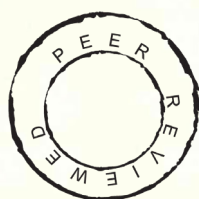


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Bringing Classical and Contemporary Homoeopathy Together

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Boenninghausen's Method in Practice

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- Juvenile plantar dermatosis treated with homoeopathic remedy "*Petroleum*" – a case study
- Effectiveness of *Thyroidinum* in 3X vis-à-vis 200CH potency in the treatment of hypothyroidism: a prospective, open-label, exploratory trial

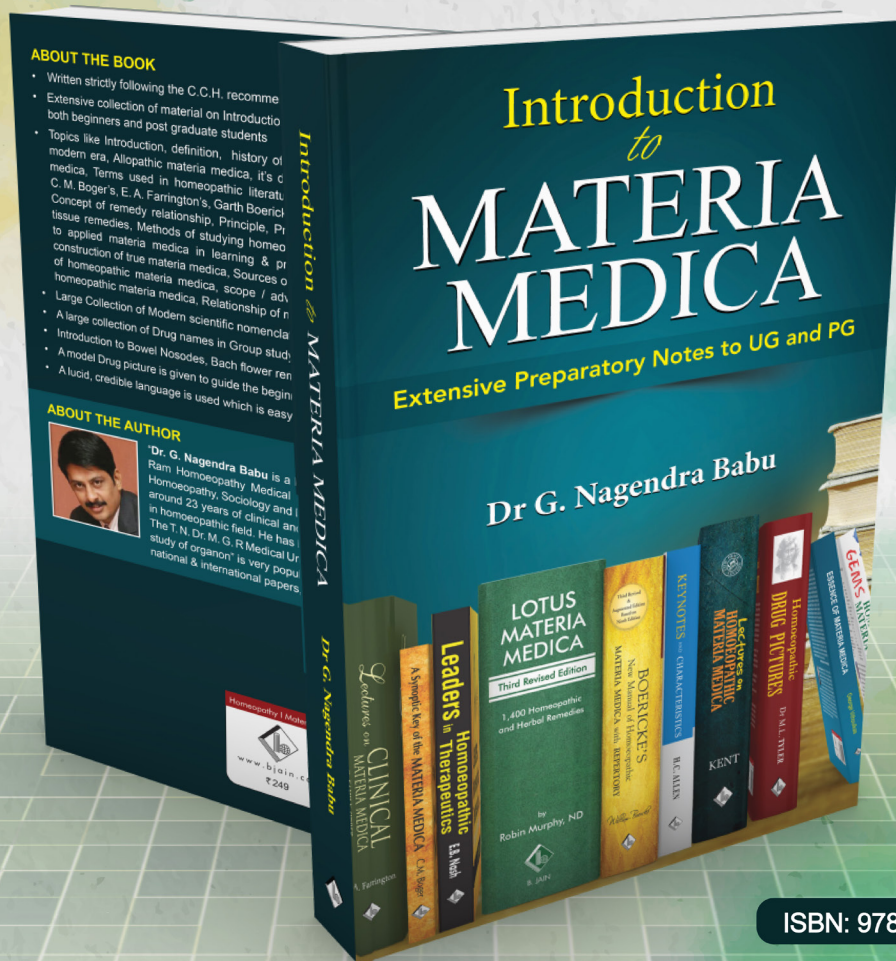


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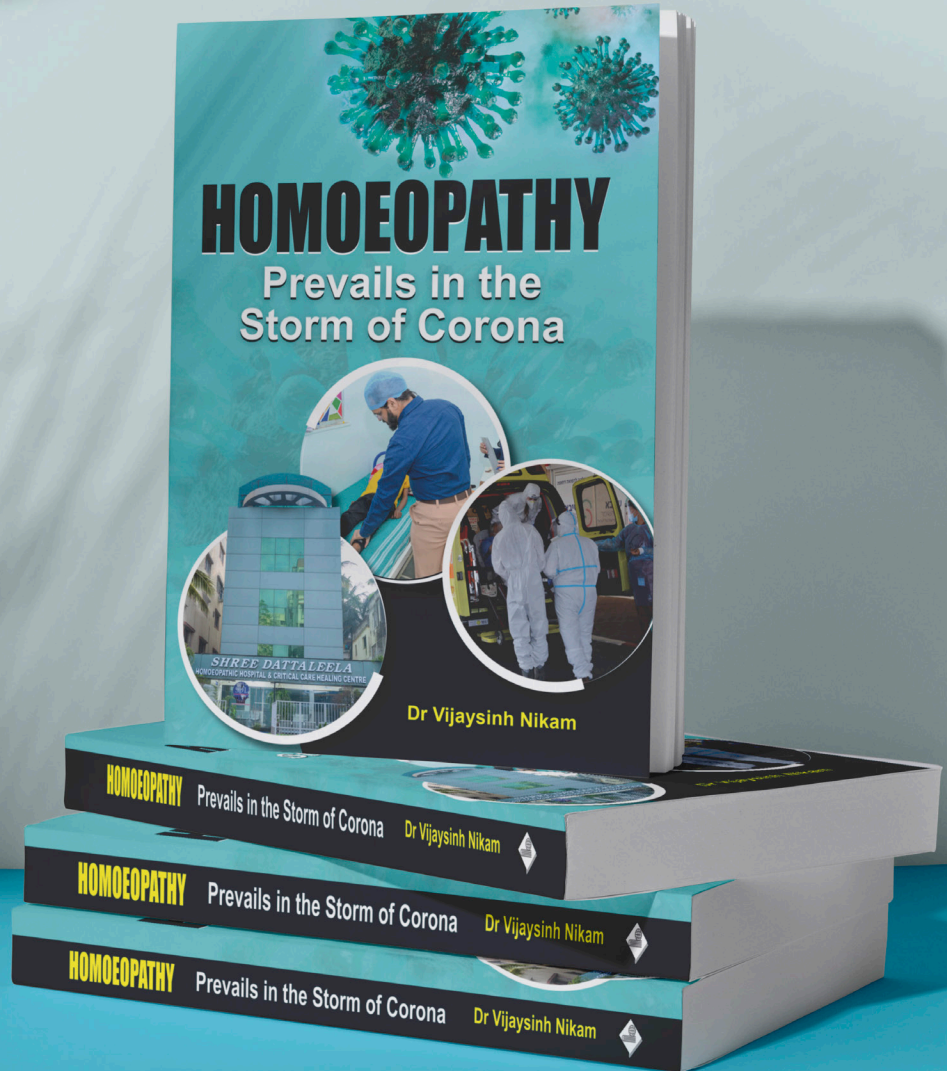
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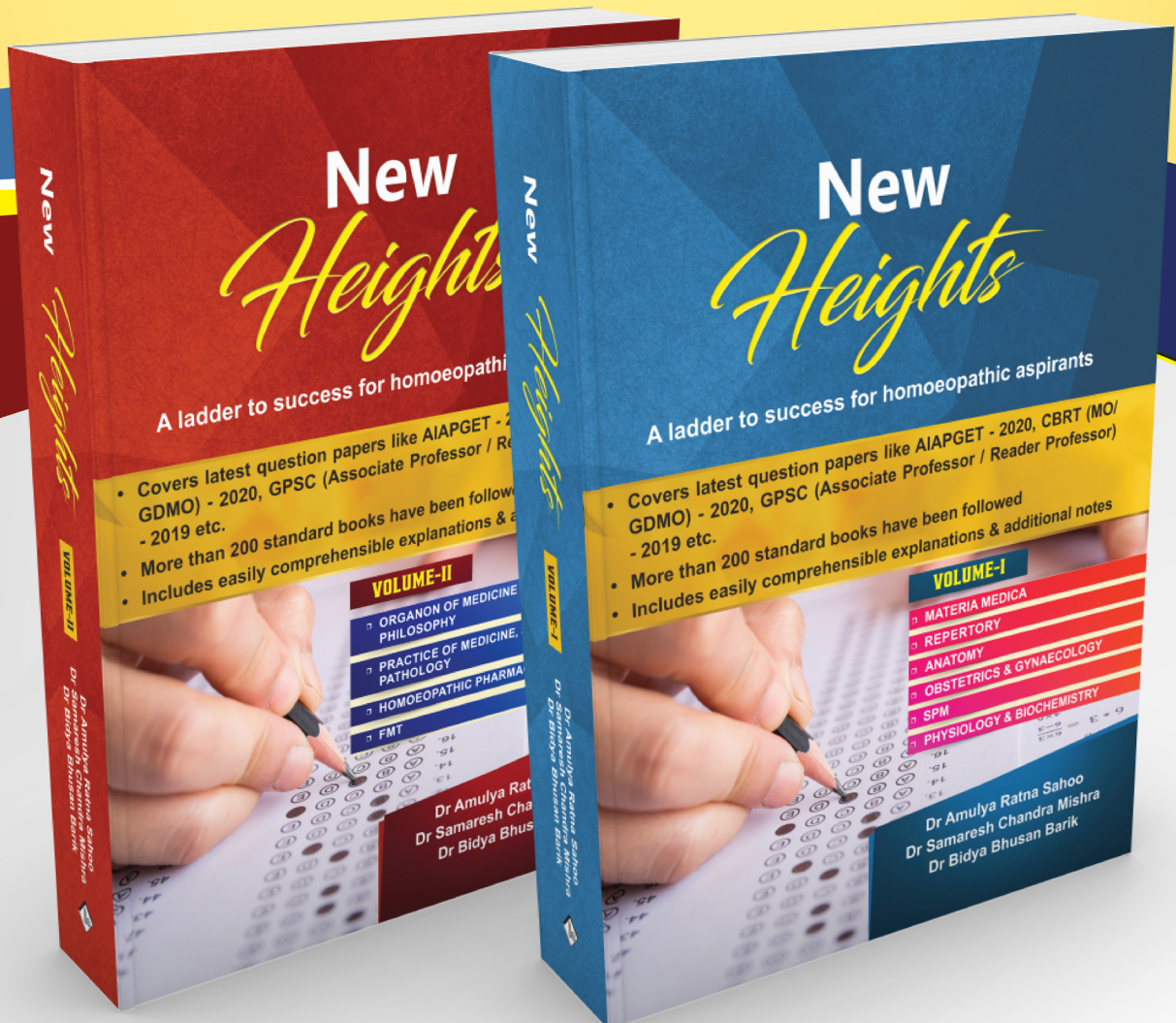
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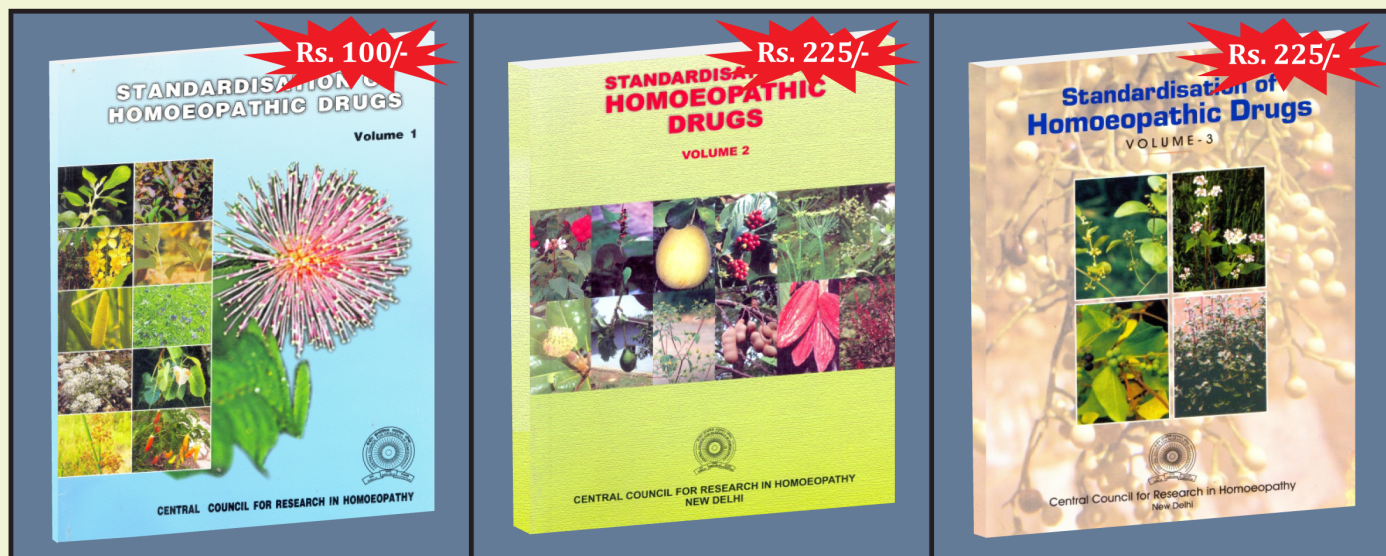
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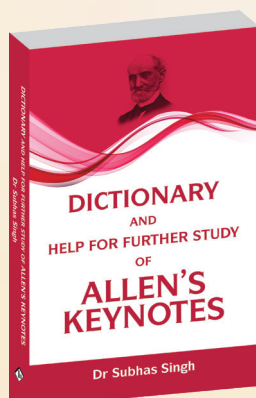
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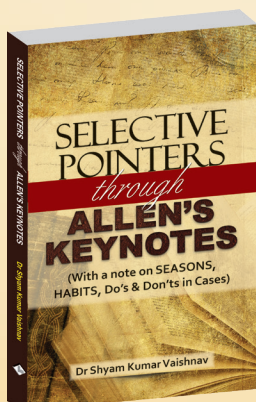
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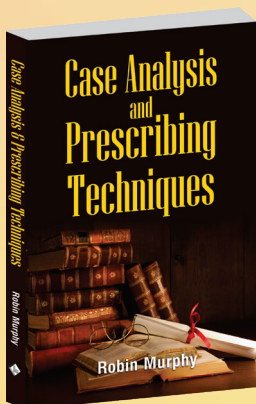
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Dear Readers,

Boenninghausen's Lesser Writings, p. 285 says, "one single symptom may it be ever so complete and plainly pronounced can never be the complex of all the signs of a disease, which are externally perceptible (i.e., the whole complex of symptoms), nor enable us to guess the rest."

Boenninghausen's avowed object was to open a way into the wide field of combinations and to help the physician to obtain complete symptoms, as many patients only express parts of a complete symptom. Boenninghausen's concept of totality is based on the concepts including Doctrine of Analogy, Grand Generalization, Doctrine of Complete symptoms, prime importance to Modalities, Doctrine of Concomitants, importance of Physical Generals, placing the mental symptoms at the end, evaluation of remedies, and Concordance. Boenninghausen emphasized the generalisation of the sensations and modalities as in his opinion they naturally predicated the whole patient. He learned that "symptoms which existed in an incomplete state in some part of a given case could be reliable completed by analogy, by observing the condition of other parts of the case".

As per his philosophy, "from one point of view, the conditions of aggravation or amelioration have far more significant relation to the totality of the case and to its single symptoms that is usually supposed. The correct choice of the suitable remedy depends very often chiefly upon them." Also, Boenninghausen did not underestimate the mentals. He wrote, "the greatest and most important variations are here found mostly in the states of the mind and spirit, which must be scanned all the more carefully, if they are not only sharply distinct, but also of rare occurrence and, therefore, correspond to only few remedies." (Boenninghausen's Lesser Writings, p.107)

Dr Boenninghausen emphasised the need for forming a complete image and specified seven points to understand the full picture of the disease, including quis (who), quid (what), ubi (where), quibus auxiliis (accompanying symptoms), cur (why), quomodo (modification, agg. and amel.), quando (when). Also, no case taking method is complete if it does

not include the *fundamental* cause of chronic diseases, the miasms. The interdependence of the constitution, temperament, and miasms must not be overlooked by the homoeopath. The knowledge of the cause of a disease helps in choosing the indicated remedy, managing the case, and removing obstacles to the cure. Often, the underlying cause of a disease may be unknown but one can observe its effects on the vital force through the totality of symptoms.

Dr Boenninghausen called the common and characteristic symptoms in the patient which individualise the remedies as "Golden Grains" and "Genius Symptoms". "Golden Grains" only pertain to one remedy and are highly specific. If such a "Golden Grain" is found in the patient the remedy can almost be prescribed with security. However, "Genius Symptoms" are symptoms that go like a tread through the whole remedy (like anxiety in Acon). These can only be extracted from the comparative analysis of the totality of symptoms of a remedy and constitute, together with the Golden Grains, the characteristic profile of the remedy. Most of the modern homoeopaths are not well aware of Dr Boenninghausen's work and its importance. Hence, standard studies should be promoted with case examples.

A Quick Word on Issue Content:

This issue of "The Homoeopathic Heritage" is an attempt to discuss the Dr Boenninghausen's method through different case studies and research papers.

The peer reviewed articles of this issue include a case of osteoarthritis treated by Boenninghausen Repertory by Dr Azizul Islam Khadim, Dr Shimul Jamatia, juvenile plantar dermatosis treated with homoeopathic remedy "Petroleum" – a case study by Dr D. H. Mercy, Dr Premalata B. Rotti, effectiveness of Thyroidinum in 3X vis-à-vis 200CH potency in the treatment of hypothyroidism: a prospective, open-label, exploratory trial by Dr Anuradha Singh, Dr Hanuman Ram, Dr Prasoos Choudhary, Dr Ramesh Prasad, Arvind Kumar. The feather in cap of this issue is an excellent article on the subject of learning

materia medica - an unprejudiced way by Dr Anuroopam Swami and Dr Archana Gupta. Subjective articles include role of homoeopathy in joint disorders by Dr Ashutosh Kumar, homoeopathy in anxiety disorders: a case report by Dr Dhanya G. Nair, hypertension and its lesser-known homoeopathic remedies by Dr Ragini Shukla, Dr Pradeep Besin, Boenninghausen's concepts in clinical practise by Dr Karthik R S, Dr J. Senthil Kumar, Dr R Sri Vaishnavi, homoeopathic management in sinusitis by Dr Ragini Shukla, Dr Pradeep Bisen, utility of *Phatak repertory* in acute diseases by Dr Ami Chandarana. The research papers on a clinical study on the efficacy of homoeopathic medicines in the treatment of allergic rhinitis by Dr Kulsum Sameen and correlating rubrics from the *Repertory of the Homoeopathic Materia Medica* by J.T Kent with manifestations of cervical radiculopathy by Prof. L. Krishna Rao are absolutely amazing articles for this issue. The clinical case studies include a case report on renal calculi treated with homoeopathy by Dr Ajay Vishwakarma, a case report on effectiveness of homoeopathic simillimum in treatment of verruca vulgaris (common wart) by Dr Nanritam Chopra, pityriasis rosea and homoeopathic constitutional treatment: a case report by Dr Arti, oligoasthenoteratozoospermia (OAT) – a case report by (Prof) Dr Partha P. Ray, individualised homoeopathic treatment of alopecia areata: - a case report by Dr Manisha kumari, Dr Nitesh Kumar, Dr Mithilesh kr. Gupta.

One must remember, "for a sure selection of the right remedy, the most plain and definite information is necessary and it should always be particularly mentioned what was the patient's disposition when well, and how changed through his disease." (Boenninghausen's Lesser Writings, p.298)

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

Dr Yashika Arora Malhotra
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“Boenninghausen’s method in practise”



Introduction

Historical background Boenninghausen’s work, *The Lesser Writings* was printed in English in 1908, but several of his pieces did not appear in this compilation. His largest work, *The Aphorisms of Hippocrates, with the Glosses of a Homoeopathist*, was due to be published in US in 1863, but the civil war intervened, and by the time, the war ended in 1865, Boenninghausen had died. Although extracts were printed in some English journals about 25 years ago, the book filled with insights into Boenninghausen’s method, in its totality remains only in German. The final source of information is found, of course, in Boenninghausen’s casebooks which are preserved at the Bosch Institute in Stuttgart. Until Hering’s death in 1880, most homoeopaths were using Boenninghausen or Jahr.

Case study

To best explain the methodology, let’s look at a case taken from the “Introduction to the Method of Boenninghausen”, page 13 of TBR:

“Male, age 22, presented with a sub-acute, itching eczema, initially affecting only the dorsa of both hands and having spread up the arms to the elbows. The

eruption became more inflamed and itchy when he became hot and sweaty (better by washing and drying the areas).”

That’s the case:

- Location: Dorsa of hands.
- Complaint/sensation: Itching eczema.
- Modality: Worse from perspiration.
- The rubrics used in TBR are (the numbers refer to the number of the rubric):
- Location: Hands, dorsum (328)
- Sensation: Tetters, itching (1835)
- Modality: Wet, by perspiration, aggravates (2683)

“Tetters?” you ask. Obviously, it is important to read the extensive endnotes in TBR which explain (in a half-page exposition) that “tetter” is the translation from the German *Flechten* which “has no exact meaning or translation.” It goes on to say that Jahr, in his *Diseases of the Skin*, used the term to describe several skin disorders including *ecthyma*, *impetigo*, *psoriasis*, etc. Several sources are quoted including Kippax who, in his 1890 work on skin diseases, describes dry, scaly tetter as “psoriasis,” and moist tetter as “eczema.”

The remedy in common to the three symptoms used in the case was *Sepia*. Improvement was noticed during the first 24 hours and the skin was almost normal within two weeks. There was no recurrence after five months.

Note: Look for a complete symptom of the main complaint and, ideally, a concomitant symptom which Hahnemann calls an “accessory symptom.”

The Boenninghausen method is an easy method, the short cut. Most of the times, the short cut that homoeopaths use is palliation. Prescribing on the keynote is also not good. Knowing the whole materia medica is difficult. Master Hahnemann approved of Boenninghausen’s repertory and used it.

Explanation

“What kind of diseases can you use this method on? Some people think Boenninghausen’s method is only good for acute diseases. Another case for using Boenninghausen’s method is a one-sided disease. For example, a lupus patient will have the threat of kidney failure. It is a one-sided disease at that point. The whole disease picture is aimed at only one organ. The vital force is overwhelmed. Another case is acute tuberculosis. If one treats it miasmatically, he may kill his patient. It’s too much for the patient. This is one of the few cases where one doesn’t need to do miasmatic analysis. One may use Boenninghausen’s repertory for very serious acute diseases like gangrene for which this method is perfect. A woman diagnosed with gangrene due to pedicure and also had a history of diabetes. She was prescribed *Lachesis mutus* 1M and the foot got better. When someone presents with a main physical problem, Boenninghausen proves to be useful. If any disease starts as an acute and was never cured, one can use Boenninghausen’s method. For example, *Bryonia alba* headache can stay at the physical level for many years.” There are

different levels of suppression. If a disease is suppressed, it moves from the skin and joints, to the internal organs, then the central nervous system. Then, there are emotional symptoms like jealousy, forsaken feelings, anger, and so forth. At the deepest level of suppression, the disease moves to the mind and will. The patient becomes suicidal, forgetful of recent events, and shows confusion. If the disease moves to an even deeper level, the patient becomes forgetful of old events and may have delusions.

For example, a patient who was treated allopathically for psoriasis and then became delusional after 'successful' treatment of the eczema. Another patient who was delusional, as she became better, she showed emotional problems. Then, the remedy needs to be changed. After that, she suffered from ringworm around the ankles. The remedy had to be changed again. And after that, she was cured. Fixing eczema and replacing it with asthma is a classic problem in allopathy. For example, if a mother whose son had seizures is questioned, about when the symptoms started. She might answer that when his asthma got better. In such a case, if epilepsy is

cured, asthma will come back, and then eczema.

Mental and emotional problems can also be treated by Boenninghausen's method. If someone with emotional problems comes in complaining of a headache, the remedy that Boenninghausen's method suggests will also cover the emotional problem.

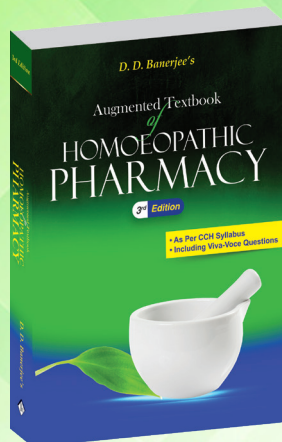
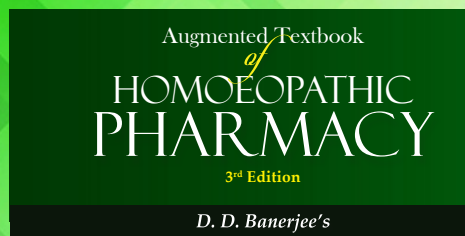
Boenninghausen's method is useful when patients make no connection between their physical and emotional symptoms. These are down to earth patients with no time to investigate their feelings. They are goal oriented and do not introspect. They want to keep a very tight control over their emotions. A Boenninghausen analysis will find the proper remedy from the physical symptoms.

Tips while using Boenninghausen's method

- Choose big rubrics over the small.
- The modality the patient gives first is probably the most important.
- If the rubric is small, less than an inch, take all the remedies with

a 4, 3, and 2. Put them in order of their grade. Anything that scores 5 or more in the top two modalities, should be included.

- In big rubrics take 3 and 4. Use remedies that score 7 or more in the top two rubrics.
- The number of rubrics the remedy appears in is more important than the total score. But, look at where it scores. Modalities are more important, but it almost never happens that a remedy with fewer rubrics is in the modalities.
- If two remedies are close, the past medical history will give you the choice. Ask about symptoms during puberty or pregnancy.
- If a remedy comes first in the repertorisation and the remedy doesn't work, try a higher potency.
- Often a remedy for an acute condition also helps the chronic complaint. Remedies 2, 3, 4, and 5 are probably remedies that patient will need later.
- Even if a case doesn't have modalities, one can still use the Boenninghausen's method.



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- In the appendix, a few important short questions with answers have been added.

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A case of osteoarthritis treated by *Boenninghausen Repertory*: a case report

By Dr Azizul Islam Khadim, Dr Shimul Jamatia

Abstract: Osteoarthritis is one of the most common joint disorders affecting the world. In the conventional medicine, most of the joint disorders are treatable by steroid applications which may and invite some other troublesome disease. In the following article, a case of osteoarthritis is being discussed which was treated by Boenninghausen Repertory with the help of constitutional medicine. Homoeopathy plays a significant role in such cases by its holistic approach of treatment. This article provide us to know how a Boenninghausen Repertory helps to cure and manage of osteoarthritis with the help of complete symptoms.

Keywords: osteoarthritis, homoeopathy, *Boenninghausen Repertory*

Abbreviations: osteoarthritis (OA), American College of Rheumatology (ACR), twice a day (BD)

Introduction

Osteoarthritis (OA) is a chronic, degenerative disorder of multi-factorial aetiology characterised by loss of articular cartilage, hypertrophy of bone around the margins, sub-chondral sclerosis, and range of biochemical and morphological alterations of synovial membrane and joint capsule.⁽¹⁾ Osteoarthritis is the second most common rheumatologic problem and the most frequent joint disease with a prevalence of 22% to 39% in India.^[1] OA is more common in women than men, but the prevalence increases dramatically with age. Nearly, 45% of women over the age of 65 years have symptoms while radiological evidence is found in 70% of those over 65 years of age.⁽²⁾⁽³⁾ With the help of conventional medical treatment, pain of osteoarthritis may be relieved temporarily, but it may produce adverse effects in gastrointestinal and cardiovascular problems. While an individualised homoeopathic medicine can produce effective results in management of cases of osteoarthritis.

Case study

Presenting complaints:

A woman with 40 years of age visited with the complaint of pain in bilateral knee joints for last 8 months. The pain was so severe as if the bone was being cut by knife with contraction of knee. Complaints aggravated in the morning, while ascending and ameliorated by uncovering the affected part. The patient was also suffering from constipation since 8 months.

History of presenting complaints:

The pain in knees started 8 months ago, for which she took conventional medicines. The medicines gave her temporary relief, but after discontinuing the medicine, the pain reappeared. For last 15 days, the severity of the pain increased with cracking sound on motion along with stiffness.

Past history:

She suffered from psoriasis long time back, which was treated by homoeopathy.

Family history:

Father suffered from bronchial asthma for last 5 years and. Mother suffered from hypertension for last 2 years and.

Personal history:

Her diet was irregular. She had no addiction.

Mental general and physical general:

No significant mental symptoms was found.

While enquiring her physical general aspects, it was found that she had good appetite but still lost her weight. She was obese, and had a phlegmatic constitution. She easily get cold and could not tolerate it.

Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the patient and according to American College of Rheumatology (ACR) criteria of knee OA.⁽⁴⁾

Analysis and evaluation of symptoms:

Sl. No.	Symptom	Intensity	Totality of symptoms
1.	Pain in both knee joints	++	a) Pain in both knee joints
2.	The patient felt that bone was being cut by knife	+++	b) The patient felt that bone was being cut by knife
3.	Constricting sensation while walking	++	c) Constricting sensation while walking
4.	Complaints aggravated in the morning, while ascending and ameliorated on uncovering	+++	d) Complaints aggravated in the morning, while ascending. ameliorated on uncovering
5.	The patient was suffering from constipation along with knee pain	+++	e) She was suffering from constipation

Repertorial totality⁽⁵⁾:

Symptoms	Rubrics
Pain in the knee joint	LOWER EXTRIMITIES-Knee joint, knee
Cutting sensation	SENSATION-Cutting, in internal parts
Constricted feeling in the knee	SENSATION-Contraction of limbs
Complaint aggravated in the morning	AGGRAVATION-Morning
Aggravation on ascending	AGGRAVATION-Ascending steps
Amelioration while uncovering	AMELIORATION-Uncovering
Constipation	STOOL-Constipation

Repertorisation⁽⁵⁾:

See repertorisation sheet

Homopath Classic - [Quik Repertorisation]

Patient Repertory Search Extract MatMed Edit View Utilities Homopath Family Window Help

Quik Repertorise of Speed Case Reg No. : Visit Date : 31/12/2021

Search Words Query (Enter Only Main Keywords) Recorded Symptoms

Symptoms [Lower extremities]Knee-Joint, knee: 08
[Boenning] [Sensation and complaints in general]Cut... 110
[Boenning] [Stool]Constipation: 90
[Boenning] [Sensation and complaints in general]Co... 54
[Boenning] [Time]Time-Morning: 142
[Boenning] [Aggravation and Amelioration]Ascending...

