

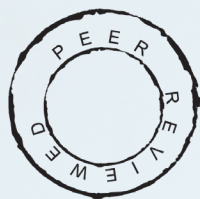
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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 47, No. 2, May 2021



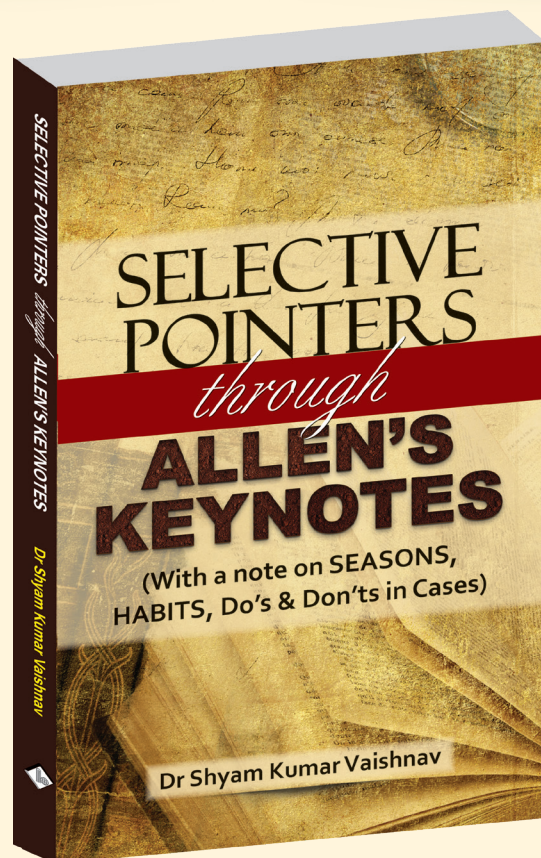
Homoeopathy and Genital diseases

- A case of atopic dermatitis treated by *Tuberculinum*: a case report
- The experimental trial of *Aegle folia* mother tincture on its blood sugar reducing property – a pilot study
- Hypothalamic amenorrhoea and homoeopathy: a case report



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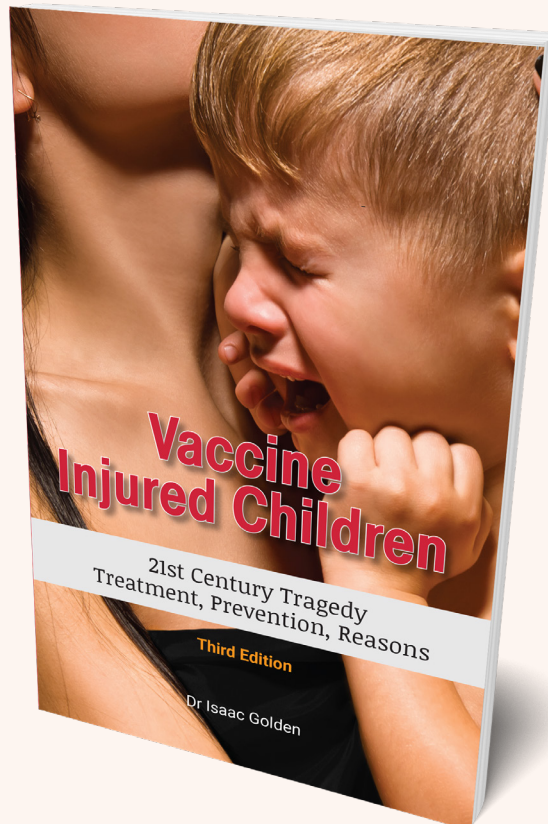
Selective Pointers *through* ALLEN'S KEYNOTES



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

Vaccine Injured Children

Dr Isaac Golden



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

Indian Journal of Research in Homoeopathy



- Covers technical and clinical studies related to health, ethical and social issues in the field of Homoeopathy research
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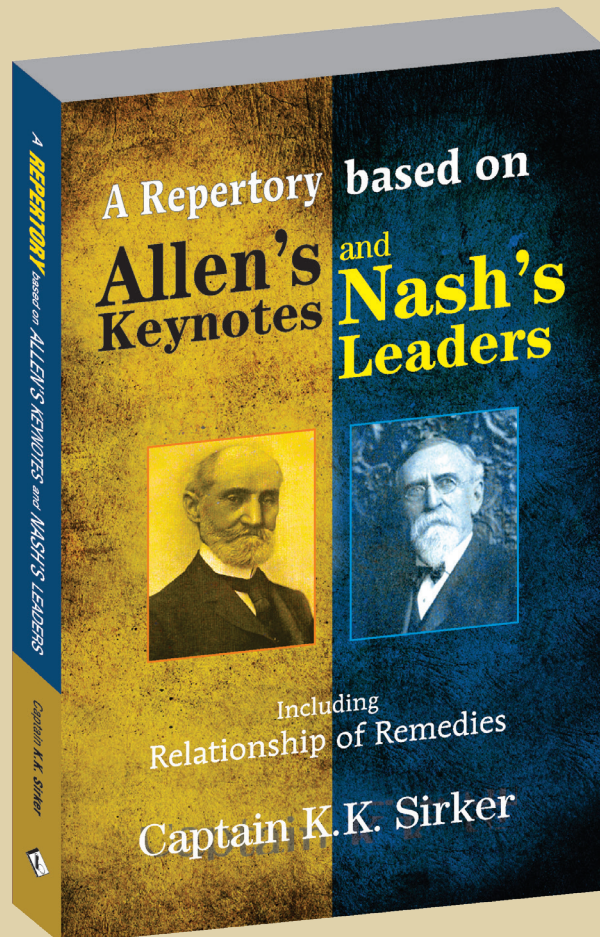
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A Repertory based on Allen's Keynotes and Nash's Leaders

Captain K.K. Sinker

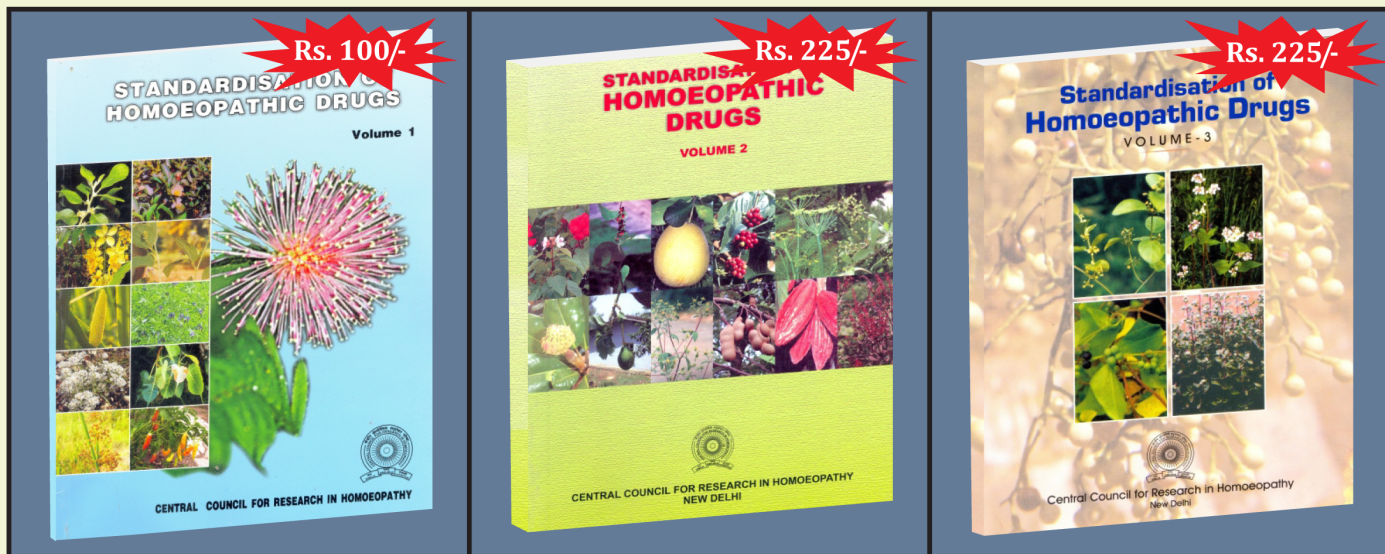


- Besides what is found in Allen's keynotes and Nash's leaders, there are some important additions to give this little work a completeness as far as possible.
- The relationship is put in a tabular form for the convenience of the readers.
- A worthwhile book, an outcome of a herculean task.
- A ready reference tool for the students and practitioners.

