

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Vol. 47, No. 7, October 2021



## Research Oriented Homoeopathic Approach

- Research oriented homoeopathic approach in the
- Management of generalised anxiety disorder
- A general outline of reference writing to avoid common errors
- Research domains in homoeopathy



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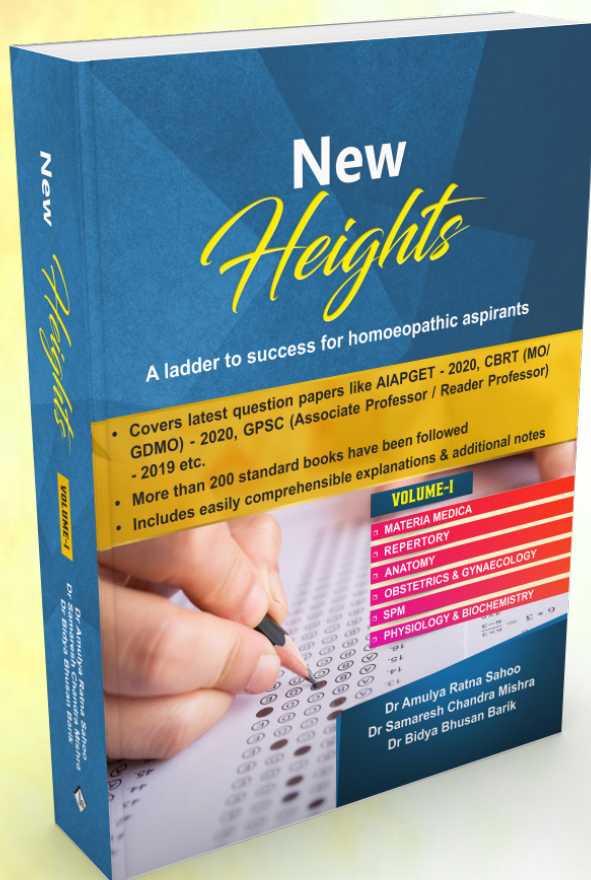


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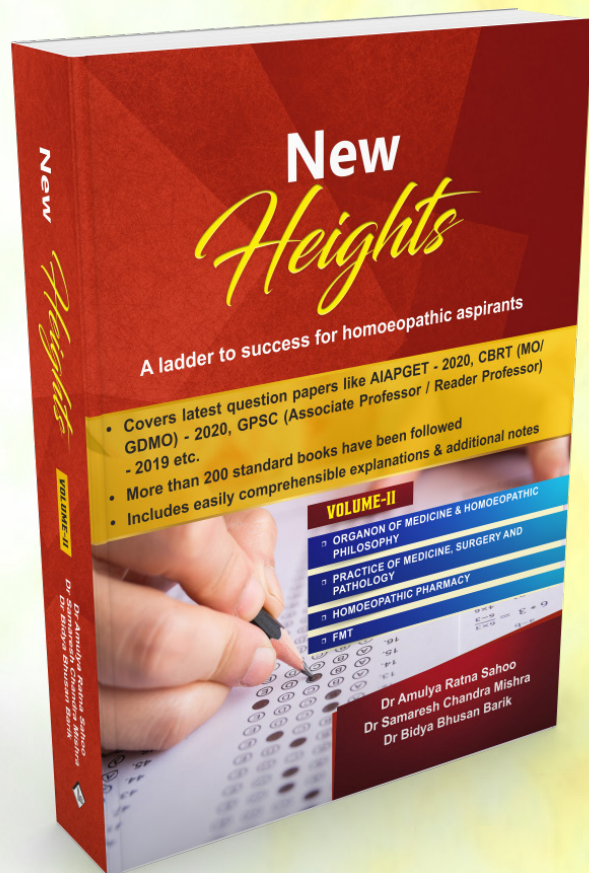
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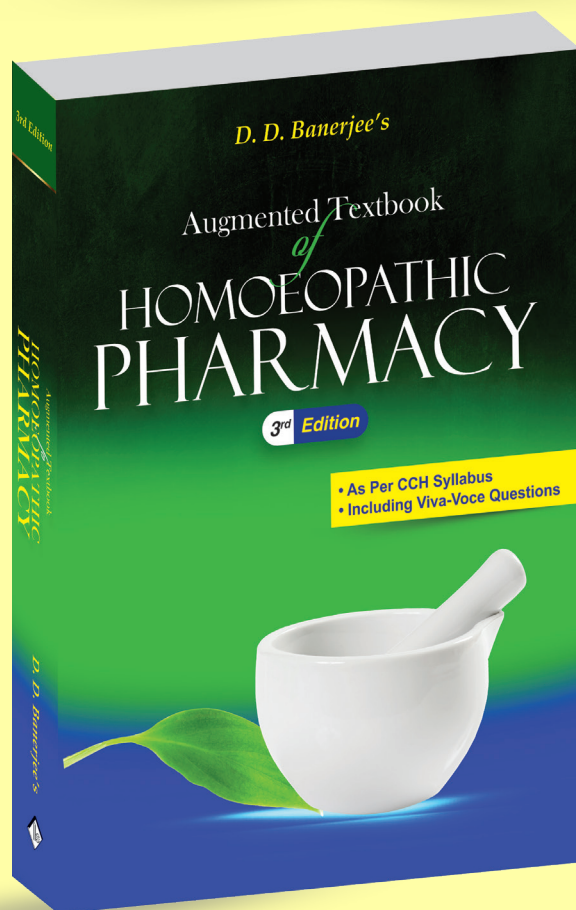




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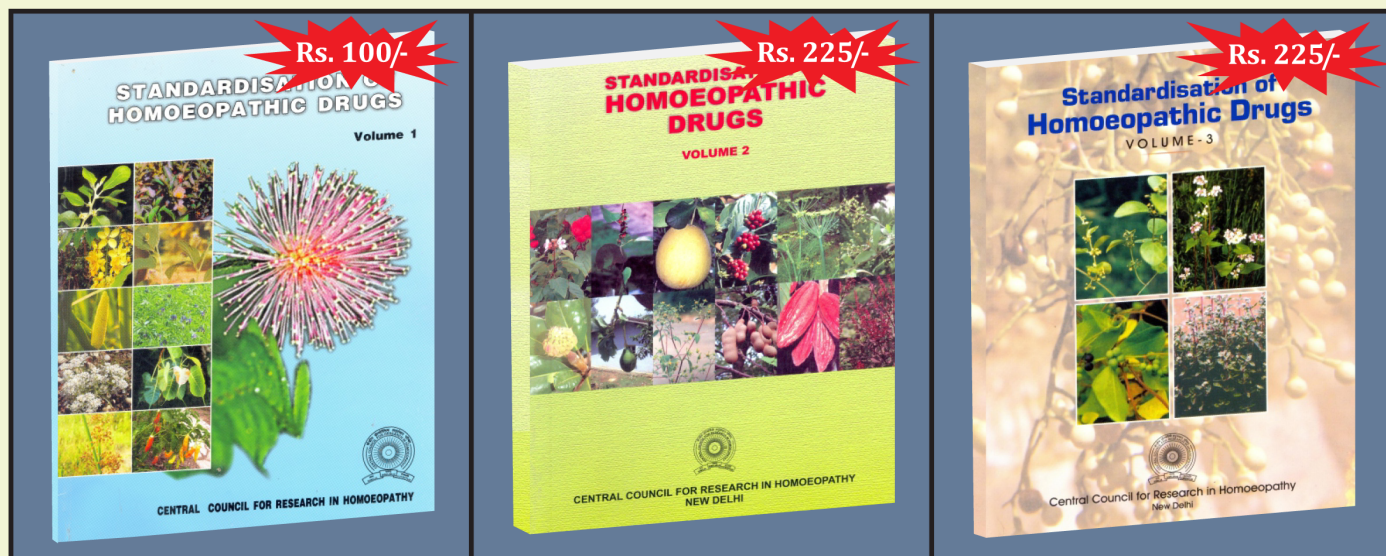
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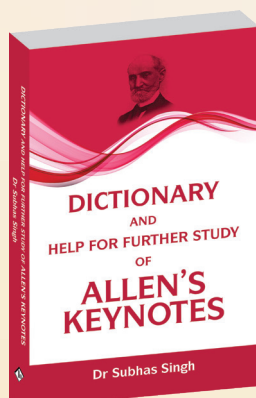
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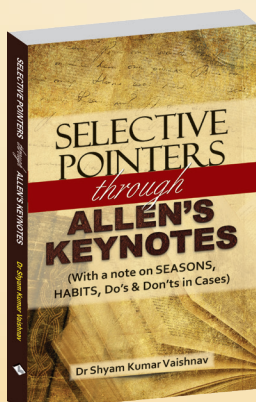
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- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
- The author has done his best to provide the word meanings to all the difficult terminologies and nomenclature used in Allen's Keynotes.
- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
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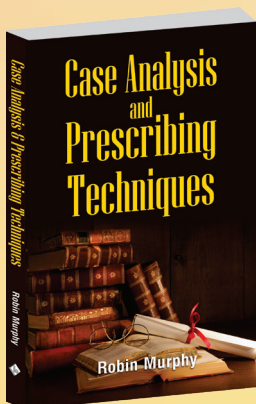
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
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- Its easy for comprehension and also quick for reference and prescription.
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- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

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## Case Analysis & Prescribing Techniques By Robin Murphy



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

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Dear Readers,

Marcus Aurelius states, “nothing has such power to broaden the mind as the ability to investigate systematically and truly all that comes under thy observation in life.” Investigation and research-oriented approach interlinks the theoretical and practical parts of scientific knowledge acquisition. Research and documentation have gained importance in every system, especially in medicine, over the last decade. Homoeopathic field has also shown a sharp increase in the number of researches being published in various homeopathic journals, with no exceptions. The question about the importance of research has well been overcome by the fraternity taking keen interest in not only carrying out researches, but also sharing those through publications and presentations. However, to take homoeopathy to a higher level, much remains desirable to take it to the level of international acceptance. Research would prove to be more apt and worthwhile for both the researcher and the profession, to face the various challenges lying ahead. Research is the very foundation of improved medical care. On one hand, the popularity of our system is growing by leaps and bounds, while on the other, it is being subject to the research-based scepticism.

Despite 200 years of practice of homoeopathy, and despite a number of recent studies documenting homoeopathic treatment effects under double-blind conditions, the medical and scientific community has generally dismissed these findings because of a lack of a plausible mechanism for the observed effects. To overcome this, being a researcher, one must expertise himself in all the important steps from collection of evidence and its analysis as per the protocol, possessing an adequate knowledge and skill to

carry out an effective research, and all these must be consistent with the accepted medical and research ethics. Every well carried out and authentic research adds further validity and plausibility to the system. It is important that research does not remain an alien word to the new generation of homoeopaths. A genuine scientific research possess the power to take homoeopathy to a coveted level in today's science-oriented world.

#### A Quick Word on Issue Content:

This issue of “*The Homoeopathic Heritage*” is an attempt to describe the research-oriented homoeopathic approach through different case studies and research papers.

The peer reviewed article of this issue include research oriented homoeopathic approach in the management of generalised anxiety disorder by Dr Yogesh D Niturkar. Research review articles include systematic review on the role and scope of bone tumour in homoeopathy by Dr Irine Mary Wanniang, Dr Deepa Paiss, homoeopathic management of haemorrhoids utilising centesimal scale and fifty millesimal scales: a comparative study by Prof. (Dr) Neeraj Gupta, Irene B Thomas, an overview of research perception of new graduates and post graduate trainees in homoeopathic hospitals of West Bengal by Dr Aniruddha Banerjee, Dr B. P. Srivastava, evidence based case study on efficacy of LM potency by Dr Poonam M. Meghani, Dr Mrugank N. Meghani, research overview: LM Potency in respiratory disorders by Dr Purusottam Kumar Singh. The subjective articles include a general outline of reference writing to avoid common errors by Dr Baidurjya Bhattacharjee, Dr Chaturbhujaya Nayak, importance of research in homoeopathy by Dr Amit, likelihood ratio in homoeopathy: a goal towards an accurate prescription by Dr Jalpa P. Atri, need for research in homoeopathy by Dr

Varsha Sharma-Kapila, basic principles in research methodology by Dr Poonam N. Sutar, Dr T. Surekha, research in homoeopathy – *Organon of Medicine* says it all by Dr Deeksha Garg, Dr Ishita Ganjoo, research-an awareness to climb the mountain by Dr Monimala Pramanick (Sen), research-oriented homoeopathic approach: need of the hour by Dr Neha Patel. The feather in cap of this issue is an excellent article on the subject of *materia medica* titled homoeopathic management of menorrhagia with remedies of animal kingdom by Dr Surabhi Khatta, Dr Neeraj Srivastava. The special COVID-19 section include the role of individualised homoeopathic medicine in treatment of COVID-19 complications by Dr Anvita Sinha and effectiveness of homoeopathic dilution *Arsenicum iodatum* in post COVID 19 respiratory illness: a case series by Dr Binuraj S R, Dr Vishnupriya S V, Dr Hafsa Muhammed. The research papers on homoeopathic treatment of influenza like illness in paediatric age group: a series of thirty cases by Dr Sabiha Naaz, Dr Azizul Islam Khadim and research domains in homoeopathy by Divya Verma, Chaturbhujaya Nayak are absolutely amazing articles of this issue.

As a wise researcher once said, ‘it doesn't take several researches to prove the validity of a concept; it rather takes just one self-sufficient, reproducible research to say it all!’ It is high time we start our pursuit for ‘that one research’, but the pathway to that research just might be many other researches on the way.

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

Dr Yashika Arora Malhotra  
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## Research in homoeopathy



### Introduction

Most people, as per experience, including many journalists, medical doctors, natural health practitioners, and even patients, are entirely unaware that hundreds of scientific studies on homoeopathy have given positive results.

Such researches include double-blind placebo-controlled studies as well, the gold standard as far as research standards go. Compiled below is a sample of the study discovered from [www.homeobook.com](http://www.homeobook.com) for this editorial and my seminars.

While it is just a sample of research, the references may be valuable as they link directly to other web pages to offer some solidity—or credibility—to the vast amounts of information on the web that is not necessarily based on fact.

As these studies are just bits and pieces, kindly refer to the Homoeopathic Research Institute or Central Council for Research in Homoeopathy, India for a thorough examination and analysis of the study.

As a working homoeopathic practitioner who sees the results of

homoeopathic remedies every day, beyond all doubts, the homoeopathic remedies work beyond the placebo effect (or the idea that one has to believe for it to work). On the other hand, there may be some skeptics who do not have this experience and want to see the evidence before concluding.

Only positive studies are included because as a homoeopath, many of the studies with adverse outcomes have been done incorrectly since they have not followed the principles of homoeopathy, particularly the principle that the remedy must match the symptoms a person experiences rather than the disease diagnosis. The Australian study that was published recently was one such example.

This principle is very different from conventional medicine, yet homoeopathic medicine must be effective. Furthermore, homoeopathy is criticised for not having enough research. Still, because it is exceptionally safe (due to its unique preparation), homoeopathy does not need vast amounts of research to prove its safety. Instead, it just needs a sprinkling of evidence to confirm that the remedies are not merely placebo effects.

Most of the research focusses on the disease, which is the opposite of the classical homoeopathic approach, which works with the whole person to tap into the body's self-healing potential, i.e. vital energy or vital force.

Some of the studies discussed below include cells or animals or

complex homoeopathy (a mixture of homoeopathic remedies). Dr Khuda Baksh has done extensive work on it.

These studies provide additional evidence that homoeopathy works beyond placebo. By focussing over disease, the research does not even begin to show the long term benefits of homoeopathic treatment for a person's well-being, not only through lessening of symptoms and relief of suffering but by an overall improvement in an individual's level of health, quality of life and resilience to stress as well as illness, where the real benefit of homoeopathy lies.

### Independent, thorough analysis of the research on homoeopathy:

In 2011, the Swiss Government commissioned a health report that reviewed hundreds of research studies on homoeopathy and other types of alternative medicine, with the conclusion: "there is sufficient evidence for the preclinical effectiveness and the clinical efficacy of homoeopathy for its safety and economy." Bornhöft, G. Matthiessen, P. Homoeopathy in health care: effectiveness, appropriateness, safety, costs: An H.T.A. report on the homoeopathy as part of the Swiss complementary medicine evaluation programme, homoeopathy is covered under the National Health Care system in Switzerland.

### Research on chronic disease as a whole:

An observational study of over 6000 patients over six years concluded that homoeopathy offers "positive health

changes to a substantial proportion of a large cohort of patients with a wide range of chronic diseases." Spence, DS, et al. "Homoeopathic Treatment for Chronic Disease: a 6-Year, University-Hospital Outpatient Observational Study." *J Altern Complement Med.* 2005 Oct;11(5):793-8.

"Marked and sustained improvements" were found following homoeopathic treatment among long-term care of adult and child patients with chronic diseases, including "disease severity and quality of life." Witt, C M, et al. "Homoeopathic Medical Practice: Long-Term Results of a Cohort Study with 3981 Patients." *B.M.C. Public Health.* 2005 Nov 3;5:115.

#### On mental health:

"Patients with Anxiety Depression Disorder, who chose to consult G.P.s prescribing homoeopathy reported less use of psychotropic drugs, and were marginally more likely to experience clinical improvement, than patients managed with conventional care." Grimaldi-Bensouda L et al. Homoeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study. *B.M.C. Complement Altern Med.* 2016 May 4;16:125. DOI: 10.1186/s12906-016-1104-2.

"Homoeopathy and fluoxetine are effective and safe antidepressants for climacteric women. Homoeopathy and fluoxetine were significantly different from placebo in response definition only. Homoeopathy, but not fluoxetine, improves menopausal symptoms scored by Greene Climacteric Scale" Macías-Cortés, C et al. "Individualized Homoeopathic Treatment and Fluoxetine for Moderate to Severe Depression in Peri- and Postmenopausal Women (HOMDEP-MENOP Study): a Randomized, Double-Dummy,

Double-Blind, Placebo-Controlled Trial." *PLoS One*, Mar 13. 2015.

Adler, U. C., et al. "Homoeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe Depression: Double-Blind, Randomized Non-Inferiority Trial." *Evid Based Complement Alternat Med.* 2011: 520182. Published online 2011 Jun 8

#### On ADHD, anxiety:

"63% had a statistically significant improvement in the primary outcome." "No serious adverse events related to the therapy were reported." Brulé D1, Sule L, Landau-Halpern B, Nastase V, Jain U, Vohra S, Boon H. An open-label pilot study of homoeopathic treatment of attention deficit hyperactivity disorder in children and youth. *Forschende Komplementarmedizin.* 2014;21(5):302-9.

Frei H1, Everts R, von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, Collenberg M, Fuhrer K, Hassink R, Steinlin M, Thurneysen A. Homoeopathic treatment of children with attention deficit hyperactivity disorder: a randomized, double-blind, placebo-controlled crossover trial. *European Journal of Pediatrics.* 2005 Dec;164(12):758-67. Epub 2005 Jul 27.

"Despite the use of modern analgesic methods and improved use of narcotics, the combination pain-agitation sometimes persists in the recovery-room. Aconite proved to be effective for children's postoperative agitation with 95% good results. Such studies usually state that the placebo effect is high and may reach rates higher than 30%. Aconite is a fantastic cure when well prescribed, as much for the speediness of its action as for its efficiency. This remedy has a place in the recovery room and

should be in every physician's emergency case." Alibi JP1, Jobert J. Aconite in homoeopathic relief of postoperative pain and agitation in children [Article in French] *Pediatric.* 1990;45(7-8):465-6.

#### For young children:

Acute diarrhea is the leading cause of illness and death in children worldwide. The study presented below was performed to determine whether homoeopathy is helpful in the treatment of acute childhood diarrhea with precise beneficial results. Jennifer Jacobs, M.D., M.P.H. Homoeopathic Treatment of Acute Childhood Diarrhea: Results from a Clinical Trial in Nepal, *The Journal of Alternative and Complementary Medicine*, Volume 6, Number 2, 2000, pp. 131-139

These results are consistent with the finding from the previous study that individualized homoeopathic treatment decreases the duration of diarrhea and the number of stools in children with acute childhood diarrhea. There is also a video of the researcher discussing her homoeopathy research. Jacobs, J, et al. "Treatment of Acute Childhood Diarrhea with Homoeopathic Medicine: a Randomized Clinical Trial in Nicaragua." *Advances in Pediatrics*, U.S. National Library of Medicine, May 1994

"A study of 445 children ages 1-5 years old showed that statistically significant positive results for the complex homoeopathy compared to placebo in the Brazilian Public Health System in Petrópolis" Siqueira CM, Homsani F, da Veiga VF, Lyrio C, Mattos H, Passos SR, Couceiro JN, Quaresma CH. Homoeopathic medicines for preventing influenza and acute respiratory tract infections in children: a blind, randomised, placebo-controlled clinical trial. *Homoeopathy.* 2016 Feb;105(1):71-7.



Ear infections: 230 children were given an individually selected homoeopathic remedy, which was changed to a new prescription if there was no improvement after 6 hours, and then further treated with antibiotics if there was no improvement after 12 hours. 72% of the children did not need antibiotics, and earaches resolved 2.4 times faster than placebo. There were no complications, and the approach was 14% less expensive. H Frei, A Thurneysen. Homoeopathy in acute otitis media in children: treatment effect or spontaneous resolution? British Homoeopathic Journal, Volume 90, Issue 4, October 2001, pp. 180-182

### Menopausal symptoms:

In this study on menopause, "Patients reported significant benefit from the service. The greatest response was seen in those reporting headaches, vasomotor symptoms, emotional/psychological symptoms, and tiredness/fatigue as their primary symptoms." Relton, C. Weatherly-Jones, E. "Homoeopathy service in a National Health Service community menopause clinic: audit of clinical outcomes." J Br Menopause Soc. 2005 Jun;11(2):72-3.

Of 438 women, "Ninety percent of the women reported disappearance or lessening of their symptoms, these changes mostly taking place within 15 days of starting homoeopathic treatment." Bordet MF1, Colas A, Marijnen P, Masson J, Trichard M. Treating hot flushes in menopausal women with homoeopathic treatment—results of an observational study. Homoeopathy. 2008 Jan;97(1):10-5. DOI: 10.1016/j.homp.2007.11.005.

A further study at the Tunbridge Wells Homoeopathic Hospital showed that the homoeopathic treatment offered improvement

for symptoms associated with menopause. Clover A, Ratsey D. Homoeopathic treatment of hot flushes: a pilot study. Homoeopathy. 2002 Apr;91(2):75-9.

For additional case studies on homoeopathy for menopause, go to the British Homoeopathic Association website.

### Musculoskeletal symptoms and healing of injuries:

Fibromyalgia: "Participants on active treatment showed significantly greater improvements in tender point count and tender point pain, quality of life, global health and a trend toward less depression compared with those on placebo." Bell IR, Lewis DA 2nd, Brooks AJ, Schwartz GE, Lewis SE, Walsh BT, Baldwin CM. Improved clinical status in fibromyalgia patients treated with individualized homoeopathic remedies versus placebo. Rheumatology (Oxford). 2004 May;43(5):577-82. Epub 2004 Jan 20. This study showed that classical homoeopathy treatment was effective for fibromyalgia symptoms.

"The results of the studies, as well as the case reports, define a sufficient basis for discussing the possible benefits of homoeopathy for patients who have fibromyalgia syndrome" Boehm K, Raak C, Cramer H, Lauche R, Ostermann T Homoeopathy in the treatment of fibromyalgia—a comprehensive literature review and meta-analysis. Complement Ther Med. 2014 Aug;22(4):731-42. DOI: 10.1016/j.ctim.2014.06.005. Epub 2014 Jun 28.

"The improvement experienced by our patients while receiving active treatment was at least as great as that reported for any other treatment that has been assessed double-blind." P. Fisher, A. Greenwood, E. C.

Huskiison, P. Turner, and P. Belon. Effect of Homoeopathic treatment on fibrositis (primary fibromyalgia). B.M.J. 1989 Aug 5; 299(6695): 365–366.

Arthritis: "There was a significant improvement in subjective pain, articular index, stiffness and grip strength in those patients receiving homoeopathic remedies whereas there was no significant change in the patients who received placebo." Gibson RG, Gibson SL, MacNeill AD, Buchanan "Homoeopathic therapy in rheumatoid arthritis: evaluation by double-blind clinical therapeutic trial." Br J Clin Pharmacol. 1980 May;9(5):453-9.WW.

"Overall results of our review show that homoeopathic complexes have a clear advantage in the treatment of osteoarthritis. However, more studies are needed." Kelly M, Saha S, Medhurst R. Clinical trials of homoeopathy in osteoarthritis: A systematic review. O.A. Alternative Medicine 2013 Nov 20;1(3):24. M Koley1\*, S Saha1, R Medhurst2

"These pooled results suggest that Arnica D30 has a positive effect on muscle soreness after marathon running, but not on cell damage measured by enzymes." Tveiten D1, Brusset S Effect of Arnica D30 in marathon runners. Pooled results from two double-blind placebo-controlled studies. Homoeopathy. 2003 Oct;92(4):187-9.

"Cumulative evidence suggests that both Arnica in gel formulation and homoeopathic dilutions are more effective than placebo in treating several inflammatory conditions, in pain management and postoperative settings." Effectiveness and Safety of Arnica montana in Post-Surgical Setting, Pain and Inflammation Tommaso Iannitti, PhD,1 \* Julio Cesar Morales-Medina, PhD,2 Paolo Bellavite, MD,3 Valentina Rottigni,

M.S.C.,<sup>4</sup> and Beniamino Palmieri, MD, PhD American Journal of Therapeutics (2014)

## Concussion

"These results indicate a significant improvement from the homeopathic treatment versus the control and translate into clinically significant outcomes." Chapman EH1, Weintraub RJ, Milburn MA, Pirozzi TO, Woo E. Homeopathic treatment of mild traumatic brain injury: A randomized, double-blind, placebo-controlled clinical trial. J Head Trauma Rehabil. 1999 Dec;14(6):521-42.

Fractures: "Faster healing was reported in the homeopathy group by week nine following injury, including significant improvement in fracture line ... callous formation and fracture union in comparison to placebo. There was also lower use of analgesics and less self-reported pain in the homeopathy group." S Sharma, N Sharma, and R Sharma Accelerating the healing of bone fracture using homeopathy: a prospective, randomized, double-blind controlled study B.M.C. Complement Altern Med. 2012; Jun 12

Four cases with bone fractures treated at the Agrinion General Hospital, with homeopathic *Symphytum officinale*, are presented with excellent results. Tsintzas, D. Vithoulkas, G. Fracture treatment with the aid of the homeopathic remedy *Symphytum officinale*. A report of four cases of Homeopathy. 2010 Oct;99(4):249-54.

This study focussed on the effect of *Symphytum 6cH* on the healing around titanium implants with the conclusion that " *S. officinale 6cH* enhances, principally at the early stages of osseointegration, bone

formation around titanium implants in rats' tibiae, based on radiographic and mechanical analysis." Spin-Neto R1, Belluci MM, Sakakura CE, Scaf G, Pepato MT, Marcantonio E Jr. Homeopathic *Symphytum officinale* increases removal torque and radiographic bone density around titanium implants in rats. Homeopathy. 2010 Oct;99(4):249-54.

## Healing after surgery:

Patients taking *Arnica montana* experienced less bruising after facial surgery. Seeley BM1, Denton AB, Ahn MS, Maas CS. Effect of homeopathic *Arnica montana* on bruising in face-lifts: results of a randomized, double-blind, placebo-controlled clinical trial. Arch Facial Plast Surg. 2006 Jan-Feb;8(1):54-9.

"Cumulative evidence suggests that *Arnica montana* may represent a valid alternative to non-steroidal anti-inflammatory drugs, at least when treating some specific conditions." Iannitti T1, Morales-Medina JC, Bellavite P, Rottigni V, Palmieri B. Effectiveness and Safety of *Arnica montana* in Post-Surgical Setting, Pain and Inflammation. Am J Ther. 2016 Jan-Feb;23(1):e184-97?

**For allergies, coughs, and sinusitis:** Several studies show that homeopathy effectively treats allergies, coughs, and sinus infections even though these studies (for research purposes) did not typically use the classical homeopathy approach using one remedy prescribed according to the symptoms a person experiences. While these studies show that homeopathy is effective, my own experience as a classical homeopath is that the results would have been even better if they had been individually selected remedies that suited the person.

Improved quality of life and reduction of conventional drugs in allergic patients treated with homeopathy. Ferreri R, Bernardini S, Pulcri R, Cracolici F, Rinaldi M, Porciani C. HRI Research in Focus, Issue 31 Summer 2016

Homeopathic medicine for acute cough in upper respiratory tract infections and acute bronchitis: a randomised, double-blind, placebo-controlled trial: Zanasi A1, Mazzolini M2, Tursi F3, Morselli-Labate AM4, Paccapelo A5, Lecchi M6. Journal of Pulmonary Pharmacology and Therapeutics, 2014 Feb;27(1):102-8

"The symptoms of patients undergoing homeopathic treatment were shown to improve substantially, and conventional medication dosage could be substantially reduced." Gründling, C. Schimetta, W. Frass, M Real-life effect of classical homeopathy in the treatment of allergies: A multicenter prospective observational study. Klinische Wochenschrift January 2012, Volume 124, Issue 1-2, pp 11-17|

Efficacy of a complex homeopathic medication (*Sinfrontal*) in patients with acute maxillary sinusitis: a prospective, randomized, double-blind, placebo-controlled, multicenter clinical trial. Zabolotnyi DI1, Kneis KC, Richardson A, Rettenberger R, Heger M, Kaszkin-Bettag M, Heger PW. Explore (N.Y.). 2007 Mar-Apr;3(2):98-109.

Randomised controlled trial of homeopathy versus placebo in perennial allergic rhinitis with overview of four trial series. Morag A Taylor, et al. British Medical Journal, 2000 Aug 19; 321(7259): 471-476.

Is homeopathy a placebo response? Controlled trial of homeopathic potency, with pollen in hayfever as



model. Reilly DT et al. Lancet.1986 Oct 18;2(8512):881-6.

## Pregnancy and beyond:

Drugs to manage breast pain and stop lactation in mothers often have too severe side effects, so this study was conducted to see if Apis and Bryonia's homoeopathic remedies would help manage pain. Berrebi A1, Parent O, Ferval F, Than M, Ayoubi JM, Connan L, Belon P. Treatment of pain due to unwanted lactation with a homoeopathic preparation given in the immediate postpartum period. J Gynecol Obstet Biol Reprod (Paris). 2001 Jun;30(4):353-7.[Article in French]

"Treatment with homoeopathic Arnica montana and Bellis perennis may reduce postpartum blood loss, as compared with placebo." Oberbaum M1, Galoyan N, Lerner-Geva L, Singer SR, Grisaru S, Shashar D, Samueloff A. The effect of the homoeopathic remedies Arnica montana and Bellis perennis on mild postpartum bleeding—a randomized, double-blind, placebo-controlled study—preliminary results. Complement Ther Med. 2005 Jun;13(2):87-90.

## For Insomnia

"The homoeopathic simillimum

treatment of primary insomnia was effective, compared to placebo. Homoeopathy is a viable treatment modality for this condition, and further research is justified." Naudé DF, Stephanie Couchman IM, Maharaj A. Chronic primary insomnia: efficacy of homoeopathic simillimum. Homoeopathy. 2010 Jan;99(1):63-8.

## On cells and animals:

"The importance of laboratory studies lies in the fact that they have made it possible to obtain some preliminary evidence of the effects of high dilutions/dynamisations under conditions that exclude any possible effect of suggestion."

Evid Based Complement Alternat Med. 2006 Mar; 3(1): 13–24. Immunology and Homoeopathy. 2. Cells of the Immune System and Inflammation. Paolo Bellavite,1 Anita Conforti,2 Francesco Pontarollo,1 and Riccardo Ortolani3

"Homoeopathic doses of G. sempervirens influence the emotional responses of mice to novel environments, suggesting an improvement in exploratory behavior and a diminution of thigmotaxis or neophobia."

Evid Based Complement Alternat

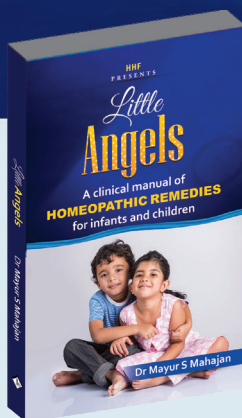
Med. 2011;2011:362517. DOI: 10.1093/exam/nep139. Epub 2011 Feb 15. Homoeopathic Doses of Gelsemium sempervirens Improve the Behavior of Mice in Response to Novel Environments. Bellavite P1, Magnani P, Zanolini E, Conforti A.

## On safety:

In France, 94.5% of pharmacists recommend homoeopathy to pregnant women because of its exceptional safety record: Damase-Michel C, Vié C, Lacroix I, Lapeyre-Mestre M, Montastruc JL. Drug counseling in pregnancy: an opinion survey of French community pharmacists. Pharmacoepidemiol Drug Saf. 2004 Oct;13(10):711-5.

Additional sources of studies on homoeopathy on the worldwide web:

Research in Homoeopathy: an extensive 70-page paper on homoeopathic research published online, organised by the headings Human studies, Animals studies, Plant studies, and In-vitro studies. Robert Medhurst put together a naturopath specializing in homoeopathy and the author of The Concordant Clinical Homoeopathic Repertory.



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# The role of individualised homoeopathic medicine in treatment of COVID-19 complications

By Dr Anvita Sinha

**Abstract:** The new corona virus disease (COVID 19) has spread worldwide and its menace has led the World Health Organisation (WHO) to declare it as a pandemic. A case of a 60 years old man which is reported here was treated by the conventional method of treatment for approximately 1 month and the severity of the disease increased drastically. There were ground glass opacities with septal thickening and fibrosis and the CT scan score revealed the severity of the disease (16/25).

After proper case analysis, *Phosphorus 200* in fractional doses with repetition as per requirement was given and observation for about 45 days. There is significant improvement in the physical quality of life and it is evident from pathological assessments too which suggests that permanent reversal of pathological complications of COVID-19 is possible with individualised homoeopathic treatment.

