica* also covers the cirrhotic conditions of the liver ⁽⁹⁾, it's a good liver remedy.)

Selection of potency

Calcarea carbonica acts well in higher potencies and in infrequent dose. ⁽⁹⁾

General management

Advise for physical exercise and yoga to reduce weight ⁽¹⁰⁾

Avoid carbohydrate and fat rich food ⁽¹¹⁾

Advise to take vitamin E rich food ⁽¹²⁾

CASE REPORT

Follow up

Date	Symptoms	Prescription
15.11.2018	Weight -95kg	<i>Rubrum metallicum</i> (2-2-2)/14 days
4-2-2019	Sweat profuse and offensiveness better than before. Generals – good Weight -92 kg	1. <i>Calcarea carbonicum</i> 200/1 Dose. (every well-chosen remedy should be repeated at suitable intervals [§ 246], every correctly chosen homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success. [§ 248] ⁽¹³⁾ 2. <i>Rubrum metallicum</i> (2-2-2)/14 days
30.6.2019	No offensiveness of sweat Weight - 89 kg	<i>Rubrum metallicum</i> (2-2-2)/14 days
16.10.19	Weight - 88 kg Generals – good	<i>Rubrum metallicum</i> (2-2-2)/14 days

Ultrasonography (whole abdomen)

World Class Technologies, Yet affordable...

KRISHNA ADVANCED M.R.I & C.T

Patient Name:		Age/Sex:	22/Female
Patient ID:	USG-8630	Visit date:	23-10-2018
Referred by:	Dr. C.T.NISHA RANI B.H.M.S.,		

USG ABDOMEN AND PELVIS

Findings:

Liver is normal in size (15.2cm) and shows increased echotexture. No focal lesion. No evidence of IHBR dilatation. Gall bladder is distended no evidence of calculus. Normal wall thickness seen. No pericholecystic fluid. CBD & Portal vein appears normal. Pancreas appears normal in size and echotexture. No mass lesion seen. Spleen appears normal in size and echotexture. No focal lesion seen. Both kidneys appear Normal in Size, shape and Echo texture. No hydro-ureteronephrosis. No calculi appreciated on sonography. No adrenal lesion seen (RK: 9.6x 4.4 cm, LK: 11.0x 5.4cm). Urinary bladder is minimally distended. Normal wall thickness. No calculus or diverticulum. Prostate appears normal in size, shape and echotexture. Aorta and IVC appears Normal. No Significant lymph adenopathy. No free fluid within peritoneal cavity. Visualized bowel loops are not dilated.

IMPRESSION:
48 year old female, h/o pain in abdomen
USG study of abdomen and pelvis demonstrates:

- Fatty infiltration of liver- grade II

Thanks for the reference

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CHIDAMBARAM : #10-A, Mallikarjuna Main Road, Opp. Devi Karunamariam Temple, Mobile: 99633 41340
TIRUPATI : #28-27 #21-45, V.V. Mahal Road, Mobile: +91 99960 40900 / 40901

Before treatment

World Class Technologies, Yet affordable...

KRISHNA ADVANCED M.R.I & C.T

Patient Name:		Age/Sex:	23/Female
Patient ID:	USG-19010	Visit date:	10.10.2019
Referred by:	Dr. C.T.NISHA RANI B.H.M.S.,		

USG ABDOMEN AND PELVIS

Findings:

Liver is normal in size and parenchymal echotexture. No focal lesion. No evidence of IHBR dilatation. Gall bladder is well distended. No evidence of calculus. Normal wall thickness seen. No pericholecystic fluid. CBD & Portal vein appears normal. Pancreas appears normal in size and echotexture. No mass lesion seen. Spleen appears normal in size and echotexture. No focal lesion seen. Both kidneys appear Normal in Size, shape and Echo texture. No hydro-ureteronephrosis. No calculi appreciated on sonography. No adrenal lesion seen (RK: 9.6x 4.4 cm, LK: 11.0x 5.4cm). Urinary bladder is minimally distended. Normal wall thickness. No calculus or diverticulum. Prostate appears normal in size, shape and echotexture. Aorta and IVC appears Normal. No Significant lymph adenopathy. No free fluid within peritoneal cavity. Visualized bowel loops are not dilated.

IMPRESSION:
USG study of abdomen and pelvis demonstrates:

- Normal study of whole abdominal organs

Thanks for the reference

[Signature]
Dr. Reddy Priyatham Tuls MBBS, MD (RD)
Consultant Radiologist
Reg: No: 132729

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After treatment

Liver function test

• Fully Automatic Blood Cell Counter
 • Computerised Auto Analyser Attached
 • Haematology, Bio-Chemistry, Micro Biology
 • Clinical Pathology Lab

STAR MICRO LAB
Medical Diagnostic Centre

Patient Name : _____ Reg.No : 03116
 Age and Sex : 22 YRS / Female Reg. Date : 03/11/2018
 Referring Doctor : DR.NISHA RANI,BHMS Reported on : 03/11/2018

LIVER FUNCTION TEST

TEST NAME	VALUE	UNITS	Reference Range
ASPARATE AMINOTRANSFERASE (SGOT)	68	IU/L	0-37
ALANINE TRANSAMINASE (SGPT)	63	IU/L	0-37
ALKALINE PHOSPHATASE	200	IU/L	50 - 150
Gamma-glutamyltransferase (GGT)	72	IU/L	05-55

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Before treatment

• Fully Automatic Blood Cell Counter
 • Computerised Auto Analyser Attached
 • Haematology, Bio-Chemistry, Micro Biology
 • Clinical Pathology Lab

STAR MICRO LAB
Medical Diagnostic Centre

Patient Name : _____ Reg.No : 29102
 Age and Sex : 23 YRS / Female Reg. Date : 29/10/2019
 Referring Doctor : DR.NISHA RANI,BHMS Reported on : 29/10/2019

LIVER FUNCTION TEST

TEST NAME	VALUE	UNITS	Reference Range
ASPARATE AMINOTRANSFERASE (SGOT)	32	IU/L	0-37
ALANINE TRANSAMINASE (SGPT)	30	IU/L	0-37
ALKALINE PHOSPHATASE	130	IU/L	50 - 150
Gamma-glutamyltransferase (GGT)	52	IU/L	05-55

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After treatment

Conclusion

Homoeopathy is a complete medical science which has a clear-cut advantage over other systems of medicine. It

considers the entire individual, his psychological and physical make-up as well as the complete evolution of

the disease while prescribing a remedy. It is also key thing for us to recognise that each person may show a tendency towards certain pathology but may never develop such pathology or one can say that he/she is not sick unless they present such symptomatology. Yet the remedy can be detected from his mental-emotional setup plus a few prodromal physical symptoms, which are covered by the remedy. In such a case, one can again think about a constitutional remedy. So, a constitutional remedy is one that will actually prevent the pathology from presenting and remove the existing pathology. ⁽¹⁴⁾

Thus, the constitutional homoeopathic medicine significantly delays as well as clears the lifestyle disorders.