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Layout and Design Avinash Kharwar

Website

www.bjainbooks.com

Published and Printed by

Mr Kuldeep Jain on behalf of
M/s. B. Jain Publishers (P) Ltd.

Printed at M/s Narain Printers & Binders,
D-6, Sector-63, NOIDA, UP-201307

Published from 1921/10, Chuna Mandi,
New Delhi - 110055

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

Cover: Doctor supporting his patient

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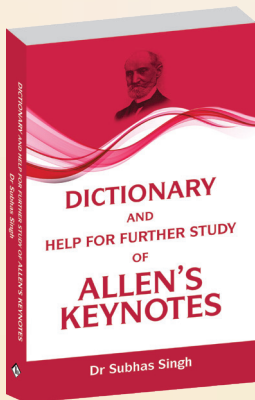
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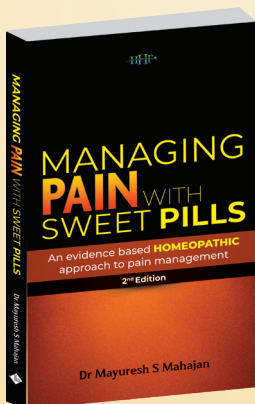
DICTIONARY and Help for Further Study of ALLEN'S KEYNOTES Dr Subhas Singh



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

ISBN: 978-81-319-1381-9 | ₹ 499 | 440 pp

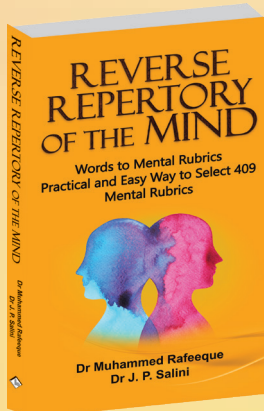
Managing Pain with Sweet Pills Dr Mayuresh S Mahajan



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

ISBN: 978-81-319-1960-6 | ₹ 595 | 600pp

Reverse Repertory of the Mind Dr Muhammed Rafeeqe & Dr J.P. Salini



- The book clearly explains how to convert the patient's symptoms into rubrics given in the repertory.
- 409 mental rubrics from Kent's Repertory and Synthesis Repertory are wonderfully explained starting from "Abandoned" to "Zealous", including the meaning of the rubric, clinical situation, patient's and attendant's narration, the observation of physician, followed by important remedies given in the rubric.
- The language of the book is kept very simple and comprehensible language keeping in view the need of the student making it a handy reference.

ISBN: 978-81-319-1802-9 | ₹ 245 | 272pp

Dear Readers,

A person's psyche and sexuality are inherently interconnected. Talking about homoeopaths, they take into account the emotional state as well as physical state, including the imbalanced personality or the mental disturbance. The symptoms are considered adaptations of the human body to fight infection and/or to adapt to stress, while the nanodoses prescribed by the homoeopath that could cause similar symptoms that the patient experiences influence the gene expression, the immunological development, as well as the genitourinary microbiome in order to initiate a healing process.

The physician must educate the patient about homoeopathic approach to the management for any genital disease which is of utmost priority. One must review the patients' symptoms carefully in order to find a remedy that addresses not just the disease, but who the person is. The prescription must be based upon the whole symptomatic picture of the disease, discovered after taking the thorough homoeopathic case of the patient.

The beauty of homoeopathy is that it does not suppress symptoms, but tries to eradicate the 'root' cause of the disease. Homoeopathy can turn the genital diseases, looking like an unfortunate situation, such as genital warts, into an opportunity to treat in order to bring about greater health and well-

being at all levels. Homoeopaths address the disease from inside out as well as help to protect from inheriting tendencies towards disease states. At the same time, one should also pay attention to the general and auxiliary management including proper rest, taking nutritious diet, and avoiding stress, for these enable the body's own defenses to fight the germs and heal the inflamed tissue.

A Quick Word on Issue Content:

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

The peer reviewed articles of this issue include a case of atopic dermatitis treated by *Tuberculinum* by Dr Azizul Islam Khadim, Dr Shimul Jamatia, and a research paper on the experimental trial of *Aegle folia* mother tincture on its blood sugar reducing property – a pilot study by Prof. Dr S. S. Moharana, Mr. K. D. Sahoo. The clinical case studies include stubborn psoriasis and life style changes -a homoeopathic case study by Dr Shravani Kampili, hypothalamic amenorrhoea and homoeopathy: a case report by Dr Tarkeshwar Jain, Dr Gaurav Nagar, Dr Priyanka Verma, and a clinical study on effectiveness of homoeopathic management in primary dysmenorrhoea among young women by Dr Laxmi Mahto.

The feather in cap of this issue is an excellent article on utility of Indian drugs in the treatment of female disorders by Chaturbhujia Nayak, Swarnaprava Sahoo. Subjective articles include paediatric case taking in homoeopathy - cautions needed by Chaturbhujia Nayak, Amrita Mishra, dealing with pruritus vulva through homoeopathy by Dr Nanritam Chopra, Dr Itika Khatri, Dr Garima Choudhary, homoeopathic therapeutic approach in understanding of carcinoma of cervix by Dr Sneha Kumari, allergic rhinitis and homoeopathy by Dr Vaishali Janardhan Ovandkar, and varicocoele – 'A male genital disease' by Dr Srabani Pal and Dr Falguni Patel. We are also thankful to Claudia Gutiérrez Maupomé for a special note titled "Referencing My Article" for this issue.

Failure of homoeopathic treatment reflects the inability of the homoeopath to effectively implement its science. Homoeopathy combined with yoga, spiritual orientation, counselling and sex education can banish problems in a person's sex life.

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

Dr Yashika Arora Malhotra
hheditor@bjain.com

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

Call for papers for the upcoming issues:

Unbolt Yourself		
June 2021	Homoeopathy in Paediatric disorders	April 15, 2021
July 2021	Homoeopathy in Female disorders	May 15, 2021

Homoeopathy and genital diseases



Editor's desk

Introduction

Most of the women experience minor vaginal problems from time to time. These problems can be related to menstrual cycles, sex, infection, birth control methods, ageing, medicines, or changes after pregnancy.

A change in women's normal vaginal discharge may be the first sign of a vaginal problem. Changes in urination, such as urinating more frequently, or burning feeling when women urinate, may also be a sign of a vaginal problem.

Causes

Conditions that may cause a change in normal vaginal discharge include:

- Infections of the vagina include a yeast infection, bacterial vaginosis, trichomoniasis, human papillomavirus (HPV), or herpes.
- Infection of the cervix (cervicitis).
- An object in the vagina, such as a forgotten tampon.
- Sexually transmitted infections (STIs), such as chlamydia or

gonorrhoea.

- Various sex practices, such as oral-to-vaginal and anal-to-vaginal contact.

Symptoms

Most of the above conditions cause itching in the vagina or vulva. Vaginal itching is uncomfortable and sometimes painful symptom due to irritating substances, infections, or menopause.

It may also occur as a result of certain skin disorders or sexually transmitted diseases (STDs). In rare cases, vaginal itching might develop due to stress or vulvar cancer.

Causes of vaginal itching

Some possible causes for itchiness of the vagina and the surrounding area commonly encountered in practise include:

Irritants

Exposing the vagina to irritating chemicals can cause vaginal itching. These irritants may trigger an allergic reaction that creates an itchy rash over various body areas, including the vagina. Common chemical irritants include soap, topical contraceptives, ointments, detergents, fabric softeners, scented toilet paper. If the woman has diabetes or urinary incontinence, her urine may also cause vaginal irritation and itching.

Skin diseases

Some skin diseases, such as eczema and psoriasis, can cause redness and itching in the genital region.

Yeast infection

Yeast is a naturally occurring fungus that's usually present in the vagina. This infection is known as a vaginal yeast infection. It's a widespread condition, affecting 3 out of 4 women at some point in their lives.

Bacterial vaginosis

Bacterial vaginosis (BV) is another common reason for vaginal itching. Like a vaginal yeast infection, BV is triggered by an imbalance between naturally occurring excellent and harmful bacteria in the vagina.

Sexually transmitted diseases

Numerous STDs can be transmitted during unprotected sexual intercourse and cause itching in the vagina. These include: chlamydia, genital warts, gonorrhoea, genital herpes, and trichomoniasis.