**Keywords:** COVID 19, homoeopathic medicine, *Phosphorus*, pneumonia, MRC dyspnoea scale

**Abbreviations:** COVID 19- corona virus disease 2019

WHO- World Health Organisation

CT scan- computerised tomography

SARS-CoV-2- severe acute respiratory syndrome corona virus 2

CRP- C-reactive protein

OPD- out patient department

MRC- modified medical research council scale for dyspnoea

Spo2- serum pressure for oxygen

TDS- thrice a day

LDH- lactate dehydrogenase enzyme

Temp - temperature

## Introduction

COVID-19 is mainly a respiratory disease. The causative agent is a coronavirus (SARS-CoV-2) with a great infectivity among humans. It can be transmitted via respiratory droplets or close contact. Most infected patients have flu-like symptoms, but in few cases, the virus affects the respiratory tract and reaches the lungs causing potentially fatal pneumonia. Most commonly experienced symptoms are cough, fever, and shortness of breath. Mortality is higher in the frail population: elderly, people with

chronic illness such as respiratory and cardiovascular diseases, and cancer patients.

Some prospective homoeopathic medicines for the treatment and prophylaxis of the COVID19 epidemic are *Arsenicum album*, *Bryonia alba*, *Phosphorus*, *Sulphur*, *Pulsatilla nigricans* and *Lycopodium clavatum*.

## Case study

A 60 years male was brought to me at the OPD after discharge from the hospital with CT score 16/25 (severe).

CRP levels were 17 and the patient was on oxygen support. His Spo2 level without support would drop from 94-88. The dyspnoea was modified MRC dyspnoea scale grade 3. There were pathological symptoms like productive cough, dyspnoea, loss of weight, oxygen, and pulse fluctuations.

Patient had a past history of palpitation and cardiomegaly and he uses allopathic medicines to control blood pressure, sugar and anxiety. He had a family history of lung affection, mother suffered from bronchitis long ago.



Both lungs were symmetrically affected with a nodular cyst in the right lower lobe. The patient liked to take cold drinks and was always inclined to lie on the right side. He had a clean tongue and tendency to develop diarrhoea. His complexion

was fair, delicate and long lashes, and tall stature.

## Repertorial analysis <sup>6</sup>

As case was acute repertorisation done by Hompath Firefly software and repertory used was *Kent's*

*Repertory*. The repertorial analysis chart is as under:

## Selection of medicine

On the basis of the presenting symptoms, repertorial analysis and analysing the deep seatedness of the

Remedy Name	Phos	Bry	Sulph	Calc	Bell	Chin
<b>Totally / Symptom Covered</b>	<b>24 / 10</b>	<b>14 / 6</b>	<b>12 / 7</b>	<b>12 / 6</b>	<b>12 / 5</b>	<b>12 / 5</b>
[Kent] [Mind] Sensitive, oversensitive (see offended): (111)	3	1	3	2	3	3
[Kent] [Respiration] Difficult: Cough, with: (80)	3	1	1	1	2	1
[Kent] [Respiration] Difficult: Mental exertion: (3)	1					
[Kent] [Chest] Inflammation: Lungs: Right: (14)	2	3			2	
[Kent] [Chest] Inflammation: Lungs: Left: (8)	1		1	2		
Remedy Name	Phos	Bry	Sulph	Calc	Bell	Chin
<b>Totally / Symptom Covered</b>	<b>24 / 10</b>	<b>14 / 6</b>	<b>12 / 7</b>	<b>12 / 6</b>	<b>12 / 5</b>	<b>12 / 5</b>
[Kent] [Stomach] Desires: Cold drinks: (95)	3	3	1	2	2	3
[Kent] [Sleep] Position: Side, on: Right: (3)	3					
[Kent] [Mouth] Discoloration: Tongue: Red: Centre: (5)	2		1			
[Kent] [Chest] Inflammation: Lungs: Pleura-pneumonia: (17)	3	3	2	2		2
[Kent] [Mind] Anxiety: (202)	3	3	3	3	3	3
[Kent] [Mind] Sensitive, oversensitive (see						

disease, *Phosphorus* 200 was selected.

## Administration and repetition of dose:

For the repetition of *Phosphorus*, Dr W. Boericke says, "should not be given too low or in too continuous doses. Especially in tuberculous cases. It may act as Euthanasia here."

So, the medicine was prepared in a solution form and given in divided dose<sup>7</sup>. 2 drops of the dilution of

*Phosphorus* 200 were taken in a clean dropper of 5ml which was filled till neck with distilled water plus 2-3 drops of alcohol for preservation. The patient was advised to take 5 drops of the mixture directly on the tongue (1<sup>st</sup> fractional dose). The preceding fractional doses (2<sup>nd</sup> and 3<sup>rd</sup>) were prepared with two drops of the solution from the previous one put in clean dropper of 5 ml filled with distilled water and given strokes.

The patient was advised to take protein rich fibrous diet and cut down on sugar intake. The attendants were advised to maintain chart of Spo2, pulse and respiratory rate and report on a daily basis and a visit to the OPD was advised per week.

## Follow up

Chronology of the events following administration of medicine were as follows:

S.No.	MEDICINE and POTENCY	VITALS	INFERENCES
1.	26/05/2021	Spo2=88-94 Pulse= 92bpm Temp= 98.4 degree	MRC Grade 3  Activity restricted

2.	27/05/2021  <i>Phosphorus 200</i> (1 <sup>st</sup> fractional) 5 drops thrice a day for 3 days.	Spo2=91 Pulse=88 Temp= 98.4 degree	
3.	28/05/2021	Spo2 =91- 94 Pulse= 89-90 Temp= 98.4 degree	Feeling energetic but dyspnoea persisting.
4.	29/05/2021	Spo2=94 Pulse 95-110 Temp= 98.4 degree	
5.	30/05/2021	Spo2= 94 Pulse= 96-100 Temp= 99.8 degrees	Dyspnoea persisting
6.	31/05/2021  <i>Phosphorus200</i> (2 <sup>nd</sup> fractional) 5 drops thrice a day for 3 days.	SPo2=95 Pulse=86 Temp= 98.4 degree	
7.	1/6/2021 to 3/6/2021	Spo2=95-96 Pulse=86-88 Temp= 98.4 degree	Able to do tasks for his own, walking <300m. Dyspnoea reduced.
8.	10/6/2021 <i>Phosphorus 200</i> (3 <sup>rd</sup> fractional) 5 drops thrice a day for 3 days.	Spo2=96 at rest Pulse=80 Temp= 98.4 degree	
9.	13/06/2021: Placebo thrice a day for 15 days		Dyspnoea (MRC 0-1), can climb stairs. Improvement of general condition of the patient.

**RESULTS:**

S.No.	ASSESSMENT VALUES	BEFORE TREATMENT	AFTER TREATMENT
1.	Modified MRC Grade	3	1
2.	CT severity score	16	10
3.	Spo2	94-96 (without support)	96-98(without support)
4.	Lactate dehydrogenase (LDH)	1024	305
5.	C-reactive protein (CRP)	11.42	0.29



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Location: N/A Result Reported: 18/May/2021 02:51PM  
Field Executive: \* Client/Panel: Standard

Test Name	Result	Unit	Ref. Range	Method
<b>BIOCHEMISTRY</b>				
Urea, Serum	27.00	mg/dL	10.00-40.00	Calculated
BUN	12.62	mg/dL	7.00 - 18.00 mg/dL	
Creatinine, Serum	0.8	mg/dL	0.5-1.5 mg/dL	Kinetic Alkaline Phosphate
eGFR	105.00	ml/min/1.73m2	85-125	Calculated
<b>LDH, Serum</b>				
LDH	1,025.00	IU	70.00 - 460.00	Ifo
<b>Sodium &amp; Potassium</b>				
Sodium	132.0	mmol/L	135.00 - 150.00	Ion Selective Electrode
Potassium	4.00	mmol/L	3.50 - 5.00	Ion Selective Electrode
CRP, Quantitative	11.42	mg/L	6.0	

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Referred By: DR. UMA JAISWAL Date/UHD: 16-May-2021/ P715628

**CT SCAN OF CHEST**

Plain axial scans were taken in the region of interest. Study reveals:

**Trachea & bronchi:** Trachea is normal in diameter, shape, position & bifurcation with no evidence of any narrowing or intraluminal mass lesion. Right and left main bronchi are normal in size & diameter.

**Lungs:** Bilateral peripheral, subpleural and peribronchovascular areas of ground glassing with septal thickening and fibrosis in non-lobe distribution are seen involving lung parenchyma. A 5.5 x 3.5 x 4.2 cm consolidation with cavitation is seen in posterior segment of right upper lobe abutting pleura. A 17 mm size cyst is seen in right lower lobe. Right hemidiaphragm is elevated.

**CT severity scoring system:**

Affected lung in percentage per-lobe (maximum 25 points) (0 percent= 0 point, less than 5%= 1 point, 5 to 25% = 2 points, 25-50% = 3 points, 50-75% = 4 points and 75-100% = 5 points).

Lung lobes	Percentage (%)	Points
Right upper lobe	25-50	3
Right middle lobe	5-25	2
Right lower lobe	50-75	4
Left upper lobe	25-50	3
Left lower lobe	50-75	4
CTSS (overall) =	16 out of 25 (severe)	

**Mediastinum:** Heart & major mediastinal vessels are normal. Few enlarged mediastinal lymph nodes are seen in 12 mm in short axis diameter. No mass lesion is seen. No evidence of pericardial effusion is seen.

**Pleura:** Minimal right pleural effusion is seen. Mild bi-basal pleural thickening is present.

Page 1 of 2

## 1 (ii) Before Treatment

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Name: Dev Shekhar Mishra Age/Gender: 60Y/ Male  
Referred By: DR. UMA JAISWAL Date/UHD: 16-May-2021/ P715628

**Chest wall & axilla:** Chest wall musculature is normal. Bony thorax is normal. Bilateral axillae are normal. No evidence of axillary lymphadenopathy is seen.

**Impression:** Findings are suggestive of Atypical Viral Pneumonitis, likely COVID-19 (CORADS-5) with severe disease & appearance of resolving stage.

**Consolidation with cavitation in right upper lobe, likely infective (to rule out TB).**

**Few enlarged mediastinal lymph nodes.**

**Adv: Clinical Correlation**

----- End of report ----- Page 2 of 2

Transcribed by:

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Dr. Udbhav Maheshwari DMRD Dr. Resham Srivastava MD Dr. Saurabh Pandey MD

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Lab No.: 314999193 Age: 61 Years Gender: Male Received: 8/7/2021 9:51:46AM  
Alt Status: P Ref By: Dr. DEEPAK BETH Reported: 8/7/2021 1:06:00PM  
Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
D-DIMER, QUANTITATIVE (Immunoturbidimetry)	0.70	mg/L FEU	<0.50

**Note**

- Degree of D-dimer increase does not definitely correlate with the clinical severity of associated disease state
- Increased levels have a high probability of Venous thromboembolism (VTE) and require clinical correlation.
- Lipemia falsely decreases D-dimer levels
- Test conducted on Citrated plasma.

**Comments**

D-Dimer is one of the measurable byproducts of activation of the fibrinolytic system. It assesses fibrinolytic activation and intravascular thrombosis. D-dimer assays are characteristic for Disseminated Intravascular Coagulation (DIC) as this test demonstrates simultaneous presence of thrombin and plasmin formation. It can also be elevated in individuals with large vessel thrombosis, soft tissue hematomas, Pulmonary embolism, recent surgery, active or recent bleeding, pregnancy, liver disease, malignancy and hypercoagulable states. D-Dimer is of particular value in excluding the diagnosis of venous thromboembolism among patients at high risk.

C-REACTIVE PROTEIN: CRP, SERUM (Later Agglutination)	Results	Units	Bio. Ref. Interval
	0.29	mg/dL	<0.50

**Comments**

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

LDH: LACTATE DEHYDROGENASE, SERUM (IFCC)	Results	Units	Bio. Ref. Interval
	305.00		

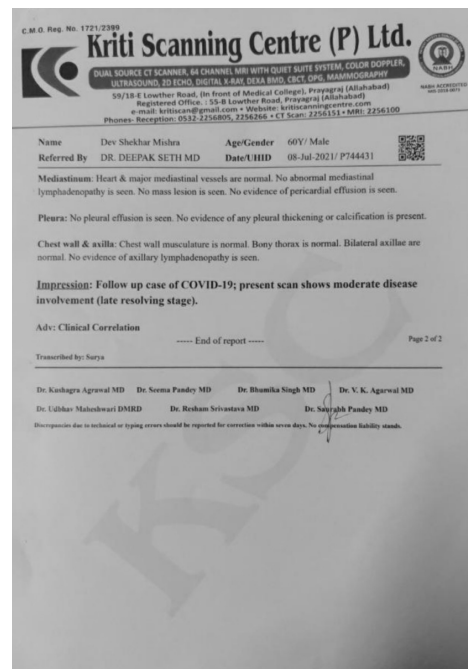
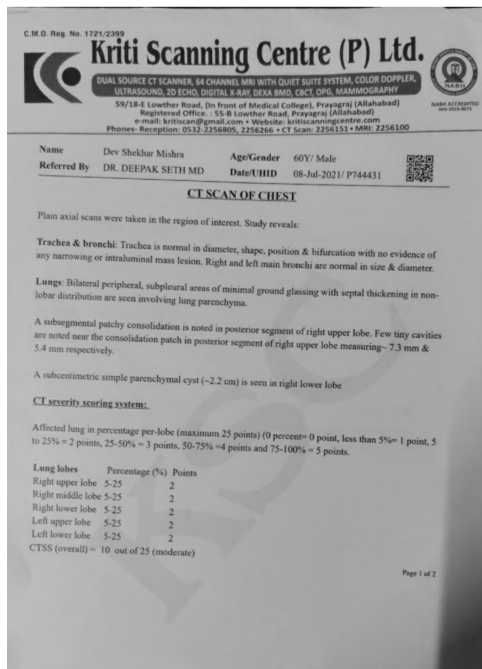
**Comments**

Lactate dehydrogenase (LDH) is a nonspecific enzyme found in most organs. Highest concentrations are found in liver, heart, kidney and blood cells. LDH measurements are used in the diagnosis and treatments of liver diseases like Acute viral hepatitis, Cirrhosis & Metastatic carcinoma; Cardiac diseases like Myocardial infarction; Tumors of lungs / kidneys & Hematologic disorders like Megaloblastic anemia & Hemolytic anemia.

Page 11 of 14

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.  
© Tests conducted at Referral Lab.

## 2 (i) After Treatment



## 2 (ii) After Treatment

## Discussion

COVID pneumonitis causes high degree of destruction in the lung tissues similarly, *Phosphorus* irritates, inflames and degenerates mucous membranes and inflames serous membranes.<sup>8</sup> The obstructed respiration and oppression of chest of various kinds, esp. in morning or evening<sup>9</sup>, impended movement are common symptoms which are grand indications of *Phosphorus* and hence, the medicine finds a position in treatment of complications of COVID-19.

The repetition of potency in divided doses is justified as Hanhemann says, "Experience has shown me, as it has no doubt also to most of my followers, that it is most useful in diseases of any magnitude to give the patient the powerful homoeopathic pellets only in solution, and this solution in divided doses."<sup>8</sup>

Apart from selection of the right medicine the correct advice for the diet and mode of living is utmost necessary, as in aphorism 256, Hahnemann says- "... this is sure sign that the cause that keeps up the disease still persists & that there is

some circumstances in the mode of life of the patient or in the situation in which he is placed that must be removed in order that a permanent cure may ensue."<sup>10</sup>

## Conclusion

After proper analysis, exclusion of common symptoms of the disease was done. The prescription was based on availability of uncommon peculiar rare and characteristic symptom and the results are convincing. From the above discussion, the role of homoeopathy in the management of COVID-19 complications is evident and is quite encouraging. Prompt treatment can prevent further complications. Accordingly, the homoeopathic prescription should be based on the totality of symptoms giving importance to miasmatic dominance and the underlying pathology of the individual cases.

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- Homopath Firefly software.

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# A systematic review on the role and scope of bone tumour in homoeopathy

By Dr Irine Mary Wanniang, Dr Deepa Paiss

**Abstract:** Bone tumour can occur in any part of the skeleton, either benign or malignant, can still be dangerous as they can lead to obstruction and compression on the surrounding tissue. In conventional treatment, the method of treatment is mainly surgical excision, radiotherapy, chemotherapy and immunotherapy, which is their ultimate. In the other hand, in homoeopathic system of treatment as proposed by Hahnemann the ideal cure is restoring the sick to health, and not the removal of symptom or any local manifestation or particular diseases. The medicine used are prepare from plants, animals or minerals, diseases substance of living organism and bacterial or animal product knows as nosodes. This review article was done on a purpose to understand the role and scope of homoeopathy in the treatment of bone tumour.

**Keywords:** Bones tumour, benign, malignant, homoeopathy, miasm, individualisation, nosodes, *Organon of medicine*, remedies.

## Introduction

The term 'bone tumours' is a broad term used for benign and malignant neoplasm, as well as 'tumour-like conditions' of the bone <sup>(1)</sup>. Amongst the bone tumour primary bone tumours are very rare. There are many conditions that can simulate primary bone tumours, such as inflammatory condition, bone cysts, fibrous condition, non-ossifying fibroma, Paget's disease of bone, etc. Comparing to other malignant condition, the primary malignant bone tumours are very rare. There are three most common unfeigned primary bone malignancies (osteosarcoma, chondrosarcoma, and Ewing's sarcoma) account only 0.2% of all malignancies; however, in children who are less than 15 years of age, the malignant bone tumours account for 5% of all malignancies <sup>(2)</sup>.

Tumour is the production of the organism. The first proposition of Hahnemann as to the cure of diseases, which mean permanent removal of the totality of the symptom, thus removing the

cause and turning disorder into order, consequently the result of the diseases is removed<sup>(3)</sup>. The sole

duty of the physician is to 'heal the sick' and therefore it is not his duty merely to remove the symptom <sup>(4)</sup>.

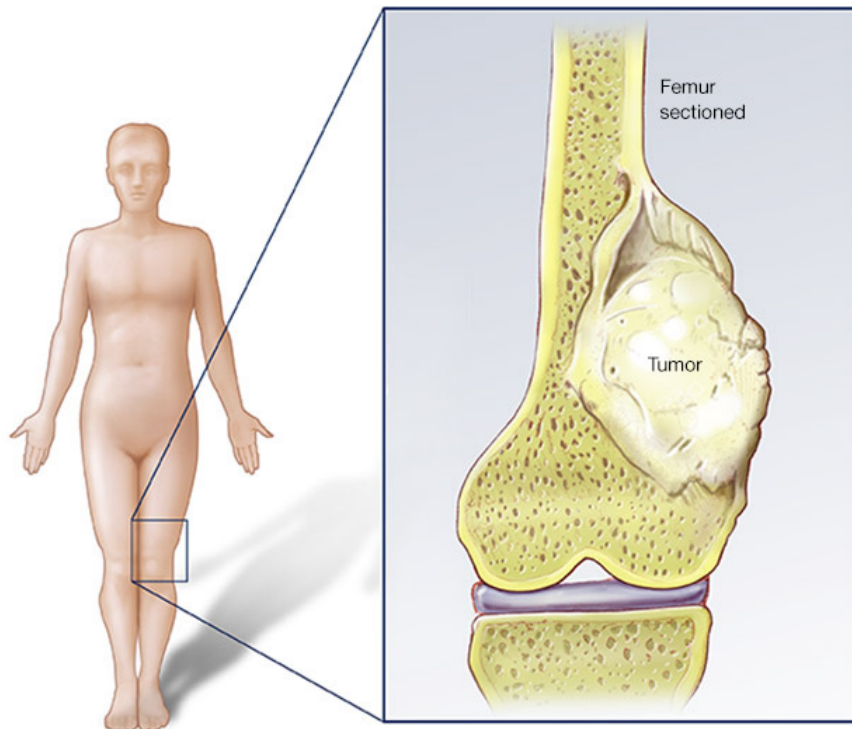


Figure 1: Osteosarcoma <sup>(4)</sup>



Figure 2: Osteoblastoma <sup>(5)</sup>

## Homoeopathic concepts

The growth of cancer consists of a mass of cells that, in form, they are almost identical to the normal cell of the body. These cells are of different types, but there is no type that is normally found in the living organism. They perform no valuable function but they seem to have only one direction of function, and that is to *proliferate*. During its spread, they may enter the lymphatic channel or the blood stream and reach the adjacent or distance parts, transport with them their power of *proliferation* destroyed gradually.

### According to *Organon of Medicine*

**Sec-185:** The term *local maladies* signified those diseases, which are presented by one or few symptoms, and ailments that appear on the external parts of the body. <sup>(6)</sup>

**Sec-186:** The treatment of those local maladies which are exclusively by an external lesion is relegated to surgery: i.e. removal by mechanical means, for example, reduction of dislocation, by needles or bandages to bring together the lips of wounds, etc. <sup>(6)</sup>

**Sec-187:** Those alteration and ailments appearing on the external parts, as their sources, lies in *some internal malady*. Hence, surgical removal is absurd as it is pernicious in its results <sup>(6)</sup>.

**Sec-189:** There is no external malady that can arise, persist or even grow worse without any internal cause, for example, no eruption on the lips, no whitlow can occur without previous and simultaneous internal ill-health <sup>(6)</sup>.

**Sec-190:** The treatment of the disease on the external parts must be, by the means of an internal remedies, if it is wished that the treatment should be *judicious, sure, efficacious, and radical* <sup>(6)</sup>.

### Miasm in neoplasia

In chronic affection, ailments and diseases results from the development of these three miasm, psora, sycosis and syphilis. Each of these miasm was already in possession of the whole organism before they appear primarily as the vicarious *local symptom*. The internal homoeopathic medicine is the only ideal treatment of these three miasm, without employing the topical remedies for their external symptoms. <sup>(7)</sup>

The *benign* cells, although they divide abnormally, they still retain a high degree of differentiation, Sycotic miasm is prominent. Whereas the undifferentiating nature of the cell marks the highly malignant growths sway towards *syphilitic miasm*. In psoric element, there is a loss of control that allows the development in the first instance with the complete minimum of syphilitic activity. A sycotic tumour presented with one or few symptoms that can be consider as one-sided diseases which can be an obstacle for the cure. In the other hand, a syphilitic tumour due to its destructive nature may present itself with various symptom which is necessary for the selection of a similar medicine.

### Medicine of bone tumours in *Synthesis's Repertory* (8.1V) <sup>(8)</sup>

HEAD, scalp on	<i>clacc-f, hecla, hep, kali-iod</i>
EARS	
• behind the ears;	<i>con</i>
• front of ears;	<i>bry, calc</i>
FACE	
• cheek; on:	<i>Thuj</i>
• jaw; on:	<i>Astra-e</i>
• upper jaw:	<i>Hecla</i>
• maxillary bone:	<i>Astra-e, mag-carb</i>
CERVICAL	
• accompanied by, cough:	<i>Car-v, caust, con</i>
• cystic:	<i>Cist</i>
• fatty:	<i>Brom</i>
• malignant:	<b><i>Bar-c, thuj</i></b> <i>Calc-p</i>



<b>VERTEBRA</b>	Lach, tarent
<b>EXTREMITIES</b> <ul style="list-style-type: none"> <li>• shoulder:</li> <li>• elbow, painful:</li> <li>• wrist:</li> <li>• fingers (enchondroma):</li> <li>• between metacarpal bones:</li> <li>• femur</li> <li>• tibia (osteosarcoma):</li> <li>• fibula:</li> <li>• knee:</li> <li>• ankle:</li> <li>• feet, benign:</li> <li>• toes (enchondroma):</li> </ul>	Cund Puls, hep Cupr, led Sil Ph.ac, sang, tarent Methyl Syph, toxi Toxi Anti-crud, Cupr-ar, Hecla, Sil

## Indication of remedies

**Baryta carbonicum:** for sarcoma in neck, with burning sensation. There is *tensive* pain in small of back; stiffness in small of the back, in evening, especially while sitting for long <sup>(9)</sup>. Fatty tumours, especially about neck with stinging pain <sup>(10)</sup>.

**Bromium:** two encysted tumours on both sides of the neck <sup>(11)</sup>. There is boring pain in the spinous process of the vertebra. At the inner border of the left scapula up to neck there is aching pain, aggravated by moving the left arm or sitting leaning on the left side <sup>(9)</sup>. Stiffness in the cervical region worsen in the morning <sup>(10)</sup>.

**Bryonia alba:** obstruction in the external meatus due to growth. There is constant ringing roaring, buzzing, humming or chirping and intolerable to noises. Humming in the left ears which resemble the *pouring of water over a dam* <sup>(9)</sup>. Aural vertigo, head feels light, with constant wobbling in the ears. Stoppage feeling in ears <sup>(10)</sup>.

**Calcarea carbonica:** stiffness and rigidity at the nape of the neck, as if a tumour would protrude there <sup>(10)</sup>. Rheumatic pain in the upper cervical vertebrae with swelling and incarnation of the neck and the back. Burning pain in the occiput to nape of neck, lasting all day and better

only by going to sleep at night. Spinal bones are affected <sup>(9)</sup>.

**Calcarea fluorica:** flat swelling about a quarter of an inch high and one and a half inches in diameter on the left side of head (temporal); skin color is unaltered, painless hard mass, growing on bones. Swelling or enlargement on the parietal bones of newborn children <sup>(9)</sup>.

**Conium maculatum:** tumours behind the ears. Drawing and stitching pain in the ear from within outward. Ears feel stopped when blowing the nose. Piercing and aching pain in inner ears and sharp shocking from within outwards when swallowing. Piercing pain in the mastoid process.

**Hecla lava:** exostoses of tibia, large nodosities; severe continuous pain, difficult in walking. Exostoses of periosteum which had become carious and soft. Destructive ulceration of bones of syphilitic miasm <sup>(10)</sup>. Swelling and indurated tumours as large as a pea under the right alae nasi very sensitive to touch. Caries of bones of feet <sup>(9)</sup>.

**Thuja occidentalis:** tumour on the cheek with boring pain in the left malar bone better by touch. Headache originating in the left cheek bone, near the ears, extending from the teeth to the nose. Steatoma

tumours over the first dorsal vertebrae and over the middle of spine of left scapula. Pedunculated tumours which is painless but lying on the back caused bruised or smarting <sup>(9)</sup>.

**Silicea terra:** enchondroma on the first four right metacarpal bones, knobby masses of uniform surface <sup>(9)</sup>. Indicated for diseases of the bone of finger midway between the knuckle and next joint. Ulcerated surface under the bones gave a rough sound to the probe with formation of sinuses. Caries of left great toe and metatarsal bone discharging watery fluid through fistulous openings <sup>(10)</sup>. Swelling of feet with redness and pains extending from toes to malleoli.

**Symphytum officinalis:** wound penetrating to bones, non-union of fracture; irritable bone at the point of fracture. Pricking pain and soreness at the periosteum. Hard, red, swollen and inflammation at the inferior maxillary bone <sup>(11)</sup>. Pain comes down the bone of nose. Pain in the eye after a blow; snow ball strikes the eye; infant thrusts its fist into its mother's eye. <sup>(12)</sup>

## NOSODES IN THE TREATMENT OF TUMOURS

The term 'nosode' is derived from two Greek words, 'noses' means disease,

and 'cidos' means appearance <sup>(13)</sup>. The remedies prepared from these diseases tissue or diseases substance or excretion of living organism (i.e. plants or animals) and bacterial or animal product is NOSODES. In the homoeopathic practise, nosodes used as inter-current or anti-

miasmatic remedies in the treatment of chronic diseases. They can be used as a constitutional remedies during the treatment of chronic diseases in this case the nosodes is prescribe based on the '*totality of the patient's symptom*' just like any other remedies <sup>(15)</sup>.

## NOSODES OF BONE TUMOUR (16)

<b>Head</b>	
• <b>Tumour;</b> epithelioma forehead	Morg.p
<b>Face</b>	
• <b>Pain;</b> cancerous malar bone right	Syph
<b>Locomotors</b>	
• <b>Bone;</b>	
Exostosis	Syph
Growth, rapid, abnormally	Tub
Slow abnormally	Tub
Painful	Syph
Aching	Pyrogen
• <b>Tumour;</b>	Syph
Osteosarcoma	

## INDICATION OF NOSODES

**Syphillinum:** from syphilitic virus. Osteosarcoma in the centre of right tibia, the size of half an ostrich egg, pains agonizing at night, growth irregular, spongy, partly laminated, very hard <sup>(11)</sup>. Pains in the long bones of lower extremities. Pain in three toes of right foot as if disjoined. Bone pains in knees and feet. Caries of dorsal vertebra with acute curvature, numerous fistula communicating with diseased bone <sup>(10)</sup>.

**Tuberculinum:** from tubercular abscess. Lump with a size of a walnut on the cord of neck with itching. Tubercular affection of the knee, especially the left side with intermittent attack of pain. Tubercular swelling of knee, much enlarge and tender <sup>(16)</sup>.

**Pyrogen:** this remedy is prepared from decomposes lean beef allow to stand in the sun for two weeks and then potentised. Indicate for septic condition. Great burning and

aching pain in all bones and limbs. Soreness, bed feels too hard. Rapid decubitus of septic origin. Soreness which is better by motion <sup>(11)</sup>.

**Carcinosinum:** a nosode prepared from carcinoma, its action favours and modifies the cases in which there is either a history of carcinoma, or symptom of the disease itself is present <sup>(10)</sup>.

## Conclusion

The right direction seems to be dealing with the patient as a whole and not with the tumours themselves primarily, as they are the outcome of the abnormal condition of the system. A disease is only incurable when it has made the condition of life impossible. Short of that, a disease is only incurable when we do not know how to cure it. The laws of life are beneficent in their action when we rightly used them and it is a glorious mission to be able to lessen the suffering of our fellow being and to diminish the amount of heartbreak and disability

associated with malignant diseases. The highest and noblest of our powers are here called into play.

It's being said and proven that those who ask, receive; those who seek, find; and to those who knock the door shall be opened. Hence, ask largely, seek earnestly, and the door to knowledge, hope and happiness, for others and ourselves will open.

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# A general outline of reference writing to avoid common errors

By Dr Baidurjya Bhattacharjee, Dr Chaturbhuja Nayak

**Abstract:** Referencing is an important aspect of medical writing which recognizes the contribution of another author or source in the article. Omissions or wrong referencing leads to rejection or retraction of the article and even serious consequences concerning plagiarism. International Committee of Medical Journal Editors (ICMJE) has published several guidelines which an author must follow strictly during referencing. Special caution must be exercised while following a particular reference style in which every component and punctuation has certain implications and guidelines. Using proper punctuations and 'et al.' in references, referencing a paraphrased text, making unnecessary citations, omitting necessary citations, citing from predatory journals, etc. are some of the common cautions discussed in this article. Use of reference manager software has provided an easy alternative to manual writing of references in present times.

**Keywords:** Citation, references, medical writing, plagiarism, reference styles.

## Introduction

Medical writing is very important for the profession as new knowledge and information constantly being added or observed must be reported adequately for the progress of science<sup>[1]</sup>. From novice to the most experienced, many persons are involved in medical writing and a huge bulk of literature is daily being submitted to medical peer-reviewed journals. Publishing articles are often made compulsory by many organisations for professional appointments and promotions, and therefore clinicians, academicians, and researchers are in quest for more medical writing<sup>[2]</sup>. Any new exploration in science begins with argument and review of the existing evidence. Any researcher working on a paper has to review the already existing pieces of evidence by studying them in-depth. By providing a reference to any article or book or borrowed material, the researchers are acknowledging the contributions of such articles in their research<sup>[3]</sup>. The terms 'cite' and 'reference' mean the same as citing a source of work is to provide a reference to the source<sup>[4]</sup>. Failure to provide proper acknowledgement to the source/ author(s) in writing is

an example of scientific misconduct known as *plagiarism*<sup>[2]</sup>. Mistakes in references can be made by authors which may result in rejection of articles and caution must be exercised by authors. In many instances, monetary fines and other professional penalties have been exercised over prominent authors by regulatory authorities due to *plagiarism*<sup>[5]</sup>.

### Why referencing is important?

Referencing allows the author to acknowledge the contributions of other authors in their work. By citing the work of a particular researcher, the authors acknowledge and provide respect to the intellectual property of the said researcher<sup>[3]</sup>. The following points summarise the importance of referencing writing<sup>[2,4]</sup>:

- Demonstrates that the work has been careful and rigorous on behalf of the author(s);
- Indicates which part of the work is from another source and which is original;
- Makes the reader aware that the author is competent in the field of work and has studied the existing literature in the field;

- Allows the reader to refer back to the source documents for further information on the topic;
- Indicates the reader on the reliability of the article in regard to the quality and authority of the source from which it has been borrowed;
- Helps the reader to determine whether updated information has been presented in the article;
- Protects the authors from the malpractice of *plagiarism*;

### Why be cautious while referencing?

Referencing seems easy for any medical writer but mistakes in referencing may amount to serious misconduct in research. Plagiarism is serious misconduct as per publication ethics which is the failure to acknowledge sources of data<sup>[2]</sup>. Such misconduct when detected may result in rejection of a submitted article and even retraction of published articles<sup>[6]</sup>. Writers have therefore to observe extreme caution while referencing articles. International Committee of Medical Journal Editors (ICMJE) published certain recommendations<sup>[7]</sup> for referencing for authors in a medical journal and this article, which are



discussed below as how to abide by such considerations while writing an article. The following recommendations are being summarised from the report titled, '*Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*', published by ICMJE<sup>[7]</sup>:

- The authors should provide direct references to original sources wherever possible.
- References should not be used by authors, editors and peer-reviewers to promote self-interests.
- Authors should avoid citing predatory and pseudo-journals.
- References to review articles can efficiently guide readers to a body of evidence, though review articles generally don't reflect the original sources accurately. Sometimes, referencing review articles seems useful as referencing original sources can be exhausting and consume more space.
- References to accepted but unpublished papers shall be designated as '*in press*' or '*forthcoming*'.
- Information, if obtained from a manuscript which is not yet accepted, must be cited in the text as '*unpublished observations*' with written permission from the source.
- Published articles should be cited with the unique, persistent identifiers of the dataset employed.
- Citing any personal communication should be avoided unless it provides essential information which is not available from any published source. In case of such citation, the name of the person and date of communication shall be

mentioned in parenthesis.

- To minimise errors in referencing, authors must refer to electronic sources like PubMed or print copies from the original source.
- Authors must be careful not to refer any retracted article except in the context of referring the retraction.
- The references should be numbered consecutively as they appear in the text as per the Vancouver style.
- References of tables and figures should be made according to the sequence in which such references appear in the text especially when using styles.
- The abbreviations of the journal titles should be used as per the MEDLINE directory.