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Role of homoeopathy in occupational lifestyle disorders

Dr Supriya S. Naik

Abstract: In the last few decades, the incidence of lifestyle disorders has increased tremendously. Day-to-day indisposition or melody is dubbed as lifestyle disorders. In this day and age, people are drawn up to live automated robotic life full of competition, anxiety, insecurity and stress. Humans are exposed to the altered way of living that is unhealthy which may lead to development of disorders termed as lifestyle disorders. It includes wide range of affections but more commonly hypertension, diabetes, obesity, arteriosclerosis, arthritis, stroke, etc. As the main cause for development of it is bad lifestyle, and no conventional medicine can offer complete cure. Whereas homoeopathy helps in treating these afflictions by offering comprehensive approach where not only current symptoms are eradicated but the occurrence of lifestyle disorder can also be prevented or delayed. The case presented here is of back pain primarily because of combination of bad posture, bad eating habits, and working environment requiring long hours of sitting in one place. In addition to peculiar mental state, such external modalities are responsible for development of disorder. Such conditions have become extremely common nowadays where work on computers, laptops, mobile is predisposing for derangements in normal curvature of spine and may lead to permanent nerve damage due to a pressure on nerve including paralysis or permanent physical disability. Hence, it was very important to treat this case so as to prevent further worsening of the condition and create serious consequences. After thorough case taking, the simillimum, *Argentum nitricum*, was prescribed based on individuality which proved to be very effective. Along with the homoeopathic prescription some lifestyle modifications were suggested in such a way that it won't disturb the work schedule. When it was implemented and followed regularly, astonishing results were obtained. It showed that homoeopathic treatment, in such cases, adds in recovery by treating the patient as a whole while targeting towards physical, mental, and social well-being that makes homoeopathy a great option in lifestyle disorder. Alongside the healthy lifestyle must be adopted to fight these disorders with proper balanced diet, physical activity and maintaining biological clock. In various occupational lifestyle disorders where maintaining factor is present besides patient's increased susceptibility, homoeopathic treatment must be administered along with changes in lifestyle for excellent results.

Keywords: Lifestyle disorder, occupational disorder, homoeopathy, cognitive behavioural therapy, lifestyle modification.

Abbreviations: WHO – World Health Organization, LD – lifestyle disorders.

Introduction

Lifestyle disorders are non-communicable diseases like diabetes, hypertension, cardiac disorders, arthritis, etc. (1) killing around 40 million people all over the world each year (2). 68% of working women in age group 21-52 years were found to be afflicted with lifestyle disorders. (1) They are combination of factors including environment and individual personal response, physiological functioning and genetics. As they are mainly linked to lifestyle choices, hence termed as lifestyle disorders. It is main concern nowadays due to it's complicated aetiology, longer latent period, and functional impairment.

WHO defines lifestyle disorder as an aggregation of personal decisions that can be said to contribute to or cause illness or death.

Lifestyle disorders arise due to overindulging in unhealthy lifestyle leading to self-destruction of physical

and mental health. The origin of LD is in unsystematic unhealthy lifestyle which needs to be altered in a healthy way to avert the onset and development of disease via health education. Understanding culture and health practices for implementation of prevention of lifestyle disorders at primary (to prevent disorders in healthy individuals), secondary (in those in whom disease is already developed) or tertiary levels (to reduce the disability already present) level (3). Today, fast and easy technology has made us lazy and we are craving for them. We are inclined to neglect our physical and mental health although we attempt to cope up with demanding lifestyle (2) but in vain. In order to achieve so called success in this competitive world, we become slave of technology which make us neglect our overall health. The increased use of gadgets and reduced physical exercise time with bad posture have become extremely common nowadays where work on computers, laptops, mobile is predisposing for derangements in normal curvature of

spine and may lead to permanent nerve damage (due to a pinched nerve) including paralysis or permanent physical disability(4). All the unhealthy habits like alcohol consumption in excess, smoking, junk food consumption, some unknowingly adapted habits like poor sleeping patterns, irregular meal timings, sedentary lifestyle with poor physical activity, etc. has become important modality in development of lifestyle disorders.(5)

Some of the unhealthy habits are conscious unhealthy choices while some are unknowingly adapted habits that facilitates the development of lifestyle disorders.

Risk factors

***Modifiable behavioral risk factors-** The risk factors that can be modified or avoided completely to reduce risk of LD.

Example- Alcohol consumption, bad food habits, wrong body posture, disturbed biological clock, physical inactiveness, etc.

***Non modifiable risk factors-** The risk factors that cannot be modified by any intervention.

Example- Age, gender, genetics, race, etc. (6)

Various lifestyle disorders and their probable risk factors

Obesity- due to unhealthy food (high fat diet, junk food), overeating, lack of physical activity, etc.

Cardiac disorders- due to unhealthy food (salt, high fat diet), tobacco use, heavy alcohol use, age, genetics, etc.

Diabetes- due to unhealthy food (high fat and carbohydrate diet), lack of physical activity, advanced age, genetics, etc.

Cancer- Smoking, tobacco, poverty, hormone therapies, obesity, exposure to carcinogens, genetics and family history, etc.

Respiratory disorders- smoking, exposure to dust and smoke, chemical environment, etc.

Skeletal disorders- Lack of exercise or physical activity, bad posture, unhealthy diet, obesity, genetics, etc.

Stroke- unhealthy diet, hypertension, clotting disorders, hyperlipidemia, heavy alcohol use, genetics, etc.

If added to poor mental resilience capacity, it leads to disturbed mental state leading to anxiety, discontent, irritability, depression, etc. which leads to the entrance into vicious cycle of adapting unhealthy addictions that temporarily relieves mental and physical uneasiness, but in turn give rise to physical disturbances which increases mental stress.

Even when the symptoms develop in initial stages indicating malfunction in our healthy state, one tends to neglect it for various reasons like inadequate time, money or failure to understand seriousness of it in terms of long term serious complications.

Lifestyle disorders can fall under category psychosomatic as well as local diseases due to presence of maintaining cause (7). In psychosomatic part the derangement occurs first at the mental level and then subsequent display may occur at the physical level whereas in local disease category the cause of disease is external factor giving rise to symptoms(7). The individual's personal inclinations will predispose them to the manifestation of disease in a particular manner (7,8) since all the individuals exposed to same external factor does not develop the disease on same sphere due to various predispositions determining individual reaction to external adversities. The vulnerability of a particular part, organ or system will lead to localization of disease in particular area which indicates predisposition (7,9). The derangement proceeds from functional to structural level.

Hence, it becomes crucial to find the cause of the illness and treat accordingly as is done in homoeopathy. When external modalities are constant and can't be changed, but response exertion to these external factors can be changed.

Homoeopathy is based on the natural law of healing- "similia similibus curantur" which means "likes are cured by likes" which is of utmost importance and each person is treated considering his own individuality (7). Hence, person's individual physical and mental makeup that constitutes his/her personality and makes them unique is understood via case taking.(7) Thorough case taking is most important that considers individual's personal history, family history, influences of external circumstances on them to which they responded in particular individualistic manner. Later the most similar medicine is administered which brings out, cure in most efficient, rapid, gentle way (7).