Menopause

Women who are going through menopause or who have already done so are more at risk for vaginal itching. This is due to the reduction of oestrogen levels that occur during menopause, which leads to vaginal atrophy. This is a thinning of the mucosa that can lead to excessive dryness. The dryness can cause itching and irritation.

Stress

Physical and emotional stress can cause vaginal itching and irritation, though this isn't very common. It might occur when stress weakens your immune system, leaving

women more prone to the infections that cause itching.

Case

A pre-menopausal television actress, very famous, working for last 15 years in television industry, very hard-working, occasionally worked in two shifts, i.e. totally for 16 hours, tried to memorise her dialouges and her role, visited with a diagnosed case of lack of oestrogen leading to dryness of genitalia. All this took lots of toll on her health, and she had to attend many night parties as well where she indulged in alcohol. In the morning, she used to have 2 cups of coffee with two boiled eggs, which she loved. She was pretty talkative, had many friends, her mother died of cancer, hence she lived with strong fear of cancer, had an early marriage with a TV actor, but in few years, she got separated as he was very abusive and jealous of her success. Recently, she suffered from itching in her genitalia including vagina, vulva and labia, itching was so intense that she had to visit the toilet and scratched crazily, occasionally that leading to masturbation. It was worse in the evening and night. She saw her gynaecologist who gave her anti-histaminics with some cream containing steroid.

Rubrics

MIND - AILMENTS FROM - mental exertion

MIND - AILMENTS FROM - mental exertion - prolonged

MIND - FEAR - cancer; of

MIND - LOQUACITY

FEMALE GENITALIA/SEX - ITCHING - burning - Labia

FEMALE GENITALIA/SEX - ITCHING - burning - Vulva

FEMALE GENITALIA/SEX - ITCHING - evening

FEMALE GENITALIA/SEX - ITCHING - intolerable

FEMALE GENITALIA/SEX - ITCHING - Labia; between

FEMALE GENITALIA/SEX - ITCHING - leukorrhoea; from

FEMALE GENITALIA/SEX - ITCHING - menses - before - agg.

FEMALE GENITALIA/SEX - ITCHING - night

FEMALE GENITALIA/SEX - ITCHING - scratching - agg.

FEMALE GENITALIA/SEX - ITCHING - Vagina - coition; after

FEMALE GENITALIA/SEX - ITCHING -

ITCHING - voluptuous

FEMALE GENITALIA/SEX - MASTURBATION, disposition to - itching, from - Clitoris

FEMALE GENITALIA/SEX - MENSES - painful

FEMALE GENITALIA/SEX - SWOLLEN - Vagina

GENERALS - FOOD and DRINKS - coffee - amel.

GENERALS - FOOD and DRINKS - eggs - desire

GENERALS - FOOD and DRINKS - whiskey - desire

Repertorial analysis

	agar.	calc.	nit-ac.	sulph.	phos.	lach.	nux-v.	ars.	kreos.	K
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1	2	-	-	-	-	-	-	-	-	
2	1	-	3	2	2	1	2	-	-	

Prescription

Agaricus muscarius LM3/ 3-4 doses/ every week was prescribed.

by 80% locally. She was asked to apply coconut oil two times a day, and also wash the private parts with calendula soap regularly.

Follow up

In 3 months, her itching reduced





A case of atopic dermatitis treated by *Tuberculinum*: a case report

By Dr Azizul Islam Khadim, Dr Shimul Jamatia

Abstract: Skin disease is one of the most common disease of an individual. In conventional medicine, most of the skin disease are treated by topical steroid or ointment which suppress the condition and invites other troublesome disease. In this article, a case of atopic dermatitis treated by constitutional medicine is being discussed. Homoeopathy plays a significant role for such kind of cases by its holistic approach of treatment. This article guides about how a constitutional medicine helps to complete cure of atopic dermatitis with the help of *Tuberculinum*, a nosode.

Keywords: Atopic dermatitis, homoeopathy, *Tuberculinum*, miasm

Introduction

Atopic dermatitis is an inflammatory, non communicable skin disorder. The skin is dry, scaly which leads to a generalised and prolonged hypersensitivity to allergens. In the acute stage oedema of the epidermis progresses to the formation of intraepidermal vesicles, which may enlarge and rupture. This accompanied by a variable degree of vasodilatation and T-helper lymphocytic infiltration in the upper dermis⁽¹⁾. Homoeopathy has role on such kind of cases by its holistic approach of treatment and treating the patient's abnormality as a whole.

Case

Chief complaints:

A 32 years women came with the complaint of dry, scaly eruption of back for last 8 months. There was severe itching with burning sensation. The complaint aggravated

at night, from undressing, and better from open air, motion

History of presenting complaints:

Dry, scaly eruptions with slight oozing started 8 months ago, intensity of itching was tremendously increased from 2-3 weeks. She took conventional medicine for one week, was relieved for some time, and again symptoms reappear when she discontinued the medicine.

Past history:

She suffered from asthma at the age of 28 years, treated with homoeopathy. But after taking conventional medicine for present condition, she had breathing problem for last 4 weeks.

Family history:

Father suffered from bronchial asthma for last 7 years and taking conventional medicine. Mother suffered from allergic rhinitis for last 2 years and taking homoeopathic medicine.

Personal history:

She loved travelling. Her diet was irregular. She had no addiction.

Mental and physical generals:

The patient was curious to know the new things and she had desire for travelling. Her mind used to change constantly. She was fearless and destructive in nature.

While enquiring her physical general aspects, it was found that she had good appetite but lost her weight at the same time. She had desire for milk but aversion of meat. She easily caught cold as could not tolerate it. Her stools were satisfactory, with no complaints in urine. Menstruation was normal. All complaints were relieved by motion and in open air.

Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the patient, according to **Hanifin and Rajka diagnostic criteria of atopic dermatitis**.⁽¹⁾

Analysis and evaluation of symptoms:

S. No.	Symptom type	Symptom	Intensity	Miasmatic analysis ⁽²⁾	Totality of symptoms
1.	Mental general	She always desired to change herself	++	Psora, syphilis	a) She had constant desire to change everything

2.	Mental general	She had desire for travelling	+++	Psora, syphilis	b) She always desired for travelling
3.	Mental general	She did not care anything and destructive in nature	++	Syphilis	c) She was destructive in nature
4.	Physical general	Generally felt better in open air	+++	Psora	d) Generally felt better in open air
5.	Physical general	All complaints relieved by motion	+++	Sycosis	e) Complaints better in motion
6.	Physical general	She had aversion to meat	+++	Tubercular	f) Aversion to meat
7.	Particular symptom	Skin eruption	+++	Psora, syphilis	g) Skin eruption
8.	Common symptom	Dry, scaly, severe itching in erupted area	++		

Repertorial totality:

Symptoms	Rubric
1. Generally, she felt better in open air	GENERALITIES-AIR, open, amel.
2. Generally, she felt better on motion	GENERALITIES-MOTION, amel.
3. Desire to change every time	MIND-CHANGE, desire for
4. She had desire for travelling	MIND-TRAVEL, desire to
5. Destructive in nature	MIND-DESTRUCTIVENESS
6. Aversion to meat	STOMACH-AVERSION to, meat
7. Skin eruption	SKIN-ERUPTION

Repertorisation⁽³⁾:

Repertorisation sheet:

7 symptom(s)	1	2	3	4	5
Name of remedy	Tub	Puls	Sulph	Sep	Rhus
Symp. covered	7	5	5	5	4
Totality	14	13	12	11	11
1. GENERALITIES, AI..					
2. GENERALITIES, M..					
3. MIND, CHANGE, de..					
4. MIND, DESTRUCTI..					
5. MIND, TRAVEL, des..					
6. SKIN, ERUPTIONS,..					
7. STOMACH, AVERSI..					

Prescription:

According to repertorisation, *Tuberculinum* got highest grade and highest matching of the symptoms. Hence, *Tuberculinum* was selected on the basis of mental as well as physical symptoms of the patient.

The patient was changeable in nature, destructive in character and wanted to travel from one place to another place, as consulted with materia medica⁽⁴⁾⁽⁵⁾. Also after repertorisation, *Tuberculinum* was the indicated remedy.

Prescribed on 03/07/2020

Tuberculinum 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,⁽⁶⁾ and

according to the susceptibility of the patient, high potency was selected. The patient was highly susceptible, and intensity of the symptoms was

high, and she suffers from long time due to that affection, so the case was started with higher potency.