Repertorisation: Normal

Clipboard

Remedy Name: [Blank] Totality: [Blank]

Symptoms Covered

Remedy	Calc	Lyc	Nux-v	Sulph	Pub	Merc	Chn	Nel-m	Phos	Phos-l	Val-c	Bry	Graph	Sagp
[BN] [Lower extremities]Knee-Joint, knee:	23	21	21	20	19	18	17	17	16	15	15	15	15	15
[BN] [Sensation and complaints in general]Cutting, in internal parts:	7	7	7	6	7	6	7	6	7	6	6	6	6	6
[BN] [Stool]Constipation:	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[BN] [Sensation and complaints in general]Contraction of limbs; drawn c:	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[BN] [Time]Time-Morning:	4	2	4	3	1	2	2	4	4	4	3	2	2	3
[BN] [Aggravation and Amelioration]Ascending Steps agg.:	3	1	4	2	3	3	1	1	2	2	3	4	2	2
[BN] [Aggravation and Amelioration]Uncovering-When Amel.:	3	4	1	2	4	1	2		2	1		1		2

Symptoms 7 Remedies 160

Prescription:

After repertorisation, *Calcarea carbonicum* was at the highest grade with highest matching of the symptoms. Hence, *Calcarea carbonicum* was selected on the basis of completeness of symptoms of the patient and after consulting with materia medica⁽⁶⁾⁽⁷⁾.

Date: 04/06/2021

Calcarea carbonicum 200/ 1 dose, early morning mixing with ½ cup of water for 2 days along with Placebo every day, two times after eating for 7 days

Selection of dose and potency:

As per *Organon of Medicine*, (aphorism 247 5th edition)⁽⁸⁾, ac-

cording to the susceptibility of the patient, the potency was selected. The patient was highly susceptible and intensity of the symptoms was also increased. Also, she suffered from that affection since long, so the case was started with high potency.

Repetition of Medicine:

As per *Organon of Medicine*, ev-

ery well chosen medicine should be repeated at suitable interval aphorism 246 5th edition⁽⁸⁾. In this case, after initial improvement of the patient, symptoms were unchanged and came to a standstill, therefore, at that time, it is necessary to repeat the same medicine with same potency.⁽⁹⁾⁽¹⁰⁾

Follow up

Date of visit	Response	Prescription
18/06/2021	No changes took place. Pain in both knee joints with stiffness	Placebo 30/ 1 drop BD x 15 days
05/07/2021	Patient had more pain along with cutting pain, but bowel movements improved	Placebo -30/ 1 drop BD x 15 days
23/07/2021	She had slight improvement in the pain, felt better	Placebo-30/ 1 drop BD x 7 days
05/08/2021	No changes after improvement	<i>Calcarea carbonicum</i> -200/1 dose
20/08/2021	Moderate improvement on pain with slight stiffness and regular bowel movement	Placebo-30/ 1 drop BD x 7 days
30/08/2020	No pain with much improvement, no stiffness with feeling of comfort	Placebo-30/ 1 drop BD x 15 days
24/09/2021	No symptoms occurred after considerable time	

Conclusion

In case of any kind of joint disorders, homoeopathy proves to be of vast scope. A homoeopath treats the patient according to the symptomatology and the dynamic medicine does not produce any kind of side-effects like conventional medicines. Homoeopaths believe in the individualistic approach, and in the above case,, with the help of *Boenninghausen Repertory*, the case was completely cured without any side effects.

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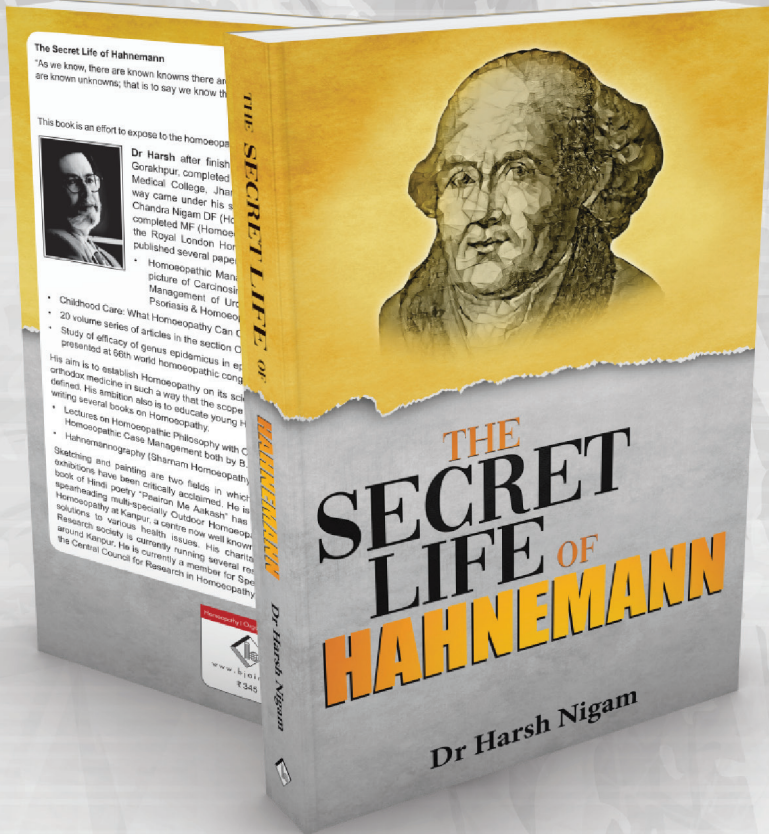
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About the Author

1. Dr Azizul Islam Khadim, PG Scholar, Department of Practice of Medicine, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur

2. Dr Shimul Jamatia, PG Scholar, Department of Organon of Medicine, Naiminath Homoeopathic Medical College Hospital and Research Centre, Agra

THE SECRET LIFE OF HAHNEMANN

Dr Harsh Nigam

ISBN: 9788131923672 | ₹345 | 264 pp

Doesn't the title make you a little curious as to what mystery lies in the book?

- One can never know fully about the life of someone but through this book the author has made it possible for us to peek into the unfamiliar life stages of Dr. Hahnemann.
- This book is an effort to expose to the homoeopathic world the unknown known of our master. We have gone through Hahnemann's life story multiple times but still, there is a lot of information that hasn't seen the light of the day for years.
- Dr. Nigam went out on a limb to bring all this information to us via his book. The book describes Hahnemann's life in 5 epochs like training years, experimental years, struggling years etc. This book will help us gain insight into how Hahnemann developed a holistic system of medicine and faced all the challenges that came his way. The sincere efforts taken by the author in extensive research and compiling the data from different sources are worthy of commendation.

Are you aware of 'THE HAHNEMANNIAN'S CODE'?

NO, right? Then why the wait? Grab this piece and enlighten yourself.

Homoeopathy in anxiety disorders: a case report

By Dr Dhanya G. Nair

Abstract: Anxiety disorders are one of the most prevalent psychological disorders in the world and include diseases which share features of excessive fear, anxiety, various behavioural disturbances, etc. Excessive fear or anxiety concerning separation from those to whom the individual is attached is called separation anxiety. Homoeopathy is a system of medicine which has proved its efficiency in various psychological disorders. Here is a case of 'separation anxiety disorder' which could be effectively managed using homoeopathic constitutional remedy.

Keywords: Anxiety disorders, separation anxiety, homoeopathy, constitutional treatment.

Abbreviations: Diagnostic and Statistical Manual of Mental Disorders (DSM), depression anxiety and stress scale-21 (DASS 21), Hamilton anxiety rating scale (HAM-A)

Introduction

Anxiety has become a regular part of every individual's life in this busy world. But for some people, it becomes a bigger issue interfering with their daily routine. It is more common in females than in males. According to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), anxiety disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalised anxiety disorder, medication induced anxiety disorder and anxiety disorder due to other medical conditions.

In separation anxiety disorder, the individual is fearful or anxious of being separated from a person to whom he/she is attached. There is persistent fear or anxiety on harm coming to the attachment figures or may be having nightmares. Physical symptoms of distress may be exhibited by many. Usually separation anxiety begins in childhood, but can persist throughout adulthood.

In selective mutism, the individual

fails to speak in social situations where they are expected to speak, even though the individual speaks in other situations. The failure to speak leads to negative consequences on achievement in academic or occupational settings.

Individuals with specific phobia are fearful or anxious about certain

objects or situations, and often avoid them, for example, animals, blood, injection, etc.

The fear, anxiety, or avoidance is almost immediately induced by the phobic situation.

In social anxiety disorder (social phobia), the individual becomes fearful or anxious about social interactions and situations that involve the possibility of being scrutinised, hence will try to avoid them. The individual fears being negatively evaluated, humiliated or rejected by others in such situations.

Panic attacks are abrupt surges of intense fear or intense discomfort

that reach a peak within minutes, accompanied by physical and/or cognitive symptoms. Panic attacks may occur either in response to fearful objects or situations, without any reason.

Panic attacks may also occur in many disorders including substance use, depressive, and psychotic disorders.

People with agoraphobia have fear and anxiety in two or more of the following situations: using public transportation; being in open spaces; being in enclosed places; standing in line or being in a crowd; or being alone, outside home. These situations are often avoided or they need a companion.

Generalised anxiety disorders present with persistent and excessive anxiety, worry about various domains, including work and school performance, that the individual finds difficult to control. The individual experiences physical symptoms, including restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances.

Substance/medication-induced anxiety disorder involves anxiety due to substance intoxication, or withdrawal, or to a medication treatment. In anxiety disorder due to another medical condition, anxiety symptoms are the physiological consequence of another medical condition.(1)

Case report

A 32 year old man presented with headache, pressing sensation over whole head, palpitation < lying down, chest pain, trembling of hands, difficulty in sleeping and a feeling of tightness in the whole body. He had difficult concentration, lost interest in everything. His speech was in a hurried way. On enquiry, it was found that he was having these problems since the last 8 months, when he had to get separated from his wife. Both he and his wife had been working abroad, but then he returned to his hometown in February 2020. His

wife had to return a few months afterwards, but due to pandemic situation, she could not come and unite with her husband.

Mental generals-He felt that he was not loved by anyone (forsaken feeling) and had a disappointed feeling. He also had dreams of dead people.

Physical generals-His appetite was normal, thirst was absent with dryness of mouth. His urine and stools were normal. He had normal perspiration.

Reaction to heat and cold -He had intolerance to cold weather,

preferred warm bathing, had desire for covering and aversion to fanning.

Physical examination-His blood pressure was 140/90 mm of Hg.

The depression anxiety and stress scale-21(DASS 21) was used to assess the emotional state of the patient. DASS 21 is a set of three self reported scales designed to measure the emotional states of depression, anxiety and stress.⁽²⁾

Anxiety were of high intensity than depression and stress.

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

	0	1	2	3
0 Did not apply to me at all				
1 Applied to me to some degree, or some of the time				
2 Applied to me to a considerable degree or a good part of time				
3 Applied to me very much or most of the time				
1 (s) I found it hard to wind down	0	1	2	3
2 (a) I was aware of dryness of my mouth	0	1	2	3
3 (d) I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d) I found it difficult to work up the initiative to do things	0	1	2	3
6 (s) I tended to over-react to situations	0	1	2	3
7 (a) I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s) I felt that I was using a lot of nervous energy	0	1	2	3
9 (a) I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d) I felt that I had nothing to look forward to	0	1	2	3
11 (s) I found myself getting agitated	0	1	2	3
12 (s) I found it difficult to relax	0	1	2	3
13 (d) I felt down-hearted and blue	0	1	2	3
14 (s) I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a) I felt I was close to panic	0	1	2	3
16 (d) I was unable to become enthusiastic about anything	0	1	2	3
17 (d) I felt I wasn't worth much as a person	0	1	2	3
18 (s) I felt that I was rather touchy	0	1	2	3
19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a) I felt scared without any good reason	0	1	2	3
21 (d) I felt that life was meaningless	0	1	2	3

Diagnosis

Separation anxiety disorder.⁽¹⁾

To assess the severity of symptoms of the patient, Hamilton anxiety

rating scale (HAM-A) was used. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress)

and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where <17

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

1 Anxious mood Worries, anticipation of the worst, fearful anticipation, irritability.	0 1 2 3 4	8 Somatic (sensory) Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.	0 1 2 3 4
2 Tension Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.	0 1 2 3 4	9 Cardiovascular symptoms Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.	0 1 2 3 4
3 Fears Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.	0 1 2 3 4	10 Respiratory symptoms Pressure or constriction in chest, choking feelings, sighing, dyspnea.	0 1 2 3 4
4 Insomnia Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.	0 1 2 3 4	11 Gastrointestinal symptoms Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.	0 1 2 3 4
5 Intellectual Difficulty in concentration, poor memory.	0 1 2 3 4	12 Genitourinary symptoms Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.	0 1 2 3 4
6 Depressed mood Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.	0 1 2 3 4	13 Autonomic symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.	0 1 2 3 4
7 Somatic (muscular) Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.	0 1 2 3 4	14 Behavior at interview Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.	0 1 2 3 4

indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe.⁽³⁾

In the above case, the patient had a score of 24, which showed that he had mild to moderate severity.

Prescription

Based on the totality of symptoms, the patient was given a dose of *Arsenicum album* 10M, on

RADAR 10.0 for Windows

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Investigation window for remedies

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1. MIND - FORSAKEN feeling - beloved by his parents, wife, friends; feeling ... (11)	1	2	3	4	5	6	7	8
2. MIND - AILMENTS FROM - disappointment (36)	8	7	7	7	7	6	6	6
3. MIND - SPEECH - hasty (49)	11	12	11	10	10	14	12	11
4. DREAMS - DEAD; of the (93)	2	-	-	1	1	3	1	-
5. GENERALS - FOOD and DRINKS - pungent things - desire (54)	1	2	3	2	1	3	3	1
6. HEAD - PAIN - pressing - outward (89)	1	1	2	1	2	-	-	1
7. MOUTH - DRYNESS - thirstless (78)	3	1	1	2	-	-	-	1
8. CHEST - PALPITATION of heart - lying (44)	1	1	1	-	1	1	1	2
	1	2	2	1	2	1	3	2
	1	2	1	2	2	3	1	4
	1	3	1	1	1	3	3	-

Clipboard 1

1. MIND - FORSAKEN feeling - beloved by his parents, wife, friends; feeling ... (11)
2. MIND - AILMENTS FROM - disappointment (36)
3. MIND - SPEECH - hasty (49)
4. DREAMS - DEAD; of the (93)
5. GENERALS - FOOD and DRINKS - pungent things - desire (54)
6. HEAD - PAIN - pressing - outward (89)
7. MOUTH - DRYNESS - thirstless (78)
8. CHEST - PALPITATION of heart - lying (44)

18/11/2020.

Justification for the remedy and potency

On repertorisation using RADAR 10 Synthesis repertory(4), the remedies with maximum marks were Arsenicum album, Nux vomica and Phosphoricum acidum.

Nux vomica is a very irritable and sensitive person while this patient was not as sensitive and irritable as Nux vomica. The patient is also not as indifferent as Phosphoricum acidum.(5)10 M potency is most effective in bringing about lasting psychological improvement, unless the body is too frail to take it, or there

is a danger of serious aggravation. In the above case, the patient was physically healthy.(6)

Conclusion

The above case showed that anxiety disorders can be managed by homoeopathic constitutional

Follow up:

DATE	SYMPTOMS	PRESCRIPTION
25/11/2020	Headache better, Palpitation better, Chest pain better, Trembling of hands persists, Sleep better, Tight feeling better, Concentration difficult, Speech hurried	Placebo
02/12/2020	No headache, Palpitation occasionally, No chest pain, Trembling better, Sleep good, Tight feeling better, Better concentration, Speech normal	Placebo

HAM-A sScore on 2/12/2020 was 11, which means mild severity.

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

<p>1 Anxious mood <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Worries, anticipation of the worst, fearful anticipation, irritability.</p> <p>2 Tension <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.</p> <p>3 Fears <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.</p> <p>4 Insomnia <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.</p> <p>5 Intellectual <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Difficulty in concentration, poor memory.</p> <p>6 Depressed mood <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.</p> <p>7 Somatic (muscular) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.</p>	<p>8 Somatic (sensory) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.</p> <p>9 Cardiovascular symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.</p> <p>10 Respiratory symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Pressure or constriction in chest, choking feelings, sighing, dyspnea.</p> <p>11 Gastrointestinal symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.</p> <p>12 Genitourinary symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.</p> <p>13 Autonomic symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p> <p>14 Behavior at interview <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.</p>
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remedies, as evident in HAM-A scores.

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About the author

Dr Dhanya G. Nair,

BHMS, MD (Hom.) (Practice of Medicine) Consultant Physician at Dr. Dhanya's Homoeopathic

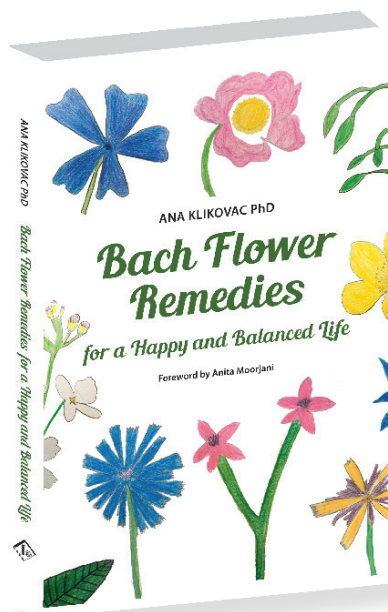
Multispeciality Clinic, Thottakad, Kottayam, Kerala, South India

Author of articles in state wide, National and International journals in Homoeopathy. Has published articles titled "managing pneumonia homoeopathically based on the general symptoms: a case report" in the July 2019 issue and "constitutional approach in homoeopathy cured hypothyroidism: a case report" in the November 2020 issue of *Homoeopathic Heritage*.

■■■

Bach Flower Remedies for a Happy and Balanced Life

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Hypertension and it's lesser-known homoeopathic remedies

By Dr Ragini Shukla, Dr Pradeep Bisen

Abstract: Hypertension is defined as persistent increase in the blood pressure above the normal range. Hypertension is considered as a dangerous disease because of the various complications it causes such as atherosclerosis, coronary heart disease, kidney diseases, etc. The following article aims at explaining various rare homoeopathic remedies which prove to be useful in treating both essential as well as secondary hypertension.

Keywords: Homoeopathy, hypertension, blood pressure, miasm.

Abbreviations: Hypertension (HTN), millimetre of mercury (mm of Hg), non-steroidal anti-inflammatory drugs (NSAIDS)

Introduction

Hypertension is one of the leading causes of the global burden of disease. Approximately 7.6 million disability adjusted life years worldwide were attributable to high blood pressure in 2001, which is expected to be much more in 2020. Hypertension is said to double the risk of cardiovascular diseases including coronary heart disease, congestive heart failure and peripheral arterial disease.^[1]

Definition

Hypertension is defined as increase in blood pressure above the normal value. Normal value for adult is 120/80 mm Hg. The blood pressure of the individual varies with various factors like time, season, age, sex and health condition.^[2]

Hypertension (HTN) is the medical term for high blood pressure. It is dangerous because it makes the heart work too hard and contributes to atherosclerosis (hardening of arteries), besides increasing the risk of heart disease and stroke. HTN can also lead to other conditions such as congestive heart failure, kidney disease, and blindness.^[3]

Risk/predisposing factors of hypertension

- **Essential hypertension:** advancing age, hereditary, type A personality obesity, smoking and excessive alcohol consumption, hypercholesterolaemia, drugs like NSAIDS, vitamin-D deficiency, lack of sleep, etc.^[4]
- **Secondary hypertension:** Renal diseases like glomerulonephritis, polycystic kidney disease, tumours, etc. Endocrine disorders like cushing's syndrome, pheochromocytoma, etc.^[4]
- **Clinical manifestations of hypertension:** Headache, vertigo, various vague symptoms like heaviness of head, dizziness, weakness, dim vision, lack of concentration, anxiety, dyspnoea, palpitation, etc.^[5]
- **Homoeopathic concept of hypertension** Homoeopathy, as a holistic system of medicine, believes in man as a whole concept. Health in homoeopathy denotes harmonious functioning of the

vital force and any deviation in this harmony is termed as disease. In homoeopathy, as Dr Hahnemann has mentioned, 'there is no disease but the sick people'. So, it the individual who is treated and not just the disease. Coming to the case of hypertension either it be primary/ essential or secondary it is the individual with hypertension who is considered for treatment and not just his high blood pressure. It is the sick man who must be restored to health and not just his any tissues or organs in specific.^[6]

MIASMATIC BACKGROUN

Hypertension of psoric origin have various aetiological factors including various emotional disturbances like anxiety, fear, worries, grief, anger, etc. Usually, high blood pressure subsides with settlement of the above said factors in hypertension of psoric origin.^[6]

Hypertension is usually an expression of sycosis where the coordination of body functions is lost. The element of excess is seen in sycotic miasm diseases. Hypertension in sycotic miasm

is due to narrowing of the blood vessels. Usually, people of sycotic miasm are obese, hypertrophy of various organs and accumulation of body fluid are symptoms of sycotic miasm which are also the leading causes of hypertension.^[6]

Secondary hypertension usually shows syphilitic miasm in its background. Various congenital causes of hypertension also come under syphilitic miasm. The syphilitic miasm in primary or secondary hypertension leads to destructive changes like tear in various arteries of brain, retina, heart, and kidneys.^[6]

Lesser-known homoeopathic remedies

Vanadium metallicum:
It is the remedy for the degenerative conditions of the arteries. Hypertension leading to atherosclerosis. Person gets the sensation as if heart is being compressed and there is no room for the blood in the aorta. Commonly indicated for atheroma of the arteries of brain and liver. ^[7,8]

Viscum album:
In cases of hypertension due to hypertrophy with valvular insufficiency. Pulse is weak and small and is due to central irritation of the vagus nerve. Unable to rest in a reclining position. Has got dilated blood vessels but does not act on the centers of medulla. ^[7,8]

Strophanthus hispidus :
it can be used in those cases of hypertension caused due to various dropsical conditions. It is also indicated for hypertension giving rise to atherosclerosis, hypertension due to rigid arteries of the aged people. Pulse is quickened due to its increased contractile action on the heart muscle.^[7,8]

Lycopus virginicus:
This remedy lowers the blood pressure by reducing the rate of heart and increasing the length of systole to a greater degree. Pulse is weak, irregular and intermittent. Can be helpful in those cases caused due to aneurism of large vessels near heart.^[7,8]

Spartium scorpariums:
Spartian sulphate increases the strength of the heart, slows it and reduces the blood pressure. It lowered the systolic and diastolic pressures in the provers. It weakens the cardiac contraction. Commonly used in physiological doses to combat arterial hypertension.^[7,9]

Sumbulus moschatus:
Has symptoms of nervous palpitation. Pulse is irregular. High blood pressure due to atherosclerosis. Has great curative action in cardiac asthma. A tissue remedy for sclerosed arteries. This remedy has a symptom of want of elasticity in vessels. Palpitation on least excitement.^[7,8]

Conclusion

There are many more remedies for hypertension in homoeopathy which are rarely used and very less known about their action and efficiency. Success in management of hypertensive cases requires correct selection of similar remedy based on symptom totality, strict diet and lifestyle modification. One must also keep in mind about sudden complications that may arise due to hypertension and their management whenever treating a case of essential or secondary hypertension.^[9]

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About the authors

Dr Ragini Shukla

Correspondent author

Dr Pradeep Bisen,
Department of Homoeopathy
Philosophy, Guru Mishri
Homoeopathic Medical College

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Boenninghausen's concepts in clinical practise

By Dr Karthik R S, Dr J. Senthil Kumar, Dr R Sri Vaishnavi

Abstract: This paper intends to throw light on Boenninghausen's method and his less often used repertory: Boenninghausen's Therapeutic Pocket Book. This is one of the first repertories and is considered an authentic work of Boenninghausen. However, Therapeutic Pocket Book is less used in practise because of certain points of criticisms. The practical use of Boenninghausen's methods has been illustrated with a clinical case study in which it is observed that the homoeopathic treatment done using Boenninghausen's method is able to reduce the intensity of pain in patients with urolithiasis.

Keywords: Boenninghausen's Therapeutic Pocket Book, totality of symptoms, clinical case, repertory

Introduction

Boenninghausen's work is nearly forgotten from the collective psyche of modern-day homoeopaths. This is largely due to Kent's influence on present day practise in terms of the great importance he gave to the mental state of the person and also his criticism on the process of generalisation. This essay is an attempt to revive Boenninghausen's central philosophy and its practical application exactly as was done by the Boenninghausen himself.⁽¹⁾

Every individual has certain distinguishing peculiarities, which give him/her individuality. While in general contour, he is similar to other members of his race, he has, in addition, some exceptional points or traits, which show an unmistakable difference between him and his fellow-men. These peculiarities in health, he retains when he is sick. These symptoms serve to detect disease.

The following fundamentals, as preached by Hahnemann, were accepted by Boenninghausen.

- (1) The patient, not his parts or organs, is the one who is sick.
- (2) Signs and symptoms are the only things that may be known about a disease.

- (3) Symptoms are the sole reliable guide to selecting a therapy.

- (4) The *simillimum* is defined by unique, distinguishing, individualising symptoms in the case rather than common symptoms.

"The more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms.....," Hahnemann says, alluding to as the main characters of a diseased person to be noted.

Boenninghausen was dissatisfied with the master's explanation and expected a more thorough explanation. However, after three years of silence from the homoeopathic community, Boenninghausen attempted to provide what he regarded to be a reasonable response to the question of how to classify symptoms.

Boenninghausen, went further in his search for a simple yet systematic method, to capture all aspects of the patient. In an essay, "*Concerning the Characteristic Value of Symptoms*," he writes that in his literary studies he came across some verses in the form of a hexameter dating to the beginning of the twelfth century attributable to theological scholastics.⁽²⁾

The Hexameter

It was used by the monks to judge "a moral disease," that is to say, "the peculiarity and grievousness of various moral lapses." It immediately struck Boenninghausen that it contained "all the essential momenta which are required in the list of the complete image of a disease."

The verse is: "*Quis? Quid? Ubi? Quibus auxiliis? Cur? Quomodo? Quando?*" These seven are translated: "*Who? What? Where? What else? Why? What modifies? When?*"

Quis? or WHO?

It includes gender, age, bodily constitution, temperament (personality) and individuality (nature). "The greatest and most important variations are here found mostly in the states of the mind and spirit..."

Hahnemann's attentive student, Boenninghausen, repeats the words of his Mentor, "...and in all cases of disease we are called upon to cure, the state of the patient's disposition is to be particularly noted along with the totality of the symptoms...". Clearly, Boenninghausen emphasised the importance of the mental state. He wrote, "in all such cases [states of

the mind and spirit] we have all the more cause to fathom these states with all possible exactness, as in them frequently the bodily ailments recede to the background..."

2. Quid? or WHAT?

This refers to the disease, its nature and peculiarity and the need for pure observation. The homoeopathic medicine, he stated, "must correspond with the common genius of the disease" which is to say it must match the salient, characteristic symptoms.

The word, 'characteristic' is used frequently in homoeopathic literature to mean a *distinguishing trait or quality*.

3. Ubi? or WHERE?

This part refers to *location*. Pure observations, which are characteristic of Hahnemann's method, have established that homoeopathic medicines can benefit certain parts of the body and are actually useful. As long as the place plays a role, Bönninghausen cannot be accused of ignoring it. He soon realised that various medications could affect one or the other side of the body, etc. It was sensation and modality that Bönninghausen generalised. A well-known *Sepia* symptom of Boenninghausen was "sores on the upper joints of the fingers and toes,". "All homoeopaths know the effectiveness of *sepia* for these joint ulcers." It's strange that modern homoeopaths don't mention this symptom.

4. Quibus auxiliis? or CONCOMITANT (accessory) symptoms.

These are symptoms accompanying the main complaint Boenninghausen was quick to point out that "those ailments which are wont to appear as constant concomitants or at least as

usual in the disease" can be omitted unless they are "distinguished by some rare peculiarity."

5. Cur? or WHY?

Causes of illness vary and often determine treatment. Several proximal causes: trauma, toxic exposure, drugs, emotions, "never well since", exposure to bad weather (cold and rain, sun, etc.).

Miasm: psora, sycosis, syphilis.

6. Quomodo? or MODALITIES (modifying influences)

Often the most useful of the seven momenta. It includes: food and drink, weather, position, heat, cold, etc.

7. Quando? or WHEN?

Time or onset; time of aggravation; sequence of events.

Quando can often be included under quomodo *unless* it refers to the sequence of events or chronology.⁽²⁾

Totality of a Disease

Boeninghausen says, "when the symptoms of the case have been gathered and the totality has been found we have all that can be known of the disease. It exists then in a form to which other different general names have been applied. The symptom picture, the case, the individuality of case..."