Case study

A female patient aged 33 years, working in MNC, visited the clinic on 15-11-2019, with the complaint of back pain since 6-8 months, which has increased from last few months. Patient used to take analgesic, anti-inflammatory medicines that gives temporary relief.

Other complaints

Heaviness in the head, > tying hairband. Patient complained of buzzing in the ear with vertigo. Frequently suffered from belching and loud eructations. Trembling in legs also concerned her.

In general, patient felt better in open air.

Family history

Mother - Diabetes

Father - Myocardial infarction.

Physical generals

Appetite was decreased with desire for sweets. Usually constipated, but diarrhoea before attending event or meeting. Perspiration was increased in armpits which is foul smelling. Patient was suffering from sleeplessness due to thoughts. Menses are profuse and painful. In general, patient felt better in open air.

Local examination

Tongue - White coated

Abdomen - Bloated, dull note

Face- withered

Eyes- swollen

Family situation and mental generals

Lived in nuclear family and worked in multinational company, that required long hours of working on computer. So couldn't give enough time to family. But still try to manage. Fear of height. Anxious about health. Anxiety better by walking. Stressed and depressed currently due to conflicts at work and in family. Mental affections are more around menstrual period. Dreams of dead people. Impulsive nature. Thoughts of suicide occasionally.

Analysis and evaluation of symptoms⁽¹²⁾

Back pain	Characteristic physical particular	(3+)	Psora
Heaviness in the head > tying hairband	Characteristic physical qualified	(1+)	Psora
Buzzing in the ears with vertigo	Characteristic physical qualified	(2+)	Psora
Diarrhoea before event or meeting	Characteristic physical qualified	(3+)	Psora
Loud eructations	Characteristic physical particular	(2+)	Psora
Trembling in lower limbs	Characteristic physical particular	(2+)	Tubercular
Desire sweets	Characteristic general modality	(3+)	Psora
Desire open air	Characteristic general modality	(3+)	Psora
Menses profuse	Characteristic physical general	(2+)	Sycosis
Aggravations around menses	Characteristic general modality	(3+)	Sycosis
Dreams of dead people	Characteristic mental expression	(2+)	Psora
Fear of Height	Characteristic mental expression	(3+)	Psora
Anxiety about health	Characteristic mental quality	(3+)	Psora
Anxiety better by walking	Characteristic mental qualified	(2+)	Psora
Impulsive	Characteristic mental quality	(2+)	Syphilis
Weeps easily	Characteristic mental quality	(2+)	Psora

Totality of symptoms

1. Mind- dreams of dead people- characteristic mental expression
2. Mind-fear of height- characteristic mental expression

CASE REPORT

3. Mind-anxiety about health- characteristic mental quality
4. Mind-anxiety better by walking- characteristic mental qualified
5. Mind-impulsive- characteristic mental quality
6. Mind-weeps easily- characteristic mental quality
7. Generals-desire open air- characteristic general modality
8. Stomach-desire sweets- characteristic general modality
9. Stomach-loud eructations- characteristic physical particular
10. Female-aggravations around menses- characteristic general modality
11. Female-menses profuse- characteristic physical general
12. Ear-buzzing in the ears with vertigo- characteristic physical qualified
13. Abdomen-diarrhoea before event or meeting- characteristic physical qualified
14. Extremities-trembling in lower limbs- characteristic physical particular
15. Back- pain- characteristic physical particular
16. Head-heaviness in the head > tying hairband

Prescription

Argentum nitricum 1M/1 dose

The remedy was selected on the basis of repertorial totality of symptoms and by referring to materia medica (10, 11). There was predominance on mental level. Pt extremely anxious and compelled to walk, anxiety before the events, even causing diarrhoea before event, impulsiveness, the characteristic mental expressions of fear and dreams, characteristic physical expression especially gaseous distension and loud eructations are consequence of nervous state of mind. Also, trembling of lower limbs and backache shows nervous affections on spinal level. Even characteristic desires for open air and sweets and in general worsening around menses. Hence, considering these predominant mentals as a source of current physical manifestations, *Argentum nitricum* as described in materia medica, *Argentum nitricum* was prescribed in higher potency 1M/1 dose. For occupational maintaining factor, lifestyle modifications were suggested like priority decision, regular exercise, sitting posture, dietary changes, and cognitive behavioural therapy.

Follow up

Date	Changes in symptoms	Prescription
22-11-2019	Patient felt better with respect to pain in back and gaseous complaint	Placebo for 15 days
04-12-2019	Mild pain is still there. Sleep - better	Placebo for 15 days

See Repertorisation sheet.

Remedy	Arg-n	Phos	Kali-c	Sulph	Calc	Ars	Sep	Nat-c	Nux-v	Puls	Caus	Nat-m	Bry	Graph	Lach	Nit-ac	Plat	Thu	Carb-v	Zinc	Anac	Con	Hep	Lyc	Mag-c	Aur	Med
Totality	35	33	32	32	31	29	29	28	28	27	26	26	26	26	26	26	26	25	25	25	25	25	25	25	24	24	24
Symptoms Covered	11	10	10	9	10	9	9	10	9	8	10	9	8	8	8	8	8	10	9	9	8	8	8	8	10	9	9
Kingdom	↓	↓	↓	↓	↓	↓	✈	↓	✈	✈	↓	↓	✈	↓	✈	↓	↓	✈	↓	↓	✈	✈	↓	✈	↓	↓	✈
[Complete] [Mind]DREAMS:Dead:People, of: (187)	3	4	3	3	4	4		2	3		3		3	3		3	3	4		1	4	3		1	4	3	3
[Complete] [Mind]FEAR:Falling, of:Height, from a: (5)																		1								1	
[Complete] [Mind]ANXIETY:Health, about: (312)	3	4	3	4	4	4	4	4	4	4	3	4	3	4	4	4	3	1	1	4	4	4	3	3	2	4	3
[Complete] [Mind]IMPETUOUS, IMPULSIVE: (63)	3	1	3	3	1	3	4	1	4		1	3	3		1	4		1	3	3	3		4		1	1	1
[Complete] [Mind]WEEPING, TEARFUL MOOD: (618)	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4
[Complete] [Generalities]AIR:Open:Desires: (227)	4	3	4	4	3	3	3	3		4	3	3	3	3	4		3	1	4	3	1	2	2	4	3	4	3
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (3...	4	3	4	4	3	2	3	3	1	3	1	2	3	4	1	3	1	3	3			2	3	4	1	1	3
[Complete] [Stomach]ERUCTATIONS:Loud: (114)	4	3	2	3	3		3	3	3	3	2	1	3	3	4	1	4	3	3	2	3	3	3	3	1		1
[Kent] [Ear]NOISES IN:Vertigo:With: (46)	2	3	1		1	1	1	1	1	1	2	1							1	1				1			
[Kent] [Rectum]DIARRHOEA:Anticipation,after: (3)	2																										
[Complete] [Extremities]TREMBLING:Lower limbs: (251)	4	4	4	3	4	4	3	4	4	4	4	4		1	4	4	4	3	3	4	3	4	3	2	3	3	3
[Complete] [Back]PAIN: (1033)	3	4	4	4	4	4	4	3	4	4	3	4	4	4	4	3	4	4	3	3	4	3	3	4	4	3	3

Repertorisation sheet

19-12-2019	Pain started again since last 3-4 days Marked improvement in other complaints	Placebo for 15 days
25-01-2020	continued to feel better	Placebo for 15 days
22-02-2020	Better wrt to all complaints	Placebo for 15 days
20-03-2020	Patient showed improvement in physical complaints and mental state also improved significantly	Placebo for 15 days

Patient reported on phone later of doing well in spite of increased work load due to lockdown.