### Reference style

Numerous reference styles are available to the authors for writing down the references. Such styles are different in application but the information furnished by such styles are the same<sup>[8]</sup>. Among the numerous styles available, the most common styles include Vancouver style, Harvard style, American Medical Association (AMA) style, American Psychological Association (APA) style, Modern Language Association (MLA) style, Chicago Manual of Style (CMS) and others<sup>[8]</sup>. *Vancouver style* is the most common style of citation used in biological and medical scientific articles<sup>[8]</sup>. The style was developed by a group of editors who met at Vancouver, British Columbia, Canada in 1978 to establish guidelines for the journals. This group known as the '*vancouver group*' expanded to join the ICMJE and published different guidelines for referencing<sup>[8]</sup>. The basic format for writing a reference consists of the following<sup>[9]</sup>:

In the case of a journal article:

Name of author(s) – article title – journal title – date/year of publication – volume – issue – location by pagination.

A general guideline that should be taken care of during writing the individual components of a citation are mentioned in table 1.

### Common mistakes made while referencing

Incorrect placement of punctuations and symbols:

The most common mistake in writing down a citation is omission or wrong use of punctuation and symbols. For writing a reference to a journal the following punctuation marks are conventionally used:

Author 1, Author2, Author3 (Individual names of multiple authors separated by a comma) **(period)** Article title as mentioned **(period)** Journal title abbreviated as per MEDLINE **(period)** Date of publication **(semicolon)** Volume number (issue number in parenthesis ) **(colon)** Pagination mentioning the page range separated by a hyphen (Period) Available from: URL Digital Object Identifier (if available)

Example: Petitti DB, Crooks VC, Buckwalter JG, Chiu V. Blood pressure levels before dementia. Arch Neurol. 2005 Jan;62(1):112-6.<sup>[9]</sup>

Manual writing down of references requires much attention in such aspects but using software for referencing has minimized such mistakes.

### • Using the 'et al.' in references

'*Et al.*' is a short form of '*et alia*,' which means 'and others'. This is commonly used in academic

citations while referring to multiple authors in an article<sup>[10]</sup>. The 'al' should always be followed by a period. No period should be used following 'et'. Any punctuation may be used after 'et al.' as per requirement while citing in-text reference<sup>[10]</sup>. In writing down a citation, it is generally considered to use 'et al.' if there are multiple authors in a certain article. Mentioning the name of multiple authors may be exhaustive and, in such occasions, the journals may limit mentioning the name of authors to 3 or 6 as per their guidelines. The author must read the journal instructions in details before making references. 'Et al.' must not be used in articles up to 3 authors.

Example:

Gupta J, Azis SP, Rutten L, Manchanda RK, Pramanik A, Chakraborty PS, Singh P, Singh JP, Sah M, Reddy GRC, Sarangi M, Chakma A, Remteke S, Pradhan PK, Devi P, Singh O, Sahoo AR, Avinash KK, Singh NK, Goli SP. Exploring the predictive value of specific symptom as prognostic factor: Assessment of group-confined likelihood ratio for symptom 'Headache' in 20 lesser-known drugs. *Ind Jour Res Homoeopathy*. 2019; 13(1): 4 – 11. Available from: <https://www.ijrh.org/text.asp?2019/13/1/4/255271>

May be written as:

Gupta J, Azis SP, Rutten L, Manchanda RK, Pramanik A, Chakraborty PS, et al. Exploring the predictive value of specific symptom as prognostic factor: Assessment of group-confined likelihood ratio for symptom 'Headache' in 20 lesser-known drugs. *Ind Jour Res Homoeopathy*. 2019; 13(1): 4 – 11. Available from: <https://www.ijrh.org/text.asp?2019/13/1/4/255271>

- Omitting citation while paraphrasing

Paraphrasing is a process of rewriting a quote or portion of the text of

an article, in words different from the original article and of the same approximate length<sup>[11]</sup>. An extract is paraphrased on the context to support an argument, maintain a consistent style and to avoid lengthy quotations<sup>[11]</sup>. Summarizing and paraphrasing differs from each other. While summarizing, we create a summary or conclusion of the extract from the text whereas in paraphrasing we put up the extract in our own words<sup>[11]</sup>. Even though such sentences are formed using the author's own words but the idea remains of the original contributor. Sometimes even accusations of plagiarism can occur in such situations. Therefore, the extract being paraphrased must be adequately cited<sup>[12]</sup>.

- Making unnecessary citations and omitting necessary citations

Excessive citations and inappropriate citations are both important issues while referencing an article. These issues especially arise when writing for academic purposes like dissertation and thesis. Many academicians convince students to provide an exhaustive list of references in their theses and dissertations<sup>[12]</sup>. The author should not cite anything which he/she has not read in person, even if mentioned in the reference of another cited article. There may be a difference between the idea between the original article and the referencing article. On the other hand, some academicians may hold the idea that a piece of common knowledge does not require extensive citation. But the concept of common knowledge is variable among individuals. Therefore, ignoring the citation of common bits of knowledge must be carefully performed<sup>[13]</sup>.

## Referencing predatory or pseudo-journals

Predatory journals are those journals which accept manuscripts from authors with a certain amount of

money but fail to perform the requisite checks of quality and ethical approval. Such journals contain contradictory statements, fake impact factors, false addresses and misleading information about the editorial board<sup>[14]</sup>. Such publications are harmful to the progress of science because they promote inferior quality scholarship and self-interests, bring about false and misleading information and waste valuable resources behind any research<sup>[14]</sup>. Failure of quality assessment in such articles is a risk to cite as information in such journals are unreliable. But detection of such journals is a difficult task for researchers, as such publications generally find out an entry into certain indexes. A few lists like *Beall's list* and *Cabells 'predatory' list* are readily available over the internet and regularly updated, still publications find out a way to avoid such lists. Careful information about the journal background must be verified by the authors before citing any information.

## Use of citation management softwares

With the advent of technology, the hard work of preparing exhaustive reference lists is being replaced with efficient means of citation management software. EndNote, Mendeley, Zotero, RefWorks are certain such softwares which have reduced the burden for managing such exhaustive library of references for authors. Using a word processor, such software help to efficiently insert in-text citations and format bibliography according to the desired reference styles<sup>[15]</sup>. Such softwares must be encouraged to be used by students and academics as such means reduce essential time in any research and publication.

## Conclusion

The research publication is an infallible aspect of scientific advent and in

writing down them, the role of citation cannot be ignored. Cautions regarding these though very trivial, yet failure to address such issues may lead to several unfavourable consequences. This article only provides a general overview of such cautions and this must be maintained in the scientific articles.

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**Table 1:** Guidelines for writing citation for a journal article<sup>[9]</sup>

Sl No.	Component	Guidelines for writing the component
1.	Name of authors	<ul style="list-style-type: none"> <li>List of the authors should appear in the same order as the text;</li> <li>The surname or family name of the author should be mentioned first;</li> <li>The first and middle name should follow the surname in initials;</li> <li>Separate author names with a comma and space;</li> <li>End the name of authors with a period.</li> <li>No degree or titles of the author should be mentioned in the citation;</li> <li>In case the name of organization is to be cited with the name of authors, the name of authors should come first following the organisation name separated by a semicolon;</li> <li>In case of absent author and organisation names for articles, the information may be omitted in the citation.</li> </ul>



2.	Article title	<ul style="list-style-type: none"> <li>• Enter the entire article title as it appears in the publication;</li> <li>• Capitalise only the first word of the title, proper noun, a proper adjective, and acronyms while initializing;</li> <li>• Use a colon to separate title and sub-title, unless other punctuation is already present in the original article;</li> <li>• End the article with a period unless other punctuations like a question mark or exclamation already exists;</li> <li>• Translate non-English titles in English and such translation must be put in square brackets;</li> <li>• If the title contains any letter in superscript or subscript it may be written in parenthesis, e.g. SO<sub>2</sub> may be written as SO (2);</li> <li>• In case of absence of a title, a constructive title may be created using the first few words of the article.</li> </ul>
3.	Journal title	<ul style="list-style-type: none"> <li>• The journal title shall be written in the original form or standard abbreviations;</li> <li>• In many occasions there may be a change in journal name like <i>British Homoeopathic Journal</i> changed to <i>Homeopathy</i> in 2001 and henceforth articles before 2001 must be cited as <i>British Homoeopathic Journal</i> and 2001 onwards articles must be cited with <i>Homeopathy</i> in the title;</li> <li>• Abbreviations should be made on significant words of the journal titles and articles; conjunctions and prepositions may be omitted;</li> <li>• Abbreviations should not be used for single word journal titles;</li> <li>• If the journal is published for more than one edition, the edition must be mentioned in brackets at the end of the journal title.</li> </ul>
4.	Date of publication	<ul style="list-style-type: none"> <li>• The publication date must be written in Year/Month/Day format;</li> <li>• Roman numerical must be converted to Arabic numbers;</li> <li>• Use English letters for months and abbreviate them for the first three letters;</li> <li>• Date information must be ended with a semicolon, except in cases of absent volume or issue number where it must end in a colon;</li> <li>• Month and day information may be omitted if a journal is continuously paginated.</li> </ul>

5.	Volume number	<ul style="list-style-type: none"> <li>Do not mention 'Volume' or 'Vol.' before the volume number;</li> <li>Roman numerical must be converted to Arabic numbers;</li> <li>Multiple volumes must be separated using a hyphen;</li> <li>Place supplement, part, special numbers or other divisions to the volume after volume number in appropriate abbreviations;</li> <li>Volume numbers must not be followed by any punctuation except in cases of absent issue number where it is followed by a colon.</li> </ul>
6.	Issue number	<ul style="list-style-type: none"> <li>Omit the word like 'Number' or 'No.' before issue numbers;</li> <li>Roman numerical must be converted to Arabic numbers;</li> <li>Multiple issues must be separated using a hyphen;</li> <li>Place issue information in parenthesis;</li> <li>End issue information using a colon.</li> </ul>
7.	Pagination	<ul style="list-style-type: none"> <li>Always mention the inclusive page numbers, i.e. always mention all the pages in which the cited article is present;</li> <li>A page number should not be repeated unless followed by a letter. Example 130 – 135 should be written as 130 – 5. But if it is 130 – 135A, then it must be written as it is.</li> <li>Include abbreviations like 'S' for supplement and 'A' for appendix when it precedes a page number;</li> <li>Pagination information must end with a period.</li> <li>If the pagination is discontinuous, groupings of page numbers must be separated by a comma;</li> <li>If any discussion, quiz or author-reply follows the article, we should begin with original pagination, followed by a semicolon and space, followed by name of the additional article and its pagination and ending the information with a period;</li> <li>If the entire article has no page information, the total number of pages of the article we wish to cite must be written in square brackets. E.g., If we wish to cite 5 pages of an article we must write [5p.].</li> </ul>





# Research oriented homoeopathic approach in the management of generalised anxiety disorder

By Dr Yogesh D Niturkar

**Abstract:** In medical research, the case study approach allows in depth and multi-dimensional exploration of complex issues in real life settings of the SICK. Perceiving complex issues in a given time axis with emphasis on cause effect, conation cognition and affect in accordance to the evolving adaptation pattern and the defense mechanisms that come to the surface in the form of emotional disturbances. Eventually there is breakdown of the coping mechanism and the status of health turns into disease. This case demonstrates the above concept of genesis of a psychiatric disease evaluated on various psychiatric assessment scales and demonstration of methodology for arriving at the simillimum.

**Keywords:** Anxiety, homoeopathy, psychiatric, assessment scales, research.

**Abbreviations:** BAI: beck's anxiety inventory, CBT: cognitive behavioral therapy, DSM V: diagnostic and statistical manual of mental disorders, 5th edition, GAD: generalised anxiety disorder, HAM-A: Hamilton anxiety rating scale, H-husband, MSE: mental state examination, PSS: perceived stress scale, BDS - bachelor of dental surgery.

## Introduction

Generalised anxiety disorder (GAD) is the manifestation of excessive worry in one or more areas of one's life. The worries may be focused on keeping schedules, family finances, relationships, and perfectionism-themes that are more typically concerns for adults.<sup>[1]</sup> GAD is a prevalent, chronic, debilitating disorder.<sup>[2]</sup> The prevalence of mental disorders is high, with reports of up to 30% in the general population.<sup>[3]</sup> Anxiety and mood disorders account for the largest percentage of mental disorders by far. Results of the national comorbidity survey replication indicate a 12-month prevalence of 18.1% for

anxiety disorders and 9.5% for mood disorders.<sup>[4]</sup>

Psychiatric assessment scales are short, easy to administer and sensitive to change, therefore particularly applicable where there is the need for screening chronic psychotic populations.<sup>[5]</sup> *These scales helps to arrive at a particular diagnosis and to judge the impact of ongoing disease on the quality of life of that individual. Therefore, homoeopathic health professionals should record every individual case as per the case taking guidelines mentioned in aphorisms 83 to 104.*<sup>[6]</sup> *After case recording, individualisation of disease and the patient as a person is of prime importance. For individualisation of disease in context to psychiatric disease diagnosis made as per the DSM*

*because it provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnosis that can be used in the research of mental disorders.*<sup>[7]</sup>

## Case record:

Mrs. KT, 49 years old lady, an english teacher in ZP school came for her anxiety related complaints. Her husband is 52 years, civil engineer in govt. sector, daughter is in BDS 1<sup>st</sup> year and son is in 12<sup>th</sup> standard engineering group. Patient stays in a nuclear family structure and her socio-economic status is upper middle class. Her chief complaints were as follows: -

Location	Sensation	Modalities	Concomitant
Mind	Anxiety <sup>2</sup>	Ailments from husband's angioplasty (2 months back)	
Since 1 year	Lack of confidence <sup>2</sup>		
Increased since 1 ½ months	Concentration difficult <sup>2</sup>		
Frequency: daily	Restlessness <sup>2</sup>		
Intensity: moderate	Irritability <sup>2</sup>		
Duration: continuous			
Pace: gradually increasing			



- No history of psychiatric illness
- Physical generals: Lean built up, fair complexion, thermal status was hot. Her obstetrical and gynaecological history was uneventful. Rest of the physical generals were normal.

## Life space investigation:

- Phase: childhood, teenage, adult and married life: uneventful
- Maternal and in-laws are having well to do family background and they are having respectful position in their community and amongst their relatives.
- Patient is calm by disposition with fondness of being social.
- There is no stress as such.

- Hobbies: Interested in doing household work and studies.
- Shares good interpersonal relationship (IPR) with children, in laws, relatives, friends, neighbours and school staff.

## On examination: Vitals normal

### Mental State Examination:

1. **Appearance:** Age appropriate, good level of cleanliness, medium physical condition, well dressed as per Indian tradition.
2. **Behaviour:** Restlessness, mild anxiety, occasionally avoiding eye contact, no distractions.
3. **Speech:** Medium to fast rate, loud tone without any flights of dissociation.

4. **Mood:** Angry when asked about husband. Depressed on enquiry about IPR with husband.
5. **Perception:** Good.
6. **Thought Form:** Emotional and associated with the facts.
7. **Thought Content:** Fixed ideas
8. **Cognition:** Attention and concentration: Total. Orientation to time, place and person: Normal. Level of comprehension: Normal
9. **Insight:** Moderate but predominated by emotions.

**Psychiatric assessment scales:** for evaluation of the cause and severity of the psychiatric illness.

Fig 1: Hamilton Anxiety Rating Scale (HAM-A)

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of items that describe various types of anxiety. Rate the severity of each item on a scale from 0 to 4.

0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe

1. Anxious mood	2. Tension	3. Fear	4. Dizziness	5. Irritability	6. Depressed mood	7. Somatic (physical)	8. Somatic (somatic)	9. Cardiovascular symptoms	10. Respiratory symptoms	11. Gastrointestinal symptoms	12. Genitourinary symptoms	13. Autonomic symptoms	14. Behavioural symptoms
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- ▶ **Rating:** Clinician rated
- ▶ **Time:** 10-15 mins
- ▶ **Purpose:** To assess the severity of symptoms of anxiety
- ▶ **Scale:** 14 Items (14x4=56)
- ▶ **Coverage:** Psychic and somatic anxiety

### FACTS & FIGURES

- Score interpretation:**
- Scores <17 indicate mild anxiety severity.
  - Scores of 18-24 indicate mild to moderate anxiety severity
  - Scores of 25-30 indicate moderate to severe anxiety severity
  - Scores >30 indicate severe anxiety

Fig 2: Perceived Stress Scale

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name: \_\_\_\_\_ Date: 10/10/18

Age: 29 Gender: (Circle) M ( ) F ( ) Other: \_\_\_\_\_

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and "on edge"?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been annoyed because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

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- ▶ **Rating:** Self Rated
- ▶ **Time:** 10 mins
- ▶ **Purpose:** To assess the severity of stress
- ▶ **Scale:** 10 Items (10x4=40)
- ▶ **Coverage:** Feelings and thoughts during last month

## Result

Perceived Stress Scale (PSS) Score 25

Interpretation: Moderate stress

0-13: Low stress

14-26: Moderate stress

27-40: High perceived stress

Fig 3: Beck Anxiety Inventory

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please indicate how much you have been bothered by each symptom during the last week.

0 = Not at all 1 = Mildly but not too much 2 = Moderately 3 = Very much 4 = Extremely

1. Numbness or tingling	0	1	2	3	4
2. Feeling hot	0	1	2	3	4
3. Wobbliness in legs	0	1	2	3	4
4. Unable to relax	0	1	2	3	4
5. Fear of worst happening	0	1	2	3	4
6. Dizzy or lightheaded	0	1	2	3	4
7. Heart pounding / racing	0	1	2	3	4
8. Lightheaded	0	1	2	3	4
9. Terrified or afraid	0	1	2	3	4
10. Nervous	0	1	2	3	4
11. Feeling of choking	0	1	2	3	4
12. Hands trembling	0	1	2	3	4
13. Shaky / unsteady	0	1	2	3	4
14. Fear of losing control	0	1	2	3	4
15. Difficulty in breathing	0	1	2	3	4
16. Fear of dying	0	1	2	3	4
17. Scared	0	1	2	3	4
18. Indigestion	0	1	2	3	4
19. Faint / lightheaded	0	1	2	3	4
20. Face flushed	0	1	2	3	4
21. Hot / cold sweats	0	1	2	3	4

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The total score is calculated by finding the sum of the 21 items.  
 Score of 0-21 = low anxiety  
 Score of 22-35 = moderate anxiety  
 Score of 36 and above = potentially concerning levels of anxiety

- ▶ **Rating:** Self rated
- ▶ **Time:** 5-10 mins
- ▶ **Purpose:** Self report measure of anxiety
- ▶ **Scale:** 21 Items
- ▶ **Coverage:** Common symptoms of Anxiety during past month and today

## Entry Points for Interview

- Upset
- Nervous
- Stressed
- Less confident
- Cant cope up
- Things are out of control
- Terrified/afraid
- Fear of losing control
- Unable to relax
- Fear of worst happening
- Anticipation of the worst
- Trembling
- Feelings of restlessness
- Loss of interest
- Trembling
- Feelings of Weakness

**'H'**  
Shares Good IPR  
Sexual Life → OK  
Pt → Dependent  
Decision Maker

H: Since 1 yr → Chronic Alcoholic  
2 months back → Sudden chest pain →  
△ Moderate MI → Angioplasty



Anxious 3 Nervous 3 Stressed 3

H will not follow ancillary measures  
Once he joins office he will drink  
May die if he doesn't listen to me.  
I don't want to lose him



Fear of worst happening  
Anticipation of the worst  
Afraid/terrified

Lacks confidence in self and others

Lived a dignified family & social life →  
Now due to H's addiction → Less interactive  
and asocialization



All will blame me for inability to control H  
Can't Cope up → Reserved

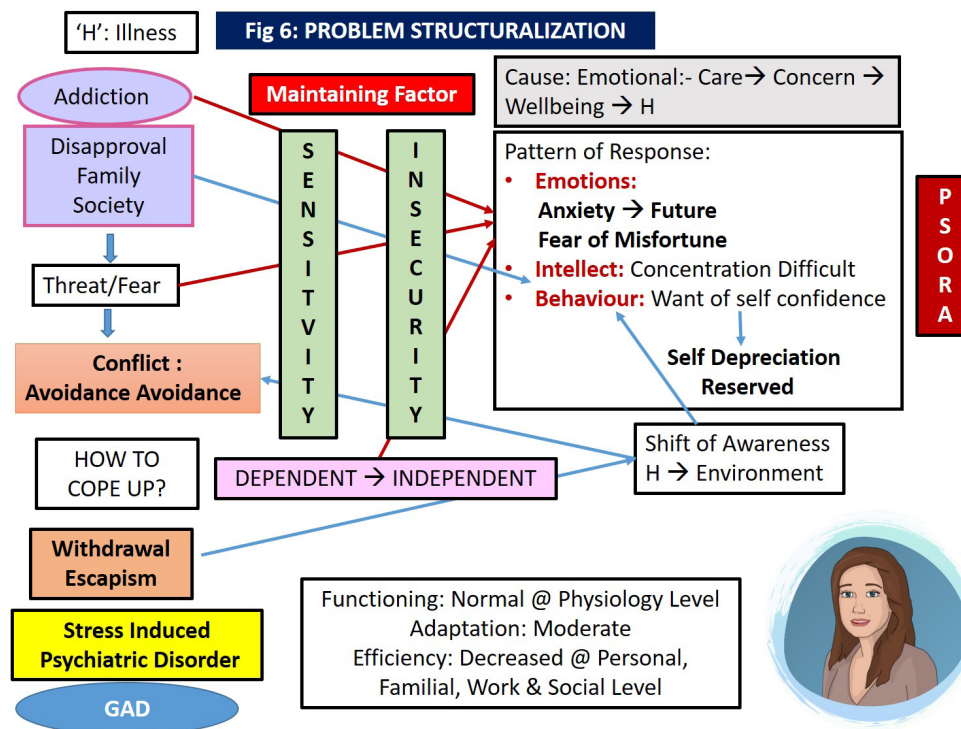
Fig 5: DSM V Diagnostic Criteria [12]

### Generalized Anxiety Disorder

300.02 (F41.1)

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
- Note:* Only one item required in children.
1. Restlessness, feeling keyed up or on edge.
  2. Being easily fatigued.
  3. Difficulty concentrating or mind going blank.
  4. Irritability.
  5. Muscle tension.
  6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

- A. More than 6 months
- B. Difficult to control worry
- C. 1, 3, 4
- D. Present
- E. No
- F. Not due to another medical disorder



Remedy Name	Anac	Bry	Iod	Puls	Nat-m
<b>Complete Repertory (Zomeo) [13]</b>					
Totality	10	10	9	9	8
Symptoms Covered	3	3	3	3	3
Kingdom					
[Complete] [Mind]Anxiety:Future, about: (194)	3	4	3	3	4
[Complete] [Mind]Fear:Misfortune, of: (109)	3	3	3	3	1
[Complete] [Mind]Confidence:Want of self: (298)	4	3	3	3	3

This analysis contains 265 remedies and 3 Intensity is considered Sum of symptoms (sorted degrees)									
<b>Synthesis Repertory (Radar) [14]</b>		nux-v.	calc.	nat-c.	psor.	anac.	bar-c.	phos.	sil.
		1	2	3	4	5	6	7	8
		3	3	3	3	3	3	3	3
		7	6	6	6	5	5	5	5
1. Clipboard 1									
1. MIND - ANXIETY - future, about	(201) 1	2	3	2	2	2	2	3	2
2. MIND - FEAR - misfortune, of	(122) 1	3	2	2	3	2	1	1	1
3. MIND - CONFIDENCE - want of self-confidence - self-depreciation	(37) 1	2	1	2	1	1	2	1	2

After repertorisation, *Anacardium orientale* (10/3, 5/3), *Bryonia alba* (10/3), *Calcarea carbonicum* (6/3), *Iodium* (9/3), *Nux vomica* (7/3) and *Pulsatilla nigricans* (9/3) were the closely coming remedies. *Anacardium orientale* was studied as it is covered in *Complete* and *Synthesis repertory*.





**Fig 8: Materia Medica Differentiation**

## Kingdom

Plant: Ana, Bry, Nux Vom, Puls  
Mineral: Calc, Iod

C M Boger [15]

Differentiation	Anacardium	Bryonia	Nux Vomica	Pulsatilla
Causation	Emotions: Care	Vexation Suppressions	Mental: Exertion Fatigue Anger Vexation	Suppressions

## Similar

Bry, Calc, Iod, Nux vom, Puls

## Perceiving mind of *Anacardium orientale*: -

### 1. The Chronic Diseases [16]: -

- Sadness. {1<sup>st</sup> symptom}
- Anguish and apprehension as of imminent misfortune. [Becher.]. {2<sup>nd</sup> symptom}
- Anxiety and apprehension in the evening, after cheerfulness during the day. [Langhammer.]. {3<sup>rd</sup> symptom}
- Anxious apprehension and deep thoughts, on meditating

over his present and his future fate. [Langhammer.]. {7<sup>th</sup> symptom}

- The future seems to him very dangerous, as if nothing were imminent but misfortune and danger; distrust in his own power, and despondency. {8<sup>th</sup> symptom}
- He is at odds with the whole world, and has so little confidence in himself that he despairs of being able to accomplish what is demanded

of him. {9<sup>th</sup> symptom}

### 2. A Synoptic Key of the *Materia Medica*: -

#### REGION:

- MIND.
- Nerves: Stomach.
- Skin. Palms.
- Muscles.
- Joints.

#### WORSE:

#### MENTAL EXERTION.

Emotions: **Anger**, fright, care, etc.

### 3. RADAR:- Section on remedies

- Lack of self-confidence/inferior feeling. Internal conflict.
- Two types: 1] Cruel 2] Helpless, hopeless, pleading, needy.
- Great insecurity and lack of self-confidence (*Baryta carbonicum*). Irresolution.
- Feels inferior. Often seems very mild during consultation.
- Refuses to admit these feelings, tries to prove himself, creating an INTERNAL CONFLICT.

**Table 1: Planning and programming of homoeopathic Rx**

Stage of disease	Functional
Type of disease	Chronic
Classification of disease	One sided mental disease arising from prolonged emotional causes (psycho-somatic)
Dominant miasm	Psora
Sensitivity	Moderate
Susceptibility	Moderate
Suppressions (if any)	Emotional
Repetition	Infrequently
Potency	Moderate (200)
Repetition	Infrequently
Correspondence	Total
General vitality	Good
Prognosis	Favourable

Table 2: Before homoeopathic intervention

Test	Rated by	Score	Interpretation	Therapeutic Plan
Perceived Stress Scale	Self (Pt)	25/40	Moderate Stress	1. Administration of Remedy with Moderate Potency and infrequent repetition. Anti-miasmatic Rx SOS on F/U assessment 2. CBT and Family Therapy 3. Meditation 4. Exercise 5. Diet as per the choice 6. Weekly F/U 7. Test review after one month
Beck Anxiety Inventory	Self (Pt)	13/56	Mild Anxiety	
Mental State Examination (MSE)	Clinician	----	Mild to Moderate Anxiety	
Hamilton Anxiety Rating Scale (HAM-A)	Clinician	18/56	Mild to Moderate Anxiety	

## Discussion

In this case, there were few symptoms and understanding the core feeling of the patient as a person in view of the underlying emotion was of prime importance. There was paucity of data in this case. To evaluate the cause and effect relationship and severity of the disease, psychiatric assessment scales were used viz. Hamilton Anxiety Rating scale (HAM-A) clinician rated and Perceived Stress scale (PSS) and Beck Anxiety Inventory (BAI) self-rated scales were used. HAM-A (Fig.1) the clinician rated scale having coverage of *somatic and psychic anxiety* for the assessment of severity of anxiety is built upon scale of 14 having different phrases that describes certain feelings people have and rating is done by finding the answer that describes the extent to which he/she has these conditions. For the selection there are five responses (0- not present, 1- mild, 2- moderate, 3-severe and 4- very severe). After assessment of the patient score was 18; interpreted as *mild to moderate anxiety severity*. PSS (Fig. 2) self-rated scale having coverage of *feelings and thoughts during the last month* for the assessment of the severity of stress. The scale is built upon 10 items indicating how often he/she has felt or thought in a certain way. For the selection there

are 5 responses (0-Never, 1-almost never, 2- sometimes, 3- fairly often and 4-very often). The score was 25; interpreted as *moderate* anxiety. BAI (Fig. 3) self-rated scale having a list of *common symptoms of anxiety*. It indicates how much he/she have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom. For the selection there are 4 responses (0-not at all, 1-mildly, but didn't bother me much, 2- moderately- it wasn't pleasant at times, 4- severely- it bothered me a lot). The score was 13; interpreted as *low (mild) anxiety*. Mental state examination (MSE) a clinician based assessment was interpreted as mild to moderate anxiety. MSE and psychiatric assessment scales helped to identify the emotional turmoil of the patient with identification of entry points to the case for further enquiry of the patient. (Fig.4). Based upon MSE, HAM-A, PSS and BAI scales the disease diagnosis was done as generalised anxiety disorder. (Fig. 5).

Problem structuralisation (Fig. 6) was done in view to evolve the portrait of patient as a person for perceiving the evolution of disease. Use of MSE, HAM-A, PSS, BAI scales and the interview helped to identify causation, maintaining

factors and the resultant expression in the form of emotional, behavioral and intellectual. The underlying cause for the suffering was identified as emotions generated out of care and concern for the wellbeing of her husband. Maintaining factors were the sensitivity towards husband's addiction that will be disapproved by the family and society leading into being held responsible for the situation. This generated threat and fear out of insecurity towards self-existence as everything was going normal until the husband's angioplasty. She anticipates that husband will not follow ancillary measures and he may die. Anticipation and fear of worst happening. She had lived a dignified family and social life and now due to husband's addiction she anticipates that all will blame for her inability to control husband's addiction. She is finding difficulty in coping up with the state of dependency and how to turn in to the earlier state of independency? This conflict of avoidance- avoidance has affected her functioning at mind level with a pattern of moderate adaptation and decreased efficiency at family, work and social level. She has become less interactive and reserved. At surface level, there is functional integrity of physiological functions. The pattern of response seen is anxiety for future, fear of misfortune, difficulty in concentrating and self-depreciation,



reserved behavior due to the want of self-confidence. All this led into shifting of awareness from husband towards environment leading to withdrawal by using defense mechanism of escapism resulting into stress induced psychiatric disorder i.e. GAD. The above understanding of psychodynamics depicts psora as a dominant miasm. After repertorisation (Fig. 7) *Anacardium orientale* was selected (Fig. 8) on the basis of materia medica understanding in relation with the core understanding of causation of disease as emotions care, fear of misfortune, internal conflict and lack of self-confidence/inferior feeling. Planning and programming of Homoeopathic treatment was

done (Table 1). Before homoeopathic intervention, a therapeutic plan was made (Table 2). Follow up criteria was defined (Table 4). Follow up was recorded in view of subjective distress, mental generals, and any new symptoms. Follow up interpretation was done in view of susceptibility, reaction, sensitivity, clinical thinking and the direction of disease progress. On this basis action plan was formulated with expectations from the treatment. Homoeopathic treatment was started with *Anacardium orientale* 200 single dose at bedtime and after 2 weeks the intensity of anxiety was reduced with improvement in the interaction with husband, concentration was improved,

restlessness and irritability was absent. Fear of misfortune was there. There was registration of remedy at emotional level but there is still impairment at other family, work and social areas therefore *Anacardium orientale* 200 3 packets at bedtime was administered for two weeks. In third follow up patient was asymptomatic and evaluation was done by using psychiatric assessment scales (Table 4) which showed that there is no stress/anxiety. Assessment by MONARCH inventory (improved version of the modified Naranjo Criteria) for homoeopathy (Table 5) had a score of 09 clearly shows casual attribution between homoeopathic intervention and the clinical outcome.

Table 3: Follow up

Date	Follow Up Analysis		Interpretation		Action	Expectations	Reasons for Deviations
	Subjective Distress + Generals: Mental	New Symptoms	Susceptibility Reaction Sensitivity	Clinical Thinking/ Disease Direction			
Baseline 12/08/18	Case Definition & Processing Done Advice: Next time to come with H				Anacardium 200 1Pkt HS	Pt should be better within 1-2 months	-
First F/U 20/08/18	Anxiety>+ Concentration improved Restlessness Ab Irritability Ab Rest SQ (CD & Family Counselling done: H → Lyco 200 1PHS)	No	Moderate	Same	Anacardium 200 1 Pkt HS x 2 Weeks		-



II F/U 08/09/18	H following Ancillary measures but still pt is having fear of misfortune (untimely death of H)		No	Moderate	Same	Anacardium 200 3Pkt HS x 2 weeks	Restoration in the important areas of functioning  (Family, Work, Social)	Registration of remedy at emotional level but with impairment at other areas SQ
	Intensity of anxiety >++					Plan: Next F/U If Case -SQ		
	Occ. feels that things are out of control					Anti-miasmatic Rx		
	Asocialization SQ							
	Interaction with H improved but SQ with Society							
III F/U 28/10/18	>+++ 'H' took VRS	>+++	No	Moderate	Same	Assessment by Psychiatric Scales  SL x 1 Month	Full time amelioration in the absence of exciting factors	-
IV F/U 4/01/19	No C/o  Her son was having Acute C/O  'H' is on Rx.  Quited Alcohol					No Rx		

Table 4: After Homoeopathic Intervention

Test	Rated by	Score	Interpretation	Therapeutic Plan
Perceived Stress Scale (PSS)	Self (Pt)	00/40	No Stress	1. Administration of SL (1 Month) 3. Meditation 4. Exercise 5. Diet as per the choice 6. Follow Up SOS
Beck Anxiety Inventory (BAI)	Self (Pt)	00/63	No Anxiety	
Mental State Examination (MSE)	Clinician	----	Normal	
Hamilton Anxiety Rating Scale (HAM-A)	Clinician	00/56	No Anxiety	



*Table 5: Assessment by MONARCH inventory (improved version of the Modified Naranjo Criteria) for Homoeopathy [17]*

Sr. No.	Items	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		--
3	Was there a homoeopathic aggravation of symptoms?	-	0	-
4	Did the effect encompass more than the main symptom or conditions, i.e. were other symptoms, not related to the main presenting complaint, improved or changed?	-	0	-
5	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioral elements)	+2	-	-
6	(a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
	(a) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: - from organs of less importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	-	0	-
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8	Are there alternative causes (i.e. other than the medicine) that with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-	0	-
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	+2		--
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		0

## Conclusion

- Accurate case taking, recording, and analysis is necessary besides other types of evidence to convince about the specific sphere of action of homoeopathic medicines.
- Therefore, the documented case records must fulfill criteria of indications of the casual relationship between medicine and improvement, its significance in daily practice, and its agreement with similar cases.
- The impact of standardised case reports is useful if the document guides towards a clear algorithm i.e. what information led to build the totality of symptoms, repertorial approach and final remedial selection, if the results are reproducible, and last it

gives valid information for extension of knowledge levels.

