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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Vol. 47, No. 6, September 2021

PEER REVIEWED

Homoeopathy in the management of RESPIRATORY disorders

- A prospective case study on bronchial asthma in children and its homoeopathic management by LM potency and centesimal potency in paediatric age group
- Use of Indian drugs in respiratory disorders
- Homoeopathic management of complication of upper respiratory tract infection: a case report on peritonsillar abscess

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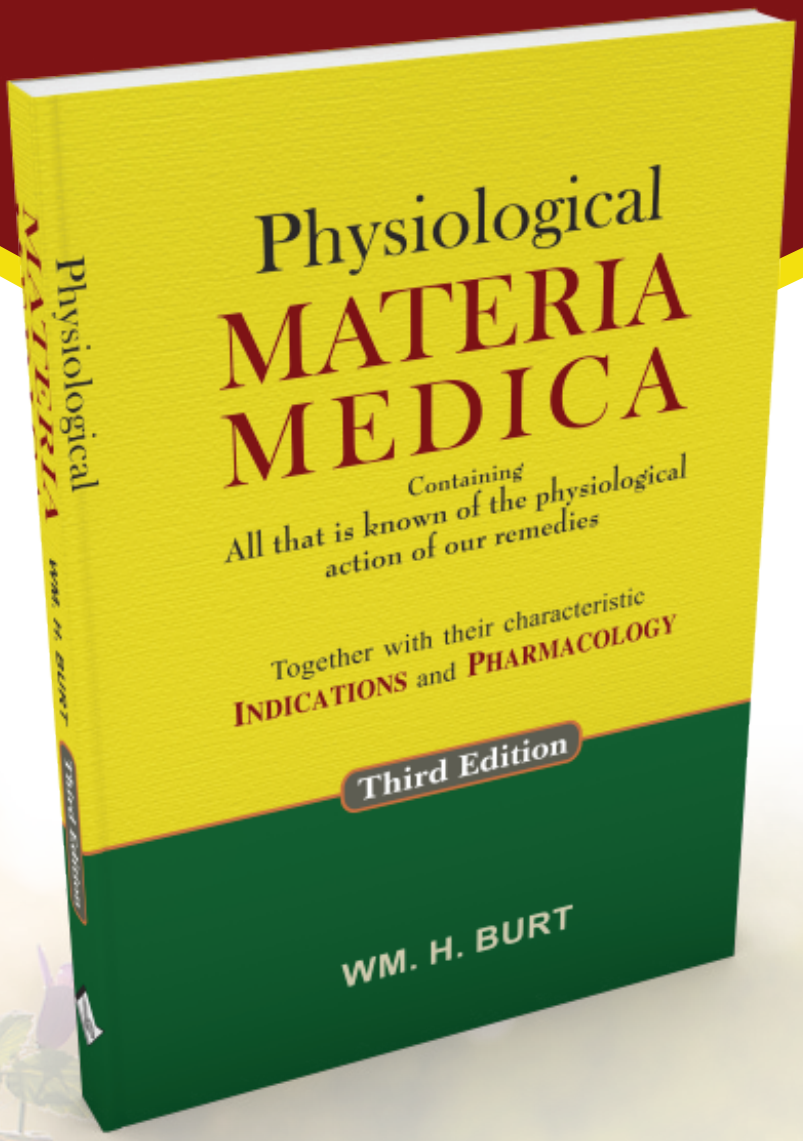

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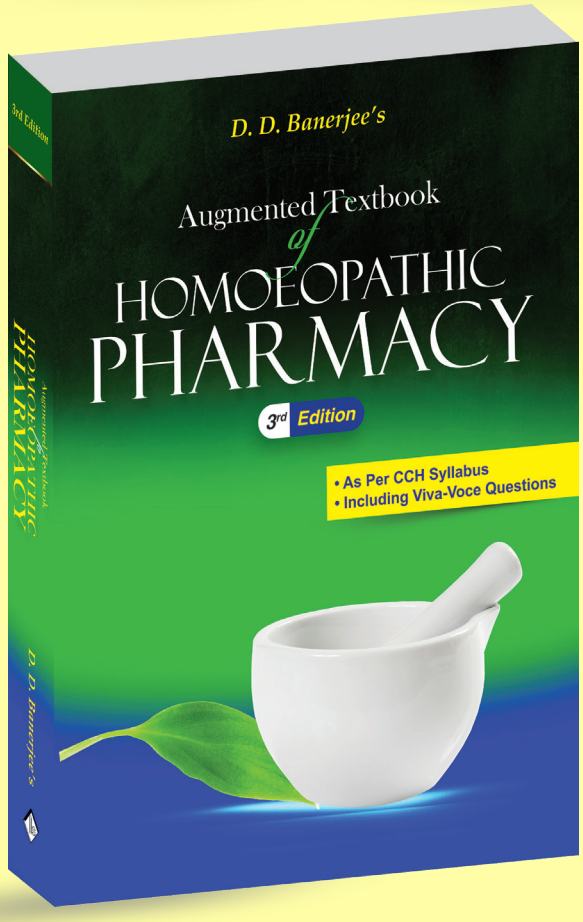

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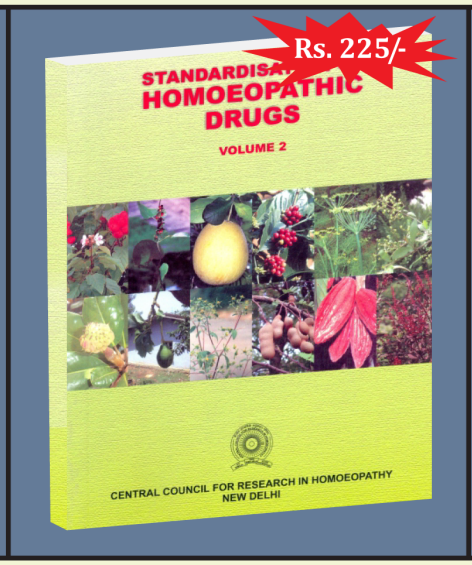

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Cover: Man suffering from cough

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CONTENTS

EDITORIAL

Dr Yashika Arora Malhotra 9

FROM THE EDITOR'S DESK

Common respiratory disorders in clinical practise 10

SUBJECTIVE

ABC of homoeopathy in paediatric bronchitis
By Dr Deepti Sharma 12

Homoeopathic management of acute bronchitis in children
By Dr Shefalika Singh 15

Homoeopathy and bronchitis
By Dr Neeta Jain, Dr Niharika Jain 23

An overview on role of homoeopathy in management of acute exacerbation of COPD
Dr Raisa Cheriyan
Dr Sherlyn Elizabeth Paul 35

Effectiveness of homoeopathy in epilepsy: a review
By Dr Neha Panchal 38

Homoeopathy in the management of respiratory disorders
By Dr Ashutosh Kumar 46

Role of homoeopathy in hypothyroidism
By Dr Shweta Tiwari 86

Role of homoeopathy in respiratory diseases
By Dr Biswajit Bera, Dr Reshmita Ghosh 89

An unseen monster- childhood pneumonia
By Dr Ishita Ganjoo, Dr Deeksha Garg 94

MATERIA MEDICA

Use of Indian drugs in respiratory disorders
By Dr Chaturbhuja Nayak, Dr Radha parhi 7

Organopathic medicines in respiratory system problems: a boon
By Dr Sujeet Lal, Dr Ranjita Gupta 53

Rare but substantial remedies for respiratory troubles
By Dr Srabani Pal, Dr Falguni Patel 72

CLINICAL

An experience with treatment of pneumocystic pneumonia
By Dr Mithilesh Chandra Suri 61

Homoeopathic management of complication of upper respiratory tract infection: a case report on peritonsillar abscess
By Dr Yogesh Dhondiraj Niturkar 76

Role of *Bacillinum* in treatment of tinea corporis – an evidence based case report
By Dr Sonia Tuteja, Dr Mehak 83

CASE STUDY

Homoeopathic treatment of bronchial asthma: A case report
By Meera Sharma, Komal Prajapat 26

A case of developed psora: cured with non anti psoric, followed by anti psoric medicine
By Dr Anaswara Dev 66

RESEARCH PAPER

A prospective case study on bronchial asthma in children and its homoeopathic management by lm potency and centesimal potency in paediatric age group
By Dr Nahida M. Mulla 18

A review article on polycystic ovarian syndrome- homoeopathic approach
By Dr Garima Jindal 56

ORGANON OF MEDICINE

Contribution of Master Hahnemann in homoeopathic posology
By Dr Vaidehi Bhatt 31

SPECIAL COVID-19 SECTION

Understanding loss of smell and taste in COVID 19: coping strategies and homoeopathic management
By Dr Aditi Goyal 98

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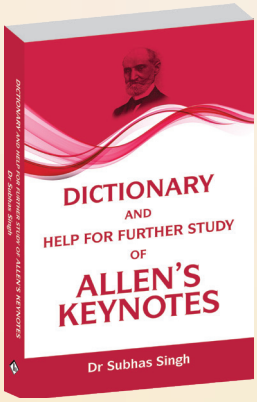
Dr Subhas Singh



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

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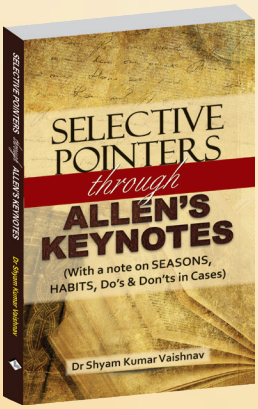
Dr Shyam Kumar Vaishnav



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

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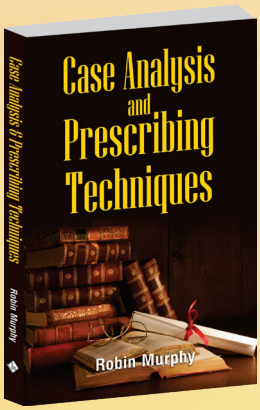
Case Analysis & Prescribing Techniques

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,

Homoeopathic medications stimulate the immune system, act as a natural antimicrobial and sterilizer, activate the mucous membranes to help emission of toxins and stop nasal infection from spreading to other parts. They act by ameliorating the constitutional fermenting system rather than acting on histamine as achieved by conventional medicines. Homoeopathic approach have always proved to be advantageous where effective and safe therapies were not available or not indicated. The findings of many research papers suggest a definite role of homeopathy beyond placebo in the treatment of various conditions of respiratory infections. Applying homeopathy as an adjunctive treatment in COVID-19 cases also have proved to be cost-effective, feasible and safe. There is a great potential for the increasing integration of homoeopathy in the management of respiratory illness.

A systematic review revealed that antibiotics have no early effect on pain of acute otitis media (OAM) and only a modest effect on the number of children with tympanic perforations. A cross-sectional survey conducted in a pediatric otolaryngology clinic in Israel reported that 32% of parents considered complementary therapies in their previous or current use and 36% of them used homoeopathy. Evidence sustains its use, due to its greater safety, speed of improvement and cost savings. An international survey of acute pediatric tonsillopharyngitis showed that 62% of participants used homeopathy and suggested that an integrative approach may reduce excessive antibiotic prescriptions.

A Quick Word on Issue Content:

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

The peer reviewed articles of this issue include homoeopathic management of complication of upper respiratory tract infection: a case report on peritonsillar abscess b*y Dr Yogesh Dhondiraj Niturkar*, a prospective case study on bronchial asthma in children and its homoeopathic management by LM potency and centesimal potency in paediatric age group b*y Dr Nahida M. Mulla, and* a case of developed psora, cured with non anti psoric, followed by anti psoric medicine b*y Dr Anaswara Dev.* The clinical case studies include an experience with treatment of pneumocystic pneumonia b*y Dr Mithilesh Chandra Suri*, role of *Bacillinum* in treatment of tinea corporis – an evidence based case report b*y Dr Sonia Tuteja, Dr Mehak,* homoeopathic treatment of bronchial asthma:a case report b*y Meera Sharma, Komal Prajapat.* The feather in cap of this issue is an excellent article on a review article on polycystic ovarian syndrome: homoeopathic approach *by Dr Garima Jindal.* Materia medica section consists on articles on organopathic medicines in respiratory system problems: a boon b*y Dr Sujeet Lal, Dr Ranjita Gupta,* rare but substantial remedies for respiratory troubles *by Dr Srabani Pal, Dr Falguni Patel,* use of Indian drugs in respiratory disorders b*y Dr Chaturbhuja Nayak, Dr Radha parhi*. A special article for COVID-19 section was given by Understanding loss of smell and taste in COVID 19: coping strategies and homoeopathic management b*y Dr Aditi Goyal*. Subjective articles include ABC of homoeopathy in paediatric bronchitis *by Dr Deepti Sharma*, homoeopathic management of acute bronchitis in children b*y Dr Shefalika singh*, homoeopathy and bronchitis b*y Dr Neeta Jain, Dr Niharika Jain,* contribution of Master Hahnemann in homoeopathic posology *by Dr Vaidehi Bhatt*, an overview on role of homoeopathy in management of acute exacerbation of COPD b*y Dr Poulamy Singha Roy, Dr Saleema Naaz Tabassum*, effectiveness of homoeopathy in epilepsy: a review b*y Dr Neha Panchal*, homoeopathy in the management of respiratory disorders *by Dr Ashutosh Kumar*, role of homoeopathy in hypothyroidism b*y Dr Shweta Tiwari*, role of homoeopathy in respiratory diseases b*y Dr Biswajit Bera, Dr Reshmita Ghosh,* and an unseen monster- childhood pneumonia b*y Dr Ishita Ganjoo, Dr Deeksha Garg.*

A doctor's primary responsibility is the safety of the patient. Nevertheless, no one should forget that a severe acute attack can be fatal. There is no room for complacency. Both the monitoring and treatment process has to dovetail in a responsible and consistent way with established orthodox guidelines for good practise. Homoeopathy has proved to be helpful to cope up with the changes which frequently in relation to respiratory tract. Homoeopathy offers a safe alternative to resolve all the ailments not successfully cured by conventional drugs, or as a complementary treatment to reduce the consumption of anti-inflammatory drugs or steroids that may have adverse effects, to relieve certain symptoms and improve the quality of life.

At last, once again, we are obliged 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 for more information and opportunities related to homoeopathy.

Dr Yashika Arora Malhotra
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Common respiratory disorders in clinical practise

Introduction

Respiratory diseases are the most common diseases for which many patients especially visit homoeopaths in India. A better understanding of respiratory disease pattern and respiratory symptoms helps to determine appropriate health care management strategies. The most common respiratory diseases include chronic respiratory diseases (CRD) such as chronic obstructive pulmonary disease (COPD), tuberculosis (TB) , asthma and allergic rhinitis.

Case study

A man from Uttar Pradesh aged 56 years (diagnosis was COPD with chronic cough) came with the following complaints:

- cough
- troublesome breathing
- tightness in chest
- wheezing

Smoking, vapours from car and truck exhausts aggravated all his above complaints. He was suffering from this since last 10-12 years. He was on several medications like short-acting bronchodilators – albuterol, to reduce inflammation and open his airways so that he can breathe easily with COPD. However, he soon developed it's side effects like dry mouth, headache, tremors and cough. Corticosteroids were also frequently used to make air flow easier in the lungs. They were used on a short-term basis when his COPD suddenly became worse. His doctors prescribed him fluticasone inhaler twice daily, but that also caused side effects like headache, sore throat, voice changes, nausea, cold-like symptoms, and thrush.

Personal history: He was a chronic smoker since the age of 21 years. He worked in government agency -water department, drove two wheeler daily for last many years. His cough used to become always worse when traffic was bad, as well as in winters, after eating cold frozen food. Cough was constant, hacking without much expectoration, and during the cough, he had metallic taste in the mouth.

Past history: rickets, chicken pox, recurrent tonsillitis, typhoid.

Family history: Father had rheumatism, heart attack, mother had arthritis and diabetes, while 2 brothers had high cholesterol levels.

Mental generals: He was very arrogant, egoistic, hence not very social with a very few friends. He had ups and downs in his married life due to his bad temper. He loved to watch cricket and movies. With his parents also, he did not share much bond. He was very censorious by nature, and said that he did not care for anyone in this world, in a way, he was a very selfish person.

Physical generals: He used to have profuse sweat over back. He was a chilly patient, having craving for spicy food, lots of chillies during the meal. He disliked meat, used to sleep on back, and frequently had dreams of drowning in the village well.

Treatment history: He tried homoeopathy for 2 years from a local homoeopathic college OPD without much relief, hence he visited Bombay in august 2018 to consult.

Rubrics considered:

MIND - CENSORIOUS

MIND - EGOTISM

MIND - HAUGHTY

MIND - SELFISHNESS

COUGH - COLD - food - agg.

COUGH - COLD - water - agg.

COUGH - HACKING

COUGH - SEASONS - winter; in

COUGH - SMOKE - all kinds; of

COUGH - TOBACCO smoke - agg.

CHEST - EMPHYSEMA

BACK - PERSPIRATION

SLEEP - POSITION - back; on

DREAMS - DROWNING

GENERALS - FOOD and DRINKS - frozen - agg.

GENERALS - FOOD and DRINKS - pungent things - desire

GENERALS - FOOD and DRINKS - spices - desire

GENERALS - HEAT - lack of vital heat

GENERALS - HISTORY; personal - tonsillitis; of recurrent

Prescription

He was first asked to reduce his inhalers and prescribed a few doses of Lycopodium clavatum 30c as a constitutional remedy considering the above totality of symptoms. He was also prescribed and Mentha perennate 200 as an acute remedy for the acute phase.

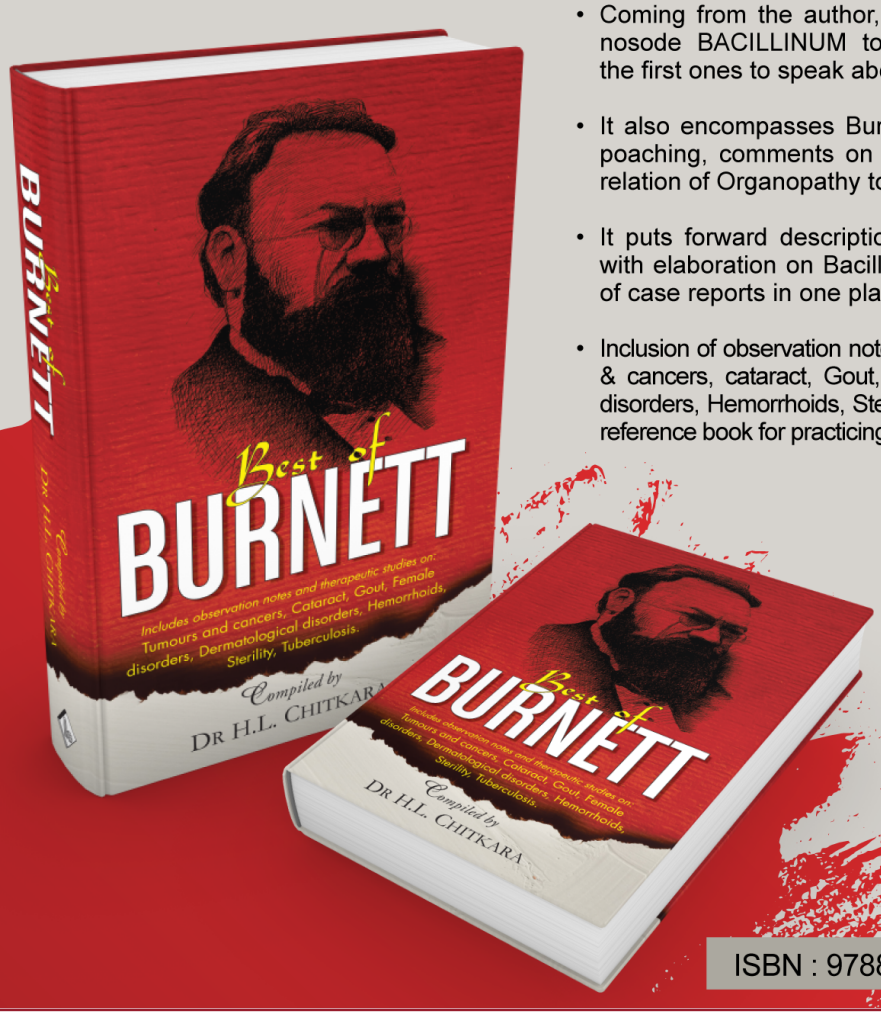
Follow up

After 6 months, he was able to leave all the inhalers, and never required any steroids. He was given infrequent repetition of Lycopodium clavatum LM6, and was also to take the same, when required, especially during winters.

■■■

Best of
BURNETT
BY DR. H.L. CHITKARA

- Coming from the author, Dr. Burnett who introduced the nosode BACILLINUM to Homeopathy. He was one of the first ones to speak about vaccination triggering illness.
- It also encompasses Burnett's observations on Allopathy poaching, comments on Jenner vaccine and its efficacy, relation of Organopathy to Homoeopathy.
- It puts forward descriptions of different medicines along with elaboration on Bacillinum. Therapeutics & Narratives of case reports in one place making it more approachable.
- Inclusion of observation notes & therapeutic studies on Tumors & cancers, cataract, Gout, Female disorders, Dermatological disorders, Hemorrhoids, Sterility, Tuberculosis making it a great reference book for practicing Homoeopaths.



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ABC of homoeopathy in paediatric bronchitis

By Dr Deepti Sharma

Abstract: Respiratory tract disease is the major cause of mortality and morbidity in paediatric age group. Infections of the respiratory system are the most common reason for children presenting at the doctor's practise. The main paediatric respiratory tract diseases, in terms of incidence include asthma, bronchiolitis, acute bronchitis and respiratory infections. Conventional medications have a small role in treating and preventing those diseases and an effective method of medications for this is needed. In this regard homeopathy can be a proper consideration.

Keywords: Breathlessness, broncho-pneumonia, conventional, cough, cyanosis, febrile convulsions, infection, inflammation.

Abbreviations: BBCR- *Boger Boenninghausen's Characteristics and Repertory*, CCF – congestive cardiac failure, URTI – upper respiratory tract infection.

Introduction

The term 'bronchitis' denotes inflammation of the bronchi and is very commonly found in infants and young children during winters. The cold air outside and the dry heated air indoors, increase the vulnerability of the mucosa for pathogens [1]. The wonderful homoeopathic remedies can give complete rapid recovery from bronchitis; the sufferer gets very effective changes in bronchial inflammation, not only equal but also more than that of conventional treatment which may be proved by laboratory diagnosis as well.

Bronchitis is of two types-

1. Acute bronchitis.
2. Chronic bronchitis.
   - An acute attack of bronchitis may last for a week or two.
   - Chronic bronchitis relapses every winter with an acute attack with summer interval getting shorter gradually31 and the bronchitis persisting throughout the year.

Aetiology [2]

1. Continued irritation of bronchial mucosa by dust, smoke, or atmospheric pollution.
2. Exposure to cold, damp weather or sudden changes in temperature.
3. Passive inhalation of cigarette smokers.
4. Infection anywhere in the body may become an aggravating factor.

Symptoms [2]

1. Common cold and cough descending to the larynx and bronchi. Cough initially dry and raw and later becoming loose.
2. Expectoration scanty and tenacious in early stage, later copious and mucoid. Occasionally streaked with blood.
3. Breathlessness caused by airflow obstruction because of mucus or spasm of tubes.
4. Sometimes, cyanosis and respiratory distress.
5. Fever.
6. On examination: breath sounds become harsh and high-pitched.
7. On auscultation: localised dry rales and wheezing.

Complications [3]

Bronchitis may further progress to following conditions:

1. Broncho-pneumonia or lobar pneumonia.
2. Bronchiectasis.
3. Active tuberculosis.
4. Increased cardiac strain leading to CCF.

Clinical enquiry

A. History:

1. Importance to be given to spontaneously observations reported by mother.
2. Detailed day wise evolution of complaints.
3. Ailments from change of weather, draft, food, family history of URTI, modalities and response to previous treatment [4].
4. Concomitants, for example:
   - Irritability, dullness, drowsiness, restlessness, weakness, mental symptoms.

- Thirst, appetite, sleep pattern and reason for disturbance of sleep, inability to suck milk in infants.

5. Any history of febrile convulsions.
6. Family illnesses.

B. Physical examination:

Look, alae nasi, moaning/grunting, cyanosis, temperature/ respiratory rales, chest examination, per abdomen examination.

C. Investigations:

1. Complete blood count.
2. Chest X- ray.

D. Management:

- Mild and moderate bronchitis can be managed at home.
- In severe bronchitis where respiratory distress is severe, hospitalisation is required as observation and auxiliary measures are necessary.

Homoeopathic management

Homoeopathic management by homoeopathic remedies helps to keep inflammatory process reduced at a minimum level and thereby preserving respiratory organs and preventing respiratory diseases. Constitutional, concomitant and associated symptoms are also managed. Homoeopathy is the science who deals with patient symptomatology. Homoeopaths stress on the individualistic approach of treatment to cure the patient. In homoeopathy, one puts a lot of stress on mental general and physical general symptoms. Every disease affects the mental sphere of the patient and if the patient is mentally fit, his suffering is gradually diminished. So, whenever we treat such types of cases, one also emphasises on the mental sphere of the patient which helps to choose the simillimum.

Homoeopathic remedies and their indications-

Some of the well-known homoeopathic medicines which have been used for the treatment of bronchitis as discussed in different materia medica books are as follows:

In acute bronchitis:

1. ***Aconitum napellus*:** It should be given in the first stage when the fever is high and has been preceded by a chill due to exposure to cold draughts [5]. Expectoration is watery, blood streaked. Unnecessary anxiety and great restlessness.
2. ***Bryonia alba*:** Dry, hacking cough, esp. at night, must sit up aggravate after eating or drinking. Very painful cough with fever and great thirst for large quantity of water at long intervals [6]. Patient wants to lie down quietly and does not want to be disturbed.
3. ***Antimonium tartaricum*:** Cough with loud wheezing [7]. Mucus rales all over the chest with violent paroxysm of coughing. Loose rattling cough, suffocative shortness of breath, laboured breathing, abdominal breathing. Cough followed by vomiting. There is more prostration with cold sweat.
4. ***Hyoscyamus niger*:** Dry, spasmodic cough at night, aggravates on lying down, greatly relieved by sitting up and bending forwards. Cough frequently spasmodic, in short rapid paroxysms, almost like whooping cough.
5. ***Ipecacuanha*:** Cough incessant, violent, with every breath. Suffocative cough. Cough with wheezing, followed by vomiting. Fever with thirst. During fever, extremities become cold, while head and abdomen remain hot.
6. ***Hepar sulphuricum*:** It is indicated when the cough begins to loosen with rattling, fatigue and choking. Coughing excited whenever any part of the body gets cold or uncovered [8]. Coughing with choking sensation is a very important indication for this remedy. Child weeps before, during or after coughing.
7. ***Rumex crispus*:** Cough with tickling in the throat pit, which is worse by cold air, change of temperature of air, talking and eating. Barking cough, cough comes regularly at 11 pm, 2 am and 5 am [9].
8. ***Tuberculinum bovinum*:** It is very important remedy which should be given at the commencement of treatment or when the above remedies fail to arrest or cure the disease.

In chronic bronchitis:

1. ***Ammonium carbonicum*:**

Chronic bronchitis with copious accumulation of mucus in the lungs, the patient coughs every morning at 3 am and dyspnoea [10], much heaviness in the chest with burning. The patient is weak and sluggish in his movements.

2. ***Bacillinum*:**

It is very important remedy for persons suffering from chronic, suffocative catarrh with muco-purulent expectoration [11].

3. ***Kalium bichromium*:**

The cough is hard, barking character almost always aggravated after eating and ameliorates when warmly wrapped up in bed, with a great difficulty in breathing. The expectoration is tough, stringy and tenacious [12]. The mucus is very difficult to dislodge and often causes the child to cough till he vomits.

4. ***Kalium carbonicum*:** It is indicated in bronchitis, when there is sharp, stitching pains, which are prominently located in the walls of the chest [13], dry coughing at 3 am. Expectoration is salty, scanty, and tenacious. Breathing difficult on least motion or walking. Better by bending forward or when sitting up.
5. ***Arsenicum album*:** In chronic cases, with labourious breathing, great exhaustion and restlessness. Cough usually after midnight, on lying down, especially on back. Expectoration scanty, frothy. Wheezing respiration. Thirst for small quantity of water at short intervals. There is thin acrid discharge from eyes and nose [14].
6. ***Phosphorus*:** It is indicated for rales throughout chest. Cough from tickling in throat, aggravates from cold air, reading, laughing and talking, ongoing from warm room into cold air. The sputum consisting of yellowish mucus with streaks of blood running through it, is the characteristic [15], although it may be bloody and full of mucus, or purulent having sweetish or salty taste.

Repertorial analysis

Some well-known repertories and their rubrics with medicines for bronchitis are discussed below:

- ***Kent Repertory*** [16]

  Inflammation-bronchial tubes (bronchitis) - children: Dulc. **Ip. Kali-c.**

- ***Boericke Repertory*** [17]

  Irritation of tubes: Acet. ac.; Acon.; Alumen; Ambros.; Brom.; Bry.; Chlorum; Ferr. P.; Hep; Phos.; Piloc.; Rumex; Sang. N.; Spong.

- ***BBCR*** [18]

  Chest- Inner- Bronchiae-bronchitis: Aco, ant-t., *arn*, ARS, bar-c., **Bell**, BRY, *calc.c*, **Chin**, *cina*, con, **Dro**, **Dul**, *euphr*, fer, **Hep**, **Hyo**, *ign*, *ip*, *kali-bi*, *lach*, lyc, mag-c, mang, **Merc**, nat-c, nat-m, **Nux-v**, Petro, **Pho**, pho-ac, PUL, RHUS-T, saba, scil, *sep*, *sil*, **Spi**, **Spo**, **Stan**, **Stap**, stran, SUL, *ver-a*, **Verb**.

- ***Clinical Repertory*** [19]

  Bronchitis: Aco, All, Alo, Aln, Amc, Am-c, Am-m, Ant-i, Ant- t, Arn, Ars, As-i, Asc-s, Asc-t, Avi, Bal, Bl-o, Bry, Cac, Cb-v, Crd-m, Caus, Chl-h, Cin, con, Cop, Drs, Erio, Eth, EUC, Fe-P, Gnd, Gui, Hep, Hpt, Hpz, Hyo, Ibe, Ipc, Jab, K-bi, K-ca, Ln-c, Mr-sol, Nph, Nt-x, Osm, Phel, Ph-x, , Pho, Pin-s, Pix, Pod, Pmo, Pul, Rum, Sbl, Sng, Sgn, Seil, Sga, Slp, Stn, Sti, Sul, Ter, Tub, Ver.

Conclusion and discussion

Bronchitis is a common illness of paediatric age group, often associated with pain. Child's age and failure to understand their complaints are the contributory factor in the development of chronic bronchitis. Homoeopathic way of management is truly a holistic approach to deal with bronchitis and pain in rapid, gentle, permanent, most reliable and harmless way. Homoeopathy plays a vital role in bronchitis. In homoeopathy, in order to cure the patient, it is necessary to go back in history and get those symptoms that represent the patient in a state of disease and not the tissues in a state of disease. Therefore, homoeopathy is a good choice of treatment in cases of paediatric bronchitis.

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Homoeopathic management of acute bronchitis in children

By Dr Shefalika singh

Abstract: Acute bronchitis is the most common infection in children which may sometimes leads to hospitalisation. Hence, while treating such cases, homoeopathy plays a very significant role. In the following article, the causes, epidemiology and homoeopathic management of acute bronchitis in children are being discussed.

Keywords: Acute bronchitis, children, homoeopathy.

Introduction

Bronchitis is commonly meant by inflammation of bronchi. Acute bronchitis is caused by viruses or bacteria and is characterised by coughing, the production of mucopurulent sputum, and narrowing of the bronchi due to spasmodic contraction.[1]

Epidemiology

Acute bronchitis is more common than chronic bronchitis and it commonly affects younger age group from 1 month to 4 years of age and another peak is seen in 9-15 years. It is more prevalent in boys as compared to girls. Children who are exposed to tobacco smoke are more at risk of catching colds and developing bronchitis as the chemicals in tobacco smoke irritates the eyes, nose and air passages.[1]

Causes

1. Viral- Respiratory syncytial virus (RSV),para influenza virus, adenovirus, rhinovirus, influenza virus. (respiratory syncytial virus (RSV) is responsible for >50% of cases)
2. Bacterial- Mycoplasma pneumonia, staphylococcus aureus, haemophillus influenza.
3. Predisposing factors such as pertussis, influenza, measles, typhoid fever, aspiration of gastric or oral contents, congenital heart disease, bronchiectasis, sinusitis, rickets, allergic disorders, poor health, air pollution inhalation, tobacco smoke inhalation, immunodeficiency disease.(1)

Clinical features

It is broadly divided into inflammatory phase and secretory phase.(2)

Inflammatory phase	Secretory phase
• Upper respiratory tract infection like coryza, sore throat, hoarseness of voice, headache, mild fever for first 3-4 days. • Cough is constant and most important symptom. Initially it is short, frequent, dry hacking and distressing. The intensity of cough and bronchial irritation is not always in proportion to rise of temperature. • Shortness of breath, wheezing and rattle sensation in chest is also present. • Pain and soreness, oppression, rawness of chest and abdomen if cough is severe.	At this stage the cough softens, becomes gradually loose with expectoration easy, profuse and mucopurulent which gradually decreases the soreness and the distressing symptoms. These symptoms usually last for about 2-3 weeks while cough can last for less than 6-8 weeks.

Note – In young children who are not capable of expressing these symptoms may present as excessive irritability and crying more on coughing. In children such dry hacking cough might lead to vomiting or involuntary urine and stool.

Auscultation- Initially on auscultation, the breath sounds may

become laboured with prolonged expiration. There may be scattered rhonchi bilaterally, and occasionally crepitations bilaterally over lower part of chest. These findings depend upon character and location on coughing.(2)

Differential diagnosis

1. Bronchiolitis: Infants between age of 3-9 months commonly affected. Clinical picture denotes coryza and cough with excessive crankiness and irritability.
2. Bronchopneumonia: Clinical presentation include fast breathing, cough and fever. On auscultation, there is crepitation and rhonchi, depending on the stage of the disease.
3. Asthma- Paroxysmal breathlessness with cough and occasional fever. Family history of asthma and allergies.
4. Whooping cough-Typical in nature inducing three stages of illness. Catarrhal stage for 1-2 weeks presented with mild symptoms with fever, cough, and coryza. Paroxysmal stage for 2-6 weeks with symptoms of severe paroxysmal cough followed by inspiratory whoop and vomiting. Convalescent stage for 2-4 weeks and there is lessening of symptoms and may take whole month to resolve. Whooping cough have prolonged course of more than 3 months.(2)

General Management

1. Frequently wash hands during cold and flu season. Avoid close contact and sharing hankies or tissue papers of those infected.
2. Limit the exposure to cold, damp environment. The cold and damp environment combined with air pollution and smoke makes person more prone to bronchitis.
3. Avoid exposure to tobacco smoke as it reduces the body's ability to remove bacteria and viruses that can cause infection in the lungs.
4. COVID-19 appropriate behaviour should be followed.
5. Drink more fluid to help mucus in lungs to become thinner.
6. Steam inhalation/cool mist humidifier to soothe the airways by increasing humidity in the air.(3)

Homoeopathic management

Homoeopathy treats the patient, not the disease. So, every patient suffering from bronchitis, should be treated as new patient and medicine should be selected absolutely on the basis of totality of symptoms considering its present complaints, past illnesses, family history, and homoeopathic generalities according to Hahnemannian classification of disease. Acute bronchitis is under the domain of acute disease.