Conclusion

The back pain was a consequence of bad posture and long sitting hours and worsened by poor diet and irregular meal timings. The mental stress at home and work due to disturbed work-life balance was the contributory factor. The predisposition of patient to bend under stress reflecting her individual response structure was at the root of the manifestations. The Homoeopathic medicine selected on basis of individualization treated the condition successfully. After initial relief of symptoms patient adapted lifestyle modifications as suggested which extended the support in managing the external modalities that were adding fuel to the condition. There is no specific remedy for a particular disease in homoeopathy. The real specific is a remedy which is selected as per mental, miasmatic, physical, causative picture at all levels constituting real portrait of the disease. It is recommended to do medicinal intervention at an early stage of the disease when prognosis is favourable. The most similar remedy, i.e. *simillimum* along with cognitive behavioral therapy (CBT) and lifestyle modifications helped the patient tremendously. Homoeopathy helped her strengthen the immune system and restored physical, mental and emotional well-being. Later continuing same profession, patient continued to live healthy life proving that the above measures and homoeopathy prevented further development of symptoms in serious disease.

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Founder of lifestyle management program -ProHealthSpace



Association of tobacco consumption with hypertension in adult rural community of North Belagavi, Karnataka – A cross sectional prospective study

Dr Jyothi Vijaykumar and Dr Shweta B. Nanjannavar

Abstract:

Background and objectives: Tobacco consumption is a major source of mortality and morbidity in India. Prevalence of smokeless tobacco (SLT) consumption in India is on higher side. Both hypertension (HTN) and tobacco addiction pose a threat to the health, environment and socioeconomic status of the people. When tobacco use disorder exists in people with HTN, it hastens the disease progress and causes early complications. This study aims to evaluate the effects of tobacco indulgence in developing hypertension and to assess the knowledge and practices of tobacco addiction as well as their correlates in patients with HTN in rural setup.

This is a cross-sectional study done to look into the association of tobacco consumption with hypertension, in an adult rural population of Kadoli Village, North Belagavi, Karnataka.

Material and methods: A community based cross sectional study was carried out in Kadoli village of Belagavi district in north Karnataka state of southern India over a period of one year. Data collection was done using the GATS (global adult tobacco survey) questionnaire, questions related to knowledge about HTN, the practices of tobacco consumption and lifestyle modifications.

Results: Total 288 subjects participated in the study of which 98 (34.02%) were tobacco users. Out of 98 tobacco users 67 were smokeless tobacco users with misri (18) and gutkha (49) while cigarette (11) and beedi (20) among the 31 tobacco in smoke form users. Among 67 smokeless tobacco users 40 participants measured normal blood pressure and 27 were hypertensive. Overall analysis of the collected data of the rural population states with 48.9% of study subjects were hypertensive with tobacco indulgence and 23.1% of study participants were hypertensive without tobacco use.

Conclusion: SLT consumption is associated with increased prevalence of high BP in the adult rural population. SLT consumption could be an important intervention in preventing the ongoing upswing in prevalence of hypertension. There is further recommendation for interventional study in the same defined population.

Keywords: tobacco, rural, hypertension (HTN), smoking (ST), smokeless (SLT), GATS.

Abbreviations: hypertension (HTN), smoking tobacco (ST), smokeless tobacco (SLT), cardiovascular diseases (CVDs), quality of life (QOL), coronary heart disease (CHD), blood pressure (BP), outpatient department (OPD), standard deviation (SD), millimetre of mercury (mm of Hg), daily (D), alternate days (AD), occasionally (O), quit (Q), Global Adult tobacco survey questionnaire (GATS).

Introduction

India, a lower middle-income country with a population of more than 1 billion (rural population 68.84%), is undergoing a rapid epidemiologic transition characterised by an increased prevalence of non-communicable diseases. Kumar et al report that in India 3.78 million (40.4%) deaths in 1990 were due to chronic diseases while this figure is expected to reach 7.63 million (66.7%) by 2020.¹ India is the diabetes capital of the world with 41 million Indians having diabetes, every fifth diabetic in the world is an Indian, likewise Mohan et al's CURES cohort clearly shows every fifth individual is a hypertensive in Chennai which parallels or even outstrips diabetes.²

Hypertension is a modern day's epidemic³ that has earned the reputation as the 'silent killer' making it a key priority for prevention, detection and control.⁴ It is defined as systolic blood pressure measuring ≥ 140 mm of mercury and diastolic blood pressure measuring ≥ 90 mm of mercury recorded in an individual.³ It is a global health problem which is the most valuable preventable cause of premature morbidity and mortality in the world. HTN affects over 26% of the adult population worldwide.⁴

According to a study conducted, 1.3 billion people in the world are suffering from hypertension (HTN). It is expected to increase to 1.56 billion people by 2025. In most of the countries, it is seen that about 30%

of the affected population are adults. The burden of HTN is on the rise in most of the developing countries including India, where the situation is quite alarming as 33% urban and 25% rural Indians are hypertensive. Though, proper treatment of HTN prevents complications and other cardiovascular diseases (CVDs) and ameliorates the quality of life (QOL) in the affected patients, it remains inadequately managed in most cases. One of the primary reasons of inadequate treatment might be non-compliance to the necessary lifestyle modifications.⁵

Community surveys have documented that in a period of three to six decades, prevalence of hypertension has increased by about

30 times among the urban dwellers and by about 10 times among the rural inhabitants. The various studies estimated a prevalence rate of hypertension among urban population ranging from 1.24% in 1949 to 36.4% in 2003 and for rural people from 1.99% in 1958 to 21.2% in 1994.⁶

The prevalence of smoking is around 30% globally and 55% nationally and the prevalence of overall tobacco consumption is still high in India, so the chance of tobacco addiction in people with HTN is very high. As tobacco consumption is an independent risk factor for HTN, tobacco cessation is imperative measure in lifestyle modification in patients with HTN.⁵ People often use tobacco products because of their affordability and a misconception that the use of tobacco products could be beneficial in easing stomach aches, toothaches and headaches. The other reason for this high prevalence is that there is limited evidence and knowledge on smoking hazards and its effect on health and lifestyle modification in the general population.⁴