Follow up:

Date of visit	Response	Medicine
24/07/2020	No changes took place. Itching and burning sensation was present	Rubrum 200/ 1 drop twice a day x 15 days
07/08/2020	Patient had increased itching and burning sensation	Rubrum 200/ 1 drop twice a day x 15 days
28/08/2020	She had slight improvement, itching was reduced but burning sensation was still present	Rubrum 200/ 1 drop twice a day x 15 days
18/09/2020	No itching, no burning sensation, she felt better	Rubrum 200/ 1 drop twice a day x 15 days
02/10/2020	Again itching and burning sensation reappear. So, same medicine with same potency was prescribed again	<i>Tuberculinum</i> 200/ 1 dose
16/10/2020	Dry scales, looked black, itching diminished, burning was also absent	Rubrum 200/ 1 drop twice a day
30/10/2020	Black scale came out and normal skin reappeared	Rubrum 200/ 1 drop twice a day
06/11/2020	Improvement still continued and no other associated complaints was present. She was perfectly good both physically and mentally	Rubrum 200/ 1 drop twice a day
18/12/2020	Normal skin reappeared	No medicine is given



Fig 1: Before treatment (19/06/2020)



Fig 2: During treatment (28/08/2020)



Fig 3: During treatment (16/10/2020)



Fig 4: During treatment (06/11/2020)



Fig 5: Normal skin appear after treatment (18/12/2020)

Conclusion

In case of any kind of dermatitis or eczematous eruption, homoeopathy has a vast scope as it treats the patient according to its symptomatology, and the dynamic medicine does not produce any kind of side-effects like conventional steroid medicine. A homoeopath believes on individualistic approach and homoeopathy possesses a great scope to get rid of such kind of skin disease. In the above case, with the help of *Tuberculinum*, complete cure occurred without having any side effects.

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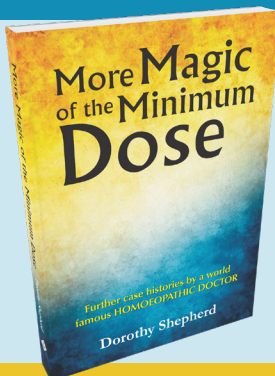


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Dr Dorothy Shepherd



- Experiences from Harley street and clinics of the poorest parts of London.
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ISBN: 978-81-319-4851-4

A clinical study on effectiveness of homoeopathic management in primary dysmenorrhoea among young women

By Dr Laxmi Mahto

Abstract:

Background: Primary dysmenorrhoea is a type of cyclical chronic pelvic pain among adolescent and young women which is due to excessive prostaglandin, leukotriene, and vasopressin production as well as myometrial ischaemia or due to uterine malformation.

Material and method: A prospective observational open-labelled study having 30 diagnosed cases of primary dysmenorrhoea, selected according to inclusion and exclusion criteria, case taking was done on the basis of the principles of homoeopathy, prescription was based on totality of symptoms, repertorial totality and analysis and finally referring to materia medica. Follow up was evaluated by changes in clinical presentation, changes in score of WaLIDD monthly and lastly statistical analysis of data was done using MS excel.

Results: This study result showed significant reduction in the disease intensity scores after the homoeopathic treatment.

Conclusion: This study result suggested a positive role of homoeopathic treatment as an alternative medicine in cases of primary dysmenorrhoea.

Keywords: gynaecology, homoeopathy, individualisation, primary dysmenorrhoea, WaLIDD

Abbreviations: Prostaglandin- $F_{2\alpha}$ (PGF), non-steroidal anti-inflammatory drugs (NSAIDs), outpatient department (OPD), in-patient department (IPD), working ability, location, intensity, days of pain, dysmenorrhoea score (WaLIDD)

Introduction

Pain, in itself, speaks a language, and if it cannot be shared, then it becomes more insurmountable from the rest. Menstrual pain or dysmenorrhoea is most prevalent yet most neglected disorder faced by a woman thinking it to be a normal physiological process, for at least once while attaining their womanhood. It is chronic cyclical lower abdominal or pelvic pain which may radiate to the back or to the thighs, occurring during menstruation.¹ of sufficient magnitude making incapacitate the patient in day-to-day activities² where they may experience associated physical and emotional symptoms,³ interrupting their educational and social life⁴. The true incidence and prevalence are

not clearly established in India.^{1,3} due to cultural reasons menstrual problems often get unreported⁵ but some studies has mentioned it in range of 50% to 87.8%.³ and found to be the leading cause of school/work absenteeism.⁶ It is been broadly categorised into two types: primary due to absence of any underlying uterine condition and secondary where pelvic pathology is present.² Aetiology can be summarised in Psychosomatic factors, abnormal anatomical and functional aspect of myometrium like irregular thickening, difficulty in peristalsis, etc., imbalance in the autonomic nervous control of uterine muscle, role of prostaglandins, especially PGF_{2 α} , vasopressin, endothelins, leukotrienes and platelet activating factors. The pain mostly starts with or few hours before the onset

of menses. The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours.² Further investigations are rarely warranted if the history and examination findings are suggestive of primary dysmenorrhoea.⁷ Women usually seek medical advise when self-help measures such as heat and over the counter drugs fail to relieve. The mainstays of conventional therapies are NSAIDs, contraceptive pills⁸ and in cases where formers don't help invasive and surgical intervention is opted. But several times, these conventional therapies are not better tolerated by some females⁹ and have also been seen to have adverse effects associated with it.¹⁰ So many women prefer to seek complementary and alternative therapies to cope with the conditions.¹¹ Homoeopathy

is seen to be an effective and safe alternative to synthetic hormones without placing the patient at risk.¹² Disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment period.¹³ The best part of the homeopathic medicines is that it not only relieves pain, but also cures the tendency to have menstrual cramps. This means that after some time of treatment, the problem is completely cured and one is able to get rid of the problem permanently.¹⁴ The treatment should be continued until the patient menstruates normally or nearly so. Prescriptions made during the intermenstrual period were seen to be most efficacious, as latent expression is shown more clearly and the acute expression has quieted down, so it is better to base prescription upon this symptomatology.¹⁵

METHODOLOGY: (MATERIAL and METHODS)

- **Sources of data** – OPD and IPD of Govt. Homeopathic Medical College & Hospital, Bhopal,
- **Number of cases** – 30 cases excluding dropouts
- **Definitions used for study purpose** -
 - **Selection of medicine** – Was based on individualisation after proper analysis, evaluation and miasmatic analysis of the case as per homeopathic principles.
 - **Follow up**- Cases were followed up properly on one month interval and results was assessed on the basis of clinical symptoms and changes in WaLIDD scores
 - **Methods of tests/procedures**- Detailed and thorough case taking of

each and every case having primary dysmenorrhoea.

- a. Relevant clinical examinations and laboratory investigations if required.
- b. Evaluation of symptoms as per homeopathic principles and framing the totality
- c. Analysis, evaluation and repertorisation of the totality of symptoms taking help of computer-aided (digital) RADAR repertory.
- d. Final selection of medicine by miasmatic inference and consulting homeopathic materia medica.
- e. On the basis of susceptibility, potency, dose and repetition was decided following strict homeopathic principles.
- f. General management which includes proper diet and regimen, hygiene and rest.
- g. Timely review of homeopathic prescription on the basis of patient's response.

• Statistical methods

Assessments of cases were done with the help of WaLIDD score and changes in values at the baseline visit and last follow up visit. Final calculation was done to find out the *p-value* with the help of *paired t-test* for two variables in *Microsoft Office Excel 2007*

Observation and result: In total no. of cases (**n=30**) the critical ratio, paired-t follows a distribution on with n-1 degree of freedom. The 0.1% level is 3.659, 1% level is 2.756 and 5% level is 2.045 for 29 degree of freedom. WaLIDD score table which is the summation of the entire variables, on analyzing the "t" value through Microsoft excel, P (T<=t) two-tail value is 2.93 which is greater than the table at 5% (p<0.05).

This study provided evidence to say that there was significant reduction in the disease intensity scores after the homeopathic treatment.