Commonly used homoeopathic medicines with their symptomatic indications are given below-

1. *Arsenicum album* - bronchitis with difficult mucus secretion. Child lies with eyes half open, eyes gummy, glazy, it seldom or never winks; great prostration, restlessness, especially after mid night; suffocative fits; dry cough, or with froathy sputa; aggravated in winter.(4)
2. *Ipecacuanha*- Mostly indicated in initial stage of bronchitis. There is cough with rattling of mucus in bronchi during inspiration. Chest fullof phlegm but does not yield on coughing. Violent and incessant cough and persistent nausea and vomiting associated with cough. Suffocative cough, child becomes stiff and blue. There is hoarseness of voice.(4)
3. *Antimonium tartaricum*-Ailments in warm, damp, cold weather and from sour things and milk. Great rattling of mucus but very little expectoration. Coughing and gagging consecutively, better lying on right side, aggravated by eating with pain in chest. Dyspnoea relieved by eructations, better by lying on right side. There is cyanotic symptoms. Hot patient; drowsy; child clings to those around wants to be carried, cries and whines if anyone touches it, will not allow to examine or feel the pulse.(6)
4. *Bryonia alba*- Oppressed respiration, dry cough, aggravated after drinking; dry, cracked lips; constipation of dry, dark stools; every motion aggravate the condition, child desires rest.(4)
5. *Bromium*- Fibrinous bronchitis, great dyspnoea. Dry cough, with hoarseness, burning pain behind sternum. Cough on inspiring.(6)
6. *Hepar sulphuricum* - Tracheal and bronchial inflammation in children; continual fever, headache; difficult, short, anxious breathing; hoarse voice; violent, dry, painful, alternately rough and hollow sounding cough; aggravation by eating and drinking anything cold, by cold air, talking or crying; choking cough.(6)
7. *Phosphorus*- Severe and exhausting cough which the child dreads and avoids as long as possible. Aggravation in the morning and continuing during the night, or when coming from warm room into cold air; capillary bronchitis with high fever and rapid pulse.(5)

8. *Spongia tosta*- Cough dry and barking. Cough worse after sleep, arouses the child from sleep. Cough worse while lying with head low, warm room, cold air, while talking, fromdry cold winds, sweets, better by eating or drinking especially warm food. Cough returns violently on every slight exposure to cold. Throat feels dry.(5)
9. *Corallium rubrum*- Bronchitis with cough when attacks come on with rapid succession follow so closely as to almost run into each other. Cough often begins with gasping for breath, and it is followed by exhaustion and vomiting of stringy mucus. Minute gun cough during day. Profuse secretion of mucus dropping through the posterior nares.(6)
10. *Natrum sulphuricum*- Hydrogenoid basis; often indicated in the catarrh of children living in damp cellars, inclined to respiratory troubles, worse in wet rainy weather. Better in dry weather, changing position and sitting up. Pain in lower part of left chest and constant desire to take deep and long breath.(5)

There are many other medicines which can be helpful in managing acute bronchitis on symptomatic basis are: *Aconitum napellus, Ammonium carbonicum, Coccus cacti, Causticum, Dulcamara, Pulsatilla pratensis*, etc.

Conclusion

Any medicine may come according to totality of symptoms. So acute bronchitis can easily treated with homoeopathic drugs for acute exacerbation of chronic condition as well as the tendency of episodes of recurrent attack by slightest exciting cause. For this, one has to consider fundamental cause of the patient.

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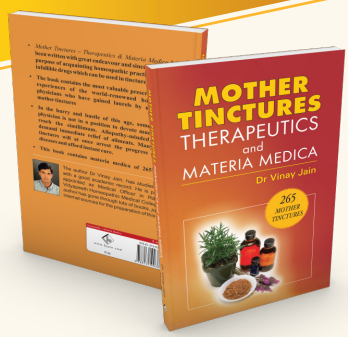
MOTHER TINCTURES

THERAPEUTICS AND MATERIA MEDICA

BY DR. VINAY JAIN



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A prospective case study on bronchial asthma in children and its homoeopathic management by LM potency and centesimal potency in paediatric age group

By Dr Nahida M. Mulla

Abstract: Bronchial asthma affects people of all ages but most often starts early in life, causing high morbidity and constant burden on health system. Bronchial asthma results in episodes of disturbed sleep, restriction of activities, school absenteeism, learning disabilities thus leading to multilevel effects in children.

Homoeopathic medicines are used to stimulate defence mechanism of body including immune system, and can modify hypersensitive nature of immune system of an asthmatic person.

This can be possible by proper administration of individualised homoeopathic medicine which helps in preventing the repeated exacerbations of bronchial asthma and helps in improving the quality of life in children. This study is proposed to assess the effectiveness of LM potency and centesimal potency in management of bronchial asthma in paediatric age group. On the basis of above observation, this is a sincere attempt to study the effectiveness of individualised homoeopathic medicine by comparison of LM and centesimal potency in the treatment of bronchial asthma.

The objectives of this study were:

1. To assess the effectiveness of individualised homoeopathic medicines in the treatment of bronchial asthma in paediatric age group.
2. To compare the effectiveness of individualised homoeopathic medicine between LM potency and centesimal potency in the treatment of bronchial asthma in paediatric age group.
3. To assess improvement in the quality of life in the subjects of bronchial asthma in paediatric age group.

The following methodology was adopted;

1. Type of research: A prospective case study
2. Sampling design: Simple random sampling.
3. Selection criteria: Based on the inclusion and exclusion criteria, history and clinical symptoms.

The treatment is based on interpretation of clinical signs and symptoms:

Conclusion: After the results were statistically analysed, it showed that medicines of 50 millesimal potency have a significant role in the management of bronchial asthma over the usage of centesimal potency.

Keywords: Bronchial asthma, homoeopathy, LM potency, centesimal potency.

Abbreviations: LM – millesimal potency; CM - centesimal potency, h/o – history of.

Introduction

Bronchial asthma is an important health issue mainly in developing countries like India.[1] Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism. It has also increased the number of preventable hospital emergency visits and admissions.[2],[3] The global strategy for asthma management and prevention guidelines define asthma as "a chronic inflammatory disorder of airways associated with increased airway hyper-responsiveness, recurrent episodes of wheezing, breathlessness, chest tightness, and coughing."[4]

Since 1970, the prevalence of bronchial asthma has increased continuously, and now, it affects an estimated 4%–7% of people worldwide.[1]

It is estimated that 14% of children in the world experience asthma symptoms.[6] The prevalence has been seen more in urban than in rural areas.[7] When segregated by gender and age, asthma is seen more in boys in the age group of 12–14 years and more in girls in the age group of 14–16 years.[8] India accounted for 277 disability-adjusted life years lost per 100,000 population and 57,000 deaths in the year 2004.[9]

Bronchial asthma is often under-diagnosed and undertreated during the childhood, which may lead to severe psychosocial disturbances in the family.[10] The diagnosis of asthma is dependent on the clinical presentation of bronchospasm, variable airway narrowing, bronchial hyper-responsiveness, airway inflammation, and response to inhaled bronchodilators or corticosteroids.

In the past 10 years, the proportion of Indian school children suffering from bronchial asthma has increased to more than double.[11] The increase in the prevalence of bronchial asthma in children may have serious implications in their adult life, as 40% of children with trivial wheeze and 70%–90% of those with troublesome asthma continue to have symptoms in mid-adult life.[12] It is also shown that male sex, a positive family history of atopic disorders and the presence of smokers in the family are significant factors that influence the development of asthma.[1] This problem is increasing in urban areas as a result of increase in environmental smoke and air pollution. In India, the obstacles to asthma care are the costs of care and medications, the socioeconomic disparity within the country, use of multiple languages, cultural issues, and the common use of alternative remedies.[13] The magnitude of the problem of asthma has not been defined with certainty although numerous epidemiological studies have been carried out worldwide. Indeed, the prevalence studies of asthma lack consistency, possibly because of the ill-defined diagnostic criteria, non-standardised study protocols, and different methodologies.[5]

Materials and methods

Type of research: A prospective case study

Sampling design: Probability method of simple random sampling procedure for subjects who presented with clinical signs of bronchial asthma.

Selection criteria: 60 cases were selected from the OPD, IPD and school camps of A M Shaikh Homoeopathic Medical College and Hospital, Belagavi, on the basis of inclusion and exclusion criteria, history and symptoms.

Inclusion criteria:

1. Subject of age group between 3-18 years
2. Subject of all genders.
3. Subjects who is fulfilling diagnostic criteria.
4. Subjects those who are willing to participate and parents willing to sign written informed consent and assent taken from the subjects.

Exclusion criteria:

1. Subjects with co-morbid conditions like gastroesophageal reflux disease, sinusitis, allergic rhinitis, otitis media, bronchitis, foreign body obstructions
2. Subjects with acute severe asthma, and status asthmaticus.
3. Subjects on any other medication and any surgical interventions.
4. Subjects complicated with other organic and psychiatric diseases.

Results

The study was conducted between October 2019 to July 2021 and all the cases were sufficiently given time period to understand and analyse the outcome. At the end of the study following data is observed which is placed in tabular form.

1. **Age incidence:** Statistical study was done to identify the age group with highest incidence as shown in Table No.1.

Table 1: Age Incidence

S. No	Age in years	No. of subjects	Percentage
1.	5 – 8	18	30.00
2.	9 – 11	20	33.33
3.	12 – 14	22	36.66
	Total	60	100%

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Out of sixty cases studied, maximum prevalence was noted in the age group between 12-14 years (36.66%). Followed by a near distribution in the age groups of 9-11 years (33.33%) and 5 - 8 years (30.00%).

2. **Sex incidence:** Statistical study was done to identify the sex incidence with highest incidence as shown in Table No.2

Table 2: Sex incidence

S. No	Sex of subjects	No. of subjects	Percentage
1.	Male	34	61.6%
2.	Female	26	38.3%
	Total	60	100 %

As shown in table above, 61.6% of the subjects (34) were males and 38.3% of the subjects (26) were females.

3. **Incidence of presenting complaints:** In the statistical study of 60 cases, each subject is presenting with one or more complaints, the presenting complaints are shown in table no.-3.

Table No. 3: Incidence of presenting complaints

S. No	Symptoms	No. of subjects	Percentage
1.	Difficulty in breathing	12	20%
2.	Wheezing	24	40%
3.	Cough	24	40%

Out of 60 cases studied,12 cases (20%) had difficulty in breathing, 24 cases
(40%) had wheezing, 24 cases (40%) had cough,

4. Subjects with family history: Statistical study was done to identify the family history of asthma in the subjects is shown in the table no-4.

Table 4: Distribution of cases according to family h/o asthma

Family h/o asthma	Cases	Percentage
With Family h/o	48	80 %
No family h/o	12	20%
total	60	100%

In the above table, with family h/o asthma have 48 cases, i.e. 80% , no family h/o asthma have 12 cases i.e. 20%.

5. **Remedies used:** A statistical analysis was done to identify the remedies that were used during the course of treatment of subjects is shown in table no. 5.

Table 5: The following constitutional remedies were found useful.

S. No	Remedies	No. of cases receiving CM potency	No. of cases receiving LM potency	Percentage
1.	*Kalium carbonicum*	6	7	21.6 %
2.	*Arsenicum album*	6	5	18.3%
3.	*Pulsatilla pratensis*	4	5	15%
4.	*Tarentula hispanica*	4	4	13.33%
5.	*Phosphorus*	4	3	11.6%
6.	*Sepia*	2	3	8.3%

7.	*Calcarea carbonicum*	2	2	6.66%
8.	*Ammonium carbonicum*	2	1	5%
	TOTAL	30	30	100%

Out of 60 cases 8 remedies were used as constitutional remedies. In CM potency *Arsenicum album* and *Kalium carbonicum* was prescribed to 6 cases, followed by *Pulsatilla pratensis, Phosphorus* and *Tarentula hispanica,* was prescribed to 4 cases each, followed by *Ammonium carbonium, Sepia and Calcarea carbonicum* was prescribed for 2 cases each.

In LM potency, *Kalium carbonicum* was prescribes to 7 cases, *Arsenicum album* and *Pulsatilla pratensis* to 5 cases each. *Tarentula hispanica* to 4 cases. *Phosphorus* and *Sepia* to 3 cases each. *Calcarea carbonicum* to 2 cases and *Ammonium carbonicum* to 1 patient.

6. **Potency used:** The following potencies are used in the study in table no-6 **.**

Table 6: Potencies used

S. No	Potency	No. of patients
1.	Centesimal	30
2.	0/1 (LM)	12
3.	0/2 (LM)	18
	Total	60

7. **Result of treatment:** In the statistical study of 60 cases, the results of the treatment are summarised in table no-7.

Table 7: Outcome of treatment

S. No	Result	LM Potency	CM Potency
1.	IMPROVED	24	20
2.	NOT IMPROVED	6	10
	TOTAL	30	30
	PECENTAGE	80%	66.6 %

As shown in the table LM potency was prescribed for 30 patients out of which 24 patients improved (80%). Centesimal potency was prescribed to 30 patients out of which 20 patients improved (66.6%).

Discussion

In this study, majority of the children belonged to middle and lower socioeconomic class which is similar to the study done by Jain *et al.*, where majority of the families were from the low socioeconomic class.[14]

Chakravarthy *et al.* reported that symptoms suggestive of asthma were present in 18% of children under 12 years of age. They also found that the prevalence of breathing difficulty and nocturnal cough was significantly higher among urban children in 6–12 years of age group. Children living in urban areas reported recent wheeze more often than rural children.[7]

In this study, the prevalence was more among males than females in 10–14 years of age. Male sex is a risk factor for asthma in pre-pubertal children, whereas female sex is a risk factor for the persistence of asthma into adulthood.[16]

It was observed in this study that the prevalence was significantly more among those with a family history of bronchial asthma.[1],[14],[16]

In a review done by Pal *et al.*, environmental factors, including increasing exposure to pollution, allergies, tobacco smoke, and sedentary lifestyle, were identified as risk factors for asthma.[5] In the present study commonest environmental trigger reported for wheezing was various inhalants. This was followed by cold

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exposure and exercise, irritants and infections. A study by Vyankatesh AA *et al.* found the family history of asthma, history of allergy, and the presence of cough without cold as statistically significant association with asthma. These findings are in concordance with this study.[20] Study also shows positive treatment response with homoeopathic medicines in early treatment of bronchial asthma. In homoeopathy, the patient is treated rather than the disease. In acute illness, the patient changes from the normal are taken into account. Homoeopathic remedies are prescribed holistically rather than one part. The homoeopathic system of medicine with its unique *similia principle* and with its *individualistic approach* helps to overcome the acute deviation from health, helps to decrease the duration of acute phenomenon and prevents the hospitalisation.

From the study it was found that after the use of homoeopathic medicines there was statistical improvement in cases of bronchial asthma.

Conclusion

This study which was conducted on 60 subjects of paediatric age group concentrated mainly on utilisation of 50 millesimal scale remedies by comparing them to the regular usage of centesimal scale in the practice of treating bronchial asthma.

Wheezing and cough which were the most common symptom in this study responded well to the medicines of 0/1 potency and also the subjects showed increased general wellness.

The above study revealed the significant effect of individualised homoeopathic medicines in treatment and management of bronchial asthma. Hence, it may be concluded that 50 millesimal drugs are well efficient in the treatment of bronchial asthma.

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Homoeopathy and bronchitis

By Dr Neeta Jain, Dr Niharika Jain

Abstract: Bronchitis is one of the lower respiratory tract infections which occur most often during the cold, winter and rainy season, usually accompanied with an upper respiratory infection. People getting bronchitis and of having more severe symptoms include the elderly and those with weakened immune system. Homoeopathic remedies for bronchitis are of great help in its treatment and are completely safe.

Keywords: bronchitis, respiratory system, homoeopathic management.

Abbreviations: COPD (chronic obstructive pulmonary disease).

Introduction

Bronchitis is an inflammation of the airways in the lungs. The main tubes that air flows through in the lungs are called bronchi, and branching off them are smaller tubes called bronchioles. When these tubes become inflamed it causes narrowing, constriction, and blockage of the airways, which leads to symptoms of bronchitis. Bronchitis can be acute, lasting less than six weeks, or chronic, recurring multiple times for more than two years.[1]

Types of bronchitis

Acute bronchitis

Acute bronchitis is a form of the illness that starts suddenly and resolves itself after just a few weeks. Symptoms of acute bronchitis include hacking cough and production of mucus (phlegm). It is usually brought on by a viral (90%) or bacterial illness in the upper respiratory tract. While the symptoms can be bothersome in acute bronchitis, otherwise healthy people is rarely severe.[2]

Chronic Bronchitis

Chronic bronchitis is a recurrent disorder where there is chronic inflammation, swelling, and narrowing of the airways. It is defined as a cough with production of mucus (sputum) for at least a 3-month period, for two years in a row. Chronic bronchitis is usually the result of lung damage from chronic medical disorders or smoking.[2]

Causes

Acute bronchitis is caused by upper respiratory viral infections in 90% of cases; the other 10% of cases are caused by bacterial infections[2]

Chronic bronchitis is caused by repeated inflammation of the lung tissues. People at highest risk for chronic bronchitis are those who have occupational exposure to lung irritants (such as coal miners, construction workers, metal workers, etc.), and smokers. High levels of air pollution can also contribute to developing chronic bronchitis.[2]

Smoking and Bronchitis

Smoking is a major irritant to the lungs, and it causes damage on the cellular level. This damage to the lung tissue, especially the cilia (cells in the lung lining that help clear out debris and mucus), causes the lung tissue to be more susceptible to acute bronchitis. Smokers also eventually cause so much damage to their lungs they can get chronic bronchitis and COPD (chronic obstructive pulmonary disease).

Symptoms

Signs and symptoms of both acute and chronic bronchitis include:

- Persistent cough, which may produce mucus that's clear, white, yellow, or green
- Dyspnoea and Wheezing
- Low fever and chills
- Feeling of tightness in the chestand pain
- Sore throat
- Bodyache and headache
- Blocked nose and sinuses
- Brings up bloody mucus
- Unexplained weight loss
- Foul-tasting fluid in mouth
- Wheezing or shortness of breath
- With chronic bronchitis, cough lasts for at least 3 months and comes back at least 2 years.[3]

Management with homoeopathy

IN ACUTE BRONCHITIS:

1. **ACONITUM NAPELLUS** – For short, dry cough worse in evening and night with tickling in throat.
2. **ANTIMONIUM TARTARICUM**- On coughing, it seems as

if much would be expectorated but nothing comes up .there is coarse rattling of mucus. It is especially useful for children and old people. **SUFFOCATIVE SHORTNESS OF BREATH,** before cough or alternating with cough. COARSE, LOOSE, RATTLING COUGH. CHEST SEEMS FULL YET LESS AND LESS is RAISED. Cough followed by vomiting or sleep worse anger**-** Cough followed by vomiting or sleep and worse from anger.

3. **ARSENICUM ALBUM-** There is SHORTNESS OF BREATH ,unable to lie down, must sit up; aggravation by odours, laughing, ascending, turning in bed, or receding eruptions, ameliorated by coffee. Whistling and wheezing breathing. Asthma, worse by taking cold and in mid-summers. Cough alternating dry and loose, dry at night better in sitting up and worse in drinking. Expectoration scanty, frothy with great dyspnoea. [4]
4. **BELLADONNA** -There is sweat on covered parts. Dry, barking spasmodic cough in paroxysms. Child cries when coughing. Child starts and jumps in sleep.
5. **EUPATORIUM PERFOLIATUM -**Soreness in trachea and bronchi; face flushed tearful eyes. Patients supports chest while coughing to relieve pain and soreness .patients inability to lie on left side.

IN CHRONIC BRONCHITIS:

1. **AMMONIUM CARBONIUM -**Chronic bronchitis of the aged people, copious accumulation of mucus in lungs. There is dilation of bronchial tubes. ''NUMEROUS COARSE RATTLES'' and yet patients experiences no necessity to clear his throat. Cough continually without any expectoration, or a little expectoration with great difficulty. Aggravation in winter and from 3 to 4 AM with great weakness.[5]
2. **BARYTA CARBONICUM** - It is useful remedy for chronic bronchitis. Dry suffocative cough in old people with full of mucus but lacking strength to expectorate. Lungs feel full of smoke. Cough worse in the presence of strangers and eating warm food.
3. **CACTUS GRANDIFLORUS** Chronic bronchitis with Rattling of mucus. Constant expectoration of mucus. Oppressed breathing with general weakness.
4. **CALCAREA CARBONICA** – there is Sputa yellow ,lumpy ,sweetish ,sometimes putrid; when thrown into water a lump seen shooting to the bottom with a mucus trail behind ,like a falling star.
5. **CARBO VEGETABILIS** – It is especially indicated in old neglected cases and where the constitution is exhausted and in aged peoples. Expectoration profuse, sometimes purulent, putrid**. COLD KNESS EVEN IN BED.**
6. **DROSERA ROTUNDIFOLIA**- Cough spasmodic, deep sounding and worse after mid-night. Tightness of chest when coughing. PERIODICAL FITS OF RAPID, DEEP BARKING or CHOKING PROLONGED AND INCESSANT COUGH. Harassing cough, as soon as head touches the pillow at night not during day. Cough worse in singing and talking.
7. **KALIUM BICHROMICUM** -Expectoration of tenacious, stringy mucus, which can be drawn out into strings. Desire for acid drinks. Early morning cough.
8. **KALIUM CARBONICUM**- Scanty, tenacious expectoration, must be swallowed .cough worse at 3 AM .Pain in lower chest, exhausted look there is face bloated. Patient is sensitive to cold.
9. **HEPAR SULPHURICUM** - Cough when exposed to dry cold wind. Cough from least uncovering. Hoarseness; chronic; of singers. Whistling, choking; breathing, must bend head back. Cough choking, barking worse cold drinks. Hacking; as from feather. WEAKNESS AND MUCH rattling in chest; expectoration LOOSE; but cannot expectorate. Much, thick, yellow expectoration. **Recurrent bronchitis from every cold**.
10. **STANNUM METALLICUM** – Profuse, greenish expectoration offensive, sweetish taste. There is great weakness in chest after expectoration or talking.
11. **STICTA PULMONARIA**- Tickling high up in pharynx. Incessant, dry hacking cough prevents sleep, worse coughing, inspiration towards evening and when tired. Air passages numb. Pulsation from right side of sternum down to abdomen. Bronchitis. Pain from sternum to spine worse motion.
12. **SULPHUR** –Rattling of mucus in chest. Foetid expectoration of a greenish -yellow colour like pus and of a salt or sweetish taste. IN CASES WHERE SEEMINGLY INDICATED REMEDIES FAIL TO ACT.

Conclusion

Homoeopathy is having much efficacy in treating bronchitis

because of its individualistic approach to treat the sick with dynamic and potentised medicines. In homoeopathy, along with the disease condition, the man in disease is treated considering mind and body known holistic treatment so we can successfully controlling the recurrence.

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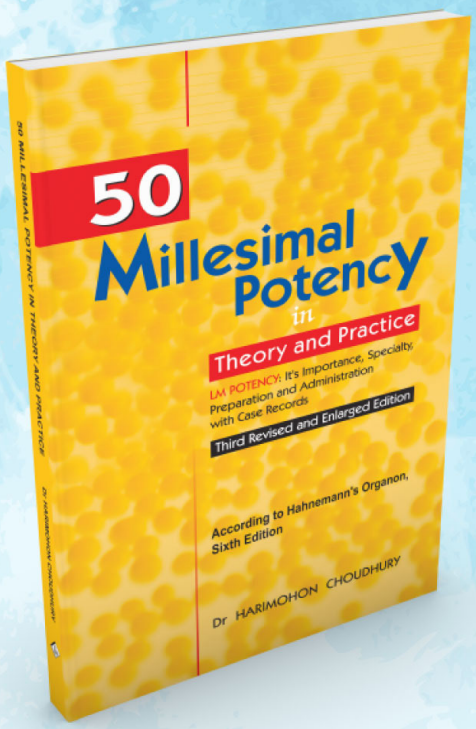
50 MILLESIMAL POTENCY in THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera,in a very simple and lucid manner.
- At each step, guidelines by Dr Hahnemann have been quoted to show the authenticity of the authors views. The author also touches upon various general topics on homeopathic philosophy such as the need for single medicine, the selection of potency, and repetition of the medicine etc.
- At the end the author has given two cases of Dr Hahnemann treated with LM potencies and also presents many of his own cases.

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ADVERTISEMENT

Homoeopathic treatment of bronchial asthma: A case report

By Meera Sharma, Komal Prajapat

Abstract: Bronchial asthma is one of the major public health problems. Previous studies on asthma have shown that homoeopathic treatment help in reducing the frequency and intensity of episodes of asthma and weaning of bronchodilator and other allopathic drugs. One such case report of bronchial asthma is presented below. A female patient aged 45 years attended outpatient department of State National Homoeopathic Medical College and Hospital, Lucknow chiefly for complaint of cough and dyspnoea since 5 years. She has been taking bronchodilator, corticosteroid inhaler and montelukast which help in controlling the paroxysm but her condition remain unchanged. After unsatisfactory outcome with modern medicine, Patient turned to homoeopathic treatment. After detailed case taking and repertorisation a single dose of *Phosphorus* was given in 200 C, and patient was followed for 3 months and during this period she was free from cough and dyspnoeic episodes and she has stopped taking inhaler and montelukast. The assessment was made by AQLQ(S) Score. The AQLQ(S) Score at baseline was 3 and after completing of treatment was 5. That shows there is marked improvement in symptom and quality of life of patient after homoeopathic treatment.

Keywords: Homoeopathy, bronchial asthma, *Phosphorus*, AQLQ(S), dyspnoea

Abbreviations: AQLQ(S) - asthma quality of life questionnaire score, IgE – immunoglobulin E, CCRH – Central Council of Research in Homoeopathy, TDS – thrice a day.

Introduction

Bronchial asthma clinically presents with symptoms of wheeze, cough, chest tightness and dyspnoea. It has a hereditary predisposition and runs in family. Some of the factors which predispose to asthma are swelling of turbinates, deviation of nasal septum, nasal polyp, adenoids and enlarged tonsils. Majority of patients are sensitive to dust which can excite a paroxysm of attack of asthma. In about 70 percent of patient less than age of 30 years, the asthma is caused by hypersensitivity with increased IgE level, and these antibodies cause allergic reaction when they react with the specific antigen such as plant pollen. In older people, the cause is almost always hypersensitivity to non-allergic types of irritant in the air, such as irritant in smog and exposure to cold, these people present with negative family history of allergy, negative skin test, and normal IgE. These are termed as idiosyncratic.[1,2,3]

The diagnosis of asthma involves a thorough medical history, physical examination, and objective assessments of lung function to document variable expiratory airflow limitation (spirometry preferred, both before and after bronchodilator). Bronchoprovocation challenge testing and assessing for markers of airway inflammation may also be helpful for diagnosing the disease, particularly when objective measurements of lung function are normal despite the presence of asthma symptoms.[4,5]

A randomized controlled trial on efficacy of individualised homeopathy in bronchial asthma in adults was conducted by CCRH which found significant treatment benefit of adjunctive individualized homeopathy in bronchial asthma in comparison to adjunctive placebo.[6] A review of council clinical research pertaining to Asthma was done which found 20 publications on Asthma. A positive outcome in controlling acute episodes of asthma, reducing the frequency and intensity of subsequent episodes and weaning of bronchodilator and other allopathic drugs have been reported. [7]

To assess the clinical results, asthma quality of life questionnaire with standardised activities AQLQ(S) has been used in this case. The AQLQ has 32 questions in four domains (symptoms, activity limitations, emotional function and environmental stimuli).Patient are asked to recall their experience in last 2 weeks and to respond to each question on a 7-point scale (7= no impairment, 1=severe impairment). The overall AQLQ (S) score is the mean of the responses to each of the 32 questions. Therefore, all the 32 responses were added and the total is divided by 32. The resultant overall score will be in between 1 and

7. The best score is 7, which means that the patient has no impairments due to their asthma. However, once the score begins to drop, this means that the patient is experiencing some degree of impairment even if mild. 1.0 is at the other end of the range and indicates severe impairment.

Case report

45 year old, married women presented with cough, breathlessness and wheezing since 5 years.

- She had been suffering from dry cough with suffocative sensation while talking, laughing, from exposure to dust, cold, smell of cooking food and from taking spices. Cough > by expectoration and drinking water. Expectoration was scanty. When attack gets worse, dyspnoea and wheezing starts with cough and she has to take inhaler to get relief. She takes inhaler 2-3 times in a day.
- Headache and soreness in chest while coughing.
- Breathlessness and weakness on exertion like ascending stairs.

HISTORY OF PRESENTING COMPLAINTS

In march 2000, patient suffered from tuberculosis after delivery of her second child for which she took anti tubercular treatment for 1 year from KGMU, Lucknow and got better. In 2015, she started suffering from cough, breathlessness and wheezing for which she took treatment from KGMU, Lucknow. In KGMU, investigations were done, spirometry showed airflow limitation, her chest X-ray was normal, eosinophilic count was 650 cubic mm and was diagnosed of bronchial asthma. She was prescribed corticosteroid inhaler, bronchodilators and montelukast which she has been continuing. In 2017 she had an acute attack of cough and dyspnoea for which she got admitted to Sahara Hospital, Lucknow for 3 days.

PAST HISTORY

Pulmonary tuberculosis in March 2000 took 1 year ATT from KGMU, Lucknow and got relief.

PERSONAL HISTORY

She was a housewife and belonged to middle class socio-economic group.

GYNAECOLOGICAL AND OBSTETRICAL HISTORY

Menopause - 1 year back and menarche was established at the age of 10 years. Also, had a history of profuse menses which last for about 1 week and her menstrual cycles were regular.

Obstetrical history included gravida-6, para-2, abort-4, live-2. Her first child was male aged 19years, she had full term normal vaginal delivery and second child was female aged 15 years, full term normal vaginal delivery. Before delivery of her first child, she had 3 miscarriages and 1 after delivery of her second child.

Generals

Patient was tall, lean, thin, emaciated in appearance as she lost weight. Thermal reaction of patient was chilly and she preferred warm temperature. She liked sweets and cold drinks, but avoided cold as it caused throat complaint. A general feeling of weakness accompanies the patient most of the time. Patient always kept herself busy in household works. She liked to do knitting, cooking, etc. and was very caring for her family. She got irritated and angry easily because of her disease. She had anxiety about health of her family members. There was also anxiety and palpitation when she heard any bad news.

On auscultation, bilateral ronchi were heard.