In developing countries like India, tobacco consumption is mainly done in two forms: smoked tobacco products and smokeless tobacco. Most commonly used smokeless tobacco products include tobacco pan masala, tobacco with lime, and tobacco with pan and betel quid. Prevalence of smokeless tobacco consumption in India is 20%. It is significantly higher in males than in females (28% in males and 12% in females) and in rural population as compared to urban population.⁷

Some authors have demonstrated an acute increase in heart rate and BP along with elevation of plasma epinephrine after administration of SLT products. Studies reporting a positive association of SLT users with HTN postulate that frequent use of these products leads to continuous moderate levels of nicotine in blood causing sympathetic nervous system activation and rise in BP. Additives such as sodium and licorice used in

some SLT products are also thought to have hypertensive effects. Cigarette smoking has been shown to cause an acute elevation of BP and heart rate due to effect of nicotine on sympathetic nervous system.⁶ Tobacco smoking is an important cause of sudden death from coronary heart disease (CHD) in men below 50 years of age.⁵

Methodology

A community based cross sectional study was carried out in Kadoli village of Belagavi district in north Karnataka state of southern India over a period of one year from March 2019 to March 2020. The study sample was chosen by random selection. The rural sample selected from the satellite OPD of A. M. Shaikh Homoeopathic Medical College at Kadoli village Belagavi District.

Patients who visited satellite OPD of the village above 18 years of age were included after taking an informed consent. Pregnant patients, patients aged below 18 or above 80 years, patients with previous coronary artery, peripheral vascular, cerebrovascular disease, active infection, cancer, heart failure, atrial fibrillation, moderate or severe heart valve disease, malnutrition and renal or hepatic failure were excluded. Convenience sampling was used by approaching the subjects. Data collection was done using a pre-tested and semi-structured type of questionnaire by personal interview. The questionnaire included questions related to knowledge about HTN, the practices of tobacco consumption, lifestyle modifications.

The blood pressure of each participant was recorded by auscultatory method using, sphygmomanometer. Participants were instructed to take normal diet and to avoid any medication or drug previous night. They were also instructed to take minimum 6–8 hrs of sleep. BP recorded in the morning between 10 am and 11 am. Before recording, they were given 5–10 min of rest and in sitting position. Right

arm of the participant was used to record the BP. Two recordings were taken from each participant with the gap of 15 minutes and the average of two was taken.

Diagnosis of hypertension made based on systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 mm Hg. Hypertension defined as longstanding in patients with previous diagnosis and on antihypertensive therapy. New hypertension defined in those without any previous diagnosis of hypertension who were diagnosed with hypertension during the study period.

In the present study, smoked form include cigarette, beedi (tobacco hand-rolled in dried tendu leaves). Smokeless tobacco (SLT) use consisted of chewing gutkha or pan masala and Misri. The data entry was done using microsoft office excel. To summarise the data, descriptive statistics of frequency, percentage, mean and standard deviation (SD) were used. The study was approved from institutional ethics committee of A. M. Shaikh Homoeopathic Medical College Hospital and PG Research Centre. Written informed consent was obtained from all the participants.

Results

Total 288 subjects participated in the study of which 98 (34.02%) were tobacco users and 190 (65.9%) were non tobacco users. In the socio demographic profile of study participants females 105 (52.2%) among the non tobacco using participants were higher than the males 85 (44.7%). In comparison with the tobacco indulgent participants there was a male (81.6%) predominance than the female (18.36%) counterparts. Among the 190 non tobacco using study participants 146 (76.8%) were measured with normal blood pressure and 44 (23.1%) were hypertensive. As there were two forms of tobacco consumption seen, out of 98 tobacco users 67 were Smokeless tobacco users with misri (18) and gutkha (49) while

cigarette (11) and beedi (20) among the 31 smoked form of tobacco users. Misri form of smokeless tobacco users were 8 consumed daily (D), 3 alternate days (AD), 1 occasionally (O) and 6 quit (Q) consuming tobacco. Likewise Gutkha consumers were 46 daily (D) and 3 Quit (Q). Cigarette users were 11 daily (D) while Beedi users 20 daily (D). Among 67 smokeless tobacco users' 40 participants measured normal blood pressure and 27 were hypertensive. Overall analysis of the collected data of the rural population states with 48.9% of study subjects were hypertensive with tobacco indulgence and 23.1% of study participants were hypertensive without tobacco use (See Table 1, 2 and 3).

Discussion

In this study, tobacco indulgence was found higher in male (81.6%) participants when compared with female (18.36%) counterparts respectively. Out of 98 tobacco users, 67(68.3%) were found to be smokeless tobacco users and 31(31.6%) were smoke form of tobacco users after using (GATS) global adult tobacco survey questionnaire. Out of 98 tobacco users of rural population, 27 were hypertensive (27.5%) with smokeless tobacco consumption (misri and gutkha) in comparison with 21 hypertensive with smoke tobacco consumption (cigarette and beedi). Hence, through this study, there is a higher prevalence of hypertension in smokeless tobacco consumption than the smoke tobacco users of rural population. This finding is similar to some previous studies done in India stating smokeless tobacco consumption is associated with increased prevalence of high blood pressure in the adult male rural population.¹⁶ Either the use of smokeless or smoke tobacco both are considered to be behavioral attributes of the individuals.^{12 13}

Either the use of smokeless or smoke tobacco both are considered to be behavioral attributes of the individuals hindering healthy lifestyle. Gayathri et al. also reported

that there is a positive relationship between health locus of control and engaging positive health behaviors. As a conclusive note, it could be inferred from the results that knowledge was not only the determinant that makes people to adopt health-promoting behaviour, but there are many other factors which need to be taken into account when talking about the prevention of risk factors. Nourjah et al, in their discussion on health behaviours of blue and white

collared employees, reported that the differences in individuals' beliefs, values and their social norms could not be ignored in adopting healthy behaviours.¹⁴

Gayathri et al. also reported that there is a positive relationship between health locus of control and engaging positive health behaviours. As a conclusive note, it could be inferred from the results that knowledge was not only the determinant that makes

Tables included in study

Table 1: Tobacco consumption knowledge and practice in patient with Hypertension

Location: Rural																																																			
No. of Patients		Tobacco (Yes)																		Tobacco (No)																															
288	98																		190																																
	Female									Male									Female				Male																												
	18									80									105				85																												
	Type									Type																																									
	Misri									Gutka			Cigarette			Beedi																																			
										49			11			20																																			
	D	AD	O	Q						D	Q					D	AD																																		
	8	3	1	6						46	3					11	--			20	---																														
	BP									BP			BP			BP			BP																																
	N	A	N	A	N	A	N	A		N	A	N	A		N	A	--		N	A	--			N	A		N	A																							
5	3	3	--	1	--	2	4	T	29	17	--	3	T	1	10		T	9	11	---	T	G.T	79	26	T	67	18	T																							
Normal									11								29								1								9	50								79								67	146
Abnormal									7								20								10								11	48								26								18	44

N- NormalAD-Alternate DayBP-Blood PressureD-DailyT-TotalA-AbnormalO-OccasionallyG.T-Grant Total