...The totality in homoeopathic practise is the true diagnosis of the disease and at the same time the diagnosis of the remedy. The totality eliminates all the theoretical elements and speculations of traditional medicines and deals only with the actually manifested facts. These facts it assembles, not according to some arbitrary or imaginary form but according to natural order."⁽³⁾

The main purpose of a homoeopathic case study is to formulate a "whole symptom" for prescribing homoeopathic *simillimum*. However, it may be difficult to obtain complete symptoms because the patient may not be observing the symptoms, may not be able to provide details of the symptoms, or may not be able to identify the missing elements of some symptoms.⁽³⁾

Dr Stuart Close says, 'Boenninghausen's *Therapeutic Pocket Book* was devised primarily to deal with just such cases. Boenninghausen first conceived the idea of completing these symptoms partly by analogy, and partly by clinical observation of curative effects. He discovered that many if not all of the modalities of a case were general in their relation and were not necessarily confined to the particular symptoms with which they had first been observed' ⁽⁴⁾

Complete symptoms

Based on this model, Boenninghausen states that at least four elements are required to complete a symptom: location, sensation, modality, and concomitants. He says that totality is not only the whole symptoms total, but it is the patient's "one grand symptom" in itself. This "Grand symptom" consists of location, sensation, modality, and concomitants. It represents the clinical picture of the entire individual and his individual organs.⁽³⁾

In the preface of *Therapeutic Pocket Book*, Bönninghausen describes the term "complete symptoms." For him, this complete symptom consisted of four parts, as mentioned above. This overall symptom by Bönninghausen reflects the clinical picture of the patient. This pattern of

illness in the patient may correspond to songs and melodies. Each element of this complete symptom is like a single isolated note. All notes (components) are essential to creating a complete “melody”. Not only are their presence essential, but the way they come together determines the individuality of the melody. Boenninghausen named this “song” about an individual illness “grand symptom of the patient.” The word “symptom” here also means portrait.⁽⁵⁾

Boenninghausen emphasised the value of the completed symptom (by locality, sensations and conditions of aggravation and amelioration) but added a fourth requirement: the concomitant symptom: the unreasonable attendants of the

case. The word concomitant means existing or occurring together or attendant circumstance. They have an actual relationship in that they exist at the same time and in the same patient. Given simply a pain of a certain definite character, in a definite locality or organ a condition of aggravation or amelioration, and a differentiating factor—the so-called concomitant or accompanying symptom—and symptom—and the remedy can be found.⁽⁶⁾

Furthermore, in reality there are obstacles to achieving this Grand Symptom. To overcome this obstacle, Boenninghausen took fragments of incomplete symptoms presented in different anatomical regions and stitched them together to complete the symptomatology

CASE STUDY

Mr. XY of age 54 came with the complaints of intense burning pain over the left side of abdomen since that day morning. There was increased urging to pass urine but couldn't void urine completely and passes drop by drop. Pain radiates from the left loin to groin region. Pain aggravated when walking, standing. Pain in urethra as if urethra being tore when passing urine. The patient was restless with profuse sweating of the forehead.

PHYSICAL GENERALS

- Appetite: decreased appetite because of pain.
- Thirst – Reduced, 1 – 1.5 litres of water / day
- Pain in urethra as if urethra being tore when passed urine
Profuse sweating all over the face
Appetite and thirst reduced

TOTALITY OF SYMPTOMS:

- Burning pain over the left loin to groin since morning
- Ineffectual urging to pass urine
- Pain aggravated by standing, walking
- Pain in urethra as if urethra being tore when passed urine
Profuse sweating all over the face
Appetite and thirst reduced

Analysis and evaluation of symptoms:

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
<ul style="list-style-type: none"> ▪ Anxious 	<ul style="list-style-type: none"> ▪ Craving for sweets ▪ Aversion to meat ▪ Sleep - disturbed ▪ Sweat: increased, especially over forehead 	<ul style="list-style-type: none"> ▪ Burning pain over the left loin to groin since morning ▪ Ineffectual urging to pass urine ▪ Pain aggravated from standing, walking ▪ Pain in urethra as if urethra being tore when passed urine.

Miasmatic Analysis (8)

PSORA	SYPHILIS	SYCOSIS
Anxious Craving for sweets Sleep - disturbed Sweat especially over forehead Burning pain over abdomen Ineffectual urging to pass urine < standing	Aversion to meat	Renal calculi Radiating pain from loin region Sweat increased

Dominant miasm : **Psora**

Rubrics as taken from THE THERAPEUTIC POCKET BOOK:

- BACK, LUMBAR AND SACRAL REGION
- BACK, LEFT SIDE
- SENSATION, BURNING INTERNALLY
- MICTURITION, INEFFECTUAL
- MICTURITION, BY DROPS
- SENSATION, SCRAPED FEELING
- AGGRAVATION, WALKING
- AGGRAVATION, STANDING
- FEVER, SWEAT ON SPECIAL PARTS⁽⁵⁾

Here the rubric for sweat on special parts was selected as the concomitant symptom.

REPERTORIAL RESULT⁽⁷⁾:

The screenshot shows the 'Repertorisation Sheet' window. The 'Symptoms' field contains 'Fever-114' and 'Quick Repertorisation' is selected. The 'Remedies' field shows '214'. The table below lists remedies and their counts for various symptoms.

Remedy Name	Sulph	Puls	Bell	Nux-v	Canth	Con	Phos	Acon	Ph-ac	Bry	Sil	Chin
[Therap] [Back]Lumbar and sacral region (includes small of back): (1...	4	4	3	4	4	3	3	3	2	3	3	3
[Therap] [Back]Left side: (100)	3	3	1	1	1	1	1	3	2	3	4	3
[Therap] [Sensation]Burning, internally: (158)	4	4	4	4	4	3	4	4	3	4	3	3
[Therap] [Micturition]Ineffectual: (90)	3	3	2	4	4	2	3	3	3	1	2	2
[Therap] [Micturition]By drops: (62)	4	3	4	2	4	3	2		2		2	2
[Therap] [Sensation]Scraped feeling: (41)	4	4	3	4		3	3	3	2	2		3
[Therap] [Aggravation]Walking: (141)	4	1	4	4	2	3	4	2	3	4	3	1
[Therap] [Aggravation]Standing: (108)	3	3	3	1	3	4	1	2	3	3	1	1
[Therap] [Fever]Sweat special Parts: (114)	4	4	3	3	3	2	3	3	2	2	4	3

PRESCRIPTION:

Sulphur 200 /1 dose/(1-0-0)

(burning pain, symptoms aggravated by walking, standing, scraped sensation while passing urine, desire for sweets, perspiration of

single parts)⁽⁹⁾

(Potency and dosage- best results

in higher potencies and in infrequent

dosage⁽⁹⁾

the sudden acute pain and its inten

sity pointed out in selecting this


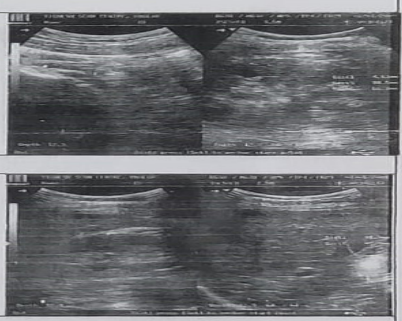
potency)

Placebo (4-0-4) /1 day.


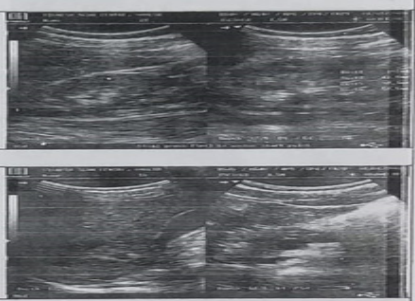
FOLLOW UP:

S.NO	SYMPTOMS	PRESCRIPTION
1.	Patient felt slightly better. Pain over the loin region reduced. Sweating reduced	Placebo (3- 0 – 3) AF/1 day
2.	Patient felt better, pain while passing urine decreased. Slight pain present radiating from the loins. Sleep improved.	<i>Sulphur 200/ 1 dose (1-0-0)BF</i> (Even correctly chosen medicine with action of long duration needs to be repeated, according to circumstance, to achieve success -§ 248) ⁽¹⁰⁾ Placebo (3-0-3)/2 days, AF
3.	Patient felt better, no pain while passing urine. Pain radiating from loins also was absent	Placebo (3-0-3)/ 4 days, AF
4.	Patient felt better with all complaints	Placebo (3-0-3)/ 7 days, AF

Before treatment:

Patient Name: [REDACTED]	Date: 11-Aug-21
Reference Dr: V.CHANDRAMOHAN.MBBS.,	
ABDOMEN WITH PELVIC SCAN REPORT	
Real time B-mode Sonography of abdomen.	
Clinical Summary: PAIN LEFT SIDE ABDOMEN	
<p>The liver is normal in size and echopattern. The intrahepatic biliary radicles and common duct are not dilated. The gall bladder is moderately distended. Its walls are smooth. There is no echogenic area in its lumen to suggest gallstone. The pancreas appears normal in size and echopattern. The spleen is normal in size and echopattern. The size, shape, echotexture of renal parenchyma and pyelocalyceal central area of both kidneys are normal. (RK – 9.9 x 4.3cm, LK – 9.9 x 6.6cm). There is mild hydronephrosis of the left kidney. The renal pelvis and left ureter are dilated due to obstruction by a calculus (4.6mm) in the distal ureter. The retroperitoneum appears normal. There is no mass or fluid collection seen. The urinary bladder and prostate are normal.</p>	
<p>IMPRESSION:</p> <ul style="list-style-type: none"> ➤ Left distal ureteric calculus. ➤ Mild hydronephrosis of the left kidney. 	
<p style="text-align: center;"></p> <p>Dr. V. Chandramohan (Sonologist)</p>	
	

After treatment:

VIGNESH SCAN CENTRE, OMALUR.	
Patient Name: [REDACTED]	Date: 16-Aug-21
Reference Dr: V.CHANDRAMOHAN.MBBS.,	
ABDOMEN WITH PELVIC SCAN REPORT	
Real time B-mode Sonography of abdomen.	
Clinical Summary: UROLITHIASIS – CHECK SCAN	
<p>The liver is normal in size and echopattern. The intrahepatic biliary radicles and common duct are not dilated. The gall bladder is moderately distended. Its walls are smooth. There is no echogenic area in its lumen to suggest gallstone. The pancreas appears normal in size and echopattern. The spleen is normal in size and echopattern. The size, shape, echotexture of renal parenchyma and pyelocalyceal central area of both kidneys are normal. (RK – 10.1 x 4.2cm, LK – 9.8 x 5.1cm). The collecting system and ureters are not dilated. The retroperitoneum appears normal. There is no mass or fluid collection seen. The urinary bladder and prostate (3.4 x 3.2 x 3.9cm) are normal.</p>	
<p>IMPRESSION:</p> <p>Normal appearing Liver, Gall bladder, Common duct, Spleen, Aorta, Pancreas, Kidneys, Bladder and Prostate.</p>	
<p style="text-align: center;"></p> <p>Dr. V. Chandramohan (Sonologist)</p>	
	

Conclusion

According to Boenninghausen, conquering the full portrait of the patient can be attained by knowing the complete symptoms present. To attain it, his concept of grand generalisation plays an important role.

In the above case, homoeopathic medicine helps in removing the cause, ie. The stone lodged and removes it completely via urine so that the pain stopped. The patient started Homoeopathic medicines and within 2 days, the stone was expelled out, Pain was relieved. Sudden cure in cases like these will increase the common man, who is canvassed by medical industry, to follow homoeopathy blindly and whole heartedly.

In these times where consultation via phone has increased, reaching out to the patient to attain all his mentals have become a difficult task. Its right to say that we should travel the now less employed brilliant methods formerly used by our masters. *Therapeutic Pocket Book*, when used perfectly is still one of the best repertories that have been donated to homoeopathy, by Boenninghausen.

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About the authors

1. **Dr J. Senthilkumar**, B.H.M.S M.D(HOM), Professor, PG Guide, Head of Department, Department of Repertory, Vinayaka Mission's Homœopathic Medical College & Hospital, A Constituent college of VMRF-Deemed to be University, Salem, Tamil nadu.
2. **Dr R .Sri Vaishnavi**, B.H.M.S, M.D(HOM) Assistant Professor, Department of Repertory, Vinayaka Mission's Homœopathic Medical College & Hospital, A Constituent college of VMRF-Deemed to be University, Salem, Tamil nadu.
3. **Dr Karthik R S**, B.H.M.S, Post Graduate Student, Department of Repertory, Vinayaka Mission's Homœopathic

Medical College & Hospital, A Constituent college of VMRF-Deemed to be University, Salem, Tamil nadu.

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Homoeopathic management in sinusitis

By Dr Ragini Shukla, Dr Pradeep Bisen

Abstract: Sinusitis is a condition in which the cavities around the nasal passages become inflamed. The cause of sinusitis is multi factorial, anatomic, genetic and environmental which leads to various cycle of infection, swelling and blockage. With proper selection of remedy based on totality of symptoms and constitutional approach, sinusitis can be managed by homoeopathy.

Keywords: Sinusitis, homoeopathy

Introduction

Sinusitis is inflammation of the sinuses, which are air-filled cavities in the skull. The etiology can be infectious (bacterial, viral, or fungal) or non-infectious (allergic) triggers. This inflammation leads to blockage of the normal sinus drainage pathways (sinus ostia). It is estimated that 6% to 13% of children will have one case of acute sinusitis by the age of 3 years. School-age children on average contract 6 to 8 upper respiratory tract infections per year, and of these, 5% to 10% will be complicated by sinusitis.^[1]

Types:

Acute sinusitis, defined as symptoms of less than 4 weeks duration.

Sub-acute sinusitis, defined as symptoms of 4 to 8 weeks duration.

Chronic sinusitis, defined as symptoms lasting longer than 8 weeks.

Recurrent acute sinusitis, often defined as three or more episodes per year, with each episode lasting less than 2 weeks.^[1]

SIGNS AND SYMPTOMS:-

Acute bacterial sinusitis in adults manifests with more than 7 days of nasal congestion, purulent rhinorrhoea, postnasal drip, and facial pain and pressure, alone or with associated referred pain to

the ears and teeth. There may be a cough, often worsening at night. Children with acute sinusitis might not be able to relay a history of postnasal drainage or headaches.

Chronic sinusitis can cause more indolent symptoms that persist for months. Nasal congestion and postnasal drainage are the most common symptoms of chronic sinusitis. Chronic cough that is described as worse at night or on awakening in the morning is also a commonly described symptom of chronic sinusitis.^[2]

DIAGNOSIS: Physical examination to detect the presence of most or all of the commonly manifesting signs and symptoms can provide a reliable diagnosis of acute sinusitis. The presence of purulent secretions has the highest positive predictive value for diagnosing sinusitis clinically.

MIASMATIC BACKGROUND: -

PSORA: Psora manifests the symptoms of functional disorders only. No structural change can be seen in uncomplicated psora. All the 'Sensation as if' and characteristic symptoms especially concomitants come under psora. Example, headache better by hot applications. Headache from hunger.

SYCOSIS: Sycosis manifestations are characterized by slowness of recovery. Sycosis develops the catarrhal discharge. Pain in frontal

or vertex at or after midnight. Headache of sycosis children are more common and are worse at night, producing feverishness, restlessness, crying, fretting and worrying. Better by motion. Headaches worse lying down and at night, especially after midnight. The patient is restless and wants to be kept in motion, which ameliorates. Headache worse riding, exertion either mental or physical. There is loss of smell. Nose clear one hour, the next he cannot get a particle of air through his nasal passages. A red nose with enlarged capillaries.

SYPHILIS: Headache worse at night. They improve in the morning and remain better all day until evening when they grow worse as the night advances. Dull, heavy or lancinating, constant, persistent headaches. The crusts are dark, greenish black or brown, thick and not always offensive. Bones of nose destroyed. Deposition of crusts in nose with offensive breath.

TUBERCULAR: Headache occurring on rest days, worse riding in carriages or are due to the least unusual ordeal, as preparing for examinations; meeting with strangers and entertaining them. Headache with deathly coldness of hands and feet, with prostration, sadness and general despondency.^[4]

Homoeopathic remedies for sinusitis:

Silicea terra – Best homoeopathic medicine for sinusitis when cold aggravates the sinusitis. There is an increased sensitivity to cold and the patient lacks in natural warmth of the body. Slightest exposure to cold air or temperature can create havoc with the system of the patient. Patient feels much better in warmth, a warm room or warm weather and therefore tends to wrap himself in warm clothes or blanket. This increased sensitivity to cold is often manifested as a recurrent cold or inflammation of the sinuses.

Kalium bichromicum:-It is very effective in the treatment of chronic sinusitis. It affects the mucous membranes everywhere, more so of the respiratory system and causes inflammation of the membranes. The main distinguishing feature of this homoeopathic medicine is that the discharge from the nose is thick, ropy and stringy in character. The mucous is thick and yellowish or greenish yellow in colour. The symptoms are aggravated in the morning.

Hydrastis canadensis: -The discharge may be thin and watery as happens in acute sinusitis or thick, yellowish and tenacious when the sinusitis is chronic in nature. There may be bad odor from the nose. There is persistent postnasal discharge, which is again thick and yellowish in colour.

Pulsatilla nigricans: -The homoeopathic medicine for chronic sinusitis with green discharge. This patient often feels better in open air and is aggravated in a closed place like a room or a crowded place. Tolerating heat and the summer weather is difficult for the patient. The mental symptom of crying at the slightest reason is a predominant guiding feature of this homoeopathic remedy. The

discharge from the nose is often greenish or yellowish green.

Hepar sulphuricum: - Homoeopathic remedy for sinusitis and to reduce sensitivity. It is an excellent homoeopathic medicine to stop the sensitivity of the patient to cold temperature and cold weather. The slightest exposure to cold in any form tends to bring on the symptoms of sneezing and running nose. The nose may get blocked up on slightest exposure to cold air or cold temperature. Cough starts on the slightest exposure.

Mercurius solubilis: -A person needing this homoeopathic remedy often experiences much sneezing with a fluent and often acrid discharge from the nose. Some portion of the mucus may trickle down post-nasally into the throat causing hawking, hoarseness and a dry, rough cough from continual tickling in the throat.

Phosphorus: -Someone needing this homoeopathic remedy often complains of having a stuffed nose one moment and fluent nasal discharges the next. These symptoms often come with a feeling of dullness in the head and a sore throat. Hoarseness often follows. The mucus from the nose is typically profuse, greenish, yellow and blood-streaked.^[3,4]

Conclusion

There are many more remedies for sinusitis in homoeopathy. With the selection of similar remedy based on totality of symptoms can successfully manage the case. Because in homoeopathy we treat person as a whole not only the disease So full case taking of the patient is require for the cure according to the homoeopathic principles.^[4]

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About the author

Dr Ragini Shukla

Correspondent author

Dr Pradeep Bisen, Department of Homoeopathy Philosophy, Guru Mishri Homoeopathic Medical College



Juvenile plantar dermatosis treated with homoeopathic remedy “*Petroleum*” – a case study

By Dr D. H. Mercy, Dr Premalata B. Rotti

Abstract: “Wet and dry foot syndrome”, also known as juvenile plantar dermatosis is a chronic condition of children and young adolescents (ages 3-14 years), characterised by symmetrical peeling and cracks of the feet which carries entire body weight. The rationale of this case study is to display the efficiency of homoeopathic treatment with the remedy, Petroleum, in a case of a 12 year old female presenting with complaints of cracks and fissures in the soles with painful burning, itching and mild bleeding. Significant noticeable improvement appeared in lesions and associated complaints as assessed with VAS scale, it shows that homoeopathy perhaps is an effective treatment for juvenile plantar dermatosis with careful selection of medicine as per totality of symptoms of patient.

Key words: juvenile plantar dermatosis, homoeopathy, *Petroleum*, VAS scale

Abbreviations: agg. - aggravation, amel. – amelioration, VAS (visual analogue scale), JPD (juvenile plantar dermatosis)

Introduction

Juvenile plantar dermatosis is a condition characterised by dry, fissured dermatitis of the plantar surface of the forefoot. It occurs almost exclusively in children aged 3-14 years.^[1] The primary underlying mechanism of JPD is a cycle of excessive moisture followed by rapid drying, which leads to cracking and fissuring the plantar surfaces of the foot.^[2] It may be caused by : repetitive frictional movements, occlusive effect of covered footwear, excessive sweating, genetic sensitivity of skin, climatic changes.^[3] The presenting features are redness and pain in plantar surface of the forefoot, which assumes glazed and cracked appearance. The condition more severe on the ball of the foot and toe pads, tending to spare the

non-weight bearing instep. The toe clefts are normal, and this helps to distinguish the condition from tinea pedis. The symmetry of the lesions is a striking feature. It is usually clinically diagnosed. Most cases clear spontaneously in due course.^[1]

The diagnosis of JPD is based primarily on physical examination of the feet. Also, many individuals will report a history of excessive sweating of foot and sometimes the palms as well.^[2]

In severe cases with cracks and exudation, bed rest may be needed. A variety of topical preparations may help, including steroids, urea preparations, Lassar’s paste, or tar, but no single preparations helps in all cases.^[1] The best method can be prevention which can

be accomplished by obtaining breathable footwear which helps in preventing drying. Use of occlusive, soothing ointment to affected areas of foot immediately after shoe removal which keeps the plantar surfaces of the feet from drying out too rapidly.^[2]

Homoeopathy is a treatment based on ‘like cures like’ principle. Homoeopaths usually employ highly diluted remedies in order to stimulate the self-healing properties of bodies. Thus, homoeopathy is a holistic approach used for many skin disorders.^[4]

CASE:

A 12 year old female reported on 7th November 2021 with the complaints of:

Location	Sensation	Modalities	Concomitants
Soles (near metatarsal joints) since 1 month	Burning pain itching	<night <walking	



	Cracks Bleeding occasionally Difficulty in walking	<winter >warm water application (keeping feet in warm water)	
--	--	--	--

Patient had a habit of walking around barefoot usually.

She had a history of cracks of the soles in winters since 2 years. Father had a similar history of plantar fissures and allergic respiratory complaints, especially in winters.

Her appetite was increased, she ate frequently (drinks tea in the morning, 2 chapattis in the morning, 2-3 chapattis at lunch + dal and rice, 3 chapattis and rice at dinner). She disliked eating cabbage as it causes diarrhoea after eating. Patient was usually thirstless (drinks hardly 2 glasses of water a day). She had generalised perspiration. Her urine and bowel movements were regular

and normal. Patient's thermal reaction was chilly. Her sleep was disturbed due to burning pain and itching.

According to mother, the girl became irritable since the development of complaints.

CLINICAL FINDINGS:

Patient was moderately built and nourished, tall, wheatish complexion. Skin was dry, in general.

No signs of pallor, cyanosis, anaemia, jaundice.

Weight - 30 kgs

Local examination of soles:

Inspection: Fissures and small cracks with mild bleeding. There was mild erythema around some of the fissures. Dry crusting was seen at the edges. Borders of the cracks were indistinct. No visible scaling. Colour: blackish discolouration slightly. Smell: no foul smell

Palpation: Skin was rough and thickened, tenderness present. Temperature: neither cold nor hot

DIAGNOSIS:

According to the clinical presentation and examination it was diagnosed as juvenile plantar dermatosis.^{[1][2]}

ANALYSIS	EVALUATION	PSORA	LT. PSORA
COMMON	Irritability	1	1
• Bilateral fissures and cracks of soles	Bilateral fissures and cracks of soles		
• Burning pain with itching of soles and mild bleeding	Burning pain with itching of soles	1	1
• Itching < winter, walking	mild bleeding		
• Dry, rough skin	Itching < winter		
UNCOMMON	Itching < walking	1	1
• Irritable	Itching < night		
• Itching < night	Itching > keeping feet in warm water		
• Itching > keeping feet in warm water	Dry, rough skin	1	1
		4	4

Thus, PSORA is the predominant miasm of the case after repertorisation, according to *Dr R. P. Patel's Miasmatic repertory*^[5]

SELECTION OF REPERTORY-

In this case, more of particular symptoms were available with location, sensation, modalities and a

few generals, hence *Boenninghausen's* *repertory* was chosen.

REPERTORISATION: Homopath
Classic version 8^[6]

Normal

1 5 0 0 0

Remedy Name	Puls	Sulph	Sil	Calc	Lyc	Merc	Petr	Graph	Rhus-I	Sep	Bry	Caulat	Hep	Bell
Totality	17	16	14	13	13	12	12	11	11	11	10	10	10	9
Symptom Covered	6	6	4	4	4	5	5	5	4	4	4	4	4	4
[BN] [Lower extremities]Soles:	4	4	4	4	3	1	2	2	1	1	2	2	1	2
[BN] [Skin and exterior body]Cracks, fissures, chaps:	4	4	3	4	3	2	3	4	3	4	1	2	3	
[BN] [Skin and exterior body]Cracks, fissures, chaps.Deep, bloody:	1	2				3	2	2						
[BN] [Skin and exterior body]Itching Burning:	3	3	4	2	4	3	2	2	3	3	4	3	3	3
[BN] [Aggravation and Amelioration]Winter, in, agg.:	3	2	3	3	3	3	3	1	4	3	3	3	3	3
[BN] [Sleep]Sleeplessness Itching:	2	1												1

Symptoms 6 Remedies 125

REMEDIAL DIFFERENTIAL DIAGNOSIS: [7]

- | | | |
|---|---|---|
| <p>REMEDIAL DIFFERENTIAL DIAGNOSIS:^[7]</p> <ul style="list-style-type: none"> • <i>Pulsatilla nigricans</i>-changeability of symptoms, urticarial after rich food, worse from heat, warm room, better open air, cold applications. • <i>Sulphur</i>- It is an anti-psoric remedy with skin affections with itching and burning. Dry scaly. Unhealthy people prone to skin affections < warmth in bed, washing, bathing. > dry warm weather. • <i>Silicea terra</i>- delicate, pale, waxy skin, cracks at the end of the fingers, worse in morning, from cold, from washing, better warmth, summer, in wet humid weather • <i>Calcarea carbonicum</i>-anti-psoric, unhealthy skin, small wounds do not heal easily, worse from cold in every form, washing, water, wet weather, Better by dry climate. | <ul style="list-style-type: none"> • <i>Lycopodium clavatum</i>- skin worse by warm applications, warmth. Violent itching, fissured eruptions. Skin becomes thick and indurated, viscid and offensive perspiration • <i>Mercurius solubilis</i>-Syphilitic remedy. Almost constantly moist skin, persistent dry skin contraindicates mercurius. Excessive odorous viscid perspiration. Eruptions with itching worse from warmth of bed. All symptoms worse by night, wet damp weather, perspiring better in warm room, warm bed • <i>Petroleum</i>-Psoric remedy. Skin is dry, constricted, very sensitive, rough and cracked. Burning and itching. Cracks bleed easily. Worse from dampness, winter. Better by warm air, dry weather (<i>Phatak Materia Medica</i>^[8])-diarrhoea aggravated by cabbage, skin dirty, rough, thickened, like | <p>parchment, deep cracks).</p> <ul style="list-style-type: none"> • <i>Graphites</i>- rough, hard, persistent dryness of skin. Cracks with burning stinging pain. Worse warmth, night, Better in dark, wrapping up. <p>Final remedy selected-Petroleum</p> <p>It was selected on the basis of: ^[9]</p> <ul style="list-style-type: none"> • Exposure to winter : deep blood rhagades • Amelioration from warmth • Severe itching, smarting pains, skin cracked and bleeding • Irritability, child vehement, susceptible to electric changes, cracked, bleeding rhagades • Rhagades , particularly when occurring in winter, crack and burn, and itch intolerably • Deep cracks and fissures which bleed and suppurate. • Diarrhoea from cabbage <p>PRESCRIPTION: as on 07-11-2021, (Fig.1), VAS score 10.</p> |
|---|---|---|

Final remedy selected-*Petroleum*

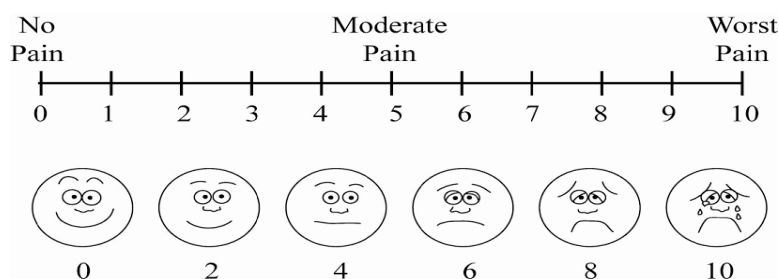
It was selected on the basis of: [9]

PRESCRIPTION: as on 07-11-2021, (Fig.1), VAS score 10.

Petroleum 200/1 stat was given.

Follow Up

Pain assessed using visual analogue survey scale ^[10]



DATE	SYMPTOMS	REMEDY
14-11-2021	Erythema absent. Pain and itching slightly reduced. Skin dry. The edges of the cracks are smoothened. No change in disturbed sleep. Advised to gently cleanse and exfoliate the skin of the feet every day, drink more water. VAS Score- 9 (Fig.2)	<i>Petroleum 200/1</i> dose
21-11-2021	Erythema absent. Pain and itching absent. Sleep is better. She is able to walk but has to limp slightly. Given same advice. VAS Score- 4	Pl x 1 week BD
28-11-2021	No cracks, itching absent, erythema absent, itching and pain absent, skin moisturised, able to walk to school. VAS Score-0 (Fig.3)	Pl x 1 week BD
5-12-2021	Improvement stable in all domains. VAS Score-0	Pl x 1 week BD



FIGURE. 1



FIGURE. 2



FIGURE. 3

Discussion

Homoeopathy is a system of therapeutics which aims at a rapid, gentle and permanent restoration of health. In this case, *Petroleum* was selected on the basis of totality of symptoms and this was successful in the treatment of the condition as well as recovered the accessory complaints of the patient. Repertorisation was done using Boenninghausen's method, as the case was full of particulars with marked modality.