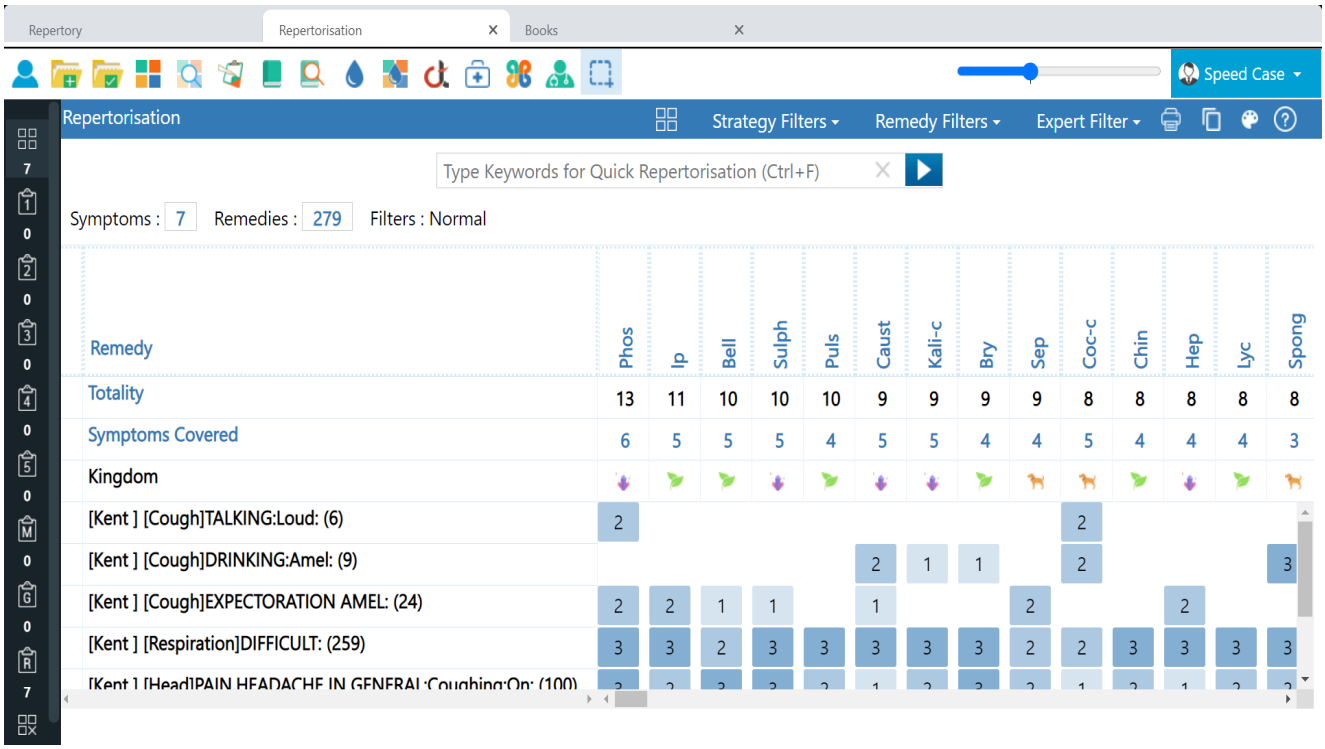
Analysis of the case

After analysing the symptoms of the case, the characteristics particular and generals were considered for framing the totality. Analysis and evaluation is given in table 1. Cough and dyspnoea on talking loud and laughing, amelioration by drinking water, headache and pain in chest while coughing were the characteristics particular. History of early menarche was also taken in to totality. Patient told that her first menses were established at the age of 10 years that was too early. Early menarche has no relation with asthma but as per homoeopathic point of view it is a peculiar general of patient. A study on age of menarche between generations and factors associated with it found that the mean age of menarche in adolescent girls 12.5±1.42 years and their mother is 14±1.1 years.[8] So on average during patient's generation first menses should be established from 13-15 years. So, 10 years is quiet early and found to be uncommon and peculiar to patient and taken in to totality of symptoms. History of menorrhagia, tendency to miscarriage, weakness, anxiety and palpitation are the marked generals. Considering the above symptomatology, kent's repertory was preferred and using ZOMEO software, repertorisation was done. The repertorisation chart is given in table 2.[9]

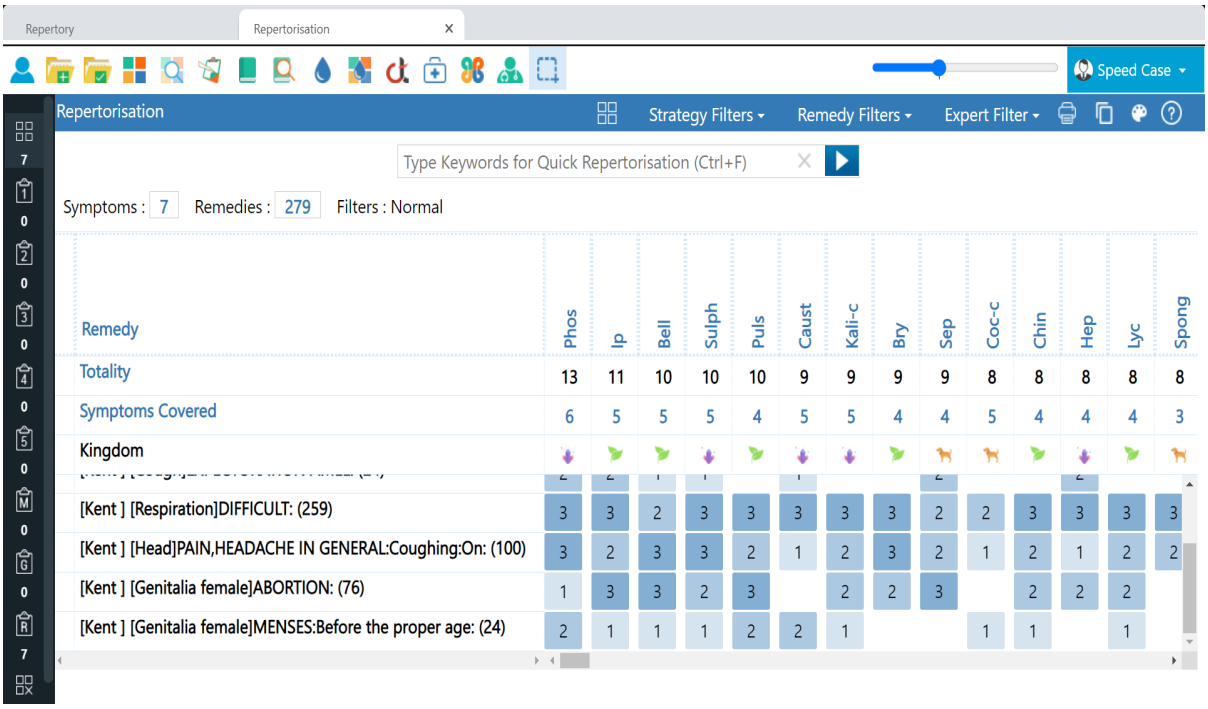
Table 1. Analysis and evaluation of symptoms

S. No	Symptom/Gradation	Mentals	Physicals	Particular	Common	Uncommon
1.	Cough with dyspnoea and wheezing(3)			✓	✓	
2.	Cough<talking(3)			✓		✓
3.	cough<laughing(3)			✓		✓
4.	Cough<smell, dust(2)			✓	✓	
5.	Cough>drinking water(3)			✓	✓	
6.	Cough>expectoration(2)			✓	✓	
7.	Dyspnoea on exertion(3)			✓	✓	
8.	Weakness and suffocation(3)		✓		✓	
9.	Headache while coughing(3)			✓		✓
10.	Anxiety for health about others(3)	✓			✓	
11.	Menarche-early(3)		✓			✓
12.	Tendency to miscarriage(3)		✓		✓	
13.	Menorrhagia(2)		✓		✓	
14.	Weight loss		✓		✓	

Table 2. Repertorisation chart



Remedy	Phos	Ip	Bell	Sulph	Puls	Caust	Kali-c	Bry	Sep	Coc-c	Chin	Hep	Lyc	Spong
Totality	13	11	10	10	10	9	9	9	9	8	8	8	8	8
Symptoms Covered	6	5	5	5	4	5	5	4	4	5	4	4	4	3
Kingdom														
[Kent] [Cough]TALKING:Loud: (6)	2									2				
[Kent] [Cough]DRINKING:Amel: (9)						2	1	1		2				3
[Kent] [Cough]EXPECTORATION AMEL: (24)	2	2	1	1		1			2			2		
[Kent] [Respiration]DIFFICULT: (259)	3	3	2	3	3	3	3	3	2	2	3	3	3	3
[Kent] [Head]PAIN HEADACHE IN GENERAL:Coughing:On: (100)	3	2	3	3	2	1	2	3	2	1	2	1	2	2



Remedy and follow up

After repertorisation, *Phosphorus* came out to be the first grade remedy. The rubrics which were chosen are given in table 2. *Phosphorus* covered 6 symptom out of 7, many other medicines were competing with each other namely *Ipecacuanha, Belladonna, Sulphur, Pulsatilla nigricans* and *Causticum*. After consulting materia medica, *Phosphorus* was chosen. As dry cough on talking and laughing is the key note of *Phosphorus*. Patient is lean, tall, emaciated, weak with history of tuberculosis, so the constitution also matches with *Phosphorus*. The Patient has anxiety and palpitation when hears bad news, has anxiety about health which is found in *Phosphorus*. Patient has desire for cold drinks but avoid it as it causes throat complaint. [10]

So, *Phosphorus* 200C, 1 dose followed by placebo was prescribed on 21-01-2021. According to Boericke, *Phosphorus* should not be repeated frequently in too low doses in case of TB. As patient has history of TB, so in this case single dose was prescribed.[11] Patient is followed for a period of 3 months and during this period patient no longer suffer from cough and dyspnoiec episodes and she has stopped taking inhaler and montelukast. The detail of Follow up is given in table 3. The patient improved symptomatically which was assessed by AQLQ(S) score. The AQLQ(S) score at baseline was 3 and after completing of treatment was 5.

Table 3: Detail of follow up

Date	Sign and symptoms (mentioning improvement, if any and new symptoms)	Prescription
21-01-21	According to totality, *Phosphorus* is prescribed and as per Boericke Phosphorus should not be given in too low and too frequent doses in case of tuberculosis. As she had a history of tuberculosis and very weak, only single dose of 200 potency was selected.	First prescription *Phosphorus 200C* /1 dose Placebo 30/TDS/ 7days
27-01-21	Cough-better Dyspnoea-better Takes inhaler occasionally , have stop taking anti-allergic medicines Weakness and anxiety better	Placebo 30/ TDS/10days

8-02-21	Patient had no cough and dyspnoea. Now she is not taking any allopathic medicine. Anxiety, weakness better.	Placebo 30/TDS/2 weeks
20-02-21	No complaint, slight weakness on exertion	Placebo 30/TDS/2 weeks
5-03-21	Patient complained of dyspnoea since 5 days. Weakness is same as before. No other complaint. As Hahnemann mention that every perceptible and striking amelioration precludes repetition. As patient starts complaining of dyspnoea again another dose of phosphorus 200C was given.[12]	*Phosphorus 200*/ 1dose Followed by Placebo 30/ TDS/2 weeks
13-03-21	No complaints.	Placebo 30/TDS/2 weeks
25-03-21	No complaints.	Placebo 30/TDS/2 weeks
6-04-21	No complaints.	Placebo 30/TDS/2 weeks
15-04-21	No complaints.	Placebo 30/TDS/2 weeks

Discussion and conclusion

In this case, characteristic particulars like cough on talking, laughing and amelioration by drinking, chest pain and headache while coughing were taken in to repertorial totality. Other generals which are marked like abortion, early menarche are also taken in to reportorial totality. These symptoms are converted in to rubrics. After repertorisation medicines which came out were *Phosphorus, Ipecacuanha, Belladonna, Sulphur, Pulsatilla nigricans, Causticum* in which *Phosphorus* was the first grade remedy. Other symptoms which were common but present in high intensity in patient were weakness, history of tuberculosis, anxiety, history of menorrhagia. These symptoms were looked in materia medica for final selection. These symptoms were also found in Phosphorus and it was prescribed in 200C. Patient was followed up for 3 months and there is no cough, dyspnoea and wheezing. Also patient stopped taking bronchodilator, corticosteroid inhaler and montelukast.

This case was assessed by AQLQ(S) score. At baseline, the score was 3 and after three months the score came out to be 5. This showed there is improvement in symptoms and quality of life of patient after homoeopathic treatment. This case clearly indicates that homoeopathy proves to be helpful in improving the symptoms of asthma, reducing the episodes of cough, wheezing and dyspnoea, providing permanent relief without relapse, improving the general health of patient and weaning of bronchodilator, corticosteroid inhaler and anti-allergic medicines.

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■■■

Contribution of Master Hahnemann in homoeopathic posology

By Dr Vaidehi Bhatt

Abstract: After the development of a holistic science, how to administer it to the patients so that this science can be beneficiary at its most utility was a question. Master Hahnemann developed lucid guidelines regarding how to administer medicines in which dose and in what potency.

Keywords: posology, susceptibility, potentisation, dilutions.

Introduction

The term, posology originates from the greek terms 'posos' and 'logos'. Poso, means how much, i.e. the science or doctrine of doses. Logos means discourses or study.[1] Posology is the doctrine of doses of medicine. According to homoeopathy, a dose is the particular preparation of medicine used, the quantity form of preparation and the administration of the medicine. [2] Basically, a homoeopathic dose includes potency, quantity, form and number of administration of medicine.

HOMOEOPATHIC POSOLOGY

In homoeopathy, it bears some speciality. Small doses and homoeopathy are commonly regarded as synonymus terms. It is almost an accepted fact that the subject of doses is a very important one. The essential factors are:

1. Principle.
2. Remedy.
3. Doses and the related subject of potentisation.

All are inter-mingled with each other. The subject of doses can be examined from two sides:

1. Doses in relation to pharmacy.
2. The doctrine of doses in relation to homoeopathic philosophy (i.e. *Organon of Medicine* and *The Chronic Diseases*). [3, 4, 5]

VIEWPOINT OF MASTER HAHNEMANN AND HIS CONTRIBUTIONS

Samuel Hahnemann (1755-1843) was a physician of the 18th century medicine. Spinoza, Neuton, Harvey and Leuwenhoek's best work of 17th century gave a deep source of original inspiration and some attempts to reveal the marvels of nature to many people of the day. Though there was certain advancement in the medical profession, yet on the question 'life' there were controversies amongst the physicians and theologians.

George Ernst Stahl (1660-1734) tried to reconcile the view of both the parties by his theory, Anima. To him, the soul and body were closely blended and the source of vital movement was the soul or anima. Latter on Joseph Barthez (1734-1806) proclaimed his idea of vital principle. Still later John Brown (1735-88), who was closely associated with Cullen, classified all diseases as sthenic or asthenic and advocated large and heroic stimulating drugs. Hahnemann being a physician of the best training of that day, followed in his early career, the footsteps of his predecessors.

Even after, Hahnemann saw the fruitful effects and light of law of cure, he continued to use massive doses. In 1786, one of Hahnemann's earliest works namely, "On the Nature and Treatment of Venereal Disease", long before he had any notion of a general therapeutic rule for employment of remedies in diseases, long before his peculiar pharmaceutical process of potentisation, he advocated giving enormous and repeated doses of Mercury. For Lues Venerea he gave one grain of soluble Mercury and for severe syphilis not more than total eight grains. To him, large doses were—half a grain, of one, two, three grains of mercury and for common employment quarter, third, half, three-quarters, and one grain.

In 1796, that is to say six years after his experiment with Cinchona bark, which led to the discovery of homoeopathic law, it was found that he was prescribing Arnica root in powder for dysentery. For children of four years of age he gave at first 4 grains daily, then 7, 8 and 9 grains daily, for children of six to seven years, he started with 6 grains, gradually increasing the dose to 12 to 14 grains, for a child of 9 months the doses was first 2 grains which was later increased to 6 grains. Three grains of *Veratrum album* every morning for 4 weeks was the dose he prescribed and with which he cured a case severe spasmodic asthma. [6,7, 8]

In 1797 (*Lesser Writings*, p. 353) he

prescribed *Veratrum album* for a colic in doses of 4 grains once a day. From an another essay (Ibid, p. 369) that his doses were—*Ipecacuanha*—5 grains, *Nux vomica* 4 grain, twice a day, Cinchona bark-in dram doses. But in his essay "*On the Cure and Prevention of Scarlet Fever*" published in 1801 which had referred to his method of treatment of the year 1799 where we have the first indication of the "infinitesimal posology" which is now looked upon as an essential part of the homoeopathic system. [8, 9,11]

For the cure of the first stage of scarlet fever, the dose of *Belladonna* prescribed was only the 432,000th part of a grain of the extract, a quantity intermediate between our 2nd and 3rd dilutions. For prophylactic purposes, the preparation of *Belladonna* used was thus made: A grain of the powdered extract was mixed up in a mortar with one hundred drops of distilled water, three hundred drops of diluted alcohol were then added, and the whole well shaken up in a bottle. One drop of this strong solution was added to three hundred drops of diluted alcohol and shaken for a minute, and of this one drop was added to two hundred drops of alcohol, and this again shaken for a minute.

Each drop of this last solution, which is the prophylactic preparation contains accordingly the twenty-four millionth part of a grain of extract of Belladonna; accordingly, twenty four drops of it are equal to one drop of the 3rd dilutions of the so-called centesimal scale.

Thus gradually Hahnemann diminished the quantity of doses in a method known as potentisation and came to the conclusion that doses must be smallest as possible.

In an essay "*The Spirit of Homoeopathic Doctrine*," first published in 1813, he stated that the smallest dose is sufficient and that a greater one not necessary because the spiritual power of the medicinal dose not in this instance accomplish its object by means of quantity but by quality or dynamic fitness and a larger dose does not cure the disease better but leaves behind it a complex medicinal disease. In 1814, he recommended *Bryonia alba* and *Rhus toxicodendron* in 12th dilutions for an epidemic of typhus. In 1819, on the treatment of suicidal mania the doses of gold were 6x. In 1821, for the treatment of purpura miliaris he recommended *Aconitum napellus* in 24th dilution. [12,13]

Thus between the year 1825 to 1827 we find a revolutionary change on Hahnemann's posology. In the 4th volume of *Materia Medica Pura* published in 1826, *Thuja occidentalis, Spigelia anthelmia* and *Staphysagria* where directed to be used in 30th dilution. Hahnemann after his promulgation of psora theory fixed upon the 30th dilution of the centesimal scale as the appropriate dilution for every remedy and one globule, no bigger than a poppy seed imbibed with this dilution as the most appropriate dose. [14, 15]

His object in selecting such a minute dose was partly founded on his notion that the smallest quantity of the medicine was more than a match for the disease, and partly, as he tells us in the fourth edition of the *Organon of Medicine*, to diminish the action of the medicine as much as possible and at length it convinced him that these very minute doses were the most appropriate and at the same time he denies the utility of large doses and stated that he never had obtained the curative effect of the medicine until he arrived at this diminution of the dose. In the last years of his life he again allowed himself a greater range of dose, chiefly by extending the scale of dilution upward as high as 60th, 150th and even 300th dilution but also downward to the 24th and occasionally much lower. [16]

So, in homoeopathy, for healing purpose no medicine nor remedy is administered in a physiological or massive dose.

GUIDELINES OF MASTER HAHNEMANN REGARDING SELECTION OF DOSES:

A well selected remedy may fail utterly if the selection of the doses is not proper. It is very important as even a carefully selected remedy may fail if the potency is not correct. Master Hahnemann suggested the factors for selection of doses. Factors responsible for the selection of potency are:

- The susceptibility.
- The seat of the disease.
- The nature and intensity of the disease.
- Stage and duration of the disease.
- Previous treatment. [17, 18]

1. SUSCEPTIBILITY OF THE PATIENT

It is a very important guide for the selection of a potency. Generally, more the susceptibility, lesser is the medicinal quantity, hence higher the potency. Factors determining the susceptibility are:

Age:

Susceptibility is maximum in a child and it decreases gradually as age progresses to youth and then at an increased pace till death, as it has to fight the catabolism of advancing age. It is nil in a dead person.

Temperament and constitution:

- According to Dr Stuart Close give high potencies to:
- Sensitive individuals having a

nervous, sanguine or choleric temperament.

- Intellectual persons who are quick to act and react.
- Zealous and impulsive persons.
- According to Dr Stuart Close give low potency in repeated doses:
- Sluggish, coarse fibered individuals having gross habits.
- Torpid, phlegmatic persons who are slow to act and dull to comprehend.
- Persons possessing great muscular power which requires a power stimulus to excite them.
- According to Dr E. Wright, medium potencies are best suited to:
- Oversensitive patients, who prove any medicine given to them. They, hence require medium low potencies.
- Idiosyncratic patients. In extreme cases of idiosyncracy, medium potencies are preferred.

Habit and environment:

- Give high potencies to:
- Those having an intellectual occupation.
- Persons who suffer from bad effect of excitement from imagination and emotions.
- Those who have sedentary occupations.
- Persons who sleep long or lead an effeminate life.
- Give lower potencies to:
- Those having occupation which involves a lot of physical labour and being outdoors.
- Those who eat coarse food.
- Adapted to persons who get little sleep.
- Those who are connected to or are continually exposed to liquor and tobacco trade.
- People associated with drugs, perfumes and chemicals.
- Those who are idiotic, imbecile, and deaf and dumb.

Pathology:

- Inter terminal cases where gross pathological conditions are present material doses or low potency drugs should be given. A dynamic medicine will not act here.

2. THE SEAT OF THE DISEASE

Depending on the organ affected, the potency of the medicine is determined, i.e. the more important the organ and greater the organic pathology, the more material will be the dose.

3. THE NATURE AND INTENSITY OF THE DISEASE

- Functional diseases with subjective symptoms respond well to high potencies, whereas organic conditions respond to lower potencies better.
- In acute disease, the susceptibility is generally high as they are temporary in nature and do not involve much organic changes.
- In an acute paroxysm of chronic disease, medium or low potencies are preferable.
- Chronic diseases:
  - With no organic change: It is safe to begin with the 200th potency, unless it is precarious because of the nature of the remedy and the depth of the miasm.
  - With organic change: Lower potencies preferable.

4. STAGE AND DURATION OF THE DISEASE

- In incurable chronic diseases, lower and medium potencies are preferable.
- In terminal stages of chronic diseases, very high potencies are preferred.

5. PREVIOUS TREATMENT

Higher potencies are used in cases where there is a history of an increased intake of many crude drugs (allopathic or homoeopathic). The question of how much quantity of drug is required, may be said that it is the inverse ratio of the similarity. It may be said in other words— the finer, more peculiar and more characteristic symptoms or the remedy appear in a case, the higher the degree of susceptibility and the higher the potency and the decisive amount is always a minimum and an infinitesimal. [19]

Conclusion

The homoeopathic cure is obtained without any other suffering or drug symptoms by minimum dose. Homoeopaths prefer small doses because when a similar homoeopathic drug is administered in a disease, little or no resistance is encountered (i.e. no organic resistance). The homoeopathic drug acts in a manner similar to the action of disease producing cause itself. The homoeopathic dose is made so small that it does not produce any pathogenetic symptoms or severe aggravation of the already existing symptoms. The homoeopathic drug is given singly and also in small doses, because its action will be complete and unmodified by other drugs.

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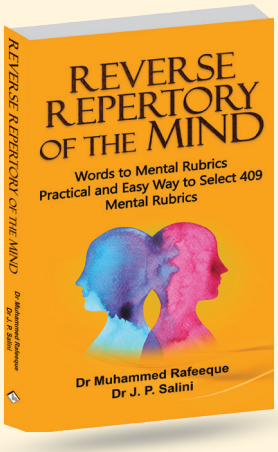

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An overview on role of homoeopathy in management of acute exacerbation of COPD

By Dr Raisa Cheriyan, Dr Sherlyn Elizabeth Paul

Abstract: The term COPD comprises a group of clinical syndrome presenting with limited expiratory airflow. It is mainly described in terms of chronic bronchitis and emphysema. The condition characterised by persistent cough, sputum production, exertional dyspnea, has a course of asymptomatic period, followed by acute exacerbation and deterioration. The smoking and environmental pollution plays an important role in development of COPD. The acute exacerbation of COPD requires outpatient or inpatient care as per the severity of the condition. The episodes of acute exacerbation of COPD contributes to reduced quality of life and disease burden of the society. In this scenario, the homoeopathic system of medicine can lend a helping hand based on the principle of similia.

Keywords: COPD, acute exacerbation, homoeopathic remedies, quality of life.

Abbreviations: chronic obstructive pulmonary disease (COPD)

Introduction

The term chronic obstructive pulmonary disease (COPD) comprises of a group of clinical syndromes that shares a common factor of limitation in expiratory flow. The American Thoracic Society describes COPD in terms of emphysema and chronic bronchitis. The chronic bronchitis is characterised by excessive cough and sputum production, whereas emphysema manifests with chronic dyspnoea resulting from enlarged air spaces and disruption of lung tissue.

COPD is characterised by persistent airflow limitation that is usually progressive and is caused by an enhanced chronic inflammatory response in the airways and lung tissue to noxious particles and gases [1].

COPD exacerbation is an event in the natural course of disease that is characterised by a change in patient's baseline dyspnoea, cough and sputum that is beyond the normal day to day variation, and is acute in onset and warrant a change in medication. Exacerbations of COPD can be associated with both respiratory (for example, dyspnoea and productive cough) and non-respiratory (for example, fatigue and malaise) symptoms[2].

The COPD remains a major cause of morbidity and mortality all over the world, and the acute exacerbations of COPD contribute a substantial burden to the health care system and hospital admissions.

It is estimated that exacerbations of COPD result in ~110,000 deaths and more than 500,000 hospitalisations per year, with over $18 billion spent in direct costs annually[3].

A ETIOLOGY AND RISK FACTORS OF EXACERBATIONS OF COPD

Risk factors for COPD are also risk factors for exacerbation of COPD. It is estimated that 70–80% of COPD exacerbations are triggered by viral or bacterial respiratory infections. The remaining 20–30% are associated with exposure to environmental pollution or have an unknown ethology[1]. Tobacco smoking, indoor air pollution, occupational exposure to chemical agents and inorganic dusts, outdoor pollution and genetic factors contribute to the risk of development of COPD along with abnormalities in lung development, and socioeconomic status.

COPD exacerbations may be mimicked by other medical conditions. When a patient present with dyspnoea, other co-morbidities also have to be assessed such as congestive heart failure, and pneumonia.

CLINICAL COURSE

While COPD is a mainly chronic disease, a substantial number of patients suffer from exacerbations[4]. Severe exacerbations are related to a significantly worse survival outcome. Commonly reported symptoms are worsening breathlessness, cough, increased sputum production and change in sputum colour. Also, they may present with tachycardia, chest tightness, and decreased exercise tolerance. The change in these symptoms often necessitates a change in medication.

MANAGEMENT:

Beside smoking cessation and medications, patients should be especially encouraged to increase their physical activity[5]. Oxygen therapy is of beneficial value in acute COPD exacerbation as patients are often hypoxemic[2].

Reducing the number of exacerbations that a patient experiences would have a beneficial impact on their daily life, disease outcomes, and prognosis.

ROLE OF HOMOEOPATHY

Coinciding with the name acute exacerbation of COPD, is the causation in context of Homoeopathic management, i.e., ***exciting cause*** in **aphorism 5 of *Organon of Medicine***, as very rightly mentioned by Dr Samuel Hahnemann.[6]

Exciting causes in regards to COPD can be listed as:

1. Accidental exposure to strong chemical fumes or smoke.
2. Any acute respiratory infection as a result of suppression of sweat on exposure to a cold environment.
3. Poor hygiene.
4. Poor diet and regimen.
5. Any mental/ emotional trigger.

Also its worth quoting how Dr Hahnemann mentioned the management in an acute state of disease, by not going for deeper antipsorics, but to consider the acute symptom totality and manage with a corresponding acute remedy and once the flared up state is managed and the psora is pushed back to its latent state, we can continue with the chronic treatment ***(aphorism 221).***[6]

The homoeopathic system of medicine not only treats the diseases condition but the underlying cause and the individual susceptibility. The remedies chose based on the symptom similarity will help to control the acute exacerbations as well as to reduce the intensity and frequency of the episodes. The character of cough, expectoration, dyspnea, the aggravating and ameliorating factors, the precipitating causes, and concomitants along with the physical constitution and mental makeup of the patient will help in arriving at the simillimum. The potency selection and repetition is done as per the requirement of the case.

Following are some of the remedies that can be used in management of acute exacerbations of COPD:

1. ***Ammoniacum gummi*:** A remedy for aged feeble especially in chronic bronchitis, difficult breathing, large accumulation of purulent matter in the chest and feeble expectoration, worse cold weather. Coarse rattling in chest.
2. ***Antimonium arsenicosum:*** Useful in emphysema with excessive dyspnoea and cough much mucous secretion, worse on eating and lying down.
3. ***Antimonium tartaricum:*** Rattling of mucus with little expectoration. Much drowsiness and debility. Emphysema of the aged, bronchial tubes overloaded with mucus, dizziness with cough. Dyspnoea relieved by eructation. Cough and dyspnoea better on lying right side.
4. ***Aspidosperma quebracho:*** The digitalis of the lungs according to Hale. Removes temporary obstruction to the oxidation of the blood by stimulating respiratory centers, increasing oxidation and excretion of carbonic acid. Uraemic dyspnoea. An effective remedy in many cases of asthma. It stimulates the respiratory centers and increases the oxygen in the blood. "***Want of breath***" during exertion is the guiding symptom. Cardiac asthma.
5. ***Balsamum peruvianum***: Useful in bronchial catarrh, bronchitis with mucopurulent, thick, creamy discharge.
6. ***Blatta orientalis***: A remedy for asthma. Especially when associated with bronchitis. Indicated after arsenic when this is insufficient. Cough with dyspnoea in bronchitis and phthisis.
7. ***Bryonia alba:*** Cough dry at night, worse after eating and drinking. Coming into warm room excites cough, cough with feeling as if chest would fly into pieces.
8. ***Calcarea carbonicum***: Tickling cough troublesome at night, dry and free expectoration in morning. Extreme dyspnea. Expectoration only during the day; thick, yellow, sour mucus. Suffocating spells; tightness, burning and soreness in chest; worse going upstairs or slightest ascent, must sit down. Sharp pains in chest from before backwards. Chest very sensitive to touch, percussion, or pressure. Longing for fresh air. Scanty, salty expectoration
9. ***Eucalyptus globulus***: Asthma, with great dyspnoea and palpitation. Moist asthma. Expectoration white, thick mucus. Bronchitis in the aged. Bronchorrhoea. Profuse expectoration of offensive muco-pus. Irritative cough. Fetid form of bronchitis, bronchial dilatation and emphysema.

10. ***Grindelia robusta***: Asthmatic conditions, and chronic bronchitis, bronchorrhoea with tough mucus, difficult to detach, smothering after falling asleep. An efficacious remedy for wheezing and oppression in bronchitic patients. Sibilant rales, tough whitish mucous expectoration, cannot breathe when lying down. Asthma and emphysema with dilated heart.
11. ***Lobelia inflata:*** Dyspnoea with constriction of chest, worse exertion. Better by rapid walking. Senile emphysema worse tobacco, afternoon, motion, and cold.
12. ***Phosphorus***: Cough from tickling in throat; worse, cold air, reading, laughing, talking, from going from warm room into cold air. Sweetish taste while coughing. Hard, dry, tight, racking cough. Congestion of lungs. Burning pains, heat and oppression of chest. Tightness across chest; great weight on chest. Sharp stitches in chest; respiration quickened, oppressed. Much heat in chest. Pneumonia, with oppression; worse, lying on left side. Whole body trembles, with cough. Sputa rusty, blood-colored, or purulent.
13. ***Rumex crispus:*** Dry, teasing cough, preventing sleep. Aggravated by pressure, talking, especially by inspiring cool air and at night. Thin, watery, frothy expectoration by the mouthful: later, stringy and tough. Rawness of larynx and trachea. Soreness behind sternum, especially left side, in region of left shoulder.
14. ***Senega:*** Bronchial catarrh with sore chest walls, rattling in chest, cough ends in a sneeze, chest oppressed on ascending, asthenic bronchitis of old people with chronic emphysema.
15. ***Spongia tosta:*** Respiration short, panting, difficult; feeling of a plug in larynx. Cough abates after eating or drinking, especially warm drinks. The dry, chronic sympathetic cough or organic heart disease is relieved by *Spongia tosta*. Irrepressible cough from a spot deep in chest, as if raw and sore. Bronchial catarrh, with wheezing, asthmatic cough, worse cold air, with profuse expectoration and suffocation; worse, lying with head low and in hot room.[7]

Conclusion

Exacerbations of COPD have a substantial impact on health status and cumulative effects on lung function. Many exacerbations are unreported, which may also lead to under-treatment and poorer recovery. Thus, the timely identification and prompt management is important in helping the patient to road of recovery. The homoeopathic remedies selected based on symptom similarities will surely help them to travel the path of recovery.

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■■■

Effectiveness of homoeopathy in epilepsy: a review

By Dr Neha Panchal

Abstract: Homoeopathy is an alternative therapy that has been used over 200 years. Homoeopathic remedies are used in epilepsy to offers a genuine cure in the majority of cases. The conventional approach of anti-convulsant drugs may provide a quick solution in that fits are controlled. However, such treatment can never amount to more than symptomatic control and complete control cannot be achieved. Many clinical trials and case-control studies have been published about the effectiveness of homoeopathic remedies for epilepsy. This article reviews some of this homoeopathic application in epilepsy.

Keywords: Alternative therapy, epilepsy, homoeopathy, conventional approach.

Introduction

Homoeopathy is the alternative therapy that has been used over 200 years. It was presented for first time by Samuel Hahnemann (1755-1843), but its basic tents go back to Paracelsus and Hippocrates. Hahnemann worked on the treatment of malaria and found that when a healthy person used the cinchona, "a plant from which quinine was derived" symptoms of malaria appear.[1]This was the advent of treatment which is in accordance with the energetic principles of healing. In modern medicine, the symptom are the direct result of the disease and tries to suppress them but due to homoeopathic concept the symptoms are the signs of bodies effort to conquest disease and tries to reinforce and not to inhibit them. Homoeopathy has a holistic view to health and believes that every disease has basic causes that the homoeopathic remedies focus on them.

EPILEPSY: THE BACKGROUND

Epilepsy is an ancient disease, which has fascinated and frightened scientists and laymen alike. Before the working knowledge of the central nervous system, seizures were shrouded in mystery. In antiquity, this disease was accredited to gods and demonic possession, causing those with epilepsy to be feared and isolated. Epilepsy patients continued to face discrimination through the mid-20th century.

WHAT IS EPILEPSY?

Epilepsy is a group of neurological disorders characterised by recurrent epileptic seizures.[2][3] Epileptic seizures are episodes that can vary from brief and nearly undetectable periods to long periods of vigorous shaking due to abnormal electrical activity in the brain.[4]At least two unprovoked seizures are generally required for an epilepsy diagnosis. Because epilepsy is caused by abnormal activity in the brain, seizures can affect any process your brain coordinates.Epilepsy is characterized by a long-term risk of recurrent epileptic seizures. These seizures may present in several ways depending on the parts of the brain involved and the age of the person[5][6].Symptoms vary depending on the type of seizure. Generally, classification of seizures done as either focal or generalized, based on how the abnormal brain activity begins.These are as follow-

Focal seizures-Focal seizures are often preceded by certain experiences, known as auras.[7]. when seizures appear to result from abnormal activity in just one area of your brain, they're called focal (partial) seizures. These seizures fall into two categories:-

1. **Focal seizures without loss of consciousness,**also called as simple partial seizures, these seizures don't cause a loss of consciousness.
2. **Focal seizures with impaired awareness,**also called as complex partial seizures, these seizures involve a change or loss of consciousness or awareness.

Generalized seizures-Seizures that appear to involve all areas of the brain are called generalized seizures. Six types of generalized seizures exist[8]-

1. **Absence seizures,** previously known as petit mal seizures, often occur in children and are characterized by staring into space or subtle body movements such as eye blinking or lip smacking.
2. **Tonic seizures-**Tonic seizures cause stiffening of your muscles. These seizures usually affect muscles in your back, arms and legs and may cause you to fall to the ground.
3. **Atonic seizures-**Atonic seizures, also known as drop seizures, cause a loss of muscle control, which may cause you to

suddenly collapse or fall down.

4. **Clonic seizures**-Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms.
5. **Myoclonic seizures-**Myoclonic seizures usually appear as sudden brief jerks or twitches of your arms and legs.
6. **Tonic-clonic seizures-**Tonic-clonic seizures, previously known as grand mal seizures, are the most dramatic type of epileptic seizure and can cause an abrupt loss of consciousness, body stiffening and shaking, and sometimes loss of bladder control or biting your tongue.

HOMOEOPATHIC APPROACH IN EPILEPSY[9]

1. ***Agaricus muscarius:*** Seizure caused due to bad effects of sexual excess, alcohol, debauch or suppressed excess. Twitching and trembling, jerking of the whole body with chore. Delirium with constant raving. Involuntary movements while awake, ceases during sleep.
2. ***Argentum nitricum:*** The strong indications for Argentum-nit in epilepsy is that for days or hours before an attack the pupils are dilated. After the attack the patient is restless and has trembling of his hands. It is suitable in cases of epilepsy caused by fright or when they occur at the time of menstruation.
3. ***Artemisia vulgaris:*** *Artemisia vulgaris* is another remedy which has been successfully used for epilepsy without aura , from fright or some violent mental emotion or after masturbation, after a blow on head, where the attacks occur in rapid succession
4. ***Belladonna*** :Convulsions begin in the upper extremities and extend to the face, eyes and mouth; fits of short duration several times during the day and passing off suddenly.
5. ***Bufo-rana:***The cause in bufo is masturbation or self-abuse. Aura begins in sexual organ. The attack usually occurs at night or during coition or at time of menses. The patient may or may not awake during the attack but when he does wake he will have violent headache. Convulsion usually followed by profound sleep.
6. ***Calcarea-carbonicum*:** The epilepsy has an aura spreading up from the solar plexus in which case the convulsions come on immediately: or it may be like a mouse running up the arm. Common causes in fright, suppressed eruptions, discharges and sexual excesses (Dr Clarke)
7. ***Causticum*:** *Causticum* is useful in petit mal, also when the patient falls while walking in the open air, but soon recovers. It is said to be useful when the attacks occur at new moon. Contraction of flexor tendon.
8. ***Cenanthe crocata*:** Sudden and complete loss of consciousness; swollen livid face; frothing at the mouth; dilated or irregular pupils; convulsions with locked jaws and cold extremities.
9. ***Cicuta-virosa:*** This remedy produces congestion at the base of the brain and in the medulla oblongata. At first, the patient is rigid with fixed staring eyes, bluish face, frothing at the mouth and unconsciousness.
10. **Cuprum-metallicum:** Convulsion here is caused by a blow on head or from getting wet. Aura begins in lower extremities and proceeds upwards. (from above downwards is cicuta) In epilepsy calling for Cuprum we have contractions and jerking of the knees, fingers
11. ***Helleborus niger:*** During convulsion, there is automatic motion of one arm and one leg. There is extreme coldness of the body, except in head or occiput which may be hot.
12. ***Nux vomica:*** The characterising feature of epilepsy is 'Convulsions with conciousness'.. Convulsions usually begins with slightest twitching of muscles of lower extremities and then of entire body to obtain an opisthotonus position with throwing back of head, red face and closed eyes or else protruding though in some the body is drawn sideways.)
13. ***Stramonium*:** It is an important remedy in cases of epilepsy in children. There is convulsions with consciousness (*Nux vomica*).They frequently wake up during night, screaming, terrified and do not recognize anyone around them.
14. ***Veratrum viride*:** The main aetiopathogenicity is congestion here. Intense congestion, almost apoplectic. Hot head, blood shot eyes, livid face. Hippocratic face. Head retracted pupils dilated, double vision. Convulsive twitching of facial muscles. Meningitis.