Table 1

Table 2: Socio-demographic characteristics of study population

Variables	Male= 165 (%)	Female= 123 (%)	Total =288(%)	BP-Normal =196 (%)	BP-Abnormal= 92 (%)
Age(years)					
20-30	14 (8.4)	06 (4.8)	15(5.2)	15(7.6)	02(2.1)
31-40	21 (12.7)	14 (11.3)	35(12.1)	33(16.8)	04(4.3)
41-50	37 (22.4)	46 (37.3)	81(28.1)	49(25)	28(30.4)
51-60	48 (20)	21 (17)	76(26.3)	38(19.3)	38(41.3)
61-70	26 (15.7)	24 (19.5)	50(17.3)	37(18.8)	13(14.1)
71-85	19 (11.5)	12 (9.7)	31(10.7)	24(12.2)	07(7.6)
Tobacco Consumption					
Misri	00 (0)	18(14.6)	18(6.2)	11(5.6)	07(7.6)
Gutkha	49 (29.6)	00(0)	49(17)	29(14.7)	20(21.7)
Cigarette	11 (6.6)	00(0)	11(3.8)	01(0.5)	10(10.8)
Beedi	20 (12.1)	00(0)	20(6.9)	09(4.5)	11(11.9)
Absence of Tobacco consumption	85	105	190	146	44

Table 3: Descriptive characteristics of study population

Variables	Range	Male (n = 165), mean ± SD	Female (n = 123), mean ± SD	Total (n = 288), mean ± SD
Age(years)	20-85	53.4 ±14.4	54.2±11.7	53.7±13.3

Table 2 and 3

people to adopt health-promoting behaviour, but there are many other factors which need to be taken into account when talking about the prevention of risk factors.¹⁵ Another component of the socio-demographic profile is the age determinant depicted in table 2 with higher prevalence seen from 41- 50 years (37.3%).¹⁶

Conclusion and recommendations

There is a rapid epidemiological transition among the rural communities of India with a tremendous increase in behavioural changes that influence the lifestyle. Current study was carried out in Kadoli village in northern part of Belagavi, which is also in a phase of transition influenced by urbanisation and changes in behavioural attributes. This study shows an increased prevalence of blood pressure in tobacco indulgent especially the smokeless tobacco users. Prevention of smokeless tobacco consumption could be an important intervention in preventing the ongoing upswing in prevalence of hypertension. The prevention activity needs to focus on behavior change hence there is a need for primordial prevention efforts and strengthening health education programs promoting awareness of tobacco consumption and hypertension on large scale. Hence, extensive and effective efforts directed toward raising the awareness level regarding lifestyle modifications among rural population would be helpful in reducing the burden of hypertension. This is a prospective cross-sectional observational study hence there is further need of the hour to carry out interventional research studies with tobacco and hypertension.

There are several studies in homoeopathy supporting a wide scope in combating tobacco consumption and treating hypertension. An international study was conducted at "Enrique Varona" in 2006 and researches suggests that though 70% of tobacco users want to quit, only 3% are successful with willpower alone. Thus

tobacco users are in the need of support while quitting tobacco due to the addictive nature of tobacco products therefore, the age old observations of homoeopathic stalwarts regarding the use of homoeopathic medicines such as *Caladium seguinum*, *Daphne indica*, and *Plantago major* in reducing craving for tobacco especially in the present scenario when large number of tobacco users were planning or thinking of quitting tobacco use⁸.

In case of excessive nervousness or irresistible needs to smoke the remedy indicated is *Tabacum*. *Carcinosinum* is the nosode will teach to say NO, no longer to be invaded by smoke and by others. *Caladium seguinum*, is known to alter the taste of tobacco. These are people who want to live in a smoke fog that will hide the shadows. They are often dressed all in white but the fingers yellowed by tobacco. *Plantago major* to remove the urge to smoke. *Nux vomica*, overworked person who need stimulants: alcohol, spices, tobacco. *Nux vomica* was found ideal remedy for hypertensive personalities, to temporary sooth and calm pts who are irritable, angry and hypochondriac¹¹. *Sulphur* is indicated for craving of cigarette. Other remedies like *Carbo animalis*, *Staphysagria*, and *Ignatia amara*.⁹ As per the research studies, patients responded well to constitutional remedies than to specific remedies like *Strophanthus hispidus*, *Rauwolfia serpentina*, *Viscum album*, etc.^{10 11} This study can be a precursor for the further homoeopathic interventional studies. There is recommendation of future studies in urban sector and applicability of homoeopathic drugs in future researches.

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Calcareea group in management of obesity in children

Dr Jyoti Chhikara, Dr Vasundhara Mehrotra and Dr Priya Garg

Abstract: Rapid urbanisation and dramatic lifestyle changes in the past few decades have led to the emergence of a silent obesity pandemic, especially among children. Obesity whether due to the genetic soil or the sedentary pattern, or combination of both can negatively affect the development of physical health as well as the mental potential of these children in future. In homoeopathy, constitution is a major tool for selecting remedies which portrays the phenotype resulting from a unique genetic expression of individuals exposed to varying lifestyles and acts as a fertile or sterile ground, on which pathologies develop and thrive. The “*similia*” between obesity and constitutional tendencies of *Calcareea* group of remedies for obesity in children has been portrayed through this article.

Keywords: homoeopathy, lifestyle disorders, obesity, obesity in children, sedentary lifestyle, calcarea group, constitution

Abbreviations: World Health Organization (WHO), body mass index (BMI), standard deviation (SD), intrauterine growth retardation (IUGR), intrauterine (IU), complementary and alternative medicine (CAM)

Introduction

The World Health Organization (WHO) defines obesity as abnormal or excessive fat accumulation that may impair health¹. A crude measure of obesity is the body mass index (BMI). BMI is the ratio of a person's weight in kilograms and the square of his height in meters (kg/m^2)². A person with a BMI of ≥ 30 is generally considered obese and with BMI ≥ 25 is considered overweight. For children less than 5 years of age, overweight is weight-for-height greater than 2 standard deviations (SD) and obesity is greater than 3 SD above the WHO Child Growth Standards median. For children aged between 5-19 years, overweight is BMI-for-age greater than 1 SD and obesity is greater than 2 SD above the WHO growth reference media³.

According to the WHO, over 40 million children under the age of 5 and 340 million children and adolescents aged 5-19 are overweight or obese³. Obesity can have adverse effect on health of these children, leading to reduced life expectancy and/or can be associated with different types of diseases like type 2 diabetes, dyslipidemias, cardiovascular disease, hypertension and cancer in later life. Obesity is a multifactorial disease that results from the interaction between the environment, culture, physiology, metabolism and genetics. Predisposition to obesity in children can be due to genetics and family history, intrauterine growth retardation (IUGR) with rapid post natal weight gain, excess maternal weight gain, IU exposure to gestational diabetes, formula feed dietary excretions like excess sugar, starches and fried food, sedentary lifestyle, etc. Abundance of nutrition clubbed with sedentary lifestyle, leads to increased storage of

energy in fat cells of adipose tissues. This accumulation is driven by genetic endowment of individuals, denoted in homoeopathy as “constitutions”. Today, gene expression profiles are instrumented to guide therapeutic and prognostic management whereby genotyping is used to provide a new means to assess the risk of diseases as well as variations in response to a number of drugs, and physicians are able to better understand the role of certain genes in the causality of obesity⁴.