After repertorisation, many remedies were competing with each other namely, *Pulsatilla nigricans*, *Sulphur*, *Silicea terra*, *Calcarea carbonicum*, *Lycopodium clavatum*, *Mercurius solubilis*, *Petroleum*, *Graphites*, etc., but after consultation with *William Boericke's Materia Medica* and *Phatak's materia medica*, *Petroleum* was selected with 200 potency was prescribed. When an acute or trauma case appears, it is necessary to give the remedy in a potency that can meet the acute or traumatic expression. Most cases do well with a 30C or 200 potency. Repetition of dosing is based on the response of vital force to the remedy. If improvement slows it necessary to repeat the dose^[11]. Initially, as improvement was present but was slightly, remedy was repeated again with subsequent good response in all domains with general betterment. Patient did not complain of any side effects or negative consequences. Complete remission in all domains. No recurrence of symptoms in a month. The patient continued the follow up for a month now, treatment and follow-ups are given in Table.1. The conclusive fact is derived on the basis of VAS scoring for pain, which was scored by the patient according to the intensity she felt. VAS is a validated subjective measure for acute and

chronic pain. It ranges from no pain to worst pain (0-10)^[10]. On first visit, the VAS score of the patient was 10 and after treatment, it was reduced to 0 within a month. This shows a striking improvement of the patient. It has been well known that conventional topical treatment can help relieve the complaints but there are chances of recurrence, whereas in homoeopathy, the treatment helps the body to heal itself and with less chances of recurrence and side effects.

Conclusion

Homoeopathy is a cheap, mild form of treatment with almost no adverse side effects, which has been found useful in number of cutaneous disorders. This report of juvenile plantar dermatosis responded well to homoeopathic remedy *Petroleum*. Homoeopathy possibly a useful new treatment modality for such skin conditions, and further studies and clinical trials are required to establish whether it maybe efficacious in treating such diseases.

DECLARATION OF PATIENT CONSENT:

Appropriate patient assent and guardian consent obtained. The patient/guardian understands that patients name/initials or any demographic information will not be published and due efforts will be made to conceal her identity.

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About the author

1. **Dr D. H. Mercy**, P.G. Scholar, M. D. Part 2, Department of Repertory
2. **Dr Premalata B. Rotti** Assistant Professor and P.G. Guide, Department of Repertory A.M. Shaikh Homoeopathic Medical College, Nehru nagar, Belagavi, Karnataka.



A case report on renal calculi treated with homoeopathy

By Dr Ajay Vishwakarma

Abstract: The following case report is of a male diagnosed with renal calculi in left kidney. Renal calculi is a condition having hard deposits of mineral and acid salts that stick together in concentrated urine. When patient came for consultation, he was presented with pain in abdomen in the right hypochondrium, right lumbar and right iliac region. After thorough case taking, symptoms were aggregated to make the totality and the case was repertorised using Synthesis Repertory in which a few homoeopathic medicines including *Aloes socotrina*, *Natrum muriaticum*, *Arsenicum album*, *Sulphur*, *Sepia*, etc. came up. The final selection of remedy was done on the basis of presenting complaints, mental generals, and physical generals.

Key words- renal calculi, risk factors, *Aloes socotrina*, homoeopathy

Abbreviations:agg. - e.g. – example, Rt. – right, yr - year

Introduction

Nephrolithiasis is a condition in which organic and inorganic masses form within the urinary tract. Stone formation may occur when the urinary concentration of crystals (e.g., calcium, oxalate and uric acid) is high and when the concentration of substances that inhibit stone formation (e.g., citrate) is low.¹

Classification and pathophysiology

Kidney stones are broadly

categorised into calcareous (calcium containing) stones, which are radio-opaque

and non-calcareous stones. On the basis of their composition, stones are classified as shown in the table. The figure shows multiple calcium oxalate stones.

Recent evidence indicates that formation of kidney stones is a result of a nanobacterial disease akin to *Helicobacter pylori* infection and peptic ulcer disease.² Nanobacteria are small intracellular bacteria that form a calcium phosphate shell (an apa-

tite nucleus) and are present in the central nidus of most (97%) kidney stones and in mineral plaques (Randall's plaques) in the renal papilla. Further crystallisation and growth of stone are influenced by endogenous and dietary factors. Urine volume, solute concentration, and the ratio of stone inhibitors (citrate, pyrophosphate, and urinary glycoproteins) to promoters are the important factors that influence crystal formation. Crystallisation occurs when the concentration of two ions exceeds their saturation point in the solution.

Classification of kidney stones³

Composition	Causative factors	Frequency (%)
Calcium oxalate, Phosphate or both	Underlying metabolic abnormality, idiopathic (25%)	60-80
Struvite (triple phosphate)	Infection	10-15
Uric acid*	Hyperuricaemia and Hyperuricosuria	5-10
	Idiopathic (50%)	
Cystine	Renal tubular defect	1
Other (xanthine, indigo, triamterene, indinavir*, etc)		1
*Pure uric acid and indinavir stones are radiolucent. Cystine stones are radio-opaque because of the sulphur content		

Risk factors for kidney stones

A precise causative factor is not identified in most cases. A family history of kidney stones (increases risk by three times), insulin resistant states, a history of hypertension, primary hyperparathyroidism, a history of gout, chronic metabolic acidosis, and surgical menopause are all associated with increased risk of kidney stones.⁴⁻¹⁰ In post-menopausal women, the occurrence of kidney stones is associated with

a history of hypertension and a low dietary intake of magnesium and calcium.¹¹ Incidence of stones is higher in patients with an anatomical abnormality of the urinary tract that may result in urinary stasis (box 1). Most patients (up to 80%) with calcium stones have one or more of the metabolic risk factors shown in box 2, and about 25% of stones are idiopathic in origin.

Obstruction of the pelviureteral junction

- Hydronephrotic renal pelvis or calices
- Calyceal diverticulum
- Horseshoe kidney
- Ureterocele
- Vesicoureteral reflux
- Ureteral stricture
- Tubular ectasia (medullary sponge kidney)

Box 1: Anatomical abnormalities that increase the risk of stone disease³

- Obstruction of the pelvi-uretral junction
- Hydronephrotic renal pelvis and calices
- Calyceal diverticulum
- Horse-shoe kidney
- Ureterocele
- Vesicouretral reflux
- Urethral stricture
- Tubular ectasia (medullary sponge kidney)

Box 2: Metabolic risk factors for calcareous stones³

- Hypercalciuria (40-60%)
- Hyperuricosuria (25%)
- Hyperoxaluria
- Hypercitriuria
- Other (Vitamin A deficiency, hot climates, immobilisation, urinary tract anomalies)

Box 3: Clinical features of urinary tract stones³

Urinary tract symptoms

- Pain—classic colicky loin to groin pain or renal pain
- Haematuria, gross or microscopic (occurs in 90%)
- Dysuria and strangury

Systemic symptoms

- Restless patient, often writhing in distress
- Nausea, vomiting, or both (shared innervation of renal capsule and intestines)
- Fever and chills (if associated infection)

Asymptomatic

- Incidental stones (one third may become symptomatic)

Case study

Introduction

A 36 year old male presented with the chief complaints of pain in right side of abdomen since 1 year associated with rumbling in abdomen, after eating, with stool passing during discharge of flatus. He had a history of renal calculi 2 years back which was treated with homoeopathically. He was having addiction of tobacco and alcohol 5 years back.

Presenting complaints

- Pain in right sided abdomen (Rt hypochondrium, Rt iliac region, umbilicus) since 1 yr.
- Pain with rumbling after eating something
- Modalities: Aggravation - after eating,
- Amelioration - passing flatus
- Stool during passing flatus

Physical Generals

- Appetite: Adequate
- Thirst: Regular, normal water

- Desire: Salty things
- Aversion: Nothing significant
- Intolerance: Nothing significant
- Stool: Regular, satisfactory
- Urine: Clear, non-offensive
- Sleep: 8 hours/day, refreshing

Mental generals

- Expressed his anger
- Did not want to talk when angry
- Did not want consolation during anger
- Desire for company

Analysis and evaluation of the case:

Physical generals ^{Int- tensity}	Desires salty things ⁺⁺					
Mental generals ^{Int- tensity}	Consolation ag- gravation ⁺⁺	Doesn't like to talk when angry ⁺				
Particulars ^{Intensity}	Pain in right hy- pochondrium ⁺⁺	Pain in um- bilicus ⁺⁺	Rumbling in abdomen after eating ⁺⁺	Pain aggra- vates after eating any- thing ⁺⁺	Pain amelio- rates on pass- ing flatus ⁺⁺	Passage of stool on passing fla- tus ⁺⁺

Provisional diagnosis

Renal calculus¹²

Totality of symptoms

- Pain in right hypochondrium
- Pain in umbilicus
- Rumbling in abdomen after eating
- Pain aggravated after eating anything
- Pain ameliorated after passing flatus
- During passing flatus, there is passage of stool
- Desire for salty things
- Consolation aggravation

Reportorial analysis

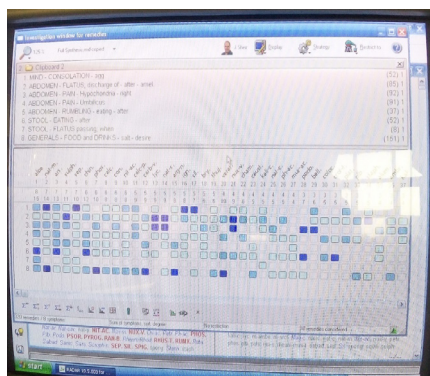
The case was repertorised with the help of Radar Software 10 using *Synthesis repertory 2009*.¹³ After the analysis and evaluation of the case, the totality of the case was construct-

ed on the basis of the characteristic symptoms. "Pain in right hypochondrium with rumbling in abdomen amelioration after passing flatus, passage of stool during passing flatus, stool after eating anything, desires salty things were some important symptoms of the case. On the basis of reportorial analysis and consultation of the *Boericke materia medica*¹⁴, *Aloes socotrina* was found to be the simillimum to the case having the highest score, i.e. 15/8 covering

all the rubrics.

Reportorial result¹³

- Mind- Consolation- Agg
- Abdomen- Flatus – Discharge of – after- amel
- Abdomen- Pain – Hypochondria- right



- Abdomen- Pain – Umbilicus
- Abdomen- Rumbling- Eating, after
- Stool- Eating- after
- Stool- Flatus passing, when
- Generals- Food and Drinks - salt – desire

Prescription

Aloes socotrina 30 / 4 dose

Basis of prescription

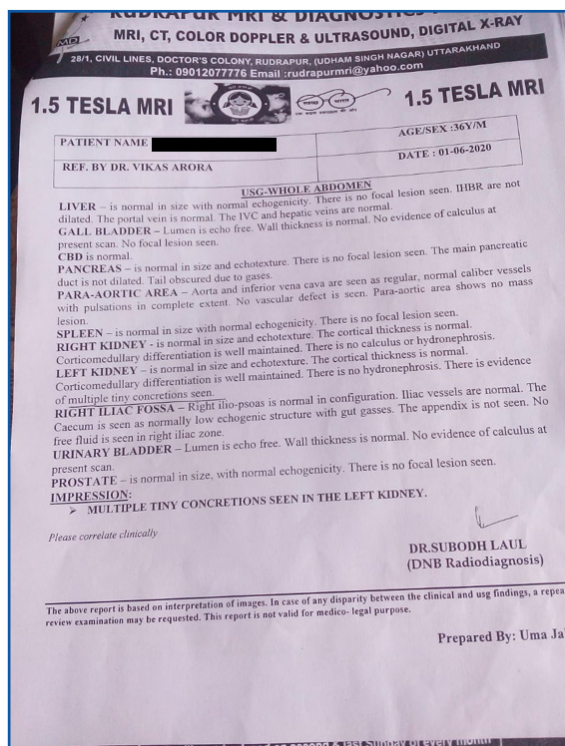
After analysing the reportorial result and consultation with *The Guiding Symptoms of Our Materia Medica*¹⁵ and *The Dictionary of Practical Materia Medica*¹⁶, *Aloes socotrina* 30/ 4 doses were prescribed (including symptoms such as consolation aggravation, pain in

right hypochondrium, rumbling after eating and passing stool during flatulence, etc.). Although consolation aggravation and other characteristic symptoms of the case was also present in *Natrum muriaticum*, *Arsenicum album* and other remedies in the repertorial result. *Aloes socotrina* was selected as per the persisting abdominal symptoms. *Aloes socotrina* was given in 4 doses after which the patient showed improvement in his complaints followed by placebo for 1 month.

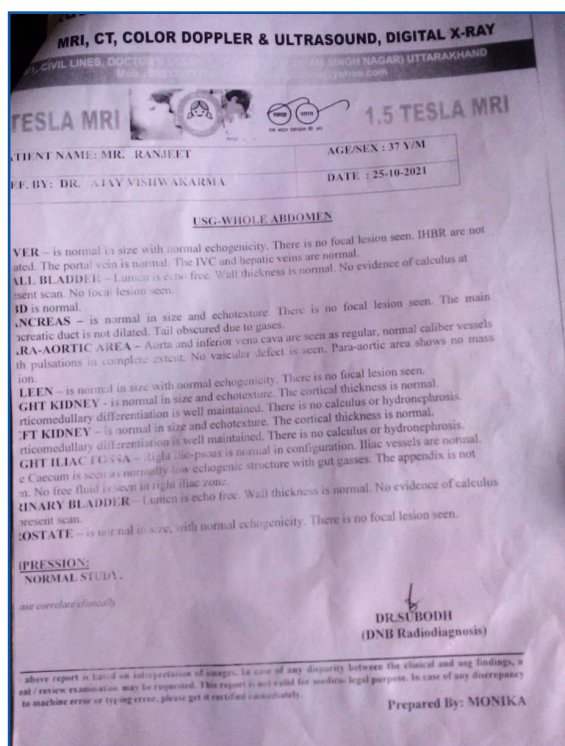
Potency- Sixth potency and higher. In rectal conditions, a few doses of the third, then wait.¹⁴

Follow Up

Date	Symptoms	Prescription
15-10-2021	1 st visit of patient	<i>Aloes socotrina</i> 30 / 4 dose ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (Aph 248,280) ¹⁷
25-10-2021	Slight relief in pain in abdomen	Placebo
05-11-2021	Pain in abdomen is better than earlier	Placebo



BEFORE



AFTER

Discussion and conclusion

This case of renal calculi is treated according to the cardinal principles of homoeopathy and the medicine selected on the basis of characteristic symptoms, i.e. stool passing with flatus, rumbling sensation in abdomen, etc., mental generals of the patient has proved to be very effective in this case of renal calculi. The potency was selected on the basis of susceptibility of the patient as the patient has a history of addiction of alcohol and tobacco and the pathological condition so the susceptibility of the patient is low this suggested the selection of low potency. The selected medicine, *Aloes socotrina*, has been given in 4 doses and then the follow up was done in every 10 days with no repetition only placebo was continued for further follow ups. The medicine shown its results in very few doses in a very short period of time this established the fast and gentle recovery according to the homoeopathic principles and philosophy.

The potency selection was done on the basis of susceptibility as stated by¹⁸:

Constantine Hering, “if the symptoms of the case generally have more resemblance to the primary symptoms of the drug, then lower potencies, on the contrary more resemblance with the later effects (secondary action) thence advocate higher potencies.”

Dr Close:

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
 2. Age: medium and higher potencies for children
 3. Higher potencies for sensitive, intelligent persons.
 4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
 5. In terminal conditions even the crude drugs may be required
- He also writes, “different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times.”

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About the author

Dr Ajay Vishwakarma, Principal I/C, (Associate Professor/ HOD, Department of Anatomy, Chandola Homoeopathic Medical College and Hospital, Rudrapur, U S Nagar, Uttarakhand)



A clinical study on the efficacy of homoeopathic medicines in the treatment of allergic rhinitis

By Dr Kulsum Sameen

Abstract: Allergic rhinitis is one of the commonest disorders and its prevalence is much more common in developing countries. Allergic rhinitis is a collection of symptoms, involving nose and eyes, which occur when one comes across in something allergic, such as dust, dander, or pollen. In other words, it may be defined as an allergic inflammation of the nasal airways. In the following paper, a study done on 30 patients of allergic rhinitis is being discussed which were treated using homoeopathic medicines prescribed on the basis of totality of symptoms.]

Key words: allergic rhinitis (AR), homoeopathic medicines.

Abbreviations: allergic rhinitis (AR), standardized case record (SCR)

Introduction

Allergic rhinitis (AR) is one of the most prevalent medical conditions, a major chronic respiratory disease by its virtue. It has significant effects on quality of life and can have considerable socioeconomic effects on children and youngsters with respect to school performance and work.

With allergic rhinitis, quality of life can be considerably reduced, leading to impaired performance of daily activities, cognitive function and classroom productivity, and reduced psychosocial well-being.

Symptoms of AR are often ignored or mistakenly attributed to a respiratory infection. Inflammation of the nose, or rhinitis, is the major symptom of AR. Inflammation causes itching, sneezing, runny nose, redness, and tenderness. Sinus swelling can constrict the eustachian tube that connects the inner ear to the throat, causing a congested feeling and "ear popping." The drip of mucus from the sinuses down the back of the throat, combined with increased sensitivity, can also lead to throat irritation and redness.

AR usually also causes redness, itching, and watery eyes. [Fatigue](#) and [headache](#) are also common. Symptoms that occur shortly after one comes into contact with the substance you are allergic to may include: ^[1,2]

- Itchy nose, mouth, eyes, throat, skin, or any area
- Problems with smell
- Running nose
- Sneezing
- Tearing eyes

Symptoms that may develop later include:

- Stuffy nose (nasal congestion)
- Coughing
- Clogged ears and decreased sense of smell
- Sore throat
- Dark circles under the eyes
- Puffiness under the eyes
- Fatigue and irritability
- Headache
- Memory problems and slowed thinking^[1,2]

Objectives of the study:

1. To study in detail about allergic rhinitis.

2. To see the effectiveness of homoeopathic medicines in the treatment of allergic rhinitis.

Materials and methods:

- This study has been conducted on the patients who were suffering from allergic rhinitis to assess the effectiveness of homoeopathic medicines in the treatment of allergic rhinitis.

Research design:

Non-controlled experimental study design.

Sample design:

Total 30 cases were selected by purposive sampling method.

All cases were selected according to inclusion criteria and excluded according to exclusion criteria.

Inclusion criteria:

- People between all age group of both genders.
- All clinically diagnosed cases of allergic rhinitis irrespective of their sex, socioeconomic status, ethnic group and occupation were considered.

Exclusion criteria:

- Cases without regular follow up.
- Cases with complications.
- Patients who were suffering from systemic disease such as high blood pressure, diabetes mellitus, etc.

Source of data:

- The data was collected from patients reported to the outpatient department, of Kulsum clinic, Akola, Maharashtra.
- Data was collected from patients or their parents/attenders, by interviewing the patient's history in detail and after thorough physical examination.

Analysis of data:

All the collected symptoms of each patient were analysed and totality of symptoms was obtained in each case by taking into consideration the homoeopathic principles.

The potency selection was done based on the demand of the case, taking into consideration the criteria of susceptibility, vitality, changes in the structural and functional level as per need of the case. These cases were followed for a period of 6 months duration.

During the follow up each case was evaluated keenly including the intensity of symptoms before during and after treatment. No controls were considered during the study. All cases were treated after taking case with the help of SCR, in which the complete symptomatology of patients (clinical presentation and individual symptoms) was recorded. Selection of remedy in each case was based on the totality of symptoms.

Follow ups:

Cases were reviewed for every 7 days, 15 days basis to assess the subjective and objective changes. Each case was followed for a period of 3 months from the commencement of treatment.

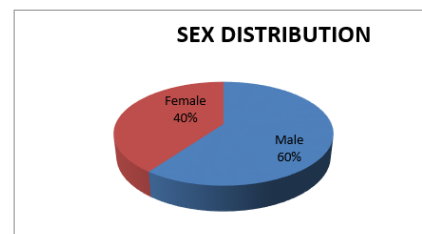
Assessment of effectiveness:

Effectiveness of the medicines was assessed on the basis of clinical improvement and the disappearance or relief of symptoms, improvement in general health.

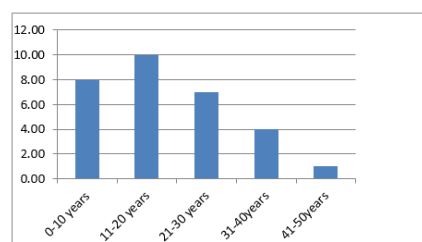
After completion of treatment, the post – treatment disease intensity was compared taking into consideration the general well-being of the patient and symptoms of allergic rhinitis.

Plan and data analysis:

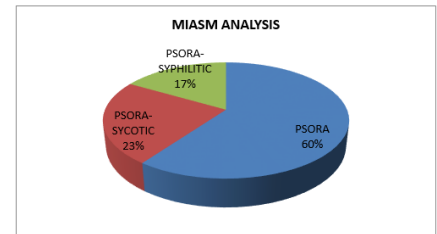
Data was analysed using descriptive statistics and the results were presented by using tables, percentages, diagrams and graphs as per need. The significance of the treatment before and after using homoeopathic medicine was tested by using paired t-test.

Results:

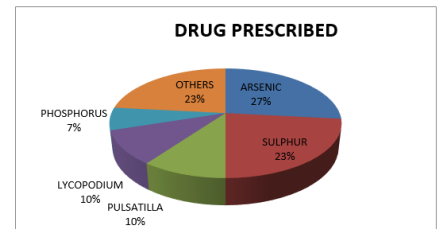
Graph showing sex distribution of total 30 cases:



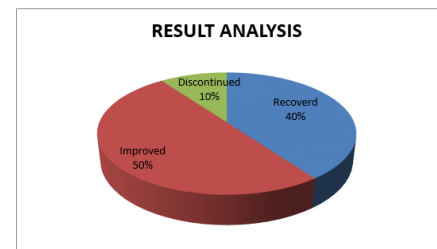
Graph showing age distribution of total 30 cases:



Graph showing miasm frequency in total 30 cases:



Graph showing drug prescribed in total 30 cases:



Graph showing result analysis of total 30 cases :

Discussion and conclusion

Arsenicum album was prescribed in cases where the patients were debilitated and exhausted after long suffering. Restlessness, nightly aggravation, great exhaustion after slightest exertion, burning which is relieved by heat, a constant state of fear, worry and anxiety, acrid, thin and scanty discharge from mucus membrane which is very offensive (putrid). Thin, acrid and excoriating discharge. Nose feels as if stopped up. Sneezing without relief. Hay fever with coryza < open air and > indoors. Right-sided coryza with hoarseness and sleeplessness. [3,6,7]

Sulphur was prescribed in case where there was relapsing tendency of symptoms and the indicated when the well-selected remedy fails to produce effective result. Irregular distribution of circulation causing local burning, throbbing and congestion. Chronic dry cough, scabs and nose feels stiffed at indoors. Frequent sneezing in morning and evening. Oppression and burning sensation is in chest. Respiration difficult wants windows open. Loose cough worse talking and morning. [3,6,7]

Pulsatilla nigricans was prescribed in those cases where patient was subjected to repeated attacks of coryza, with sneezing, and stuffing up of nose. In evening, watery discharge with sneezing. It is suited to chronic catarrhs. The patient feels better in open air and worse in warm room. There are times when his nose stuffs up more in warm room, where he sneezes more in a warm room. He gets up in the morning with a stuffed up nose. [3,6,7]

Lycopodium clavatum was prescribed in case where there was predominance of symptom on the right side of body, and they travel

left. The cold settles in the nose. The patient is sensitive to cold and there is lack of heat, worse in general from cold and cold air and from cold food and drinks, amelioration by warm drinks. [3,6,7]

The other drugs used were *Natrum muriaticum*, *Calcarea carbonicum*, *Causticum*, *Colchicum autumnale*, *Silicea terra*, *Rhus toxicodendron*, *Nux vomica*.

Conclusion

Here we have sampled total 30 cases where 18 were male and 12 were female. Maximum patients covered psora miasm, followed by psora-sycotic and psora-syphilitic miasm. [4,5] *Arsenicum album*, *Sulphur*, *Pulsatilla nigricans* were prescribed frequently depending upon totality of symptoms. From the above 30 cases, 12 patients recovered, 15 showed improvement and 3 discontinued the treatment.

Limitation:

The main limitation of the current study was that the present study was carried out with a sample of participants visiting our out-patient departments so it may

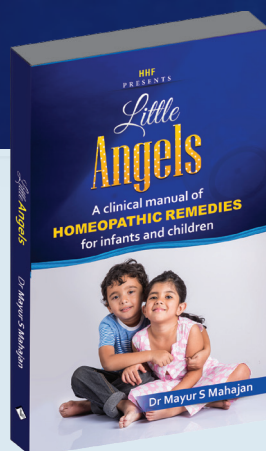
not be considered as the exact representative of entire cases of allergic rhinitis.

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About the author

Dr Kulsum Sameen, BHMS, M.D (Repertory), PhD (Scholar), Associate Professor in Department of Physiology, PHMC KHAMGAON, MAHARASHTRA



Little
Angels

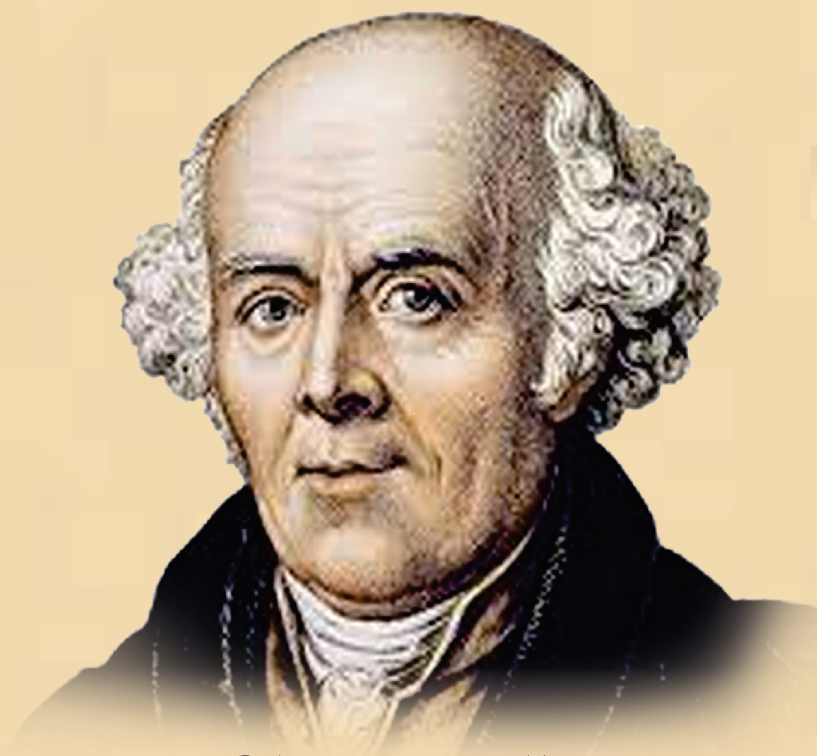
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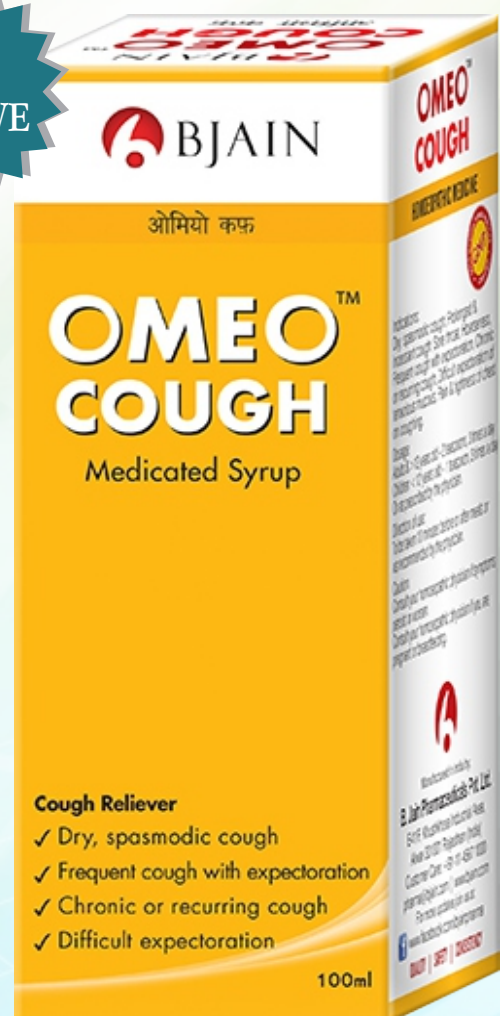
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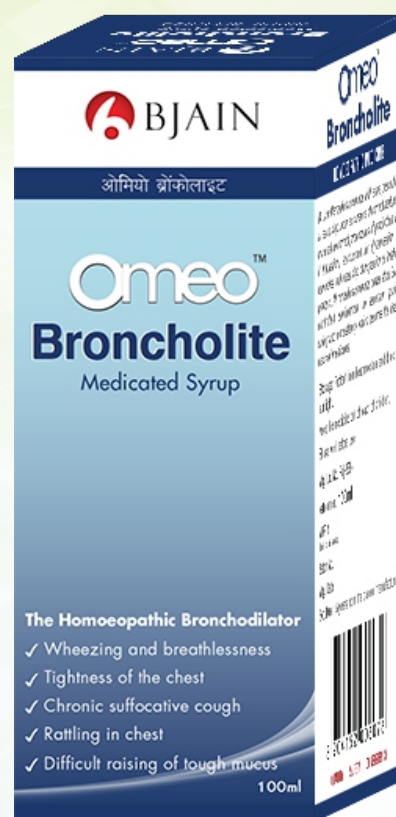
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A case report on effectiveness of homoeopathic simillimum in treatment of verruca vulgaris (common wart)

By Dr Nanritam Chopra

Abstract: Warts are one of the common dermatological disorders caused by human papilloma viruses encountered in our day to day life. These are cutaneous or mucosal infection needs proper care and treatment to prevent its transmission and complete healing. Although mostly warts are dealt with the therapeutic approach, i.e. on the basis of its peculiar type and location but it can even be successfully treated by constitutional approach. This article is regarding a case of warts treated successfully with *Nux vomica* selected as the simillimum and proved its effectiveness in a short period of time.