PREVIOUS RESEARCH TO OBSERVE EFFICACY OF HOMOEOPATHY IN EPILEPSY

- Antiepileptic effect of ***Nux vomica***, homeopathic remedy, against strychnine-induced seizures[10]

Objective: To investigate the antiepileptic effect of homeopathic remedy, *Nux vomica,* on mice and its comparison with standard therapeutic diazepam.

Methods: BALB-c mice were taken and divided into three groups comprising ten mice in each group. The first group was treated as control; the second group received standard therapeutics (diazepam, i.p.) and the third group received *Nux vomica* CH7. All groups were treated with strychnine intra peritoneally. Following parameters were observed; start time of convulsions, the number of animals had convulsions, and survival time until death.

Results: *Nux vomica* CH7 homeopathic preparation was found effective in suspending onset of convulsions (P< 0.01), and extending survival time until death (P< 0.01) in comparison to control mice. It also increased percentage survival in comparison to control as well as diazepam treated animals.

Conclusion: Our study demonstrated efficacy of *Nux vomica* in epilepsy management.

Key words: *Nux vomica*, strychnine, anticonvulsant, epilepsy.

- Clinical management of idiopathic epilepsy in dogs with homeopathic ***Belladonna*** 200C: a case series[11]

Epilepsy is an important neurological disorder in dogs. *Belladonna 200C* was evaluated in 10 dogs with idiopathic epilepsy. During the seizure phase, 3-4 drops of *Belladonna 200C* were administered orally at 15 min intervals until considerable reduction in seizure activity, then four times daily. Four dogs with head shaking syndrome in addition to seizures were given *Cocculus indicus 6C*, 3-4 drops orally weekly for 3 months in addition. Numbers of fits reduced to 2-3 during first 2 weeks post-therapy and then became occasional in next 2 weeks. With continuation of *Belladonna* therapy, no fits were observed during 2-7 months follow-up. In two cases epileptic fits reappeared within 15-25 days of cessation of therapy. *Belladonna* therapy was resumed and seizure control was again achieved. Owners were advised to continue the therapy at least twice daily until there were no fits for 2-3 months. Liver specific enzymes were monitored, no abnormalities were observed.

- Epilepsy in children- a mirror view from homoeopathy[12]

Every parent are concerned about their child's health. So, when a child suffer from epileptic attack, it makes the family panic. Epileptic attacks are not easy to be treated like other illness. The chance of becoming seizure free is best in children who do not have a known cause of epilepsy, do not have a family history of epilepsy and are developmentally normal with a neurological exam and EEG. Medication which is used by the other system of medicine can itself cause more serious effects to child's normal development. So reason out the cause and treat the child. Homoeopathy can reduce the attacks of epilepsy and can provide a normal development to the child.

Conclusion

After reviewing above literature, the treatment of epilepsy with homoeopathic remedies appears to be more safe and satisfactory to the patient when compared with conventional medication, with improvement in quality of life and general health.

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Use of Indian drugs in respiratory disorders

By Dr Chaturbhuja Nayak, Dr Radha parhi

Abstract: In homoeopathy, India is a country blessed with a treasure of medicinal plants and herbs. The use of indigenous drugs in homoeopathic practice is quite memorable. Such drugs are valuable remedies, which are useful both in acute and chronic diseases. They have also been found to possess great therapeutic virtues at the time of emergency. This article presents some of the important indigenous drugs of India having clinical use in the treatment of certain common acute and chronic respiratory problems.

Keywords: Homoeopathy, indigenous drugs, respiratory disorders.

Keywords: quality of life (QOL), before christ (B.C.)

Introduction

India, the vast and fertile country, is a veritable encyclopedia of the vegetable world. The science of life is believed to be as old as the vedas themselves. The mention of the medicinal use of herbs and plants has been made in the rig veda, which has been written between 4800 B.C. and 1600 B.C. There are many herbs and plants in India whose therapeutic virtues and identities are sufficiently known. Many homoeopathic medicines are now being prepared from indigenous plants and herbs of India. Their efficacy in acute and chronic cases have been acknowledged and experienced by all.[1]

It is a fact that homoeopathy has now spread its wings over all the cities and remote villages in India.[1]The beauty of homoeopathy is its materia medica, which portrays the most reliable picture of a medicine in its true perspective.[1]The Homoeopathic Pharmacopoeia of India is rich with the monographs of Indian drugs.

Respiratory diseases account for 4% of the global and 8.3% of the overall burden of chronic disease, having a major adverse impact on sufferers quality of life (QOL),disability and productivity and resulting in increased economic burden for both the individual and community.[2] Homoeopathic drugs are capable of removing these burdens, effectively without any adverse reactions. The homoeopathic materia medica books are rich with so many Indian drugs which are useful for different respiratory disorders. In this article, some Indian drugs which are frequently used by the physicians for various respiratory diseases are discussed.

1. **Acalypha indica**[3,4]

Common name-Indra maris

Symptomatology:

- Violent, dry, teasing cough, <in morning and at night, followed by spitting of blood.
- Lung diseases having characteristic haemoptysis of fresh blood in morning, followed by dark and clotted in afternoon.
- Rattling sounds in the throat.
- Dry cough, >drinking cold water with burning sensation over face and dryness of mouth.

2. **Acorus calamus**[3]

Common name-Sweet flag

Symptomatology :

- Phlegmatic condition of lungs from damp, cold; promotes expectoration, resolves phlegm, promotes astriction and stops discharge.
- Cough with thin, white sputum; chest pain and chills,>by vomiting.
- Chronic bronchitis.

3. **Allium sativum**[3,4]

Common name-Garlic, Losohn

Symptomatology:

- Sensitive to cold air, difficult respiration as if the sternum is compressed.
- Painful irritation of the larynx and trachea when coughing. Pain, rawness, and scraping sensation in the larynx excites dry cough; almost continuous mucus rales in bronchi.
- Cough seems to come from the stomach and gives rise to a perceptible foetid smell.
- Cough in the morning after leaving the bedroom with extremely copious mucus expectoration; dilated bronchi.
- Sudden paroxysms of hard, dry cough while smoking, compelling him to desist.

4. **Arctium lappa**[3]

Common name--Great burdock,

cheron

Symptomatology:

- Sharp, choking cough as from larynx. Breath short, oppressed at 10.00p.m. with heat.
- Tickling sensation in glottis with cough having loose sounds, but no expectoration.
- Acute tingling, cutting pain under the middle of the sternum, extending across the breast; shortness of breath on exertion.
- Irritation in bronchi with cough.
- Bronchial asthma.

5. Azadirachta indica[1,3,4]

Common name--Neem

Symptomatology:

- Very troublesome cough, < after bathing.
- Sputa white, in small lumps,expelled with great difficulty.
- Short,dry cough in the afternoon, sputa white and tasteless.
- Cough with greyish expectoration, slight hoarseness.
- Sighing and deep breathing at long intervals, breathing very rapidly and hot.

6. Boerhaavia diffusa[1,3,4]

Common name--Punarnava

Symptomatology:

- Cough with thick white, scanty expectoration,<at night.
- Dry cough,< at night, cold air, waking in morning.
- by rest, warm drinks, supporting chest with hands.
- Asthmatic dyspnoea. Rattling cough with pain in the chest.
- Coryza with a dry cough.
- Cough with thick, white, mucoid expectoration.
- •Shortness of breath,<on empty stomach, after meals, walking a little. Unproductive cough.

7. Calotropis gigantea[1,3,4]

Common name--Akanda

Symptomatology:

- Sense of oppression in chest, shortness of breath.
- Frequent cough,<in morning with sneezing,> during day time.
- Cough with scanty, thick greyish expectoration,<in morning while rising from bed,>by warm application, warm drinks.
- Dry cough, fever, body ache and sneezing.

8. Cassia sophera[3]

Common name--Kalkasunda.

Symptomatology:

- Cough,<lying on right side,asthmatic with allergic eruptions,<mid-night.
- Unproductive asthma with constipation, cough,<from dust, smoke and in winter.
- Dry cough with irritation (tickling sensation in throat),stitching pain in the lower chest, diminished(or lack of)appetite, increased thirst for cold water, must drink every hour.<walking coughing,>lying down, hot drinks.

9. Cinnamomum zeylanicum[3]

Common name--Dalchini

Symptomatology:

- Oppressed breathing, with vertigo and weakness.
- Head severely affected, with oppression of chest and hysteria.
- Rheumatic catarrh.Hoarseness with cough.
- It clears the voice when muffled by secretions, scatters the phlegm, and is useful in cases of tickling in the larynx.

10. Ficus religious[1,3,4]

Common name--Ashwatho.

Symptomatology:

- Difficulty in breathing, sense of oppression.
- Cough with expectoration, blood streaked mucus or spitting of blood, preceded by nausea.
- Dry cough of long duration,<in morning, evening, while speaking,>after drinking cold water.
- Cough with thin expectoration, white and loose.
- Patient is very weak and restless.

11. Hydrocotyle asiatica[3,4]

Common name--Brahma manduki, Thalkudi.

Symptomatology:

- Pricking sensation in the vicinity of glottis.
- Dryness of larynx.
- Voice weak,speaking soon fatigues. Irritation of air passages.
- Respiration difficulty, gasping.
- Cough with tickling sensation in throat and substernal pain while coughing; redness of face with hoarseness of voice.<in daytime, open air,after sleep,>by sitting, drinking water.
- Cough with constriction of trachea and tightness in chest,irritation and pain in throat.

12. Justicia adhatoda[4]

Common name--Vasaka.

Symptomatology:

- Highly efficacious in cold, coryza, cough, bronchitis,

pneumonia, phthisis and haemoptysis.

- Audible rattling of mucus in the chest, difficult expectoration, loosened only by repeated hawking. Expectoration of tough, yellow mucus.
- Dry spasmodic cough, sense of constriction, dyspnoea associated with cough,threatened suffocation.
- Whooping cough, child loses breath, turns pale,becomes still and blue; rigid body.
- Vomiting with a cough,no food or drink is retained in the stomach.
- First stage of phthisis,haemoptysis.
- Hoarseness, larynx painful to touch.
- Tightness across the chest, asthmatic attacks, can't endure a close warm room, coughing with wheezing.

13. Leucas aspera[3,4]

Common name--Drona,chota halkusa.

Symptomatology:

- Infantile respiratory distress.
- Newborn baby unable to breastfeed due to cold.
- Rattling sounds in chest.
- Nasal catarrh, nose full of discharge with heaviness of chest.
- Bronchial asthma.

14. Ocimum sanctum[3,4]

Common name--Tulasi,Kala tulasi

Symptomatology:

- Pain on both sides of chest,<while coughing or sneezing.
- Cough is croupy, early in the morning;dry, hacking in the evening.
- Beneficial in diarrhoea and fever,associated with cold,cough, bronchitis; eases difficult respiration.
- In case of asthma, where the patient sits bending forward and supports head with hands while the elbows rest on the knees; can't lie quietly in bed.
- Wheezing and rattling. Pain in the middle of the sternum, pleuritic pains.

15. Opuntia vulgaris[3]

Common name--Indian fig,Nagphani.

Symptomatology:

- Heaving respiration, which does not >oppression in the chest.
- Cold shudders right through chest.
- Much mucus rises from the throat, feels sore in the afternoon, and is choked or pinching feeling around the top of the larynx, shuddering on swallowing.

16. Piper nigrum[3,4]

Common name--Black pepper, Golmorich.

Symptomatology:

- Ulceration and false membrane formation, deep in the larynx.
- Voice low,deep,rough, hoarseness with coughing and constant sniffing.
- Dyspnoea with pain in chest in spots;while coughing ,feels as if spitting blood.
- Attacks of suffocation. Severe coughing especially in the evening and on going to sleep.
- Cough is violent, occasionally spitting of blood, croupy,hollow;at each coughing spell,it seems as if chest would be torn and he would spit blood.
- Painful spots on chest,<on coughing.
- Burning,lancinating pains, sensation of heat and dryness of the chest.
- Cough of gastric origin.
- Cough,>after vomiting, drinking water.

17. Polygonum punctatum[3]

Common name--American water pepper, biting knot.

Symptomatology:

- Stifling sensation in larynx, irritability of whole respiratory system.
- Constriction, crowding and pressure about larynx with irritation of bronchi.
- Roughness as of adhesion of mucus to larynx; spasmodic, hacking and hoarseness.
- Hacking cough, worse from change of temperature.
- Dry cough at night, excited by tickling, pricking and tingling in the upper part of the chest,behind the sternum.
- Dry sensation in the larynx when coughing.
- Contracted feeling in throat after swallowing, followed by thirst.

18. Sinapis nigra[3,4]

Common name--Black mustard.

Symptomatology:

- Hoarseness of voice in the evening.
- Cough short, hacking, all evening, seldom during day.
- Cough mostly dry or with expectoration of lumps of mucus,< in cold air,> by lying down and by eating.
- Cough excited by laughing.
- Expectoration from posterior nares, much mucus which felt cold; white tenacious mucous.
- Asphyxia, respiration at the

base of right lung roughened.

- Loud coughing spells with barking expiration.

19. Solanum nigrum[3,4]

Common name--Black nightshade.

Symptomatology:

- Respiration rapid, difficult, quick or easy, stertorous.
- Constrictive feeling in chest with difficult breathing, cough with tickling in throat, expectoration thick and yellow.
- Pain in left side of chest, sore to touch.
- Stitches in the throat shooting through the tympanic membrane of right ear.Cramps in the oesophagus.

20. Solanum xanthocarpum[4]

Common name--Kantikari.

Symptomatology:

- An excellent remedy for hoarseness with cough.
- Respiratory disease with aphonia.
- Hoarseness due to any cause with cough, bronchitis, pneumonia and broncho-pneumonia, associated with aphonia.
- A sovereign remedy in asthma.

21. Solidago virgaurea[3,4]

Common name--Woundwort, European golden rod.

Symptomatology:

- Bronchitis, cough with muco-purulent expectoration, blood streaked.
- Continuous dyspnoea, oppressed breathing, asthma with dysuria at night.
- Heavy expectoration on coughing, chronic catarrh of the lungs; croup with little blotches on hands accompanied with diminished urine.
- Naso-pharyngeal catarrh with burning sensation in the throat.
- Flat ulcers in throat.

22. Stellaria media[3]

Common name-Chickweed.

Symptomatology:

- Short cough from tickling on upper chest,< deep inspiration.
- Hawking of viscid, salty mucus.
- Dry unproductive cough, blood streaked sputum.
- Pulmonary tubercu losis, whooping cough, haemoptysis,bronchitis;hard dry cough with scanty, sticky sputum.
- Numbness and dryness in throat, followed later by sharp stitches in left tonsil.

23. Taxus baccata[3]

Common name--Yew.

Symptomatology:

- Violent and fatiguing cough, short cough after every meal, excited by full inspiration with oppression.
- Lungs engorged.
- Oppression when the stomach is either too full or too empty or else with pain below xiphoid cartilage.

24. Terminalia arjuna[1,3,4]

Common name--Arjuna,white murdah.

Symptomatology:

- Dry cough with pain in chest while coughing. Cough with rattling sounds in chest,> warm drinks.
- Expectoration is profuse, greenish and sweetish in taste.
- Sore throat with painful hoarseness of voice.

25. Terminalia chebula[3,4]

Common name--Haritaki,Indian gall nut.

Symptomatology:

- Dyspnoea,< on exertion, motion, jumping, exercise with general weakness. Hot deep breathing.
- Cough with difficult expectoration, dry, paroxysmal, followed by vomiting,>by drinking water, lying down.
- Pain and soreness in throat, with dry cough and scanty, white expectoration and pain in whole body.
- Deep breathing.

26. Tinospora cordifolia[3,4]

Common name--Gulancha.

Symptomatology:

- Severe cough and cold with mild fever. Dry cough in morning and evening.
- Cough with watery, viscid expectoration. Cough,< morning, talking, lying down. > taking hot drinks.
- Loss of voice with pain in throat. Voice hoarse. Sensation of lump in throat in morning along with cough.

27. Tylophora indica[3]

Common name--Emetic swallow-wort, Indian Ipecacuanha.

Symptomatology:

- Pain in throat with cough,<while talking, empty swallowing, from cold drinks,at night.
- by hot drinks and hot food.
- Cough,> by rubbing the chest gently.
- Constriction and pain in chest with dyspnoea.

28. Urtica urens[3]

Common name--Dwarf battle.

Symptomatology:

- Whooping cough, little, frothy expectoration.

- Haemoptysis from least exertion of lungs.
- Bronchitis, asthma, with mucoid expectoration.
- Sore feeling as from a blow in left side of chest.
- Intermittent soreness in right chest during day.

29. Viola odorata[3,4]

Common name--Blue violet.

Symptomatology:

- Torpor at the end of nose,as if from a blow.
- Hoarseness, followed by coryza;dyspnoea with violent cough.< in the daytime.
- Cough chiefly by the day,in long lasting spells, dry, short, violent cough, with much dyspnoea.
- Whooping cough in nervous, thin little girls. Respiration difficult and scarcely perceptible, with painful expiration, excessive anguish and violent palpitations.
- Shortness of breath, sputum profuse, clear,ropy,jelly-like.
- Difficult respiration during pregnancy.

30. Viscum album[3,4]

Common name--Mistletoe.

Symptomatology:

- Respiration asthmatic, difficult, with cough. Cough barking, painful, spastic,< on lying down,> in open air.
- Expectoration of grey,glairy mucus, tough,yellow. Bronchi inflamed.
- Spasm of glottis with dry sensation in throat.
- Complete block causing efforts to swallow and eyes to fill with tears.Breathing slow and stertorous.
- Dyspnoea,feeling of suffocation when lying on left side; asthma if associated with gout or rheumatism.

Conclusion

Thus, the above discussed Indian drugs prove to be of clinical use in the treatment of certain common acute and chronic respiratory problems.

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■■■

Homoeopathy in the management of respiratory disorders

By Dr Ashutosh Kumar

Abstract: Homoeopathy has historically been associated with allergy treatment. Many respiratory disorder patients seek homoeopathy as a complementary treatment. Homoeopathy developed by German physician, Samuel Hahnemann, has long been used as one of the most common complementary and alternative medicine and widely used homoeopathic care is beneficial for respiratory disorder treatments globally. The procedure is said to be safe because the active ingredients contained in homoeopathic products are highly purified, and these purified substances are often used to treat patients. Homoeopathy utilizes the body's resources and homoeopathic preparations, for example, strengthen the immune system, plays a very important role in the treatment of homoeopathic, which is beneficial for respiratory disorder patients. There is plenty of clinical research evidence, therefore, homoeopathy is widely used in the management of respiratory disorders.

Keywords: homoeopathy, respiratory, lungs, rhinitis, tonsillitis, asthma, pluralism.

Introduction

Respiratory disorder is one of the signs for which homoeopathic treatment is frequently sought.[1] It has never been systematically studied, although homoeopathic care is beneficial for respiratory disorder patients. Homoeopathy is curing a disease especially by managing of minute doses of a treatment that would in substantial amounts produce in healthiest person symptoms similar to those of the disease the results of a given clinical trial, in modifying its results presented in healthy studies related to the manifestation of the disease in each patient.[2] Samuel Hahnemann (1755-1843) about 200 years ago posted that:

- If a symptom causes in a healthy volunteer by the remedy, it can be used to treat that symptom in the patient.
- If a remedy is potentised (that is, diluted and successes), it becomes more rather than less effective (the "memory of water" theory).
- All diseases originate from the "itch" (psora), syphilis (lues), or gonorrhoea (sycosis).

Homoeopathy's philosophy is well explained in scientific terms by George Vithoulkas in his "Science of Homoeopathy." He explains the basic philosophy of Like Cures Like in terms of the Science of Harmonic Resonance. Homoeopathy is from the Greek roots omoios for 'similar' and pathos for 'suffering' This terminology reflects the principle of "like cures like",[3] which is the basis of homoeopathy. According to this principle, homoeopathic remedies are tested on healthy volunteers to evaluate their effects, which are used in the treatment of diseases that show symptoms similar to those caused by herbs. Homoeopathy is believed to stimulate the body's ability to function in this way. Homoeopathy is currently one of the 10 most widely used treatments for a respiratory disorder.

Why use homoeopathy in respiratory disorders?

Homoeopathy is a natural treatment: it is safe, effective, and without side effects.

There are no interactions with drugs, supplements, or other herbal treatments you may be undertaking. Homoeopathy works to address the underlying cause rather than providing symptomatic 'band-aid' treatment, bringing about longer-lasting results and better quality of life.

Homoeopathic treatment is safe for all age groups, including babies, pregnant women, elderly, and sensitive individuals.

Homoeopathy is effective for both prevention and treatment. It complements medical treatment as well as other natural therapies, reduces specific symptoms, and assists with pain management.

People do use homoeopathic remedies, with less percentage of the population reporting the use of homoeopathy globally. Asthma is the one of the common respiratory conditions for which people used homoeopathic remedies. In addition to providing relief within the short term for acute episodes of respiratory illness, bronchitis, rhinitis, and numerous different health issues, homoeopathy is incredibly compatible at addressing the tendency and preventing these episodes from occurring. Patients are usually stunned at however

quickly homoeopathic medicines may cure asthmatic episodes and unhealthy bouts of cough. Prolonged homoeopathic treatment will bring the frequency and intensity of those diseases. In several cases, even homoeopathic medicines are withdrawn once the patients report no repeat of episodes of their issues. Homoeopathy offers various ways for minor infections and attainable hindrance of revenant problems.[4]

The medicinal drug accessible thus far sometimes perpetually not that effective, and generally have vital aspect effects, particularly in youngsters. For this reason, many of us autonomously look for remedies within the field of other medication. However, in several cases phytotherapy and homoeopathic medicines.[5]

Respiratory system is made up of specialized organs like bronchi, windpipe, nose, and lungs. this works primarily for the vaporific exchange to take a breath and exhale carbon dioxide. It conjointly helps to throw out toxins from our bodies. One additional role is olfaction (sense of smell). once the body system is disordered functionally it›s going to turn out the result in a respiratory disorder and occurs conditions like asthma, emphysema, and bronchitis. Further once disordered structurally it may cause pleural effusion, fibrosis, cancers, etc. Respiratory system supplies required oxygen for body cell functionality, for speech, eliminate body wastes, and filter infectious chemicals from our system. respiratory disorder patient's experiences a common symptom like breath issue or cough. The symptoms may worsen to mucus and eventually, the presence of blood is detected within the mucus which may be a signal of some serious underlying unwellness.

Many disorders affect the lungs and cause respiratory issues like respiratory illness, common upper respiratory tract infections (URTI), asthma, chronic clogging pulmonic sickness COPD, infections like respiratory disorder, respiratory illness, sinusitis, otitis, rhinitis, rhinosinusitis, pharyngitis and infectious disease, carcinoma, and lots of alternatives. The symptoms seem as projection blood or rust-coloured bodily fluid (spit or phlegm), shortness of breath, pain that's typically worse with deep respiratory, coughing, or riant, a cough that doesn't escape or gets worse, voice gruffness, etc.

The homoeopathic medication stimulates the system, acts as a natural antimicrobial and vessel, makes active the mucosa membranes to assist emission of poisons and stop the nasal infection from spreading to alternative components of the pinnacle like ears. Cartilaginous tube infections could be an indication of significant progress in toxification and homoeopathic medication is best suited as its ingredients act as a natural plant antimicrobial that stimulates the excretion of poisons. In cases of asthma attacks, medical care acts by meliorative the constitutional chemical change system instead of functioning on amine as achieved by standard medicines.

Treatment with this certain homoeopathic medicine could be an effective way to prevent respiratory tract infections, specifically given the lack of adverse responses and a good assessment of the benefits vs risks/costs connection.[6] Homoeopathy has few best remedies to cure acute signs and symptoms of different respiratory infections. Such infections include rhinitis, tonsillitis. They are usually associated with a respiratory disorder, sinusitis, ear infection, and general respiratory disease. the foremost prevailing illness of this sort is respiratory disease. it's associated inflammation of the lung's air passages, bronchitis. It can be either acute or chronic. It is alleged to be incurable once it continues for quite 2 months. The system renders oxygen to the cells and excludes waste from the body; the various symptoms of metastasis diseases ought to be treated showing wisdom as a result of lasting infections will turn out to be life respiratory organ diseases. medical care offers an exceptionally effective approach to those set of unwellness. Knowledgeable medical aid doctors will quickly bring down a personalized remedy supported by varied factors that area unit deciding the patient's overall health and his addictions. The medical aid medicines for metastasis infections have the right solutions and powers to scale back the symptoms, their intensity, and repetition.

The reason behind inflammation can be microorganisms, infective agents, or some allergic reaction. the foremost common reason for the prevalence of the respiratory disease is that the tenderness of the bronchioles caused within the lungs because of fumes or alternative pollution inflicting agents. The mucous secretion emitted principally is whitish. Patients bear shortness of breath during walking, cardiopulmonary exercise, or climb the steps. respiratory disorder conjointly strikes the lungs and acquires affected to cause a slim passage to the airways. It causes chest tightness, pharyngitis, nasal congestion, headache, problem in-breath, and protracted downside of coughing within the night.

Infections of the upper respiratory

tract and otorhinolaryngology are likely to respond well to homoeopathic formulations, and non-severe otitis may benefit from a tailored approach. When antibiotics are not advised, homoeopathic medications may be helpful.[7]

Homoeopathic medicines for lungs	
Antimonium arsenicosum	Useful for respiration difficulties.
Antimonium tartaricum	Rapid, short, tough respiration, appears as he would suffocate. higher by lying on the correct facet. pulmonary emphysema of the aged.
Apocynum cannabium	Lung's congestion in dropsy. Gasping respiration. Water has swallowed the wrong we through the windpipe in the lungs which is a very dangerous condition.
Arsenicum album	Breathing is laden and respiration unhealthy on account of respiratory organ troubles.
Aspidosperma Q	The tonic of lungs, Thrombosis of the pulmonary artery.
Bryonia alba	Pulmonary fibrosis and cysts in the lungs.
Calcarea hypophosphorica.	Bleeding from lungs.
Elaps corallinus	Haemorrhage from the lungs.
Hydrocyanicum acidum	Paralysis of lungs. Venous congested lungs.
Quebracho	Emphysema. Want to breathe during exercise.
Senega	Chronic emphysema. A portion of the lungs is destroyed. Old asthmatics with congestive attacks.
Spongia tosta	Idiopathic pulmonary fibrosis and cysts in the lungs.

[8]

Conclusion

Results for homoeopathic treatment overall came positive, with sooner resolution, reduced use of antibiotics, and potential prophylactic and longer-term advantages. Homoeopathy can help in all stages of respiratory disorder. Homoeopathy is widespread across the globe to treat metabolic process diseases safely. The right medication will simply wart, this acute crisis and cures it utterly. Asthma, inflammatory disease, and respiratory disorder square measure a number of a lot of samples of metabolic process diseases that result in blockage within the chest. Few known homoeopathic medicines for respiratory infection like *Aconitum napellus, Antimonium arsenicosum , Antimonium tartaricum , Belladonna, Bryonia alba, Phosphorus, Antimonium tartaricum, Carbo vegetabilis, Hepar sulphuricum*.[8] The prescribed constitutional solution has been able to prevent and reverse the progression of the disease.

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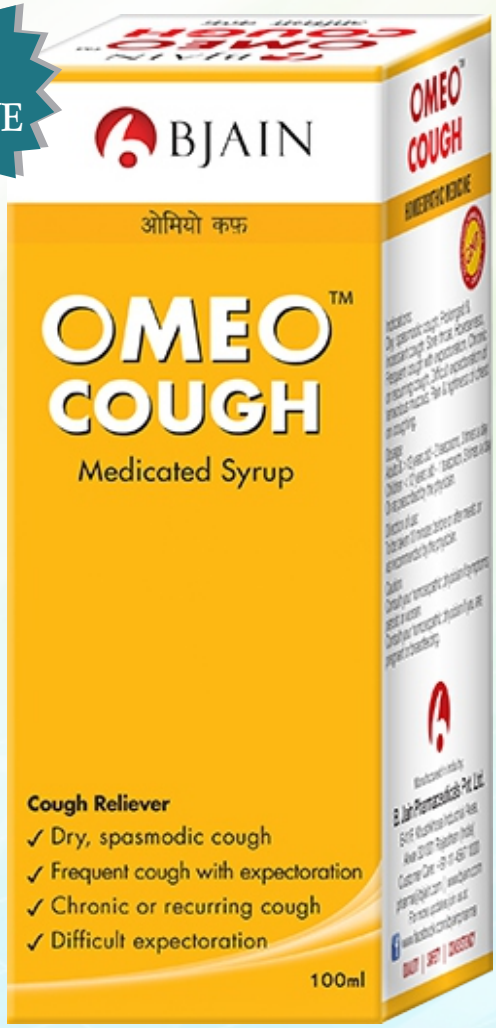

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Coccus cacti	3X	0.5%
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Ipecacuanha	Ø	1.6% v/v
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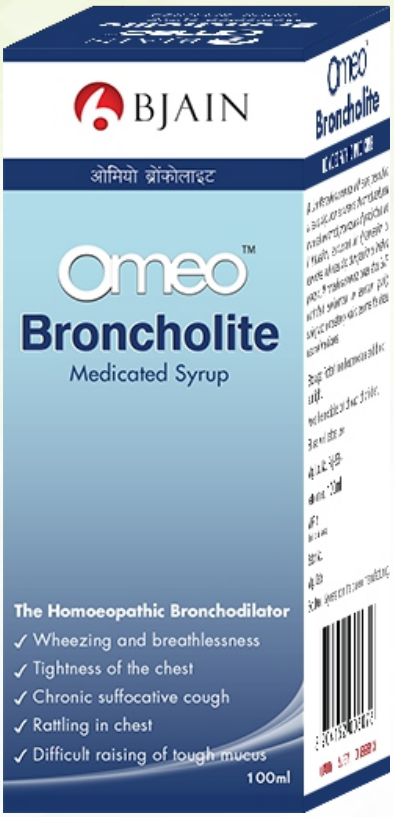

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Organopathic medicines in respiratory system problems: a boon

By Dr Sujeet Lal, Dr Ranjita Gupta

Abstract: The following article describes in brief about organopathic system and some lesser used organ remedies related to respiratory system.

Key words: Organopathy, organ remedies, respiratory system, pathological prescription.

Abbreviations: chronic obstructive pulmonary disease (COPD)

Introduction

And we thus see that organ-remedies by restoring the disturbed organ to health, cure the organism itself.

-James Compton-Burnett

Organopathy is the specific loyal action of drugs on particular parts or organs. It is thus, a very convenient term in therapeutics as well as in etiology and pathology.[1]

Respiratory disease is responsible for a major burden of morbidity and untimely death, with conditions such as tuberculosis, pandemic influenza and pneumonia the most important in world health terms. The increasing prevalence of allergy, asthma and chronic obstructive pulmonary disease (COPD) contributes to the overall burden of chronic diseases in the community.[2]

Respiratory diseases cover a breadth of pathologies, including infectious, inflammatory, neoplastic and degenerative processes.[2]

Dr William Burt says, the first thing to learn about a drug is its physiological and pathological action upon the healthy organisms. To know what tissue what tissues it acts upon, and just how it affects them, leads directly to its curative action. He has classified medicines in two groups:[3]

- Animal group (acting on cerebro-spinal nervous system) for acute and sub-acute diseases.
- Organic group (acting on ganglionic nervous system) for sub-acute and chronic diseases.

Rademacher a 19th century practitioner who first described organ remedies. He distinguished between the 'universal remedies' needed to treat the whole person and 'organ remedies' prescribed because of the ability to treat individual parts. The prescription is based on the remedies' affinity with certain organs in the body.[4]

This approach originated from folk medical practice and was initially coined by Paracelsus (1493-1541) and his dictum of "similar must be compared to similar".[5]

Burnett was strongly influenced by Rademacher and Paracelsus. He appreciated the body organs and systems as interacting parts of a whole. This was very close to the medieval viewpoint of these two thinkers. To Burnett this was pure holism. To him the idea of Rademacher's 'organ remedies' was not an unholistic and anti-Hahnemannian blasphemy at all, but a profoundly insightful and pragmatic reality, which could be yoked into practice and brought to bear upon any case. It enriched one's homeopathy when used correctly. Likewise, he had great respect for the plant and mineral remedies of Paracelsus.[6]

Burnett first combined the views of Paracelsus and Rademacher with the homeopathic teachings and thereby forged this organopathic treatment approach.

Prescription on the basis of pathology[7] has been one of the ways which has been adopted.

Pathological remedies are those which act on the peripheral aspects of the disease, rather than the fundamental. They are of service in the treatment of both acute and chronic illness. With regard to pathological remedies, we may talk in terms of three classes of action-

1. PATHOTROPISM
2. ORGANOTROPISM
3. AETIOTROPISM

PATHOTROPISM implies the affinity for particular types of pathological process. Hence, the use of the remedy ***Ferrum phosphoricum*** in the early stage of acute inflammation throughout the body.

ORGANOTROPISM implies the affinity for particular sites of disease, be they organs as such, or tissues. ***Phosphorus***, for example, has an affinity for the lungs and liver, covering a wide variety of pathologies, including bronchitis, pneumonia, viral hepatitis and cirrhosis.

AETIOTROPISM implies the affinity of remedies for illnesses brought on by particular events. These are those remedies prescribed on the basis of circumstantial causation. Hence, the use of ***Aconitum napellus*** in a variety of ailments brought on by sudden chilling, and the use of ***Ignatia amara*** in ailments brought on by loss of a loved one.