A high risk of failure is seen in adopting lifestyle modifications, long-term weight management and also the side effects of medical and surgical treatments available, which often makes many parents to search for complementary and alternative medicine (CAM) for treating obesity in their children and adolescents. Homoeopathy is an alternative systems of medicine where the selection of remedy is based upon the law of similar and theory of individualization by using holistic approach.

Calcareea group and Obesity

Reportorial tracing of obesity, boldly chalks out remedies of *Calcareea* group, which are suited to persons of plus tissue of minus quality according to their constitution. *Calcareea carbonicum* pathogenesis shows tendency to early obesity. The activity of the lymph glands is not proportional to the capacity for assimilation; oxidation is imperfect; hence, there is a rapid deposition of fat in cellular tissue, especially about the abdomen; but tissues are imperfectly nourished; though apparently robust, he is really sickly; his plethora is apparent; his blood is watery, and contains too many white corpuscles.” Dr. E. A. Farrington⁵. The children from this group tend to be plump, slow and

have weak resistance to infections. They are well behaved, but obstinate. The child is usually curious, asking questions about religion etc. *Calcareas* are intellectual but there is imbalance between the physical and mental sphere. Due to this imbalance and also their lack of stamina, they may become depressed and lose interest in work/studies. This often tends to the development of sedentary habits, and thus may lead to these children gaining excess weight.

Constitution and characteristic features of these remedies to understand the individualisation among the group.

1. **CALCAREA ARSENICOSA:** *Calcareea arsenicosa* suited to lymphatic, scrofulous, and tuberculous, fat persons. Predominantly chilly medicine, the symptoms being < in cold weather; when out of doors. The child is anxious⁸, has low mood, desires company and afraid to be alone. Child has desire for warm drinks¹⁰.
2. **CALCAREA CARBONICA:** *Calcareea carbonica* child has leucophlegmatic temperament, blond hair, light complexion, blue eyes, and fair skin. Psoric constitutions. Child is pale, weak, timid, easily tired when walking. Disposed to grow fat and obese in childhood and youth⁶. Children with red face, flabby muscles, who sweat easily and take cold readily. Large heads and abdomens; fontanelles and sutures open; bones soft, develop very slowly. Ailments from diseases arising from defective assimilation; imperfect ossification⁸. These children are obedient, plays near to his mother for safety and security. Fat, flabby

children who are slow both mentally and physically. Very slow to respond to commands, complete their task but are neither competitive nor ambitious. There is no aptitude for art and drawing. Misplaces words and expresses himself wrongly. Dull lethargic children who do not want to play (more of indoor games and avoid risky games like football) would prefer watching rather than playing games. These children are very sensitive to rudeness, criticism, reproaches or being laughed at⁷. Child is precocious, there is curvature of bones, especially spine and long bones; extremities crooked, deformed; bone irregularly developed. Head sweats profusely while sleeping, wetting pillow far around⁶.

3. **CALCAREA FLOURICUM:** *Calcarea flouricum* child **eats well yet emaciates**⁷. *Calcarea flouricum* is one of the most **sharp and fast** *Calcarea* with less attachment to home, family and parents. Quickness of comprehension and quick in getting to work, but not purposeful and effective. Acute indigestion from fatigue and brain-fag; much flatulence¹⁰.
4. **CALCAREA IODATA:** *Calcarea iodata* is **fast and aggressive** *Calcarea* but fearful⁷. It is used for the treatment of scrofulous affections, especially enlarged glands, tonsils, etc. Thyroid enlargements about time of puberty. **Flabby children** subject to adenoids, croup and colds where secretions are inclined to be profuse and yellow¹⁰. Mentally impatient and restless children. There is anticipation and indolence. They are affectionate, desire consolation but weep easily and have fear of dogs.
5. **CALCAREA MURIATICUM:** Most of the *Calcarea muriaticum* cured patients were **obese**.⁸ *Calcarea muriaticum* is greatly attached to the mother and comes very close to *Pulsatilla nigricans*. They are matured and sensitive. Do not like to travel.⁷
6. **CALCAREA PHOSPHORICUM:** The *Calcarea phosphoricum* child is **generally emaciated instead of fat like the typical Calcarea group** child. *Calcarea phosphoricum* corresponds to defective nutrition, whether of childhood, puberty, or of old age. Children who are delicate, tall, thin or scrawny; with dirty

brownish skin. **Flabby children** having cold extremities and sluggish development. Usually the ailments come from over-growth, over-study, disappointed love, and physical exertion⁸. The child **requires constant attention**. **NEEDS ATTENTION**. Older children often **overwhelmed by the stresses of school**, often present with complaints of school phobias, school headaches or stomach pains. **Brain Fag**, difficulty in performing intellectual operations⁶. Feeble minded children⁹. Consider this remedy for children who are emaciated, unable to stand; slow in learning to walk but **flabby abdomen**.

7. **CALCAREA SULPHURICUM:** *Calcarea sulphuricum* child has **flabby muscles**.⁹ **NEEDS APPRECIATION**. The place of security is not school, playground or outside but is home. Indicated for children who like to play in water and don't want to come out of the swimming pool.

In Aphorism 4, Dr Hahnemann has rightly mentioned, "he is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health", this ensue that while understanding the causative factors of a disease one should be familiar with the soil on which the disease is thriving, i.e. the constitution of the sick. As constitution is an expression of genetic structure of a person, it can be used to trace out the most similar remedy in diseases with genetic predisposition as a major underlying cause like obesity. From the above description of *Calcarea* drugs, we can infer that while most of the drugs under *Calcarea* group have **tendency to obesity and excess weight in children**, *Calcarea phosphoricum* children are **generally emaciated instead of fat like the typical Calcarea child**, and the *Calcarea flourica* child has tendency to **emaciate despite of eating well**. Similarly, *Calcarea iodatum* and *Calcarea flouricum* are described to be **fast and sharp** which is in contrast to the general sluggishness and slowness that prevails in the *Calcarea* soil. Thus, it is the individual characteristic feature of each case which guides us towards the 'simillimum' or the antitype of the remedy and forms the basis of homoeopathic prescription. Also, the concern of homoeopathic management of obesity in children should aim at improvement of obesity-related co-morbid conditions and to reduce the risk of developing co-morbidities in future.

Conclusion

The strength of the 'law of similar' and 'individualisation' has been highlighted for managing cases of lifestyle disorders like obesity. The **individualised constitutional homoeopathic medicine addresses the underlying cause and individual susceptibility of the child and aims to treat not only obesity** but to restore the constitutional and metabolic tendencies. It is noteworthy that a homoeopathic constitutional prescription is incomplete without knowing other underlying, exciting and maintaining causes, the miasm of subject and the characteristics symptoms as well.