Discussion: In this study, 35 cases of primary dysmenorrhoea of age group 11 to 25 years were enrolled from general screening of patients out of which 5 cases were dropped out rest 30 cases completed the study with regular follow ups (n= 30). Before enrolling in the study population, every patient was evaluated and diagnosed on the basis of clinical history, clinical examination and WaLIDD scoring which is dedicatedly used for diagnosis of primary dysmenorrhoea. Proper case taking is been done with proper evaluation and analysis of case making totality of symptoms to prescribe. The patients are been prescribed indicated medicine and doses as per the totality of symptoms and requirement in every individual case. The analysis of the sample size of the 30 cases depicted highest preponderance of the primary dysmenorrhea disorder in age group 14 to 16 years. The age incidence depicts the disease start and reporting in clinic or to physician by the patients. Among the sample size population it is been noted that the majority of cases are which are affected had the onset of menstrual period or menarche before or at the age of 13 years comprising the data as suggesting the relation of early menarche. The study expresses that the role of family history is more or less related to the disorder. The miasm is an important aspect to be taken into account while prescribing in homeopathic system of medicine. The effect of miasm cannot be overlooked while treating any case. In study's sample size population depicted that the disorder covered more of pseudo-psoric miasm and sycotic miasm. Homeopathy is a

science of individualisation in which each and every case is different and it should be dealt differently on basis of symptom similarity and totality of symptoms. The medicine should be based on strict homoeopathic principle then only it would bring out the true miraculous results. In this study, all patients were prescribed on the basis of individualisation and totality of symptom following homoeopathic principles. It is been seen that the remedy *Pulsatilla nigricans* has relieved and brought about positive changes in majority of cases. Other medicine which is seen emerging in such cases is from *Natrum* group, *Silicea terra*, *Phosphorus*, *Calcarea phosphorica*, *Lachesis mutus*, etc. To analyse and evaluate the effect of prescribed medicine the WaLIDD score itself is been used.¹⁶ Analysis of WaLIDD score which is the integrated tool having the entire variable showed marked changes suggesting the positive effect of homoeopathic remedies on primary dysmenorrhoea disorder. The period of this clinical study was too short to assess the curability for primary dysmenorrhoea. Although there was good improvement in majority of cases, but there was no surety of their continuous improvement, and

noting the curability of the disease demands more time.

Conclusion

The statistical demonstration of the study implicates the effectiveness of homoeopathic treatment in cases of primary dysmenorrhoea as it reduced the severity of complaints with other associated complaints as well.

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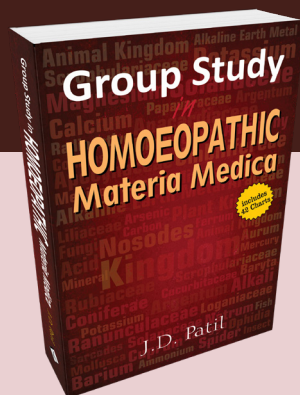
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Group Study in Homoeopathic Materia Medica

Dr J. D. Patil

- Features of new groups in the Plant, Animal, and Mineral kingdom have been included.
- Nosodes and Sarcodes have been discussed.
- Features Bach flower remedies.
- Exciting and enriching knowledge of homoeopathic remedies has been explained group wise.
- Gist of each group encompassed in a concise yet comprehensive schematic diagram. Flow charts have been included so as to simplify the study.

ISBN: 978-81-319-0170-0 | ₹ 349 | 646pp

Stubborn psoriasis and life style changes -a homoeopathic case study

By Dr Shravani Kampili

Abstract:

Introduction: Psoriasis is a chronic, multisystem inflammatory disease with predominantly skin and joint involvement. Psoriasis has an extensive emotional and psychosocial effect on patients, affecting social functioning and interpersonal relationships.

Case presentation: A patient aged 45 years came with psoriasis patches with recurrence from 3 years, even after usage of steroids.

Management and outcome: Patient was managed with homoeopathic medicine, SULPHUR 30 and PSORINUM 1M given as intercurrent, to prevent recurrences for about one year follow up with no recurrence of complaints along with life style modifications which helped a lot with which he suffered for about past 3 years.

Discussion: Psoriasis is one among the diseases which has many recurrences, would be managed well with homoeopathy along with management of stress and building healthy habits. This is a case study worked on to decrease the usage of steroids (topical applications).

Keywords: homoeopathy, psoriasis, *Sulphur*, lifestyle changes, *Psorinum*.

Abbreviations: <(aggravation),H/O history of,FIA (fissure in ano), SL (Saccharum lactis Lac)

Introduction

Psoriasis is a chronic, inflammatory skin disease. The most common variant of psoriasis, namely, plaque-type psoriasis, is clinically characterised by the presence of well-demarcated papules and plaques covered by silvery scales, which classically demonstrate symmetric distribution involving most commonly scalp, sacral area, and extensor surfaces of elbows and knees. Other clinical subtypes include guttate, erythrodermic, and generalised or localised pustular psoriasis. Many patients (up to 80%) have nail abnormalities, and some of them (about 5%–30%) develop psoriatic arthritis. The disease may occur at any age, but two peaks of morbidity can be observed: the first one between 20 and 30 years of age, and the second one between 50 and 60 years of age. Environmental factors like infections, stress, some drugs, smoking, or alcohol also play a role. Altogether, genetic and extrinsic factors lead to abnormal keratinocyte proliferation,

cutaneous inflammation, and skin vessel disturbances finally resulting in clinical features of psoriasis.

The patho-mechanism of pruritus in psoriasis is still not fully elucidated. Nevertheless, it seems to be rather a complex phenomenon, at least partially related to neurogenic inflammation ongoing in the skin.

Neuropeptides, i.e. peptides and small proteins released from dermal nerve endings, which possess various immunomodulatory properties, might be one of possible mediators of pruritus in psoriasis.

To date, a number of treatment options of psoriasis have been developed, but none is a curative one. Patients with psoriasis frequently experience relapses of skin lesions, causing a need of a lifelong therapy. This may also lead to discouragement and abandonment of treatment. Because of its chronicity and visibility, psoriasis is responsible for significant distress, suffering, decrease of quality of life

level, and stigmatisation.

Case study

A known case of psoriasis aged 42 years came to clinic on August 19th 2019 with the presentation of skin complaint for the past 3 years. He worked as an administrator in a government office. He used allopathic medication along with many ointments when required, but with recurrence again and again immediately when he stopped using ointments. He came to homoeopathy by one of my patient's advise. He presented with elevated, papular patch on the right knee joint from past 3 years, small eruptions over scalp and chest which developed from 3 months. Itching over the eruptions aggravated in the nights, warmth, after washing. Sensation of burning over the eruptions continues after scratching or washing.

Past history

Patient suffered with FIA since 2013 (bleeding on and off). He was a

CASE STUDY

known diabetic from one year.

Physical generals:

Patient desired to be in open air, he liked to eat chicken. Perspiration was increased on palms and soles.

Family history:

No similar history in the family. No other specific history.

Life space investigations:

Patient was from upper middle class. Since childhood, he was a

hurried kind of person and timid as he didn't easily talk to his friends or neighbours. His education and professional life was good. He got married at the age of 30 with no other personal issues and had 2 kids who were healthy.

Diagnosis: Psoriasis (? plaque type)

The diagnosis of psoriasis is primarily clinical. The most common of which is chronic plaque psoriasis, affecting 80% to 90% of patients with psoriasis. The hallmark of classic plaque psoriasis

is well-d emaricated, symmetric, and erythematous plaques with overlying silvery scale. Others are flexural, nail, scalp, palmoplantar. Other variants are guttate, pustular, erythrodermic and annular.

Based on his mental generals, physical generals and particulars with modalities, homoeopathic analysis of case was done for repertorisation (Classic Homopath).