These points clearly indicate that the actual anatomical site of the disease, the nature of the pathological process, and modalities may all be relevant to effective prescribing.

SOME LESSER USED ORGANOPATHIC REMEDIES HAVING THEIR ACTION ON LUNGS/RESPIRATORY SYSTEM:[8,9,10]

ANTIMONIUM TARTARICUM

Clinically, its therapeutic application has been largely to the treatment of respiratory diseases, rattling of mucous with little expectoration has been a guiding symptom. Unequal breath. Suffocative shortness of breath. Cough and dyspnoea > lying on right side.

ARALIA RACEMOSA

A remedy for asthmatic conditions. Dyspnoea or violent cough after first sleep, < lying down > slight expectoration.

ASPIDOSPERMA (QUEBRACHO)

The digitalis of the lung. Want of breath during exertion is the guiding symptom. Cardiac asthma. Hale says "*Quebracho* produces in animal's respiratory paralysis". It relieves dyspnoea in phthisis and pleurisy.

BLATTA ORIENTALIS

A remedy for asthma. Especially when associated with bronchitis. Indicated after arsenic when this is insufficient. Acts best in stout and corpulent patients.

ERIODYCTION CALIFORNICUM (YERBA SANTA)

A remedy for asthmatic and bronchial affections. Asthma relieved by expectoration. *Cough after influenza*. Bronchial phthisis, with night sweats and emaciation. *Yerba Santa-* the holy plant is a popular expectorant remedy in Mexico and California. Most symptoms < in afternoon. Symptoms come at intervals; or on any sudden changes of position.

J P Seward gave it with great success in two cases of cough remaining after influenza.

GRINDELIA ROBUSTA

It produces a paresis of pneumogastric nerve, interfering with respiration. *Smothering after falling asleep. Suffocates on falling to sleep or on awaking.* Cannot breathe when lying down. Tenacious expectoration. Bronchorrhoea.

MYRTUS COMMUNIS

Hering gives an account of it. It has a very powerful action on the left lung, especially the upper part. It is to the upper left lung what *Oxalicum acidum* is to the lower.

Keynote symptom: *Pain in upper left lung going right through from the front of the left scapula.* Cases of phthisis, haemoptysis, hepatisation, lung syphilis having this symptom present have been cured with *Myrtus communis*.

SENEGA

Senega is one of the sources of saponin. It has a nauseous taste and leaves a scraping sensation in the throat. Guernsey thus outlines its action: Where there is great burning in chest, either before or after coughing; profuse secretion of mucous. Nash has cured many cases (with low attenuations of *Senega)* of "cough with great accumulation of mucous which seems to fill the chest, with much rattling, wheezing and difficult breathing". Loose rattle in chest, but the profuse, clear expectoration is tough and slips back.

STICTA PULMONARIA

There cannot be much doubt whence *Sticta pulmonaria* received its name of *pulmonaria*. The likeness of the plant to lung tissue is evident. Hale introduced it to homoeopathy. He says it was first used for severe, harassing cough. A grand characteristic is *dull heavy pressure (or stuffed feeling) in root of nose*. Dry night cough is a key note. Cough dry, < evening and night; can neither sleep or lie down; must sit up.

PIX LIQUIDA

A great cough medicine. Bronchial irritation after influenza. Homoeopaths (led by Jeanes) have bought out special indications for the remedy; *chief among them is pain at left third costal cartilage*. Hering says, this is really a pain of left bronchus and when associated with offensive muco-purulent expectoration the indications for *Pix*

liquida are complete.

POTHOS FOETIDUS (ICTODES FOETIDA)

The treasury of botany epitomises the traditional use of this plant in medicine. "The roots in cases of asthma; the seed are also considered to be anti-spasmodic and used in cough. Asthma is < or caused by dust. Asthma > by stool. All complaints > in open air.

ILLICIUM (ANISUM STELLATUM)

Pain in region of third rib about an inch or two from the sternum generally on the right side, but occasionally of left. Useful in frequent cough with this pain. Hering has mentioned its use for old asthmatics.

Conclusion

Burnett says, "homoeopathy may be said to be based upon organopathy, for a drug to cure the heart of its disease specifically must necessarily affect the heart in *some* manner." But the homoeopath specialises and says further: 'the drug that is to cure the heart must affect the heart, certainly — that is one of the foundations of our whole therapeutic edifice, but that is not enough; the nosological organopathy and the therapeutic organopathy must be and are *similar.*'

In homoeopathy, the most appropriate treatment protocol is based on the *simila* principle; however, this may not happen in all the cases. Experienced physicians switch from one method to another based on the case, availability of the symptoms and also based on his experience. One must see links between different approaches and how they complement each other without losing their individuality for opening wider scope for the benefit of ailing humanity.

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■■■

A review article on polycystic ovarian syndrome-homoeopathic approach

By Dr Garima Jindal

Abstract: Polycystic ovarian syndrome (PCOS) is a "multifactorial" disorder suspected in patients with irregular menses and clinical signs of hyperandrogenism such as acne, seborrhoea, hirsutism, infertility and alopecia. Polycystic ovarian syndrome is one of the most common endocrinopathy affecting women. According to Homoeopathic principles, patient is to be treated as a whole not on symptoms based. So, in polycystic ovarian syndrome our objective of treatment must be solely based on individualization and symptom totality along with proper diet and regimen and regular exercise. This article focuses on the understanding of the background, pathophysiology, clinical features, homoeopathic miasmatic interference and efficient homoeopathic management of PCOS.

Key words: Polycystic ovarian syndrome, Anovulation, irregular menses, hirsutism, insulin resistance (IR), infertility, obesity, hyperandrogenism, hormone imbalance, diabetes mellitus, metabolic syndrome, testosterone, SHBG, androgen, LH, FSH, prolactin, TSH, stress, homoeopathy.

Abbreviations: Polycystic ovarian syndrome (PCOS), insulin resistance (IR), sex hormone binding globulin (SHBG), luteinizing hormone (LH), follicle stimulating hormone (FSH), thyroid stimulating hormone (TSH), ultrasonography (USG), cardiovascular system (CVS), carcinoma (CA)

Introduction

In 1935, Irving F. Stein and Michael L. Leventhal first described a symptom complex associated with anovulation. Both gynaecologists were born in Chicago, both were graduates of Rush Medical College, and both spent their entire professional careers at Michael Reese Hospital. Stein and Leventhal described 7 patients (4 of whom were obese) with amenorrhea, hirsutism, and enlarged, polycystic ovaries. They reported the results of bilateral wedge resection, removing one-half to three-fourths of each ovary; all 7 patients resumed regular menses, and 2 became pregnant. Stein and Leventhal developed the wedge resection after they observed that several of their amenorrhoeic patients menstruated after ovarian biopsies. They reasoned that the thickened tunic was preventing follicles from reaching the surface of the ovary. [1]

It is better to consider this problem as one of persistent anovulation with a spectrum of aetiologies and clinical manifestations, that now includes insulin resistance and hyperinsulinemia, as well as hyperandrogenism. The characteristic polycystic ovary emerges when a state of anovulation persists for any length of time. The polycystic ovary is the result of a functional derangement, not a specific central or local defect.

Polycystic ovarian syndrome is considered to be not only a reproductive endocrinopathy, but also a metabolic disorder, and its morbidity may include hyperinsulinemia, insulin resistance, early onset of type 2 diabetes mellitus, and dyslipidaemia. Obesity is a prominent feature of polycystic ovarian syndrome, occurring in 40-50% of polycystic ovarian syndrome patients.[2]

Mind-body experts Louise Hay, Deb Shapiro and Christiane Northrup all agree that the female reproductive system is the centre for creativity. When the ovaries are affected, there can often be an internal conflict around both the creation of life, and the creation of new pathways for the self.[3]

Definition

The polycystic ovary syndrome (PCOS) is a heterogeneous collection of signs and symptoms that gathered together form a spectrum of a disorder with a mild presentation in some, while in others a severe disturbance of reproductive, endocrine and metabolic function.

Key features include menstrual cycle disturbance, hyperandrogenism and obesity. Most of the criteria used for diagnosing POLYCYSTIC OVARIAN SYNDROME are continuous traits, such as, degree of hirsutism, level of circulating

androgens, extent of menstrual irregularity, and ovarian volume and morphology. POLYCYSTIC OVARIAN SYNDROME runs in families and affects approximately 50% of first-degree relatives. [4]

Aetiology of PCOS[5]

Genetic causes	Endocrinal causes	Lifestyle causes	Iatrogenic causes
Women with PCOS have strong family history with significant hereditary component and is often transmitted from mother to daughter.	Neurotransmitters produced in higher centre of brain are passed on to hypothalamus and to pituitary through hypothalamic – pituitary axis Psychological causes i.e mental shock, grief, mortification , vexation, anger, suppression of emotion, dreams fears delusions that affect mind. Psychoneuroimmunology and Stress Insulin resistance theory	Obesity can aggravate PCOS because fatty tissues are hormonally active and they produce oestrogen which disrupts ovulation. Lack of Physical activity. Type of food- oily, starchy, spicy, fried	Drug diseases which have oestrogenic effect on ovaries.

Prevalence

The estimated prevalence in India ranged from 3.7 to 22.5 per cent. The prevalence of POLYCYSTIC OVARIAN SYNDROME was found to be higher or lower depending on the criteria used, which might be the obvious reason for the discrepancy in the prevalence rates among the studies. Considering the vast diversity in the population of India, large-scale community-based studies using internationally accepted criteria, in various geographic regions, are necessary to shed light on the actual prevalence of this disorder.[6]

The prevalence of POLYCYSTIC OVARIAN SYNDROME is increased in overweight and obese women when compared to their lean counterparts. The prevalence rates of POLYCYSTIC OVARIAN SYNDROME in underweight, normal-weight, overweight, and obese women are 8.2, 9.8, 9.9, and 9.0%, respectively. Prevalence rates reaches 12.4 and 11.5% in women with BMI 35-40 kg/m2 and greater than 40 kg/m2.[2]

CLINICAL FEATURES

- Irregular periods or amenorrhoea
- Infertility, difficulty conceiving and a tendency to miscarriage
- Mood swings, low libido and depression
- Weight gain particularly around the middle, and difficulty losing weight
- Food cravings
- Thinning of the hair or hair loss on the head
- Hirsutism – excess hair on face, breasts, inside of the thighs or nipples
- Skin tags
- Acanthosis nigricans – the skin becomes discoloured and may look 'dirty' on the arms, around the neck or under the breasts[3]

Manifestation of ovarian dysfunction	Manifestation of hyperandrogenism	Associated conditions
Oligomenorrhoea Amenorrhoea USG-Polycystic ovaries	Hirsutism Acne Alopecia Seborrhoea Acanthosis nigricans (excess circulating antigens)	Obesity Insulin resistance Impaired fasting glucose Type 2 diabetes mellitus Dyslipidaemia Metabolic syndrome Mood disorders Arterial hypertension

Clinical manifestations and associated conditions.[5]

Diagnosis

NIH 1990	Rotterdam 2003	Androgen Excess Society 2006
Must include Chronic anovulation Clinical and/or biochemical signs of hyperandrogenism	Two of the following three- 1. Oligo / anovulation 2. Clinical and/or Biochemical signs or hyperandrogenism 3. Polycystic ovaries on USG	Must include Ovarian dysfunction • Oligo/anovulation • Polycystic ovaries on USG Androgen Excess • Hirsutism • Hyperandrogenaemia

Diagnostic criteria for PCOS[5]

PCOD[7]	PCOS[7]
More common Most population have it as compared to PCOS	Syndrome -- affecting many systems of body Associated with risk- Diabetes, CVS disorder, endometrial CA
Have higher no. of follicles/ cyst – in u/s report may also be present early in life— late 20's , asymptomatic, but discovered incidentally	Many do not have polycystic ovaries as a feature Early in life-- teen years –acne, hair growth become evident
Emergence of cysts in PCOS may be caused by a variety of reasons such as drugs like nafarelin	**Hormonal disorder:** production of androgens from the ovary disturbing ovulation

Investigations and assessment in PCOS

The diagnosis of PCOS is made principally on clinical grounds, supported by ultrasonography and by some of the biochemical investigations. The choice of investigations in PCOS depends primarily on the mode of presentation. Key investigations include testosterone, SHBG, LH, FSH and free androgen index to assess androgen status and prolactin and thyroid stimulating hormone to exclude other disorders. The pelvic ultrasound is done for ovarian morphology and endometrial thickness. An oral glucose tolerance test and lipid profiles are appropriate in all women at diagnosis.[7]

Investigation	Significance
Total testosterone	>3.6ng/ml significant
Androstenedione	Elevated in Ovarian pathology
FSH/LH ratio	Normally FSH>3.4 LH. Reversal ratio significant
TSH	Hypothyroidism may cause oligo/amenorrhoea
DHT	Indicates peripheral conversion of testosterone
DHEAs	Elevated in adrenal pathology
Prolactin	May be raised in PCOS , but very high levels indicates pituitary tumour
Insulin – Fasting	>12 mIU/ml suggestive of insulin resistance

Insulin – Post 75g glucose	>25 mIU/ml suggestive of insulin resistance.
USG-Pelvis	Volume of atleast one ovary more than 10cc with "string of pearl" appearance.
Lipid profile	May be deranged in Metabolic syndrome.
17- Hydroxy Progesterone	Elevated in late onset CAH
Blood Sugar- Fasting	May be deranged in Metabolic syndrome.
Blood Sugar- Post 75g glucose	May be deranged in Metabolic syndrome.
24hr Urine Free Cortisol	Mild elevations can be seen in PCOS.

PCOS investigation and significance[7]

Homoeopathic approach

Polycystic ovarian syndrome is a disease of multifactorial origin, thus homoeopathic treatment can serve best to give cure. But majority of homoeopaths face difficulties in finding the dominant miasm and hence the treatment given doesn't lead to complete cure.

Miasmatic cause: In § 5, Dr Hahnemann has mentioned, "the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc. are to be taken into consideration."

As explained in THE CHRONIC DISEASES by Samuel Hahnemann-

The original remedy sought for must be also of a miasmatic, chronic nature clearly perceivable from circumstances, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never overcome by the most wholesome diet and order of life, nor will it die out of itself. All the chronic disease of mankind, even those left to themselves, not aggravated by a perverted treatment, show, as said, such a constancy and perseverance, that as soon as they have developed and have not been thoroughly healed by the medical art, they ever more increase with the years, and during the whole man's lifetime; and they cannot be diminished by the strength belonging even to the most robust constitution. Still less can they be overcome and extinguished. Thus, they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation constant chronic miasms, whereby their parasitical existence in the human organism is enabled to continually rise and grow. [8]

Homoeopathic therapeutics

Apis mellifica- PCOS with **stinging pains**. The stinging pains are more likely to be accompanied by tenderness over abdomen and uterine region. The patient is unable to tolerate heat and feels worse in summers. The right side is more likely to be affected. There may even be oedematous swellings of various body parts.[9]

Pulsatilla nigricans– PCOD with scanty and late menses. The patient is usually thirstless and takes little water. The general temperament of the patient is mild, gentle and yielding. There are changeable moods in which patient is happy at one moment and the very next moment, she becomes irritable. Pulsatilla is often suited to young girls in whom the problem starts at puberty itself.[10]

Sepia –When the patient has bearing down pains from the back and abdomen, Sepia is one of the best homeopathic remedies for PCOS. There is a feeling of a "ball" like sensation in the inner parts. The pelvic organs seem relaxed. The menses are irregular. In some cases, they are too late and scanty while in others they are early and profuse. There may be yellowish or greenish leucorrhoea. The mental temperament of the patient is such that she is irritable and indifferent. She cares the least even for her family members.[10]

Lachesis mutus – PCOD with aversion to tight clothes. Most of the problems are on the left side only. The menses are too short and flow is feeble. There are pains in the abdomen which are relieved after the flow starts. There is great loquacity in the patient and is often seen jumping from topic to topic. Jealousy is another prominent symptom present in such patients. [10]

Graphites- PCOS with constipation. The patient is often of a stout build or is fat. She cannot tolerate cold and is always feeling chilly. The menses are too late and are pale and scanty. There is tearing pain in the stomach region. Hardness may be felt in the ovarian region.[10]

Conclusion

As PCOS is a condition of multisystem involvement, a multidisciplinary approach is pivotal to combat and overcome it. Our dynamic remedies arouse the individuals own immunity which fights the syndrome as an entity dynamically and re- establishes the health and harmony. Thus, in a PCOS suffering woman, a dynamic homoeopathic similimum clears hormonal imbalance, regularises natural ovulation, restores menstrual normalcy, handles obesity, manages infertility and treats as a whole positively.

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An experience with treatment of pneumocystic pneumonia

By Dr Mithilesh Chandra Suri

Abstract: In the pandemic of COVID 19, many new variants and their types of infection have been seen. This case study is a discussion of about one of such infection "pneumocystic pneumonia", a multiple cystic lung disease. There was no such experience in the beginning of treatment of the disease. Many of the things were exactly learnt like diagnosis base, treatment protocol, obstacles and required mechanical aid. On the basis of initial symptoms treatment was given, signs of improvement were seen with homoeopathic medicines but unfortunately complete recovery/restoration could not be done. After the diagnosis of the disease, work was started on a definite action plan, but the spread of infection and co-morbid disorder remained the main obstacle in the way of cure. Based on the experience gained, its main objective is to discuss the symptoms, diagnosis and homoeopathic treatment of the case in details.

Key words: cyst, diagnosis, homoeopathy, pneumonia

Abbreviation: Pneumocystis pneumonia (PCP), pneumocystis jiroveci pneumonia (PJP), intensive care unit (ICU), computed tomography (CT), magnetic resonance imagin (MRI), acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), acute respiratory distress syndrome (ARDS), polymerase chain reaction (PCR), prescription (Rx), **High-resolution CT** (HRCT), real time polymerase chain reaction (RTPCR), twice a day (BID), thrice a day (TID), four times a day (QID)

Introduction

Pneumocystic pneumonia is a very common disease in cases related to AIDS/HIV. In the decade of 1980-90, AIDS/HIV-related deaths accounted for 30-40% of the world's deaths. It mainly targets immune suppressed diseases, so in this pandemic of covid 19, patients with systematically weak and compromised immune systems are prone to cystic development in the lungs. Pneumocystis pneumonia (PCP) is a form of pneumonia that is caused by the yeast-like fungus Pneumocystis jirovecii. It is also known as PJP, for pneumocystis jiroveci pneumonia. This fungus was first observed in 1909 but was established as a species in 1912 under the name of pneumocystic carinii. Pneumocystis jiroveci pneumonia has been a major cause of death in premature neonates and malnourished children in the 1940s-1950s.

` In the cases of pneumocystis pneumonia, mechanical add-ons such as oxygen supply, ventilator bed and some other necessary equipment support are required. Such cases are mainly dealt with in the intensive care unit (ICU). In today's era of modern medical equipment where high resolution X-rays, CT scans and MRIs are available, it has become easy to diagnose Pneumocystis Pneumonia.

This disease of acute nature where mortality rate is very high, homoeopathic treatment can be an effective remedy for symptomatic relief and strengthening of weak immune system. Keeping in mind the exciting cause in acute disease, the selection of proper homoeopathic remedy from different systemic approach and repetition of the dose at a fixed interval in paper dose will be helpful in getting out of this acute surge.

*Pneumocystis pneumonia (PCP) is a serious infection that causes swelling and fluid buildup in the lungs. The cause is a fungus called Pneumocystis jirovecii which spreads through the air in the body. It can make people with weakened immune systems very sick. It's rare, but PCP can affect other parts of the body as well, including the lymph nodes, liver, and bone marrow.*1

Pathophysiology

In these immunosuppressed individuals, the manifestations of the infection are highly variable. The disease attacks the interstitial, fibrous tissue of the lungs, with marked thickening of the alveolar septa and alveoli, leading to significant hypoxia, which can be fatal if not treated aggressively. In this situation, lactate dehydrogenase levels increase and gas exchange is compromised. Oxygen is less able to diffuse into the blood, leading to hypoxia, which along with high arterial carbon dioxide (CO_2) levels, stimulates hyperventilatory effort, thereby causing dyspnea (breathlessness).2

Sign and symptoms

Early in the infection, you might not have symptoms, or they could be

mild. They may include:

- Fever (It's usually low if you have HIV and higher if other reason.)
- Dry cough or wheezing
- Shortness of breath
- Fatigue
- Chest pain or tightness when you breathe
- Chills
- Weight loss

Symptoms usually come on slowly, over several weeks, in people who have HIV. In those whose immune systems are weak for another reason, they tend to start over a few days.(1)

Complication

Pneumothorax is a well-known complication of PCP. Also, a condition similar to acute respiratory distress syndrome (ARDS) may occur in patients with severe pneumocystis pneumonia.

Diagnosis and tests

- High resolution of X-ray chest, CT-scan or MRI.
- A test called PCR (polymerase chain reaction) .
- You might also get a blood tests to check for low oxygen levels or high levels of something called beta-D glucan.(2)

Case study

An xyz patient aged 61 years/ male patient consult for homoeopathic treatment with complaint of fever with chill, malaise, headache, dry cough, and dyspnoea since 10 days. Taking allopathic treatment from somewhere.

Details:

- High grade fever (104°F) with chill every 8 hourly. Perspiration not relief in fever (100°F).
- Dry cough want to spell out that some things lodge/choke in throat.
- Continued frontal headache that's ripe the whole temporal region.
- Sometimes feel restlessness with dyspnoea.
- Throat pain in right side. Relief by warm application/drink.
- Extreme weakness unable to stand.
- Excessive weakness after perspiration.
- Cold sweating with offensive smell.
- Ravenous hunger.
- Dry, white-coated tongue, excessive thirst.

H/O DM type II. On medication since 2003.

Family History:

Father - hypertensive (brain strokes due to hypertension).

Elder brother - diabetic and hypertensive.

General examination: Blood pressure -140/86 mmHg, Pulse-112/mint, Respiratory rate- 28/mint, Temperature- 103◦F, SpO_2- 94%

Urine- scanty with offensive smell.

Stool- Dark stools (4-5 times in a day)

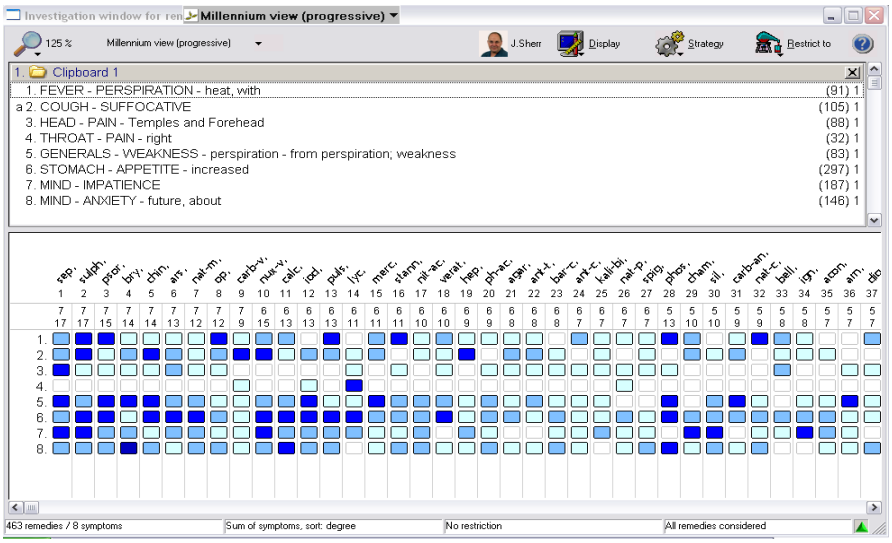
Mental general:

- Very much irritable. Easily angry when not follow his order.
- Impatient for every things.(6-7days)
- Social status: no one believed on his word. Due to this, he never stayed on his promises.
- Very much worried due to financial crisis (retired person and much responsibility for daughters' marriage and sons' education).

Totality:

1. High grade fever not relief by perspiration.
2. Cough with lodging/choking sensation in throat.
3. Frontal headache extended to temporal region.
4. Throat pain right side.
5. Excessive weakness perspiration after.
6. Ravenous hunger.
7. Impatient for every things
8. Very much worried due to financial crisis.

Repertorisation:[5]



On the basis of repertorial result, Sepia was selected for prescription.

19/04/21. Rx- *Sepia* 1M 2 dose. For 1 days.[7]

Advise: COVID-19 antigen test, Complete blood count, blood sugar, C-reactive protein, Urine(routine and microscopic), X-ray chest (digital).

Prognosis : Relief in dysponea and throat pain, no other improvement.

20/04/21-

COVID-19 antigen test- Negative.

Haemoglobin%- 12gm%, white blood cells- 11100/cu.mm, neutrophils-74%, lymphocytes- 23%, eosinophils- 03%, monocytes- 00%, basophils- 00%. Platelet count- 1.12 lakh/cu.mm, Erythrocyte sedimentation rate - 1st hour- 30 mm, 2nd hours- 60 mm. Blood sugar random- 267 mg/dl. Urine (R and M)- albumin- trace, sugar- +++, C-reactive protein- 76.87 mg/dl.

X-Ray finding- Changes Suggestive of parenchymal infiltration with multiple cyst seen in both lungs more on the left, mid and lower zone.- For further evaluation, suggested HRCT.

General examination: Blood pressure- 130/82 mmHg, Pulse- 104/mint, Respiratory rate- 24/mint, Temperature- 100◦F, SpO_2- 93-94%.

New totality of symptoms

1. High grade fever not relief by perspiration.
2. Cough with lodging/choking sensation in throat.
3. Frontal headache extended to temporal region.
4. Ravenous hunger.
5. Impatient for every things
6. Very much worried due to financial crisis.
7. Diabetes
8. Lungs cyst

Analysis and evaluation of symptoms:

S. No.	Symptoms	Analysis	Evaluation	Miasm
1	Very much worried about financial crisis.	Mental general	1st Grade	Sycosis
2	Impatient for every things.	Mental general	2nd Grade	Psora
3	Lungs cyst – lung abscess	Physical general	1st Grade	Syphilis
4	Diabetes in general	Physical general	3rd Grade	Sycosis
5	Urine sediment sugar	Physical general	2nd Grade	Sycosis
6	Cough croup in larynx	Physical general	1st Grade	Syphilis
7	Ravenous hunger	Physical general	3rd Grade	Psora
8	Pain forehead extended to temporal region	Particular	2nd Grade	Psora
9	Fever not relief after perspiration	Particular	3rd Grade	Psora

Selection of remedy:

On the basis of new repertorial analysis and therapeutic of pneumonia 'Phosphorus' selected as indicated remedy. (Reference also from theory of acute-dullness+chilly+thirsty) Dose 200 selected due to Acuteness of disease and frequent repetition required.[7,8]

20/04/21- *Phosphorus 200* repetition dose twice a day (7,8), and placebo for 4 times a day. Admitted in hospital for oxygen supplement and vital monitoring. (Under observation of qualified physician)

Date		21/04/2021	22/04/2021	23/04/2021	24.04.2021	26/04/21	29/04/2021
General condition		Relief in restlessness, fever, cough and headache.	patient as it is on previous condition	patient as it is on previous condition	patient as it is on previous condition	patient as it is on previous condition	General condition: patient condition worsen, dyspnea started and semi-consciousness
Investigation report	Haemoglobin%	Not Done	11.2gm%	Not Done	10.4gm%	10.8gm%	9.6gm%
	White blood cell		13700/Cumm		14600/Cumm	14100/Cumm	17900/Cumm
	Neutrophils		75%		60%	58%	52%
	Lymphocytes		22%		36%	38%	40%
	Eosinophils		2%		3%	2%	3%
	Basophils		1%		1%	2%	3%
	Monocytes		0%		0%	0%	0%
	Platelets count		1.10Lacs/Cumm		0.88Lacs/Cumm	0.94Lacs/Cumm	0.98Lacs/Cumm
	Blood Sugar (Fasting)		296mg/dl		357mg/dl	307mg/dl	
	Blood Sugar (PP)		362mg/dl		482mg/dl	398mg/dl	561mg/dl
	Others						
Vitals	Blood Pressure	130/80 mmHg	136/84 mmHg	130/80 mmHg	140/80 mmHg	140/90 mmHg	150/90 mmHg
	Pulse	98/mint	101/mint	104/mint	100/mint	98/mint	112/mint
	Temperature	99◦F	100◦F	99◦F	98.5◦F	98.5◦F	98.5◦F
	Respiratory Rate	24/mint	26/mint	26/mint	28/mint	28/mint	30/mint
	SpO_2	90-94%(2ltrs/hrs)	90-96%(5ltrs/hrs)	88-95%(5ltrs/hrs)	90-96%(5-7ltrs/hrs)	90-96%(5ltrs/hrs)	84-90%(8ltrs/hrs)
	Others						
Treatment		*Phosphorus 200* repetition dose BID and placebo - QID	Phosphorus 200 repetition dose BID and placebo - QID	Phosphorus 1M TID (Kent suggested, for acute cases 1 M and 10 M at 4 to 6 h interval, until improvement.)(7)	Continue	Try for re-case taking but Withdrawal of homoeopathy treatment by attendant as per advice by allopathy specialist.	
Remarks			Repeated test for COVID-19 RTPCR.	Pt sifted on Antibiotics, other supportive drugs (as per guidelines) and glucose management therapy (under treatment of allopathy specialist) with homoeopathic treatment.	Continue	Continue	Patient shifted to ICU

Discussion

After the situation the question arises once again. **(15 missing links of modern medicine)**

- Can homoeopathy work in critical states and cover up the vitality to recover the health?
- Which symptoms should be taken and used in the assessment of the critically ill patient?
- How can information be obtained from a patient who is unconscious or in an altered state of consciousness?
- What parameters should be used to evaluate response to therapeutic homoeopathy in this case?
- Is it possible to reconcile individualised homoeopathic therapy with conventional therapy?

Approach of treatment in acute and critical cases.

Hahnemann approach: In § 72 and 73 of *Organon of medicine*, Dr Hahnemann classified acute diseases by categories, emphasizing the significance of exciting causes with the ability to trigger an acute process such a ''transient explosion of latent psora''. He also referred to acute diseases caused by exiting factors, which can affect a large number of susceptible individuals in a similar way (epidemic), and acute miasms, that always return in the same form. (4)

- **Clinical approach in critical acute cases:** The acute disease is characterized by the symptoms having a rapid onset. In many cases there may not be many peculiar symptoms other than the disease symptoms to select a similimum or there may not be much time for a detailed case taking. In such cases, while taking the case, one has to give importance to the observation, objective signs or symptoms and any keynotes besides the major symptoms. Try to find the causation which would definitely help you in the prescription. Aetiology or pathological changes has formed a very important factor in the selection of homoeopathic remedy. Causation is one of the elements of symptoms, which when strong and genuine, is of much benefit in the remedial diagnosis. In the homoeopathic repertories, there are specific rubrics for specific causations. (3)
- **Use of intercurrent prescriptions**: In the introduction of "*The Theory of Chronic diseases*" first edition, 1828 Dr Hahnemann presented the method of using acute and chronic incurrent remedies. Depending on the expression in a particular individual, the respective miasm could be diagnosed and treated with an appropriate anti-miasmatic remedy so as to achieve cure or open up the concealed diseases picture that may give new clues for selection of remedy. Constitutional prescribing is also aimed at eventual cure of the patient, not just suppression or relief of immediate symptoms. (6)

Conclusion

In homoeopathy the best way of prescription is based on similia principle. But many of the times when the patient is in critical state, the various aspect need to be studied, clarified and improved in the proposed approach to homoeopathic treatment. As the known fact of modern medical science with bio-medical technique has set a standard parameter and the association may enhance the response to homoeopathic treatment with a surge of critical cases.

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PEER REVIEWED ARTICLE

A case of developed psora: cured with non anti psoric, followed by anti psoric medicine

By Dr Anaswara Dev

Background: According to Dr Samuel Hahnemann, the developed psoric disease should be treated with anti-psoric medicine.

Introduction: Homoeopathy developed about 200 years ago by the German physician Dr Samuel Hahnemann. NCD's especially mental disorder is brawling to show a cure in modern medicine. According to the '*The Chronic Diseases*' and '*Organon of Medicine*', proposed by Dr Samuel Hahnemann, the exacerbation of latent psoric stage should be treated with non-anti psoric and underlying fundamental cause should be treated with antipsoric.

Materials and method: a developed chronic aponeurotic mild Ptosis and allergic asthma, chronic pharyngitis attended at private clinic. The case has been taken in detail and analysed as per the guidelines of Dr Hahnemann and maintained as hardcopy. Diagnosis made with clinical symptoms, previous prescription, inspection, comprehensive eye examination, measuring marginal reflex distance. Homoeoquest software has been used as repertorial tool and various materia medica for comparative study.

Results: according to Dr Hahnemann, the cause of the chronic diseases is due to developed psora and the case has been treated with non anti psoric "*Opium 200C*" for the exacerbated latent psoric stage and followed with anti psoric – *Sulphur 30 C* rewarding cure.

Conclusion: Hahnemann's view was well established at the end. The case reports highlights the importance of psoric theory and it can be implied as a general rule in treating chronic diseases. The larger implication of the findings is the theory written in the 1800s is still valid in the 21st century.

Key words: psora, antipsoric medicine

Abbreviation: NCDs – non-communicable diseases, ICD - International Classification of Diseases, MRD - marginal reflex distance

Introduction

Acquired ptosis of left eyelid is recognised by the following codes ICD-10 - H02.4 - ptosis of eyelid - H02.402 as per the International Classification of Diseases (ICD) nomenclature. Ptosis is the drooping of the upper eyelid margin. It is a common cause of reversible peripheral vision loss that affects the superior visual field first and then can go on to affect central vision [1]. It can be either originated since birth (congenital) or developed over the time of his/her life (acquired). The common classification is based on aetiology – myogenic, neurogenic, aponeurotic (senile), mechanical and traumatic. Apo neurotic ptosis is a very common condition in elderly interrupting their vision functionally and cosmetically.

A community study [2] on elderly revealed forty-six (11.5%) had ptosis and its prevalence increased with age. Ptosis was bilateral in 18 (39%) and unilateral in 28 (61%) thus revealing its importance to find a cure for it. In all but four cases, the ptosis was acquired. Surgery is the common conventional treatment but sometimes with complications such as over correction or under correction with a patient dissatisfaction of around 25%. Other complications are xerophthalmia and ocular injury.

Though low in percentage of prevalence, the disruption to lead a normal life in old age needs medical interruption to get arrested. NCD's has no cure to be shown effective in modern allopathy while alternative system like homoeopathy is proving to be beneficial. This is a case of chronic disease cured by homoeopathic non-antipsoric followed by antipsoric medicine as per the observations described in Dr Hahnemann's book '*The Chronic Diseases*' [3], [4], [5] and in '*Organon of Medicine*' [6]. This case has been chosen to prove efficacy of Hahnemann's methodology in treating NCD's.