- In this context we need to strengthen the reporting of case records with the help of tools like HAM-A, BAL, MSE, and PSS aids into evaluating the severity of patient's suffering.
- MONARCH helps to attribute the likelihood of causal relationship that are in tune with the homoeopathic principles.

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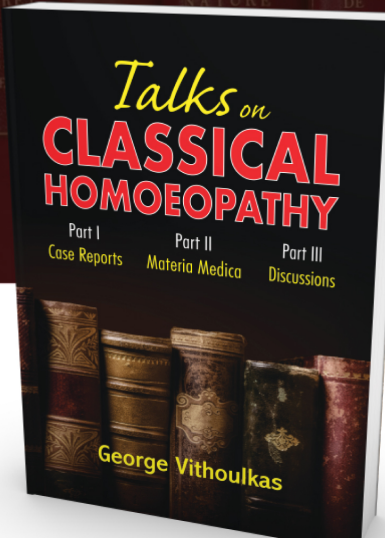
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# Evidence based case study on efficacy of LM potency

By Dr Poonam M. Meghani, Dr Mrugank N. Meghani

**Abstract:** In some cases, the patient require the medicine frequently but sometimes, we are afraid to repeat the dose though we need to repeat and sometimes we don't judge when and how much to repeat the dose to give the relief to the patient. While dealing with these kind of cases, using the centesimal potency one can see the primary action of the medicine with slight improvement but after sometime, the action of the medicine exhausts and even after repetition, one with the centesimal potency we cannot see the reliable improvement as it should have come though we repeat higher potency. Sometimes the action of the medicine is blocked and cannot stimulate the vital force. Or the vital force also gets resisted by the same medicine in same potency and we cannot change the degree of the potency.

Using the 50 millesimal potency, one can break the resistance of the vital force by changing the degree of the potency by succussing the medicinal liquid. And also repeat the medicine frequently as needed for the patient to avoid the unwanted aggravation and give gentle and rapid cure to the patient. Thus, one can achieve the cure and restore the health as it is termed.

**Keywords:** LM potency, dynamisation, advantages and disadvantages, succussion.

## Introduction to 50 millesimal potency

50 millesimal scale of potency is a new scale of dynamisation in which crude substance is raised in to medicines of highest development of power at the same time mildest in its action. The former state is attained by hundred progressive successions and the latter by attenuating the medicinal substance to the diluent at the ratio of 1:50,000. <sup>[1]</sup>

The high- tent medicinal power and frequent repetition of the same in modified degree of potency is capable of extracting the disease force from the sick person quickly and permanently and at the same time gently by its low material content. So the real fence of a speedy and gentle cure due to the pitfalls in dosage and potency are surpassed by this new perfected method. <sup>[2, 3]</sup>

50 MILLESIMAL POTENCY also known as 'Q' potency in German besides being LM in english. Q is an abbreviation for 'Quinguagesimillesimal' derived from 'quinguagesimus' which means 50th and 'millesimus' means

thousandth. <sup>[3,4]</sup>

Richard Haehl in 1921 and William Boericke in 1922 published the 6th edition of *Organon of Medicine* in German and English respectively. But they did not mention the important change about the LM potency in the preface. Therefore it did not attract the attention of the physicians. <sup>[5]</sup>

Only in 1950s Swiss doctors namely Rudolf Flury, Adolf Voegely, Pierre Schmidt and Jost Kunzli started to draw attention to LM potencies.

Dr Kent died in 1916, so he did not know about this change in the 6th edition of *Organon of Medicine*. Kent's students particularly in India propagated only Kent's teachings and falsely regarded the 6th edition of *Organon of Medicine* as fake. <sup>[5,6]</sup>

## TERMINOLOGY

In the footnote number 132 of the aphorism 246, Master Hahnemann denotes the new method, "new dynamisation method", "new, altered but perfected method".

In Aphorism 161 he termed as "renewed dynamization". <sup>[6,7]</sup>

Dr Pierre Schmidt of Geneva termed this new scale as "50 millesimal". <sup>[6]</sup>

Dr S. Rawson described it as "succussed dilution" (Hahnemannian Gleanings, volume XLIII, 1976).

In eastern region, some of homoeopaths indicate it as 'new method' and western countries as 'LM method'. <sup>[7]</sup>

## SIGN AND SYMBOL

Hahnemann used to write it as 0/1, 0/2, 0/3 etc. In western countries the homoeopaths used to write 1/0, 2/0, 3/0 etc. At present new style of writing is LM 1, LM 2, LM 3 etc. which is more scientific. In this subcontinent the homoeopaths write as 0/1, 0/2, 0/3 or M/1, M/2, M/3 etc. This new method of dynamisation is denoted by prefixing '0', which representing symbolically the poppy size globules to be used or by capital letters 'LM', where 'L' stand for '50' and 'M' for 'millesimal'. <sup>[8]</sup>

## HISTORY OF 50 MILLESIMAL SCALE :-

Dr Charles Pahud of Lozen, France, through his article "My experience

about Hahnemann's fifty millesimal scale of potency', published in the 'British Homoeopathic Journal' 1950 april issue drew the attention of homoeopathic fraternity to the new method.

Another significant name to mention is Dr Pierre Schmidt. He translated *Organon of Medicine* to French. His famous lectures given in the Faculty of Homoeopathy at Royal London Homoeopathic Hospital in 1954 awakened the idea of LM potency among audience. Apart from this, his article on LM scale published from 1954 to 1956 in British Homoeopathic Journal and Journal of American Institute of Homoeopathy ignited the idea of perfect cure through LM potency to Homoeopaths all over the world.<sup>[9]</sup>

**In India**, Drs. Debendra Kumar Roy, Khagendra Nath Bose and Bejoy Kumar Bose introduced this scale of potency around 1957. **First Pharmacy** to prepare LM Scale potency was Hahnemann publishing Co. Ltd. Calcutta (HAPCO).

**Master Hahnemann** says, "...this method of dynamization, I have found after many laborious experiments and counter-experiment, to be the most powerful and at the same time (the) mildest in action, as the material part of the medicine is lessened with each dynamization 50,000 times and yet incredibly increased in power."<sup>[10]</sup>

**Dr Elizabeth Wright** describes this as "**plussing method**". She writes, "plussing means dissolving your dose in a third glass of water, taking two spoonfuls, throwing away most of the rest, adding water up to the original quantity, stirring and succussing and again taking two spoonfuls as the second dose and so on. This raises the potency very slightly between each of the doses, gives somewhat wider range of plane, and is particularly indicated

in stubborn and refractory cases."<sup>[11]</sup>

## ADVANTAGES OF 50 MILLESIMAL POTENCY

The special features of LM scale:-

1. Useful in both acute and chronic disease.
2. No violent reaction is produced by life force against or following the action of medicine.
3. Action is immediate. Time span for cure is reduced to minimum.
4. A permanent gentle restoration is the result.
5. Medicine can be repeated 'if necessary'.
6. The gap between the two consecutive potencies is very meagre. So the change of potency creates no problem to the patient.
7. Convenient to use in hyper sensitive persons.
8. Useful in conditions produced after suppression or repeated palliation.
9. No worry of over dosing.
10. As the action is quick, a wrong selection of medicine can be quickly identified.
11. No antidote is required if the medicine is wrongly administered.
12. Nothing will antidote the effect of medicine as the plane of dynamisation is very high.
13. Can be safely administered with medicines of other therapeutic system in unavoidable circumstances.
14. 0/1 to 0/30 is a limited range. So easy to choose.
15. Toxic medicines can be used safely and can be repeated frequently.
16. Can be used for palliative cases also.
17. Same medicine can be used

both as a curative and palliative remedy.

18. Patient's co-operation is more and he himself can adjust the dose if homoeopathic aggravation is produced.
19. In primary stages of three chronic miasmatic states, Hahnemann advised frequent repetition. (Footnote to aphorism 282)
20. Deep acting medicines can be repeated if necessary.<sup>[10,11,12]</sup>

## DISADVANTAGES OF 50 MILLESIMAL POTENCY

1. Patients' compliance is poor.
2. Administration and repeated succession in between dose is a real obstacle of trust.
3. Illiterate patients must be educated properly.
4. If the patients do not properly co-operate, administration and change in degree of potency before every administration is difficult.
5. Illiterate patients cannot properly judge Homoeopathic aggravation. So they will continue medicine even after required dose.
6. Limited potency is available.
7. All medicines in this scale are not available.
8. No clear mentioning on the amount of water to be dissolved with medicine.
9. Second prescription restricted only to the new remedy.
10. No mentioning of complementary remedy, multi-miasmatic case treatment.<sup>[11,12]</sup>

## CASE PRESENTATION

**Name:** Mrs J M**Date:** 11-09-2008**Age and sex:** 30years/Female**Religion:** Hindu**Occupation:** Housewife**Qualification:** B.Com**History of present illness:**

"Eruption on back and on the both ankle joint since 2 years. There is severe itching and burning in back and over the both ankle joint. Itching is intolerable and I want to get rid of this problem. This problem is disturbing my routine life. I don't know how it start but in think that it not contagious because my husband doesn't have any skin problem. Along with this problem I have constipation also. There is little desire to pass the stool but I am not getting satisfaction after passing stool. Sometime I pass the dry hard stool. My menstrual cycle is also irregular. There is severe pain during the menses. Flow of blood is dark and clotted. Severe backache during the flow I have to take rest compulsory after the flow. My sleep is also disturbed."

**Physical generals:-****Appetite:** adequate.**Desire:** Salty food, sour food.**Thirst:** 14-16 glass / day.**Aversion:** Non veg.**Bowel:** Constipated.**Sleep:** Disturbed.**Urine:** normal.**Thermal reaction:** Hot.**Perspiration:** scanty perspiration.**Menstrual history:** Irregular, dark and clotted.**Leucorrhoea:** Sometimes only, thin watery discharge, cause's irritation.**Pregnancy history:** full-term normal delivery.**Past history:**

No.	Disease	Affected system	Age	Duration	Treatment	Result
1	Appendicitis	GIT	25	-	Appendectomy	Relief
2	Typhoid	GIT	27	-	Allopathic	Relief

**Family history:**

No.	Person	Healthy	Disease	Alive	Dead/cause of death
1	Father	-	Hypertension	Dead	Not known
2	Mother	-	Eczema	Dead	Not known
3	Brother	-	Hernia	Alive	-

**Physical examination:-**

Temperature: 98 F

Pulse : 80/ min

Respiratory rate: 19/ min

Blood pressure: 126/ 82 mm of Hg

**Systemic examination:**

SKIN: Round patches on the back and both knee joint. Scaling of the skin.



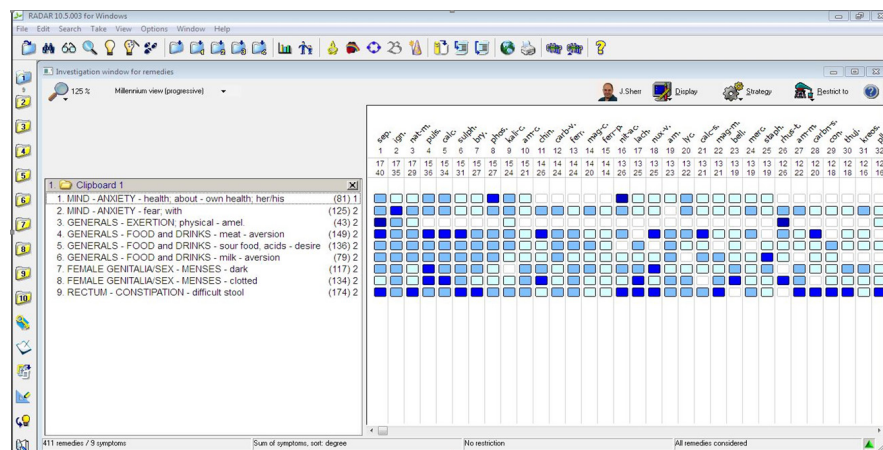
## Life space/mental state/direct mental expression:

1. "I am a kind of person who likes all comforts; I usually avoid either mental or physical. Basically, I am a caring type of person, especially for my husband and my daughter.
2. I feel very tense if anything happen to my husband and my daughter. I like the quite atmosphere labor. You can call me indolent, unless I am pushed to do some work, I am not going to do it. I just want to lie down and grumble about my pain. I Dissatisfied and angry about my present condition, because I have to be dependent on other persons, for every single things. I am worse when I am constipated because then I get headache also and that makes it even more badly. I feel like crying, life has become burdensome for me now. Many times I think of ending my life, so that I get free from this entire painful situation. I am very sensitive to noise especially in such situations, I don't like anybody speaking to me, and even I don't like playing with my child."

## TOTALITY OF SYMPTOMS

- Mind; anxiety; one's own health
- Mind; anxiety; fear with
- Generals; exertion; physical; amelioration
- Generals; food and drinks; meat; aversion
- Generals; food and drinks; sour; desire
- Generals; food and drinks; milk; aversion
- Female Genitalia/sex - menses - dark
- Female Genitalia/sex - menses - clotted
- Rectum ; constipation- difficult stool

## Repertorisation :- <sup>13</sup>



**Prescription:** MAGNESIUM MURIATICUM LM 0/1. 4 to 5 globules in 7-8 spoonful of water one dose at night for 15 days. Followed by SL 2 bd for one week.

## Prescription

As per the knowledge of repertorisation, materia medica, and *Organon of medicine*, Sepia was prescribed in LM potency.

## Follow up:

18-09-2008

Eruption on back and on the both ankle joints decreased. Previously, there was severe itching and burning over back and ankle joints (bilateral), but that thing was also improving. Along with this problem, felt better in constipation. There was little desire to pass the stool. Much relief in itching and burning in anus. Could go to sleep easily, had sound sleep.

**Plan:** SEPIA OFFICINALIS LM 0/1 continued, placebo for two weeks.

## Follow up:

4-10-2008

Better in constipation. Stool was soft in consistency. Since last three weeks, had no headache. Also, there was less gas formation, food easily

digested. Appetite increased. But the skin lesions did not improved much, initially it was very good with the medicine. Itching also increased.

**Plan:** SEPIA OFFICINALIS LM 0/2, placebo for one month

## Follow up:

18-10-2008

Itching and burning improved. Along with this problem, felt better in constipation. All complaints improved.

**Plan:** SEPIA OFFICINALIS LM 0/2, placebo for one month.

## Follow up:

10-11-2008

Stool was soft in consistency. Since last three weeks, had no headache. Also, there was decreased gas formation, food easily digested. Appetite increased. Much better in all other complaints. But the skin lesions didn't improved much, initially it was very good with the medicine. Itching also increased.

**Plan:** SEPIA OFFICINALIS LM 0/3, placebo for one month.

## Follow up:

30-11-2008

There was no burning of the skin

and itching became quiet better. The circles over the joints improved. Nowadays, kept herself busy in housework. Occasionally, had itching but it didn't give much trouble.

**Plan:** SEPIA OFFICINALIS LM 0/3, placebo for one month.

**Follow up:**

**22-12-2008**

Better in all complaints, felt much more relax and quite better in routine activities. All the problems gradually improved..

**Plan:** Placebo for one month.

**Follow up:**

**28-1-2009**

There was slight itching over the both ankle joints, sometimes burning was there but could tolerate the itching. Stools were hard sometimes because of gas in abdomen. Sometimes, had nausea and eructation after taking milk, which she didn't like to drink. Again after a long time, had headache before 10 days. In short, all problems started again.

**Plan:** SEPIA OFFICINALIS LM 0/4, placebo for one month.

**Follow up:**

**27-2-2009**

Felt better in all complaints, itching and burning was decreased. Gas in abdomen was also better. Last month, had regular cycle and no pain during menses.

**Plan:** SEPIA OFFICINALIS LM 0/4 continued, placebo for one month.

**Follow up:**

**27-4-2009**

All the lesions over the both ankle joints and on the back disappeared, her bowel movements were regular,

and also her menstrual cycle became regular.

**Plan:** SEPIA OFFICINALIS LM 0/4 continued, placebo for one month.

**Follow up:**

**29-5-2009**

No problems, no eruption on back and over both ankle joint, periods became regular with normal flow.

**Plan:** Placebo for one month.

**Follow up:**

**25-6-2009**

Better in all complaints.

**Plan:** Stopped the treatment.



**BEFORE**



**AFTER**

## Conclusion

50 millesimal form of dynamisation

is the most perfected method. Most perfected because the drug prepared according to this scale is the most powerful but mildest in action. The material quantity of drug substance is reduced to infinitesimal as dynamisation proceeds further.

The power is due to the true inner medicinal essence of drug substance is dissolved into spirit like conceptual essence by the more number of successions. In the crude state of the drug the conceptual essence is undeveloped.

Through the peculiar process of potentisation crude drug substance is raised to the level of spirit like power similar to that of life principle. Because of the development of spirit like essence, the drug reaches its full capacity for penetration deep into the diseased life principle. Due to the development of full capacity and high penetrating power, the drug can forcefully influence the suffering parts of the organism. Now the medicine is capable of touching the suffering parts curatively. So naturally the influence of natural disease on life principle is neutralized. This can be experienced to a sick person very easily by the permanent and speedy disappearance of his morbid symptoms.

Nutshell is a speedy, gentle and permanent cure especially in chronic disease is the result and highlight of this highly dynamised suitable medicine applied in modified degree of potency.

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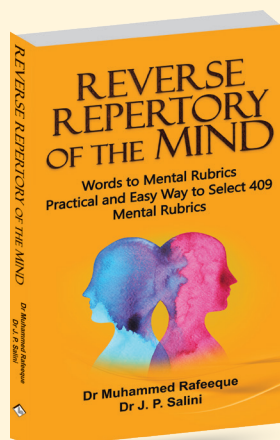
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# Homoeopathic management of haemorrhoids utilising centesimal scale and fifty millesimal scales: a comparative study

*By Prof. (Dr) Neeraj Gupta, Irene B Thomas*

**Abstract:** The pathological condition occurring at the ano-rectal region is called haemorrhoids, also known as piles. They consist of enlargement and distal displacement of the normal anal cushions causing venous dilatation and other troublesome symptoms. They are mostly seen in those individuals who do not follow a proper lifestyle, that is, those who indulge in excessive intake of junk, spicy food, and have less intake of water and dietary fibre resulting in altered bowel habits. The aim of this study is to treat the patients suffering from haemorrhoids and provide them relief and to evaluate the comparative effectiveness of dynamisation scales used in homoeopathy (centesimal scale and fifty millesimal scale) in patients suffering from haemorrhoids.

**Materials and methods:** Patients, both men and women between the age of 20-70 years, presenting with symptoms such as bleeding, pain, constipation, prolapse of pile mass, mucus discharge, itching and anaemia were included in the study which was a prospective observational study in which half the number of patients will be given Centesimal scale potency and the other half will be given fifty millesimal scale potency of homoeopathic medicines, with follow-ups every fortnight. Changes in the haemorrhoidal symptoms and VAS score were the main outcome measures.

**Results:** 30 patients were analysed. Unpaired t-test was used in this study. When centesimal scale and fifty millesimal scale of medicines were compared, fifty millesimal scale showed earlier improvement in haemorrhoids.

**Conclusion:** In this study, the findings are encouraging and show significant reduction in haemorrhoidal score and VAS scale after homoeopathic treatment having used both the scales (fifty millesimal and centesimal scales) but fifty millesimal scale potency showed significant and early improvement as compared to the patient who were given medicines in centesimal scale. However, larger sample size is required for further validating the result.

**Keywords-** centesimal scale, fifty millesimal scale, haemorrhoids, homoeopathy

**Abbreviations-** visual analogue scale (VAS), outpatient department (OPD)

## Introduction

The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is a paramount finding of haemorrhoidal disease.<sup>(1)</sup> Congestion occurs in the veins of the haemorrhoidal plexus and leads to varicosities within the lower rectum and the anus. Globally, the incidence ranges from 50-80% and in India; it affects around 75% of the population.<sup>(2)</sup> Its incidence can be seen at any age and in both genders equally.<sup>(3)</sup> Haemorrhoids

affect millions of people around the world, and represent a major medical and socioeconomic problem. Haemorrhoid is a serious anal disease affecting global population which causes significant morbidity and imposes economic burden among the patients.<sup>(4)</sup>

Haemorrhoids may be internal or external, depending upon the position of the varicosity. If it is above the Hilton's line, it is called internal haemorrhoid and if it is below the Hilton's line, it is called external haemorrhoid. So, internal haemorrhoid is covered by mucous membrane whereas the external haemorrhoid is covered with skin.

<sup>(5)</sup> Symptoms comprise of bleeding which is bright red and occurs during defaecation as 'splash in the pan'. Very rarely, the bleeding may be sufficient to cause anaemia. Pain may result from congestion of pile masses below a hypertonic sphincter. In addition to the main symptoms of pain and prolapse, patients may complain of anal irritation with Itching, mucous discharge.<sup>(6)</sup>

Corns, cereals such as barley, maize and bajra<sup>(7)</sup>, leafy vegetables such as spinach, methi,<sup>(8)</sup> fruits such as ripe papaya, apples, pears, mangoes, guavas are useful for patients

suffering from constipation.<sup>(9)</sup>

Some studies were done previously on effectiveness of homoeopathy in treatment of haemorrhoids.

#### **International Journal of Pharmacy and Pharmaceutical Sciences (2011)-**

The following medicines were found effective in study conducted on haemorrhoidal subjects- *Aesculus hippocastanum*, *Hamamelis*, *Azadirachta indica*, *Collinsonia canadensis*, *Aloe socotrina*.

#### **(10)Asian Journal of Homoeopathy( 2012 )-**

A prospective study was carried out to ascertain the treatment effects of homoeopathic remedies in external piles. The following remedies indicated the therapeutic affinity- *Aesculus hippocastanum*, *Aloe socotrina*, *Alumina*, *Arsenicum album*, *Collinsonia canadensis*, *Hamamelis*, *Muriaticum aceticum*, *Bryonia alba*, *Nitricum acidum*, *Nux vomica*, *Paeonia officinalis*, *Ratanhia peruviana*, *Sulphur*, *Kalium carbonicum*.<sup>(11)</sup>

#### **IJRH( 2013)-**

19 medicines were used to treat 140 haemorrhoidal patients in randomised homoeopathic group. They are mentioned in the descending order of their prescription: *Phosphorus*, *Sulphur*, *Nux vomica*, *Nitricum acidum*, *Lycopodium clavatum*, *Arsenicum album*, *Pulsatilla pratensis*, *Ignatia amara*, *Aesculus hippocastanum*, *Carbo vegetabilis*, *Calcarea carbonica*, *Chamomilla*, *Fluoricum acidum*, *Natrum muriaticum*, *Aloe socotrina*, *Graphites*, *Kalium carbonicum*, *Lachesis mutus* and *Mercurius solubilis*.<sup>(12)</sup>

#### **Journal of Intercultural Ethnopharmacology( 2016)-**

The most frequently prescribed medicines were *Sulphur*, *Nux vomica*, *Calcarea phosphoricum*, *Natrum muriaticum*, and *Causticum*.<sup>(13)</sup>

## **MATERIALS AND METHODS**

**Study design-** The comparative study was a prospective observational study. Changes in the haemorrhoidal symptoms and VAS score were the main outcome measures.

**Setting-** This study was conducted in the OPD of Nehru Homoeopathic Medical College and hospital, Delhi. Sample size for the study was 30.

**Inclusion criteria-** Both men and women between the age of 20-70 years, presenting with symptoms such as bleeding, pain, constipation, prolapse of pile mass, mucus discharge, itching and anaemia.

**Exclusion criteria-** Prolapse of rectum and other conditions with similar clinical symptoms like fissure, fistula, anorectal abscess, malignancy, rectal polyps. Cases outside the prescribed age group, immune-compromised patients and pregnant women were also excluded.

### **STUDY INTERVENTION USING HAEMORRHOIDS QUESTIONNAIRE AND VAS SCORE**

Out of 30 patients, 15 patients were given centesimal scale potency and the other 15 were given fifty millesimal scale potency of Homoeopathic medicines with follow-ups every fortnight. Total duration of study was one year.

The type of research is Quantitative research in which the outcome was analysed based on numerical values obtained through Haemorrhoids questionnaire and VAS score. These 2 parameters were used to judge numerically the effects of

homoeopathic intervention by analysing the scores before and after the intervention.

After full case taking of the patients with clinical examination, assessment of haemorrhoids were done using questionnaire on haemorrhoids based on their symptoms with intensity; and VAS score which is related to degree of pain felt by patient. Then, the medicines and their potency were selected on the basis of homoeopathic principles. Also, dietary changes were recommended to the patients.

Repetition of medicines was based on severity of symptoms, overall constitutional reactions and susceptibility of patient. Follow up was aimed more or less 2 weeks of time from the period of active interference.

## **STATISTICAL ANALYSIS**

Unpaired t-test was used to estimate the changes in haemorrhoidal symptoms based on a questionnaire and changes in VAS scoring over the period of 5-6 months after homoeopathic intervention. Mean and standard deviation were used to express variables. Comparison of means of differences in the outcome of fifty millesimal and centesimal scales after treatment was also done.  $P < 0.001$  was highly significant.

## **RESULTS**

Some observations came up during the study of 30 patients, which can be summarised as the following:-

PARAMETERS	OBSERVATIONS
Age group of maximum occurrence	30-40 years
Number of patients having family history	11
Number of patients showing recurrence of haemorrhoids	12

Degree of constipation associated with haemorrhoids	3+ ( severe degree) in 13 patients
Number of patients showing spicy food aggravation	18
Number of patients having less intake of water	19
Most effective medicines	<i>Natrum muriaticum, Sulphur, Nux vomica</i>
Most effective potency in centesimal scale	200
Most effective potency in 50 millesimal scale	0/2
Predominant miasm	Psoro-sycotic

Pre- and post-treatment changes in haemorrhoidal and VAS scorings in patients with respect to fifty millesimal scale potency of homoeopathic medicines

HAEMORRHOIDAL SCORE (Before treatment)	HAEMORRHOIDAL SCORE (After treatment)	Difference	VAS SCORE (Before treatment)	VAS SCORE (After treatment)	Difference
11	5	6	9	5	4
10	5	5	7	2	5
12	2	10	10	1	9
11	4	7	9	2	7
13	6	7	10	5	5
16	12	4	10	8	2
13	5	8	8	1	7
15	6	9	10	1	9
11	5	6	8	4	4
14	7	7	10	5	5
11	5	6	9	2	7
8	3	5	8	5	3
13	6	7	9	1	8
14	5	9	8	2	6
13	5	8	9	2	7
MEAN=12.33	5.40	6.93	8.93	3.06	5.87

The overall difference found the haemorrhoidal score in 6.93; that is, between the average score of 12.33 before treatment and 5.4 after treatment. Concerning the VAS score, the difference was found out to be 5.87; that is between 8.93 before treatment and 3.06 after treatment. The decrease in the scorings indicate the decreased intensity or relief in the symptoms of haemorrhoids, mostly itching, pain, bleeding and constipation.

Pre- and post-treatment changes in haemorrhoidal and VAS scorings in patients with respect to centesimal scale potency of homoeopathic medicines

HAEMORRHOIDAL SCORE (Before treatment)	HAEMORRHOIDAL SCORE (After treatment)	Difference	VAS (Before treatment)	VAS (After treatment)	Difference
13	7	6	9	2	7
12	8	4	9	7	2
16	9	7	10	5	5



13	8	5	9	6	3
12	7	5	8	5	3
14	12	2	9	7	2
13	10	3	9	7	2
15	12	3	10	6	4
14	10	4	9	7	2
11	5	6	9	4	5
13	10	3	8	6	2
10	5	5	8	4	4
13	4	9	9	3	6
17	11	6	8	4	4
11	9	2	8	5	3
MEAN= 13.13	8.47	4.67	8.8	5.2	3.6

The overall difference found the Haemorrhoidal score in 4.67; that is, between the average score of 13.13 before treatment and 8.47 after treatment. Concerning the VAS score, the difference was found out to be 3.6; that is between 8.8 before treatment and 5.2 after treatment. The decrease in the scorings indicate the decreased intensity or relief in the symptoms of haemorrhoids, mostly itching, pain, bleeding and constipation.

With regards to Haemorrhoids questionnaire; on referring the t table, at degree of freedom 28, we find calculated value 1.70 at  $p=0.1$  going towards calculated value 3.67 at  $p=0.001$ . Our calculated value 3.48 exceeds the value in the table (1.70 at  $p=0.1$  and 2.76 at  $p=0.01$ ), so the difference in our means is highly significant. Since the mean of difference in fifty millesimal scale is greater, that is, 6.93 is greater than 4.67 in centesimal scale, it could be interpreted as superior. Therefore, fifty millesimal scale shows more effectiveness than centesimal scale.

With regards to VAS scoring; on referring the t-table, at degree of freedom 28, we find calculated value 1.70 at  $p=0.1$  going towards

calculated value 3.67 at  $p=0.001$ . Our calculated value 3.39 exceeds the value in the table (1.70 at  $p=0.1$  and 2.76 at  $p=0.01$ ), so the difference in our means is highly significant. Since the mean of difference in 50 millesimal scale is greater, that is, 5.87 is greater than 3.6 in centesimal scale, it could be interpreted as superior.

## Conclusion

Haemorrhoidal disease is the one of the causes of great discomfort to the humanity. This condition is mostly attributed to certain dietary and bowel habits and to some extent, the family history of the patient. If not treated on time, it may lead to certain complications such as thrombosis, gangrene, infections, etc. Previous studies showed that homoeopathy has a great role in the treatment of haemorrhoids. In this study, the findings are encouraging and show significant reduction in haemorrhoidal score and VAS scale after homoeopathic treatment, having used both the scales (fifty millesimal and centesimal scales). The decrease in the scorings in both the scales signifies increased relief or reduction in the intensity of the haemorrhoidal symptoms. But fifty

millesimal scale potency showed significant and early improvement as compared to the patient who were given medicines in centesimal scale. However, larger sample size is required for further validating the result.

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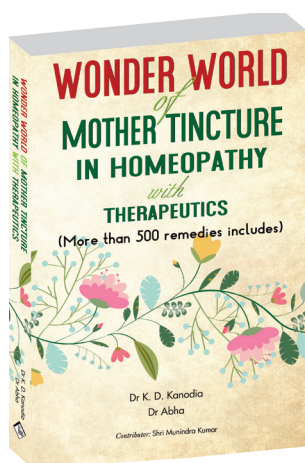
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# An overview of research perception of new graduates and post graduate trainees in homoeopathic hospitals of West Bengal

By Dr Aniruddha Banerjee<sup>1</sup>; Dr B. P. Srivastava<sup>2</sup>

**Abstract:** In spite of the recent upsurge of homoeopathic researches from the State Government Homoeopathic Medical Institutions of West Bengal and National Institute of Homoeopathy, Kolkata, research output remains still seriously compromised. It is intended to assess the knowledge of and attitudes towards research of the interneers, new graduates and postgraduate trainees (PGTs) and to identify the barriers to conducting research. A cross-sectional survey was conducted at 4 Government Homoeopathic Medical Colleges of West Bengal and National Institute of Homoeopathy. A validated and pre-tested, self-administered questionnaire was used. Bivariate analyses were performed to look for putative associations between different variables and the knowledge and attitude scores.

**Keywords:** homoeopathy; West Bengal; interneers; new graduates; postgraduate trainees; research

**Abbreviations:** postgraduate trainees (PGTs), Central Council for Research in Homoeopathy (CCRH), National Institute of Homoeopathy (NIH)

## Introduction

Research is the cornerstone of Evidence-based practice. A basic understanding of research methodology is essential, both for designing quality projects and for evaluating the medical literature [1-5]. Emphasis has been given to integrate research within the medical curriculum [6] as a good source of information and learning [7]. The evolving medical sciences necessitates that research methodology should be made fundamental in undergraduates and also post-graduates in medical curriculum [8]. It not only enables the students to develop critical appraisal skills [9], also encourages them to pursue career in basic medical sciences or clinical research [10]. Performing research allows students to gain critical thinking skills, an ability to evaluate literature, engage in teamwork, gain experience in writing and practice, and communicating data with the scientific field [11]. However, the

principles of scientific research are rarely taught at medical schools in a comprehensive way [12] and the opinion of students regarding science and research is seldom assessed [13] due to untrained mentors with poor formal research training or even informal experience [14].

Homeopathy research in India, like in most developing countries is still in its infancy and faces several obstacles. With a few exceptions, there is serious paucity of quality researches. Most of the researches consist of papers from Central Council for Research in Homoeopathy (CCRH) and theses generated by postgraduate trainees (PGTs) as mandatory requirement of their training; however the latter seldom published in indexed journals. A search in the MEDLINE database limited to last two decades revealed twelve published research papers with contributions from the undergraduates and new graduates of homeopathy institutions in India; however, not a single paper could be

identified from National Institute of Homoeopathy (NIH). The purpose of this paper was to summarise the findings on knowledge and attitudes towards homoeopathic research activities of new graduates and PGTs of government homoeopathic hospitals of West Bengal and to obtain their personal views about the barriers to conducting scientific researches in homoeopathy.

## METHODS

POINTS	SURVEY – 1	SURVEY – 2
Time Limit	August-September 2013	December 2017 and January 2018
Study Setting	Four Government Homoeopathic Medical Colleges & Hospitals of West Bengal, India	National Institute of Homoeopathy
Participants	106	143
Study Design	Cross-sectional survey	Cross-sectional survey

Relevant published research papers were searched for manually and



in electronic databases and two papers could be identified. Each of the papers reported cross-sectional surveys conducted in West Bengal involving the target population – one was conducted in four government homoeopathic hospitals in 2013 [Survey – 1] <sup>[15]</sup> and another was in National Institute of Homoeopathy in 2017-18 [Survey – 2] <sup>[16]</sup>. Both the surveys used pre-tested, validated, structured and self-administered questionnaire developed by Vodopivec et al <sup>[17]</sup> and Khan et al <sup>[18]</sup>. Another survey was identified <sup>[19]</sup>, but that was exclusively aimed at assessing the knowledge of biostatistics of the new graduates and PGTs of homoeopathy institutions of West Bengal and was not considered in this paper.

## RESULTS

- Survey – 1: Total no. of participants was 106. The survey response rate was 43%. Mean scores  $\pm$  standard deviation on the knowledge and attitude scales were  $31.35\% \pm 15.27$  and  $47.3\% \pm 18.2$ , respectively. There were no statistically significant differences between the knowledge ( $P = 0.234$ ) and attitude scores ( $P = 0.304$ ) of homoeopathic scholars and

SUBJECTS	SURVEY – 1	SURVEY – 2
Response Rate	43%	53.4%
Knowledge Score	31.4%	28.9%
• New Graduates vs. PGTs	No Difference ( $P=0.234$ )	No Difference ( $P=0.338$ )
• Male vs. Female	M > F ( $P=0.020$ )	No Difference ( $P=0.428$ )
Attitude Score	47.3%	36.4%
• New Graduates vs. PGTs	No Difference ( $P=0.304$ )	No Difference ( $P=0.452$ )
• Male vs. Female	M > F ( $P=0.033$ )	M > F ( $P=0.009$ )

- PGTs. Males had significantly better knowledge of ( $P = 0.020$ ) and attitude ( $P = 0.033$ ) towards research in comparison with females. Constraints in

infrastructure (23%), research training (20%) and statistical support (15%) were the major hurdles to pursuing research.