Analysis and evaluation of symptoms:

Mental generals	Physical generals	Particulars
Hurried tendency Timidity	Desire for open air Desire for chicken Perspiration on palms and soles	Psoriatic eruptions, papular, elevated Itching <night, warmth, washing Eruptions burning sensation

Past history
History of fissure Known diabetic

Repertorial sheet:

The screenshot shows a repertorial sheet with the following data:

Remedy Name	Sulph	Merc	Sil	Phos	Calc	Ara	Graph	Lyc	Puls	Mez	Sep	Caust	Ha-t-m	Kali-c
Totality	26	25	19	18	17	16	16	16	10	15	15	14	14	13
Symptom Covered	13	11	9	11	11	9	9	8	7	10	8	9	9	8
[C] [Mind]Hurry, haste:Tendency:	3	3	3	1	1	2	1	1	2	1	1	1	3	2
[C] [Mind]Timidity: Bashful:	2	2	1	1	2		1		3	1		1	1	
[C] [Generalities]Air:Open:Desire for:	3			1	1	2	2	3	3	2	1	1	2	1
[C] [Generalities]Food and drinks:Chicken:Desires:				2			2							
[C] [Extremities]Perspiration:Hand:Palm:	3	2	3	2	2			1			3	1	1	2
[C] [Extremities]Perspiration:Foot:Sole:	2	2	3		2	1			2				2	1
[C] [Skin]Eruptions: Papular:	2	2	1	1	2			1			2	2		2
[C] [Skin]Eruptions: Psoriasis:	2	2	2	2	2	2	2	3	2	2	3		1	2
[C] [Skin]Eruptions: Elevated:	1	1		1	1	1	1			1		1		
[C] [Skin]Eruptions: Itching: Night:		3			2	1				2				
[C] [Skin]Eruptions: Itching: Warmth: Agg.:	2	3						2	2	2		2		

Symptom: 15 Remedies 369

Repertorisation: Normal

Remedy Name	Sulph	Merc	Sil	Phos	Calc	Ars	Graph	Lyc	Puls	Mez	Sep	Carost	Nat-m	Kali-c
Totality	26	25	19	18	17	16	16	16	16	15	15	14	14	13
Symptom Covered	13	11	9	11	11	9	9	8	7	10	8	9	9	8
[C] [Extremities]Perspiration.Hand.Palm:	3	2	3	2	2			1			3	1	1	2
[C] [Extremities]Perspiration.Foot.Sole:	2	2	3		2	1			2				2	1
[C] [Skin]Eruptions.Papular:	2	2	1	1	2			1			2	2		2
[C] [Skin]Eruptions.Psoriasis:	2	2	2	2	2	2	2	3	2	2	3		1	2
[C] [Skin]Eruptions.Elevated:	1	1		1	1	1	1			1		1		
[C] [Skin]Eruptions.Itching.Night:		3				2	1			2				
[C] [Skin]Eruptions.Itching.Warmth.Agg.:	2	3						2	2	2		2		
[C] [Skin]Eruptions.Itching.Washing agg.:	1									1				
[C] [Skin]Eruptions.Painful.Burning:	2	3	2	2	2	3	3	2	2	2	1	3	1	2
[C] [Rectum]Fissure:	2	2	2	2	1	2	3			1	3	2	2	1
[C] [Generalities]Diabetes.Mellitus:	1		2	3	1	1		3			1		1	

Symptom: 15 Remedies 369

Repertorial result:

Sulphur - 26/13, *Mercurius solubilis* - 25/11, *Silicea terra* - 19/9, *Phosphorus* - 18/11

Indicated remedy: *Sulphur*

Potency: 30/ 3 doses on first day.

Justification of remedy and potency:

Sulphur was selected based on his mental generals (hurried nature and timidity), physical generals (strong desire for open air, perspiration on hands and soles), particulars with modalities (eruptions-papular, elevated, <warmth, washing

and burning) along with these, considering past history. *Sulphur* was the first in the repertorial sheet covering maximum symptoms with high marks. Moderate potency was selected keeping in view of the aggravation of the skin symptoms.

Follow up:

F UP	DATE	SYMPTOMS	PRESCRIPTION	JUSTIFICATION OF REMEDY
1.	09-09-2019	Felt 30% better. Newly appeared better which were small (on scalp and chest). Eruption on the right knee still persisting.	Placebo for 15 days, twice daily Explained about dietary changes a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	As patient was better, placebo was given. Advise: Gradually, decrease the usage of steroids (external) and shampoo.
2.	30-09-2019	Newly appeared eruptions better. Patch on the knee better now thickened scales decreased. Itching present.	<i>Sulphur</i> 30/3 doses. once in a week. Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	As the patient was better with previous medication but itching was still present, hence repeated same medication.

3.	20-10-2019	Itching decreased over extremities, but persisting over scalp.	<i>Sulphur 30/</i> 2 doses, once in 15 days. Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Complaints were better but still on scalp, mild eruptions persisted, so repeated the same medication with the same potency as there was improvement, but still persisted.
4.	26-11-2019	Complaint of itching increased after eating chicken, no increase in patches.	<i>Psorinum 1M</i> once on first day. Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Slight alteration in the diet, there was increase of itching so to correct it, nosode was given as intercurrent.
5.	23-12-2019	Patches decreased gradually, no itching now.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
6.	15-01-2020	No itching over patches felt better.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
7.	19-02-2020	As patient adapted to eat raw vegetables, one time in a day. He felt much better since then along with medication.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
8.	29-03-2020	Felt better, no itching and no new eruptions. Existing patches decreasing in size.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo is given
9.	22-04-2020	Felt better, no new complaints.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
10.	11-06-2020	Felt better, about itching and patches.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
11.	08-07-2020	Feeling better .No new eruptions.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given

12.	01-09-2020	Feeling better, no new complaints.	Placebo for 1 month, twice daily. a)one serving boiled vegetables b)Wheat grass juice c) Meditation for 30 minutes.	Placebo was given
13.	02-02-2021	Called patient to take consent and know about recurrence. Due to his work schedule, couldn't visit clinic for the past 5 months. He also mentioned that there were no more patches, and joint pains are better.	No other medication Patient is following the same routine of food habits and meditation.	

Discussion

Homoeopathy is the system of individualisation of every patient which is the key to unveil the disease and treat it accordingly. In present scenario, in this stressful and unhealthy lifestyle, change of habits also plays a crucial role in the recovery of the patient. In this case, patient was adapted to take boiled vegetables for a serving in a day along with wheat grass juice. This healthy life style also added to his improvement totally with no recurrence.

Consent

Consent taken on phone from patient and his family as he was not visiting clinic as there are no complaints now.

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7. Hompath - Classic

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Paediatric case taking in homoeopathy - cautions needed

By Chaturbhuja Nayak, Amrita Mishra

Abstract: Taking case histories and carrying out physical examinations of children differs from those of adults and comes with a set of challenges. In order to maximize the success of examination, time must be spent by the physicians to gain confidence of such patients. Physician must have good communication skills and the ability to develop rapport with children as well as their families. In homoeopathic practice, it is a fact that a well taken case is half cure. Some special observations and questions during case taking will help to find out a homoeopathic similimum for the patient, some of which are focused in this article.

Keywords: paediatric cases, case taking, homoeopathy.

Abbreviations: e.g. – example, HIV – humano immunodeficiency virus.

Introduction

The skill of clinical examination is the true art of medicine and nowhere more seen than in the examination of children. Recording profiles of paediatric patients and conducting physical examinations differs from adults and pose a set of challenges. The physician needs to be flexible, tactful, intelligent, and able to tailor the examination to the individual infant/child. In order to maximize the success of examination, adequate time must be spent trying to gain their confidence⁽¹⁾. The symptoms are typically reported by a parent or guardian, who may not be able to accurately transmit the information from the child to the clinician and characterise the child's concern. To fill in the gaps, a paediatrician must have good communication skills and the ability to develop a rapport with children as well as their families. The paediatrician must pay special attention to the growth and developmental abnormality unique to the paediatric population and be aware that specific diseases manifest differently in children than in adults⁽²⁾. In homoeopathy, recording case

has two objects in view. First is the object of diagnosis not for therapeutic purpose but as a guide to the desired therapy and classify symptoms. The second and greater object in taking the case is to select the true symptoms of the patient and draw a true picture of the ills of the patient⁽³⁾. In aphorism 83 of *Organon of Medicine*, Hahnemann clearly mentioned about the qualities of the physician required during case taking, for example, freedom from prejudice; sound senses; attention in observing and fidelity in tracing the picture of the disease⁽⁴⁾. According to Dr Kent, the examination of the patient must be continued with due respect to the nature of the sickness and with due respect to the nature of materia medica⁽⁵⁾. In the foot note of aphorism 90 of *Organon of Medicine*, Hahnemann has pointed out that the physician should observe the behaviour of the patient during case taking like whether he is morose, quarrelsome, hasty, lachrymose, anxious, despairing or sad, or hopeful, calm, etc.⁽⁴⁾. This will help to find out the true similimum. This article covers the cautions and observations required by the attending physicians while dealing

with paediatric cases, especially in homoeopathic practise.