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Homoeopathic Psychology

Personality Profiles of the Major Constitutional Remedies
Philip M. Bailey

Reviewed by Dr Shilpi Rastogi

This book is a complete guide for all the students as well as practitioners across the globe, for understanding the mental picture or the psychology (as name of the book suggests) of each remedy. The most distinguishing point is in the beginning of the book - the index. The index is been highlighted with a key word or can be termed as a key phrase for each of 35 enlisted polychrest remedies of homoeopathic materia medica, for example, *Graphites*-Blandness, *Medorrhinum* – the passionate adventurer.

The way of presentation of index to the book, creates a beautiful impact in the mind of the reader. The word or phrase presented with a particular remedy is the nucleus around which complete picture of the remedy revolves. The theme of the drug can be understood and linked so well in the text that it will leave a deep impression in reader's long term memory.

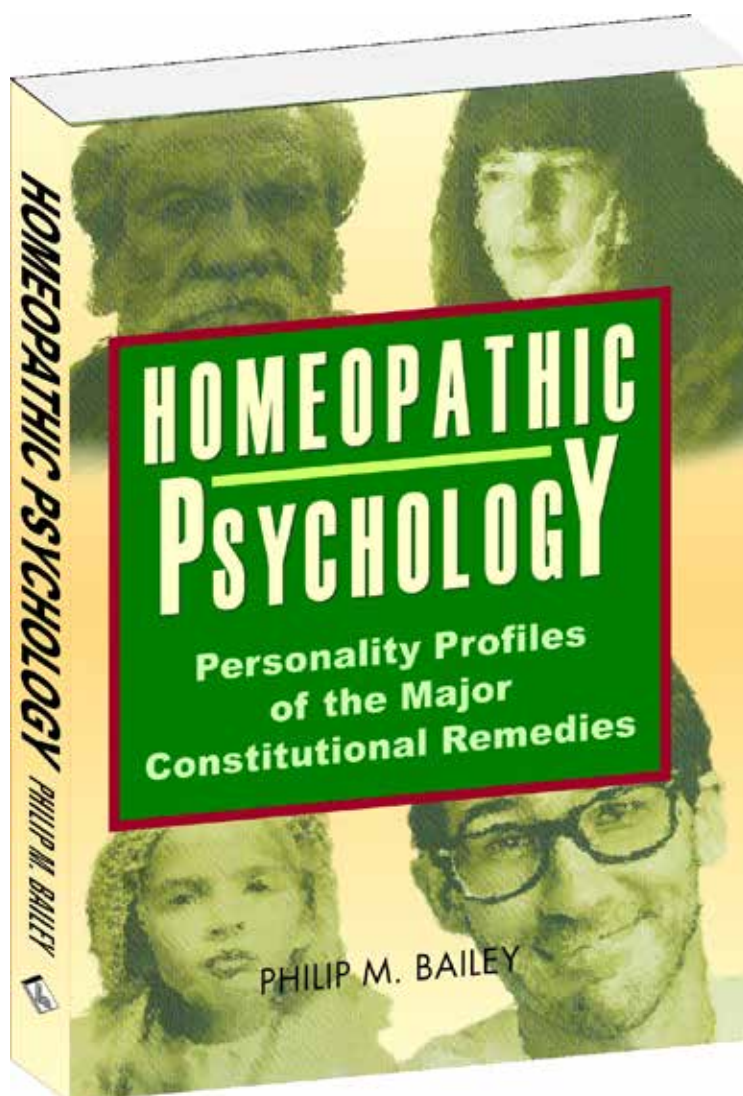
Usually, having a preface is common for the book, which provides an insight about a particular book. But, in this book, the author has given detailed narration, in the introduction section of the book, which includes the need, the strength, the presentation, and the blueprinting of the book.

The utility-based advantage of this book is the language or the expression used to explain a remedy. The description is mentioned at par with the language of *Kent's Repertory*, one of the most followed repertories across India because of its easy relevance. The drug picture presentation, in the form of symptoms or expressions or phrases, are quite identical with the language used for formation of rubrics, which is, in turn, helpful for

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hunting of rubric in *Kent's Repertory*.

The theme word used for the explanation of remedy runs all around the content of the drug. The life space of a drug is basically the core of understanding a constitution. The author

has explained the same in a very lucid manner. Expression of a drug towards a normal stimulus is represented in such a synchronised manner, which helps to predict the situational responses of that particular constitution.

The author has followed the principle of homoeopathy well while explaining the 35 polychrest remedies commonly used in day to day clinical practise, believing in quality not in quantity.

After explaining the core of the remedy, life space, mental expressions, the author has explained physical appearance of the drug also, denoting that the book not only concentrates on the profiles of personality types, but also on physical manifestations of the drug.

The book reflects author's creativity, by presenting drug symptomatology in poetic manner, for example, while explaining *Lycopodium clavatum*, the method of description used holds and engages the readers to enjoy the learning process.

In the book, the author has taken utmost precision while explaining the features of drug of dominant as well as dormant gender, hence helping to complete the process of understanding a remedy.

It can be truly said, "all's well that ends well", hence the book of *Homoeopathic Psychology – Personality Profiles Of The Major Constitutional Remedies* presents an extraordinary culmination in the form of an appendix to the book, where the author has explained "elemental analysis of any constitutional type" according to the four elements –air, water, earth, and fire. He has discussed each element in detail along with its positive and negative effects as well as the state due to the lack of any element – rubrics for the same, which will surely prove to be of great help to students as well as practitioners to understand the homoeopathic prescription in a better manner. This book helps to make learning process of materia medica a holistic one, which distinguishes it from rest of the big world of books of homoeopathic materia medica.

One should read the homoeopathic materia medica through the constitutional perspective to

understand the basic essence of materia medica as well as gain success in treating chronic cases.

Reviewer



Dr Shilpi Rastogi

B.H.M.S, M.D. (Hom)

Dr Shilpi Rastogi is currently working as Professor and Head, in Department of Anatomy at Yenepoya Homoeopathic Medical College & Hospital (Yenepoya deemed to be University), Mangalore, Karnataka, INDIA. She completed her BHMS in year 2005 from Dr. B.R.Sur Homoeopathic Medical College & Hospital, Delhi. She completed her post graduation in 2012 from Shri Guru Nanak Dev Homoeopathic Medical College, Punjab. She has completed her diploma in Naturopathy & Yogic Sciences from Delhi University. She has fellowship in Lifestyle Medicine from Apollo Hospitals, Hyderabad. She has completed various certificate courses in field of Teaching Learning Methodologies. Dr.Shilpi Rastogi is on Examination Panel for various Universities across South India. She has attended numerous CME's, conference and webinars at National and International level. She has scientific publications in National and International indexed journals to her credit. She is a recipient of Gold Medal for her Academic Achievements in 2005. She has received Good Teacher Award from Yenepoya Deemed to be University in 2020. She has been recognized as Innovative Educator in 2020.

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