- Survey – 2: Total number of participants was 143. A total of 140 responses were analyzed (internees and new graduates: 68; PGTs: 72). Mean scores  $\pm$  standard deviations on the knowledge and attitude scales were  $28.9\% \pm 13.6$  and  $36.4\% \pm 20.0$ , respectively. There were no statistically significant differences between the knowledge ( $P = 0.338$ ) and attitude scores ( $P = 0.452$ ) of internees plus new graduates and PGTs. Males in comparison with females ( $P = 0.009$ ) and respondents having physician in family in comparison to those not having ( $P = 0.052$ ) had significantly better attitude towards research. Most frequently perceived hurdles to pursuing research were lack of research training (69.3%), constraints in infrastructure (57.9%), and lack of mentorship (49.3%).

## Conclusion

Despite far reaching consequences, homoeopathic new graduates and PGTs demonstrated inadequate knowledge and compromised attitudes towards research. Research training needs to undergo urgent and massive renovation to generate meaningful research. It is high time that research methodology should be included in the undergraduate medical curriculum. Corrective measures need to be formulated and implemented on urgent basis. Similar surveys need to be replicated from time to time to assess the efficacy of intervention programmes.

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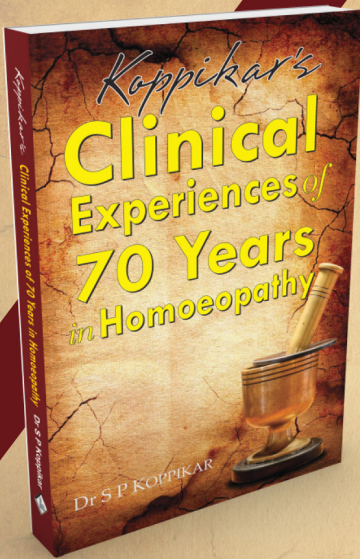
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# Importance of research in homoeopathy

*By Dr Amit*

**Abstract:** From recorded history, it is obvious that providers of medical services are forever trying to devise better and more efficient medicines, and surgical procedures for healing the sick faster and with greater success. In earlier times a physician would experiment with newer methods of treatment based on trial and error, anecdotes, and information from peers.

Documented research has gained importance in medicine and homoeopathy is no exception. Clinical research in homoeopathy helps in generating, validating and consolidating scientific evidences (in terms of safety, efficacy and effectiveness) of homoeopathic medications, procedures, and treatment regimes. These researches may be useful in prevention, treatment of various diseases, decision making for stake holders and thus help in improving clinical care. The aim is to carry out evidence-based trials based on modern scientific parameters (double blinding; objective assessment criteria, statistical analysis, etc.) without conflicting with the doctrines of homoeopathy.

**Keywords-** *Research, documentation, homoeopathy.*

**Abbreviations-** USA – United States of America, LIGA - Liga Medicorum Homoeopathica Internationalis, HPTs - homoeopathic pathogenetic trials

## Introduction

Until the middle of 20<sup>th</sup> century, the patient was taken for granted. He trusted the doctor completely and expected that all the actions of the doctor will be entirely in his interest. Hippocratic dictum of *primum non nocere* [1] is as valid and relevant today as it was 2500 years back. While this was followed to a large extent researchers often gave priority to their research interest over the welfare of the patient even ignoring the harm likely to be caused to the patient involved in research. The Tuskegee study [2], clinical research for studying the natural evolution of syphilis in patients to whom all treatment was denied which was conducted in USA for decades since the 1930s is a classic and very sad example of this. But what shook the conscience of the entire world out of its complacency is the cruel experiments conducted by Hitler's physicians on Jew prisoners during the second world war. This resulted in the Nuremberg code [3] in 1948. Subsequently,

World Medical Association devised ethical principles for medical research involving human subjects in the form of Helsinki Declaration in June 1964. The Declaration was revised periodically in 1975, 1983, 1989, 1996, 2000, 2002 and 2004. The Indian Council of Medical Research formulated guidelines for research scientists in 1980 [4]. As a result, Ethics Committees came into existence for all types of clinical researches which must be approved by the ethics committee of the institution / hospital.

Over the last decade, documented research has gained importance in every system, more so in medicine. Research is the first basic thing for a science to root and grow. It must support the science as well as explore the hidden areas, define the flaws, and open new horizons for future research. An inquiry process that has clearly defined parameters and involves discovery and creation of knowledge for testing, building, revision, confirmation, refutation of knowledge and theory by means of investigation of a problem for local

decision making.

For any stream to progress in this century, it is important that it reflects through its being the element of science. Unless a concept behind a system is scientific, it is taken with a pinch of salt. Although absence or lack of scientific evidence doesn't make a concept out rightly unscientific, one must carry on with the pursuit for its scientific validation for better acceptability and higher credibility. The basic function of research is to answer why and how of a phenomenon, but searching answers to what, when, how much, etc., is also a part of research endeavours.

However, since Medicine is a delicate science concerned with vitalities of life such as health, disease and death, it brooks no error. Ironically, no theories are available that can make Medicine infallible. It must depend on evidence provided by observations and experience. Medicine is largely an inductive science and has very little space, if any, for deductive methods. If a



treatment regimen has worked in Mr. Somebody and nine others of his clan, there is a high likelihood that it would work in the eleventh also of that type.

Today, all branches of medicine are becoming research-driven, for, as per the contemporary understanding, it is not enough for a system that claims to be a part of medicine to be well-followed, it must also be well-researched.

Homoeopathy, then, is no exception to the rule. If on one hand, the popularity of this system is growing by leaps and bounds, on the other, it is being subject to too much research-based scepticism [5]. The questions about its being plausible, scientific and effective are raised by the sceptics very often. Today, India is positioned quite strategically on the world homoeopathic map with near half of the worlds' happenings in homoeopathic discipline focussed in the country. Homoeopathic teachers and doctors have risen to international significance and their messages, teachings, experience and views are carried worldwide. The most attended LIGA event in history in December 2011 almost proved to the world, the role of India and it's position globally in the field of homoeopathy.

Hence, one needs to understand the challenges lying ahead and then learn the ways to tackle those barriers to progression in a rational way. It is, therefore, very important that the scientific plausibility of homoeopathy is achieved sooner than later. There appear to be two main concerns. The first is the principle of like-cures-like and the second is about how ultra-dilutions could retain characteristics of the active ingredient. Homoeopathy remains controversial because medicines in high potencies such as

30C and 200C involve huge dilution factors (1060 and 10400 respectively) which are many orders of magnitude greater than avogadro's number, so that theoretically there should be no measurable remnants of the starting materials. No hypothesis which predicts the retention of properties of starting materials has been proposed nor has any physical entity been shown to exist in these high potency medicines.

*The need of hour is research-oriented awareness.* It is heartfelt need to strengthen our science up-to the levels of modern scientific methods applied universally.

Homoeopathy is not new to research. The birth of homoeopathy itself is research into the principles of Hippocrates. Hahnemann did to prove, that there exists a science beyond the materials, was by means of experimentation and observation [6].

Hahnemann developed proper methodology for homoeopathic pathogenetic trials (HPTs) - often referred as drug proving [7]. This clearly proves the insight of Hahnemann to accept challenges with a futuristic outlook, and to adopt the facts.

**The problem with research in homoeopathy:**<sup>[8]</sup>

- Something which is hard to understand
- Difficult to follow or replicate (at clinics)
- Avogadro's theory and its relation to homoeopathic preparations
- Lack of "temper proof" scientific explanation of vital force or dynamisation theory
- Lack of large number of high quality clinical trials especially double and triple blind RCTs

- Lack of technical awareness and openness
- Publication bias
- Something which is inaccessible, etc.
- This gap must be shortened or bridged.

## AREAS WHICH SHOULD BE EXPLORED<sup>[9]</sup>

1. **Drug standardisation:** Aphorism 122 quotes, "In these experiments – on which depends the exactitude of the whole medical art, and the weal of all future generations of mankind - no other medicines should be employed except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured." The aim of drug standardisation is to ensure quality, genuineness, and authenticity of raw drugs and to evaluate the safety and efficacy of drugs. This aspect is of prime importance for all our future confrontation with the scientific fraternity.
2. **Homoeopathic pathogenetic trials (HPTs):** Drug proving or human pathogenetic trial is the core area we aim for. Drug proving techniques have been elaborated by Hahnemann some 200 years ago and have been rectified and updated time to time. In the recent times, the process and methodology of HPTs has improved greatly.
3. **Clinical research:** Clinical research is one of the growing activities in homoeopathy in the past few years. The concept of "evidence based medicine" has evolved in conjugation with clinical research.
4. **Clinical verification:** To make clinical proving and research more authentic and scientific,

clinical verifications are now carried at multicentric levels. This helps us to gain finer shades of remedies in terms of ethnicities, climates, population, etc.

5. **Fundamental or Philosophical research:** This is one of the areas of interest for historians and many clinicians. These 200 years of evolution of homoeopathy have been in turmoil for such a vast concept. Evolution in these years is really an area of interest for many. Hahnemannian writings, case studies, his mode of living, etc. are now studied with in-depth scientific attitude to extract finer information which he applied. This will help us to present our concepts in more audacious manner.

Even though pointing out all the problem areas of research in homoeopathy remains a challenge, owing to its wide sphere and variety, it is important that the young homoeopaths willing to take up the challenge of homoeopathic research make themselves sound enough to the key attention areas for research in order to proceed in the right direction. Acquainting oneself well with the international methods of research and being clear about the desired result can lead to some really rewarding researches.

All efforts of the present homoeopathic researchers should be towards but one goal: *Enhancing the validity quotient of homoeopathy.*

As a wise researcher, 'it doesn't take several researches to prove the validity of a concept; it rather takes just one self-sufficient, reproducible research to say it all!' It is high time we start our pursuit for 'that one research', but the pathway to that research

just might be many other researches on the way.

## Conclusion

Every homoeopath knows homoeopathy works because they witness the positive results every day in their clinics. The need of the hour is to establish scientific plausibility of homoeopathy through translation of clinical observation in their practice into scientific data which can be validated by the scientific community. This will establish a firm footing of homoeopathy which could be an answer to threats and sarcasm from factions of the scientific and medical community.

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# Homoeopathic treatment of influenza like illness in paediatric age group: a series of thirty cases

*By Dr Sabiha Naaz, Dr Azizul Islam Khadim*

## Abstract:

**Background:** Over the years the prevalence of communicable diseases has decreased over time, but viral infections, particularly influenza, are on the rise, necessitating preventive and therapeutic efforts.

**Objectives:** To evaluate the effectiveness of individualized homoeopathic medicines in influenza like illness in paediatric age group (primary objective) and to highlight the most commonly indicated medicines in such cases, to report complications (if any), duration of illness (secondary objectives).

**Material and methods:** A retrospective, non-comparative, open-label observational study of 30 paediatric cases of influenza like illness (ILI) are presented that were treated from April 2021 to July 2021 at the outdoor patient department (OPD) of R.B.T.S. Govt. Homoeopathic College and Hospital with individualised homoeopathic remedies. The symptoms of ILI were assessed as per criteria laid down by Ministry of Health and Family Welfare, Govt. of India. There were 21 girls and 9 boys in the case series, with a mean age of 9.2 years, and a mean follow up from treatment of 3 days. The mean time between the onset of the appearance of ILI and the first visit at the OPD was 2 days without prior self-medication. Homoeopathic treatment was given on an individualized basis according to homoeopathic principles.

**Results:** All the patients responded significantly to their homoeopathic remedies specific for each case. Out of 30 paediatric cases, *Bryonia alba* (n=10, 33.33%) and *Rhus toxicodendron* (n=08, 26.67%) were found to be the most useful medicines. There was a significant difference in temperature from 2nd day onwards. Likewise, significant improvement was noticed in cough, nasal complaints and sore throat on 1st day; symptoms of headache, myalgia, chill and malaise were relieved on the 2nd day. The homoeopathic treatment shortened the duration of illness with a mean of 2.5 days and was also devoid of any complications.

**Conclusion:** The study enumerated the significant effect of individualized homoeopathic treatment in patients suffering from ILI with shortened duration of illness and absence of any complications or sequel.

**Keywords:** Influenza like illness, case series, paediatric patients, individualized homoeopathic medicines, *Bryonia alba*, *Rhus toxicodendron*.

**Abbreviations:** influenza like illness (ILI), outdoor patient department (OPD), polymerase chain reaction (PCR)

## Introduction

Influenza is regarded as one of the most serious infectious diseases in the world [1]. It is caused by different strains of virus that produce symptoms with some variation and is better known as Influenza like illness (ILI). Even World Health Organization (WHO) has set up national influenza centres in Western Pacific and South-East Asian regions for its surveillance and taking prompt action during the

pandemic by issuing pandemic alert and helping the states to develop effective health care plans.

Influenza is a **public health issue**, particularly among the elderly, children under the age of five, pregnant women, and those with certain chronic diseases and disorders. Each year, influenza causes 3–5 million instances of severe illness and 250,000–500,000 fatalities worldwide, with the majority of cases occurring in high-risk categories [2]. Influenza is also

a leading cause of lost productivity and absenteeism at work. Because virological or molecular testing is not possible for all cases of influenza, it is monitored based on the presentation of influenza-like symptoms and is so commonly referred to as “influenza-like illness” (ILI). On the 16th of May 2009, the first case of P-09-H1N1 (flu) positivity in India was reported. Testing for influenza began in June 2009 and lasted until July 2010 in Eastern India to assess the prevalence and epidemiological



characteristics of the circulating pandemic H1N1 (H1N1) strain. Patients with influenza-like symptoms who sought medical care in local government hospitals had their nasal and throat swab samples tested using real-time polymerase chain reaction (PCR). Influenza viruses are spread through the air, and infections can range from mild to severe and life-threatening. Vaccination and antiviral medication are the two most common pharmaceutical approaches for influenza management and prevention, yet neither is perfect. Influenza vaccines, which have been in use for a long time, are safe, but they must be given every year, and their immunogenicity is lower in high-risk categories, such as very young children, the elderly, and seriously immunocompromised patients, than in the general population.

Homoeopathy, from time immortal have been looked upon as a system of medicine for the cure of long standing chronic diseases but in reality this art of holistic prescribing has earned itself laurels in the field of acute, infectious diseases too specifically because of the number and variety of its therapeutics, which can be matched with the variety of disease presentations. Homoeopaths had claimed greater success in the past pandemics, especially during the 1918 pandemic [3]. In

the past also, a few clinical trials in ILI with homoeopathic intervention yielded positive results. There has been at least one randomised controlled trial that has investigated the effectiveness of individualised homoeopathic treatment of ILI [4]. However, the first retrospective case series describing the effectiveness of individualised homoeopathic medicines in the treatment of ILI in paediatric age group is already being reported. In this study, homoeopathy has shown beneficial results but still large-scale, controlled clinical trials are required in this field.

## OBJECTIVES

### Primary objective

To evaluate the effectiveness of individualised homoeopathic medicines in influenza like illness in paediatric age group.

### Secondary objectives

To highlight the most commonly indicated medicines with their indications.

To assess the duration of illness.

To report complications (if any).

## MATERIAL AND METHODS

### Research methodology and study design

A retrospective, non-comparative, open-label observational study of 30 paediatric cases of Influenza

like illness (ILI) are presented that were treated from April 2021 to July 2021 at the Outdoor Patient Department (OPD) of R.B.T.S. Govt. Homoeopathic College and Hospital with individualized homoeopathic remedies. The symptoms of ILI were assessed as per criteria laid down by Ministry of Health and Family welfare, Govt. of India [5]. There were 21 girls and 9 boys in the case series, with a mean age of 9.2 years, and a mean follow up from treatment of 3 days. The mean time between the onset of the appearance of ILI and the first visit at the OPD was 2 days without prior self-medication (Table 1).

### Intervention

Patients presenting with symptoms of ILI, viz. fever, headache, myalgia, malaise, sore throat, fatigue, nasal complaints (nasal discharge, obstruction), chill, sweat, and cough were identified. The selection of the homoeopathic treatment for these 30 patients was made on acute totality given on an individualized basis according to homoeopathic principles laid down by Dr Hahnemann in the *Organon of Medicine* [6]. Final prescription was based on the individualization of the patient, after consulting *Materia Medica* [7]. Patients were followed-up for a mean time of 3 days during the treatment following homoeopathic principles and second prescription of Kent's philosophy [8].

**Table 1:** Baseline characteristics of 30 paediatric patients with Influenza like illness

Characteristics	No of cases, n (%)
SEX	
Male	09 (30%)
Female	21 (70%)
AGE GROUP (years)	
3-6	05 (16.6%)
7-9	06 (20%)
10-12	17 (56.6%)
13-15	02 (6.6%)

DURATION OF COMPLAINTS (days)	
1-2	23 (76.6%)
3-4	06 (20%)
5-6	01 (3.3%)
PREVIOUS TREATMENT TAKEN	
Yes	0
No	30 (100%)
SYMPTOMS PRESENT	
Fever	30 (100%)
Nasal complaints	30 (100%)
Cough	30 (100%)
Headache	19 (63.3%)
Sore throat	03 (10%)
Chill	01 (3.3%)
Myalgia	27 (90%)
Malaise	07 (23.3%)

## RESULTS

All the patients responded significantly to their homoeopathic remedies specific for each case. Out of 30 paediatric cases, *Bryonia alba* (n=10, 33.33%) and *Rhus toxicodendron* (n=08, 26.67%)

were found to be the most useful medicines (Table 2). There was a significant difference in temperature from 2<sup>nd</sup> day onwards. Likewise, significant improvement was noticed in cough, nasal complaints and sore throat on 1<sup>st</sup> day; symptoms

of headache, myalgia, chill and malaise were relieved on the 2<sup>nd</sup> day. The homoeopathic treatment shortened the duration of illness with a mean of 2.5 days and was also devoid of any complications.

**Table 2:** Details of the homoeopathic medicines with its symptomatology used in the treatment and duration of illness of 30 paediatric patients with influenza like illness.

Sl. No.	Name of Medicine	No. of prescription, n (%)	Symptomatology
1	<i>Bryonia alba</i>	10 (33.33%)	Fever with dry cough and nasal congestion. Complaints < after taking cold in hot weather. Tongue is dry with great thirst for cold water. < on motion, > rest.
2	<i>Rhus toxicodendron</i>	08 (26.67%)	Fever with restlessness and dry cough before and during chill. Tongue is dry and cracked, great thirst. < on rest, > by motion
3	<i>Aconitum napellus</i>	03 (10%)	Fever with skin dry and hot and restlessness. Dry cough < on expiration with sneezing. History of cold exposure. Thirst: profuse, appetite: less, tongue: dry

4	<i>Allium cepa</i>	02 (6.67%)	Fever with profuse watery discharge and acrid coryza. < in the room, > in open air
5	<i>Antimonium tartaricum</i>	01 (3.33%)	Fever with vomiting followed by drowsiness and prostration.  Large quantities of mucous comes out while coughing. Tongue is thick, coated.  > on open air
6	<i>Arsenicum album</i>	01 (3.33%)	Fever with restlessness. Children wants to be carried. Great thirst for cold water  < at midnight, cold, > by hot
7	<i>Belladonna</i>	01 (3.33%)	Fever with hot and red face, nasal congestion with redness.  Headache > by pressure  History of cold exposure
8	<i>Dulcamara</i>	01 (3.33%)	Fever with profuse, watery nasal discharge and cough. History of exposure to rain, cold. The patients living in a damp area.  Sudden changing of weather causing the complaints.
9	<i>Ipecacuanha</i>	01 (3.33%)	Fever with constant nauseatic tendency.  Dry, spasmodic cough with rattling sound.  Tongue is clean with profuse thirst.
10	<i>Natrium sulphuricum</i>	01 (3.33%)	Fever with thick yellowish, greenish nasal discharge.  <change of weather from dry to damp, > dry weather.
11	<i>Rumex crispus</i>	01 (3.33%)	Fever with sore-throat, raw sensation in larynx.  Dry cough < from cold air. Very sensitive to cold air.

## Discussion

The current definition of ILI with a sensitivity of about 60% and the specificity of about 5% when influenza is not prevalent, that is, 5% of people who meet the case definition do actually have influenza) to 60-70% during the influenza season is a sudden rise of temperature >38°C and cough or sore throat in the absence of another diagnosis. Cough, fever, and myalgia, or fatigue are the most common. Notably, sore throat has been reported to be a negative indication of influenza in multiple studies, implying that those who

have a sore throat are more likely to have an infection other than influenza [9]. Based on these findings, a new definition has been proposed: "An acute respiratory illness with a measured temperature of 38°C and cough that began within the last 10 days."

In this retrospective study, majority of the patients constituted 10-12 years age group (n= 17, 56.6%) with mean 10.5 years unlike other studies which stated children upto 5 years of age are more susceptible to ILI [10]. All cases at baseline had fever, cough and nasal complaints (n=30, 100 % respectively). 3 cases (10%)

had a sore throat, 27 cases (90%) had myalgia and 7 cases (23.3%) had malaise, 19 cases (63.3%) had headache and 1 case (3.3%) had chill. Although the findings support the suggested criteria of ILI, in this study nasal complaints were found at a higher rate than expected, indistinguishable from the RCT conducted by Chakraborty, et al [4]. All the patients responded significantly to their homoeopathic remedies specific for each case. Amongst the remedies, *Bryonia alba* was given to 10 patients (33.33%) and *Rhus toxicodendron* was given to 8 patients (26.67%). Other remedies used were *Aconitum napellus* (n=



3, 10%), *Allium cepa* ( $n= 2$ , 6.67%), *Antimonium tartaricum* ( $n=1$ , 3.33%), *Arsenicum album* ( $n= 1$ , 3.33%), *Belladonna* ( $n= 1$ , 3.33%), *Dulcamara* ( $n= 1$ , 3.33%), *Ipecacuanha* ( $n= 1$ , 3.33%), *Natrium sulphuricum* ( $n= 1$ , 3.33%) and *Rumex crispus* ( $n= 1$ , 3.33%). The symptomatology of medicines which formed the basis of prescription has been enumerated in Table 2. Although, the findings corroborate with the other studies conducted on ILI, but *Arsenicum album* was administered in much lower frequency than expected in the study population. The intensity of symptoms started decreasing after a few hours of taking medicines as narrated by the patients on subsequent follow up. There was a significant difference in temperature from 2<sup>nd</sup> day onwards. Likewise, significant improvement was noticed in cough, nasal complaints and sore throat on 1<sup>st</sup> day; symptoms of headache, myalgia, chill and malaise were relieved on the 2<sup>nd</sup> day. The findings were analogous to various other ILI studies as well. Overall, the illness lasted for about 2-3 days with a mean of 2.5 days without any complications.

Homoeopathy takes a comprehensive approach to patient understanding and integrates this approach to provide individualized patient treatment [11, 12]. Because homoeopathy's basic therapeutic rule is *similia similibus curentur* (let like be treated by like), it has the advantage of considering both the causes of diseases and their effects [13]. Therefore, homoeopathic treatment, when given in a timely fashion, may bring about immediate improvement, arrest complications and restore health.

## Conclusion

The study enumerated the significant effect of individualized

homoeopathic treatment in patients suffering from ILI with shortened duration of illness and absence of any complications or sequel.

## INFORMED CONSENT

Written consent was obtained from parents of their wards' case details for publication.

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# Likelihood ratio in homoeopathy: a goal towards an accurate prescription

By Dr Jalpa P. Atri

**Abstract:** Background: Statistical research is an integral part of science which contributes a lot in growth and development of science. Research in homoeopathy brings many new methods to improve our practical skills as well as scientific explanation of existing data. Likelihood ratio is one the new emerging concept among homoeopath for obtaining verification of symptoms that will ultimately ends in accurate prescription but many homoeopaths are unaware about it. So, it is imperative to understand this research oriented aspect of homoeopathy with critical view of mind.

**Materials and method:** A literature search was conducted using various data sources like pubmed, web of science, google search engine and other peer review articles from publication related to homoeopathic system which explores data regarding likelihood ratio.

**Result and conclusion:** This study explores a role of likelihood ratio in homoeopathy as well as current status of likelihood ratio in homoeopathy.

**Keywords:** Likelihood ratio, homoeopathy, research, verification, prescription

**Abbreviations:** LR-likelihood ratio, Se-sensitivity, Sp- specificity, CI- confidence interval

## Introduction

As medical science, homoeopathy needs scientific outlook for its continuous development to attain perfection. Likelihood ratio named epidemiological tool explores many scopes in homoeopathy to verify its symptomatic data. Likelihood ratio is a part of statistical research which deals with symptoms, diagnosis and various investigations. As a physician, one must know about various researches and techniques in medical field to maintain our place in medical science. Various researches were there in past that explore the detail data related to likelihood ratio and its utility in medical science. Application of likelihood ratio in homoeopathy helps physician to use his clinical skill at higher level and useful to carry out some structural changes in repertory to discard unnecessary and ambiguous data.

### Objective of study:

Primary objective of study was, "to explore knowledge regarding likelihood ratio in medical science" and secondary objective was "to understand utility of likelihood ratio in homoeopathy with critical view of mind."

**Materials and methods:** A literature search was conducted using various data sources like pubmed, web of science, google search engine and other peer review articles from publication related to homoeopathic system which explores data regarding likelihood ratio.

**Inclusion criteria:** 1) All the literature regarding likelihood ratio in homoeopathy were included to examined the data. 2) Articles regarding likelihood ratio in medical science were collected with time period from 1990 to 2021.

**Exclusion criteria:** Published articles regarding likelihood ratio before

2001 were excluded from the study.

### Observation and result:

#### *Likelihood ratio in medical science:*

Likelihood ratio is known term for statistician and epidemiologist but lesser known among the physicians. Alexander Etz mentioned about concept of likelihood with the reference of Edward's study in following way, "Edwards (1992) synthesized two statistical concepts— the law of likelihood and the likelihood principle—to define a likelihood axiom that can form the basis for interpreting statistical evidence."<sup>(1,2)</sup> It is very less used tool among physicians for clinical as well as diagnostic matter. Likelihood ratios have wide application in medical field, i.e. in symptoms, physical examination, laboratory tests, imaging procedures and scoring systems. Its concept revolves around the prior and posterior probability of Bayesian philosophy.

In psychological field, likelihood ratio was introduced as an alternative for null hypothesis testing for drawing statistical inferences. Its flexibility and simplicity for drawing inferences makes it good alternative for hypothesis testing.<sup>(3)</sup> Difference between conditional probability and likelihood ratio is in interpretation of what is fixed and what can vary. In case of probability, hypothesis is fixed and data may be varying while in likelihood ratio data is fixed and hypothesis can vary.<sup>(2)</sup>

LR of any clinical finding is the probability of that finding in patient with disease divided by the Probability of the same finding in patient without disease. For example, among patients with abdominal distension who undergo ultrasonography, the physical sign "bulging flanks" is present in 80% of patients with confirmed ascites and in 40% without ascites (i.e. distention from fat or gas). The LR for "bulging flanks" in detecting ascites, therefore, is 2.0 (i.e. 80% divided by 40%). Similarly, if the finding of "flank tympany" is present in 10% of patient with ascites but in 30% with distention from other causes,

the LR for "flank tympany" in detecting ascites is 0.3 (i.e. 10% divided by 30%)<sup>(4)</sup>

In order to understand likelihood ratio for application in clinical practice, one has to be familiar with some statistical terms like specificity and sensitivity. Its application is not only limited to the tests that having result in dichotomous form but also applicable for the tests with results in continuous form (example, blood pressure) or multiple ordinal level (fine needle biopsy of breast masses).<sup>(5)</sup>

The pretest probability can be combined with the LR to generate a posttest probability, such that a high pretest probability coupled with a high LR will generate a very high posttest probability. Hence, a practitioner who was reasonably confident about a correct diagnosis before the test would be much more confident after obtaining the positive results of a test that had a high LR. The opposite of this scenario would occur if a low pretest probability and low LR were involved.<sup>(6)</sup>

Positive LR+ = Se/ (1-Specificity) and Negative LR- = (1-Sensitivity)/Sp

Likelihood ratio test (Wilks test) is done with the help of various calculators and nomogram (pre- and post-test probability). Negative likelihood ratio is also important for clinical diagnosis to minimise false positive findings.<sup>(7)</sup>

### **Likelihood ratio in homoeopathic field:**

Likelihood ratio in homoeopathic field was introduced as epidemiological tool to help in evaluation of the homoeopathic notions like keynotes and peculiar and characteristic symptoms. Likelihood of ratio helps physician to understand the probability that medicine will work if certain symptom is present or absent which is application of likelihood ratio at the symptom level to get more accurate prescription.<sup>(8)</sup> Application of likelihood ratio in homoeopathy will help to improve present structure of materia medica and repertory.

There are following list of articles in homoeopathic literature that have reported use of LR

Name of article	Objective and methods	Results	Conclusion
Prevalence and Likelihood ratio of six objective signs among good responders to <i>Natrum muriaticum</i> : multi centre observational assessment <sup>(9)</sup>	To estimate LR of the six objective signs attributed to the homoeopathic medicine, <i>Natrum muriaticum</i> .	Data from 36 good responders to <i>Natrum muriaticum</i> and 836 general population patients were compared. It was found statistically significant positive LR (CI-95%) for signs such as lip cracks(1.94), recurrent herpes (2.29), hairline eruption(2.07) and dry hands(2.13)	Objective signs with significant positive LR might increase the reliability of homoeopathic prescription. Further studies are warranted to confirm the validity of this approach.

Prevalence and likelihood ratio of symptoms in patients with good therapeutic response to <i>Lycopodium clavatum</i> . A retrospective study <sup>(10)</sup>	To investigate the prevalence and LR of the symptoms commonly attributed to the homoeopathic medicine <i>Lycopodium clavatum</i> . Secondly, to answer the question if experienced Homoeopaths could intuitively infer which symptoms of this medicine are.	202 <i>Lycopodium clavatum</i> cases and 550 non <i>Lycopodium clavatum</i> cases (752) were included for analysis. 22 symptoms were confirmed as pertaining to <i>Lycopodium clavatum</i> 's semiology: (prevalence %, LR) Among 22 symptoms few are- contemptuous (3.3; 6.7) urinary stone history (2.7; 5.4), egotism (5.6; 3.6) etc.  Surveyed homoeopaths' intuitive inferences correlated well with symptoms' prevalence but not with their LR	<i>Lycopodium clavatum</i> 's main symptoms are well known by homoeopaths, but their knowledge correlates well with the symptoms' prevalence and not with their LR. Retrospective Assessment of Prevalence and LR of symptoms in good responders might be a means for better selection of symptoms for prospective studies.
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Apart from above mentioned articles, Evaluation of a prognostic homoeopathic questionnaire for women with premenstrual disorders<sup>(11)</sup> and assessment of likelihood ratio for four contact dermatitis symptoms of *Vinca minor* and having conclusion that itching amelioration in open air with LR 3<sup>(12)</sup> are worthy to study for understanding the LR.

Some important findings in research study related to LR help us to understand the position as well as role of LR in homoeopathy.

As the data related proving are increasing day by day in Homoeopathy since its origin. One article suggests that, "we should develop new criteria for entering or discarding entries in the repertory. We probably need a different way of handling statistical uncertainty than in hypothesis testing. Symptoms should be more clearly defined. The validity of our scales measuring cure should be validated. Most of the questions we

*presented here have been issues as long as repertories have existed, but were avoided. To do it right we should handle these questions properly.*"<sup>(13)</sup>

Application of LR in Homoeopathic field opens a new path to verify the symptoms of remedies and ultimately changes on the typeface in repertory. Rare remedies are homoeopathic medicines with little data. If there is little experience with a medicine, its symptoms are not frequently confirmed. This means that there is no emphasis for these symptoms in the repertory, even if the symptoms are characteristic for the remedy.<sup>(14)</sup> *Here more importance given to so called polychrest remedies than this rare remedies. Application of likelihood ratio will help to overcome this difficulty in repertory and this will change our structure of repertory as well as our repertorisation and prescriptions.*

Introducing LR to the repertory will not only change its content but also its use. Because of the altered use we should consider structural updating.

Entries of medicines in the repertory must reflect the importance of the symptom in relation to the remedy, not the occurrence of the symptom in proving and casuistry. This new repertory will increase usefulness and reliability, especially of large rubrics. It will enable us to make more reliable predictions about the number of symptoms we need in one case and the curative potential of a medicine.<sup>(15)</sup>

Research study related to assessing LR of symptoms like loquacity, fear of snakes, desire for coffee<sup>(16)</sup> and fear of death with its utility in repertorisation are good source to understand concept and utility of LR in homoeopathy.

## Discussion

Likelihood ratio is good statistical tool to improve the diagnostic skill of physician in medical field. Knowledge about its concept of pre-test probability and post-test results helps physician to practice more



skillfully in his occupation.

In homoeopathic literature, all the symptoms are not yet thoroughly verified which may cause difficulty at clinical level. Application of LR in homoeopathy to calculate LR of symptoms needs homoeopathic data (to get pre-test probability), clinical skills for prescription according to totality (there may be chances of bias at this level) and analysis of responses coming after prescribed medicines. This above describe method explore many new data for improvement at different levels in homoeopathy.

In homoeopathic science, frequently used medicines are over rated and seldom used medicines are under rated. There is no clear system, so we have to overcome the problem by proper assessment of the prevalence of symptoms in populations responding to homoeopathic medicines.<sup>(17)</sup> LR of symptoms in remedies will be a good assessment to overcome these problems.

## Conclusion

In spite of giving good results and gentle healing since many decades, homoeopathy still struggles a lot in medical science to establish its plausibility. Acceptance of the statistical tools and its application in our science will help us to cultivate a new thought process towards research in field of homoeopathy. It will also explore many new possibilities to understand some hidden treasure like aspect of our science. Evaluation with critical mindset towards application of this method help us to understand its merits and demerits in homoeopathy.

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# Homoeopathic management of menorrhagia with remedies of animal kingdom

By Dr Surabhi Khatta, Dr Neeraj Srivastava

**Abstract:** Menorrhagia is a common condition with which most of the females of reproductive age group reports in outpatient department. It's very challenging for a homoeopathic physician to proceed in such cases with detailed case taking in terms of gynaecological and obstetrical history. Homoeopathy proves to be beneficial in female disorders.