GENERAL INSTRUCTIONS

Attitude of the physician^(4,5)

- Must be soft, gentle, friendly and caring with genuine interest;
- Must be polite to the children and never get angry with them even if they are at their worst;
- Approach the child with smiling face and treat him as a child but not as a patient.
- Should not start examining the child as soon as he/she enters the clinic; rather, first try to build a good rapport with the child before examination;
- Questioning should be avoided at the very beginning of the communication. Make the children feel at their ease by asking them about their names, school names, best friends, etc;
- Avoid staring at the children because they are often scared if you intently look to their eyes;
- Should notice the interactions between the child and parents. This reveals amount of concern

of the parents towards the child's health;

- To obtain desired information, it is necessary to keep privacy and gain confidence of paediatric patients which is often overlooked as some children are often irritated with their parents, but comfortable to share their thoughts with the physicians when alone;
- Next step: now I am going to check your ears..., rather than asking the child for permission. For example: "is it ok if I check your ears?"
- Having toys in the clinic is useful for distracting children's attention and small inexpensive gifts can be handed out to them after the visits to build rapport.
- The most important attribute of any good doctor is to be a good listener. Listen carefully to mothers and note what they say. History taking is the vital cornerstone of paediatric problem solving. More important information is often gathered from a good history than from physical examinations and laboratory investigations. The first important ground rule in history taking is: Mother is always right until proved otherwise. Mothers are, by and large, excellent observers of their off springs, who make good interpreters of their problems when sick.
- In short, the physician should adopt proper techniques and higher intelligence, while dealing with paediatric cases.

CASE PROFILE (1–3,5–7)

The following data should be collected from the patients as well as their parents/guardians/ attendants.

1. *Presenting complaints* with duration, location, sensation, modalities and concomitants (if available).

Examples: When does it occur? How long has he had it? Can you describe it? What brings it on? Does anything relieve it? How long does it last? What is its pattern and periodicity? Are there any associated symptoms? What does he do when he has it? What have you done about it? Where is the pain? Show me where it is? What is it like? What do you do when you get it?

2. *History of present illness:* Every complaint should be mentioned with mode of onset, causation (for example, vaccination, physical/emotional factors, etc.) up to the present state, including treatment taken for any ailment and result thereof.
3. *Past history:* of previous illnesses which suggest the miasmatic background
4. *Prenatal history*, i.e., maternal history during pregnancy;
 - Did the mother have any particular illness or infection or was she taking any drugs during pregnancy?
5. *Birth history*
 - How was the delivery: normal vaginal or caesarean, etc.? Full term?
 - Birth weight? Enquire about jaundice, breathing & feeding difficulties, fits etc.
6. *Postnatal history*
 - About vaccination/immunisation
 - Did any bad effects follow vaccination? Example, cough, tonsillitis, fever, diarrhoea, etc.
 - Immunisation history: What

immunisations the child had? when? How many times? Which type?

7. *Lactational history*

- How was the baby fed? If bottle fed, which milk?
- When did weaning start? When were solid foods introduced?
- Any intolerance to a particular food?

8. *Developmental history*

- Gross motor status, vision and fine motor, hearing and speech, social behaviour.
- Milestones like rolling over, crawling, walking, talking, smiling, sitting up, dentition, able to draw line, pedalling tricycle, imitating speech of others, recognising colour, etc.
- If child is precocious, then it should also be recorded accurately.

9. *Family history*

- How many children are there in family? Their age, sex, etc.
- Any still births, miscarriages, or childhood deaths in family?
- Any illness(es) in siblings, parents or near relatives?

10. *Treatment history:* details of medicines taken; reaction if any; currently on medication or not?

11. *Personal history*

- What are the child's present habits with regard to eating, sleeping, bowel movement, and micturition?
- Any unusual behaviour which the parents are worried about?
- Living conditions of the parents?

- Employment status of the parents?

12. *Physical generals*

Physical makeup: obese/thin, emaciated; tall/short height; dark/fair complexion

- Reaction to heat and cold;
- Desire/aversion to covering, fanning, in winter and summer?
- Bathing desires in hot/cold/luke-warm water?
- Desire/aversion to open air;
- Craving/aversion/intolerance to different foods and drinks; cold/warm foods and drinks;

Appetite: increased/decreased/normal

- Thirst: increased/decreased/normal

- Stool: Diarrhoea/constipation; hard/soft; semi-solid/semi-liquid/watery; odour: offensive/odourless, mucous/blood present or absent; pain: present/absent; pain: before/during/after stool;

- Urine: scanty/profuse/normal; colour; smell: offensive/odourless, any particular smell; pain present (before/during/after)/absent; character of pain.

- Perspiration: profuse/scanty, cold/warm, more in which season; on which part(s) of the body; any particular smell/odourless.

- Sleep:
 - Sleeps on abdomen? Sleeps like a dog?
 - Changes position frequently? Sleeps with legs wide apart?
 - knee-chest position? Sleeps

with limbs drawn up?

- Boring head into pillow?

13. *Mental symptoms*

- If the child becomes angry easily; if so, due to any cause? How it is expressed?
- Fear of loud noises, dark room, animals, high places, strange persons, objects, being alone. In pre-school children- ghosts, monsters, darkness, sleeping alone. In school going children- school performance, results, reprimands from teachers, etc.
- Nature-shy/shorttempered/obstinate/pampered/irritable/timid/daring/destructive
- Intellectual/lack of intellect
- Emotional reactions (become prominent when exposed to situations): Example- when punished by parents, reacts violently/suppressed anger/indifferent/lachrymose
- Sociability: How does he get on with other children? How does the child compare with siblings or friends of the same age?
- Reaction to jesting? Envy feeling?
- Hobbies: Music/dancing/playing; activity: slow or hyperactive
- Memory: Normal/sharp/decreased; loss of memory for recent/remote things?

OBSERVATIONS IN NEW BORN

- Is the new born comfortable in mother's lap?
- Does carrying give relief or not?
- Does she/he have habit of thumb sucking or nail biting, putting anything in

mouth, etc.?

- Abnormal behavioural patterns, if any, for example, frequently washing hands or body washing/breath holding spells/temper tantrums, etc.?

Conclusion

It is often a herculean task to obtain the real portraits of paediatric patients unlike adults. Therefore, children the approach to their examination is different. The physician should be flexible, tactful, intelligent while dealing with them and must spend enough time to gain their confidence as well as get their real pictures. Accurate observations, many times, help the clinicians for correct diagnosis and also to find out homoeopathic simillimum. Child's behaviour and disposition are also to be considered. History of antenatal and postnatal information always helps us for diagnosis as well as selecting the correct medicine. Homoeopathy believes in individualisation, while treating all types of cases including patients of paediatric age group. However, meticulous observations and correct history taking of the paediatric cases chiefly helps to determine the remedy.

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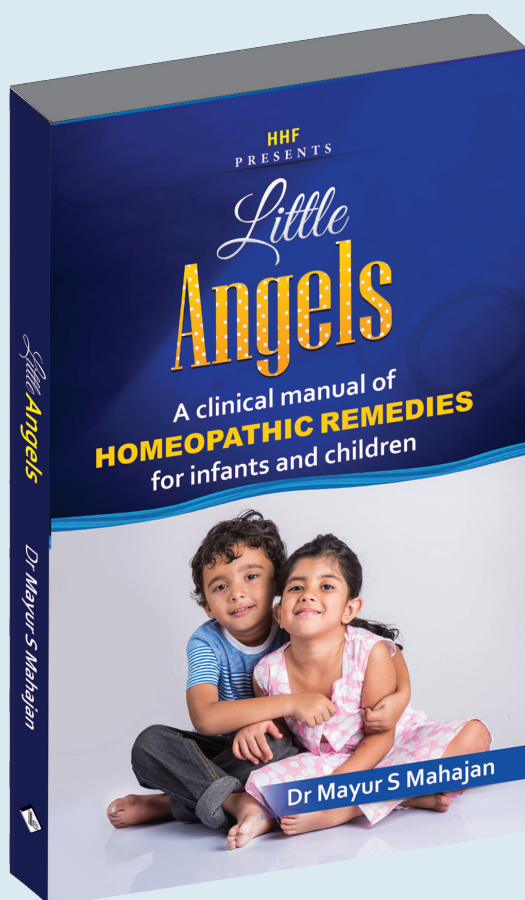
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Dealing with pruritus vulva through homoeopathy

By Dr Nanritam Chopra¹, Dr Itika Khatri², Dr Garima Choudhary³

Abstract: Pruritus, in general, is a distressing condition which can hamper day-to-day activities of any individual. Pruritus vulva, which is often encountered in females and due to multiple reasons is hard to deal these days. Although pruritus vulva needs much more care and precaution than it seems, at the same time, some cases require the support of appropriate medicine. In the following article, it is intended to provide knowledge about the probable reasons for this condition to arise and the homoeopathic remedies indicated along with their differentiating symptoms which can further help in dealing with cases of pruritus vulva and prevent its progression.