PEER REVIEWED ARTICLE

Presenting complaints

Name: Y

Age: 74 years

Sex: female

Occupation: housewife

Status: widow

1. Unilateral mild drooping of eyelids of left eye. Left canthi sticking sensation. Started 3 years back.
2. Allergic coryza since childhood – cetrizine as SOS past 20 years. Chronic pharyngitis, had to hem and hawk to get mucous with change of voice. If complaints aggravates, then asthma with slight wheezing and chest congestion and had to take antibiotics. < dust, snow, cold climate.

Medication history

History of hypertension – on tablet losar 25 mg and neurobion daily once (desire to continue it and she needs to treat only for eye drooping and allergic asthma). On tablet montair and azonate nasal spray daily once for allergy. Her sister was a ophthalmologist and advised for surgery. To avoid surgery, sought homoeopathy.

Past history of complaints in chronological order

- Infancy – vaccination
- Coryza – since childhood
- Chicken pox - 36 years
- Asthma and allergy increased - 54 years
- Hypertension –58 years
- Husband expired - 58 years
- Mental shock - 66 years
- Ptosis - 71 years.

Family History

- Father – allergy
- Elder brother – depression
- Younger brother - liver cirrhosis
- Allergy/asthma

Peculiarities of altered physiology

In general, her thirst increased with less appetite and desire for sweet. Nothing particular about urine and stool with one sided sweat on back. 1 hour sleep enough since childhood. Sensitive to heat in general.

Mind

Happy life. Contented by nature. Desire to be busy. Religious. Sensitive to criticism. Always take opinion of sister - dependent. Suppressed anger on contradiction and when in sickness by talking to self. Becomes more confident by living independently. Temperament – sanguine

Diagnosis of the case [1]

Apneurotic unilateral senile mild ptosis, allergic asthma and chronic pharyngitis.

Diagnosis: clinical symptoms, inspection – facial asymmetry as eyelids were drooped, the ridge of the left eyelid margin was not so strong like right eye, comprehensive eye examination, measuring marginal reflex distance - MRD 1 (distance from centre of pupil to margin of eyelid of eye with ptosis is compared with normal eye) [7]. Normal is 4 -5 mm; she had mild ptosis with less than 2 mm. Photographs on primary position.

Differential diagnosis: ruled out third nerve palsy, Horner's syndrome, and myasthenia gravis based on symptom gravity.

Prognosis: functional disability and aesthetic issues.

Case analysis

The strong family history points the role of ancient posra. The mental shock has triggered it further from respiratory organ to eye.

1. *'The Chronic diseases'*: advanced age, shock, daily vexation and annoyance which embitter the life can develop psora. Developed psoric symptoms – eyelids are heavy as if paralyzed, coryza, hoarseness, and asthma [8].
2. *'Organon of medicine'* (78 FN): "…in later years, after adverse events and conditions of life, they are sure to appear anew and develop the more rapidly and assume a more serious character…[9]"

Medicine should cover initially the recent grief and immediate pathology - a non-anti-psoric medicine followed with anti-psoric for childhood allergy.

Repertorisation of totality of symptoms

Rubrics from Homeoquest software [10]

- Eyelids, paralysis, drooping, ptosis, etc, upper, left – pathological symptom
- Contented – unaffected mind disposition and current mental status are same in this case.
- Sleeplessness, in general – altered physiological symptom
- Ailments from fright – causation for developing psora

Medicines

Non anti psoric	Anti posric
Opium – 9/3	*Graphites- 7/3*
Aconitum napellus – 7/2	*Sepia – 7/2*
Pulsatilla nigricans - 7/2	*Aurum metallicum – 6/3*
Gelsemium sempervirens – 7/2	*Lycopodium clavatum – 6/3*

PEER REVIEWED ARTICLE

Prescription

03.05.2019 -Prescription: Placebo

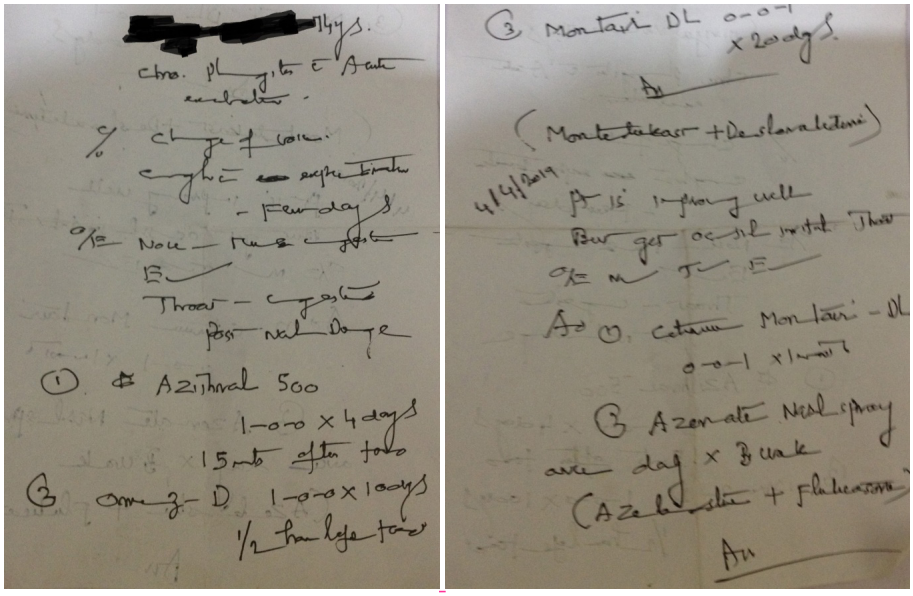
Adjuvant therapy: breathing technique in yoga to improve the vital energy.

Follow –up

Date	Follow up	Medicine prescribed	Reason
08.05.2019	• Ear feeling closed as if and dyspnoea • Dyspnoea when gas forms in stomach • Vertigo when too much gas in stomach – tablet Raxo – 20 mg once in 3 month for past 5 years. Recently added more garlic in diet. • No change in eye drooping. • Stopped montair and azonate spray: stopped as it is over and already started homoeopathic medicine. • Left upper eyebrow pain– better	***Opium 200 one dose***	Considering the psychic cause considered non antipsorics - *Opium, Aconitum napellus,* Gelsemium sempervirens and Pulsatilla nigricans. Opium scored the highest matching to her presenting complaints. Ruled out:- Aconitum *napellus*: as it is indicated more when turmoil in circulation as an anti phlogistic remedy. *Gelsemium sempervirens:* as no key symptom features of dizziness or drowsiness. *Pulsatilla nigricans:* as contented disposition markedly contradict. **Materia medica** 1. ***Kent [11]*** **-** A mental state appears in these constitutions. Fear and its results; one sided paralysis; great happiness; sleeplessness. 2. ***The Chronic diseases-*** fright, especially when the fright causes timidity, when fearfulness remains after fright.
17.06. 2019	• Left upper eyebrow pain – nil • Left upper eye lid – slightly averted back • Dyspnoea and pharyngitis better • Gastric problem better • No vertigo • Ear and nose block occasionally. • Discharge from ear. Went for eye test of cataract – No cataract but ophthalmologist prescribed latanoprost ophthalmic solution 1 drop daily suspecting pressure in eye till august 2019.	***Placebo***	Case improving

15. 06.2019	• Discharge from ear – 90% better • Pharyngitis better. • Eye- feeling like now its easy to open eyes. • Latanoprost eye drops over and stopped. • Dyspnoea when gastric problem but no vertigo • Constipation same	***Opium 200 – one dose***	Justification -Constipation and dyspnoea persist so repeated Opium.
28.08.2019	• Eye drooping – nil • Asthma – Asthalin 2 mg in night. • Constipation • Gas trouble • Throat irritation	***Sulphur 30 – one dose***	Justification – Except eye drooping, other few symptoms remained which suggests the element of inherited psora being originated from childhood. Hence need to be combated with anti psoric. Respiration difficult, constipation and sore throat were leading to Sulphur.
10.10.2019	• No complaints • Eye strength sustained • Taken antibiotics for fever without my knowledge.	***Sulphur 200 one dose***	To sustain the result if antibiotics has interfered the treatment.
05. 11.2019	• Eyes - maintaining status co. Now it is same as of right eye. The ridge of left eyelid margin gained strength similar to right eye. • No other symptoms. • Not on any medication.	***Placebo***	Saved from surgery. Case closed and not relapsed till recently.

Investigation reports



PEER REVIEWED ARTICLE

5th May 2019

17 – June 2019

5th Nov- 2019

Repertorial chart

Rubric	Intensity	op	graph	acon	gels	puls	sep	aur	lyc	verat	bor
Total		9	7	7	7	7	7	6	6	6	6
Rubrics Covered		3	3	2	2	2	2	3	3	3	2
Knerr's Repertory of Hering's Guiding Symptoms::Mind and Disposition Fear (alarm, fearfulness, fright, timidity);Ailments from (including fright)	1	4	3	4	4	3	3	3	3	3	-
Boenninghausen's Repertory (by Boger C.M.)::Sleep Sleeplessness; In general	1	3	3	3	3	4	4	2	2	2	3
Boenninghausen's Repertory (by Boger C.M.)::Mind Contented	1	2	-	-	-	-	-	1	-	-	3
Boenninghausen's Repertory (by Boger C.M.)::Eyes Eyelids; Paralysis, drooping, ptosis, etc.; Upper; Left	1	-	1	-	-	-	-	-	1	1	-

Conclusion

This case clearly pointed out the supremacy in following Hahnemann's methodology of treating chronic diseases in developed NCDs. One of the difficulties faced was incompleteness of repertories. Only exact rubrics were considered hence has to depend on several repertories to get exact simile. Classifying disease according to acute exacerbation of latent psora and later developed psora and then curing according to Dr Hahnemann's methodology is the uniqueness of the case report.

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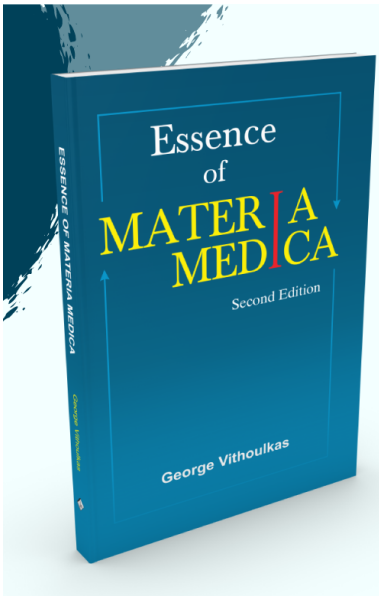

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Rare but substantial remedies for respiratory troubles

By Dr Srabani Pal, Dr Falguni Patel

Abstract: Homoeopathic materia medica contained very vast number of drugs. It includes both, polychrest as well as non-polychrest rare drugs. Polychrest drug having wide range of symptoms, so sometime over prescribed, where as rare remedies are overlooked and not even remembered or known to physician. Rare remedies can be very effective in respiratory troubles, when cases having paucity of symptoms, pathological changes, suppression of ailments or acute exacerbation of chronic complaints.

Key words: Homoeopathy, rare remedies, respiratory ailments, acute exacerbation

Abbreviation: e.g. – example, OPD – outpatient department

Introduction

The respiratory system includes not only the lungs but also the chest wall, pulmonary circulation, and central nervous system. There are three key types of respiratory system physiologic disturbances that occur in varying combinations in different lung diseases: ventilatory function, pulmonary circulation, and gas exchange.

The major classes of lung diseases include obstructive lung diseases (e.g., asthma, chronic obstructive pulmonary disease, and bronchiectasis), restrictive lung diseases (e.g., interstitial lung diseases, chest wall abnormalities, and neuromuscular diseases), and vascular abnormalities (e.g., pulmonary thromboembolism, pulmonary arterial hypertension, and pulmonary veno-occlusive disease).

COMMON RESPIRATORY DISEASES BY DIAGNOSTIC CATEGORIES

Obstructive- Asthma, bronchiectasis, chronic obstructive pulmonary disease, cystic fibrosis, bronchiolitis

Restrictive—Parenchymal- sarcoidosis, pneumoconiosis, idiopathic pulmonary fibrosis desquamative interstitial pneumonitis, drug- or radiation-induced interstitial lung disease, Asbestosis

Restrictive—Extraparenchymal- neuromuscular - diaphragmatic weakness/paralysis myasthenia gravis, guillain-barré syndrome, muscular dystrophies, cervical spine injury, amyotrophic lateral sclerosis

Chest wall/pleural disease- kyphoscoliosis, obesity, ankylosing spondylitis, chronic pleural effusions

Pulmonary vascular disease- Pulmonary embolism, pulmonary arterial hypertension

Malignancy- Bronchogenic carcinoma (small cell or non-small-cell), cancer metastatic to lung

Infectious Diseases- Pneumonia, tracheitis, bronchitis [1]

HOMOEOPATHIC APPROACH WITH RARE REMEDIES

Homoeopathic materia medica consists of medicine prepared from different sources. The pathogenetic effect of some drugs are well known to us which is known as polychrest drugs, but still full action of some drugs are not known to us and also these drugs are not frequently prescribed which is called as rare remedies. The polychrest medicines have wide range of effect where as rare medicines have very specific action on particular disease.

Some indication of rare remedies:

- When one has insufficient data to prescribe a polychrest
- When some time well proven medicines do not produced desirable results than rare remedies can be proved beneficial
- When cases of acute exacerbation of chronic problem
- When cases have paucity of symptoms
- When cases have fewer symptoms
- When medicine can be use for palliative purpose
- Rare remedies are useful especially at time many patient in OPD and not much time to take detailed history for a constitutional remedy

SOME ADVANTAGE OF PRE-SCRIBING RARE REMEDICES

We can prescribe rare remedies when case taking is not possible, even when patient unable to describe his suffering, cases where pathological symptoms are prominent, relative ask for treatment when patient is not available and when we need

quick action.

SOME DISADVANTAGE OF PRESCRIBING RARE REMEDIES

Some time rare remedies are not available in store, range of potency is not available. It might not be provide permanent cure. [2]

SOME RARE REMEDISE INDICATED FOR RESPIRATORY TROUBLES

ACALYPHA INDICA: Indicted in incipient phthisis, with hard, racking cough, bloody expectoration, arterial haemorrhage but no febrile disturbance. Cough- dry, hard, followed by haemoptysis. Worse in the morning and at night. Constant and sever pain in chest. Blood bright red and profuse in morning, dark and clotted in the afternoon. Pulse soft and compressible. Burning in pharynx, oesophagus, and stomach. Progressive emaciation. Very weak in morning, gain strength during day. Pathological haemorrhage morning aggravation. [3]

ASCLEPIAS TUBEROSA: respiration pain full, especially at the base of the left lung. Dry cough, throat constricted, cause pain in the head and abdomen. Pain in the chest, shooting downward from the left nipple. Chest pain is relived by bending forward. Intercostals spaces near the sternum, tender. Lancinating pain between shoulders. Catarrh, with frontal headache, and sticky yellow discharge. [3]

ASARUM EUROPAEUM: Indicated in nervous affections, loss of energy. Scratching on silk, linen or paper unbearable. Nervous, hacking cough, short respiration. Always feels cold. Cold shivers from any emotion. Feels as if parts were pressed together. Generally tension and contractive sensations. [3]

BADIAGA: cough, worse in the afternoon, better in arm room. *Mucus flies out of the mouth and nostrils. Whooping cough,* with thick yellow expectoration, Flies out. Hay fever, with asthmatic breathing. Pleuritic stitches in chest, neck all over. [3]

BALSAMUM PERUVIANUM: Indicated in bronchial catarrh, with copious, purulent expectoration. Bronchitis and phthisis, with muco-purulent, thick, creamy expectoration. Loud rales in chest. Very loose cough. Hectic fever and night sweats with an irritating, short cough and scanty expectoration. [3]

COPAIVA OFFICINALIS: Cough with profuse, gray, purulent expectoration. Tickling in the larynx, trachea and bronchi. Bronchial catarrh, with profuse greenish, offensive discharge (bronchitis). [3]

CORALLIUM RUBRUM: Hawking of profuse mucus. Throat very sensitive, especially to air. Profuse nasal catarrh. Inspired air feels cold. Profuse secretion of mucus, dropping through the posterior nares. Dry spasmodic, suffocative cough, very rapid cough, short, barking. Cough with great sensitiveness of air passages, feels cold on deep inspiration. Continuous hysterical cough. Feels suffocated and greatly exhausted after whooping cough. [3]

CASTANEA VESCA: Indicated in whooping cough, especially in early stage, with dry ringing violent, spasmodic cough. Generally desire for warm drinks. Very thirsty. [3]

CARDUUS MARIANUS: Indicated disease of miners. Associated with asthma. Chest- stitching pains in the lower, right ribs and front (pleurisy). Worse, moving, walking, etc. Asthmatic respiration. Pain in chest, going to the shoulder, back, loin and abdomen with an urge to maturate. [3]

CURARE: Indicated in muscular paralysis of respiratory system. Threatened paralysis of respiration on falling asleep. Short breath (emphysema). Short dry cough, provokes vomiting, followed by fainting. Chest sore to pressure. Very distressing dyspnoea. [3]

EUCALYPTUS GLOBULUS: Asthma with great dyspnoea and palpitations. Moist asthma. Expectoration of white, thick mucus. Bronchitis in the aged. Bronchorrhoea. Profuse expectoration of offensive muco-pus. Irritating cough, whooping cough in rachitic children. Foetid form of bronchitis, bronchial dilatation and emphysema. [3]

GUAIACUM: feels suffocated (asthma). Dry, tight cough. Halitosis after coughing. *Pleuritic stitches*. Pain in the articulations of the ribs, with shortness of breath till expectoration set in. Generally sensitive and aggravation from local heat. *Unclean odour from the whole body*. [3]

INULA HELENIUM: Indicated in dry cough, worse at night and lying down, larynx painful. Chronic bronchitis, cough with thick expectoration, languor and weak digestion. Stitches behind the sternum. Teasing cough with marked, free expectoration. Palliative in tubercular laryngitis. [3]

LACTUCA VIROSA: Indicated in hydrothorax and ascites. Sensation of tightness and lightness especially in chest. Difficult breathing (asthma). Suffocative breathing from dropsy of the chest. Constant tickling cough. Incessant, spasmodic cough, as if the chest would fly to pieces (bronchitis). Squeezing in

lower chest. [3]

LAUROCERASUS: Indicated cardiac patient who has spasmodic ticking cough. Lack of reaction especially in chest and heart. Generally coldness not ameliorated by warmth. Cyanosis and dyspea, worse sitting up. Patient puts hand on heart. Cough with Valvular disease. Constriction of chest, cough with copious, jelly like or bloody expectoration. Threatening paralysis of the lung. Grasping of breath, clutches the heart. [3]

MYRTUS COMMUNIS: Indicated in incipient phthisis. Chest- *stitching pain in the left breast, radiation to the shoulder blade.* Dry , hollow cough, with tickling in the chest. Worse in the morning. Sensation of burning in the left chest. [3]

MYOSOTIS SYMPHYTIFOLIA: Indicated in chronic bronchitis and phthisis. Cough with profuse muco-purulent expectoration (bronchitis), gagging and vomiting during cough, worse while or after eating. Bronchorrhoea. Pain in the left lung(lower), painful while coughing and sensitive to percussion. [3]

PIX LIQUIDA: a great medicine for cough, bronchial irritation after influenza. Chest – pain in a spot, around the third left costal cartilage where it joins the rib. Rales through the lungs, and muco-purulent sputum. Offensive odour and taste. Chronic bronchitis. [3]

PHELLANDRIUM AQUATICUM: a very good remedy for the offensive expectoration and cough in phthisis, bronchitis and emphysema. Tuberculosis generally affecting the middle lobes. Everything tastes sweet. Haemoptysis. Chest- *sticking pain in the right breast near the sternum, extending to the back, near shoulders.* Dyspnoea and continuous cough, early in the morning, cough, with profuse fetid expectoration, compels him to sit up. Hoarseness. [3]

SILPHIUM LACINIATUM: Indicated in various forms of asthma and chronic bronchitis. Cough with expectoration, profuse, stringy, frothy, light colour. Excited by sense of mucus rattling in the chest and worse by drafts of air. Constriction of lungs, catarrh, with copious, stringy, mucus discharges. Desire to hawk and scrap the throat. Irritation of posterior nares, involving the mucus membrane of nasal passages. [3]

SULFONALUM: congestion of lungs, stertorous breathing. Sighing dyspnoea. Generally profound weakness, all gone, faint feeling and despondency. [3]

SUCCINUM: Indicated in nervous and hysterical symptoms, asthma, incipient phthisis, chronic bronchitis, pain in chest, whooping cough. [3]

STROPHANTHUS HISPIDUS: Indicated in dyspnoea, especially on ascending. Lungs congested. Oedema of lungs. Bronchial and cardiac asthma. [3]

STILLINGIA SYLVATICA: indicated in dry spasmodic cough. Larynx constricted with stinging in fauces. Trachea feels sore when pressed. Hoarseness and chronic laryngeal affection in public speakers. [3]

SQUILLA MARITIMA: Indicated in bronchopneumonia. Short dry cough, must take a deep breath. Dyspnoea, stitches in the chest and painful contraction of abdominal muscles. Violent, furious, exhausting cough with profuse mucus, salty, slimy expectoration, and involuntary spurting of urine and sneezing. Cough provoke by taking deep breath AND COLD DRINKS, from exertion and change from warm to cold air. Sneezing with coughing.[4]

TEREBINTHINIAE OLEUM: indicated when having affinity for bleeding mucus membranes. Difficulty in breathing, lungs feel distended, haemoptysis. Chest-burning and tightness across the chest. Bronchitis of children with retention of urine. Bronchial asthma with profuse expectoration. [4]

TRILLIUM PENDULUM: Indicated in phthisis with purulent and copious expectoration and spitting of blood. Aching at the end of sternum. Suffocative attacks of irregular breathing with sneezing. Shooting pains through the chest. [4]

VERBASCUM THAPSUS: Indicated when inferior maxillary branch of fifth pair of cranial nerves affected and produced ear, respiratory symptoms. Cough worse at night. Asthma. Soreness in pharynx, cough during sleep. Catarrh with hoarseness and stuffed chest. Frequent attacks of deep, hollow cough with sound like a trumpet, better deep breathing. Dry, hoarse cough worse at night. Cough, nervous without waking. [4]

ZINGIBER OFFICINALE: Debilitated state of the digestive, sexual and respiratory disease. Hoarseness. Smarting below the larynx, breathing difficult. Painful respiration. Asthma, without anxiety, worse towards the morning. Asthma humid. Scratching sensation in the throat, stitches in the chest. Cough dry, hacking, copious, morning sputa. [4]

Conclusion

Every coin has two sides, so even though there is no permanent cure, we can use rare remedies for respiratory troubles. With the help of indicated rare remedies for respiratory troubles like acute and chronic bronchitis, asthma, pneumonia, fibrosis and many more are rapidly give relief to patient. Rare remedies are beneficial in respiratory troubles, where fewer symptoms, paucity of symptoms and polychrest failed to produce desirable effect. Rare remedies also help to control acute exacerbation of chronic disease. Using rare remedies along with polychrest remedies enhance the scope of homoeopathic field over the disease. Indicated rare remedies not only give relief to patient in acute phase of respiratory troubles, but also reduce the suffering of patient and give strength to fight with chronic disease.

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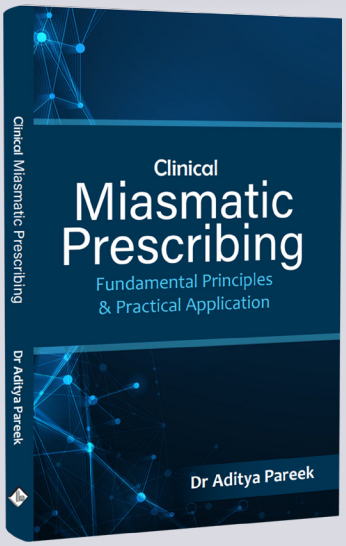
Clinical
Miasmatic Prescribing
Dr Aditya Pareek



- The author has shared his practical experience on miasms and how to clinically apply the different miasms in practise.
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- In the 2nd considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
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Homoeopathic management of complication of upper respiratory tract infection: a case report on peritonsillar abscess

By Dr Yogesh Dhondiraj Niturkar

Abstract: Case reports are necessary besides other types of evidences to convince practitioners about the specific type of action of homoeopathic medicine in a particular disease. In evidence based medicine, guidelines act as an essential tool for reducing healthcare variations and improving patient outcomes. Case documentation, as per the HOM CASE CARE and follow up assessment by MONARCH guidelines improves standardisation of homoeopathic practice. This case report demonstrates the approach for evaluation of effectiveness of homoeopathic medicine *Mercurius solubilis* as an example in the management of complication of upper respiratory tract infection acute peritonsillar abscess.

Keywords: Case report, HOM CASE CARE, causal relation, *Mercurius solubilis*, MONARCH, peritonsillar abscess

Abbreviations: IL – HOM CASE CARE: homoeopathic case reports, ICD: International classification of diseases, MONARCH: modified naranjo criteria for homoeopathy, QOL: quality of life, AGG: aggravation, QDS – four times a day

Introduction

Sore throat is one of the commonest presentations of upper respiratory illnesses in general practise. [1] Based upon the location, sore throat can be classified into 3 types i.e. pharyngitis, tonsillitis and laryngitis. The common predisposing exogenous factor for sore throat is ingestion of cold drinks or food, may directly cause infection.[2] Symptoms of throat pain, hoarseness, fever and pain while swallowing and talking are the predominant features that affect the quality of life of an individual. Though the aetiology of sore throat is predominantly viral still antibiotics are prescribed. [3] It is recommended to reduce the administration of antibiotics as a way to limit bacterial resistance. [4] Quality of life in patients with acute pharyngitis or tonsillitis is both statistically and clinically lower than healthy individuals therefore available therapeutic options are aimed to increase QOL of the patients other than eradicating the causative agents and producing clinical cure. [5]

The most common suppurative complication of sore throat is peritonsillar abscess (quinsy). It occurs when a collection of pus forms and infection spreads beyond the tonsils. Conventional medicine recommends abscess tonsillectomy for quinsy. [6] In view of avoiding antibiotics and surgical intervention further exploration of alternative treatments are indicated [7] for rapid, gentle and permanent cure as stated in the homoeopathic concept of ideal cure[8]. Multi resistant organisms are proliferating hence appropriate alternative treatment of such acute conditions are needed. It has been observed in multiple research studies that homoeopathy offers a viable alternative therapeutic solution for acute upper respiratory tract infections and its complications. It is the need of hour to study how such homoeopathic intervention might take place in common acute conditions. [9]

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 causal 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. [10] In this context we need to strengthen the reporting of case records with the help of tools like MONARCH to attribute the likelihood of causal relationship that are in tune with the homoeopathic principles. [11] Observational studies will give more realistic picture of the effects of therapeutic interventions and it will enlarge the sphere of homoeopathy. [12] It has been observed that promoting physicians

to use checklists improves process of care and the clinical outcomes [13].

Presenting complaints:

A 36-year-old male, businessman, came with the complaints of swelling ++ at right side of the neck since yesterday (02/12/2020). There was severe throat pain+++. It was aggravated while swallowing++ liquid or solid food. Due to pain patient was having difficulty++ while talking. There was no fever or hoarseness of voice. Rest of the generals were normal. In the past, patient had never suffered from these complaints and there was no significant medical past history.

On examination: Temperature was 99.2^0 F, pulse was 84/min, systemic examination was normal, local examination of right side of neck at carotid triangle had external swelling and tonsils were inflamed+++, congested+++ with multiple pus pockets+++ (suppuration). Anterior and medial presentation of peritonsillar abscess was observed **(Figure 3).** There was marked salivation+++ which was confirmed from the patient.

The clinical condition was revealed to patient and he gave input about eating cold ice cake in a birthday party on 01/12/2020. After eating cold cake on the next day he had developed the present complaints. There is no history of any other medication.

Figure 3: Baseline presentation

Case analysis:

Table 1: Symptom analysis and evaluation

Location	Sensation and pathology	Modality	Concomitant
Respiratory System	Pain	A/f cold food	
Throat (Pharynx)	Inflammation: Internal+++ and external++	< talking++	
Glands	Congestion+++	< swallowing++	
Tonsil	Suppuration+++		
Right Side	Salivation+++		

- **Diagnostic assessment:** Right sided peritonsillar abscess (ICD 10: J36) [4]
- **Classification of disease:** Acute → Sudden onset → Day 2 of symptom development→ Rapid progression of pathology (inflammation, congestion and suppuration)

Symptom analysis and evaluation: Analysis and evaluation of symptoms was done in view of understanding the location, sensation, pathology, causative and pathognomic aggravating modalities.

Table 2: Symptom classification

Totality of Symptoms	Rubric	Classification
A/F Eating Cold food (Ice Cake)	Generals- Food and drinks-cold food- agg. (103)	Characteristic, Physical General, Causative Modality
Throat pain < Swallowing	Throat- Pain- swallowing agg. (280)	Particular, General, Common, Pathognomic, Subjective Symptom
Throat pain < Talking	Throat- Pain- talking- agg. (43)	Particular, General, Common, Pathognomic, Subjective Symptom
Swelling in throat with Salivation	Throat- Inflammation- accompanied by-salivation (2)	Particular, Pathognomic, Objective Symptom
Tonsils suppurated	Throat- Suppuration- Tonsils (59)	Particular, Pathognomic, Objective Symptom
Swelling at external throat	External Throat- Swelling (206)	Particular, Pathognomic, Subjective and Objective Symptom

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- **Prognosis:** Favorable
- **Repertorisation:** Repertorisa-tion of case was done through Synthesis repertory [15] and the rubrics were taken as follows:

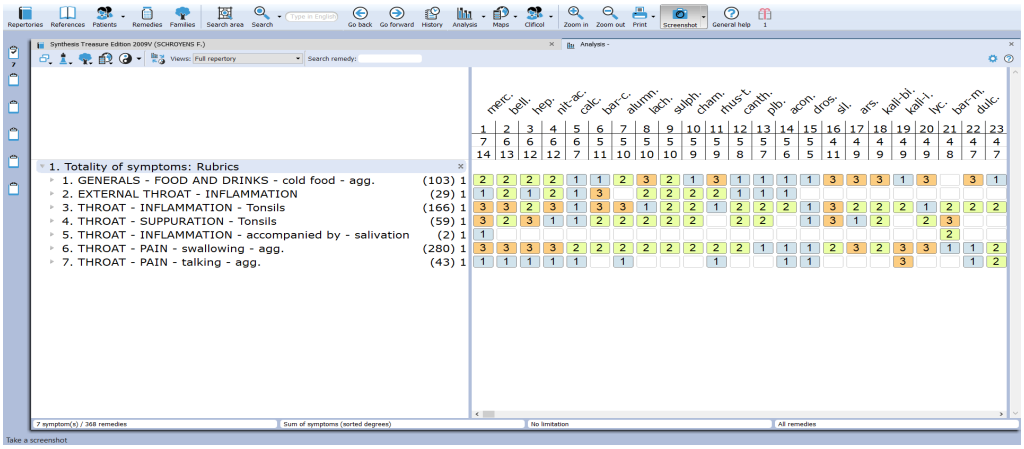

Fig 1: Repertorszation chart

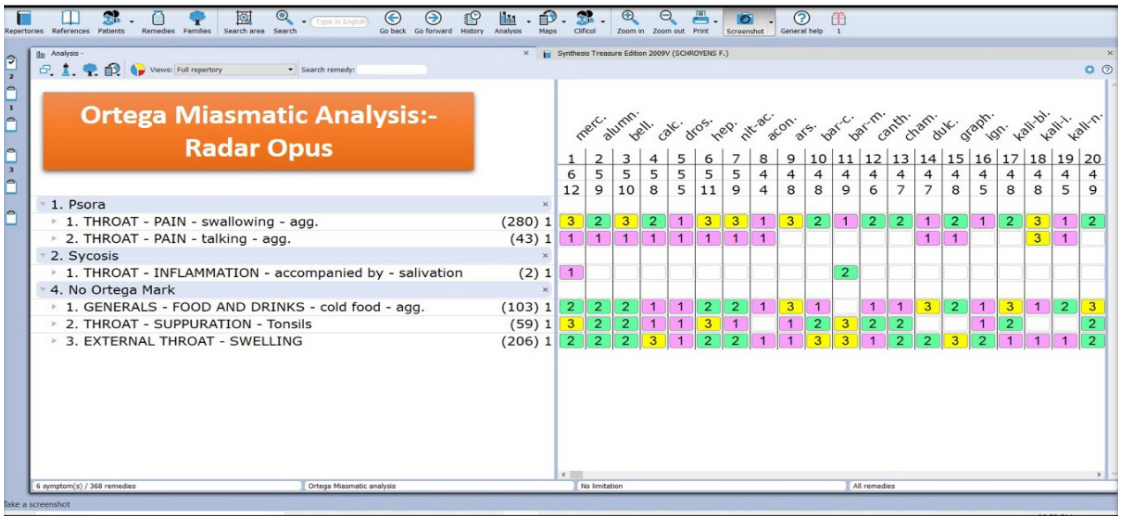

Fig 2: Miasmatic analysis

Final selection of the remedy: *Mercurius solubilis* 1 M 3 pills qds x 3 days **(Refer discussion)**

Table 3: Assessment criteria

S. No.	Components of throat complaints	Grades			
		0	1	2	3
1.	Pain	Absent	Mild	Moderate	Severe
2.	Aggravation by swallowing	Absent	Mild	Moderate	Severe
3.	Aggravation by talking	Absent	Mild	Moderate	Severe
4.	Peritonsillar swelling	Absent	Mild	Moderate	Severe
5.	Congestion	Absent	Mild	Moderate	Severe
6.	Suppuration	Absent	Mild	Moderate	Severe
7.	Fever	Absent	Mild	Moderate	Severe

Table 4: Follow up and outcomes

Follow up	Pain	Agg swallowing	Agg Talking	Peritonsillar swelling	Congestion	Suppuration	Fever	Total Score	Intervention	Justification
Baseline	3	3	3	3	3	3	1	15	*Mercurius solubilis* 1M 3 pills QDS x 3 days	Based upon totality of symptoms.[16]
Day 3	1	1	0	2	1	2	0	07	*Mercurius solubilis* 1M 3 pills QDS x 2 days	Registration of medicine with subjective and objective amelioration.[17]
Day 5	0	0	0	0	0	0	0	0	No prescription	Cure

Fig 4: Day 5 after homoeopathic intervention

Table 5: Assessment by MONARCH inventory (improved version of the modified naranjo Criteria for homoeopathy

S. 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	-

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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	-	-
06	a. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
	b. 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?			0*

*After cure of the condition; there was no repetition of dose.