This article aims to highlight the importance of remedies under animal kingdom in the management of menorrhagia. Different source books of materia medica have been used for detailed understanding of the homoeopathic remedies of animal kingdom for menorrhagia.

**Keywords:** Menorrhagia, profuse, female reproductive system, menses, ophidia, spider, fish, insect

**Abbreviations:** Intrauterine contraceptive devices (IUCDs), polycystic ovarian disease (PCOD), tuberculosis (TB), pelvic inflammatory disease (PID), complete blood count (CBC), bleeding time (BT), clotting time (CT), central nervous system (CNS)

## Introduction

Menorrhagia is a Greek word where 'men' means menses and 'rrhagia' means burst forth. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of the hypothalamic-pituitary-ovarian axis. Whenever the uterine endometrial surface is enlarged, the bleeding surface is increased and it contributes to excessive bleeding. A normal menstrual blood loss is 50 – 80 ml, and does not exceed 100ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increased. Menorrhagia is essentially a symptom and not itself a disease. It affects 20 to 30 % of women at some time or other with significant adverse effects on quality of life and interferes with day-to-day activities.<sup>1</sup>

## Causes<sup>1</sup>

General Disorders	<ul style="list-style-type: none"> <li>Leukaemia, coagulopathies, thrombocytopenic purpura.</li> <li>Thyroid dysfunction</li> </ul>
Pelvic Disorders	<ul style="list-style-type: none"> <li>Fibroids</li> <li>Adenomyosis</li> <li>Endometrial hyperplasia</li> <li>Endometriosis</li> <li>PCOD</li> <li>PID</li> <li>Genital TB</li> </ul>
IUCDs	<ul style="list-style-type: none"> <li>Post insertion of IUCDs</li> <li>Post sterilisation menorrhagia</li> </ul>
Iatrogenic	<ul style="list-style-type: none"> <li>Oestrogen and progesterone pills</li> </ul>

## Investigations

Menorrhagia patients require to be completely investigated, besides complete physical examination. The followings tests are advised namely; CBC, BT, CT, thyroid profile, pelvic sonography, diagnostic hysteroscopy and laparoscopy.<sup>1</sup>

## How to make diagnosis

Long duration of flow, passage of big clots, use of increased number of sanitary pads/ tampons, pallor

and low level of haemoglobin give an idea about the magnitude of menorrhagia.<sup>2</sup>

## Homoeopathic approach

In the footnote of aphorism 94, 'Organon of medicine' 5<sup>th</sup> & 6<sup>th</sup> edition, Dr Samuel Hahnemann mentioned about instructions regarding case taking specified only for females. The physician must pay attention to pregnancy, sterility, sexual desire, accouchements, miscarriages,

suckling, and the state of the menstrual discharge. The menstrual history is one of the most important aspect of female case taking whether the menses are delayed, early, continuous or interrupted. The general quantity, colour and flow of menstrual discharge along with the physical or mental ailments accompanied or followed.<sup>10</sup>

### Remedies of animal kingdom in the management of menorrhagia

The animal kingdom remedies are quicker in their onset and violent in their actions. They act rapidly and energetically. Among animal remedies, different groups represent their own characteristic features.

#### 1. OPHIDIA GROUP

*The ophidia remedies has haemorrhagic constitution with purple or mottled appearance. All ophidians are thermally hot except Elaps and Naja. Their sphere of action is prominently on blood and CNS apart from female reproductive system. They feel better on appearance of discharges; worse from touch, after sleep, noise and in summers.*<sup>3</sup>

- **Crotalus horridus 'Rattlesnake':** **Vicarious menstruation; in debilitated constitutions**<sup>4</sup>. Uterine haemorrhage with faintness at stomach. Sensation as though uterus would drop out. Painful drawing in uterine ligaments. Cannot keep legs still.<sup>5</sup> Menses a week too soon, first preceded by weight in head and ears, accompanied by pains in abdomen and back, and cold feet.<sup>6</sup> The period lasts some hours longer than is usual, and goes off after two days with intense frontal headache, which lasts from 10 to 1 o'clock in the night.<sup>7</sup>
- **Elaps corallinus 'Brazilian Coral snake':** Menses every two

**or three weeks; flow profuse, dark.** Sensation as of something burst in womb, followed by continuous stream of dark-coloured blood on attempting to urinate.<sup>6</sup> Discharge of black blood between the menstrual periods.<sup>7</sup> Discharge of very dark colored liquid and clots, but mostly liquid, and varies from half a pound to two or three pounds in twenty-four hours; is so weak cannot rise from bed or hold anything in hand.<sup>8</sup> Better when urinating.<sup>9</sup>

- **Lachesis mutus 'Surukuku snake':** **Always better during menses.**<sup>4</sup> Acts especially well at beginning and close of menstruation.<sup>5,8</sup> In females who never get well from the change of life - "have never felt well since that time" may have unnatural unwell periods.<sup>6</sup> Menses recurred after three weeks. Frequently useful at the climacteric period.<sup>7</sup> Menorrhagia with chills at night, flashes of heat by day. Uterine and ovarian tumours, with profuse and prolonged menses. Uterine haemorrhages of the menopause. Tenacious and acrid menstrual flow, with labor-like pains.<sup>8</sup> Uterine and ovarian pains better by flow of blood. Less the flow more the pain. Desire to go in open air and run about before menses.<sup>9</sup>

#### 2. SPIDER GROUP

*The spider remedies are hypersensitive and restless. Being sensitive to cold, thermals are chilly. Their sphere of action is prominently on skin, CNS and female reproductive system. They feel better while dancing, from warmth, music, open air; worse from motion, touch, noise and damp weather.*<sup>3</sup>

- **Aranea diadema 'Papal-Cross Spider':** Menses too early, too

**copious.**<sup>5</sup> Catamenia too early, too frequent, too profuse, of too long duration. Periods eight days too early, too strong, and too copious.<sup>6,7,8</sup> Lumbo-abdominal neuralgia with vomiting and yawning; during menstrual cycle.<sup>9</sup>

- **Tarentula hispanica 'Spanish spider':** At every menstrual nismus, throat, mouth and tongue intolerably dry, especially when sleeping.<sup>4</sup> **Profuse menstruation, with frequent erotic spasms.**<sup>5,6,7</sup> Expulsion of gas through the vagina, proceeding from the uterus.<sup>7</sup> Menses too early and profuse. Violent nymphomania worse coitus. Pruritus vulvae, after menses.<sup>7,8,9</sup>

#### 3. FISH GROUP

*The fish remedies have masculine appearance with yellow complexion and weeping tendencies. Thermals are chilly. Their sphere of action is prominently on the female reproductive system. They feel better while exercising and crossing the limbs; worse from washing, cold application, before and during menses.*<sup>3</sup>

- **Ambra grisea 'Ambergris':** **Discharge of blood between periods, at every little accident - a long walk, after very hard stool, etc.**<sup>4,5,8</sup> Menses too early and too profuse.<sup>6</sup> Violent itching of the pudendum. The menses appear four days before the time. Sensation in the abdomen as if the menses would come on, although they had appeared twenty-one days ago.<sup>7</sup> During menses, left leg becomes quite blue from distended varices, with pressive pain in leg. Nymphomania; often with discharge of bluish white mucus.<sup>8</sup> Lying down aggravates uterine symptoms.<sup>8,9</sup>



- *Murex purpurea* 'Purple fish': For the sufferings during climacteric. **Menses irregular, early, profuse, protracted, large clots.**<sup>4,5,8</sup> Pain from right side of womb to right or left breast.<sup>5</sup> Violent bearing down with symptoms of prolapse of uterus > by crossing legs. During the profuse menstruation, sensation of constriction at uterus.<sup>6</sup> A distinct feeling of the womb. Violent sexual desire.<sup>7</sup> Profuse and too early menses. During menses intense abdominal pain, like something pressing on a sore place, this continues first part of period and sometimes returns.<sup>8</sup> Prolapse, enlargement of the uterus. Discharge of blood through the vagina or bloody leucorrhoea, during stools.<sup>9</sup>
  - *Sepia officinalis* 'Cuttle fish': Prolapsus of uterus and vagina; pressure and bearing down as if everything would protrude from pelvis; must cross limbs tightly to "sit close" to prevent it; with oppression of breathing. **Irregular menses of nearly every form - early, late, scanty, profuse, amenorrhoea or menorrhagia** - when associated with the above-named symptoms.<sup>4</sup> Menses every four weeks, very profuse for five days, dark, slimy, flowing more profusely at night when in bed and sleeping. Prolapsus of uterus; of vagina with constipation.<sup>8</sup> Mania from profuse menstruation.<sup>8,9</sup>
- #### 4. INSECT GROUP
- The insect remedies are irritable and awkward. Thermals are hot. Their sphere of action is prominently on skin, urinary system and female reproductive system. They feel better in open air; worse in warmth.*<sup>3</sup>
- *Apis mellifica* 'Honey bee': The period flows two to three

days, then stops one day, and returns, and so on for ten days.<sup>7</sup> Menorrhagia with heaviness in abdomen. Bearing down pain, with tenderness over uterine region. **Menorrhagia with miscarriage.**<sup>8,9</sup> Pain in right ovary, before and during menses.<sup>7,8</sup>

- *Cantharis vesicatoria* 'Spanish fly': Menses too early and too profuse. Constant discharge from uterus; worse false step.<sup>5</sup> Burning pain in ovaries which are extremely sensitive.<sup>5,8,9</sup> **Catamenia premature and too copious, with black blood and pains during the flow.**<sup>6</sup> Uterine haemorrhage, with great irritation in neck of bladder.<sup>8</sup> Menses too early, too profuse; blood black or scanty, breasts painful.<sup>8,9</sup>
- *Coccus cacti* 'Cochineal': **Menses too early, profuse, black and thick; dark clots, with dysuria.**<sup>5</sup> Haemorrhage from uterus, with passage of large clots, which escape when quiet, or when getting up to pass urine, when quite or when rising up.<sup>5,6,8,9</sup> Enormous black clots pass from vagina.<sup>6,7,8</sup> Menses intermittent flow only in the evening or at night.<sup>9</sup>

## Conclusion

Menorrhagia is a symptom that may represent various clinical conditions of reproductive age group as well as after menopause. Homoeopathic treatment is individualized as well as holistic approach towards patients. After detailed case taking as per the instructions mentioned in our 'Organon of Medicine' 5<sup>th</sup> & 6<sup>th</sup> Edition, a suitable homoeopathic remedy should be prescribed through similimum. The animal kingdom though having a smaller number of remedies, have marked action upon female reproductive

system and works miraculously in the cases of menorrhagia provided must be selected on the basis of individualisation and totality of symptoms.

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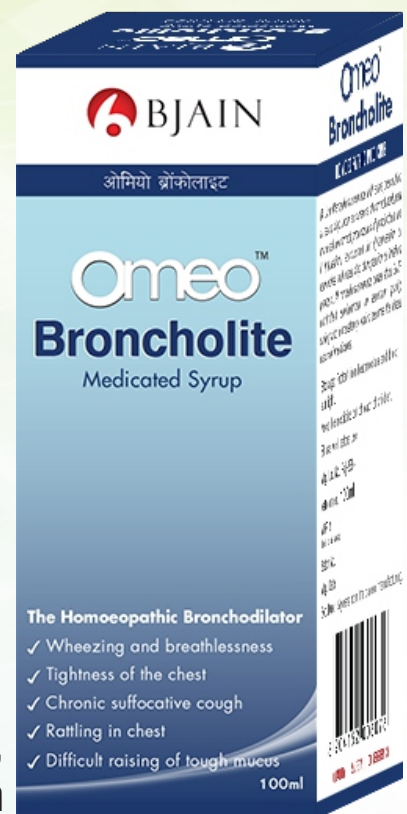
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Blatta orientalis	Ø	4.8% v/v
Justicia adhatoda	Ø	2.8% v/v
Senega	Ø	1.6% v/v
Lobelia inflata	Ø	1.6% v/v
Ipecacuanha	Ø	1.6% v/v
Grindelia robusta	Ø	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
Excipients		q.s.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

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



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## Need for research in homoeopathy

*“Research is the constant need to explore, establish, and support homoeopathy!”*

*“Evidence is a way to strengthen your say”*

**By Dr Varsha Sharma-Kapila**

**Abstract:** Research helps in enhancing medical care by inculcating the novel findings and ideas that are inferred. The hidden treasures of homoeopathy should be explored and presented to the scientific fraternity acceptably. Homoeopathy is a scientific science and evidence-based studies can further supplement this system with a firm standing. Research studies should be undertaken on a larger sample size at multi-centric levels for enhanced understanding and acceptability of homoeopathy. This article is just a breakthrough providing a glimpse into a few of our vital questions such as why research has to be conducted in homoeopathy?, what are the various areas where research can be undertaken in homoeopathy?, and the most vital question that we, homoeopaths always come across while conducting research is about the challenges associated with research in homoeopathy. Research is the present and the future of homoeopathy.

**Keywords:** Homoeopathy, evidence-based medicine, research, challenges in homoeopathy, areas for research.

### Introduction

Even after several years of its discovery, Homoeopathy has not been able to establish itself strongly as an alternative to Conventional Medicine. The reason has been the lack of research in Homoeopathy. Due to the lack of evidential proof, the medical world fails to acknowledge the astonishing results produced by Homoeopathy in cases where modern medicine failed to cure it. It is essential to “re-search” and “re-validate” the existing works in Homoeopathy with newer outlooks and thoughts <sup>(1)</sup>.

Since, the discovery of homoeopathy, the mechanism of action of Homoeopathic drugs has always been questioned. Hence, homoeopathy has received the tag of ‘placebo therapy’. The potentiality of homoeopathy as an effective therapeutic method is usually criticised. This system has faced massive sarcasm and threats from certain factions of the medical

community<sup>(2)</sup>. Homoeopathy is regularly questioned for the use of ultra-highly diluted medicines, potentisation process, and the action of the ultra-highly diluted on the system. This system is engulfed in controversy regarding, “*whether homoeopathy works, and if yes, how does it work?*” <sup>(3)</sup>. The reason has been the lack of evidence-based clinical trials of homoeopathic medicines. Lack of research has made Homoeopathy unanswerable in many instances.

For any system of medicine to be accepted, it is not sufficient that it should be only well-followed but it also needs to be well-researched. Homoeopathy too needs to be well-researched to have a scientific standing, greater acceptability, and credibility. A recent advance in homoeopathy adds further reliability and validity to the system.

For any therapeutic system to progress, the foundation must be scientific. The system needs to be scientifically validated for enhanced acceptability and credibility. More

value can be added to the therapeutic system through standardized researches. Research proves to be the groundwork of enhanced medical care <sup>(4)</sup>. In the present evidence-driven world, scientific research is the solution for homoeopathy to be internationally accepted and desired <sup>(2)</sup>. In the 21<sup>st</sup> century, research gained popularity in the science of medicine. Homoeopathy too realised the necessity for scientific research <sup>(4)</sup>. In fact, research in Homoeopathy is known since antiquity. Hahnemann himself “re-searched” into the history to verify the theory discovered by him <sup>(1)</sup>.

Research is the systematic study and investigations to establish facts and arrive at new conclusions <sup>(4)</sup>. There are no shortcuts in research and it adopts a series of steps. The research planning in Homoeopathy should be systematically organized and efforts should be taken to enhance health based on the evidence gathered from research <sup>(5)</sup>.

Collection and analysis of evidence

follow a well-drawn protocol. Ethical standards should be adhered to by the researcher. Biostatistical tools are required to arrive at a valid conclusion <sup>(6)</sup>.

## Objectives of research in homoeopathy

There are several scientific research trials conducted in homoeopathy that speak volumes regarding the efficacy of homoeopathy as a therapeutic system <sup>(2)</sup>. Research in homoeopathy is essential to fulfill the following objectives:

- To change the perception of homoeopathy in the health care community and to create acceptance in the eyes of the general public.
- To counter those tagging homoeopathy's positive outcomes due to the 'placebo' effect.
- To create confidence in homoeopathic practitioners.
- To validate 'homoeopathic pathogenetic trials'.
- To study the subject in depth.

## Areas to be explored

The homoeopathic researcher must be well aware of the key attention areas for research in homoeopathy <sup>(4)</sup>. There is a vast scope of research in homoeopathy in certain areas. **Some of the areas that need to be explored in homoeopathy are:-**

- Clinical verification.
- Homoeopathic pathogenetic trials.
- Drug standardisation.
- Fundamental or philosophical research.
- Clinical research. <sup>(1)</sup>

## Types of research in homoeopathy

There are several ways by which research can be performed in homoeopathy. Some of the types of

research are:-

### Classification 1

- Fundamental research.
- Drug-based research.
- Evidence-based.
- Clinical trials.
- Disease-based research.
- Literary research.

### Classification 2

- Descriptive.
- Fundamental.
- Conceptual.
- Empirical.
- Analytical.
- Quantitative.
- Qualitative.
- Diagnostic. <sup>(1)</sup>

## Prerequisites for research

There are certain prerequisites required to conduct a good research activity. A few of them are as follows:

- A dedicated team.
- Institutional support.
- Research funding.
- Scientific and technical awareness.
- Electronic exposure. <sup>(1)</sup>
- Establish multi-level ethical committees.
- Establish peer review homoeopathic journal.
- Develop guidelines for research.

## Challenges

Several attributes make research in homoeopathy, still a challenge. Some of the research challenges in homoeopathy are:

- A limited number of research studies. <sup>(3)</sup>
- Lack of centralised database of research activities.
- Funding and resource-related

challenges. <sup>(1)</sup>

- Limited resources.
- Lack of experience. <sup>(3)</sup>
- Global guidelines.
- Rational, multi-centric, large sample size studies.
- Publication bias <sup>(1)</sup>
- Reduced motivation, etc. <sup>(3)</sup>

## Conclusion

*Research is the present and future of homoeopathy.* The research conducted in homoeopathy should be targeted towards enhancing the reliability, validity, and credibility quotient of homoeopathy. <sup>(4)</sup>

There is a need for research in homoeopathy. Been research-oriented is the need of the hour. We must all be an "active contributor" to the development of homoeopathic science. Every possible resource should be used by homoeopaths to explore novel things and make Homoeopathy, the much-sorted mode of therapeutics <sup>(1)</sup>. New research in Homoeopathy is essential to add to its credibility and reliability.

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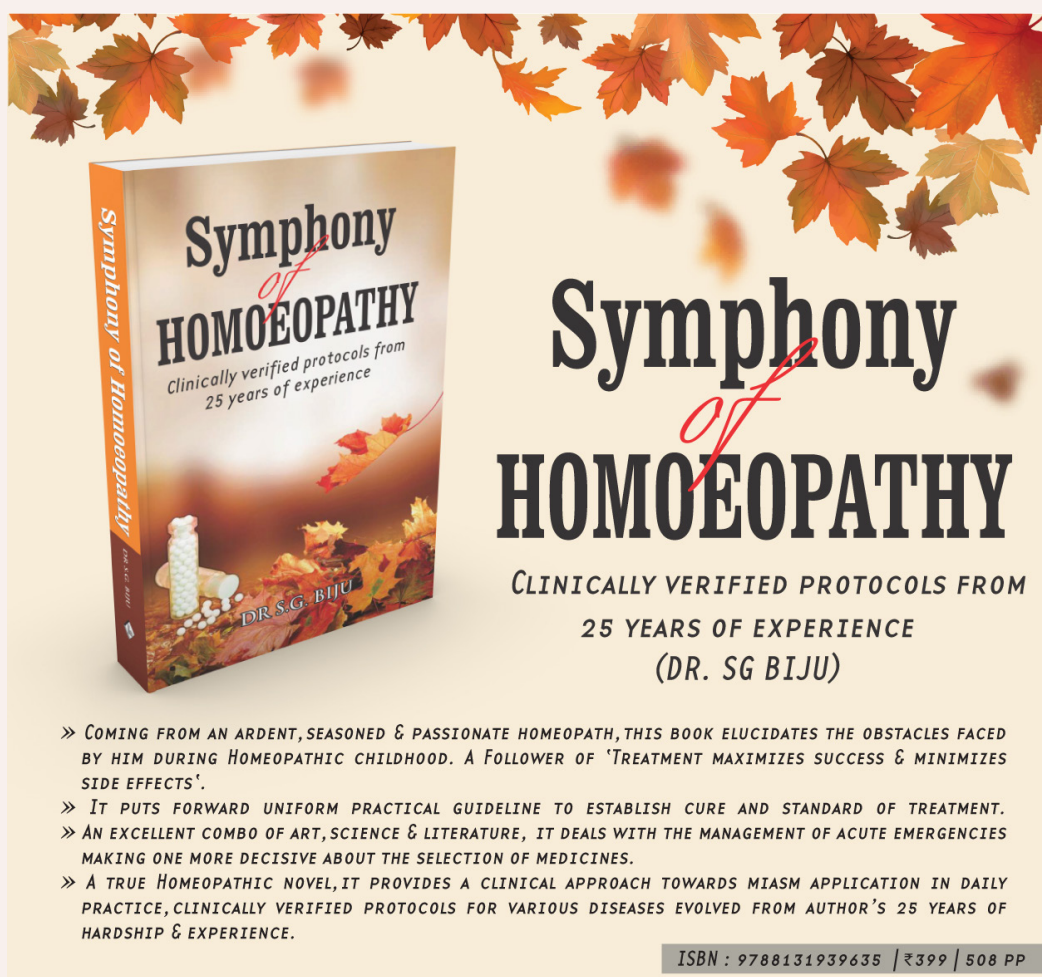
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# Effectiveness of homoeopathic dilution *Arsenicum iodatum* in post COVID 19 respiratory illness: a case series

By Dr Binuraj S R, Dr Vishnupriya S V, Dr Hafsa Muhammed

**Abstract:** Post recovery manifestations encountered following COVID 19 infection is quite common now. Among these respiratory manifestations like oppression in chest, dyspnoea, dry cough etc. are the most common presentations. Homoeopathy is found to be effective in COVID 19 infection and post COVID 19 syndrome. Literatures have shown the beneficial effect of homoeopathic medicine *Arsenicum iodatum* in influenza like illness and post viral diseases. This article has managed to present a series of seven cases showing the effectiveness of *Arsenicum iodatum* in post COVID 19 respiratory illness.

**Keywords:** COVID 19, post COVID 19 syndrome, severe acute respiratory syndrome, homoeopathy, *Arsenicum album*, *Arsenicum iodatum*

## Abbreviations:

ARDS- acute respiratory distress syndrome

COVID 19- corona virus disease 2019

SARS- severe acute respiratory syndrome

Ars iod – *Arsenicum iodatum*

## Introduction

Since late November 2019, COVID 19 has become a global health pandemic. The incidence of acute respiratory distress syndrome (ARDS) in COVID 19 patients is reported to be between 17% and 67%, and critical illness that requires intensive care unit (ICU) admission is between 20% and 32% in different studies.<sup>1</sup> Post COVID 19 syndrome occurs in most of the people who have recovered from COVID 19 and many of the symptomatology showed similarity to that of the post-severe acute respiratory syndrome (SARS). The symptoms occurring after recovery from COVID 19 differs from those occurring during COVID 19. Post recovery manifestations were studied after SARS attack in 2003 and the major symptoms were fatigue, myalgia, depression,

anxiety, joint pain, headache and weakness. The same symptoms are noted in post COVID 19 conditions, occurring after recovery from acute illnesses. Either the symptoms fade away without much of medical intervention or some of these manifestations become chronic and last for a long period of time requiring long term monitoring.<sup>2</sup>

Post COVID 19 syndrome also happens to differ from long COVID 19 in which people continue to experience a range of effects lasting for months after recovery.<sup>3</sup> In a longitudinal prospective cohort study conducted on non-hospitalised COVID 19 patients, the on-going presence of either shortness of breath, anosmia, ageusia or fatigue as long-lasting symptoms was observed at four and seven months post-infection.<sup>4</sup>

A prospective observational study conducted in Northern India between October 2020 and February 2021 shows that around 40% of patients had the symptoms in the first month, 22% between 1-3 months and in 10% symptoms occur after 3 months. The severity of post-COVID 19 manifestations was correlated to the severity of the infection which also was in turn related to the presence of comorbidities.<sup>5</sup> Post COVID 19 symptoms may vary from patient to patient. The symptoms show equal prevalence in patients ranging from asymptomatic to severe cases. These can range from respiratory symptoms to wide-ranging psychological and multisystem related symptoms.<sup>6</sup> Common symptoms, such as cough, fever, dyspnoea, musculoskeletal symptoms, and anosmia have been seen in a large proportion of

patients. Respiratory manifestations include dyspnoea, oppression in chest, cough, anxiety and fatigue of which dyspnoea and fatigue are the most commonly complained of. Development of pneumonia or pulmonary fibrosis is seen to be the commonest complication of post COVID 19 respiratory syndrome.<sup>7</sup>

As per guidelines issued by Ministry of Ayush for COVID 19, Medicines indicated in mild illnesses are mainly *Aconitum napellus*, *Arsenicum album*, *Bryonia alba*, *Gelsemium sempervirens*, *Rhus toxicodendron*, *Eupatorium perfoliatum*, *Ipecacacunha*, *Belladonna*, *Camphora*, which may be used depending upon the symptom similarity. Severe forms of disease but not in critical condition: Medicines like

*Phosphorus*, *Chelidonium*, *Veratrum viride*, *Iodium*, *Camphora*, *Cinchona officinalis*, *Lycopodium clavatum*, *Arsenicum iodatum*, *Antimonium arsenicosum*, *Stannum metallicum*, *Carbo vegetabilis*, can be prescribed on symptomatic indication.<sup>8</sup>

*Arsenicum iodatum* is clinically proven in influenza like diseases and post viral infections and our literature confirms it. A series of cases on post COVID 19 respiratory syndrome without complications treated successfully with *Arsenicum iodatum* has been presented here.

### Materials and methods

Common symptoms of post COVID 19 respiratory syndrome was rectorised with Radar opus 2.0

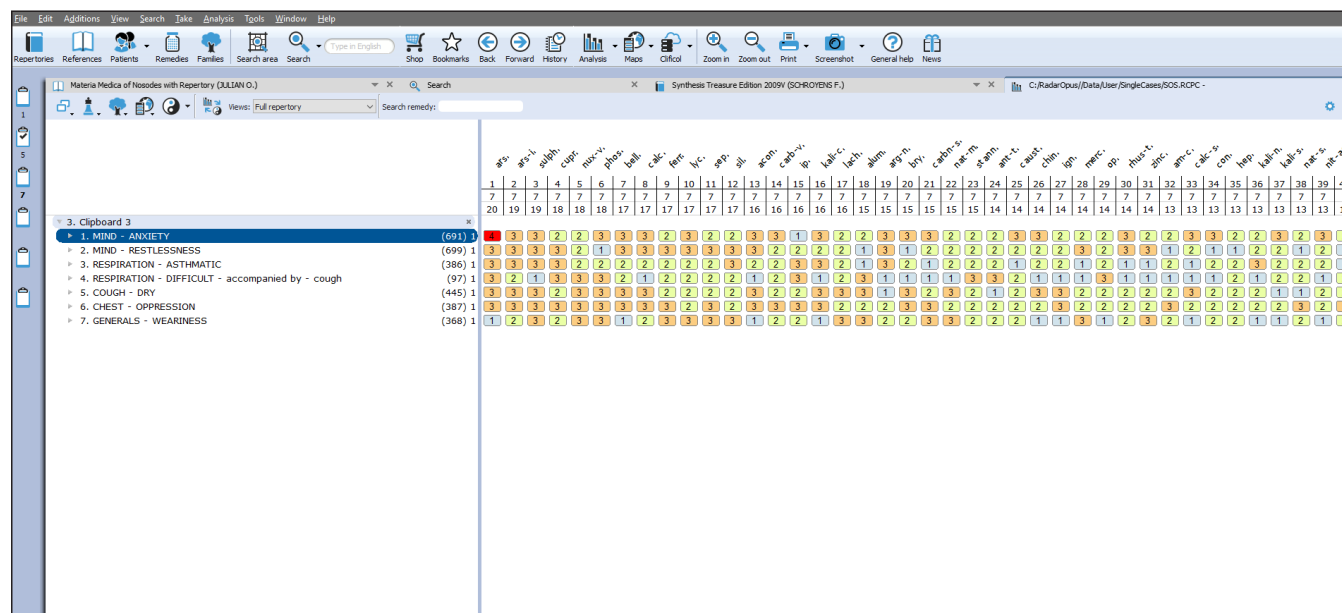
using *Synthesis Repertory*. *Arsenicum album* and *Arsenicum iodatum* (*Ars iod*) came in the first position of the repertorial analysis. *Arsenicum iodatum* was selected for the purpose of treatment after referring materia medica.

Many patients visited the OPD of NHRIMH with post COVID 19 respiratory syndrome without pneumonia. Out of these, 7 cases, both males and females of different ages, had similar symptoms of *Arsenicum iodatum*. It was prescribed to them in suitable potencies and doses. Table 1 presents the demographic characteristics of patients, symptomatology, homoeopathic regimen used for treatment and outcome.

**Table 1:** Demographic characteristics, symptoms, prescription and outcome of the patients

Patient number	Date	Age	Symptoms	Observations	Prescription	Outcome
01	14/09/2020	59 years /F	Dyspnoea on exertion, weakness	Weak and lethargic, Anxious	<i>Arsenicum iodatum</i> 200/ alternate days /2doses	Recovered in 4 days
02	10/11/2020	48 years /F	Dyspnoea, oppression in chest, cough with scanty expectoration	Weak and anxious	<i>Arsenicum iodatum</i> 200/once in 3 days/2doses	Recovered in 3 days
03	10/11/2020	53 years /F	Dyspnoea, oppression in chest, dry cough, weakness	Weak, placing hands over chest, dryness of lips and tongue	<i>Arsenicum iodatum</i> 200/once in 3 days/2doses	Recovered in 7 days
04	16/02/2021	17 years /M	Weakness, dyspnoea, oppression in chest, cough with scanty expectoration,	Unwell, Disappointed appearance	<i>Arsenicum iodatum</i> 200/once in 3 days/2doses	Recovered in 4 days
05	15/05/2021	43 years /F	Weakness, dyspnoea, oppression in chest, dry cough	Weak and lethargic	<i>Arsenicum iodatum</i> 200/once in 3 days/ 2doses	Recovered in 7 days

06	27/05/2021	35 years /M	Dyspnoea and cough with little expectoration	Pursed lip breathing, looking anxious	<i>Arsenicum iodatum</i> 1M/ once in 4 <sup>th</sup> day/ 2doses	Recovered in 4 days
07	29/06/2021	50 years /F	Dyspnoea, cough with white expectoration, yellow thick scanty sputum , Anxiety	Weak, flying of sputum from mouth on expectoration	<i>Arsenicum iodatum</i> 200/ once in 3 <sup>rd</sup> day/ 2 doses	Recovered in 4 days



**Figure 1.** Repertory chart

## Results

Total 7 patients who were treated with *Arsenicum iodatum*, were taken for evaluation. There were 5 females and 2 males. Speedy recovery was observed in those cases treated with *Arsenicum iodatum* when compared to other patients who were not taking medicines or under other medicines.

## Discussion

Homoeopathy has been used in the treatment of epidemic diseases since the time of Hahnemann. Since then, several approaches using homoeopathy for epidemic diseases have been proposed,

including individualisation, genus epidemicus, and isopathic immunotherapy. In *Organon of Medicine*, Hahnemann explained, “all those affected with the disease prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homoeopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions”.<sup>9</sup>

Thus, the symptoms of post COVID 19 respiratory syndrome were collected earlier and repertorised to obtain the suitable remedy as it is in sequelae of an epidemic disease. *Arsenicum album* and *Arsenicum iodatum* secured the topmost position in the repertory chart. Most of the homoeopathic literature supports the usefulness of homoeopathic medicine *Arsenicum iodatum* in post viral diseases especially upper and lower respiratory tract.

*Ars iod* has special affinity in both upper and lower respiratory tract. It helps in early resolution of lung diseases. Its beneficial effect is seen in influenza like illnesses and post viral infections.<sup>10,11</sup>



The present results show the positive effect of homoeopathic dilution *Arsenicum iodatum* on post COVID 19 respiratory syndrome. Here most of the patients were asymptomatic during COVID 19 infection and only two patients suffered with mild upper respiratory tract infection. Post COVID 19 respiratory illness started during the first week after they were tested negative for COVID 19. Patients presented with breathing difficulty, dry cough, oppression in chest and weakness. Chest X ray of all patients were taken prior to treatment and it was found normal. After the administration of *Ars iod*, the symptoms were resolved in 3-4 days. The speedy uneventful recovery was obtained in these cases with the help of *Arsenicum iodatum*.

To the author's knowledge this is the first case series report typically focussed on effect of homoeopathic medicine *Arsenicum iodatum* in the management of post COVID 19 respiratory illness. As this case series presents only 7 cases, it cannot definitely prove the relationship between the medicine and the disease condition, even though a beneficial result was obtained. The mechanism of action of *Arsenicum iodatum* on such condition is to be studied further in a controlled trial with larger sample size.

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# Basic principles in research methodology

By Dr Poonam N. Sutar, Dr T. Surekha

**Abstract:** Research is a careful investigation or inquiry especially through search for new facts in any branch of knowledge. It is considered as a movement from the known to unknown. It is a cycle of defining, formulating, experimenting, analysing and reaching to a conclusion. A research problem needs statistical scales or test to analyse the data. So, this article helps in finding the ways to analyse the research problem.

**Key words:** Research, study design, research methodology, statistical test

## Introduction

“A good research is stated to be systematic, logical, empirical, and replicable.”