Keywords: Warts, human papilloma viruses (HPVs), homoeopathic treatment, *Nux vomica*, constitutional approach.

Abbreviations: outpatient department (OPD), human papilloma viruses (HPVs), potential differential field (PDF)

Introduction

Warts are considered as common, benign, epidermal lesions caused by human papillomavirus infection.¹ On an average, 7-10 per cent of the population are affected by this disease. A peak incidence of warts is seen between 12 and 16 years of age. Transmission can occur by direct skin-to-skin contact, indirect contact by sharing things like towels or razors that have touched a wart. Genital warts can either be transmitted intra uterine or unprotected sexual activity.^{2,3} They are usually asymptomatic, may be tender sometimes seen as small fleshy, grainy bumps with colours ranging from flesh-coloured to white, pink or tan.⁴ The type of wart is determined by its location and structure and are differentiated as common warts (*verrucae vulgaris*), filiform warts, plantar warts (*verruca plantaris*) and palmar warts, flat warts (*verruca plana*), genital warts, periungual warts, mosaic warts and cystic warts.² For diagnosis cardinal sign of the wart should be assessed, i.e. the absence of skin lines crossing their surface

and the presence of pinpoint black dots (thrombosed capillaries) or bleeding when they are shaved is to be insured.^{1,2,4} In homoeopathy, wart type of growths are considered to fall under the Hahnemann's sycotic miasm and majorly seen treated by its peculiar type and location.

Case study

The patient, 28 year male, into the profession of hotel management reported in the OPD at Dr. Girendra Pal Homoeopathic Hospital and Research Centre on 12/08/2020, with the complaint of a fleshy wart on the chin area since 6 months with no itching, burning or discharge. The wart appeared suddenly and was gradually noticed by him due to its increasing size. Along with this, he also suffered from regular burning in the epigastrium and all through the oesophagus after eating (especially in the odd hours, due to his duty). Patient was very much bothered about his physical appearance due to the complaint and wanted to get rid of it as early as possible (impatient), mentioned that this was because he has to look

presentable at duty.

Past history- He experienced severe bout of bloody vomiting 10 months back and took allopathic treatment for that and advised to limit his alcohol intake. Dengue 2 years back.

Family history- Maternal and paternal grandmother and grandfather have diabetes and hypertension. Mother is suffering from urticaria and hypothyroidism since long and is on allopathic treatment.

Personal history: He is a Non-vegetarian and likes spicy food and addicted to liquor on a regular basis but currently not taking it since march (at home). Desire for alcohol almost every alternate day.

Mental symptoms- He admitted that he is angered or irritated at trifles, if the work is not done according to his expectation. He cannot control his anger when crossed and can become violent. According to his peers, patient is leading a sedentary lifestyle, not inclined to any physical activity and has an irritable temperament. They confirmed his violent anger and that he is disposed to even throw things in anger; especially when his opinion is crossed. Not easily satisfied with the things

done for him, gets offended easily.

Physical generals- Patient was towards chilly, sensitive to cold drinks, had throat affections readily. Appetite is hampered, when hungry he overeats and meals are at odd timing. Has burning along the oesophagus often which aggravates after eating, regularly takes antacids for that. Nausea and bitter

taste in mouth in the morning. Frequency of the urine is increased. Ineffectual urging for stool, unsatisfactory, passed in small quantity. Loose stools follows the day after hard drinks. The sleep cycle is altered due to the odd duty hours, can't sleep till late at night, woke up unrefreshed. Irritability when disturbed by any noise while sleeping. Perspiration reduced, overall dryness of skin. De-

sire for alcohol (every alternate day, 60ml approximately). He has tendency to bloody saliva in the morning occasionally.

Physical appearance: Drunken appearance of the face with slight ptosis of the eyes.

Particular symptoms: Single fleshy wart, filiform type on the chin, no tenderness present.

Analysis of the symptoms (Table 1):

Table 1: The analysis of case symptoms under different heads.

MENTALS	PHYSICAL GENERALS	PARTICULARS
<ul style="list-style-type: none"> Irritable Can't control his anger, can become violent Angry at trifling events, when crossed Wants work according to him, not easily satisfied Not inclined in any physical activity 	<ul style="list-style-type: none"> Nausea and bitter taste in mouth in the morning Overeats when hungry, odd timing of meals Often burning along oesophagus, <after eating Unsatisfied by stools, ineffectual urging, defecated in small quantities Loose stools, indigestion day after hard drinks Unrefreshing sleep, can't sleep till late at night Great longing for alcohol Overall dryness of the skin, decreased perspiration 	<ul style="list-style-type: none"> Small, single, fleshy wart on the chin ; no burning, itching or bleeding; no tenderness

Evaluation of the symptoms: The symptoms based on their importance are graded in following descending order:

<ul style="list-style-type: none"> Irritable temperament⁺⁺⁺ Angry at trifles, when crossed⁺⁺⁺ Violent anger, can throw things in anger⁺⁺⁺ Not satisfied with the work readily⁺⁺⁺ Nausea and bitter taste in the morning⁺⁺⁺ Burning along the oesophagus, aggravates after eating⁺⁺⁺ 	<ul style="list-style-type: none"> Unsatisfactory stools, with ineffectual urging⁺⁺⁺ Great longing for alcohol⁺⁺⁺ Desires spicy food⁺⁺ Sleep disturbed easily, difficulty in sleep till late⁺⁺ Tendency for bloody saliva (once a week)⁺⁺ Small, fleshy wart on the chin⁺⁺
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Considering the symptom totality of the patient, *Kent repertory* was selected and reportorisation was done using Radar10.0 software shown in Figure 1.⁸

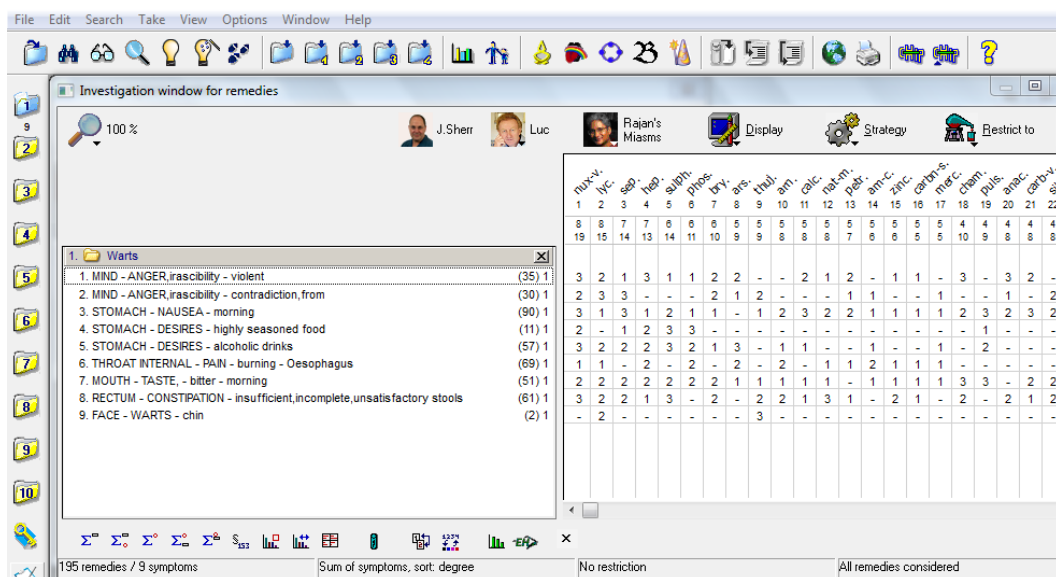


Figure 1: Repertorial chart of the case.

Prescription and justification: After the in depth case taking and considering all the aspects of the case, the patient was prescribed *Nux vomica* 200CH, single dose, at night, followed by placebo for 15 days. In this case, the mental symptoms and physical generals of the patient were more valuable than the particular

complaint so emphasis was laid on these for the selection of *Nux vomica* (Figure 1).⁸ The characteristic mental symptoms of the patient were gathered both from the patient and cross verified from the attendants to rule out any veil, thus Kent repertory was preferred for reportorisation. Also, there were many physical gen-

erals kept in mind as PDF (potential differential field) to reach out to the simillimum.⁹ Patient was advised to maintain proper hygiene of the face and avoid any kind of fancy shaving creams or any local application and be cautious while shaving not to cut off the wart voluntarily.

Follow ups

Table 2: Shows the follow up dates with the indication for prescription.

Date	Symptoms	Prescription
26/08/2020	<p>Slight itching/irritation in the wart since last week.</p> <p>Feeling as if the wart is increasing in size.</p> <p>Burning along the oesophagus ameliorated (not regularly experienced as before)</p> <p>Nausea in the morning is better.</p> <p>Slight more worried about the wart, whether it will be removed or not, not confident due to that.</p>	Placebo 30 for 15 days
10/09/2020	<p>No irritation of the wart at present.</p> <p>No burning in the oesophagus experienced after eating.</p> <p>Nausea in the morning ameliorated</p> <p>No episode of bloody saliva.</p> <p>Gained confidence about the treatment</p>	Placebo 30 for 15 days

23/09/2020	<p>Slightly detached feeling at the base of the wart.</p> <p>Not increasing in size.</p> <p>Burning along the oesophagus relieved.</p> <p>Nausea in the morning is relieved.</p> <p>Patient feeling more confident on his duty.</p>	Placebo 30 for 15 days
14/10/2020	<p>Wart detached on its own few days back.</p> <p>No burning along the oesophagus.</p> <p>No episode of bloody saliva.</p> <p>Patient confident enough.</p>	No prescription.



Figure 2: Picture of patient before treatment



Figure 3: Picture of the patient after treatment

Discussion

There are many potential medicines for treatment of warts in homoeopathic materia medica, be it therapeutic or constitutional. It is evident from some studies that *Thuja occidentalis* has effectiveness in verruca vulgaris, verruca plana and verruca plantaris.⁶ Also effectiveness of other medicines like *Ruta graveolens*, *Calcarea carbonicum*, *Antimonium crudum*, *Causticum*, *Nitric acid*, *Dulcamara*, *Natrum muriaticum* and *Opium* on different types of warts have also been reported.⁷ But the key indicator for homoeopathic prescribing is

the totality of the symptoms, thus when the case is studied in depth, the simillimum selected can relieve the patient of all the troubles apart from the chief complaint as in this case. Although *Nux vomica* is never considered a chief remedy for warts nor it comes to our mind, but when a medicine seems indicated based on the totality, it should never be ignored even if it is not amongst the first grade medicine for the particular complaint, as it is evident from the above case. Also there was no need felt for repeating the medicine in the subsequent follow-ups as patient showed overall marked improvement after the first

dose.

Conclusion

In a case of warts, although many medicines are indicated therapeutically, based on its type or location in different materia medica and repertory, but it is also possible to get results if there is proper simillimum found. This case report reconfirms that warts can be successfully managed by individualised homoeopathic approach, as *Nux vomica* managed to do and prevent the resulting morbidity for the patient in a short period of time.

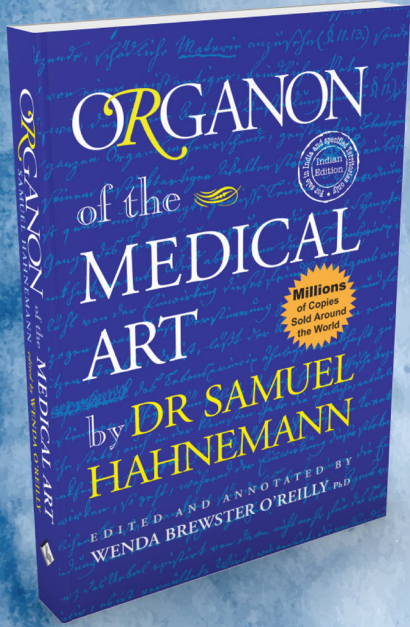
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About the author

Dr Nanritam Chopra, MD Scholar, Dept. of Materia Medica, Dr. M.P.K. Homoeopathic Medical College, a constituent college of Homoeopathy University, Jaipur





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Role of Homoeopathy in joint disorders

By Dr Ashutosh Kumar

Abstract:

Background – Homoeopathy is a system of medicine based on the scientific principles of the doctrine of similars, which states that a substance that causes symptoms in one person, can be used to cure those same symptoms in another. It is widely used to treat a variety of conditions, including joint disorders. Homoeopathy uses a holistic approach to treat Joint Disorders; for a variety of reasons, it has been proven to be effective in treating different types of pain. The use of homoeopathy is not contraindicated in patients with joint disease. As homoeopathy is highly individualized, a practitioner should determine with the patient whether the treatments are appropriate and effective for them. Homoeopathy is recommended for the treatment of pain conditions when other forms of pain management have failed.

Keywords: Rheumatoid arthritis, homoeopathy, joint disorders.

Abbreviations: Complementary and alternative medicine (CAM), osteoarthritis (OA), rheumatoid arthritis (RA).

Introduction

The process of homoeopathy is a threefold as a homoeopath “take the case”, gather patient’s information and about the symptoms to begin further. [1] Joint disorders are disorders of the joints. They are conditions that cause pain, stiffness, and loss of movement and range from relatively mild arthritis to severe rheumatoid arthritis. Joint disorders can have a wide-ranging impact on quality of life. Causes: Joint disorders are caused by a complex interplay of genetic, environmental, and behavioural factors. Joint disorders can arise due to a variety of causes. Some of the common causes of joint disorders include injury, infection, inflammation, and overuse. Joint disorders can also arise as a result of an underlying disease such as arthritis, which is a chronic inflammatory disorder of the joints. The most common cause of joint disorders is injury, which can occur due to overexertion, accidents, or trauma. Homoeopathy is one of the most commonly used complementary and alternative medicine (CAM) practices for the treatment of rheumatic and

musculoskeletal conditions. [2] The use of homoeopathic medicines in the management of rheumatism and musculoskeletal conditions has been documented for over a century. The use of homoeopathy in the treatment of rheumatism and musculoskeletal conditions has been reviewed by the American Academy of Family Physicians, the American Osteopathic Association, the American College of Rheumatology, and the American College of Physicians. The majority of these organisations have concluded that the use of homoeopathy in rheumatic and musculoskeletal conditions is either evidence-based or experience-based.

The most commonly used form of homoeopathic treatment for acute and chronic arthritis is the administration of homoeopathic medicines that are given in infinitesimally small amounts. It is thought that the infinitesimal doses provide a ‘resonance’ within the patient’s body, which in return amplifies the potency of homoeopathic medicine. Homoeopathic medicines are thought to have the potential to

relieve pain, boost the body’s immune function, and assist in the digestion of food. In addition, homoeopathic medicines are generally known to be safe and free from any side effects. Research into the homoeopathic consultation has identified contextual factors such as empathy and empowerment [3], which may mediate the homoeopathic process.

Homoeopathy in joint disorders

Joint disorders are a common cause of pain and disability. Musculoskeletal disorders affect up to 80% of the population and are the most common reason for patients presenting to primary care services. The most common musculoskeletal conditions encountered by family physicians include arthritis, bursitis, tendonitis, and fibromyalgia. The term “rheumatic” describes any joint condition that involves inflammation.

The use of homoeopathy in the treatment of joint disorders is based on the fact that the body has a self-healing capacity. The body has the ability to heal itself provided that it has been given the means to heal

itself. The body has its own immune system. When a joint suffers an injury or disease, it will have its own immune system to heal itself.

Although it is not an exhaustive description, homoeopathy has been shown to be safe and effective for the primary and secondary prevention of osteoarthritis and rheumatoid arthritis in the outpatient setting, including in high-risk populations such as older adults and patients with comorbidities. Homoeopathy has been shown to be effective in the treatment of osteoarthritis and rheumatoid arthritis in a variety of forms, including mono- and poly-articular arthritis, as well as other forms of musculoskeletal disorders. Homoeopathic treatment of osteoarthritis and rheumatoid arthritis can be administered in a variety of ways. This includes oral, topical, and intra-articular applications, as well as injections.

Homoeopathy is a system of medicine which uses the principle of proving to defend the individualised selection of a very small dose of a natural substance which, when given to a healthy individual, would produce a set of symptoms similar to the ones experienced by the individual needing treatment when exposed to the same substance in higher doses. Homoeopaths use homoeopathic medicines to treat joint disorders and other medical conditions. Homoeopathy is a system of medical philosophy and practice which uses doses of specially prepared substances called remedies to stimulate the body's self-healing mechanism. Homoeopathy has been used in the management of joint disorders since the days of the pioneers of homoeopathy. The style of treatment has evolved over the years with the introduction of new research and clinical experience but the basic tenets of homoeopathy

have stayed the same.

Arthritis is a general term used to describe inflammation of the joints.

^[4] Osteoarthritis is a type of arthritis caused by wear and tear of the joints. Rheumatoid arthritis is an autoimmune disease that causes chronic inflammation of the joints. ^[5] Joint disorders affect the way the body moves, causes pain and can cause long-term disability.

Joint disorders are caused when joints and the tissues around them become inflamed. Joint disorders can range from mild aches and pains to severe long-term problems such as osteoarthritis. They are often caused by injury or overuse of a joint, or may be genetic or caused by disease.

Joint disorders, such as osteoarthritis, rheumatoid arthritis, or gout, are caused by the same factors that cause other forms of arthritis: wear and tear on joints, which causes them to become inflamed and painful. The primary cause of these disorders is the gradual loss of cartilage in joints, causing them to become structurally unsound and prone to developing osteoarthritis. The most common symptom of joint disorders is chronic pain, but these disorders can also cause inflammation, stiffness, and restricted movement.^[6]

There are different types of joint disorders. These disorders may be caused by a number of factors, including inflammation, injuries, or degenerative changes.

The joints are the places where two bones meet and move. They help to move the body. Joints can get sore and painful, especially as you get older. This is called joint disease or arthritis. Joint disorders are a group of conditions that affect the joints and surrounding tissues. They can cause pain, swelling, and loss of

mobility. The most common types are arthritis, bursitis, and tendinitis. ^[7] Osteoarthritis, is a condition that affects the cartilage in the joints. Cartilage is a tough but flexible tissue that covers the ends of the bones and is found in the joints, especially those between bones of the spine such as the knee or the hip.

The majority of published clinical trials of homoeopathy for joint disorders have been conducted in osteoarthritis (OA) and rheumatoid arthritis (RA).^[8] OA is a condition that affects the cartilage in the joints, causing pain, immobility and stiffness. RA is a condition that results in the immune system attacking the joints. Both conditions are highly prevalent worldwide, and are estimated to affect more than 3% of the world's population.

A survey of the literature on homoeopathy treatment for degenerate joints revealed that the most common condition treated is knee osteoarthritis. The efficacy of homoeopathy in the treatment of degenerate joints has been assessed in a prospective study of sixty-two patients with osteoarthritis of the knee that was conducted in Germany.^[9] Each patient received four homoeopathic treatments, separated by a 7-day period. The following criteria were used for the clinical assessment of the knee joint: joint pain, joint inflammation, joint stiffness, joint function, muscle strength, joint effusion, joint creaking, joint swelling, and joint deformity.

Conclusion

While the homoeopathic literature on joint disorders is substantial, it primarily focuses on arthritis. The most recent Cochrane review of homoeopathy for osteoarthritis, however, concluded that there is

some evidence that homoeopathy may be slightly better than placebo for joint pain, stiffness, and functional limitations, but it may be slightly worse than placebo for use in rheumatoid arthritis. Homoeopathy was not significantly better than placebo for any of the outcomes in gout, ankylosing spondylitis, or non-specific arthritic symptoms. There was no evidence that homoeopathy is more or less effective than conventional medicines for any of the conditions examined.

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About the author

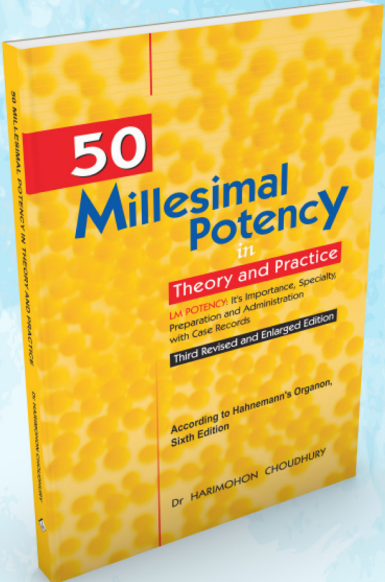
Dr Ashutosh Kumar, MD (Hom)

Assistant Professor: Department of Anatomy. RBTS Government Homoeopathic Medical College & Hospital, Muzaffarpur



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- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera, in a very simple and lucid manner.
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- 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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Correlating rubrics from the Repertory of the *Homoeopathic Materia Medica* by J. T Kent with manifestations of cervical radiculopathy

By Dr Mallesh Reddy, Dr D. Basu

Abstract: Cervical pain associated with radiculopathy is frequently encountered in clinical practice. In this article an attempt has been made to correlate the rubrics (repertorial language of a symptom) available in "*Repertory of the Homoeopathic Materia Medica*" with clinical manifestations of radiculopathies affecting different spinal segmental levels.

Keywords: Cervical radiculopathy, arm pain, neck pain, *Kent's repertory*, homoeopathy, rubrics

Introduction

Radiculopathies (which are chronic diseases with a miasmatic origin) are frequently encountered in homoeopathic practice. Radiculopathy is defined as "Irritation of or injury to a nerve root (as from being compressed) that typically causes pain, numbness, or weakness in the part of the body which is supplied with nerves from that root" [1]. Depending on the origin of anatomical level, radiculopathies can be commonly cervical or lumbosacral, and much less often thoracic[2][3]. Both males and females are affected mostly in their fourth and fifth decades of life [4]. Homoeopathic treatment is based on the language of the patient and gives utmost importance to history, clinical features and physical examination findings. *Materia medica* and *repertory* in homoeopathy contains detailed expressions of the patients.

"*Repertory of the Homoeopathic Materia Medica*" (containing 37 chapters including the subchapters) published in 1897 follows deductive logic from general to particular. It is a major contribution of Dr J. T Kent and is regarded as the most popular repertory of the 19th and 20th centuries. [5].

In this article rubrics related to cervical radiculopathy available from the *Repertory of the Homoeopathic Materia Medica* by J.T Kent (hereinafter referred to as *Kent's Repertory*) have been correlated with the spinal segmental levels.

Methods

Literature search was done (in pubmed and google scholar) using the term 'radiculopathy' with the following eight different preceding words : 'cervical', 'C2', 'C3', 'C4', 'C5', 'C6', 'C7', 'C8' to find the various presentations of such radiculopathies. Kent's Repertory was reviewed to match the rubrics with the various radiculopathies. Page numbers have also been provided for ready reference. [5]

Correlation of symptoms of cervical radiculopathy with rubrics and sub rubrics from *Kent's Repertory*:

Cervical radiculopathy causes pain and/or sensorimotor deficit in the corresponding dermatomes and myotomes. The presentation may be of pain (even electrical type pain), numbness, and/or tingling in the upper extremity or even weakness. The compression of the nerve root may occur due to disc herniation, spondylosis, instability, trauma, or rarely, tumours [6].

1. C2 radicular pain which can manifest itself as eye and/or ear pain and headache (cervico-occipital) [6,7]

Related rubrics [5]

BACK- PAIN, cervical region, extending occiput, to (Pg 901)

HEAD-PAIN, occiput. Extending ears, to (Pg 165)

HEAD-PAIN, occiput. Extending eyes, to (Pg 165)

EAR-PAIN, behind ear (Pg 306)

2. C3 and C4 symptoms manifest as vague neck and trapezius pain [6,8,9]

Related rubrics [5]

BACK- PAIN, cervical region (Pg 899)

BACK- PAIN, cervical region, extending clavicles, to (Pg 901)

BACK- PAIN, cervical region, extending back, down the (Pg 901)

EAR- NUMBNESS, about ear (Pg 303)

EAR- NUMBNESS, in mastoid (Pg 303)

BACK- NUMBNESS, Cervical region (Pg 893)

BACK- NUMBNESS, scapulae (Pg 893)

3. C5 pain occurs in the shoulder

and radiates down the ventral arm to below the elbow; and deltoid weakness [6]

Related rubrics [5]

EXTREMITIES, PAIN, shoulder. Extending to arm (Pg 1053)

EXTREMITIES, PAIN, shoulder. Extending to elbow (Pg 1053)

EXTREMITIES, WEAKNESS, upper limbs, Shoulder (Pg 1226)

4. C6 radiculopathy is associated with pain radiating down the superior lateral aspect of the arm into the first two digits [6]

Related rubrics [5]

EXTREMITIES, PAIN, upper arm. Extending downward: to finger (Pg 1055)

EXTREMITIES, WEAKNESS, upper arm. Forearm. (Pg 1227)

5. C7 pain radiates down the dorsal aspect of the arm, through the elbow and to the third digit. [6]

Related rubrics [5]

EXTREMITIES, PAIN, upper arm. Extending downward: to finger (Pg 1055)

EXTREMITIES, PAIN, upper arm. Posterior part (Pg 1055)

EXTREMITIES, WEAKNESS, upper arm. Elbow (Pg 1227)

6. C8 symptoms appear in the inferior medial aspect of the arm upto the fourth and fifth digits [6, 10]

Related rubrics [5]

BACK, PAIN, cervical region. Extending arm and fingers, to (Pg 901)

EXTREMITIES, PAIN, upper arm. Inner side: extending to fingers (Pg 1055)

EXTREMITIES, NUMBNESS, fingers. Third finger (Pg 1040)

EXTREMITIES, NUMBNESS, fingers. fourth finger (Pg 1040)

EXTREMITIES, WEAKNESS. Fingers, third (Pg 1228)

EXTREMITIES, WEAKNESS, hand grasping objects, on (Pg 1227)

Discussion

It was found that in *Kent's Repertory*, the digits are counted as four fingers and one thumb separately. Hence, the fourth and fifth finger counted anatomically, corresponds to third and fourth fingers in *Kent's Repertory*. In C8 radiculopathy, paresthesia and weakness are seen in fourth and fifth digits. The rubric for "weakness of fifth finger" was not found. [5]

C6 and C7 radiculopathies are more common when compared to other cervical radiculopathies [11]. The symptoms of various radiculopathies may overlap. The clinical presentation may be confused with peripheral nerve lesions [12]. So, physicians must be able to differentiate the condition by physical examination and relevant investigations. Also, the case will be managed more effectively by keeping in mind the possible associated disabilities.

While attempting to correlate the rubrics from various sections of *Kent's Repertory*, most of the rubrics corresponded with the clinical condition. As there are many other rubrics in *Kent's Repertory*, the physician can correlate the newly arrived symptomatology also. More specialised homoeopathic repertories containing minute details of the condition may be used in difficult cases.

Conclusion

An attempt has been made to correlate the clinical manifestations of radiculopathies with different rubrics available in "*Repertory of the Homoeopathic Materia Medica*" by J.T Kent. This work might help in understanding the rubric which is the repertorial language of the symptom which subsequently may help in the selection of simillimum.

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About the author

Dr Mallesh Reddy MD (Hom) in Practice of Medicine, NIH, Assistant Professor, JIMS Homoeopathic Medical college and hospital.

Dr D. Basu, MBBS, PhD (Medicine) Retd. Professor and Head of Department of Practice of Medicine, National Institute of Homoeopathy, Kolkata



Pityriasis rosea and homoeopathic constitutional treatment: a case report

By Dr Arti

Abstract: Healthy skin has a powerful impact on our emotional and mental well-being, it will give you confidence and a better appearance. But whenever you develop a skin related disease condition, it will not only affect your skin but also lower self-confidence. A case report of pityriasis rosea in 29 years old female patient who was treated successfully with constitutional homoeopathic medicine. *Lycopodium clavatum* was prescribed as a constitutional remedy on the basis of totality of symptoms. Homoeopathy and its holistic approach of finding a constitutional remedy provides a way for the treatment of such type of cases successfully.

Keywords: pityriasis rosea, homoeopathy, constitutional medicine, *Lycopodium clavatum*

Introduction

The term 'pityriasis rosea' denotes 'fine pink scale', which was first described by Gilbert in 1860 ⁽¹⁾. It manifests as an acute, self-limiting eruption with the duration of 6-8 weeks which evolves rapidly, usually beginning with a patch that heralds the eruption and called 'herald patch' ⁽¹⁾. It commonly affects young adults with a slight female predominance and usually occurs in summer and spring with an unknown aetiology. It is characterised by the appearance of a 'herald patch', an oval lesion with central pinkish centre, a darker periphery and a characteristic collarette of scale ⁽²⁾. The most common location on the body is chest, back, neck, upper arms and upper thighs ⁽³⁾.

Case

A 29 years old female patient came with the complaints of reddish scaly eruptions on extensor surface of left arm which persisted for last four weeks. There was no itching but margin of eruptions was quite clear,

red and scaly in appearance. Rashes were present on the upper thigh also.

History of the patient

Eruption was dry, reddish, scaly without itching for the past one month.

Past history

Nothing significant

Family history

Father died due to cancer of liver. Mother had hypertensive and taking conventional medicine.

Personal history

Head trauma 9 years ago. History of irregular menstruation. She had no any addiction.

Life space investigation

She was from upper middle class. Since childhood, she was patient and calm but now felt irritated, hatred to men, society and thought of people. Her education and professional life were good. She was unmarried.