Total score = 08

Discussion

In this case study, acute case taking was done as per the need of the case. Documentation was done as per the HOM- CASE CARE guidelines version 2013 updated 2016. The signs and symptoms were noted in the line of presenting complaints. Symptom analysis was done in the view of understanding the location, sensation, pathology, causative and pathognomic aggravating modalities **(Table 1).** Symptom classification was done for understanding the quality of symptoms and the individualistic response in the acute stage of disease **(Table 2).** Repertorisation of case was done through Synthesis treasure 9.0 version from RADAR 2.1.11 software. After repertorisation, *Mercurius solubilis (14/7), Belladonna (13/6) and Hepar sulphuricum (12/6)* were the closely coming remedies **(Figure 1).** But rubric throat inflammation accompanied by salivation is only covered by 2 remedies namely merc sol (14/7) and bar mur (8/4). As per the materia medica study, Merc sol affects the whole system penetrating every organ and tissue. In lymphatic system it covers the pathology of paralysis, congestion, inflammation and ulcer. It is a glandular remedy and no drug prevents suppuration as certainly as mercury, in acute and sub-acute form. [18] In general affections of the mouth and fauces especially right sided. [19] Therefore, on the basis of materia medica study, *Mercurius solubilis* was selected as the remedy of choice amongst other closely coming remedies.

As per the totality of symptoms, Ortega miasmatic analysis from RADAR 2.1.11 software was done. Analysis showed predominant features of psora and sycosis **(Figure 2).** Assessment criteria was made under 7 components of throat complaints with gradation from 0 to 4 i.e. 0 = absent, 1 = mild, 2 = moderate and 3 = severe **(Table 3).** Susceptibility was considered high based upon the rapid progression of disease and the high intensity of symptoms.

Baseline and day 3 treatment was done with single medicine *Mercurius solubilis* 1 M four times in a day. Follow-up of case was done till 5 days. Patient was under regular follow up with proper compliance

to homoeopathic treatment. During the treatment, it was observed that there is registration of medicine with subjective and objective amelioration in baseline symptoms. The same medicine was repeated in same potency and repetition strategy **(Table 4)** which led to the ultimate cure of peritonsillar abscess **(Fig 4).**

The total score as per the MONARCH [20] was 08 in this case **(Table 5)**. This explicitly shows the casual attribution between homoeopathic intervention and the clinical outcome which has been confirmed by the reduction in the components of throat complaints and further it avoided medical and surgical intervention. Patient was advised to avoid cold food/ drinks, oily and sour food. This case report suggests and encourages further need of larger well designed studies to estimate the effectiveness of homoeopathic medicines in general and *Mercurius solubilis*, in particular, for its clinical indication in suppurative diseases.

Such type of evidence informed homoeopathic practice will support quality improvement initiatives with reduced healthcare variations, better patient outcomes and identification of key areas of research needed for enabling Homoeopathic practitioners and policy makers for defining best practices.

Conclusion

The case report has showed positive results with *Mercurius solubilis* in the treatment of peritonsillar abscess. Selection of the indicated remedy on the basis of fundamental principles of homoeopathy can result into ideal cure. Individualised homoeopathic medicine within a short period of time can inhibit the further progression of disease and it can also avoid medical and surgical intervention. The outcome of this case will improve knowledge of the clinicians, which will benefit patients suffering from peritonsillar abscess, particularly to those who want to avoid the risk of surgical interventions. Case recording as per the HOM CASE CARE guidelines and assessment by MONARCH are the valid tools for improving quality of homoeopathic case reporting and for establishing causal relationship between homoeopathic intervention and the clinical outcome. However, a prospective research study with randomised control trial study design with larger sample size is suggested for scientific validation as this was a single case report which by no means conclusive.

Patient's consent

Not required as patient's identity is concealed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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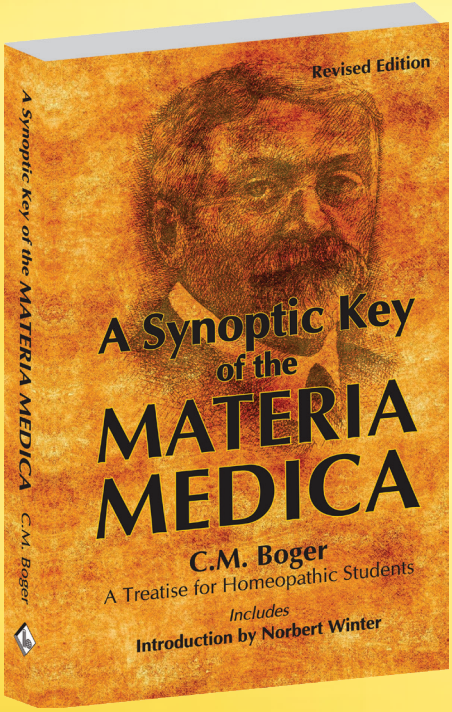
A Synoptic Key of the Materia Medica

C. M. Boger



- This book can be considered as a key to homeopathic materia medica. It is a wonderful book for bed-side prescription as well as for quick revision.
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Role of *Bacillinum* in treatment of tinea corporis – an evidence based case report

By Dr Sonia Tuteja, Dr Mehak

Abstract: Tinea corporis is a fungal infection of glabrous skin, except palms, soles and groins. These are annular/ arcuate lesions with relatively clearing in the center and an active periphery. An 11 year boy with tinea corporis on right axilla reported for homoeopathy treatment. *Bacillinum* 1m was prescribed as an antimiasmatic medicine followed by *Bacillinum* 10m with complete recovery from symptoms. The case report with photographic evidence shows the effectiveness of *Bacillinum* in case of tinea corporis.

Keywords: homoeopathy, ringworm, *Bacillinum*, tinea corporis

Introduction

Tinea is a dermophytic fungal infection. A typical lesion of tinea is an annular or arcuate plaque which spreads centrifugally. The edge is active, showing papulo-vesiculation, postulation, scaling, while the center is usually relatively clear. The diagnosis is done on the basis of morphology of typical lesion.[1] Conventional treatment includes topical agents like azole derivatives, allyl amines and related compounds etc.

Patient's history –

Name –y, Age -11 years, occupation-student

History of present complaints- Patient reported for itching in axilla with some eruption since 20 days, which is aggravated by profuse sweating.

Past history- Recurrent history of allergic to cold since childhood.

History of pityriasis alba- at age of 8 years.

History of typhoid- 2 years back.

Family history- Father- diabetes, tuberculosis

Paternal grand father- carcinoma?

Paternal grand mother- high blood pressure.

Physical peculiarities - Child has great desire for spicy food^{+4}, profuse sweat on forehead^{+2}, thermally patient is chilly^{+2}.

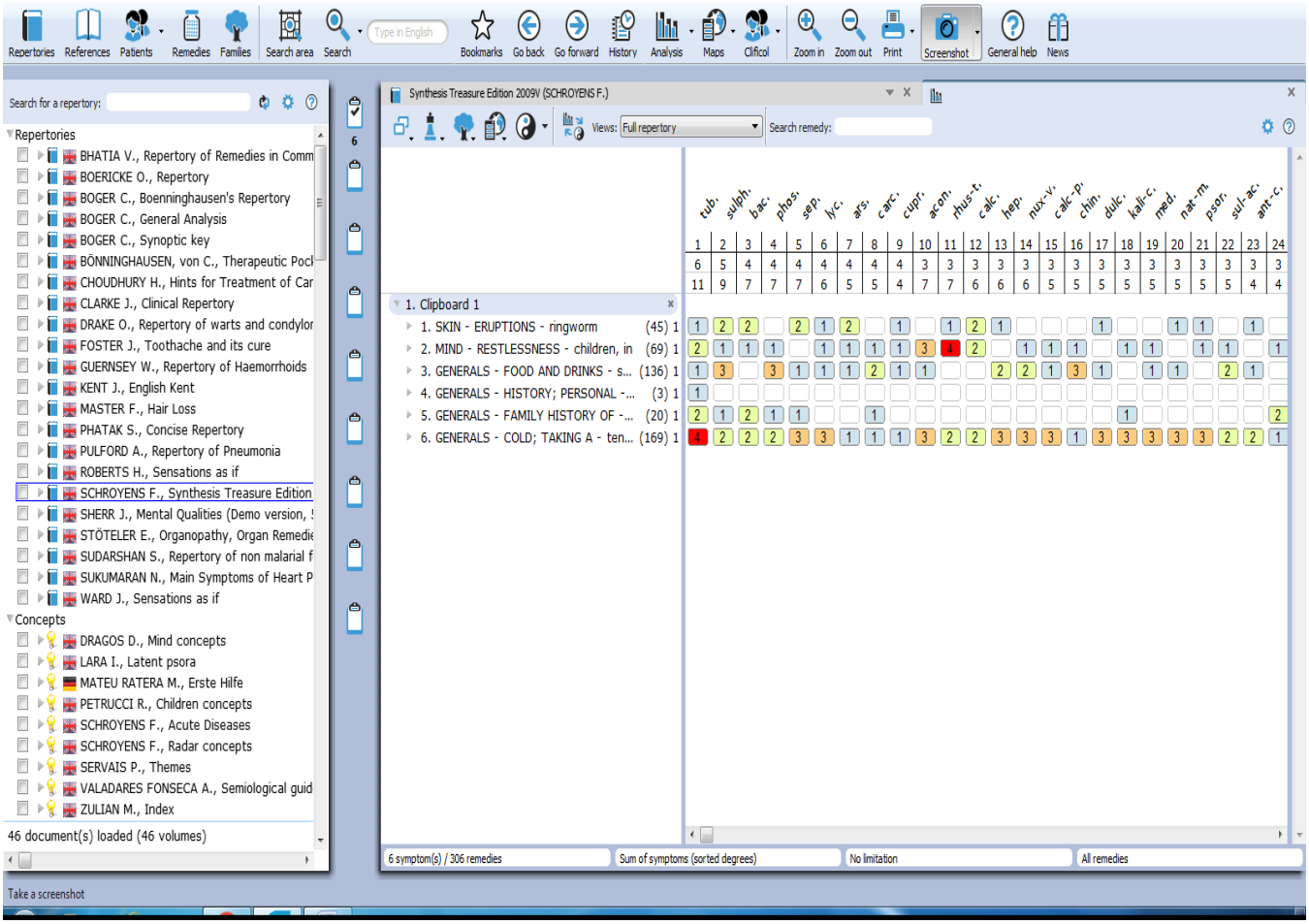
Mentals- He is very restless^{+4}, genius, very active^{+4} and participates in all activities

Physician's observation – Restlessness was very marked, child was very brainy and quick to answer, and height was short.

Diagnosis - The diagnosis is done on the basis of morphology of typical lesion. A typical lesion of tinea is an annular or arcuate plaque which spreads centrifugally. The edge is active, showing papulovesiculation, postulation, scaling, while the center is usually relatively clear.[1]

Case analysis and Evaluation [2] -

Symptoms	Classification	Common/uncommon	Intensity	Miasmatic analysis
Restlessness	Mental general	Characteristic	++++	Psora,syphilitic ,tubercular
Active	Mental general	Characteristic	++++	Psora,syphilitic ,tubercular
Intelligent	Mental general	Characteristic	++++	Psora,syphilitic ,tubercular
Desire -spicy	Physical general	Characteristic	++++	Psora,sycotic,tubercular
Sweat profuse	Physical general	Characteristic	++	Sycotic,syphilitic,tubercular
Tinea corporis	Particular	Common	+++	Sycotic,syphilitic
Height short	Physical general	Characteristic	++	Sycotic



It was very clear that child has typical presentation of remedy *Tuberculinum*, restlessness of patient, susceptibility towards allergic to cold and family history all indicates tubercular miasm.[3] Repertorisation was done using synthesis repertory.[4]

Reason for selection -In this case, *Tuberculinum* was very close to *Bacillinum* but on the basis of short height, history of typhoid, history of pityrisisis alba, *Bacillinum* was given, as *Bacillinum is more sycotic than Tuberculinum.* Potency 1M was chosen as nosodes work wonderful in higher potencies.[2]

Final selection of remedy – *Bacillinum 1M*/ 1 dose.

Homoeopathic literature- Dr Burnett has shown that ringworm of the scalp and pityriasis versicolor on the body are indications of tubercular diathesis and they respond to this remedy.[4] Antimiasmatic remedy is useful in treatment of cases where they are activated or when gets stalled in case and there is miasm present. A family history of certain disease pattern helps to confirm, the presence of an active or dormant miasm.[5]

	PRESCRITION	JUSTIFICATION
10/7/2020	*Bacillinum 1M* stat Placebo for 15 days	Shape of lesion, tubercular family history Acc.to mental general and past history of pityriasis alba and on the basis of repertorization.
25/7/2020	Placebo for 15 days	Itching ameliorated, no change in size of lesion.
12/8/2020	*Bacillinum1M* stat Placebo for 15 days	As there was no further improvement medicine was repeated.[2]

30/8/2020	*Bacillinum 10M* stat Placebo for 15 days	Potency was increased as case came to stand still.[2]
15/9/2020	Placebo for 15 days	No itching present, size of eruptions reduced.
30/9/2020	Placebo for 15 days	Completely resolved.

Before treatment

After treatment

[Declaration of patients consent – a written consent was given by the parents of child for sharing images to the journal.]

Conclusion

In the case presented here, the antimiasmatic remedy was given to the patient with complete disappearance of symptoms. It also confirms the usefulness of nosodes as anti miasmatic medicines and validates our literature.

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■■■

Role of homoeopathy in hypothyroidism

By Dr Shweta Tiwari

Abstract: Hypothyroidism or underactive thyroid is a common clinical condition characterized by less production of thyroid hormones by thyroid gland due to various causes. Thyroid hormones are very essential for many physiological functions of the body and its deficiency leads to many health-related problems ranging from asymptomatic disease to myxoedema coma. This article reviews various causes of hypothyroidism, its clinical presentation, investigations required and role of homoeopathy in hypothyroidism.

Keywords: Hypothyroidism, triiodothyronine, thyroxine, primary hypothyroidism, secondary hypothyroidism, myxoedema, levothyroxine

Abbreviations: triiodothyronine (T_3), thyroxin (T_4), thyroid releasing hormone (TRH), thyroid releasing hormone (TRH), example (e.g.)

Introduction

Thyroid glands are butterfly shaped glands in the neck. It produces three hormones namely, triiodothyronine (T_3), thyroxin (T_4) and calcitonin. Out of these hormones, T_3 and T_4 are main thyroid hormones, deficiency of which causes hypothyroidism whereas calcitonin is involved in calcium metabolism. Thyroid hormones play a vital role in regulating the body's metabolic rate. The thyroid hormones impart its effects on almost every cell of the body including the functioning of the digestive system, Heart, brain, reproductive system, muscles, bones, etc. The secretion of thyroid hormone is regulated by thyroid releasing hormone (TRH) from hypothalamus and thyroid stimulating hormone (TSH) from anterior pituitary gland.

Hypothyroidism refers to less production of thyroid hormones. It is a common clinical condition affecting women six times more frequently than man. Hypothyroidism can occur either due to some causes related to thyroid gland itself or due to pathologies involving pituitary gland and hypothalamus.

Prevalence [1]

Around 12-13% of population worldwide are suffering from abnormal thyroid functions, and around 2% of population suffer from hypothyroidism.

Women are six time more prone to have hypothyroidism than men. Though it affects middle aged or older people, it may affect infants as well as children.

Causes of hypothyroidism [2]: can be classified into three types:

A. **Primary hypothyroidism**: Hypothyroidism due to causes related to thyroid gland itself. Causes of primary hypothyroidism are:

1. Autoimmune: Hashimoto's thyroiditis
2. Spontaneous atrophic hypothyroidism
3. Grave's disease with TSH receptor antibodies
4. Iatrogenic: Radioactive iodine ablation
5. Thyroidectomy
6. Drugs – Carbimazole, methimazole, Lithium, Amiodaron
7. Transient thyroiditis: Subacute (de Quervain's) thyroiditis, Post- partum thyroiditis
8. Congenital:Dyshormonogenesis
9. Thyroid aplasia
10. Infiltrative: Amyloidosis, Reidel's thyroiditis, sarcoidosis, etc.

B. **Iodine deficiency**, e.g. in mountainous region

C. **Secondary hypothyroidism**: hypothyroidism due to pathologies involving pituitary gland and hypothalamus causing TSH deficiency, e.g. Pituitary adenoma.

Clinical features [2]:

Hypothyroidism usually develops very slowly over years, hence in early stage of disease most of the cases remain asymptomatic and hence remain undiagnosed. Hypothyroidism has many symptoms ranging from asymptomatic disease or very vague symptoms to myxoedema coma. Clinical features of hypothyroidism vary from person to person.

Following are important sign and symptoms of Hypothyroidism:

Common symptoms:

- Weight gain
- Cold intolerance
- Fatigue
- Dry skin
- Dry hair
- Menorrhagia

Less common symptoms

- Constipation
- Hoarseness
- Carpal tunnel syndrome
- Alopecia
- Aches and pains
- Muscle stiffness
- Deafness
- Depression
- Infertility

Signs

- Anaemia
- Carotenaemia
- Periorbital oedema, malar rash, purplish lips
- Bradycardia, hypertension
- Delayed relaxation of reflexes
- Goitre

Rare symptoms:

- Psychosis (myxoedema madness)
- Galactorrhoea
- Impotence

Signs

- Ileus, ascites
- Pericardial and pleural effusion
- Cerebellar ataxia
- Myotonia

Investigations and diagnosis:

For diagnosis of hypothyroidism, serum TSH levels are usually checked.

In subclinical hypothyroidism, TSH levels are elevated, and free T4 levels are normal

In primary hypothyroidism, serum T_4 is low and TSH is elevated.

In secondary hypothyroidism of pituitary or hypothalamic origin, TSH produced can be biologically inactive and can affect the levels of bioactive TSH, hence the diagnosis of secondary hypothyroidism should be based on free T4 rather than TSH.

For diagnosis of autoimmune thyroid disease, levels of anti-thyroid antibodies such as thyroid peroxidase antibodies should be investigated.

Prognosis [3]: If left untreated, hypothyroidism may have a risk of high morbidity and mortality. It can eventually lead to coma or even death. In children failure to treat hypothyroidism can result in severe mental retardation. A leading cause of death in adult is heart failure. With treatment, most patients have good prognosis.

Complications [4]: Hypothyroidism can contribute to high cholesterol. Rarely, severe untreated hypothyroidism may lead to myxoedema coma, an extreme form of hypothyroidism in which the body's function slow to a life – threatening point. Myxoedema coma requires immediate medical treatment.

Management: As in hypothyroidism there is less production of thyroid hormones, administration of synthetic thyroid hormones from outside can be one way to manage hypothyroidism. This is the conventional method of treating hypothyroidism. In this method patient has to administer Levothyroxine throughout his life.

And there is one another way, in which thyroid gland is stimulated to secrete adequate thyroid hormones naturally by medicines. This is where the homoeopathy can play an important role.in homoeopathy, individualized homoeopathic medicines are used to stimulated thyroid gland so that it can secrete its hormones naturally.

The individualised homoeopathic treatment is based on the study of the patient's sign and symptoms, the duration of illness, extent of disease, cause, genetic pattern, past history, physical generals and mental generals of the patient and other factors which causes or maintain the disease.

The homoeopathic treatment is effective only if the thyroid gland has some inherent capacity to get activated.

Commonly prescribed homoeopathic medicines with their indications [5,6]

Although homoeopathic medicines are selected after individualised case study, following medicines are commonly prescribed in case of hypothyroidism:

Baryta carbonicum: Scrofulous, dwarfish children who do not grow. Person takes cold easily. Memory deficient, forgetful, inattentive, threatened idiocy, swelling and induration of glands. Scanty menses, constipation, hoarseness, hypertension.

Calcarea carbonicum: action on glands. Pituitary and thyroid dysfunction. Increased local and general perspiration, scrofulous and rachitic condition. Great sensitiveness to cold. Apprehensive, worse towards evening, fears loss of reason, misfortune. Forgetful and confused. Children craves eggs, eat dirt and other indigestible things. Calcarea patient is fair, fat, flabby, perspiring, cold, damp and sour. Feels better when constipated.

Kalium carbonicum: it is especially indicated in fleshy, fat, light complexion people subjected to catarrhal or with syphilitic or

scrofulous history. Symptoms are worse in morning. Aches and pains. Pain migrate quickly. Hoarseness. Weakness after labour, abortion and metrorrhagia. Anaemia. Bag like swelling between the upper eyelids and eyebrows. Great aversion to being alone. Constipation

Thyroidinum: Myxoedema and cretinism. Marked sensitiveness to cold. Hypothyroidism after acute disease. Weakness, easy fatigue, weak pulse, low blood pressure. Chilliness. Skin dry and impoverished.

Natrum muraticum: thyroid function disturbances due to prolonged intake of excessive salt causing anaemia, leukocytosis. Great weakness and weariness. Depressed. Consolation aggravates. Ill effects of grief, fright and anger. Menses irregular. Constipation.

Sepia: more pronounce effect on women with weakness, yellow complexion and bearing down sensation. Indifference to loved ones. Feels cold even in a warm room. Menstrual irregularities. palpitations. constipation.

Silicea terra: action on glands. Scrofulous, rachitic children. Complaints caused by bad effects of vaccination or suppressed foot sweat. Cold intolerance. Great weakness or debility. Mental labour difficult. Offensive perspiration. Constipation.

Other medicines: *Iodum, Spongia tosta, Aethusa cynapium, Calcarea phosphoricum.*

Conclusion

Homoeopathy has a vital role in treatment of hypothyroidism. With homoeopathic treatment, hypothyroidism can be cured permanently.

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Role of homoeopathy in respiratory diseases

By Dr Biswajit Bera, Dr Reshmita Ghosh

Abstract: Respiratory infections are very common now a days either acute or chronic. These infections are the major cause of morbidity and mortality, throughout the world. Patients of extreme age of life or with pre-existing lung disorders or immune suppression, etc. are at particular risk. From the beginning of the pandemic, COVID'19 caused by SARS coV-2, is one of the leading causes of morbidity and mortality and a threat to our population and always arises questions towards our health system and quality of life. Homoeopathy, itself has a significant role of treating the various types of respiratory disorders unless and until too much complicated, with the help of individualized homoeopathic medicines following the principles of homoeopathic philosophy. This article tries to help the homoeopathic physician to manage the patients of respiratory disorders in a better way.

Keywords: Respiratory infections, Morbidity, Mortality, COVID'19, SARScoV-2, Quality of life, Homoeopathy, Individualized medicine, Homoeopathic philosophy.

Abbreviations: Acute lower respiratory infections (ALRI); Upper respiratory tract infection (URTI); Lower respiratory tract infection (LRTI); Respiratory syncytial virus (RSV); Chronic obstructive pulmonary diseases (COPD), coronavirus disease 2019 (COVID'19), severe acute respiratory syndrome (SARS)

Introduction

ALRI among children in rural India is high and RSV is a significant contributor. ALRI are the largest and single infectious cause of death among children worldwide, with 1-2 million under five deaths and 12 million hospitalizations globally. In India, 17% of all deaths in children < 5 years old are due to pneumonia.[1] According to post neonatal mortality estimates, LRTI causes 20% of death with RSV and influenza virus being the most common about 9.5%.[2]

Discussion

Types

Respiratory infections are of two types according to their location- URTI and LRTI (below the level of larynx). URTI includes acute coryza (common cold), acute laryngitis, acute laryngo-tracheobronchitis (croup), acute epiglottitis, acute bronchitis and tracheitis, influenza. lrti mainly include infections (pneumonia, bronchitis, tracheitis, etc.); chronic obstructive pulmonary diseases; restrictive pulmonary diseases (parenchymal, pleural or neuromuscular); pulmonary vascular diseases and malignancy.[3]

AETIOLOGICAL FACTORS:

- Viruses are the most common causes of upper respiratory illnesses.[3]

Table 1: Predominant viruses in respiratory infections[1]

Virus	Varieties: types, serotypes, genotypes and others
Rhinovirus	Species A,B and C: > 101 serotypes
Corona virus	Alpha: 229E, NL63; Beta: OC43, HKU1, SARS, MERS, SARScoV-2
RSV	A and B groups; genotypes and lineage
Metapneumovirus	A and B groups; genotypes
Adenovirus	55 serotypes
Influenza	Types A, B and C; subtypes AH1-3, N1-2; several strains
Parainfluenza	4 serotypes
Others	Hanta virus, enterovirus, measles, chicken pox, cytomegalovirus

- Bacteria are responsible for the hospital and community acquired pneumonia in adults and also Chlamydia, Coxiella and Mycoplasma are less common causes of severe pneumonia. Infections by Mycobacterium tuberculosis, Atypical mycobacteria and Fungi results in chronic diseases of respiratory system.[3]

Table 2: Categories of respiratory diseases[4]

Category	Examples
Obstructive lung diseases	Asthma Chronic obstructive pulmonary diseases (COPD) Bronchiectasis Bronchiolitis
Restrictive pathophysiology- Parenchymal diseases	Idiopathic pulmonary fibrosis (IPF) Asbestosis Desquamative interstitial pneumonitis (DIP) Sarcoidosis
Restrictive pathophysiology- Neuromuscular weakness	Amyotrophic lateral sclerosis(ALS) G B Syndrome
Restrictive pathophysiology- Chest wall /pleural diseases	Kyphoscoliosis Ankylosing spondylitis Chronic pleural effusions
Pulmonary vascular diseases	Pulmonary embolism Pulmonary arterial hypertension (PAH)
Malignancy	Bronchogenic carcinoma (non-small cell and small cell) Metastatic disease
Infectious diseases	Pneumonia Bronchitis Tracheitis

PREDISPOSING FACTORS:[5]

Past history: Tuberculosis, any allergic illness-specially naso-bronchial illness, childhood illness-measles, tuberculosis, whooping cough, exposure to STD, occupation in cold mines, asbestos mines, silica factory, cotton dust, etc. Chest injury. Any H/o unconsciousness which predisposes aspiration and lung abscess.

Family history: Tuberculosis, bronchial asthma, allergic illness, eczema, emphysema.

Personal history: Smoking, substance abuse, contacts with pets or exposure to allergens.

Treatment history: Anti tuberculous drugs, corticosteroids, immunosuppressants, bronchodilators or cytotoxic drugs.

CLINICAL PRESENTATIONS: [3,4,5]

1. Coryza, sneezing, obstruction of nose, sore throat, hoarseness, stridor, breathlessness, pyrexia associated with generalised aches and pains etc. (common cold, acute laryngitis, croup, acute epiglottitis, acute bronchiolitis and tracheitis, influenza, etc.)
2. Cough (pulmonary tuberculosis, bronchiectasis, lung abscess, lobar pneumonia, heavy smoker or bronchogenic carcinoma).
3. Expectoration or sputum production (bronchiectasis, lung abscess, resolution stage of pneumonia, chronic bronchitis).
4. Haemoptysis (tuberculosis, bronchiectasis, lung abscess, pneumonia, bronchogenic carcinoma).
5. Chest pain (pleurisy, spontaneous pneumothorax, acute tracheobronchitis, Ppulmonary thromboembolism).
6. Breathlessness or dyspnoea (bronchial asthma, COPD, consolidation, pneumothorax, pleural effusion, fibrosing alveolitis, ARDS).
7. Wheezing or stridor (bronchial asthma or COPD for wheezing, and laryngeal oedema or aspiration of foreign body for stridor).
8. Others:
   a. Heaviness in the chest (in pleural effusion, pneumothorax or hydropneumothorax, the affected side of chest feels heavy).

b. Fever(tuberculosis,pleurisy, lung abscess, pneumonic consolidation, and lower respiratory tract infection/ LRTI).

c. Hoarseness of voice (laryngitis, diphtheria, angioedema, vocal abuse and especially, due to recurrent laryngeal nerve palsy from bronchogenic carcinoma).

d. Loss of weight and/or loss of appetite (tuberculosis, lymphoma or bronchogenic carcinoma) or night sweats (tuberculosis or lymphoma).

e. Swelling of feet or oedema (in chronic cor pulmonale, e.g., right ventricular failure from COPD).

EXAMINATION OF RESPIRATORY SYSTEM:[6]

- Examination of the upper respiratory tract (URT): Nose and alae nasi, nasal cavity, oral cavity, paranasal air sinuses, pharynx, mouth breathing, purse-lip respiration, larynx (examined by laryngoscope).
- Examination of the chest (LRT).

A. Inspection:

- Shape of chest (barrel-shaped in emphysema, pigeon-shaped in rickets, alar chest in tall-thin person, or funnel chest in cobblers)
- Movement of the chest
- Apical impulse, venous prominence (should be examined in standing or sitting position of the patient after a bout of cough)
- Fullness or depression in the chest- unilateral or bilateral, localised or generalised
- Respiration- types
- Accessory muscles of respiration, intercostal suction, wheezing or stridor
- Skin: Gynaecomastia, ulcer, sinus, pigmentation, any swelling (i.e., cold abscess from tuberculosis), parietal oedema
- Back: kyphoscoliosis, gibbus, 'straight back', drooping of the shoulder, winging of the scapula, arterial or venous pulsations, skin conditions.

B. Palpation:

- Surface temperature and tenderness
- Corroboration of the findings of inspection, e.g., chest symmetry, spinal deformity, direction of venous flow, position of apical impulse, etc.
- Position of the trachea and apex beat
- Movement of the chest (to find out the symmetry of movement and expansion of the chest)
- Vocal fremitus and other tactile fremitus.

C. Percussion:

Conventional percussion, shifting dullness, coin percussion, detection of hepatic and cardiac dullness, traube's space percussion.

D. Auscultation:

- Breath sounds (vesicular or bronchial)
- Vocal resonance (increased or diminished, whispering pectoriloquy, aegophony)
- Adventitious sounds (wheezes or rhonchi, crackles or crepitations, pleural rub)
- Others: Succussion splash (splashing sound heard in hydropneumothorax), post-tussive suction, pneumothorax click, tinkling crepitations).

INVESTIGATION: Chest x-ray (PA view provides information on the lung fields, heart, mediastinum, vascular structures and thoracic cages); CT scan (HRCT); Ventilation-perfusion imaging; PET scan; pulmonary angiography; endoscopic examinations (laryngoscopy, bronchoscopy); pleural aspiration and biopsy; skin tests (tuberculin test, skin hypersensitivity tests); immunological and serological tests; microbiological investigations (sputum, pleural fluid, throat swab, blood and bronchial washings aspirates can be examined for bacteria, viruses and fungi); histopathological and cytological examinations; respiratory function testing, etc.[3,4]

Diagnosis

It is based on the clinical presentations, general examinations, respiratory system examinations, predisposing factors and different investigations or as per need of the cases.

Management

General management should be given as per need of the conditions of the patients.

Homoeopathic approach: As every disease (not entirely surgical) manifested through sign and symptoms due to dynamic alteration of vital energy, so in every homoeopathic cure this life principle dynamically deranged by natural disease is seized through the proper administration of indicated remedy applied on the basis of symptom similarity[6]. Hahnemann said that the totality that is the sum total of the sensations and observable changes in the organism, which constitute the concrete problem in every case with which we have to deal, no matter what the name bears it.[7]

Miasmatic approach: During the evolution of the discovery of chronic disease, Hahnemann came

to the conclusion that the disease condition cannot arise, persist or even grow worse if the miasm is not present.[8] It took Hahnemann several years to understand the theory of the miasms and he wrote brilliantly on psora but relatively very little on syphilis and sycosis.[9] Psora is the beginning of all sickness. 'Had psora never been established as a miasm upon the human race, the other two chronic diseases would have been impossible and susceptibility of acute disease would have been impossible'.[10] Three forms of alternations of cellular functions can be imagined: deficiency – psora, excess – sycosis, *perversion – syphilis.*[11] Any forms of respiratory complaints-asthma, ulceration of lungs, haemoptysis all are under psoric miasm.[12] Frequent attacks of dyspnoea, short cough < morning, predisposition to catch cold easily-due to latent psora. Coryza, cough, sneezing, hoarseness from slight exposure to cold. Cough with or without haemoptysis; with excessive expectoration of mucus and sinking in strength Asthma lasting several weeks.[6]

Dyspnoea <: ascending high altitudes. No difficulty in descending due to syphilitic miasm.[13] The suppressed gonorrhoeal infection is very first affects the blood and producing anaemia, and a general catarrhal condition.[14]

HOMOEOPATHIC THERAPEUTICS:[15-18]

ACONITUM NAPELLUS: Constant pressure in left chest; oppressed breathing on least motion(asthma). Hoarse, dry, croupy cough(bronchitis); loud, laboured breathing(pneumonia). Child grasps at throat every time he coughs(whooping cough). Very sensitive to inspired air. Stitches through chest(pleurisy, pleurodynia). Cough, dry, short, hacking; worse at night and after midnight.

ANISUM STELLATUM: Dyspnoea. Pain near right third intercostal cartilage. Cough, with pus-like phlegm. Palpitation, with aphthae. Haemoptysis.

ARALIA RACEMOSA: Asthma on lying down at night with spasmodic cough; worse after first sleep. Obstruction worse in spring. Hay-fever; frequent sneezing.

ARSENICUM ALBUM: Unable to lie down; fears suffocation. Asthma worse midnight; worse lying on back. Expectoration scanty, frothy. Darting pain through the upper third of right lung. Haemoptysis with pain between the shoulders.

BACILLINUM: Catarrhal dyspnoea. Humid asthma. Bubbling rales and muco-purulent expectoration. Often relieves congestion of the lungs, thus paving way for other remedies in Tuberculosis.

BRYONIA ALBA: Cough, dry at night; must sit up; worse after eating or drinking, with vomiting, with stitches in chest, and expectoration of rust-coloured sputa. Cough, with feeling as if chest would fly to pieces; presses his head on sternum; must support chest. Coming into warm room excites cough.

CARBO VEGETABILIS: Spasmodic cough, bluish face, offensive expectoration, neglected pneumonia. Breath cold; must be fanned. Haemorrhage from lungs. Asthma in aged with blue skin.

CROTALUS HORRIDUS: Cough, with bloody expectoration. Tickling from a dry spot in larynx.

CUPRUM METALLICUM: Cough as a gurgling sound, better by drinking cold water < worse 3 am. Angina with asthmatic symptoms and cramps.

DULCAMARA: Cough worse cold, wet weather, with free expectoration, tickling in larynx. Winter coughs, dry, teasing. Asthma with dyspnœa. Loose, rattling cough; worse wet weather. Must cough a long time to expel phlegm.

HEPAR SULPHURICUM: Cough troublesome when walking. Dry, hoarse cough. Cough excited whenever any part of the body gets cold or uncovered, or from eating anything cold. Croup with loose, rattling cough; worse in morning. Anxious, wheezing, moist breathing, asthma worse in dry cold air; better in damp.

GRAPHITES: Spasmodic asthma, suffocative attacks wakes from sleep; must eat something.

GRINDELIA ROBUSTA: Asthma, with profuse tenacious expectoration, which relieves. Stops breathing when falling asleep.

ICTODES FOETIDA: Spasmodic croup. Troublesome respiration, with sudden feeling of anguish and sweat. Sneezing, with pain in throat. Asthma; relieved by stool.