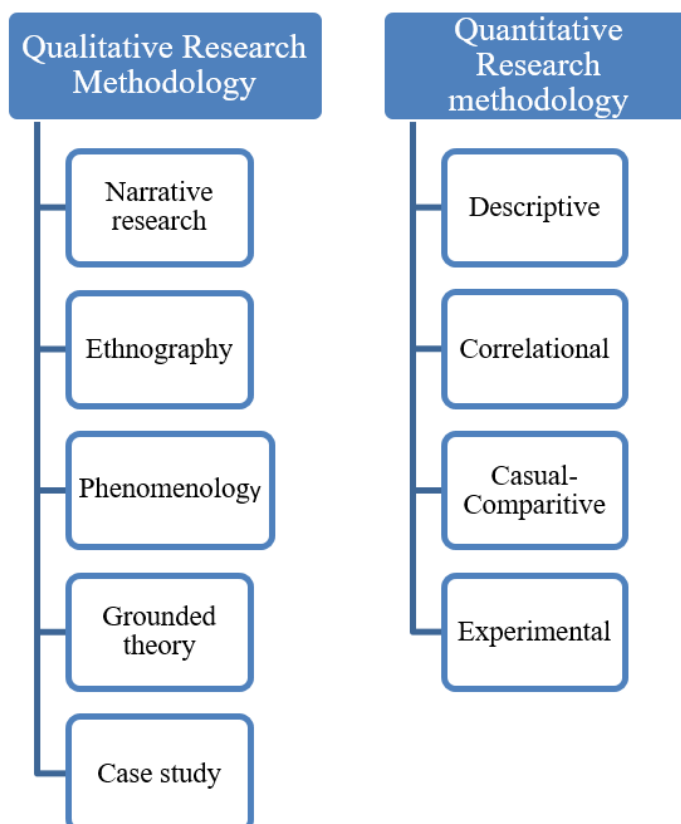
Research inculcates scientific and inductive thinking and helps to promote the development of logical habits of thinking and organisation. A research problem can be solved systematically by a proper methodology that is “research methodology”. This methodology may help in understanding, evaluating and analysing the defined research problem. The foremost task in initiating any research is defining a research problem. Next is formulating the research survey and working on developing hypothesis. Further researcher has to select appropriate research design and sample size. After sample size is designed, data is collected, analysed and a research is concluded on the achieved hypothesis.<sup>[1]</sup>

Research methodology differs from research methods, where research methodology is a way to systematically solve the research problems. It involves various techniques to conduct research and acquire knowledge to perform different test and experiments. On the other hand research methods are

techniques and tools in conducting research and it aims to find solution to research problem. The research method includes description of data collection, statistical techniques and evaluation techniques.<sup>[2]</sup>

The arrangements of conditions for collection and analysis of data in a manner that aims to combine

research purpose with economy in procedure is research design.<sup>[1]</sup> There are different methodologies used in various types of research and this term is usually considered to include the research designs collection and analysis of data. Research methodologies can be qualitative and quantitative.<sup>[2]</sup>



**Table 1:** Research methodologies

Sl. No	Research methodologies	Description
<b>I. Qualitative Research methodology<sup>[3]</sup></b>		
a.	Narrative research	Narrative research focuses on studying an individual by gathering information from the stories and experiences narrated by him/her. Based on the content and the theme of the stories, the researcher writes the narratives, forms a chronology and discusses the life experiences with the individual while exploring the meaning attributed by them. <sup>[4]</sup>
b.	Ethnography	Ethnographic research aims to observe individuals in their natural live settings. It gives a deep insight in understanding a group's shared cultural values and beliefs. It helps to study individual behavior and their interaction in the society. <sup>[5]</sup>
c.	Phenomenology	Phenomenology aims to study a phenomenon, as it is perceived and consciously experienced by an individual. It helps the researcher to understand the essence of people's lived experience. <sup>[6]</sup>
d.	Grounded theory	Grounded theory is a systematic set of procedures used to develop an inductively derived theory. It implies inductive methodology in which data is collected, reviewed, compared and contrasted to construct a theory. <sup>[7]</sup>
e.	Case study	Case study focuses on an in-depth study of a single case or collective cases within a real world context using a bounded system. Data is collected from different sources, analyzed to understand the complexity of the case and finally interpretation is done to find the meaning to the data. <sup>[8]</sup>
<b>II. Quantitative research methodology<sup>[9]</sup></b>		
a.	Descriptive research	Descriptive research refers to the methods used to describe population, situation or phenomenon under study. Descriptive research is conducted through 3 methods: surveys, naturalistic observation and case studies. <sup>[10]</sup>
b.	Correlation research	Correlation design is used to describe and measure the degree of relationship between 2 or more dependent variables without manipulating any of the variables. Naturalistic observation, survey method and archival research. <sup>[11]</sup>
c.	Causal-comparative research	Causal-comparative study attempts to determine the cause and effect relationship between phenomena. There are 3 types of causal-comparative research: a) Exploration of the effects b) Exploration of the causes c) Exploration of the consequences <sup>[12]</sup>
d.	Experimental research:	Experimental research uses the scientific approach to establish cause-effect relationship among a group of variables that are included in the study. In this study independent variables are manipulated to determine the effects on the dependent variables. Pre-experimental, true experimental and quasi experimental are the types of experimental research designs. <sup>[13]</sup>



**Statistical test** is a method that helps the researcher to validate or invalidate a statistical hypothesis with certain degree of confidence. The application of statistical

test relies on the structure and distribution of data and on the type of variable. The statistical test can be parametric and non-parametric.

Parametric test: - These tests assume the statistical distribution of data.

Non parametric: - These tests make no assumption of distribution of data.

**Table 2:** Application of Statistical test

S. No	Statistical test	Application of the test to study design
1.	Paired t test	It is used when we are interested in the difference between two variables that are separated for same subject.
2.	Student's t-test	A single sample t-test is used to determine whether the mean of a sample is different from known average and 2 sample t-test is used to establish whether a difference occurs between the means of two similar data. <sup>[14]</sup>
3.	Z- test	It is used to determine whether two population means are different when the variances are known and the sample size is large. <sup>[15]</sup>
4.	Anova test	It is used to determine whether groups of data are same or different for more than 2 paired groups. <sup>[14]</sup>
5.	Quasi experimental	It is used likely when random assignment is impossible or difficult. <sup>[17]</sup>
6.	Chi square test	It is used to compare multiple groups where the input variable and the output variable are binary. <sup>[16]</sup>
7.	Mann-Whitney U test	This test compares two independent populations to determine whether they are different.
8.	Kruskal Wallis test	It is to perform an analysis of variance to determine whether multiple groups are similar to each other.
9.	Wilcoxon's rank sum test	It is used to compare two related samples, matched samples or repeated measurements on single sample to assess whether their population mean rank differs are not. <sup>[18]</sup>
10.	Spearman's rank correlation co-efficient	To determine how well 2 variables for individual data points can predict each other. <sup>[16]</sup>
11.	Friedman test	It is used for testing the differences between groups when the dependent variable being measured is ordinal. <sup>[19]</sup>
12.	Fisher exact test	It is a test used to determine if there are nonrandom associations between two categorical variables/unpaired samples. <sup>[20]</sup>
13.	Manova test	It is used to determine whether there are any differences between independent groups on more than one continuous dependent variable. <sup>[21]</sup>

14.	Pearson correlation test	It is used when you want to find a linear relationship between two variables. <sup>[22]</sup>
15.	Sign test	It is to test the null hypothesis that the median of a distribution is equal to some value. <sup>[23]</sup>

## Conclusion

Research is an integral part of successful global health endeavours. The basic principles of research methodology will help the budding researchers to overcome the anxieties they experience while initiating any research. A good thumb rule is to select a relevant research design and statistical tests to achieve the selected hypothesis.

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# Research domains in homoeopathy

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**Abstract:** Research is the process of discovering new knowledge. This knowledge can be either the development of new concepts or advancement of existing knowledge and theories, leading to a new understanding that was not previously known. The current focus of homoeopathic research is on the evidence-based studies based on universally acknowledged parameters, with special emphasis on documentation. There are various domains in research and in field of homoeopathy, we work on many of them in order to justify it as an evidenced-based science. Here, we are stating common research domains in Homoeopathy.

**Key words:** Research, homoeopathy, research domains, drug standardisation, drug proving, clinical verification, clinical research, fundamental research, literary research, community health research

**Abbreviations:** thin layer chromatography (TLC), good manufacturing practise (GMP), ultraviolet (UV)

## Introduction

Homoeopathy is a therapeutic science of symptom similarity based on the axiom 'like cures like'. It is gaining universal popularity because of its efficacy in various clinical conditions, affordability, absence of adverse drug reactions and easier applicability. It remains a popular choice of treatment worldwide, with more and more people choosing it for holistic and individualised treatment. The homoeopathic research is gaining momentum, where the responsibility lies in undertaking quality research. Several research organisations worldwide are focusing on building the evidence base for Homoeopathy. There are many research domains in homoeopathy which are discussed in this article and researches can be done in such domains in order to make homoeopathy an evidence-based science.

### 1. Drug standardisation studies

The process of evaluation of the quality and purity of crude drugs by means of various parameters like morphological, microscopical, physical, chemical and biological observations is called drug

standardisation <sup>[1]</sup>. Standardisation and quality control of homoeopathic drugs is very challenging and is done according to uniform standards as mentioned in the pharmacopoeia.

The problem of quality control with homoeopathic potencies serves one of the greatest challenges. As mother tinctures are derived from complex natural resources, there is a need of systematic evaluation of chemical markers which correlate with the proposed biological activities of mother tinctures <sup>[2]</sup>. In India, The Drug and Cosmetics Act 1940 controls quality of homoeopathic medicines <sup>[3]</sup>. Good manufacturing practise (GMP) must be in force to assure and assess the quality of homoeopathic preparations <sup>[4]</sup>. The pharmacopoeia indicates in the monograph of each drug, details for identification and collection, the part to be used, the method of preparation, assessment of purity and limits of impurity. It is essential that these instructions be strictly followed to obtain mother tinctures of desired standards <sup>[5]</sup>.

Drug standardisation studies encompasses a comprehensive evaluation of the homoeopathic drugs in respect of their physico-

chemical, pharmacognostical and pharmacological profiles in order to study the various qualitative and quantitative characteristics of drugs <sup>[6]</sup>.

#### 1.1 Physico-chemical studies

The physicochemical parameters of the raw drug and prepared mother tincture include moisture content, ash value, extractive value, presence of active constituents in raw drug and organoleptic characteristics, carrying out specific tests and TLC, UV spectrophotometry of the mother tincture. These can be used as a bench mark standard against any commercial sample.

Ash values are used to determine quality and purity of crude drug. The water-soluble ash is used to estimate the amount of inorganic compound present in drugs. The acid insoluble ash consists mainly silica and indicates contamination with earthy material. Moisture content of drugs should be at minimal level to discourage the growth of bacteria, yeast or fungi during storage. Estimation of extractive values determines the amount of the active constituents in a given amount of plant material when extracted with a particular solvent. The extractions

of any crude drug with a particular solvent yield a solution containing different phytoconstituents [7,8].

Examples:

- a. Gupta HC, Subramanian P, Padma RP, Raj J, Sharma SK. Standardisation of Homoeopathic drug - *Aquilegia vulgaris* L. IJRH.2011;5(2):15-19.
- b. Subramanian P, Padma RP, Reddy, Gupta HC. Standardisation of homoeopathic drug - *Syzygium jambos* (L.) Alston. IJRH.2011;5(3):15-19.

### 1.2 Pharmacognostic studies

The pharmacognostical studies of raw drug plant material includes study of the gross morphology of the raw drug, its macroscopical and microscopical characteristics and after suitable processing, enumeration of characteristic structures of cells, tissues and organs under the microscope and determining their essential biostatistical dimensions. Organoleptic evaluation can be done by means of sense organs, which provide the simplest as well as quickest means to establish the identity and purity to ensure quality of a particular drug. Organoleptic characters such as shape, size, colour, odour, taste and fracture of stem bark, leaf structure like margin, apex, base, surface, venation and inflorescence, etc. are evaluated.

**Macroscopic study:** The macroscopic study is the morphological description of the plant parts which are seen by naked eye or magnifying lens.

**Microscopic study:** The microscopic study is the anatomical study which is done by taking appropriate section of the plant parts under study. Each distinguishing character

can be noted down [7].

Examples:

- a. Patel S, Biswas B, Nagaraju M, Jhansi S, Arya R, Sundaram E. Pharmacognostic studies of *Polygala senega* L. Root- a homoeopathic drug. IJRH. 2018;12(1):4-10.
- b. Subramanian P, Pogaku PR, Penthala S, Narayana PS. Pharmacognostic and physicochemical standardization of homoeopathic drug: *Rumex crispus* L. IJRH. 2016;10(2):119-125.

### 1.3 Pharmacological studies

The pharmacological spectrum of a drug is ascertained through experimental trials on laboratory animals under standard laboratory conditions which include preliminary estimation of dosage, evaluation of efficacy and safety and also the mode of action of homoeopathic drugs [9].

Examples of pharmacological studies:

- a. Sundaram EN, Singh KP, Reddy PK, Nair KRJ, Khurana A, Singh H et al. An investigation to evaluate the analgesic and central nervous system depressant activities of *Solanum nigrum* (Linn.) In Homoeopathic potencies in experimental animal models. IJRH. 2015; 9(1): 12-19.
- b. Sundaram EN, Singh KP, Reddy PK, Kumar S, Nair KRJ, Khurana A et al. Preliminary study to evaluate analgesic and behavioural effects of *Lycopodium clavatum* in experimental animals. IJRH.2013; 7(4): 168-175.

## 2. Drug proving

Also known as *Homoeopathic*

*Pathogenetic Trial*, these are similar to phase I clinical research trials in conventional medicine but with different and added objectives. Phase I clinical trial is designed to reduce the risk of serious (drug) toxicity and avoid confounding pharmacologic and adverse effects; whereas in Homoeopathy, in subphysiological/ ultramolecular doses of potentially toxic or pathogenic substances are commonly used on healthy human beings to deduce characteristic symptoms of drugs for their clinical use in accordance with homoeopathic principles [10].

The focus of research in this field has been to introduce drugs of indigenous systems into Homoeopathy and to reprove partially proved drugs. Homoeopathic medicines are proved on healthy human volunteers, including controls, from both sexes and age group between 18-60 years [11]. The methodology of drug proving has changed considerably since the times of Hahnemann. Proving guidelines have been developed by various international bodies [12-14] on the basis of which proving protocols for individual drugs are developed by researchers for individual studies [15]. In addition to exposing the toxic effects of the drug, homoeopathic drug proving serves as a key source of information for the homeopathic materia medica [16]. Hahnemann did not use blinding in the proving studies. However, over the years, blinding of provers was introduced and blinding technique was a routine procedure. As randomized control techniques developed, homoeopathic researchers adopted blinding procedures for drug proving [17].

Examples:

Shaw TR, Singh V, Siddiqui VA, Rajpal, Singh VK, Singh H et al. POTHOS FOETIDUS



– A multicentric double blind Homoeopathic Pathogenetic Trial. IJRH.2009; 3(1): 18-22.

[Rakshit G](#), [Vichitra AK](#), [Chandra PK](#), [Rajpal, Singh VK](#), [Choudhury SK](#). Ocimum sanctum- A multicentric double blind homoeopathic pathogenetic trial. IJRH.2014; 8(1): 9-18.

### 3. Clinical verification

The verification of drug proving symptoms has been an essential aspect in clinical practice since Hahnemann discovered Homoeopathy. Here a drug is given to the sick, according to the symptoms, it had produced on the healthy (proving) human beings and the cures made were the verifications. Only by clinical verification, a proving symptom will prove its validity as homoeopathic symptom and cement its value for the practicing physicians<sup>[18]</sup>. Verification of homeopathic symptoms has so far been a neglected field. What is the use of efficacy research if the instruments of the method have serious flaws? The most serious flaw of the homeopathic repertory is that entries of medicines in a symptom-rubric are based on absolute occurrence of the symptom in the cured population, not on prevalence. This way, frequently used medicines are over-rated, especially regarding frequently used symptoms. Bayesian theory shows that the prevalence of the symptom is the only correct criterion. A symptom is an indication for a specific medicine only if the prevalence of that symptom is higher in the population cured by that medicine than in the rest-population<sup>[19]</sup>.

Purpose of clinical verification is data collection for clinical verification of symptoms from homoeopathic proving and

collection of clinical symptoms not derived from homoeopathic pathogenetic trials<sup>[20]</sup>. The importance of clinical verification of proving symptoms is historical and even more importantly, relevant to validate 'modern' homoeopathic practice. It is the study of the link between pathogenetic symptoms and curing of patients presenting these symptoms. An unconfirmed proving symptom that never was verified by clinical data cannot yet be considered as useful for homoeopathic practice<sup>[21]</sup>.

#### Examples:

- a. Manchanda RK, Chakraborty P, Singh P, Pradhan PK, Prasad VG, Singh O et al. A multicenter, observational, homoeopathic clinical verification study of Cynodon dactylon revealing symptom prevalence in a cohort of 340 patients. IJRH.2016;10(4): 225-237.
- b. Manchanda RK, Chakraborty P, Das KC, Rai MK, Singh Ojit, Pradhan PK et al. Symptom prevalence in a cohort of 147 patients improved with the homoeopathic medicine Ocimum canum: A multicenter, open, observational, clinical verification study. IJRH.2016; 10(4): 238-248.

### 4. Clinical research

Clinical research involves the study of the clinical efficacy of materials and methods that play a significant role in the prevention and cure of various health disorders. Clinical research studies aim towards the genesis and implementation of better means of safe and effective medical practices, diagnostic techniques, devices, medication, diagnostic tools and regimens that are essential for proper healthcare management. It also involves the clinical trial of

drugs, diagnostic techniques and other therapeutic strategies, before they are prescribed for the patients in real time conditions<sup>[22]</sup>. Clinical research also provides valuable information about the benefits and safety of existing therapies which gives doctors and patients reliable information when choosing treatments<sup>[23]</sup>.

The initiation of clinical research study requires certain steps: literature review, protocol development, technical/administrative approval from experts, ethical clearance, selection of study design, and choosing the correct outcome measures. The overall aim should be to add more evidence to the existing pool by systematic reviews, randomized controlled trials (RCTs), observational studies, high-quality case reporting, etc., as the case may be. The systematic reviews and meta-analyses are positioned on top of the hierarchy of evidence-based research. They answer a defined research question by collecting and summarising all empirical evidences that fit pre-specified eligibility criteria. The RCTs are widely accepted as the most powerful research method for evaluating health technologies<sup>[10]</sup>. Although numerous study designs can address these goals, clinical trials (and specifically RCTs) remain the benchmark for comparing disease interventions<sup>[24]</sup>.

Clinical research in Homoeopathy helps in generating, validating and consolidating scientific evidences (in terms of safety, efficacy and effectiveness) of homoeopathic medications, procedures and treatment regimes. These researches may be useful in prevention, treatment of various diseases, decision making for stake holders and thus help in improving clinical care. The aim is to carry

out evidence-based trials based on modern scientific parameters (double blinding; objective assessment criteria, statistical analysis, etc.) without conflicting with the doctrines of Homoeopathy<sup>[25]</sup>.

Examples:

- a. Mittal R, Khurana A, [Ghosh MS](#), [Bawaskar R](#), [Taneja D](#), [Kashyap S](#). An open label pilot study to explore usefulness of Homoeopathic treatment in nonerosive gastroesophageal reflux disease. Indian Journal of Research in Homoeopathy.2016; 10(3): 188-198.
- b. [Nayak C](#), [Singh V](#), [Gupta J](#), [Ali MS](#), [Pal R](#), [Arya MD](#) et al. Homoeopathic individualized LM-potencies versus Centesimal potencies for pain management of cervical spondylosis: A multicentre prospective randomized exploratory clinical study. IJRH.2012; 6(4):16-23.
- c. [Khurana A](#), [Mittal R](#), [Rath P](#), [Moorthy K](#), [Taneja D](#), [Singh U](#) et al. Ferrum phosphoricum 3X and Ferrum metallicum 3X in the treatment of iron deficiency anaemia in children: Randomized parallel arm study. IJRH.2020; 14(3): 171-178.
- d. [Nair KRJ](#), [Gopinadhan S](#), [Kurup TNS](#), [Kumar BSJR](#), [Aggarwal A](#), [Varanasi R](#). Homoeopathic Genus Epidemicus 'Bryonia alba' as a prophylactic during an outbreak of Chikungunya in India: A cluster -randomised, double -blind, placebo- controlled trial. IJRH.2014 ;8(3): 160-165.

## 5. Basic and fundamental research

**Fundamental research** does not usually generate findings that have immediate applications in a practical level. Fundamental research is driven by curiosity and the desire

to expand knowledge in specific research area. This type of research makes a specific contribution to the academic body of knowledge in the research area. Fundamental studies tend to make generalizations about the phenomenon, and the philosophy of this type of studies can be explained as 'gathering knowledge for the sake of knowledge'<sup>[26]</sup>. Basic research is performed without thought of practical ends. It results in general knowledge and understanding of nature and its laws. The general knowledge provides the means of answering a large number of important practical problems, though it may not give a complete specific answer to any one of them. The function of applied research is to provide such complete answers. Basic research leads to new knowledge<sup>[27]</sup>. Fundamental researches mainly aim to answer the questions of why, what or how and they tend to contribute the pool of fundamental knowledge in the [research area](#)<sup>[27]</sup>.

Homoeopathy has been able to spark a few scientific minds to explore the plausibility of action and nature of high dilutions in vitro and in vivo experimentation using valid models. The mechanism of action of homoeopathic drugs has been the subject of basic research experiments carried out by biologists, physicists, and chemists. The fundamental research currently is aimed at on effects of homoeopathic preparations in bioassays as well as research on physico-chemical effects of the preparation process (potentisation). To improve our knowledge of homoeopathy (similia principle and specific preparation of medicines) and to increase the understanding of the working mechanism of its medicines, fundamental research is a prerequisite<sup>[10]</sup>.

Examples:

- a. Prajapati P, Sharma M, Gupta P, Kumar M, Dwivedi B, Arya BS. Evaluation of antifungal activity of different homoeopathic mother tinctures against *Candida albicans*. IJRH.2017; 11(4): 237-243.
- b. Khuda-Bukshsh AR. Search for a molecular mechanism of action of the potentised homeopathic drugs in living organisms. Int J High Dilution Res. 2012;11:147.

## 6. Theoretical research

Theoretical research is a logical exploration of a system of beliefs and assumptions. Formal theory and mathematical exploration are the basis for most of theoretical research. This is primarily due to the fact that theoretical work is in logical space where theories must be modelled and represented in some language. Mathematics is the perfect language suited to defining and exploring possibilities. As such, a lot of work involves formal proofs and internal validity<sup>[28]</sup>. Theoretical research is one where the author, hopefully ethically, surveys data via a sustained discussion that allows the reader to deductively or inductively come to a conclusion. In the empirical research, articles are more compartmentalized in order to demonstrate to the readers what was found, whereas theoretical research arguments are sustained to invite the readers into the argument<sup>[29]</sup>.

Examples:

- a. Sekonyela TV. Scientific Basis of Homeopathic Medicine: A Hypothesis to Establish the Scientific Basis of Homeopathy. J Tradi Med Clin Natur. 2016; 5:185.
- b. Lucadou W. Homeopathy and the Action of Meaning: A Theoretical Approach. Journal of Scientific Exploration. 2019;33(2):213-254.

## 7. Literary research

Literary research is the new way to interpret the information of what is already existing in literature and discuss it. You can find an article about the work and disagree with it or you can find the article that you agree with and expand the author's opinion or you can come up with completely new idea. You can argue at some point or say something specific like an argument on thesis main idea. Book report can also be written in which someone can summarise a book. In literary research, it's not the idea of other people that matters as much as your own interpretation of the text you are reading.

The Central Council for Research in Homoeopathy, under the literary research activity, brings out quality publication in the form of books, monographs, handouts etc. Prior to the era when computers and software repertories became widespread, Council updated different chapters of Kent's repertory from Boericke's repertory to form a comprehensive document. Chapters on 'Mouth', 'Eye & vision', 'Ear & Hearing', 'Larynx & Trachea, respiration, cough, expectoration and chest', etc. were completed in this period. Updating ongoing homoeopathic literature on the basis of present-day findings is an ongoing literary research activity of the Council [30].

Examples:

- a. Koley M, Saha S, Das KD, Roy S, Goenka R, Chowdhury PR et al. Prospective Evaluation of Few Homeopathic Rubrics of Kent's Repertory from Bayesian Perspective. *J Evid Based Complementary Altern Med*. 2016 Oct;21(4):277-281.
- b. Schmidt JM. 200 years Organon of Medicine - A comparative review of its six editions

(1810-1842). Homeopathy. 2010 Oct;99(4):271-277.

## 8. Community health research

The use of community-based health research is to address and eliminate health disparities. The benefit of community-based research is the ability to reach people where they are and identify the root cause of disease. "The community-level approach to disease prevention is based not on a medical model but on a public health model. That is, it seeks to change not simply individuals or groups of individuals but the distribution of disease in the population as a whole". Community-based health research guides public health workers who are engaged in improving the health of populations, just as traditional clinical research guides the actions of clinicians in caring for individual patients [31].

Homoeopathy is practised in many countries as a part of the public health system. The health authorities of each country/region have the power to identify priority areas for research in Homoeopathy. The prioritization depends upon many factors, some of which may be resources, prevalent diseases and unanswered questions to medical problems which otherwise cannot be dealt with mainstream medical practices. There is a need to identify global as well as local priority areas for research in Homoeopathy, especially for public health use. This may be notified to health priority areas for research in Homoeopathy [32].

Examples:

- a. Manchanda RK, Oberai P, Roja V, Singh S, Singh N, Khan T et al. Evaluation of homoeopathic medicines as add-on to institutional management protocol in acute encephalitis

syndrome: An exploratory observational comparative study. *Indian Journal of Research in Homoeopathy*. 2015; Vol. 9(1):34-41.

- b. Kumar A, Mishra N. Effect of Homoeopathic treatment on filariasis-A single blind 69-months follow-up study in an endemic village in Odisha. *British Homoeopathic Journal*. Oct 1994; Vol. 83 (4): 216-219.

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# Research in homoeopathy – *Organon of Medicine* says it all

By Dr Deeksha Garg, Dr Ishita Ganjoo

**Abstract:** This article proves sufficiently that the *Organon of medicine* has explained all the steps needed to pursue research in a proper way. The data present in *Organon of medicine* is itself an outcome of formulating a hypothesis, strategy making to prove that hypothesis, idea about the subject selection, ethics, individual data collection followed by data processing on the basis of totality of symptoms in aphorismatic pattern. So before accepting the criticism towards our science, one should be aware and thorough about the writing in *Organon of medicine* so as to save our wonderful science by giving evidence based logic and not mere explanations. Dr Hahnemann clearly stated, “dare to be wise.”

**Key words:** Research, homoeopathy, ethical consideration, *Organon of medicine*, strategy, sampling, analysis, evaluation, hypothesis, aphorism

**Abbreviations:** thin layer chromatography (TLC), good manufacturing practise (GMP), ultraviolet (UV)

## Introduction

There is always debate on the material existence of homoeopathy. It has always suffered for proof, recognition and modus operandi. The history shows that there is a constant criticism on the law of homoeopathy and many people questions its existence whether it is the branch of Medical Science or mere a placebo therapy. As a homoeopathic fraternity we all retaliate criticism at our own level where as need of the hour is to prove through research oriented studies that ‘Yes’ it is one of the most effective, miraculous, scientific, harmless and resourceful science ever discovered by medical sciences<sup>1</sup>. The Aphorism 25 clearly mentions the word “in the careful trials, pure experience” which itself is a proof that this science is purely based on scientific approach which has already been adopted by prover<sup>2</sup>.

It is heartfelt need to strengthen our science upto the level of modern scientific methods applied universally because of constant attacks from various agencies time to time has made up more sensitive to prove present are science on research oriented backgrounds. The research is the first basic thing for a science to root and grow. Dr Hahnemann who himself researched the history to prove the theory discovered. The trend of data keeping searching and analysing has been adopted much before we had internet and computers helping us. It would be appropriate here to take an example of Dr Hahnemann’s discovery of this wonder pathy<sup>1</sup>. Hahnemann came across with Cullen’s remarks on the curative power of cinchona bark in marsh ague and struck upon the idea of testing its positive effects on himself. He was surprised to note the similarity of symptoms of ague with that produced by the cinchona bark. He formed a

tentative hypothesis in his mind that the specific curative power of a drug lies in its power of producing similar symptoms in the healthy individual. This experiment clearly shows the basis of homoeopathy in scientific research<sup>3</sup>.

## Aim to create awareness of scientific base

Hahnemann’s ‘*Organon*’ is the high water - mark of medical philosophy. As we all know homoeopathy is a product of inductive logic applied to the subject of medicine. Based on his repeated clinical trials and vast search about hidden facts and their effectiveness, the master by logical thinking put his thoughts in a well organised manner in aphoristic style in the form of a book which is a continuity and logical sequence of the scientific base of all laws of homoeopathy. This book is ‘*Organon of Medicine*’<sup>3</sup>.

S. NO.	RESEARCH PROTOCOL INCLUDES <sup>4</sup>	GUIDELINES OF RESEARCH PROTOCOL IN ORGANON OF MEDICINE <sup>2,3</sup>
1.	<p><b>PLANNING AND PROGRAMMING</b></p> <p>In this we plan our research as to what information already available on topic through books, journals, scientific reports, dissertations, press clippings and unpublished material.</p> <p>For achieving a goal which is specific achievable measurable and realistic.</p> <p>We form a hypothesis which are logically deducted statements which explain cause and effect. We formulate a planning strategy, guidelines and framework for action. Programming is overall step to step outline of action in sequence towards a goal.</p> <p>It is a scheme for monitoring and evaluating the subsequent events in a exact time period or schedule time.</p>	<p>Aphorism no. 3 and 4</p> <p>‘If the physician ..... healing art’</p> <p>‘He is ..... in health’</p> <p>Explanation</p> <p>It is mentioned in the above aphorisms a physician should clearly perceive knowledge of disease indications, knowledge of medicinal powers, how to choose a well indicated remedy and its proper dosage in order to treat judiciously and rationally.</p> <p>As per research protocol, planning and programming is incomplete without the above said steps mentioned</p> <p>Aphorism 138</p> <p>“all the sufferings.....by the medicine</p> <p>There should be a scheduled time for experiment so that experiments can clearly observe the effect of medicine and the change in symptoms produced by the medicine.</p>
2.	<p><b>STRATEGY AND SAMPLING</b></p> <p>Strategy include selection of method and type of a study.</p> <p>Study is conducted to study the efficacy of medicines for a particular disease, symptom syndrome or a pathological entity.</p> <p>Sampling is selection of subjects to be evaluated in research in such a way that it provides a homogenous patient collection.</p> <p>Recruitment of study subjects on the basis of prevalent cases in the target population.</p>	<p>Aphorism no. 120</p> <p>‘Therefore medicines ..... permanently restored.’</p> <p>Dr Hahnemann talked about strategy based on pure experiments on the healthy body for the purpose of ascertaining their real effects to obtain accurate knowledge so as to avoid any mistake and provide rapid and permanent restoration of health.</p> <p>This strategy forms a base for any study on homoeopathy.</p> <p>Aphorism no. 126</p> <p>‘The person ..... accurate terms.’</p> <p>Characteristics of a subject (part of study sample) are clearly mentioned in this aphorism.</p> <p>Aphorism no. 127</p> <p>For sampling both males and females should be included in order to reveal the alternations of the health.</p> <p>It can vary as per need of sample.</p>

3.	<b>ETHICAL CONSIDERATION</b>  As per ethics, subject consent is mandatory for any research study.	Aphorism no. 1 and F.N. of Aphorism 1 clearly mentions ethics of a physician –  ‘The Physician high and only mission is to restore the sick to health, to cure, as it is termed.’  This is imbibed deeply in every Homoeopathic Physician thoroughly.  Aphorism 126 and 137  The subjects included in the study are well informed that during this period mental and physical stress, disturbing passion should be avoided which are worth knowing.
4.	<b>DATA COLLECTION</b>  It is the detailed study on the subject in a systematic, planned, stepwise pattern.  Case taking should be done at a scheduled time interval according to a standard format.	Aphorism no. 83  This individualising.....speaker say.  The general directions for examination of a case of disease is given and the practitioner should apply it as per need of the individual case.  The complete process of data collection in systematic manner including physical complaints, mental complaints, cause, character of menstruation and discharges, etc is clearly mentioned in Aphorism 83 to 102
5.	<b>DATA PROCESSING</b>  Analysis and evaluation of collected data according to the principles of Sciences.	Aphorism no. 147  Whichever of these.....case of disease.  The medicine which is specific for our study is based on totality of symptoms and is the most suitable remedy found after data processing.  Aphorism no. 18  The totality of the symptoms is the only indication, the only guide to the selection of a remedy.
6.	<b>RESEARCH ANALYSIS AND INTERPRETATION</b>  Research analysis  Analysis is done in three stages Data analysis  Outcome analysis and  Drug analysis  It is done by descriptive and inferential statistics.	Aphorism no. 71  ‘As it is now ..... natural disease.’  The three points necessary for curing: <ul style="list-style-type: none"> <li>• The investigation of the disease</li> <li>• The investigation of the effects of the medicines</li> <li>• Their appropriate employment</li> </ul>

	<p>Interpretation</p> <p>In clinical research interpretation of therapeutic efficacy or success is done in terms of measurement of clinical outcome variable by assessment of their clinical response and verification of their adequacy.</p>	<p>Aphorism 78 to 99</p> <p>These aphorisms clearly mention that chronic diseases arise from chronic miasms, i.e. psora, sycosis and syphilis. The selection of remedy for each chronic individual case is done on the concept based on these aphorisms.</p> <p>Everyone interprets the analysis and interpretation based on their knowledge and experience. Whereas the systematic statistics are not mentioned.</p>
7.	<p><b>CONCLUSION</b></p> <p>Analysis of results which should be unbiased because bias is a systemic deviation from the truth and that study produces an incorrect conclusion.</p>	<p>Aphorism no.6</p> <p>‘The unprejudiced observer ..... the disease.’</p> <p>Unprejudiced itself clearly means unbiased. A physician perceives changes in symptoms from health to disease which are felt by the patient and observed by the unbiased physician.</p>

## Conclusion

Master Hahnemann discovered homoeopathy and began with a scientific footing. Mostly, his work remained up to case study method which required standardisation. It does not have any experimental studies and bio statistical application. Today's medicine is an evidence based science besides the subjective improvement other parameters needs to be evolved so as to measure quantitatively and qualitatively what the homoeopathy physician seeks to achieve. This can only be done while devising a suitable protocol for conducting research.

Dr Hahnemann was clairvoyant and he said in footnote of aphorism 145 ‘The healing art will then come near the mathematical sciences in certainty’.

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# Research overview: LM potency in respiratory disorders

By Dr Purusottam Kumar Singh

**Abstract:** The study consisted of two parts, theoretical and practical. **First theoretical** part was completed by studying, collecting and compiling the data by going through extensive literature and authentic information's available regarding LM potency and respiratory disorder. In the **second practical part** of the study 30 cases of complaints of respiratory disorder (allergic rhinitis and tonsillitis) were treated by Using LM potency as mentioned in the methodology. This study is an attempt to evaluate the effectiveness of LM potency in respiratory disorder with appropriate statistical analysis. The method of approach is a clinical study without the use of control.