Mental symptoms

When enquiring about her mental symptoms, she felt abandoned or not loved by her family members, friends or relatives. She felt sadness which in turn causes anger. She strangely felt hatred especially to men. She does not want to get married even the idea or thought of marriage is unbearable for her. She was constantly dwelling on past bad incidents and those misfortune humiliated her. She felt betrayed. She disliked music.

Physical generals

She had good appetite and thirst was moderate. She had desire for spicy food. Her hairs were falling out started from vertex then from temples region of head. Stool was hard at first then soft. Rectum was excoriated due to constipation. There was burning on the foot sometimes.

Diagnosis

Diagnosis was made on the basis of sign, symptoms and physical examination of the patient ⁽³⁾.

Analysis and evaluation of symptoms

Sl. No.	Classification of symptoms	Symptoms	Intensity
1.	Mental generals	Felt abandoned	+++
		Thinking about past bad incidents humiliated her	++
		Felt betrayed	+++
		Dwelling and recalling on past memories	+++
		Felt hatred to men	++
		Cannot tolerate the idea of marriage	+++
2.	Physical generals	Drinks moderate quantity of water	++
		Desire for spicy foods	+
3.	Particular symptoms	Hair falling from temples	+++
		Rectum excoriated	++
		Red, scaly and dry eruption on left arm and upper thigh	+++
		Burning on foot	+

Totality of symptoms

After analysis and evaluation, the symptoms were used in constructing the totality of symptoms were;

- She felt abandoned or not loved by her family and friends.
- Thinking about her past bad incidents those misfortune humiliated her.
- She felt betrayed or deceived which causes grief and mortification.
- Dwelling on past disagreeable occurrences and always recalling those memories.
- Felt hatred to men, society and thought of people.
- She cannot tolerate the idea of marriage.
- She felt sadness which in turn causes anger.
- Her hair was falling out started from vertex then from temples region of head.
- Stool was hard at first then soft.
- Rectum was excoriated due to constipation.
- Eruption is dry, reddish, scaly without itching on extensor surface of arm.

Conversion of symptoms into rubrics

Sl. No.	Symptoms	Rubrics with chapter
1.	Her hair was falling out started from vertex then from temples region of head.	Head - Hair falling - temples
2.	She felt abandoned or not loved by her family and friends.	Mind - Abandoned feeling - feels of not being loved by parents, family.
3.	She felt betrayed or deceived which causes grief and mortification.	Mind - Deception - causes grief and mortification.
4.	Dwelling on past disagreeable occurrences and those memories.	Mind - Dwells on past disagreeable occurrences - recalls disagreeable memories.
5.	Felt hatred to men.	Mind - Hatred men to
6.	Thinking about her past bad incidents those misfortune humiliated her.	Mind - Humiliation - ailments from
7.	She cannot tolerate the idea of marriage.	Mind - Marriage

8.	She does like to listen music.	Mind - Music aggravation.
9.	Rectum was excoriated due to constipation.	Rectum - Excoriation.
10.	Eruption is dry, reddish, scaly without itching.	Skin - Eruptions - scaly - white.
11.	Stool was hard at first then soft.	Stool - Hard first then fluid

Repertorisation⁽⁴⁾:

Repertorial sheet:

11 symptom(s)	1	2	3	4	5
Name of remedy	Lyc	Natm	Calc	Ign	Sep
Symp. covered	11	6	7	5	6
Totality	23	13	11	11	9
1. HEAD, HAIR, falling, t..	I	II	I		
2. MIND, ABANDONED,..	I		I		I
3. MIND, DECEPTION, C..	III	III		III	I
4. MIND, DWELLS, on p..	II	I	I		I
5. MIND, HATRED, men,..	I			I	
6. MIND, HUMILIATION,..	III	III	I	III	I
7. MIND, MARRIAGE, se..	III				
8. MIND, MUSIC, agg., ...	II		II	II	III
9. RECTUM, EXCORIATI..	III	II	II	II	II
10. SKIN, ERUPTIONS,..	I				
11. STOOL, HARD, first..	III	II	III		

Repertorial analysis;

Lycopodium clavatum – 11/23

Natrium muriaticum – 6/13

Calcarea ostrearum – 7/11

Ignatia amara – 5/11

Sepia officinalis – 6/9

Repertorial selection;

On the basis of repertorisation and totality of symptoms, *Lycopodium clavatum* got highest marks to the totality of symptoms. The strong mental symptoms clearly indicate the remedy. The other remedies came out on repertorisation were *Natrium muriaticum*, *Calcarea ostrearum*, *Ignatia amara*, and *Sepia officinalis*.

After consulting the materia medica as a final court of appeal medicine, *Lycopodium clavatum* was chosen.

Prescription

Lycopodium clavatum 200/1 dose was given on the first visit 18/05/2021 in empty stomach early morning for regular three days.

Follow up:

Date	Response	Prescription
26/05/2021	Felt 25% better, lesion remained	Rubrum 30 was given for next 15 days.
12/06/2021	Scaling of eruption was less, redness diminished.	Rubrum 200 was given for next 15 days.
23/06/2021	Eruption persists, new eruption appeared on right arm.	<i>Lycopodium clavatum</i> 1M/1 dose was given.
07/07/2021	Lesions started shrinking. Stool got normal.	Rubrum 200 was given for the next 15 days.
19/07/2021	Right arm lesion vanished, left still shrinking in size.	Rubrum 200 was given for the next 15 days.
08/08/2021	Improvement went on. No new symptom appeared.	Rubrum 200 was given for the next 15 days.

20/08/2021	Lesions completely disappeared. She looked happy.	No medicine was given.
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Justification for selection of remedy and potency

According to aphorism 272 of *Organon of Medicine*, single remedy was prescribed at a time and aphorism 275 stated that suitability of remedy not only depends on accurate selection of remedy but on the smallness of doses too ⁽⁵⁾, because of that reason I prescribed only one dose. For the selection of potency, susceptibility is the only guiding factor. The axiom used for this purpose is “more the susceptibility – higher the potency, less the susceptibility – lower the potency” ⁽⁶⁾. As the susceptibility of the patient was high, potency was chosen higher.

Discussion

As per aphorism 225, 5th edition, Hahnemann stated that some emotional diseases originated by emotional causes such as continued anxiety, worry, vexation, wrongs, and frequent occurrences of great fear and fright. These emotional diseases destroy the corporeal health often to a great degree. Aphorism 201 stated that when man's vital force encumbered with chronic diseases like that and unable to overcome by its powers, so it adopts the plan to transfer the internal disease to the external part or those part of body which is not indispensable to human life ⁽⁵⁾. In this case she was remaining in a constant state of anxiety, worry and wrongs for a long time seems a chronic disease and there appears the skin lesions. Aphorism 193 stated that when medicine is employed internally in the diseases of recent origin, it removes the general morbid state along with the local affection (skin lesions) and the latter is cured at the same time

as the former which proves that the local affection solely depended on the disease of the whole body ⁽⁵⁾. After administering *Lycopodium clavatum*, skin lesions are removed along with the general morbid state including mental symptoms. Dr Kent introduced a doctrine in the treatment of chronic diseases known as ‘series in degrees’ ⁽⁷⁾ which was implied in this case.

Conclusion

Homoeopathy by its constitutionally selected medicinal treatment not only cure external lesions but to treat the patient on emotional plane too. Homoeopathy is a system where individualistic approach of selecting constitutional remedy cure any kind of disease successfully. Here, *Lycopodium clavatum* played a vital role on skin lesions as well as the underlying cause or the disturbed vitality that produces it. The annihilation of external lesions is the evidence that she was cured completely.

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About the author

Dr Arti, BHMS, M.D.(HOM.) in the Department in Materia Medica, Assistant Professor at Muzaffarpur Homoeopathic Medical College and Hospital, Bihar.



Oligoasthenoteratozoospermia (OAT) – a case report

By (Prof) Dr Partha P. Ray

Abstract: The specialty of homoeopathic philosophy is individualistic approach. Individualization is the method of singling out a person from several persons from his unique characteristics. From the stand point of holism we treat every patient, not with the name of the disease but from the special expression of the individual. Same is reflected in a case of oligoasthenoteratozoospermia (OAT).

Keywords: Homoeopathy – oligoasthenoteratozoospermia - individualization – approach of case receiving and management

Abbreviations: oligoasthenoteratozoospermia (OAT)

Introduction

Hahnemann's discovery of homoeopathy was the outcome of his philosophical conflict with the prevailing mode of treatment and a humanistic attitude. Hahnemann's innovative thought led him to attach many thought processes forwarded by philosophical and medical maestros before him and contemporaries who provoked though provoked new ideas and shake the German youth (Aufklärung, the renaissances of Germany). Name of socrates, Plato, Aristotle, Bacon, Descartes, Kant, Schelling, Hegel, Sthal, Hoffman, Barthez Hegel from philosophy and Friedrich Mesmer, Paracelsus, Galen, Cullen Edward Jenner from medical word may be connected with evolution of Homoeopathic philosophy. Hahnemann took the best from all under a single umbrella and gave the name –homoeopathy.

Concept of individualization is one of the most vital aspects of homoeopathic prescription. If holism is a part of formation so individualisation is the part of practicability. If holism is a concept than individualization is the basis of homoeopathic prescription. The expression of the disease though occurs through a

part but the whole person is sick, the Sickness of an individual is the basic phenomenon having its final expression occurs at its part or Homeopathy treats the patient not the disease – are the various phrases are the outcome of the very distinct and scientific concept.

The word “individualisation” is derived from the Latin root, ‘individuus’ means in (not) and dividuus (divisible). The nearest english is individuality. In the light of study of human life, the term Individual signifies a unique human being, distinct form general class and not further classifiable in his essence of being. In its fundamental nature, an individual represents indivisibility not from the anatomical point of view but rather from the aspect of his real essence that is his innermost self. Individuality is fundamental in men. It is not merely a certain aspect of the organism. But it permeates our entire our entire beings. It makes the self -- a unique event in the history of the world. It stumps its mark on the whole of the body and consciousness, and, although remaining invisible, on each component of this whole⁴.

And simultaneously with physical activities, the body manifests other

activities, which are called mental. The existence of the mind, of consciousness, is detected by other procedures, such as those employed in the introspection and in the study of human behavior

This issue is now supported by modern medicine also. “When a patient sees a doctor, he has some expectations and hopes”, *API Text Book of Medicine* says, “They expect him to be interested in them as an individual. – He should not consider the patient as a bundle of symptoms, abnormal physical signs or pathological tissue specimens but a human being who has approached him for relief from physical and mental agony”. **Harrison** also declares, “---In this era of ‘Techno-medicine’, physicians need of approach to the patient not as ‘case’ or ‘disease’, but as individual whose problems are also to often transcend their physical complaints”. The ‘ideals’ sited in the *Oxford Handbook of Clinical Medicine* also says, “Treat the whole patient, not the disease”, which sounds like Hahnemann, conveying his unrest request form the last to last century.

Aim and objective: To establish the role of individualisation in the management of oligoasthenoteratozoospermia

CASE STUDY

Materials and methods: A single case report of oligoasthenoteratozoospermia with favourable outcome by homoeopathic treatment.

TEST DESCRIPTION		NORMAL RANGE
INFERTILITY		
Semen Evaluation		
Volume	2 ml	1.4-1.7 ml
pH	7.2	>7.2
Fructose	Present	
Viscosity	Equivocal	Normal
Sperm Concentration	4 Million/ml	>16 Million/ml
Motility (PM+NP)	45 %	%
– Progressive Motility(PM)	30 %	31-34 %
(RPM+SPM)		
– Rapid Progressive Motility (RPM)	15 %	%
– Slow Progressive Motility (SPM)	15 %	%
Non Progressive Motility (NP)	15 %	%
Immotile	55 %	%
Agglutination/Aggregation	absent	
Vitality	48 %	55-63 %
HOS	46 %	55-63 %
Morphology Normal	2 %	3-4 %
Morphology Abnormal	98 %	%
Comments: SEVERE OLIGOASTHENOTERATOZOOSPERMIA		

Before treatment

Case report

The following is a case of a lawyer of 37 years who came with the problem of infertility. He was the father of 7 years son and now planning for the second baby. As per the patient, they were trying for last six months but the result is hopeless. Then the couple had gone to gynaecologist where under a set of investigations he is diagnosed to have oligoasthenoteratozoospermia. The term oligoasthenoteratozoospermia, or OAT, is used when all three of the following factors are present: an abnormally low level of sperm of a healthy shape (teratozoospermia), an abnormally low amount of sperm (oligozoospermia), an abnormally low amount of sperm with good motility (asthenozoospermia). Along with this, he developed some erection

problem, performance difficulty and quick ejaculation. He suffered from

increased heart beats two years back and diagnosed to have hypertension. There was one episode of fever when he had elevated blood sugar but that was the first and last time. His father was diabetic and hypertensive and mother has moderately increased blood pressure. His grandfather was diabetic and hypertensive – something that both of the diseases run in the family. Occasionally, he consumed alcohol, takes green tea, sprouts and walks five kilometers – health conscious we may conclude. His appetite was good. He had a desire for less oily, less spicy homemade food. Loves chicken, fish. He likes raw onion. Fond of apples, banana, milk and curd. Stools were not satisfactory has to attain 2-3 times in morning. Sleep was good but he had lot of dreams, especially of accidents and snake. Mentally calm and quite but now disturbed due to complaints. Wanted everything under a routine and feels comfortable. Predictive, on many occasions his predictions

TEST DESCRIPTION		NORMAL RANGE
INFERTILITY		
Semen Evaluation		
Volume	3 ml	1.4-1.7 ml
pH	7.4	>7.2
Fructose	Present	
Viscosity	Equivocal	Normal
Sperm Concentration	> 90 Million/ml	>16 Million/ml
Motility (PM+NP)	75 %	%
– Progressive Motility(PM)	55 %	31-34 %
(RPM+SPM)		
– Rapid Progressive Motility (RPM)	35 %	%
– Slow Progressive Motility (SPM)	20 %	%
Non Progressive Motility (NP)	20 %	%
Immotile	25 %	%
Agglutination/Aggregation	GRADE III	
Vitality	78 %	55-63 %
HOS	80 %	55-63 %
Morphology Normal	8 %	3-4 %
Morphology Abnormal	92 %	%
Comments: NORMOZOOSPERMIA WITH GRADE III AGGREGATION		

After treatment

were found correct. He said that it was his God gifted ability. Good in leadership ability, firm in taking decision. Thermally towards chilly. Built was medium with frontal baldness, and now developed hanging warts under axilla and neck folds.

What data related to the sexual sphere collected from the case are not of very much importance and cannot be considered as characteristics. Because the erectile dysfunction, early ejaculation and performance disability is the outcome of mental dissonance resultant of his disease. In male domination society like India, becomes difficult for a male to accept his physical fault especially at the sexual sphere. Moreover, these complaints developed after he diagnosed to have the disease. Looking upon the physical expressions, nothing special was noticed. So if the target is 'individualising examination of a case of disease', this would not help in selection of the drug.

Hence, naturally one needs to explore more. The miasmatic background of this case suggested sycosis. The disease from which the patient suffering is a combination of sycotic and syphilitic miasm. So one needs a medicine that can cover this background with symptom similarity of the case.

The patient was predictive and his predictions were correct. He believed it to be a God gifted ability. He tried to live in a routine and felt comfortable in it. Lawyer by profession and he was successful, meant his ability to put references were correct. Thermally he was towards chilly. His built was medium with frontal baldness, and now he developed hanging warts

under axilla and neck folds. A strong history of diabetes and hypertension in the family.

Thuja occidentalis 0/1 (in fifty millicimal scale) was selected. This was prescribed one day interval for seven days. There was better subjective feeling. Stool complaints were better. The same medicine continued up to 0/6 potency. And the report was encouraging.

This prescription was not done with repertorial support but from common understanding of homoeopathic materia medica with miasmatic integration.

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About the author

(Prof) Dr Partha P. Ray, MD (Hom.) M. Sc. (Applied Psychology) PGDGC, Prof. and HOD, Dept. of Organon of Medicine and Homoeopathic, Philosophy, Shri Bhagwan Homoeopathic Medical College and Indira Gandhi Memorial Hospital, Aurangabad, Maharashtra, India



Utility of *Phatak repertory* in acute diseases

Dr Ami Chandarana

Abstract: The term acute disease defines that it is rapidly progressive and always complete its course more or less quickly. For the treatment of acute disease recently altered symptoms whether they are mental, general and physical should be considered to furnish the totality. *Phatak repertory* is very concise and convenient clinical repertory to use as it is arranged alphabetically. The good part of *Phatak repertory* is it contains many clinical and pathological rubrics and all the medicines it contains were used by author himself. *Phatak repertory* is very useful in cases which are full of general symptoms or we can do generalization of available symptom and use it.

Objective: To study the utility of *Phatak repertory* in acute diseases. To manage the acute diseases with *Phatak repertory*. To study the *Phatak repertory* and prescribed on the base of individualization.

Results: Results were categorised into 3 category like significantly improved, improved and status quo. Out of 50, 80% significantly improved, 14% improved and 6% cases are status quo.

Conclusion: *Phatak repertory* is concise and alphabetically arranged handy clinical repertory. It is very feasible to use for the acute disease as it contains more clinical and pathological rubrics.

Keywords: *Phatak repertory*, acute diseases

Abbreviations: COVID-19 – coronavirus disease 2019, SARS-CoV-2 – severe acute respiratory syndrome coronavirus 2, WHO – World Health Organisation, e.g – example, IL – interleukin, interstitial lung disease (ILD)

Introduction

Disease is considered as the state of disharmonious functioning of vital force, which is manifested by loss of sense of well-being.¹ Dr Hahnemann defined acute disease as – “the disease to which man is liable are either rapid, morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly but always in moderate time.” Dr Hahnemann classify acute disease in – individual, sporadic and epidemic.²

During the treatment of acute disease main aim of the physician is to accelerate the natural defense mechanism. Physician has to prescribe only on the present acute totality.³

In acute disease it may be possible that remedy may change very soon, followed by either patient may cure and do not require any other medi-

cine or it will back to background chronic totality.³ The management of the remedy in regard to potency and dose is as important as the selection of remedy.⁴

Materia medica is the ever enlarging subject and it is not possible to memorise all the available symptoms, so to solve this problem repertory was born. The repertory is an outcome of the logical human mind. Numerous repertories has come since Dr Hahnemann's era till now, they are classify according to their philosophical background and use.⁵

Phatak repertory is concise, clinical and alphabetically arranged repertory which is published in 1963 by Dr S.R. PHATAK. It is based on the “*Repertory part of synoptic key to materia medica*” by C. M. Borer. It contains innumerable addition both in the rubrics and remedies, so that it is like enlarged and improvised version of the “synoptic key.” The addition made by Dr S. R. Phatak are

from the authenticity sources like Kent, BTPB, etc. and also from his case taking and clinical observations.⁶

Objective:

To study the utility of *Phatak repertory* in acute disease

To manage the acute disease with *Phatak repertory*

To study the *Phatak repertory*

Materials and Methodology:

The present study was conducted at Ahmedabad Homeopathic Medical College & Sainath Hospital, Bopal Ghuma Road, Ahmedabad.

Materials:

- Project site: Ahmedabad Homeopathic Medical College & Sainath Hospital.
- Number of cases: 50

- Duration of year: 1 year

Methods:

A detailed case history was taken according to the model case record format with special emphasis to ascertain the following:

- **History of present complaints, past history, family history, personal history:** Present complaints with their duration and the associated was recorded very keenly because in acute recent alteration which is very useful for the prescription. Past history was recorded to know any chronic tendency. Maternal and paternal family history was taken to know the hereditary causes and mostly useful in cases of acute exacerbation. All the general symptoms of the patients were very keenly recorded because recently altered generals were very helpful for prescription.

Medical examination:

- **General and systemic examination:** positive findings

were noted.

- **Investigation:** all the required investigations were included and noted as per the case required.
- **Diagnosis:** from clinical examination and investigations.

Selection of Tools:

- **Homoeopathic Repertory:** A *concise repertory of homoeopathic medicine* by DR S.R.PHATAK⁷

Inclusion Criteria:

Acute cases were randomly selected irrespective of age, sex, socio-economic condition.

Exclusion Criteria:

- Acute cases advanced and irreversible pathological conditions.
- Cases with irregular follow up.
- Acute surgical emergency
- Medico legal cases
- Any acute disease condition which requires an emergency modern medicines.

STUDY DESIGN: Experimental

ADMINISTRATION OF MEDICINES:

Required potency, dose and repetition was selected according to homoeopathic principles. All the medicines was administered through oral route.

FOLLOW UP: As per the requirement and intensity of cases.

ANALYSIS AND RESULTS:

Criteria for result:

1. Significant improvement – Disappearance of all the sign and symptoms with no recurrence.
2. Improved: Decrease in intensity and / or frequency of presenting complaints with feeling of well-being.
3. Status quo – Neither increase nor decrease in the symptoms of the patient.

CONCLUSION:

It is based on outcome of result on the basis of material and method.

Results

Age incidences

Table 1: presenting age group and percentage of total no. of patients

Age	Number of patients	Percentage (%)
0-10	3	6%
10-20	15	30%
20-30	13	26%
30-40	5	10%
40-50	6	12%
50-60	8	16%
Total	50	100%

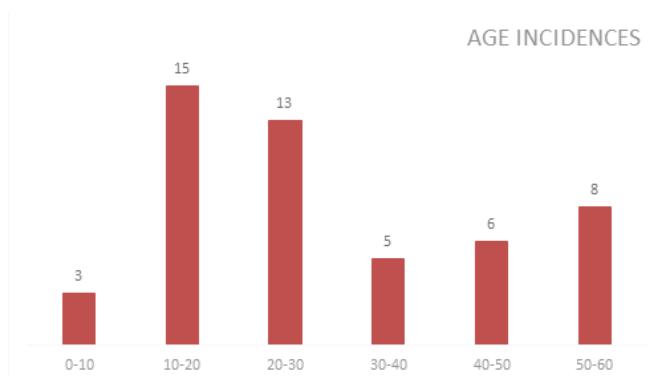


Figure 1: Bar graph presenting age demographic incidences

Gender incidences

Table: 2 presenting gender distribution

Gender	Number of patients	Percentage (%)
Female	22	44%
Male	28	56%
Total	50	100%

Gender Distribution

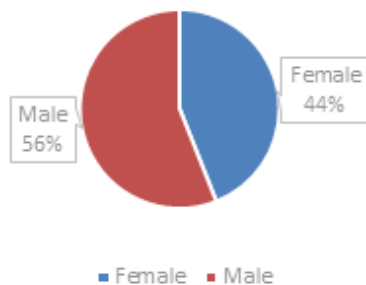


Figure: 2 pie chart present comparison of gender distribution

Clinical conditions wise distribution

Table 3: presenting various acute clinical conditions in different no. of patients and percentage

Clinical Conditions	No of patients	Percentage (%)
Acute Bronchitis	5	10%
Acute Gastritis	3	6%
Acute Gastro enteritis	5	10%
Acute otitis media	5	10%

Acute tonsillitis	5	10%
Dengue	10	20%
Food poisoning	2	4%
Urinary tract infection	5	10%
viral fever	10	20%
Grand Total	50	100%

CLINICAL CONDITIONS

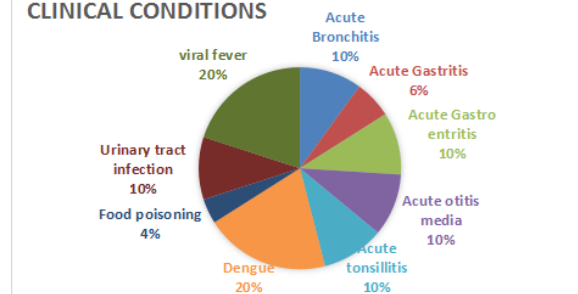


Figure 3: pie chart presenting various acute clinical conditions distribution

System wise distribution

Table 4: presenting system wise distribution in no. of patients and percentage

Different Systems	No. of Patients	Percent-age (%)
Infectious Diseases	20	40%
Digestive System	10	20%
Auditory System	5	10%
Urinary System	5	10%
Respiratory System	10	20%
Total	50	100%

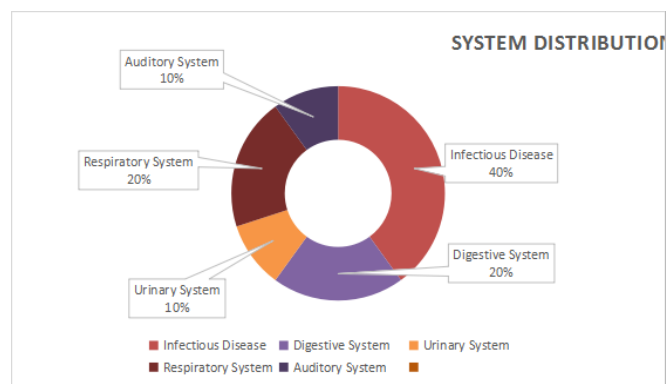


Figure 4: Doughnut pie chart present system wise distribution

Remedy distribution

Table 5: present various homoeopathic remedies used for the treatment of acute diseases with percentage

Medicine	No of case	%	Medicine	No of case	%
Eupatorium Perfoliatum	5	10%	Cantharis	3	6%
Arsenicum Album	5	10%	Phosphorus	2	4%
Mercurius Solubilis	1	2%	Gelsemium	5	10%
Belladonna	4	8%	Bryonia	2	4%
Lachesis	1	2%	Colocynthis	2	4%
opium	1	2%	Hepar sulphuris	1	2%
Nux Vomica	3	6%	Veretrum Album	1	2%
China Officinalis	3	6%	Aconite	1	2%
Antimonium Tartricum	2	4%	Mercurius Iodatus Flavum	1	2%
Pulsatilla	3	6%	Podophyllum	1	2%
Mercurius Iodatus Ruber	2	4%			
Apis Mellifica	1	2%	Total	50	100%

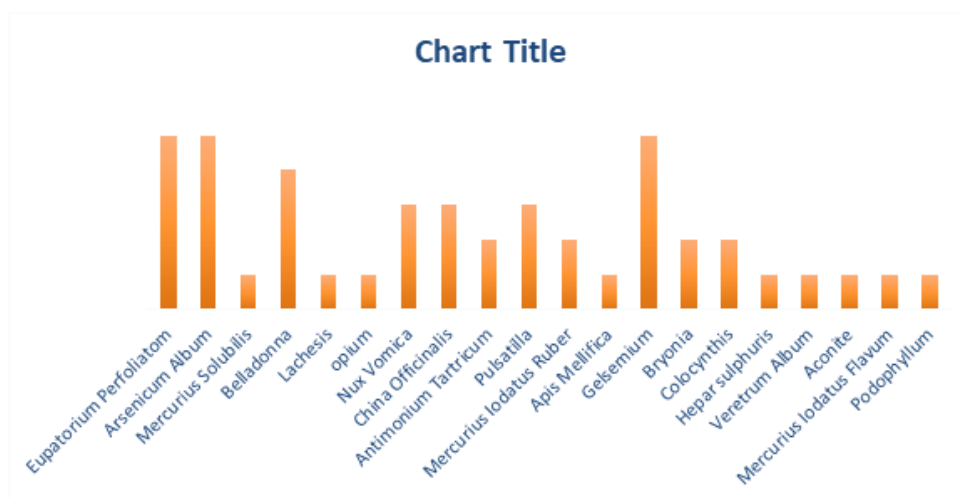


Figure 5: column chart present remedy distribution

Potency distribution

Table 6: present various potency used in the study for no. of patients with percentage

Potency	No. of Patients	Percentage (%)
30c	26	52%
200c	22	44%
1M	2	4%
Total	50	100%

POTENCY DISTRIBUTION

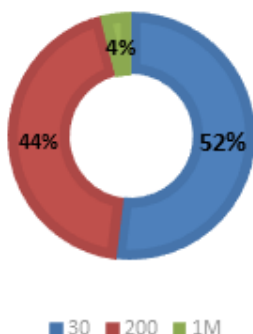


Figure 6: doughnut pie chart present potency used in the study

Remarks

Table 7: present treatment result of 50 patient

Remarks	Number of patients	Percentage (%)
Improved	7	14%
significantly Improved	40	80%
Status Quo	3	6%
Total	50	100%

REMARKS

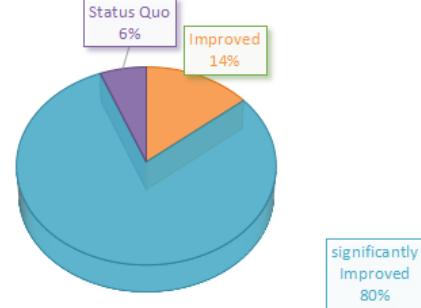


Figure 6: pie chart present improvement results

Discussion

The study was conducted at Ahmedabad homeopathic medical college and Sainath hospital, to prove the utility of *Phatak repertory* in acute disease. Total 50 acute cases were selected for the study. All 50 cases were analyzed with *Phatak repertory*. Selected acute cases were of different age groups, irrespective of both gender. Only those acute cases were included who don't required any emergency treatment. The cases were diagnosed on the clinical presentation as well as investigation as per the case demands.

The cases were repertories from the *Phatak repertory*. Assessment was done before treatment and after treatment. Follow up was taken as per the case required. The statistical analysis were calculated and interpreted. Cases were analysed on the bases of age distribution, gender distribution, clinical condition wise distribution, system wise distribution, various remedies distribution, potency distribution and remarks.

In this study of 50 patients were selected from all the age groups out of that highest incidence noted in age group 10-20 years which is 30% (15 patients), then in the age group of 20 – 30 years which is 26% (13 patients), after that in 50-60 years which is 16% (8 patients), then in the age group of 40-50 years which is 10% (6 patients), after that age group of 30-40 years which is 10% (5 patients), then in the age group of 0-10 years which is 6% (3 patients).

For this study, cases were selected from both genders out of that 56% (28 patients) males and 44% (22 patients) females.