IODIUM: Right-sided pneumonia with high temperature. Hepatization spreads rapidly with persistent high temperature; absence of pain in spite of great involvement.

IPECACUANHA: Cough incessant and violent, with every breath. Bubbling rales. Bleeding from lungs, with nausea; feeling of constriction; rattling cough. Croup. Hæmoptysis from slightest exertion.

KALIUM CARBONICUM: Dry, hard cough about 3 am. Bronchitis, whole chest is very sensitive. Expectoration scanty and tenacious, but increasing in morning and after eating; aggravated right lower chest and lying on painful side.

KALIUM IODATUM: Expectoration like soap-suds, greenish. Pneumonia, when hepatisation commences. Dyspnoea on ascending, with pain in heart.

LAUROCERASUS: Cyanosis and dyspnoea; worse, sitting up. Patient

puts hands on heart. Cough, with copious, jelly-like, or bloody expectoration. Small and feeble pulse. Threatening paralysis of lungs.

LOBELIA INFLATA: Senile emphysema.

LYCOPODIUM CLAVATUM: Cough worse going downhill. Cough deep, hollow. Expectorations gray, thick, bloody, purulent, salty. Chest seems full of mucus rattling. Neglected pneumonia, with great dyspnoea, flaying of alae nasae and presence of mucous rales.

MANGANUM ACETICUM: Tuberculosis of larynx. Cough; worse evening, and better lying down and worse in damp weather. Haemoptysis. Every cold rouses up a bronchitis.

MEDORRHINUM: Asthma. Incipient consumption. Dyspnoea, cannot exhale. Cough; better lying on stomach and worse from sweet.

MERCURIYS SOLUBILIS: Soreness from fauces to sternum. Cannot lie on right side. Cough, with yellow muco-purulent expectoration. Paroxysms of two; worse, night, and from warmth of bed. Stitches from lower lobe of right lung to back. Whooping-cough with nosebleed. Cough worse, tobacco smoke.

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An unseen monster- childhood pneumonia

By Dr Ishita Ganjoo, Dr Deeksha Garg

Abstract: Pneumonia is the primary infection of lung parenchyma. Pneumonia is a potentially fatal infection and inflammation of the lower respiratory tract caused by inhaled bacteria and viruses has both properties. The aim of this article is to enlighten the reader regarding severity of pneumonia via its signs and symptoms and relevant investigations. In infants and young children with infection of lower respiratory tract X – ray chest is advisable to reach an early diagnosis. Role of history taking is much appreciated and necessary in all cases of childhood pneumonia. In homoeopathy the parameters like generals, observations by the physician, particular symptoms, associated symptoms are very helpful in finding a simillimum. Homoeopathy saves the worry and distress to the parents, unnecessary investigations and excessive medication.

Keywords: Pneumonia, staphylococcal, pneumococcal, streptococcal, haemophilus, Chlamydia, gram negative, meningismus.

Abbreviations: IgG – Immunoglobulin G, IgM – Immunoglobulin M , PROM – premature rupture of membranes, ELISA – enzyme - linked immunosorbent assay, LRT – lower respiratory tract

Introduction

Pneumonia is an infectious disease characterized by inflammation of parenchyma of the lungs and may involve both lungs, an entire lung, a lobe of either lung, or occasionally present as a circumscribed process involving a limited number of lobules. The secondary infective process may involve the pleura, pericardium, endocardium and even membranes of the spinal cord and brain.(1)

Pneumonia is the single largest infectious cause of death in children worldwide. Pneumonia accounts for 15% of all deaths of children under 5 years old. It forms from 2 to 3% of all Hospital admissions, acute and chronic, and in winter season admissions from this cause are greater than from all other acute diseases combined. It attacks all ages, though most often seen in children younger than 5 years old. (1),(2)

Pneumonia results from the proliferation of microbial pathogens at the alveolar level and the host response to those pathogens. Microorganisms gain access to the LRT in several ways like aspiration from oropharynx is most common, inhalation of contaminated droplets, haematogenous spread, contiguous extension etc. There is a defence mechanism against pneumonia like hair and turbinates of the nose, branching architecture of the trachobronchial tree, gags reflex, mucociliary clearance, alveolar macrophages and cough mechanism.(3)

CAUSES OF PNEUMONIA IN CHILDREN

Pneumonia is most often caused by bacteria or viruses. Some of these bacteria and viruses can be spread by direct contact with a person who is already infected with them. Pneumonia may sometimes be caused by fungus.(4)

Common bacteria and viruses that may cause pneumonia are (4),(5)

- Pneumococcal pneumoniae
- Group B streptococcus
- Staphylococcus aureus
- Haemophilus pneumonia
- Primary atypical pneumonia
- Chlamydia pneumonia
- Viral pneumonia
- Pneumonia due to gram negative organism

CHILDREN AT RISK[4]

A child is more likely to get pneumonia if he or she has:

- Weak immune system, such as from cancer
- Ongoing chronic health problem such as asthma or cystic fibrosis
- Problems with lungs or airways
- Children sanitary surroundings are not of the best and often predisposed to tuberculosis
- Weak, anaemic children
- It is common to infectious fever, as a complication or sequel, being seen most often in association with measles as a complication andwhooping cough as a sequel.
- Scarlet fever, diphtheria, typhoid fever and cerebrospinal meningitis also predisposed to pneumonia

RISK OF PNEUMONIA IN NEONATES[6]

The classical respiratory sign of

Diminish movement

Percussion impairment

Bronchial or bronchovascular sounds

Increased vocal resonance on the area spread over the affected lobe

Mild respiratory distress

Refusal to feed

Sometime last two may be the only sign which will help us in diagnosis. Dependable sign is called "crying sign" which is present along with consolidation of the underlying lung segment which is diagnostic.

Rise in temperature, cyanosis give us "grey baby syndrome" and cough may not be present in every case.

Infants may have complications like toxic paralytic ileus, convulsions due to hypoxic brain damage.

The relevant investigation here is x-ray in which opaque segments can be seen.

Touch preparation of umbilical cord and amniotic membrane shows that in case of inflammation there is a suggestive infection which may be acquired before or during delivery.

The pulmonary infection is acquired in utero during or after birth. Route of infection may be transplacental (the amniotic fluid easily gets infected after PROM and prolonged labour).

SYMPTOMS OF PNEUMONIA IN CHILDREN

Onset of pneumonia may be Insidious, starting with upper respiratory tract infection or may be acute with high fever, dyspnoea and grunting respiration. Respiratory rate is always increased.

Rarely Pneumonia may present with symptoms of acute abdominal emergency. This is attributed to referred pain from the pleura. (5)

PNEUMOCOCCAL PNEUMONIA[5]

- Onset is abrupt with headache, chills, cough and high fever.
- Transmitted by droplets and are more common in winter months.
- Cough initially dry but may be associated with rusty sputum.
- Child may develop pleuritic chest pain.
- Respiration rapid.
- In severe cases there may be grunting, chest indrawing, difficulty in feeding and cyanosis.
- Percussion note impaired.
- Air entry diminished.
- Crepitations and bronchial breathing can be heard over areas of consolidation.
- Diagnosis is based on history, physical examination, X-ray finding of lobar consolidation.

STAPHYLOCOCCAL PNEUMONIA[5]

- The illness usually follows upper respiratory tract infection, pyoderma or purulent disease.
- This infection can occurs in infancy and childhood.
- The patient is toxic and sick looking.
- Cyanosis may be present.
- Progression of disease is Rapid.
- It may be complicated by disseminated disease with metastatic abscesses in joints, bone, muscles, pericardium, liver, mastoid or brain
- Staphylococci can be cultured from the blood and other complications are present in x-ray film.

HAEMOPHILUS PNEUMONIA[5]

- It occurs usually between the age of three months and three years.
- It is nearly always associated with bacteraemia.
- Infection usually begins in the nasopharynx and spread through the bloodstream.
- The onset is gradual with nasopharyngeal infection.
- The child has moderate fever, dyspnea, grunting respiration and retraction of lower intercostal spaces.

STREPTOCOCCAL PNEUMONIA[5]

- Group B streptococcal pneumonia is an important cause of respiratory distress in newborns.
- The onset is abrupt with fever, chills, dyspnea, Rapid respiration, blood streaked sputum and extreme prostration.
- X-ray shows interstitial pneumonia, segmental involvement, diffuse Peri bronchial densities or an effusion.

ATYPICAL PNEUMONIA[5]

- The aetiological agent is *mycoplasma pneumoniae*.
- The disease is transmitted by droplet infection.
- The illness is uncommon in children below age of 4 years, although subclinical and mild infections are reported in infants.
- Patient have malaise, fever, headache, sore throat, myalgia and cough. Cough is dry at first but later on mucoid expectoration and blood Streaks.
- Dyspnea is unusual.
- Diagnosis is made rapidly by demonstration of IgM antibody by ELISA during the acute stage.
- IgG antibody are seen on a

complement fixation test after one week of illness.

CHLAMYDIA PNEUMONIA[5]

- It may cause pneumonia in young infants.
- There is spasmodic cough with history of purulent conjunctivitis during early neonatal period.

VIRAL PNEUMONIA[5]

- Respiratory syncytial virus is the most common cause in infants under 6 months of age.
- At other ages, influenza, parainfluenza and adenoviruses are common.
- Features of consolidation are usually not present.

PNEUMONIA DUE TO GRAM NEGATIVE ORGANISMS[5]

- The aetiological agents are e coli, klebsiella and pseudomonas.
- These organisms affect small children below the age of 1 year or children with malnutrition and deficient immunity.
- Constitutional symptoms are more prominent than respiratory distress.
- X-ray shows unilateral and bilateral consolidation.

HOW TO DIAGNOSE CHILDHOOD PNEUMONIA[7]

Importance should be given spontaneous observation reported by the mother.

The history should include-

1. Detailed day wise evolution of complaints with pace and direction, frequency of cough, dysponea, discharges, fever, etc. along with intensity and quality.
2. Concomitants

- Irritability, dullness, drowsiness, restlessness, weakness, Thirst, appetite, sleep pattern and reason for disturbance of sleep, ability to suck milk in infants.
- Any history of febrile convulsions.
- Any history of similar episodes in past or any other past illnesses.

1. Physical examination

- Keep the child in a comfortable position like in Mother's arms during examination.
- Distract the child who is crying, look alae nasi, moaning/grunting, cyanosis (central/peripheral), temperature respiratory rate.
- Chest examination - auscultation - breath sounds, added sounds like crepitations, rhonchi.
- Per abdomen - liver and spleen in infants /skin turgor.
- In infants - Anterior fontanelle .in children - neck rigidity, brudzinski's sign.

2. Investigation

- Complete blood count, if polymorphs are high, suspect pneumonia.
- Order x-ray chest even if chest signs are absent.

HOW TO MANAGE AND TREAT THE CHILDHOOD PNEUMONIA[7]

Assessment of miasm, susceptibility and sensitivity

Miasm – Tubercular

Pace - Rapid involvement of the chest which signifies the hyperactivity of the disease.

Erraticity.

Low reactivity - Hectic activity with poor resources which leads to exhaustion and debility.

Pathology of infection – Inflammation – hypersecretion – spasm.

Susceptibility

Availability of characteristics: This denotes moderate to high susceptibility.

Febrile response: Alertness with fever denotes good susceptibility while toxic, lethargic state means a lower susceptibility.

Pace: Depends on virulence of organism and state of susceptibility. Complications: means susceptibility is going towards low. This indicates poor reaction, especially if there is a lack of characteristics.

Sensitivity

Irritability and restlessness denote moderate to high sensitivity, while a dull, drowsy state denotes low sensitivity.

HOMOEOPATHIC THERAPEUTICS[7]

Antimonium tartaricum

Rapid travel from upper respiratory tract to chest. Excessive secretions. Chest seems full of mucus which loose, coarse rattling. Sputum cannot be raised as if the system lacks reaction. Vomiting of thick whitish mucus which relieves. Drowsiness, toxicity with a sinister look, as if the patient is sinking.

Arsenicum album

Arsenic is an acute antisycotic and deep acting antisyphilitic remedy .The pathology of spasm more than the secretion. Rapid pace, night aggravation, cough and breathlessness aggaravated after 12 midnight. Sudden weakness which is evident from child's face, restlessness marked . Thirst increased chilly patient .Better by covering and wrapping, complaint aggravated by uncovering.

Bryonia alba

Gradual evolution. Pleural involvement which leads to stitching pains.

The child tilts towards the affected side and the face expresses the agony. Aggravation movement, better by lying down on painful side. Dryness of mucous membranes. Dry cough with headache.Thick white coating of tongue.

Phosphorus

Erracity of fever.Lively likeable talk. Activity alternates with exhaustion. Thrist increased for cold water.Appetite maintained.Chilly patient.

Coccus cacti

Thick, stringy, copious discharge which are difficult to expectorate. Dry hacking cough. The child coughs and coughs till he vomits a large quantity of mucus, which relieves his cough.

Pulsatilla nigricans

Dullness, the child is slow to respond. Sluggishness which sets in gradually, but there is no sinister look to the generals as seen in *Antimonium tartaricum*. Irritability is better when the child is carried about especially in open air. Greenish nasal discharge. Nose block predominant.

Hepar sulphuricum

Dry, hoarse, spasmodic cough associated with throat pain and hoarseness of voice, complaints aggravated cold draft and ameliorated warm drinks. Lachrymation, thirst increased, chilly patient.

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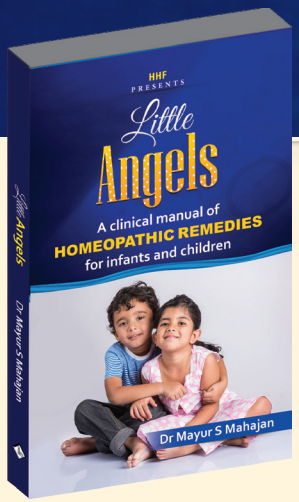

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Understanding loss of smell and taste in COVID 19: coping strategies and homoeopathic management

By Dr Aditi Goyal

Abstract: Loss of smell and taste are predominating symptoms of SARS Cov19 in more than half of the patients. This article reflects why and how COVID-19 cause these symptoms and why they are more profound in this disease. These symptoms are not merely loss of senses but act as deterrent for quality of life as a whole. It shows various coping strategies, rubrics and homoeopathic medicines which can prove beneficial or aid in healing these symptoms.

Keywords: Loss of smell, loss of taste, SARS CoV, COVID 19, olfactory pathway, ACE receptors

Abbreviations: ACE- angiotensin converting enzyme, SARS CoV2- severe acute respiratory syndrome corona virus 2, TMPRSS2- Transmembrane serine protease 2, G Protein – guanine nucleotide- binding proteins, COVID-19 – coronavirus disease 2019, AMP - **adenosine monophosphate**.

Introduction

All our five senses have major effect on us. Senses of smell and taste are in fact one composite sense. Sense of smell and taste are the oldest senses and close to the center of brain. Fresh air, fragrances of flowers, moist earth after rain, freshly baked cakes and cookies, and an endless list of other aromas can light up the brain's pleasure centers or vice versa.

But COVID 19 infection has caused major loss of smell and taste. Total loss of smell and taste are known as anosmia and ageusia respectively. These symptoms of loss of smell and taste are very strange but hallmark symptoms, so much so that they are considered a better predictor of whether someone has been infected with COVID 19 or not than other common symptoms, such as fever, pain in throat or coughing. Studies suggest that up to half infected people temporarily lose their ability to perceive smells, although this might be as high as 67% in those with mild to moderate infections possibly because they are younger in age, and may be more sensitive to altered olfactory sense.

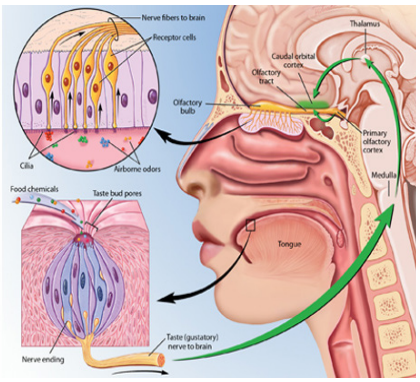
The recovery rate of these altered senses varies from few weeks to many months or even lifetime in rarest of cases. There is not much awareness of these symptoms in our society and this can lead to nutritional deficits and psychological effects. Recent treatments available for this such as steroidal medicines or sprays do not show any significant effect but it has been seen that some coping strategies are beneficial and in addition homoeopathic medicines can boost the healing [1]

Discussion

To understand, why there is loss of smell and taste in COVID infection, one has to first understand the olfactory and taste pathway, how brain is able to perceive these senses.

OLFACTORY PATHWAY[2]

- The way we sense odors is through a cluster of nerve cells called "**olfactory sensory neurons/olfactory receptors**", which are situated in olfactory mucus membrane lining upper part of the nostrils. There are 10-20 million of olfactory receptor cells supported by sustentacular cells. The mucosa also contains mucus secreting Bowman's glands.



- Olfactory receptor cell is a bipolar neuron with a short dendrite. These neurons have tiny hair-like projections cilia (10-12 cilia from each neuron) which extend out into the mucous-covered nasal lining and respond to odor molecules that we breathe out through our noses.
- Axons of bipolar olfactory receptors on each side of nose pierce the 20 olfactory foramina in cribriform plate of ethmoid bone.

- Then 40 or so bundles of axons form the right and left olfactory nerves.
- They terminate in brain in paired masses of gray matter called olfactory bulbs. (Below frontal lobe and lateral ethmoid bone). Here, they synapse with second order neurons to form olfactory tract.
- Then, these axons project to the lateral olfactory area (inferior and medial surface of **temporal lobe**) and most of them also ends here. This is also called **primary olfactory area** where conscious awareness of smell begins.
- Other axons terminate in olfactory cortex which includes both temporal lobe and parts of Limbic system.
- Connections to other limbic system regions and to hypothalamus account for **emotional and memory evoked response to odours.**
- Lateral olfactory area may extend to frontal lobe both directly and indirectly via thalamus.
- This area is called **orbitofrontal area** (area 11). It contains the secondary and tertiary olfactory cortical areas for **odor identification and discrimination**.

TASTE PATHWAY

- Receptors for taste sensation **are on the taste buds**
- First order neurons of taste pathway are in the nuclei of 3 different cranial nerves (facial nerve, glossopharyngeal nerve, vagus nerve)
- The impulses then propagate along these cranial nerves to the medulla oblangata
- From there, some axons carrying taste signals project to the limbic system and hypothalamus whereas others project to the thalamus
- Taste signals then project from the Thalamus to the **primary gustatory area** in parietal lobe of cerebral cortex. This area gives rise to conscious perception of taste.
- The primary taste cortex provides individual and combined representations of the taste, temperature, and texture (including viscosity and fat texture) of food within the mouth independently of hunger. One synapse on, in the orbitofrontal cortex, these sensory inputs are for some neurons combined by learning with olfactory and visual inputs
- In humans, the representation of food-related and other pleasant stimuli is found particularly in the **medial orbitofrontal cortex**. Different neurons respond to different combinations, providing an upscale representation of the sensory properties of food.
- Food intake is thus controlled by building a multimodal representation of the sensory properties of food in the orbitofrontal cortex, and gating this representation by satiety signals to produce a representation of the pleasantness or reward value of food which drives food intake. A neuronal representation of taste is also found in the pregenual cingulate cortex, which receives inputs from the orbitofrontal cortex. In humans many pleasant stimuli activate the pregenual cingulate cortex, pointing towards this as an important area in motivation and emotion. [3,4,5,6]

HOW OLFACTION AND TASTE SENSATIONS ARE INTER-RELATED?

1. Taste and smell are separate senses with their individual receptor organs, yet they are intimately entwined.
2. Olfactory and taste receptors are both chemoreceptors. They both perceive chemicals in air or in our food respectively. They both are stimulated by substances in dissolved state (in mucus or saliva).
3. The nose and mouth are **connected** through the same airway which means that we **taste and smell** foods at the same time.
4. Flavor perception is heavily influenced by our sense of smell, which is why holding nose can make unpalatable foods easier to swallow
5. Olfactory and gustatory information when passes to and converge in adjacent parts of **orbitofrontal cortex** (common converging point) helps creating perception of different flavors
6. The mechanism of generation of action potential in both pathways is almost same which is explained below:

OLFACTORY SENSATION:

- Airborne odor molecules called odorants are detected by olfactory receptor cell
- Molecules of dissolved odorants in mucus bind with receptor G-Proteins in the cilia
- They form substance receptor complex
- which activates adenyl cyclase
- Which in turn helps in formation of cyclic AMP
- It causes opening of Na channels leading to influx of Na+ and generation of receptor potential
- Which in turn generate Action potential in axon of bipolar

neuron

- Humans have ability to recognize about 10,000 different odors probably depends on patterns of activity in the brain that arise from activation of many different combinations of olfactory receptors.

GUSTATORY SENSATION

Similarly, Tastants dissolved in saliva detected by taste buds

- Act on microvilli of taste receptors
- Then, they bind to receptors on plasma membrane that are linked to G-Proteins
- It then activates several different chemicals known as second messenger inside the gustatory receptor cell
- Different second messengers cause depolarization in several different ways which causes development of receptor potential
- This in turn, is responsible for generation of action potential
- Humans can detect 4 basic smells- Sweet, Salty, Bitter, Sour and Umami. Different tastes arise from the activation of different groups of taste neurons.
- In addition, although each individual gustatory receptor cell responds to more than one of the five prime tastes, it may respond more strongly to some tastants than to others. [3,4,5,6]

HOW COVID19 CAUSE LOSS OF SMELL AND TASTE?

In the initial days of Pandemic, scientists feared that SARS-CoV-2 might be triggering smell loss by infecting these olfactory neurons and then making its way into the brain, where it might cause lasting damage. But Further researches revealed that this is not exactly the case. Various studies are done and various ways by which virus is infected are studied:

1. A team led by Sandeep Robert Datta, a neurobiologist at Harvard Medical School in Boston, Massachusetts, has zeroed in supporting cells called **Sustentacular cells** in nose that are probably what the virus is infecting. They encode genes for ACE2 receptor protein and proteases which act as gateway for virus to penetrate human cells. These both genes are present more in nasal cavity as compared to other organs or Bronchiolar cells and Lungs. They are present in olfactory neurons also but do not express in right pattern in them because of this the virus cannot bind to them.
    - The gene ACE2 encodes ACE2- Angiotensin converting enzyme receptor protein which binds with virus surfaced anchored glycoprotein-spike S protein allowing fusion of virus with host membrane cells
    - Another gene TMPRSS2 (Hoffmann) encodes for Protease (Furin) which helps in priming the spike protein of SARSCoV2 which enhance the virus ability to internalize into cells.
2. But there might be other ways in which COVID-19 induces smell loss. For instance, a research team in Italy showed that smell and taste loss occur at the same time as an increase in blood levels of an inflammation-signaling molecule called **Interleukin-6.** And a post-mortem study published last December showed clear signs of inflammation, like leaky blood vessels, within olfactory bulbs of individuals who had Covid19 [7]

HOW SUPP0RTING CELLS ALTER SMELL PATHWAY

1. Sustentacular cells maintain the delicate balance of salt ions in the mucus which olfactory neurons need to send signals to the brain. When that balance is disrupted, it leads to shutdown of neuronal signaling.
2. Another function of supporting cells is to provide structural and metabolic support to the olfactory neurons. A recent study in hamsters suggested that when these support cells are invaded by SARS-CoV-2 it leads to massive infiltration of immune cells, followed by a disruption to the normal organization or structure of the nasal lining, including the loss of the hairlike projections cilia that the neurons use to detect odor molecules. [8]

PAROSMIA- ANOTHER SYMPTOM IN COVID 19

During recovery phase, mostly after 10-14 days, some people also report altered/ distorted/ unpleasant smell called as "parosmia" or olfactory distortion disorder. Many people who are recovering from COVID-19 report smelling a foul, fetid, rancid odor constantly without any source or even smelling an odorant that is not present called phantosmia. It's a very disgusting and frustrating symptom of COVID 19 but it is usually a sign that your nerve cells are recovering.

When newly formed stem cells develop into neurons in the nose, they extend their axons, through tiny holes in the cribriform plate at the base of the skull and connect with a structure in the brain called the olfactory bulb. During that time,

sometimes axons connect to the wrong place or miswiring occurs, causing erratic smell or parosmia. It is also believed to be occurred due to an impact of the infection on the olfactory nerves or area of brain which helps in interpreting odors and aromas,

So far, there's not a huge amount of research on parosmia in COVID-19 patients. But an international study of people with recent smell loss, found that 7% of more than 4,000 respondents reported experiencing parosmia.

While most people recover their normal sense within two to four weeks, a considerable percentage (estimated at around 10%) develop long-term olfactory dysfunction which can last for several months and sadly it's even permanent for some people. [9]

WHY LOSS OF SMELL AND TASTE IS MORE COMMON IN SARSCoV2 THAN OTHER SARS VIRUS DISEASES OR RESPIRATORY ILLNESSES?

Incidence of anosmia in COVID patients varies because of genetic factors, viral load, specificities and susceptibilities of different evaluating populations or methods used in analysis but it is more profound in SARS-CoV 2 than other viruses because:

SARS-CoV-2 has a significantly higher ACE2 binding affinity because of its 3-dimensional structure of its binding site which has a more compact conformation and improved binding stability, it has important cleavage site inserted at the boundary of the S1/S2 subunits of the spike S protein (a host proprotein convertase, furin). This polybasic furin-type cleavage site is unique which enhances the virus ability to internalize into cells. ACE2 of human population binds to the ectodomain of the SARS-CoV-2 spike glycoprotein with about 10- to 20-fold higher affinity than the S protein of the previous SARS-CoV [10]

HOW SYMPTOMS OF LOSS OF SMELL AND TASTE IN COVID 19 ARE DIFFERENT FROM OTHER ILLNESSES

1. Loss of smell and taste are more profound in COVID 19 infection as compared to Influenza or other viral respiratory illnesses. In loss of taste, patients cannot even distinguish between basic tastes such as bitter and sweet.
2. COVID 19 patients although lose their sense of smell and taste but they don't have necessarily nasal congestion or running or blocked nose which are common in other respiratory illnesses and loss of smell is an associated symptom with these.
3. During other illnesses patients recover their symptoms as soon as nasal congestion subsides but in COVID 19 patients take longer time to regain their senses as damaged cells take time to regrow [11]

RECOVERY RATE

The nasal lining began to regrow or rebuild itself after 14 days so the good news is that patients can start recovering in this time but the sad part is it is still not clear how much exact time it will take to regrow completely. It varies also from one individual to individual. In some, it recovers in few days, in some it fluctuates for many months till it becomes normal completely, and in some it can take months to year also to recover. As these senses diminishes with age, they can take longer or not fully regained in elderly patients. Very rarest of all, it can cause permanent or lasting damage. So, one can say average span can be from 1 month to 1year or above. [1,11]

SIDE EFFECTS OF PERSISTING SYMPTOMS OF LOSS OF SMELL AND TASTE

"Mostly people do not acknowledge these senses until they lose it."

1. Patients will not be able to appreciate any flavours in the food.
2. Unable to acknowledge any taste and smell in food, it leads to poor appetite and hence results in undesired weight loss, malnutrition or nutrient deficits.
3. Losing two out of five senses affects quality of life.
4. It can put patients at risk/danger also as they will not be able to detect spoiled food, dangerous chemicals, poisons, fire, etc.
5. It can lead to psychological disorders also such as depression, social withdrawal, etc.
6. It can lead to difficulty in making Intimacy with other people as there is inability to detect body odors and pheromones. [12]

COPING STRATEGIES [11]

Recovery of sense of smell and taste depend on how fast these sense receptors can regrow. So, following strategies mainly aim at accelerating this process of regrowth:

1. OLFACTORY TRAINING- repeated and deliberate sniffing of a set of odorants like lemon, coffee beans, eucalyptus, cloves, rose, cinnamon, other essential oils etc. for 20 sec each at least twice or thrice a day. While sniffing, try to recall its smell or experience with that particular odorant. Principle of mindfulness plays a very vital role here, focusing your thoughts on that odorant and

evoking its sensation, will help to recover more quickly.

2. ZINC SUPPLEMENTS- zinc is necessary for catalytic activity of enzymes. protein synthesis and cell division. That's why it can help in enhancing senses of smell and taste. [13]
3. MEGA 3 POLYUNSATURATED FAT SUPPLEMENTATION can be helpful because of its neuroprotective effects which mediate through anti-oxidant and anti-inflammatory pathways. Example - sea food, nuts and seeds (flax seeds, chia seeds, mustard seeds, walnuts etc.), plant oils (canola oil, soybean oil etc.), eggs, cauliflower etc.
4. VITAMIN SUPPLEMENTS- Vitamin A and vitamin B12: both these vitamins have a decisive role in regeneration of olfactory receptor neurons and thus, they can help in improving smell and taste sensations.
5. Vitamin D supplements: It helps in immunomodulation, improving lung function and is anti-viral in nature. It acts as a neurosteroid hormone that binds to vitamin D receptors in brain, spinal cord and olfactory network
6. Various studies also confirmed that Vitamin D supplementation helps in improving anosmia [14]
7. GINKGO BILOBA- It improves senses of smell and taste as it acts as an anti-oxidant, improves blood circulation and its sphere of action incudes nervous system and memory areas.
8. SODIUM CITRATE- **Sodium citrate** reduces free intranasal calcium and is, therefore, thought to prevent calcium-mediated feedback inhibition at the level of the olfactory receptor
9. ALPHA LIPOIC ACID- It is said to be universal anti-oxidant and thus helps in improving smell and taste sensations.
10. DIFFERENT YOGA ASANAS AND BREATHING EXERCISES like "anulom vilom" can prove beneficial in improving these senses.
11. Experiment with variety of foods, different colors, textures, aromatic herbs and spices, foods having strong flavors or smell.
12. Patients should Accept and acknowledge the feelings for the loss of senses and inculcate the feeling of gratitude that no other severe fatal symptoms or complication have occurred.
13. Maintain HOPEFULNESS AND PATIENCE for the recovery as it can take longer time than expected

HOMOEOPATHIC MANAGEMENT

Homoeopathy has specific remedies for these symptoms which can help in promoting healing. Various rubrics covering these symptoms are discussed below from different repertories:

Murphy3, Nose; SMELL, general; loss, of smell, wanting (110) ail, *alum, alum-p,* alum-sil, *am-m,* amyg-p, *anac, ant-c,* ant-s, *ant-t,* apoc-a, arg-n, arist-cl, arn, *ars, ars-i,* ars-s-f, arund, aspar, *aur,* aur-ar, aur-i, aur-s, **BELL,** *bry,* bufo, **CALC,** calc-i, **CALC-S,** calc-sil, camph, *caps,* carb-an, *carbn-s,* card-m, *caust, cham,* chel, chlor, cina, cocc, cod, con, *cupr,* cycl, *elaps, graph,* hell, **HEP,** *hyos, ign, iod, ip,* joan, just, *kali-bi, kali-c, kali-i,* kali-n, kali-p, *kali-s,* kali-sil, lach, laur, lem-m, *lyc, mag-m,* mag-p, mang, med, **MERC,** *mez,* morg, *nat-ar, nat-c,* **NAT-M,** nit-ac, *nux-m,* nux-v, olnd, *op,* phel, **PHOS, PLB,** *psor,* **PULS,** rhod, *rhus-t,* ruta, sabad, *sang, sarr,* sec, sel, **SEP, SIL,** spig, squil, staph, stict, stram, *sul-ac,* sul-i, *sulph,* syc-co, tarent-c, *teucr,* verat, **ZINC,** zinc-m,

Murphy3, Nose; SMELL, general; loss, of smell, wanting; catarrh, from (12) alum, calc, hep, just, mez, nat-m, *nux-v, puls,* sang, sep, sil, sulph,

Murphy3, Nose; SMELL, general; loss, of smell, wanting; taste, with loss of (8) amyg-p, ant-t, hyos, just, mag-m, nat-m, *puls,* rhod,

Murphy3, Taste; LOSS of taste; **BELL, PHOS, NAT-M, PULS, SIL, ZINC,** *anac, ant-c, ant-t, apis, aur, bor, bry, calc, canth, crot-h, cycl, hep, hyos, kali-bi, mag-m, merc, nux-m, nux-v, par, pers, psor, sep, sul-ac, sulph, verat.*

Murphy3, SMELL, Gen, odors, imaginary and real, bad, within nose; aur, bell, calc, canth, con, kali-bi, nit-ac, nux-v, phos, plb, puls, sulph

Combined, Mouth; TASTE; wanting; loss of taste (66) aeth, all-c, alum, am-m, *anac, ant-c, ant-t, apis,* ars, *aur,* aur-m, **BELL,** *bor, bry,* cact, *calc,* calc-ar, cann-s, *canth,* chin, cocc, coff, *crot-h,* cupr, *cycl,* dros, *hep, hyos,* ip, *kali-bi,* kali-br, kali-s, kreos, lyc, mag-c, *mag-m, merc,* merl, **NAT-M,** nat-s, *nux-m, nux-v,* op, ox-ac, *par,* **PHOS,** plan, podo, posit, *psor,* ptel, **PULS,** rheum, rhod, sabad, sang, sec, *sep,* **SIL,** stram, *sul-ac, sulph,* syph, *ther,* thuj, *verat,*

Boenninghausen; NOSE, SMELL, WEAK WITH, LOSS OF TASTE (7) PULS, *ant-t, nat-m,* hyos, just, mag-m, rhod.

Boenninghausen; NOSE, CORYZA, CONCOMITANTS, TASTE LOSS OF (7) **NAT-M, PULS,** am-m, ant-t, mag-m, rhod, sabad

Boericke, Nose; SENSE, OF SMELL, PAROSMIA (ILLUSIONS) (20) *agn,* **ANAC,** *apoc-a, ars, aur,* **BELL,** *calc, cor-r, dios, graph, ign,* **KALI-BI,** *mag-*

m, **MERC,** *nit-ac, nux-v,* **PHOS, PULS,** *sang, sulph,*[15]

Conclusion

Thus, we conclude that it is the supporting/sustentacular cells which are damaged in COVID 19 which in turn disrupt transmission of nerve impulses along olfactory neurons and ultimately loss of smell occurs. As olfactory and gustatory pathways are inter connected and synapse in the end on orbitofrontal area, both the senses are affected simultaneously. These symptoms are more profound in COVID 19 as SARS CoV 2 has more affinity towards ACE2 receptors on supporting cells of nasal mucus membranes.

These symptoms are not merely loss of sensations only but they can affect quality of life including mental/emotional level also. In present scenario, allopathic sphere only provides oral steroids or steroidal nasal sprays which does not show any reliable results as per recent evidence-based studies. But various other strategies, nutrient supplements and smell training prove a beneficial role. Along with this, one can add homoeopathic medicines which can aid in healing process. The most common homoeopathic medicines suited for it are *Pulsatilla nigricans, Natrum-muriaticum, Zincum-metallicum, Nux-vomica, Phosphorus,* etc.

Better understanding of this will result in increasing awareness and encourage more coping strategies and better treatment options esp. homoeopathic medicines

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