**Key words:** Research, LM potency, allergic rhinitis, tonsillitis.

**Abbreviations:** All.rh (allergic rhinitis), IPD (in patient department), LM (50 millesimal potency), OPD (outpatient department), RS (Respiratory System), URTI (upper respiratory tract infection), LRTI (lower respiratory tract infection).

## Introduction

50 millesimal potency was invented by Dr. Samuel Hahnemann towards the end of his life. Because to prevent the undesirable reaction of the homoeopathic medicine which is given in centesimal potency and also to cut span of time by giving frequent repetition in LM potency especially in chronic diseases.

He introduced 50 millesimal potency in 6<sup>th</sup> edition of *Organon of Medicine*. It is also called LM potency. 'LM' represents the roman numeral for '50,000'. In this scale material part of this medicine is decreased by 50,000 times for each degree of dynamization.<sup>1</sup> Dr. Hahnemann explain the use of new dynamisation method in aphorism 246 of footnote 132 He said that -"What I said in the fifth edition of *Organon of Medicine*, in a long note to this paragraph in order to prevent these undesirable reaction of vital energy was all that the experience, I then had justified, But during the last four or five years, However, All these difficulties are wholly solved by my new altered but perfectly method. The same carefully selected

remedy may be given daily and for months, if necessary, in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in this way to higher degrees."<sup>2</sup>

In respiratory cases, the efficacy of LM potencies is more signified because of frequent repetition and reduced chances of unwanted aggravation, to cure the patient in shortest period of time and most harmless way in permanent restoration which is told by our Master Hahnemann in aphorism 2. In respiratory disorders, especially various acute diseases and very difficult and serious cases, the homoeopathic aggravation gives rise to immense suffering of the patients. So the organic changes are brought to such an extent that threatening the life of the patients. So the 50 millesimal potency is an amazing in such cases.<sup>3,6</sup>

The most common upper respiratory tract infection is the common cold. However, infection of specific organs of upper respiratory tract such as allergic rhinitis, sinusitis,

tonsillitis, otitis media, pharyngitis and laryngitis are also considered upper respiratory tract infections.

It can be cured within 2 to 4 days (in acute cases within 2 to 4 hours or even earlier) whether the medicine has been correctly selected. We need not unnecessarily wait long time for this purpose. After administering a dose of *Thuja occidentalis* or *Sulphur* in 200 potency, we have to wait for a fairly long period to watch for the action of the medicine. But in LM potency the action can be noticed after administering only a few doses consecutively. Thus the valuable time in the process of cure need not to wasted unnecessarily.<sup>4,5</sup>

## Objectives

To study the significance of LM potency in treatment of respiratory disorder.

To give faster, gentle and permanent cure as mentioned by our Master in § 2 in 6<sup>th</sup> edition of *Organon of Medicine*.

LMs are quicker and deeper in action with less aggravations. Aggravations are minimised and

can be regulated more easily as explained in aphorisms 245 and 246.

## MATERIALS AND METHODS:

### Study settings

1. Study setup- The study was carried out in Bharti Vidyapeeth medical Foundation's Homoeopathic hospital, OPD, and peripheral OPD of Bhor.
2. Theoretical study- Theoretical study of my topic was done from various homoeopathic journals, internet sites and from various homoeopathic books and Practice of Medicine and ENT books.
3. Clinical study -The study was carried out on with detail case study and follow up in Bharti Vidyapeeth Medical Foundation's Homoeopathic Hospital, OPD, IPD and senior Homoeopathic physicians.

**Case definition** - Cases presenting with complaints of both chronic and acute illness, cases of both sexes and all ages are included in my studies.

### Inclusion criteria

1. All the patients fulfilling case definition.
2. All the patients presenting with acute and chronic complains.
3. Patients of both sexes and all ages.
4. All cases of allergic rhinitis and cases of tonsillitis disorder were included. All diagnosed cases was taken.

### Exclusion criteria

1. The patients not fulfilling the case definition
2. Patients who require emergency medical intervention

3. Patient without written consent.
4. All cases are excluded which is not related to allergic rhinitis and tonsillitis disorder.

**Study design** - Minimum criteria of the cases satisfying the case definition, inclusion and exclusion criteria was studied. Help of Guide, senior homoeopathic physician, physician from allied science, researchers, various journals, various articles was studied altogether. Follow up was differ from patient to patient.

**Sampling procedure** - case as per case definition was selected from senior homoeopathic physicians, O.P.D. and I.P.D. of Bharti Vidyapeeth Homoeopathic Hospital, peripheral O.P.D. and various rural and urban camps series.

**Selection of remedy** - The remedy was selected after case taking on the basis of symptom similarity.

**Clinical protocol** - Ethical committee approval was availed. Data will be collected by proper method and will be processed in standard format. Total research project will be submitted to ethical committee and patients will be selected according to case definition. Patients will be explained about the research project, patient's information sheet and informed consent form will be formed and filled up.

**Criteria for assessment** - was done on the basis of following criteria-

**Marked** - more than 75% relief of the symptoms.

**Moderate**- when the patient has 50-75 % relief of symptoms.

**Poor**-When the patient has symptomatic relief with less than 50% reduction.

## RESULTS :

In my study of 30 cases showed following results: -

In children – There were very marked results coming. In both respiratory diseases; allergic rhinitis and tonsillitis there was no failure case. Total number of patients was 6 i.e. 4 was of allergic rhinitis and 2 was of tonsillitis. All cases of allergic rhinitis are cured and in tonsillitis cases also shown desired results as 1 case showed marked and 1 case showed moderate result with LM potency.

In female cases, marked result was seen in all allergic rhinitis cases. As total number of patients was 9, i.e. 3 were of allergic rhinitis and 6 were of tonsillitis. All cases of allergic rhinitis are cured and in tonsillitis cases we have seen effective results; as 4 cases are showing marked result and only 1 case is moderate and also 1 case is showing poor results.

In male – there were 15 cases of males in which 5 cases of allergic rhinitis and 10 cases of tonsillitis. Marked results were found in both respiratory diseases with LM potency. In 5 cases of allergic rhinitis 3 cases having marked result and 2 cases having moderate result but there is no any failure case seen. And in 10 cases of tonsillitis, we are seeing that 5 cases are showing marked result, 3 cases are showing moderate result and only 2 cases are showing poor result. If one sees the % of result in each individual category (children, female, male) the interpretations will be-

<u>Category with total no.</u>	<b>Marked</b>	<b>Moderate</b>	<b>Poor</b>
Children (6)	Allergic rhinitis- 4 (66.67%) Tonsillitis - 0	Allergic rhinitis- 0 Tonsillitis – 1 (16.67%)	Allergic rhinitis- 0 Tonsillitis – 1 (16.67%)
Females (9)	Allergic rhinitis-3 (33.34%) Tonsillitis – 4 (44.45%)	Allergic rhinitis- 0 Tonsillitis – 1 (11.12%)	Allergic rhinitis- 0 Tonsillitis – 1 (11.12%)
Males (15)	Allergic rhinitis- 3 (20%) Tonsillitis – 5 (33.34%)	Allergic rhinitis-2 (13.34%) Tonsillitis – 3 (20.00%)	Allergic rhinitis- 0 Tonsillitis –2 (13.34.00%)

### BAR DIAGRAMS SHOWING EACH CATEGORY WITH RESPONSE:

complaints of respiratory disease are more common in age group of 20 – 40 years i.e. 15 patient. Table and diagram showing age wise distribution of the subjects in study –

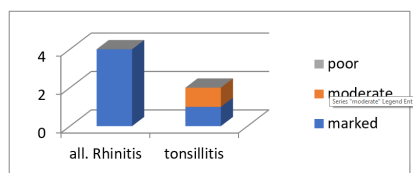


Diagram 1: bar diagram is showing result in total 6 children

Age in year	Number of subjects
0-20	6
20-40	15
40-70	9

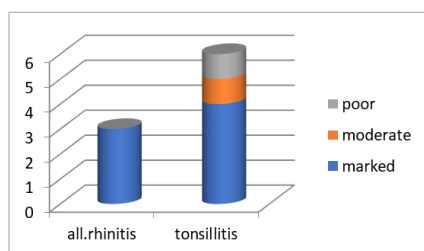


Diagram 2: bar diagram is showing result in total 9 females,

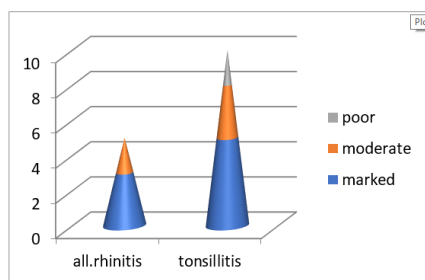
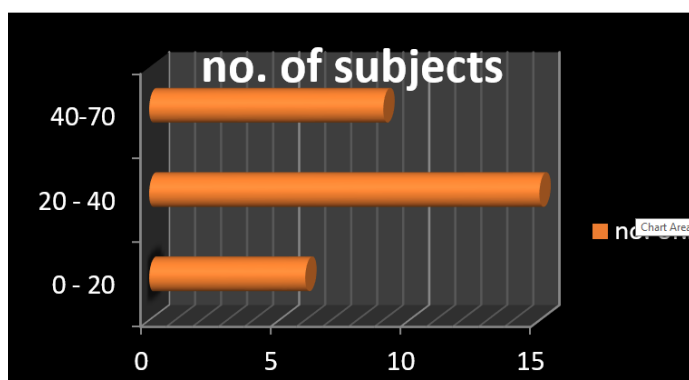


Diagram 3 : column chart is showing result of total 15 males

The study of 30 cases showed that

During the study of 30 cases presenting with complaints of allergic rhinitis and tonsillitis, very marked results were found by using LM potency.

As in allergic rhinitis it shows:

- Marked result- 73%, ii) Moderate result -20%, and iii) Poor result- 7%

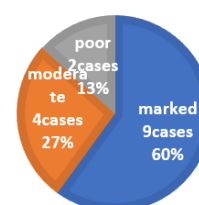
As in tonsillitis cases it shows:

- Marked result-60%, ii) Moderate

result -27%, and iii) Poor result – 13%

PIE DIAGRAM IS SHOWING RESULT IN TOTAL 15 TONSILLITIS CASES

■ marked ■ moderate ■ poor



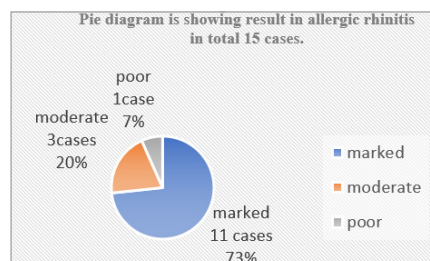


Table 4: Master Chart Of All Cases

Sr. No.	Patient Name	OPD No.	Age (yrs)	Sex	Diag.	Remedy pres Sympt./miasmatic	Response
1.	A.P.	P-2211	11	F	All. rh.	All. c. / Tub.	Marked
2.	S.S.	S-3476	26	F	All. rh.	Ars. alb/ Tub.	Marked
3.	A.S.	S-3253	21	F	Tonsillitis	Bar. carb/ Thuja	Marked
4.	A.P.	P-2177	44	M	Tonsillitis	Bell. / Thuja	Marked
5.	E.G.	BR-193	65	M	All. rh.	All. c. / Tub.	Marked
6.	H.G.	G-1404	16	M	All. rh.	Sab. / Tub.	Marked
7.	J.G.	G-1405	11	F	Tonsillitis	Bell. / Tub.	Marked
8.	K.V.G.	G-1406	42	M	Tonsillitis	Lach. / Thuja	Marked
9.	A.P.	BR-158	16	F	Tonsillitis	Phyto. /	Moderate
10.	K.S.	FC-658	24	M	Tonsillitis	Lachesis	Poor
11.	K.I.	BR-126	28	F	Tonsillitis	Lach. / Sul.	Marked
12.	M.G.	G-1354	35	M	All. rh.	Sab. / Tub.	Marked
13.	P.S.	S-3389	25	F	Tonsillitis	Lach. / Thuja	Marked
14.	R.K.	FC-621	41	M	All. rh.	Bry. / Tub.	Marked
15.	R.S.	S-3291	41	M	All. Rh.	Sabad. / Tub.	Moderate
16.	S.D.	D-1357	34	M	Tonsillitis	Phyto. / Tub.	Marked
17.	S.P.	P-2154	25	M	Tonsillitis	Phyto. / Tub.	Moderate
18.	S.G.	BR-220	61	M	All. rh.	All. c. Tub.	Moderate
19.	S.P.	P-2209	25	F	All. rh.	Sab. / Tub.	Moderate
20.	S.P.	BR-92	54	M	Tonsillitis	Bar. carb/	Moderate
21.	S.P.	P-2212	08	M	All. Rh.	All. c. / Tub.	Marked
22.	S.G.	G-1371	33	M	Tonsillitis	Lachesis/ Thuja	Moderate
23.	S.G.	G-1394	22	M	Tonsillitis	Lachesis/ Thuja	Marked
24.	S.K.	FC-620	37	F	All. Rh.	Ars. alb. / Sul	Marked
25.	S.P.	P-2210	35	F	All. Rh.	Sab. / Tub.	Marked
26.	S.P.	P-2213	32	M	Tonsillitis	Phyto / Tub.	Marked
27.	V.K.	FC-642	48	M	Tonsillitis	Lachesis /	Poor
28.	P.N.K.	FC-634	65	F	All. rh.	Ars. alb./ Tub.	Marked
29.	S.P.	P-2244	20	M	All. rh.	Sab. / Tub.	Marked
30.	A.R.K.	K-1876	37	F	All. Rh.	Puls. / Tub.	Poor



## Discussion

I have selected allergic rhinitis and tonsillitis in the study. 30 cases were taken for the study.

- Age group ratio: It is most commonly seen in age group of 20-40 years i.e. 15 patient, 50% in age group of 0-20 years i.e. 6 patients 20% and 40-70 years i.e. 9 patient, 30% each.
- Remedies prescribed: During the study of 30 cases, it was found that in 15 cases allergic rhinitis, *Allium cepa*, *Arsenicum album*, *Sabadilla* are most commonly prescribed, and in cases of tonsillitis, *Lachesis mutus*, *Phytolacca decandra* and *Belladonna* are most commonly prescribed remedies. Other medicines used were *Rhus toxicodendron*, *Colocynthis*, *Causticum* and *Calcarea phosphoricum*, etc. *Thuja occidentalis*, *Tuberculinum* and *Sulphur* are prescribed as anti-miasmatic remedies to cure miasmatic obstacle.

At the end of my study it was seen

that along with the homoeopathic medication and strict auxiliary line of treatment complaints of respiratory disorder can be very well managed.

## Conclusion

LM potency has a very good scope in management of complaints of respiratory disorder. The study was very enthusiastic and patient showed marked improvement by using LM potency. From this study, it was seen that repetition is required in most of the cases and by giving LM potency it was very easy to restore the patients who are suffering from diseases from a long time. LM potency does very rapid, gentle and permanent cure to this type of chronic cases.

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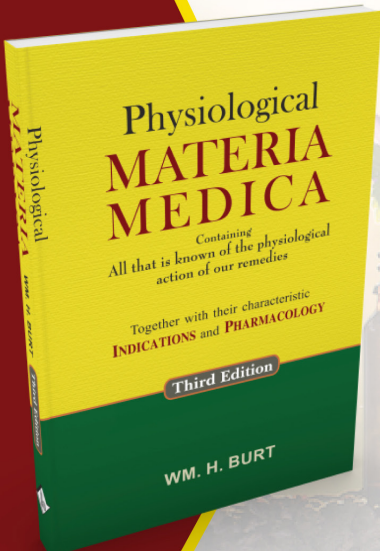
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# Research-an awareness to climb the mountain

*By Dr Monimala Pramanick (Sen)*

**Abstract:** This article is a discussion about the format of the thesis for Homoeopathic P.G. students. Most of the students come to me with the question, “Madam how to write the Dissertation?”

As they are not properly aware about the procedure to write the thesis, it's my small contribution to give them the format as well as the procedure to write a thesis paper. In my next article I will discuss briefly about bibliography and the different font sizes for a proper thesis.

**Key words:** Dissertation, research, format of research

**Abbreviations:** P.G.-post graduation; T.L.C.-Thin layer chromatography; CCRH-Central council of research in homoeopathy; R.C.T-Randomised controlled trial; L.M Potency-fifty millesimal potency.

## Introduction

**R**esearch: Application of the scientific method in the study of problems. It is an objective, impartial, empirical, logical analysis and recording of controlled observation that may lead to the development of generalisation, principle or theory, result and control of events. Research may be as replication, repetition and duplication.

To do a research, the first necessary thing is to choose a broad field within which one can conduct the study. Researcher should have an interest in the field of study. To search a new fact, thorough understanding is the priority in selecting problem for the study. The aim of research is to explore the matter in a scientific and “rational” way and the conclusions must be used for the development of skills, clinical practices, store and growth.<sup>1</sup>

### Aim of this study

To give knowledge about the format of dissertation.

### Review of literature

Over the past decade, documented

research has become mandatory to every system of medicine. Homoeopathy is also doing researches and publishing in various journals. Different institutions are researching with homoeopathic medicines; TLC studies are published in journals.

In homoeopathy we are doing research, CCRH makes different experimental studies on different medicines but still there are some areas where we lack or are being criticised. We have to document our science as per the scientific methods. It is the challenge before us. New work needs to be reconstructed at multi-centric levels in large samples will help us to better understand the depth of homoeopathic research.<sup>2</sup>

### Different study done in homoeopathy:

#### Case series report:

This typical study is an intensive investigation of a social unit. The analysis of the factors and their inter-relationships, help the researcher to construct a comprehensive picture.<sup>3</sup>

#### Cross section studies:

It is the examination of a cross section of population at one point of time and it helps to generate a hypothesis.<sup>4</sup>

#### Case control study:

It is a study that compares patients who have a disease (cases), with patients who do not have the disease or outcome (controls), and looks back retrospectively to compare that how frequently the exposure to a risk factor is present in each group to determine the relationship between the risk factor and the disease.<sup>5</sup>

#### Cohort study:

It is forward looking study. It is also known as prospective study. There is a regular follow up over a period of time. The study proceeds from cause to effect.<sup>6</sup>

### Randomised controlled trials (RCT):

This is a type of experimental study. Format of a research:

#### 1.0. Title page

#### 1.1. Certificate by the guide

#### 1.2. Declaration

## 1.3. Acknowledgments:

It is a part of thesis to give the gratitude to those persons who help you in your research.<sup>6</sup>

## 1.4. Abstract:

Abstract: It tells us about the importance of my paper. It also gives a summary of a research with result. Abstract should be short, precise.<sup>7</sup>

Readable and meaningful.

No repeated information

## 1.5. Table of contents:

All headings and subheadings with page numbers

Indent subheadings

It will look something like this:

Sr. No.	content	Page
1.	Introduction	xxx

## 1.6. List of tables

## 1.7. List of charts

## 1.8. List of abbreviations

## 1.9. List of appendices

## 2.0. Introduction:

An interesting introduction can make a person curious to read the rest. It should be authentic, scientific. Mention the previous work in this area, along with the most recent work. An explanation of your work's necessity should be discussed.

It is better to write the introduction part latter because you can arrange it properly only then.<sup>8</sup>

## 3.0. Objective:

Objectives will be in 4-5 sentences, clearly defining the objects of study.

## 4.0. Review of literature:

Re-view, means the previous works done on the topic. For exp: 'utility of L.M. potency in homoeopathy', it is the topic. We have to write the *review* surveys from different books, articles, and any other sources relevant to this particular issue, any area of research, or theory on this L.M. potency.<sup>9</sup>

## 5.0. Materials and method:

- Information regarding the believability of your results.
- Information for another researcher to replicate your experiment.
- Description of materials, procedure, theory.
- Calculations, technique, procedure, equipment.
- Discussion of Limitations, assumptions, and range of validity.
- Description of analytical methods, including reference.<sup>10</sup>

## 6.0. Observation and result:

In this section the investigator informs the observation and findings of this study

## 7.0. Discussion:

Discussion contains the summarization of the result. It includes-the pattern, exception, cause, present result of observation, Hypothesis, line of reasoning, significance of the result.<sup>11</sup>

## 8.0. Summary:

## 9.0. Conclusions:

After doing your research and proper investigation, interpret your judgment. Try to not repeat the same words again and again.<sup>12</sup>

## 10.0. Bibliography (references):

Write the books name from where you have taken the references. There

is a certain pattern to write the bibliography. It will be discussed in my next article.

All reference of the text should be listed here.<sup>13</sup>

## 11.0. Appendices:

It will contain raw data, figure, table and other information; it will give documentation to the controversial argument of your data.

Note: Please attach the case record format, case records Score chart, Master chart and consent form in your dissertation.<sup>14</sup>

## Expostulation:

After a brief discussion I want to say that we must encourage our pathy for new and new research of medicines, reprovig medicines with few symptoms, to find the explanation of our preparation procedure.<sup>15</sup> Once, in a reputed seminar, a respected pupil discussed that homoeopaths do a smaller number of researches. He also told that one may present a case of headache, may relief the symptoms by *Belladonna* or *Natrum muriaticum* but there is no research. He also told that the case looks fake. May be the presenter serves his case with the case history format, but who will belief him? Research study will belief you. Documentation will belief you.

Homoeopathy has a perfect and particular law. If we follow the fundamental principles of homoeopathy by Dr Hahnemann, then we are practicing the evidence-based homoeopathy.<sup>16</sup> To make this system more fruitful and more scientific acceptance, we need to have research studies and internationally accepted standards. Also, we can research to know the long-term effects of homoeopathy in preventing the chronic disease conditions. Except this, we need



to concentrate on homoeopathic development, quality education, and homoeopathic pathogenic trials – drug proving, writing in peer-review homoeopathic journals.<sup>17</sup>

Our master took the initiative stage, we the followers will make it perfect.

## Conclusion

Research can make us more perfect. To make homoeopathy best, we must concentrate to more and more research works.

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# Research-oriented homoeopathic approach: need of the hour

*By Dr Neha Patel*

**Abstract:** Since the inception of homoeopathy by Dr Hahnemann who himself “re-searched” into the history to prove the theories he discovered, there are several research papers published in homoeopathy. Currently, the greatest weaknesses in homoeopathic research are the variety of unreplicated studies and the small sample sizes. Hence, there is a need for use of appropriate research methodology, following guidelines for conducting research, use of validated tools and Multi-site research studies with larger sample sizes.

**Key words:** Research orientation, homoeopathy, HOM-CASE.

**Abbreviations:** RCT- randomised controlled trial, HPT- homoeopathic pathogenetic trial.

## Introduction

The homoeopathic sector has begun to realise the need for scientific research. Research orientation is what we need today, as we talk of scientific evidence-based medicine.

An authoritative paper concluded that ‘the evidence of the effectiveness of homoeopathy for specific clinical conditions is scant, is of uneven quality, and is generally of poorer quality than research done in allopathic (mainstream) medicine.’ Nevertheless ‘when only high-quality studies have been selected... a surprising number show positive results’ although ‘even the best systematic reviews cannot disentangle components of bias in small trials.’ These authors conclude that ‘more and better research is needed, unobstructed by belief or disbelief in the system.’<sup>[1]</sup>

Despite 200 years of practise of homoeopathy and several recent studies documenting homoeopathic treatment effects under double-blind conditions, the medical and scientific community has generally dismissed these findings because of a lack of a plausible mechanism for

the observed effects.<sup>[2]</sup>

The report states that clinical trials done for evaluation of homoeopathy, taken in their totality, are most consistent with nonspecific effects and placebo responses.<sup>[3]</sup>

This can be, as the success of any clinical trial depends on the prescriber, the skills to individualise and prescribe the simillimum, i.e. the individualised medicine in homoeopathy. Prescriptions without justifications in clinical trials lead to questionable results.

So now, trial designs must be revisited in homoeopathy. The focus must be being laid on personalized medicine<sup>[4]</sup> and scientific tools for assessing the reliability and validity of homoeopathic trials<sup>[5]</sup>

Emphasis must be made on selecting the research study.

### A. Descriptive study

#### 1. Case study / case report

Case reports are considered the first step to demonstrate evidence-based medicine. A case report should be a unique clinical experience in terms of diagnosis, investigations, or management that widens the scope

of homoeopathy.

Each peer-reviewed journal in homoeopathy has a section where case reports are included. The Indian Journal of Homoeopathy has given a template for Case Reports.

For Example, A 15-mm urinary calculus expelled with homoeopathic medicine - A case report by Rai S and Vineetha K R published in Indian J Res Homoeopathy 2021;15:155-61<sup>[6]</sup>

CARE guidelines had been evolved for writing case reports. Van Haselen, using the Delphi technique with a panel of 19 homoeopathic experts, suggested modifications in the CARE case report guidelines for writing homoeopathic case reports. He has recommended using these HOM-CASE guideline extensions to improve the quality of homoeopathic case reports.<sup>[7]</sup>

### 2. Case series

A case series (also known as a clinical series) is a type of medical research study that tracks subjects with a known exposure, such as patients who have received a similar treatment,<sup>[8]</sup> or examines their medical records for exposure and outcome. Case series may be

consecutive<sup>[9]</sup> or non-consecutive,<sup>[10]</sup> depending on whether all cases presenting to the reporting authors over a period were included, or only a selection.

For example, Homoeopathic management of wrist ganglion: A Case series published in Indian J Res Homoeopathy 2021; by Nath and Palit DK.<sup>[11]</sup>

### Cross-sectional survey

A cross-sectional survey collects data to make inferences about a population of interest (universe) at one point in time.<sup>[12]</sup>

For example, An online cross-sectional survey on knowledge, attitudes, practices, and perspectives of homoeopathic practitioners towards COVID-19 by Taneja D and Khurana A published in Indian J Res Homoeopathy 2020;14:90-9.<sup>[13]</sup>

### B. Analytical study

i. Observational studies: The three classical types of observational studies in research are -

ii. Cohort studies: In cohort studies, a cohort, i.e., a group of people with some similarity, e.g., in treatment, diagnosis, or location, is followed up and systematically observed within a given timeframe.

- Prospective cohort study: The study begins with a baseline assessment at the starting time point and progresses into the future with follow-up assessments of data.

- Retrospective cohort study: The data are collected only from already extant records. The outcome has already occurred and is assessed retrospectively.

For Example, A cohort study by Witt et al, which included nearly 4000 new patients undergoing homoeopathic case taking and

followed up this cohort for 8 years. This study allowed observation of who consulted a homoeopathic physician, how frequently the consultations took place, which remedies and potencies were prescribed, the intensity of complaints and quality of life changed over time.<sup>[14, 15]</sup>

iii. Case-control: The researcher identifies an existing health problem ("cases") and a similar group without the problem ("controls") and then compare them retrospectively concerning exposure.<sup>[16]</sup>

For example, A study trying to show that people who smoke (the attribute) are more likely to be diagnosed with lung cancer (the outcome), the cases would be persons with lung cancer, the controls would be persons without lung cancer (not necessarily healthy), and some of each group would-be smokers.<sup>[16]</sup>

There are guidelines and tools relevant for homoeopathy that help to improve the quality of observational studies, such as the STROBE Statement, RECORD, GRACE, and the ENCePP Guide.<sup>[17]</sup>

### C. Interventional studies

Interventional study designs, also called experimental study designs, are those where the researcher intervenes at some point throughout the study.

i. Control trial: Controlled trials allow discrimination of the patient outcome from an outcome caused by other factors (such as natural history or observer or patient expectation). The different types of control trials are:

a. Placebo control helps to discriminate outcomes

due to intervention (new product) from outcomes due to other factors. This design is used to demonstrate superiority or equivalence. There are many homoeopathic research papers published using placebo control trials. While conducting a homoeopathic pathogenetic trial (HPT), a placebo control trials can be used to elicit the pathogenetic effects of the homoeopathic preparation vs placebo.<sup>[18]</sup>

b. "No treatment" concurrent control – No intervention will be administered in the control arm in this design. Study endpoints must be objective in this design.

c. Active treatment concurrent control – This design involves the comparison of a new drug to a standard drug or compare a combination of new and standard therapies vis a vis standard therapy alone.

d. Historical control (external and non-concurrent) – sources of controls are external to the present study and were treated at an earlier time (earlier therapeutic gold standard) or in a different setting.<sup>[19,20]</sup>

Randomized control trial: In randomised controlled trials, trial participants are randomly assigned to either treatment or control arms.

a. Parallel group trial design: In this design, subjects are randomized to one or more study arms and each study arm will be allocated a different intervention.

After randomization, each participant will stay in their assigned treatment arm for the duration of the study.

- b. Cross over design: In this design, some participants start with drug A and then switch to drug B (AB sequence) in one trial arm, while subjects in other trial arm start with drug B and then switch to drug A (BA sequence). An adequate washout period must be given before crossover to eliminate the effects of the initially administered intervention. Outcomes are then compared within the same subject (effect of A vs. effect of B). This study has a limitation, as it is difficult to decide the washout period of Homoeopathic medicine.

Blinding in randomised controlled trial if withholding the treatment arm from individuals involved in the study. Blinding within randomised controlled trial includes patient blinding, provider blinding, or assessor blinding.<sup>[19, 20]</sup>

For example:

1. A randomized controlled trial in the management of alcohol dependence: Homoeopathic vs. standard Allopathic treatment, conducted by Central Council for Research in Homoeopathy, published in Indian J Res Homoeopathy 2014;8:187-93<sup>[21]</sup>
2. Effects of individualized homoeopathic intervention in Stage I essential hypertension: A single-blind, randomized, placebo-controlled trial, conducted by Dr. Roja Varanasi and others, published in Indian J Res Homoeopathy 2020;14:3-14<sup>[22]</sup>

There are standards and guidelines to systematize and elevate the quality of interventional research design, execution, and reporting, such as CONSORT.

The main problem of randomised controlled trial in homoeopathy is that it is not personalised and personalised medicine is the essence of homoeopathy.

- a. Systematic reviews and meta-analysis
- b. Systematic reviews, as the name implies, typically involve a detailed and comprehensive plan and search strategy derived a priori, intending to reduce bias by identifying, appraising, and synthesising all relevant studies on a particular topic.<sup>[23]</sup>

## Meta-analysis

Meta-analysis is a quantitative, formal, epidemiological study design used to systematically assess previous research studies to derive conclusions about that body of research.<sup>[24]</sup>

For Example

1. Veterinary Homoeopathy: Systematic Review of Medical Conditions Studied by Randomised Placebo-Controlled Trials, by Mathie RT, Clausen J, published in The Veterinary Record, Volume 175, Issue 15, 2014, Pages 373-381.<sup>[25]</sup>
2. Randomised Placebo-Controlled Trials of Individualised Homoeopathic Treatment: Systematic Review and Meta-Analysis, by Mathie RT et al., published in Systematic Reviews, Volume 3, Issue 1, 2014, Page 142.<sup>[26]</sup>

Metaanalysis conducted using

these Randomized Control Trials is criticized for 'cherry-picking' of studies, disputed selection criteria and purposeful exclusion of studies.<sup>[27]</sup>

Problem with meta-analysis in homoeopathy: It reflects the point of view that the treatment with a specific remedy could be administered in a particular disease. However, homoeopathy aims to treat the whole person, rather than the diseases and each case has to be treated individually with an individualized remedy. Furthermore, the commonly known events during the course of homoeopathic treatment, such as "initial aggravation" and "symptom-shift" were not considered in almost all the studies. Thus, only few trials were eligible for meta-analyses, if at all.<sup>[28]</sup>

There are standard guidelines for reporting systematic reviews and meta-analysis such as PRISMA,<sup>[27]</sup>

## Conclusion

There is a need for "re-research" and "re-validation" of the existing work, by following the guidelines given for each research study and using validated tools.

Research studies must be taken on a larger sample size and at multi-centric levels.

There must be a Centralized database of research activities accessed globally, Observational studies, Systematic reviews and High-quality clinical trials and verification must be encouraged.

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# "The Homeopathic Conversation – The art of taking case"

By Brian Kaplan

Reviewed by: Dr Himanshu Sekhar Tiwary

There are many books in our literature that inform to do the things in a better way, but only few which are so well written that it transform us completely. This book named **"The Homeopathic Conversation – The art of taking case"** by Brian Kaplan and published by B. Jain Publishers belongs to those of the second category.

"To read without reflecting is like eating without digesting" is the most frequent phrase that comes to my mind while introducing this book in different study circles. Though this book is very easy and interesting to read, but the real charm is discovered when one start reflecting on each concepts and try to practice them gradually in course of time. I strongly believe that it is very difficult to reduce the soul of such a book into few bullet points, but nevertheless here are some of the most rewarding aspects of the book that comes to my mind-

- This book brings back the focus on the most vital aspect of healing, i.e. the Conversation during consultation with the patients and discusses in detail the multiple aspects involved in it.
- The book describes the advantage of flexible approach of case taking over the fixed questionnaires method and how to achieve the "seamless transition" from one aspect of illness to another by individualised pattern of questioning and conversation.
- It describes the techniques of bringing forth the homoeopathic prescribing symptoms most easily and in most reliable manner possible through this conversational method of case taking.
- This is one of the very few books that throws light on the very contemporary aspects of today's practise, i.e. techniques involved in telephonic consultation as well as counselling and how to master it in day to day practise.
- The author also enlightens on another very relevant and relatable aspect of the clinical practise, i.e. how to deal with the research done by patient regarding his sickness through online sources and make good use of that in the case taking
- One of the most interesting chapter in the book is the **"Learning from other disciplines"** wherein the author describes in a very simple language the different concepts of psychoanalysis of Sigmund Freud, Carl Jung, Wilhelm Reich, Martin Buber, etc. and how these can be utilized in a homoeopathic case taking.
- Regarding counselling in practice, the author describes in the easiest terms possible about the Empathic understanding, Congruence, unconditional positive regards, effective "mirroring" etc. and how they are well placed in homoeopathic literature and methodology.
- The one chapter which deserves the highest attention and admiration is the "Techniques in the consulting room" wherein small techniques of provocation and conversation are discussed which I found personally very rewarding in practise.
- The most difficult aspect of case taking for me has always been to bring out symptoms from the neonates and small babies. In this aspect, reading and re-reading the dedicated chapter on case taking of children has been very helpful. Apart from that, it takes up another burning aspect of clinical practise, i.e. how

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to approach a case taking of a fellow homoeopaths/allopathic doctors is also addressed which rarely get enough attention in any other book on this subject.

- Though I could not utilise much of the information provided in the chapter of non-verbal clues, but I look forward to explore them as well as an alternative avenues of information, especially in cases where there is very less well manifested symptomatology.

Reviewed by

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