This study contains various acute diseases out of that highest incidences is of viral fever as well as dengue which is 20% (10 patients), after that acute gastro

enteritis, urinary tract infection, acute tonsillitis and acute otitis media which is of 10% (5 patients), then acute gastritis occurs in 6% (3 patients) and lowest incidence is of food poisoning which is 4% (2 patients).

In this study, various acute diseases includes from various system of the body, the highest incidences is of infectious diseases which are 40% (20 patients), then from digestive system and respiratory system 20% (10 patients), after that from the urinary system and auditory system 10% (5 patients).

Remedies were prescribed on the basis of individuality after repertorisation from *Phatak repertory*. Numerous remedies were used to treat acute diseases out of that highest used remedies are *Eupatorium perfoliatum*, *Gelsemium sempervirens* and *Arsenicum album* in the 10 % (5 patients), after that *Belladonna* is used in 8% (4 patients) cases, then *Nux vomica*, *China officinalis*, *Pulsatilla nigricans* and *Cantharis vesicatoria* in 6% (3 patients), after that *Antimonium tartaricum*, *Mercurius iodatus ruber*, *Phosphorus*, *Bryonia alba* and *Colocynthis* used in 4% (2 patients), then *Mercurius Solubilis*, *Lachesis mutus*, *Opium*, *Apis mellifica*, *Hepar sulphuris*, *Veratrum album*, *Aconitum napellus*, *Mercurius iodatus flavum* used in 2% (1 patient).

In this study, many suitable different potencies were used as per the guidelines given in *Organon of medicine* out of that maximum used potency is 30c for the 52% (26 patients), then 200c potency used for 44% (22 patients), minimum used potency is 1M is for 4% (2 patients).

Conclusion

As we know that no repertory is perfect all the repertory has its own utility like that *Phatak repertory* contains more general symptoms, even we can't find particular symptom we can make it general. Here all the rubrics arranged alphabetically so sometimes it is difficult to find out mental symptoms. We can sometimes find difficulties when case is full of particulars.

At the end of the study significantly improved cases are 80% (40 patients), improved cases are 14% (7 patients) and status quo show in 6% (3 patients).

Thus, from the above observation, one can draw the conclusion that *Phatak repertory* is useful to solve the acute diseases. As it is alphabetically arranged so it is very feasible to use and convenient to carry at bed side. *Phatak repertory* cannot replace the exhaustive repertories as it contains very few sub-rubrics and very few medicines for the same. So in the cases which contain more general symptoms, *Phatak repertory* is very useful, or one can take particular symptom and make it general like, "pulsating pain in head" one can find

in *Phatak repertory* as pain: pulsating. With a very few sub-rubrics and medicines, one can opt very wonderful results. Another good part of *Phatak repertory* is that it contains only those medicines which were used by author himself.

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Learning materia medica - an unprejudiced way.

By Dr Anuroopam Swami, Dr Archana Gupta

Abstract: Homoeopathic system of medicine has fixed unshakable principles led by our Master; Dr Hahnemann clearly states the necessity of unprejudiced observation in *Organon of Medicine*. A homoeopath must reflect his unprejudiced approach not only in Prescription of every case but also in studying materia medica. Learning materia medica from repertory is an unprejudiced approach to grasp the wide range, diverse symptoms of our remedies. Few citations from our repertory have been given to show this fact.

Keywords: homoeopathy, repertory, materia medica, unprejudiced

Introduction

Materia medica is a Latin medical term which means 'remedial substance'. It is the study of different drug materials that are used in the treatment of diseases.

The word 'repertory' is derived from the French word 'repertoire' which means store house. In homoeopathy, repertory is an arranged index to the *Homoeopathic Materia Medica*. The information is collected from drug proving, toxicology and clinical experience. Repertory helps us to find out the group of medicines, for the required symptoms.

The essence of homoeopathic system of medicine necessitates a homoeopathic physician to be a clear-headed unprejudiced observer in order to prepare a successful prescription consistently. Master Hahnemann has presented the significance of unprejudiced observation in aphorism 6 of the *Organon of Medicine*. He has guided the homoeopaths as "not to receive any confirmation from our past experiences"¹.

Many Homoeopaths become prejudiced during selection of similli-

mum and even during prescription writing of homoeopathic medicines by employing easy means and ways. Giving *Ferrum Phosphoricum* for anaemia, *Belladonna* for tonsillitis, *Arsenicum Album* for fever, are some examples of being prejudiced.

Dr Hahnemann quoted: "the unprejudiced observer notices the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician and all these perceptible signs represent the disease in its whole extent"; hence, without an unprejudiced eye, a case lacks the required precision.¹

Dr Pierre Schmidt stated in his work, "when we take a case, we must forget everything else. We are not like some physicians who say the more I see a kind of disease, the more I am able to treat it. It is just the contrary in Homoeopathy and when you have had many cases of disease, it is more difficult to take the new case because you will have to forget all the cases that you have treated"².

The veil of becoming prejudiced;

i.e., forming any preconceived, unreasonable opinion along with experiences from the past always makes a person biased and hinder the path through which a patient ought to be treated on scientific lines.

A homoeopath should not only be an unprejudiced observer but also, he should study in an unprejudiced manner. Learning materia medica through repertorial approach is an unprejudiced way of learning. By this method, a physician can not only deduce peculiarities of the medicinal sources but also, he can collaborate some common triggering factors and its effect on the physical body.

Few peculiarities, triggers and 'ailment from', of some of the homoeopathic medicines are enumerated, treasuring an unprejudiced way of studying materia medica.

Few citations from *Complete Repertory* (*Complete Repertory* has been used because it is a latest as well as an authentic repertory)-

STAPHYSAGRIA and anger

1. "MIND - ANGER, irascibility

- tendency - throat-pit, with constriction and swelling in, swallowing agg.
- 2. THROAT - PAIN - General - throat-pit - anger, after
- 3. THROAT - PAIN - pressing - throat-pit - anger, after
- 4. LARYNX & TRACHEA - CONstriction - Throat-pit - anger, after
- 5. LARYNX & TRACHEA - PRESSURE - Throat-pit - anger, after
- 6. SPEECH & VOICE - VOICE - hoarseness - anger, from
- 7. SPEECH & VOICE - VOICE - lost - anger, after
- 8. SPEECH & VOICE - VOICE - weak - anger, after
- 9. CHEST - OPPRESSION - anger, after
- 10. GENERALITIES - PARALYSIS - one-sided, hemiplegia - anger, after"³

Above rubrics clearly shows that in Staphysagria anger is associated with symptoms affecting throat, larynx and trachea.

Financial insecurity of ARSENICUM ALBUM

- 1. "MIND- Fear of robbers
- 2. MIND- Fear of poverty, starvation
- 3. MIND- Anxiety money matters about
- 4. MIND- DELUSIONS, imaginations- robbers are in the room
- 5. MIND- ANXIETY- Business, about- prosperous although
- 6. MIND-Searching thieves, for ,at night
- 7. MIND-Delusions, imaginations- watched, that she is being
- 8. MIND- Delusions, imaginations- thief, thieves,

robbers, robbing-sees- house and space under bed are full of, that"³.

Above stated rubrics clearly states the financial insecurity and fear of thieves or getting robbed in Arsenicum album.

PULSATILLA NIGRICANS and warm room

- 1. "CHEST - PALPITATION of heart - warm - room
- 2. BACK - PAIN - warm - room, agg.
- 3. EXTREMITIES - PAIN - Lower limbs - sciatica - warm room agg.
- 4. CHILL - EVENING - warm room, in a
- 5. CHILL - CHILLINESS - warm - room
- 6. CHILL - CHILLINESS - warm - room - more in a warm room than in the open air
- 7. CHILL - COLD - air; going into cold - warm room; from a
- 8. CHILL - CREEPING - warm room, in a
- 9. CHILL - INTERNAL - night - warm room, in a
- 10. CHILL - WARM - room - agg.
- 11. CHILL - WARM - room - amel. - not amel. in warm room nor by a warm stove
- 12. FEVER - WARM - room - agg.
- 13. GENERALS - FAINTNESS - warm - room; in warm
- 14. GENERALS - WARM - room - agg.
- 15. GENERALS - WEAKNESS - warm - room, in
- 16. EAR - PAIN - pressing - warm room
- 17. HEARING - IMPAIRED - warm room - amel.
- 18. NOSE - CORYZA - discharge, with - warm room
- 19. NOSE - CORYZA - discharge,

- without - warm room
- 20. NOSE - CORYZA - warm - room
- 21. NOSE - EPISTAXIS - warm - room
- 22. NOSE - OBSTRUCTION - warm - room
- 23. NOSE - SNEEZING - warm room, in
- 24. FACE - HEAT - warm room
- 25. FACE - PAIN - warm - room - agg.
- 26. TEETH - PAIN - warm - room - agg.
- 27. TEETH - PAIN - drawing - warm - room
- 28. STOMACH - NAUSEA - warm - room
- 29. STOMACH - NAUSEA - warm - room - going into a warm room from open air
- 30. RECTUM - DIARRHEA - warm - room agg.
- 31. LARYNX AND TRACHEA - TICKLING - Air passages, in - warm room
- 32. LARYNX AND TRACHEA - VOICE - hoarseness - warm room
- 33. LARYNX AND TRACHEA - VOICE - lost - warm - room, in
- 34. RESPIRATION - DIFFICULT - warm - room, in a
- 35. COUGH - DRY - evening - entering warm room
- 36. COUGH - WARM - room
- 37. COUGH - WARM - room - going into a warm room from open air
- 38. MIND - CONFUSION of mind - warm room, in
- 39. MIND - DULLNESS - warm room, on entering a
- 40. MIND - IRRITABILITY - warm room, in
- 41. MIND - SADNESS - warm room, in
- 42. MIND - UNCONSCIOUSNESS - transient - afternoon in warm

- room
43. MIND - UNCONSCIOUSNESS - warm room, in
 44. VERTIGO - WARM - room
 45. HEAD - CONGESTION - warm - room
 46. HEAD - HEAT - warm room
 47. EYE - DRYNESS - warm - room
 48. EYE - ITCHING - warm room
 49. EYE - PAIN - burning - warm - room
 50. EAR - PAIN - warm - room; in warm"³.

Above rubrics states the wide range diverse complaints in Pulsatilla nigricans when exposed to warm environment. One of the rubric, chills aggravated in warm room is baffling.

MEDORRHINUM

1. "MIND- Ailments from reproaches
2. MIND- Ailments from rudeness of others
3. MIND- Despair from the smallest criticism
4. MIND- Sensitive to rudeness, reprimand, criticism, reproach
5. MIND- Ailments from admonition, in children
6. MIND- Sadness, melancholy from a seemingly harsh word"³

Above rubrics show the mental sensitiveness of Medorrhinum.

HEPAR SULPHURIS and fire

1. "MIND - DELUSIONS, imaginations - fire - house, on
2. MIND - DELUSIONS, imaginations - fire - neighbours house on, morning, waking in a fright
3. MIND - DELUSIONS, imaginations - fire - sees
4. MIND - DELUSIONS, imaginations - fire - world is on
5. MIND - DREAMS - fire

6. MIND - FEAR - fire - catch, things will
7. MIND - FIRE - throws things into
8. MIND - FIRE - wants to set things or house on
9. MIND - KILL, desire to - sudden impulse to - throw child - fire, into
10. MIND - SUICIDAL disposition - fire, to set oneself on"³.

HYOSCYAMUS NIGER and love-

1. "MIND - AILMENTS from - love - disappointed, unhappy
2. MIND - AILMENTS from - love - disappointed, unhappy - emotional and mental symptoms from
3. MIND - AILMENTS from - love - disappointed, unhappy - jealousy, anger and incoherent talk, with
4. MIND - AILMENTS from - love - disappointed, unhappy - laugh, with inclination to
5. MIND - AILMENTS from - love - disappointed, unhappy - rage, with
6. MIND - AILMENTS from - love - disappointed, unhappy - sadness, with
7. MIND - DESPAIR - love, from disappointed
8. MIND - JEALOUSY - love disappointment, in
9. MIND - LAUGHING - tendency - love, from disappointed
10. MIND - LOVE - exalted
11. MIND - RAGE, fury - love, after disappointed
12. MIND - SADNESS, despondency, depression, melancholy - love, from disappointed
13. MIND - SUICIDAL disposition - drowning, by - love, from disappointed

14. MIND - SUICIDAL disposition - love, from disappointed
15. SPEECH & VOICE - SPEECH - incoherent - love disappointment, from
16. GENERALITIES - CATALEPSY - love, from unrequited
17. GENERALITIES - CONVULSIONS - love, from disappointed"³.

Hyoscyamusniger has 17 symptoms related to love

Natrum muriaticum and Ignatia amara have 13 symptoms related to love.

Conclusion

From the above stated rubrics under different heading clearly states us the utility of studying materia medica in an unprejudiced way. By this method, one surely gets to know some of the very peculiar, diverse symptoms of our medicines which will truly help in prescription in an unprejudiced manner.

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About the authors

1. **Dr Anuroopam Swami1**, Professor of Organon of Medicine, Department of Organon of Medicine, Bakson Homoeopathic Medical College and Hospital
2. **Dr Archana Gupta**, P.G Scholar, M.D. Part- 1, Batch 2019- 2022, Department of Organon of Medicine, Bakson Homoeopathic Medical College and Hospital



Individualised homoeopathic treatment of alopecia areata: a case report

By Dr Manisha kumari, Dr Nitesh Kumar, Dr Mithilesh kr. Gupta

Abstract: Alopecia areata has become one of the most common and challenging disorder in this modern era, which is in maximum cases incurable. It is generally an autoimmune disorder which causes imbalance in person both physical as well as mental sphere. In this modern era, this is very commonly seen in youngsters' group, which may be due to today's high and advanced digital world, where one is investing maximum of his/her hours of life. Homoeopathy is the system by which we stay healthy and also makes our upcoming generation healthy. Homoeopathic medicines play an important role in immune modulation at the cellular level. Here, a 25 years old boy, presented with different patches over head with itching for 1 year. He was successfully treated by individualised homoeopathic medicine with single medicine *Tuberculinum* over 4 months. It shows positive role of homoeopathic treatment in curing alopecia areata.

Keywords: alopecia areata, homoeopathy, individualisation, *Tuberculinum*.

Abbreviations: outpatient department (OPD), once a day (OD), twice a day (BD)

Introduction

Alopecia areata is a common autoimmune disorder that often results in unpredictable hair loss. In majority of cases, hair falls out in small patches around the size of a quarter.¹ It is a non-scarring hair loss disorder with a lifetime prevalence of about 2%. Sometimes, it can lead to the complete loss of hair on the scalp called "alopecia totalis" or, in extreme cases, the entire body called "alopecia universalis".² During the active stage of hair loss, pathognomonic 'exclamation mark' hairs are seen.³

Alopecia areata, doesn't directly make people sick, nor it is contagious. It can however, be difficult to adapt to emotionally. For many people, alopecia is a traumatic disease that warrants treatment addressing the emotional aspect of hair loss, as well as the hair loss itself.

Case study

A 25-year-old, hindu, unmarried boy from lower socio-economic status presented at OPD of R.B.T.S. Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, on 25th August 2021 with a progressively increasing patches on head with itching occasionally for 1 year. He had no other medical treatment for this, He came for first time for the treatment.

Past History

His childhood history was uneventful.

He was pursuing some kind of training for job.

Family history

His father was farmer of lower-middle socio-economic status. In his family, there was a history of tuberculosis to his mother which

had been treated allopathically with proper course of Medicine. His grandmother was hypertensive with no other family history.

Physical generals

Desire: cold things, salty things

Stool: constipated, two or three times \daily

Urine: normal

Perspiration: normal

Sleep: sound \good

Thermal reaction: chilly

Mental generals:

He had great fear of animals especially dogs.

Always dissatisfied, and wants changes.

He had great love for travelling

Analysis and evaluation of symptom with miasmatic analysis⁴

S. No.	Symptom	Analysis	Evaluation	Miasmatic analysis
1.	Fear of animals.	Mental general	++	Psora
2.	Desire to travel	Mental general	+++	Tubercular
3.	Want of changeability	Mental general	++	Tubercular
4.	Hair loss in patches	Particular	+++	Syco-syphilitic
5.	Thermally chilly.	Physical general	++	Psora
6.	Desire for cold things, salty	Physical general	++	Psora-syphilitic
7.	Family history of tuberculosis	Physical general	+++	Tubercular

Repertorial totality

On detailed case taking and analysis, the symptoms were evaluated to construct the totality.

Fear of animals, desire to travel, want of changeability, hair loss in patches, thermally chilly, desire for cold things and salty food.

After evaluation of symptoms, repertorisation was done from Homopath zomeo software⁴

Remedy	Tub	Phos	Calc	Merc	Calc-p	Nat-m	Verat	Sep	Carc	Puls	Chin	Hep	Sanic	Alum	Caust	Ars
Totality	21	20	18	17	17	17	17	16	16	16	16	16	15	15	14	13
Symptoms Covered	7	6	6	7	6	5	5	7	6	6	5	5	6	5	5	5
Kingdom																
[Complete] [Mind]FEAR:Animals, of: (136)	4	3	4	1	1	3	4	1	4	3	4	3	2	3	3	
[Complete] [Mind]TRAVEL, DESIRE TO: (83)	4	1	1	3	4		1	1	3	1	1		1		1	
[Complete] [Mind]CHANGE:Desire for: (49)	3			3	3			1	1	3		3	3			
[Complete] [Generalities]FOOD AND DRINKS:Cold:Drinks:Desir...	3	4	3	4		3	4	3	3	3	4	2	3	3	3	
[Complete] [Generalities]FOOD AND DRINKS:Salt or salty food:...	3	4	3	1	4	4	4	3	3	2	3		3	2	3	
[Complete] [Generalities]COLDNESS, LACK OF VITAL HEAT: (755)	3	4	4	4	4	4	4	4	2	4	4	4	3	4	4	

Prescription

Tuberculinum 200/2 dose/OD and Placebo /BD for 15 days

Selection of remedy with justification

On the basis of totality of symptom, its repertorial analysis as it cover maximum rubric,family history of tuberculosis and consultation with materia medica⁶, *Tuberculinum* was selected as an individualised, single, constitutional

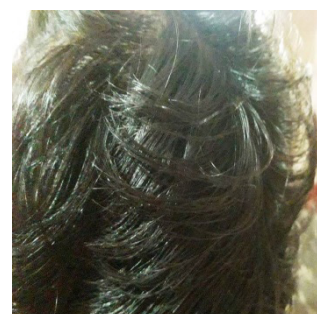
remedy

Selection of potency with justification

It is based on susceptibility of the patient⁷, moderate the susceptibility moderate the potency was prescribed.

Follow-up⁸

Date	Symptoms	Justification of symptom	Prescription
14/09/2021	No change in symptom	No improvement seen ⁸	<i>Tuberculinum</i> 1M/1dose ⁸
29/09/2021	Itching better, other complaint as it is	Improvement	Placebo/BD/for 15 days
12/10/2021	Hair started to grow itching much better	Improvement continues	Placebo/BD/for 15 days
29/10/2021	Hair continues to grow, patches decreased, Constipation better.	Improvement continues	Placebo/BD/for 15 days
16/11/2021	Patches decreased continuously	Improvement continues	Placebo/BD/for 15 days
06/12/2021	Good growth in hairs in place of spots	Improvement continues	Placebo/BD/for 15 days
24/12/2021	Much growth of hairs in place of spots	Improvement continues	Placebo/BD/for 15 days



Before Treatment

After treatment

Conclusion

Today in this modern era the most common form of alopecia areata treatment is the use of corticosteroids, powerful anti-inflammatory drugs that can suppress the immune system and as a result can have a number of other side effects. This case shows the positive role of homoeopathic treatment in alopecia areata. It confirms the importance of individualized homoeopathic treatment based on a holistic basis, rather than particular pathological

diagnosis. It also suggests that constitutional homoeopathic treatment may be given preference over therapeutic treatment. Homoeopathy acts in the inner portion of the human being and correlates the body and mind. In endocrine disorders, homoeopathic medicine acts to stimulate the gland when there is deficient secretion and where secretion is much than resist it.

Endocrinal disorders basically hereditary or constitutional defects, in such cases homoeopathic

medicine acts smoothly; and selection of medicine depends on the totality of an individual. Miasmatic background also can be the cause of these types of disorders; so anti-miasmatic treatments are much helpful and it acts as a preventive as well as curative purpose. Along with homoeopathic medicine, there must be necessary to maintain proper diet and regimen, physical exercise which helps to remove the deflected current.

Master Samuel Hahnemann has

quoted, "what action is exerted on the skin by certain diseases of the glands with internal secretion (thyroid gland, ovaries, testicles, suprarenal capsules, pituitary gland etc.). must remain reserved for future research.

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About the authors

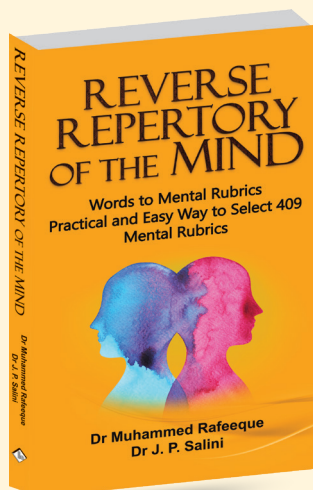
1. **Dr Manisha kumari**, PGT, RBTS Govt. Medical college and Hospital, Muz.
2. **Dr Nitesh Kumar**, PGT, RBTS Govt. Medical college and Hospital, Muz.
3. **Dr Mithilesh kr. Gupta**, PGT, RBTS Govt. Medical college and Hospital, Muz.



REVERSE REPERTORY OF THE MIND

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Effectiveness of *Thyroidinum* in 3X vis-à-vis 200CH potency in the treatment of hypothyroidism: a prospective, open-label, exploratory trial

By Dr Anuradha Singh, Dr Hanuman Ram, Dr Prasoon Choudhary,
Dr Ramesh Prasad, Arvind Kumar, Dr Hanuman Ram

Abstract: Background: The growing prevalence of hypothyroidism emerges as a public health challenge in our society. The therapeutic index of levothyroxine decreases the quality of life, causes long term complications in spite of normal biochemical range. This therapeutic dilemma developed the need to formulate an effective method for reliable prescriptions which would result in a successful outcome for the treatment of hypothyroidism. Homoeopathic medicines *Thyroidinum* in 3X and 200CH potencies have its probable effects on hypothyroidism, but their comparisons in both potencies have not yet been evaluated systematically. Hence, we aimed to compare the effects of homoeopathic medicine *Thyroidinum* 3X against 200CH in treatment of hypothyroidism.

Objectives: To assess the effectiveness of different potencies (3X or 200CH) of *Thyroidinum* at the clinical level by using Zulewski's clinical score and at biochemical level to determine changes in TSH level.

Methods: A prospective, open label, exploratory trial was conducted at Dr Madan Pratap Khunteta Homoeopathic Medical College, Hospital and Research Institute, Jaipur, Rajasthan, India, from 2015 to 2016. In this study, 100 patients were screened, out of which 70 patients were recruited as meeting the eligibility criteria of the study. With the aid of computer generated random number table participants were allocated to either group A (n=35) or group B (n=35) and received intervention *Thyroidinum* 3X or 200CH respectively. The outcomes of the study involves the assessments of effects of potency 3X or 200CH of *Thyroidinum* using the parameter scale Zulewski's clinical score (ZCS) and assessment of thyroid stimulating hormone (TSH) value and follow-up assessment was done within two weeks or as per requirement or condition of the patient.

Results: Statistical analysis of data was done by applying independent sample t- test and chi-squared statistical tests. On the basis of Zulewski's clinical score marked difference in score of ZCS (Mean \pm SD: 4.06 \pm 2.69) in *Thyroidinum* 3X as compared to *Thyroidinum* 200CH (Mean \pm SD: 2.49 \pm 1.25) and P-value is <0.05 after treatment indicating significant difference. Also, changes have been observed in TSH value, treatment under *Thyroidinum* 3X showed marked difference in score of TSH than *Thyroidinum* 200CH.

Conclusion: The present study shows the significant improvement in clinical and biochemical (TSH) level in the cases of hypothyroidism using the medicine *Thyroidinum* 3X as compared to *Thyroidinum* 200CH. Also, add the treatment efficacy and validate the symptomatology of sarcoid, i.e. *Thyroidinum* on the basis of successful prescriptions and outcome. In future, more rigorous studies can be planned to validate this evidence.

Keywords: Hypothyroidism, TSH, *Thyroidinum* 3X, *Thyroidinum* 200CH, Zulewski's clinical score (ZCS).

Abbreviations: Zulewski's clinical score (ZCS), free thyroxine (FT4), thyroid stimulating hormone (TSH), thyroid peroxidase antibody (TPO)

Introduction

In current scenario hypothyroidism results from abnormality present in the thyroid gland itself [1] reflecting inadequate production of thyroid hormone or suboptimal action of thyroid hormone on the target tissue,[2] indicates reduction in FT₄ and increase in serum TSH.[3] In India, the prevalence of

hypothyroidism is around 10.95%.

[4] Hypothyroidism is 08–09 times more common in women than in men, and the prevalence increases with age, with a peak incidence between the ages of 30 and 50 years.

[5] Hypothyroidism may be clinical (overt hypothyroidism) and mild or subclinical hypothyroidism.

[6] These include clinical signs and symptoms such as fatigue, weight

gain, constipation, cold intolerance, menstrual irregularities, diffuse muscle pain, hair thinning or loss, dry skin, poor concentration, depression and proximal muscle weakness.[7] The conventional line of treatment present is administration of levothyroxine (LT4).[8] The lifestyle impact and stress can upset optimal thyroid function and apart from this, nutrition play critical role in thyroid



hormone synthesis.^[9] Despite achieving biochemical euthyroidism with the advancement in the field of therapy for hypothyroidism, various studies^{[10][11]} have shown inadequate therapeutic surveillance resulting in poor outcome of treatment in terms of presence of residual symptoms compounded with patient dissatisfaction, poor compliance, poorer quality of life with side effects such as impairment in psychological wellbeing, decrease bone mineral density, atrial fibrillation, changes in left ventricular function and unfeasibility in cost effective.^[12]

A case report of 16-year-old female patient highlights role of homoeopathic medicines when prescribed on the basis of totality of symptoms where *Ignatia amara* followed by *Natrum muraticum* in subsequent potencies helps in reversing the functional disturbance of thyroid gland evidenced by obtaining improvement in serial thyroid function test (TFT) and Zulewski's clinical score.^[7] A case series, three cases were presented with symptoms of hypothyroidism, constitutional homoeopathic medicines - *Calcarea carbonica* 200, *Pulsatilla nigricans* 200, *Sulphur* 200 were prescribed and followed for a period of 03 months. The reduction obtained in the level of TSH along with improvement in clinical symptoms before and after treatment this favors the response of homoeopathic treatment in the cases of hypothyroidism.^[13]

Manchanda *et al*, conducted an exploratory, randomised, placebo controlled, single blind trial was conducted on 194 school children suffering from subclinical hypothyroidism with or without autoimmune thyroiditis indicates that after post treatment in verum subgroups (group A and C) TSH reached within normal limits in 85.94 and 64.29% in control subgroups and in (group A and B) serum anti TPO titre reached within normal limits in 70.27% and 27.02% in controls. In control group

eight children (10.5%) fall under overt hypothyroidism.^[14]

The domain of literature review contains existing evidence from case report; case series to randomised controlled trial indicates the positive role of individualised homoeopathic interventions in cases of hypothyroidism including subclinical hypothyroidism. Apart from individualised or constitutional treatment, as per the Paracelsus principle, organopathic therapeutic application^[15] assumes that certain remedies have a specific affinity for certain organs; and it is necessary to treat specific organ or system in order to maintain harmony of the whole person.^[16] To address these knowledge gaps, the present study an open-label, randomized, exploratory trial was undertaken as with the increasing reliance on alternative treatment, there is need to formulate methods for the effective and reliable prescriptions. Homoeopathy offers a wide range of medicines for the treatment of hypothyroidism. Apart from this, *Thyroidinum* is used frequently by homoeopathic practitioners, alone or with other medicines for the treatment of hypothyroidism in all age groups. The existing shreds of evidence are limited in relation to effects, potency and dosage which should be proved beneficial in the cases of hypothyroidism. The objective of the study to assess the effectiveness of different potencies (3X or 200CH) of *Thyroidinum* at the clinical level by using scale Zulewski's clinical score and at biochemical level to determine changes in TSH level.

Materials and methods

Study design

This is a prospective, open-label, exploratory study.

Study setup

This study was conducted at the Dr. Madan Pratap Khunteta Homoeopathic Medical College,

Hospital and Research Centre - Sindhi camp and Saipura campus, Sanganer, Jaipur.

Study duration

The study was under taken for a period of one year of duration, from August 2015 to August 2016, cases were registered in first nine months up to May 2016 and minimum six visits/ observations was obtained for each case.

Inclusion/ exclusion

Participants of age group between 15 years to 40 years, irrespective of their sex, caste, religion and duration of illness were the diagnosed of hypothyroidism (ICD 10 code E03.9) taking treatment from other systems of medicine, feeling no relief and seeking homoeopathic treatment, and also visited for complaints of fatigue, feeling heaviness in whole body, constipation, muscle stiffness, dry skin, and menorrhagia with confirmed by laboratory investigations for hypothyroidism. TSH range included in this study is < 20 mU/L as well as willing to take homoeopathic therapy and ready to hold on allopathic treatment and willing to participate in the study by giving written informed consent. The patients suffering from hypothyroidism secondary to pituitary/hypothalamic diseases, radioiodine ablation, surgery, neck irradiation, patients who were too unwell to take part, inability to read patient information sheets and/or denied consent to take part, pediatric patients <15 years of age, patients with transient hypothyroidism and > 40 years, any severe systemic complications related to hypothyroidism or with other systemic disorders and complications affecting quality of life, active pregnant women or planning a pregnancy were excluded from the study. Patient

pursuing other treatment and were not willing to leave it.

Sample size

The sample size for the study was 100 cases which was screened at baseline characteristics, at power ($1-\beta$) = 80, $\alpha=0.05$ and treatment effect $d= 0.06$ (60%). Of these, 70 were included in the study.

Wash-out period

Patients who were taking medicines previously were kept without medication for some time (depending upon the half-life of the medication they were taking).

Randomisation

In this trial, simple randomisation technique was used with the aid of computer-generated table of random numbers [17] and then numbers were written on pieces of paper and kept into envelopes which were then sealed. The participants were enrolled as per inclusion criteria of the protocol and allocated an even number were assigned to the Group A and given intervention (*Thyroidinum* 3X) while those received odd numbers were assigned to the Group B and given intervention (*Thyroidinum* 200CH).

The investigator and the patients both were aware of the generated allocations codes all through the study. An allocated code was maintained till the end of the study. This open list of random numbers with allocated codes was also made available with the pharmacist, and he was instructed for dispensing of either *Thyroidinum* 3X or *Thyroidinum* 200CH to the patients according to the chart.

Intervention

Group A patients were given *Thyroidinum* 3X in the form of tablets

(dosage - 4 tablets twice daily for fourteen days) [18] [19] and Group B patients were given *Thyroidinum* 200CH (dosage- one dose followed by Placebo 30 for fourteen days) in the form of globules. [19] Repetition of medicine was done according to the individual requirement of the cases and by appropriate judgment by the investigator. The medicine was procured from a good manufacturing practice (GMP) certified firm SBL Pvt. Ltd, India. The medicine was directed to be taken orally on clean tongue with empty stomach. The participants were assessed within two weeks for follow up for symptomatic relieve.

Data collection

A detailed case taking form was designed and approved for the study in which the case history of the patients were documented and were kept confidential. These records were used for follow-ups and analysis of the case. Each case had a parameter scale - Zulewski's clinical score, which is comprised of 7 domains under symptoms and 5 domains under physical signs which were assessed at/baseline and after post treatment of 06 months of duration. [20] To assess biochemical changes, TSH level is also recorded at baseline visit and at the end of the study.

Zulewski's *et al* reevaluated the classical signs and symptoms of hypothyroidism in the light of modern laboratory tests, based on signs and symptoms originally chosen by Billewicz and a scoring range was determined in patients with untreated overt hypothyroidism and compared to patients with normal thyroid function. Scores were based on the presence (1) or absence (0) of hypothyroid signs and symptoms. The diagnostic range for this clinical

score was established as ≤ 2 = euthyroid; 3–5 = intermediate; >5 = overt hypothyroid. [7]

Outcome assessment

The main outcomes patients were measured by Zulewski's clinical score scale and changes in serum thyroid stimulating hormone (TSH) at baseline and after 06 months treatment. The improvement indices were made on the basis of marked improvement = score% is $> 70\%$, moderate improvement = score % is 40 to $< 70\%$, mild Improvement = score % is $< 40\%$ and Status quo = score 0%.

Statistical analysis

Both descriptive and inferential statistics were applied. Statistical analysis of data was done by statistical package for social sciences (SPSS) (Chicago, Illinois, USA) version 21.0 software after tabulation into Microsoft excel. Independent sample t - test was used to compare between intra groups and chi-squared statistical tests was used for baseline comparability of the groups to assess an association between categorical variables. Categorical variables are expressed as frequencies and percentages. *P* values were set at less than 0.05 as statistically significant.

Result

In this study, 100 patients were screened, 30 patients were excluded in which 11 patients were not willing to discontinue levothyroxine, 06 patients not willing to participate and denied consent for the study, 09 patients having other systemic disorder as well as complications and remaining 04 patients diagnosed as psychiatric illness and pregnancy. Out of these, as per inclusion criteria, 70 patients enrolled, fulfilling the eligibility



criteria, and further randomised. During one year duration of study availing intervention, 5 patients dropped out, as it was seen that these patient did not turn up for the complete follow-up visit and study population comprised of 70 patients (55 females and 15 males) were completed the trial of the study. (Figure 1)

Baseline characteristics

The Group A (*Thyroidinum* 3X) and Group B (*Thyroidinum* 200CH) participants were comparable as per baseline characteristics, no significant baseline differences existed between groups in terms of socio-demographic characteristics and symptoms distribution. The distribution of the outcome measures at baseline was also similar between the two groups with no significant difference ($P>0.01$). It implied that both groups were comparable at baseline. [Table 1]

Table - 2 summarizes findings of Group A (*Thyroidinum* 3X) and Group B (*Thyroidinum* 200CH), for the sum of signs and symptoms assessed on the basis of Zulewski's clinical score demonstrated that ZCS score of *Thyroidinum* 3X at baseline was 7.14 ± 2.14 (Mean \pm SD) and in *Thyroidinum* 200CH was 7.06 ± 1.81 (Mean \pm SD) with mean difference was -0.09 , $P = 0.857$ and after 6 follow-ups i.e. after treatment ZCS score in *Thyroidinum* 3X was 3.09 ± 1.72 (Mean \pm SD) and in *Thyroidinum* 200CH score was 4.57 ± 1.93 (Mean \pm SD), $P = 0.001$, with difference score of ZCS in *Thyroidinum* 3X was 4.06 ± 2.69 (Mean \pm SD) and in *Thyroidinum* 200CH, difference score of ZCS was 2.49 ± 1.25 (Mean \pm SD).

As shown in Table - 3, Group A and Group B with assigned intervention of *Thyroidinum* 3X and *Thyroidinum*

200CH when assessed according to the TSH, at base line the TSH value was 10.41 ± 3.48 (Mean \pm SD) and 9.72 ± 3.33 (Mean \pm SD) with mean difference was -0.69 , P - value was 0.398 and at end point of study, treatment score was 4.85 ± 1.44 (Mean \pm SD) in *Thyroidinum* 3X and in *Thyroidinum* 200C TSH value was 6.19 ± 3.35 , P -value 0.033 , with difference score of TSH was 5.56 ± 2.61 (Mean \pm SD) and 3.53 ± 3.21 (Mean \pm SD).

As depicted in figure 2: The outcome assessment was done with Zulewski's clinical score on the basis of score % obtained after the response treatment under interventions used *Thyroidinum* 3X and *Thyroidinum* 200CH in Group A and Group B. In *Thyroidinum* 3X, out of 35 cases, 19 cases (54.28%) showed marked improvement in their signs and symptoms attained score% $> 70\%$, 14 cases (40%) showed moderate improvement attained score% between 40 to 70%, 20 cases (57.14%) showed mild improvement attained score% $< 40\%$, whereas 2 cases (6%) were status quo and depicted no improvement in the symptoms. In *Thyroidinum* 200CH, out of 35 cases, 2 cases (6%) showed marked improvement in their signs and symptoms attained score% $> 70\%$, 5 cases (14.28%) showed moderate improvement attained score% between 40 to 70%, 9 cases (26%) showed mild improvement attained score% $< 40\%$, whereas 4 cases (11.42%) were status quo and depicted no improvement in the symptoms.

Discussion

In the current scenario, as the advances in the field of technology, large number of patients is being detected with hypothyroidism^[21] and even after proper line of treatment with normal TSH value, results in unsympathetic dismissal of symptoms attributed to hypothyroidism. Therefore, this clinical situation often poses a

therapeutic dilemma.^[22]

In the study population, a significantly higher proportion of females (79%) were diagnosed with hypothyroidism than male (21%) to draw attention to the growing health needs of this important segment of the Indian population and this findings are similar with a hospital based study from South-India (Hyderabad) shows the prevalence of hypothyroidism was highest in the females 33.52% ($n=516$) as compared to males were 2.32%.^[23] It seems that this gender difference raised as thyroid disorder is by nature autoimmune^[24] and immune reactivity is greater in females than in males.^[25] The prevalence of hypothyroidism increases with age, as it shown in cross – sectional, multi-centered epidemiology study conducted at eight cities in India^[4] it was found that older adults had greater chances of being diagnosed of hypothyroidism with an average age of 31-40 years, i.e. 57.14% as compared to young adults aged 15-30 years i.e. 43% and 21.42% were in the age group 26-30 years was found, he age-group of 46 to 54 years (13.11%, $n= 5376$) shown the highest prevalence of hypothyroidism as compared to 18 to 35 years of age group in above said study (4) (7.53%).^[4]

The manifestations of hypothyroidism in terms of clinical sign and symptoms include a wide variety and often non-specific and may be asymptomatic that differ with age, sex, onset, duration and severity of thyroid hormone deficiency.^[26] In this study, the most frequently reported clinical features of hypothyroidism were gastrointestinal symptoms (constipation/flatulence) (87.14%) followed by fatigue (83%), followed by most common sign was puffiness in (71.42%), approximately (69%)

study female's experienced menstrual dysfunction that were not attained menopause with commonest complaint of oligomenorrhoea founded in 30% females. Frequency of headache was 67.14% in this study which is consistent with a prospective study done on headache in hypothyroidism and it was observed that the frequency of headache was (30%, n=102), cold intolerance (57.14%) and perspiration (56%).^[27]

In this study, 26 patients (37.14%) had positive family history of hypothyroidism which is in line with a clinical study done on 30 cases of subclinical hypothyroidism where 16% cases had a family history of hypothyroidism.^[28] From the conducted experiment, it is observed that, overall result of study population according to statistical analysis, Group A and Group B received intervention *Thyroidinum* 3X and *Thyroidinum* 200CH when assessed on the basis of Zulewski's score depicted marked difference in score of ZCS (Mean \pm SD; 4.06 ± 2.69) in *Thyroidinum* 3X as compared to *Thyroidinum* 200CH (Mean \pm SD; 2.49 ± 1.25) and P-value is less than 0.05 after treatment indicating significant difference. Moreover when assessed on the basis of TSH value, it was observed that after treatment under *Thyroidinum* 3X marked difference in score of TSH than *Thyroidinum* 200CH. This study findings parallel to study done on 40 patients on outcome of treating hypothyroidism with Thyroideum (dried thyroid gland) reported an increased in daily doses to 2 tablets (0.4mg of iodine) produced nearly complete compensation of hypothyreosis.^[29]

In this study it was observed that when *Thyroidinum* 3X was prescribed in 35 cases not even a single case of acute, sub-acute and chronic

toxicity was reported even in that 6% of cases where *Thyroidinum* 3X not acted which is consistent with literature. A collaborative study done by All India Institute of Medical sciences and Central Council for Research in Homoeopathy, Government of India, New Delhi, on safety studies of homoeopathic drugs (*Ferrum phosphoricum* 3X, *Ferrum phosphoricum* 6X, *Calcarea phosphoricum* 6X, and *Magnesium phosphoricum* 6X) in acute, sub-acute and chronic toxicity in rats and on the basis of biochemical, hematological parameters and histopathology of heart, kidney, liver, brain, ovaries and testis was tested and it was found that no adverse effected was reported even after administering for 180 days.^[30]

This study focus on the following symptomatology covered by the maximum patients enrolled which is similar with the symptomatology of *Thyroidinum*. (Table - 4) Clarke mention in his lecture that in cases where thyroid gland is absent or defective, thyroid feeding is to be done to compensate physiological want.^[31]

This study identified the most useful potency i.e. *Thyroidinum* 3X as compared to *Thyroidinum* 200CH which warranted treatment as a fast and viable solution in the domain of homoeopathic armentarium. The findings indicated that homoeopathic medical therapy might play a beneficial role in the long-term care of patients with such endocrine disorder. This study outcome upgrades the domain of materia medica literature in line with validation of symptoms of the pre-identified drug, Sarcodé *Thyroidinum* with focused on symptomatology (generals and particulars) commonly observed in the patients suffering from hypothyroidism. This approach

expands the treatment purpose easier in clinical practice by drawing meaningful symptomatic data.

This study achieved the aimed towards betterment of the patients who is affected from hypothyroidism by using scale (ZCS) and biochemical parameter (TSH) which helps in evaluating the effects of *Thyroidinum*. The different approaches towards potency covered and improve the knowledge of clinicians and researchers and helping the physicians in their daily practice which is required as with the increasing reliance on alternative treatment. So this study result fuel the existing literature of materia medica on *Thyroidinum* and also create bridge in the field of organon of medicine in relation to potency, dose and repetition schedule. This study highlighted that *Thyroidinum* 3X was not shown any toxicity when frequently prescribed is a positive finding of the study.

Limitations of this study include the sample size was inadequate and the time period for the study was of short duration and in addition unable to assess the role of *Thyroidinum* 3X and 200CH in controlling recurrence of disease after reaching at normalization on the basis of symptomatology and biochemical parameters. In the absence of control arm, there is always a chance of overestimation of the treatment effect. During the study period, as per condition of the patient if any required higher potency or change of potency is limited as to follow the protocol of the study. This is exploratory trial, so therapeutic approach of *Thyroidinum* is very limited yet. However, as such, is not generalizable to the community.

Benefit to the mankind

According to American thyroid association, in conventional mode



of treatment, it is seen that there is no cure for hypothyroidism and have to take lifelong treatment of thyroxine and should never be stopped otherwise health condition may get worse.^[32] The findings of this research lead a potential role of *Thyroidinum* 3X in the treatment of hypothyroidism and reduce the dependence on synthetic thyroxine throughout life. In addition, also help suffering fraternity in managing residual symptoms of hypothyroidism, preventing complications and progression to overt hypothyroidism and also help in combating poor quality of life by shortening the duration of suffering with ease on mental stress regarding the suffering. This positive approach may also provide medical benefits to large population with respect to healthcare cost.

Future strategy

This study supposed to open the pathway for further studies on the 200CH potency of *Thyroidinum* to explore the data and it should be compared further with higher potencies along with this further studies should be done on dosage and repetition schedule of *Thyroidinum* 3X and *Thyroidinum* 200CH. Studies with bigger sample size and longer follow-ups are necessary to provide better and valid result to establish in the general population for the treatment purpose. The clinical trials should be conducted to verify the proving data and pathogenesis of Sarcoid *Thyroidinum* which is mentioned in available homoeopathic literature. To verify the effects of treatment, the need of rigorous methodology of trial explorations such as randomized control trials/comparative cohort should be warranted along with blinding techniques should be included. In order to consolidate the findings observed in the pilot study,

a multi centric study on larger scale shall be undertaken to ascertain true effects. Some distinct comparison groups are required to assess whether treatment results vary with individualized medicines selected on the basis of totality of symptoms or with specific medicines for a clinical condition and moreover therapeutic and biological effect of such Sarcoid should be undertaken to explore the scope in widest range. So, that it can provide advantage into clinical practice

Conclusion

The conclusion proposing of this study, based on Zulewski's clinical score scale and TSH score after post treatment determined statistically significant improvement with *Thyroidinum* 3X as compared to *Thyroidinum* 200CH in the management of cases of hypothyroidism. Moreover, this study may help to frame a strategic plan for treatment of such cases.

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Conflict of interest:

The authors declare that they have no competing interest.

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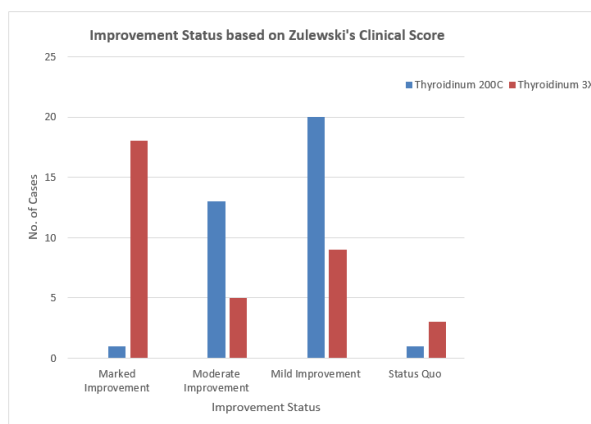
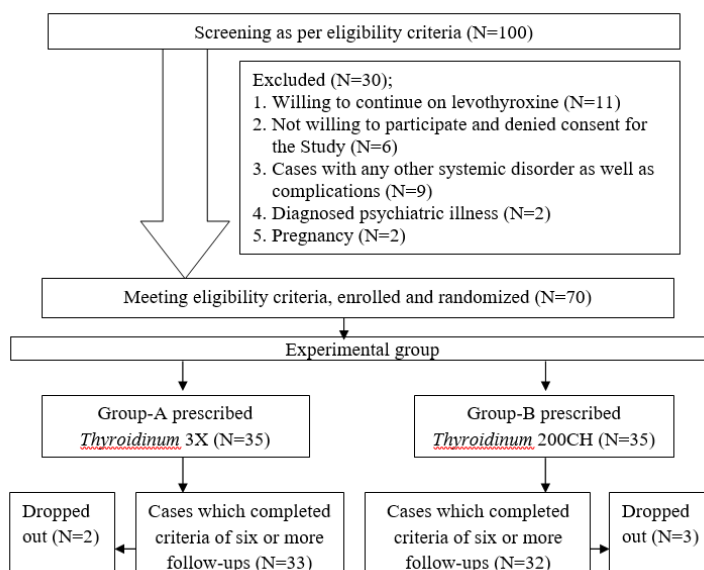


Figure - 2 Improvement status based on Zulewski's Clinical Score (ZCS)



Table - 1: Baseline Characteristics

Variables	Thyroidinum 3X n=35 (%)	Thyroidinum 200C n=35 (%)	P –value
Gender			
Male	7(20.0%)	8 (22.9%)	0.77
Female	28 (80.0%)	27 (77.1%)	
Age			
Age (years)(M ± SD)	29.63±7.65	32.26±6.77	0.133*
15 – 20 Years	6 (17.1%)	3 (8.6%)	0.55
21 – 25 Years	3 (8.6%)	3 (8.6%)	
26 – 30 Years	8 (22.9%)	7 (20.0%)	
31 – 35 Years	11 (31.4%)	9 (25.7%)	
36 – 40 Years	7 (20.0%)	13 (37.1%)	
Fatigue			
Absent.	5 (14.3%)	7 (20.0%)	0.53
Present	30 (85.7%)	28 (80.0%)	
Sweating			
Profuse	9 (25.7%)	8 (22.9%)	0.95
Scanty	11 (31.4%)	11 (31.4%)	
Normal	15 (42.9%)	16 (45.7%)	
Constipation/Flatulence			
Constipation	20 (57.1%)	21 (60.0%)	0.54
Flatulence	9 (25.7%)	11 (31.4%)	
Not Significant	6 (17.1%)	3 (8.6%)	
Menstrual Complaints			
Oligomenorrhoea	8 (22.9%)	13 (37.1%)	0.23
Menorrhagia	13 (37.1%)	6 (17.1%)	
Metrorrhagia	5 (14.3%)	3 (8.6%)	
Not Significant	2 (5.7%)	5 (14.3%)	
Not applicable	7 (20.0%)	8 (22.9%)	
Thermal Reaction			
Ambithermal	5 (14.3%)	6 (17.1%)	0.93
Chilly	20 (57.1%)	20(57.1%)	
Hot	10 (28.6%)	9 (25.7%)	
Headache			
Absent	14 (40.0%)	9 (25.7%)	0.20
Present	21 (60.0%)	26 (74.3%)	
Family History of Hypothyroidism			
Absent	24 (68.6%)	20 (57.1%)	0.32
Present	11 (31.4%)	15 (42.9%)	
Puffiness Location			

Ankle	10 (28.6%)	6 (17.1%)	0.65
Facial	8 (22.9%)	8 (22.9%)	
Periorbital	3 (8.6%)	5 (14.3%)	
Not Significant	14 (40.0%)	16 (45.7%)	

Table - 2 Zulewski's clinical score (ZCS)

Zulewski's Clinical Score (ZCS)	Thyroidinum 3X (n=35) (Mean \pm SD)	Thyroidinum 200CH (n=35) (Mean \pm SD)	Mean Difference	95% Confidence Interval of the Difference	P-value*
Before treatment Score	7.14 \pm 2.14	7.06 \pm 1.81	-0.09	(-1.03 to 0.86)	0.857
After treatment Score	3.09 \pm 1.72	4.57 \pm 1.93	1.49	(0.61 to 2.36)	0.001
Difference Score of ZCS	4.06 \pm 2.69	2.49 \pm 1.25	-1.57	(-2.57 to -0.57)	0.003
Score %	53.30 \pm 26.71	36.73 \pm 18.08	-16.57	(-27.45 to -5.69)	0.003

Note: Independent sample t- test *

Table – 3 Thyroid stimulating hormone (TSH) score

TSH	Thyroidinum 3X (n=35) (Mean \pm SD)	Thyroidinum 200CH (n=35) (Mean \pm SD)	Mean Difference	95% Confidence Interval of the Difference	P-value*
Before treatment Score	10.41 \pm 3.48	9.72 \pm 3.33	-0.69	(-2.32 to 0.93)	0.398
After treatment Score	4.85 \pm 1.44	6.19 \pm 3.35	1.34	(0.11 to 2.57)	0.033
Difference Score of TSH	5.56 \pm 2.61	3.53 \pm 3.21	-2.03	(-3.36 to -0.71)	0.003
Score %	52.45 \pm 6.89	35.19 \pm 26.70	-17.26	(-26.56 to -7.95)	0.00001

Note: Independent sample t- test *

Table – 4 Common symptoms found and matched with drug symptoms of *Thyroidinum*

Symptoms	Modalities and associations
Headache	Dull aching, stitching, pricking, bursting and throbbing. Aggravation - Strong odours, open air, thinking, sun exposure, night, morning, bending forward. Amelioration - tight bandaging, rest, lying down
Constipation	Painful, dry, hard, difficulty in passing stool, unsatisfactory and urge to pass stool



Flatulence, Sour eructation, Regurgitation of food	Painful, fullness, heaviness in head Aggravation - before and after eating, raw onion
Perspiration profuse	Face, axillae, palm and sole
Oedema	Face, peri orbital region, arms, legs and ankle joint
Physical fatigue	Present
Menstrual irregularities (early, delayed, inter-menstrual bleeding)	Flow - profuse, scanty, clotted blood, offensive

About the authors

1. **Dr Anuradha Singh**, Senior Research Fellow (H), Central Research Institute, Pratap Nagar, Jaipur, Rajasthan. Formerly PGT in Dept. of Homoeopathic Materia Medica, Dr M.P.K. Homoeopathic Medical College, Hospital and Research Institute, Jaipur, Rajasthan. Pin code - 302033.
2. **Dr Hanuman Ram**, Assistant Professor, Dept. of Homoeopathic Materia Medica, Madhav Homoeopathic

Medical College and Hospital, Abu Road, Sirohi, Rajasthan. Pin code - 307026.

3. **Dr Prasoon Choudhary**, HOD and Professor, Dept. of Pediatrics, Dr M.P.K. Homoeopathic Medical College, Hospital and Research Institute, Jaipur, Rajasthan. Pin code - 302027.
4. **Dr Ramesh Prasad**, Research Officer (H), S-3, CTU Homoeopathy on (Viral Encephalitis), B.R.D. Medical College and Hospital

Gorakhpur, UP. Pin code- 273013

5. **Arvind Kumar**, Statistical Assistant, Central Council for Research in Homoeopathy (HQ), Janakpuri D block, New Delhi. Pin code - 110058.

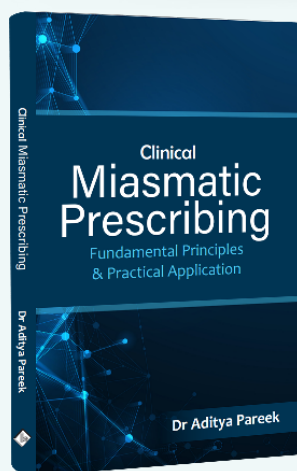
Corresponding author

Dr Hanuman Ram, Assistant Professor, Dept. of Homoeopathic Materia Medica, Madhav Homoeopathic Medical College and Hospital, Abu Road, Sirohi, Rajasthan.



Clinical Miasmatic Prescribing

Dr Aditya Pareek



- The author has shared his experience on miasms and how to clinically apply the different miasms in practice. The book is divided into 3 sections.
- The first section aims to put across the fundamentals of the theory, its utility and brief history. It also deals with the applied aspects of theory i.e. anti-miasmatic prescribing.
- In the second section, considering the importance of clear clinical differentiation, comparative tabulations have been provided aiming at clinical utility.
- Remedy discussion has been attempted for most of the symptoms mentioned.
- The third section which includes cases is not an extensive case collection of chronic cases, rather it just aims to show the applicability and practical utility of the theory in common clinical situations for better understanding of the principles discussed in part one.

ISBN : 978-81-319-1690-2 | 260pp | ₹ 299

Wonder world of mother tinctures in homoeopathy with therapeutics

By Dr K D Kanodia, Dr Abha

IN A NUTSHELL – a book review

Abstract: This book is structurally simple to be a valuable everyday resource to the classroom educator and clinicians. This book is Hieroglyph that will help you understand the myriad aspects of the hidden treasures of 347 mother tinctures and 154 rare mothers. This book has aimed to achieve success in dilating the field of Homoeopathy.

CHARACTERISTICS OF THIS BOOK

Macroscopically, this book is divided into 3 sections

1. Section I List of mother tincture
2. section II Therapeutic Hints
3. Section III Pearls of wisdom from Homeopathic ocean

Microscopically, it is an autodidact Book

Section I List of mother tincture

This section encloses alphabetically arranged 347 mother tinctures and the perpetuation of 154 rare remedies.

Each mother tincture follows a general arrangement OF

- Clinical
- Preparation of respective mother tincture
- Brief symptoms
- Dose and acute and chronic cases
- Some practical tips have been elaborately explained

Section II Therapeutic Hints

This section has 169 mother tinctures with the most indicated remedy for faster access of the clinicians for the quick fix of the patients.

Section III Pearls of wisdom from homeopathic ocean

This section is the focal point of this book. This section answers some unanswered questions of students.

- *Understanding the domain of mother tincture*

This section author gives a thrust to the readers to cultivate the use of "LIFE SAVING" mother tinctures

- *Stalwarts quotes on mother tinctures*

This section anachronisms where our stalwarts have given their opinion on mother tinctures.

I would like to quote from the book "Dr.M.L Tyler says he used *Viburnum* in many cases of neuralgia and spasmodic dysmenorrhoea and has yet to meet a single case where it failed to cure it."

- *Instant distress redeemers in mother tinctures*

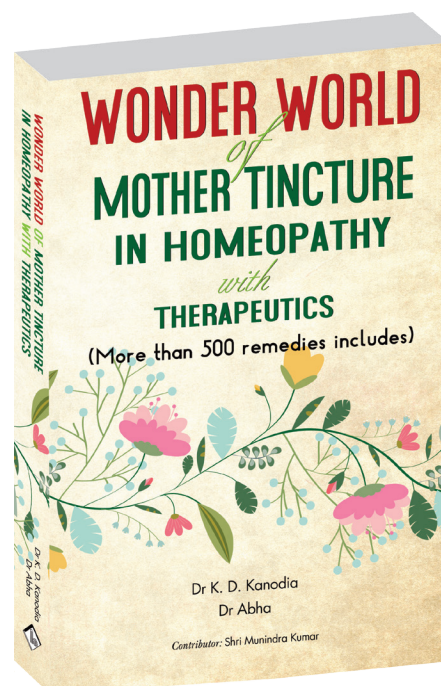
This section has remedies quoted by Homoeopaths who have found immense results by using this mother tincture.

The author says he would be delighted if the readers understand I would like to quote what "He says don't divide mother tincture and dilution in a different world but to select pearls of different design and color from this realm.

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Example: Solidago - It is named as catheter in Homoeopathy

- Clinical hints of mother tincture

This section serves as a navigational aid for the clinicians to give instant relief for the patients in distress like this.

Alphabetically arrangement of disease is given with the combination of the most indicated mother tincture with the general

management.

Example: Toothache-A drop of Aconite Q on a cotton bud, put in the cavity of teeth will give quick relief.

- Minute and delicate comparisons

With a very vast Materia Medica this section is a boon as it gives remedies with similar remedies that have similar & Contrast indications. This section acts as a practical and easy-to-use guide to higher-order thinking.

Example: Natrum Mur has white discharge and Natrum Sulp has yellow discharge

- Rare secrets of sure result in disappointing cases

As a reviewer, this section is the keeps you gripping to the book and as a clinician, this is most beneficial in cases where we haven't got good results.

Example: Bacillinum does not act till Thuja has been given and then it acts beautifully

- Danger zones not clarified in mother tincture

The all ways say "You have to take the good with the bad" this section has given danger zones of some mother tinctures stated by a different author.

Example: Crataegus in Boericke's Materia Medica states that it is a heart tonic, but doesn't have a mention that it has to be taken empty stomach.

Highlight

Crisp, hitting the target – kind of an explanation of Homoeopathic mother tinctures following through 10 validated source books of Homoeopathic Material Medica, of rare remedies adding a new array to prescription.

Conclusion

Mother tincture in Materia Medica is in the stage of clinical verification and research.

This book is a boon to the young homeopathic soldier to reconnoiter the mother tinctures.

DETAILS OF THE BOOK

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Contributor	Shri Munindra Kumar
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About the reviewer



Dr SHILPI RASTOGI, Working currently as Professor & Head in Department of Anatomy, Yenepoya Homoeopathic Medical college & Hospital, Yenepoya Deemed to be University, Karnataka.

Instagramhandle:dr.shilpir



Dr YASHASVINI JP HEGDE, Working currently as Assistant professor in Department of Case and Repertory at YHMCH, Yenepoya Deemed to be university.

Practicing at Sai Susheela clinic, Mangalore.

Instagramhandle:dr.yashasvinijp Hegde

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