Keywords: *Pruritus vulva, management, homoeopathic medicine.*

Abbreviations: BBCR – Boger Boenninghausen's Characteristics and Repertory.

Introduction

Pruritus simple meaning is itching and is defined as an unpleasant sensation that provokes the urge to scratch.¹ Pruritus vulva is the distressing sensation of itching with a desire to scratch in the vulva. Another condition of the female genitalia i.e Vulvar irritation may be confused with vulvar pruritus at times. But both are different since the vulvar irritation is a painful condition of the genitalia associated with burning. Prolonged or severe pruritus can eventually lead to vulvar irritation through scratching and abrasions.² Pruritus, in general, creates a havoc in the suffering individual's life, especially if the genitalia is involved this is all the more a serious issue. There can be multiple reasons behind this which are to be kept in mind while dealing with such cases and proceeding accordingly with the requisite investigations and medications.

AETIOLOGICAL FACTORS¹:

Reasons for the causation of pruritus vulva can be numerous but the most common are:

1. *General causes:* These includes vari-

ous systemic, constitutional toxic states, or disease like

- Diabetes mellitus
- Jaundice
- Uraemia
- Deficiency states of vitamin A, riboflavin, iron deficiency anaemia, pernicious anaemia
- Endocrine disorders most commonly seen in post menopausal women
- Psychogenic causes such as anxiety, stress, sexual frustration etc.
- Allergy and drug sensitivity from various chemical constituents such as soaps, cosmetics, penicillin injections, etc.

2. *Local causes :*

- Irritating vaginal discharges due to trichomonas vaginitis and monilial vaginitis, etc.
- Disease of vulva such as tinea cruris, pediculosis, threadworms, etc.
- Chronic epithelial dystrophies such as leukoplakia, lichen sclerosis, etc.

- Carcinoma of cervix
3. *Idiopathic*, i.e. without any specific cause.

CLINICAL FEATURES^{1,2}:

Presentation in the suffering individuals can be variable but mostly includes the following complaints:

- Intolerable itching of vulva
- Sometimes aphthous efflorescence which encrusts the inner surface of labia and adjacent parts.
- Copper coloured appearance and abrasions.
- Vitiated watery discharge from affected surface
- Itching accompanied by sexual excitement.

INVESTIGATIONS TO BE DONE IN CASES OF PRURITUS VULVA¹:

While proceeding further with the case following steps should be included:

- History which must include mode and duration of onset, intensity, relation with menses or any prolonged mental stress.
- General and local examination to exclude any dermatological

diagnosis.

- Examination of discharges if any, and the blood sugar levels of the patient.

General advice regarding maintaining proper hygiene of the parts should be ensured in each and every case. Avoiding any local applications/medications for the temporary relief. Normal cotton clothing for the affected parts should be preferred to avoid any further aggravation.

SOME KNOWN HOMOEOPATHIC MEDICINES WITH THEIR CHARACTERISTIC INDICATIONS^{3,4,5}:

1. CALADIUM SEGUINUM :

Pruritus vulva especially during pregnancy and after miscarriage. Violent itching during vaginal discharge, but as the parts are sore, hot and sensitive so patient cannot scratch. Voluptuous itching of external genitalia including vulva and vagina along with onanism. Worms escape in vagina causing masturbation < by motion ; > by sweat, after sleeping in daytime.

2. COLLINSONIA CANADENSIS:

It acts predominantly on the itching of vagina caused during dysmenorrhoea. Sensation of swelling of labia and clitoris with redness of genitals. Uterine disease along with disease of rectum and bowel. Pruritus vulva with haemorrhoids especially during pregnancy. Itching < by cold, slightest mental emotion and excitement; > by heat.

3. MEZEREUM

Eruption on the vulva probably due to the suppression of eczema or skin disease like psoriasis. Severe violent itching of the part which make the patient nervous and restless.

Albuminous, corroding leucorrhoea. Vesicular eruption with thick chalk-like white crust. Itching worse at night, touch, motion, evening until midnight, cold air and > in open air.

4. BOVISTA LYCOPERDON:

She cannot bear tight clothes which cause irritation to vulva region. Intense soreness of genitalia and pubic region aggravated during menses, full moon and ameliorated by hot food. Leucorrhoea acrid, thick, tough and greenish after menses. Soreness of pubes during menses.

5. KALIUM CARBONICUM:

This remedy is well indicated in pruritus vulva especially after parturition. Erosion, itching and gnawing in genital and interior aspect of parts. Yellowish leucorrhoea with itching and sensation of burning in vulva. Violent pains in loins and pains like those of labour extending from back to uterus accompanying leucorrhoea < after coition, 3 a.m., cold weather and ameliorated in warm weather.

6. SEPIA OFFICINALIS:

Swelling and itching with eruptions on the inner labia. Yellow green leucorrhoea with itching in vagina and pudendum. Excoriation in vulva and between thighs, sometimes before menses long with soreness and redness of labia and perineum. Terrible itching of vulva causing abortion. Offensive excoriating long lasting lochia. Aggravation by washing, dampness, cold air, before thunderstorm and amelioration by exercise and warmth.

7. AMBRA GRISEA:

Pruritus vulva mainly during pregnancy, with soreness and swelling of the part; perspiration of

the abdomen and thighs in the day time. Characteristic profuse bluish leucorrhoea < at night. Aggravation in morning, warm room and ameliorated in open air.

8. CANTHARIS VESICATORIA:

Itching specifically during climacteric age. The skin swell in to little tumors from rubbing and scratching. Urinary difficulties accompanying pruritus. Nymphomania and constant desire to urinate with burning and painful urination. Worse from touch, micturition, coffee; ameliorated by rubbing.

9. BORAX :

Pruritus of vulva and eczema. Leucorrhoea like white of an egg with sensation as if warm water is flowing. Stinging and distended feeling in clitoris. Membranous leucorrhoea. Aggravated by motion, smoking, warm weather, after menses and ameliorated by pressure, in cold weather.

10. GRAPHITES :

Itching of the vulva, predominantly before menses. Leucorrhoea which is pale and excoriating with great weakness of back. Decided aversion to coition. Menses are too late and scanty with constipation. Aggravated by warmth, at night, during and after menses.

REPERTORIAL APPROACH THROUGH DIFFERENT REPERTORIES

In different repertories, one can find rubrics related to pruritus vulva under different heads which are depicted as follows:

- In MURPHY under "Female - itching, genitalia - itching, vagina, vulva".⁶

- In SYNTHESIS 9.0 under “Female genitalia/sex - ITCHING – Vulva”.⁷
- In BCCR⁸ under : 1. “Genitalia - Female organs - itching – vagina”
- “Genitalia - Female organs - itching – pudendum”
- In PHATAK directly under – “Vulva – itching”.⁹
- In BOERICKE under the head of “Female sexual system - Vulva, labia – Itching.”³
- In BOGER SYNOPTIC KEY directly in “Female organs – Itching.”¹⁰
- In KENT REPERTORY under- “Genitalia Female - itching – vagina”.¹¹

Conclusion

Pruritus vulva though makes a chaotic situation for most of the females these days but it can be dealt with by taking proper precautions and individualised homeopathic treatment for the case. Various homeopathic medicines are indicated therapeutically also in such cases according to the peculiar

female symptoms and modalities but overall matching the symptom totality of the patient can provide major relief. At last according to the type of symptoms obtained after detailed case taking, different repertories can also be consulted for an appropriate idea about the probable remedies of pruritus vulva in different patients.

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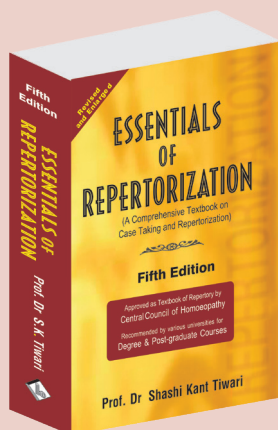
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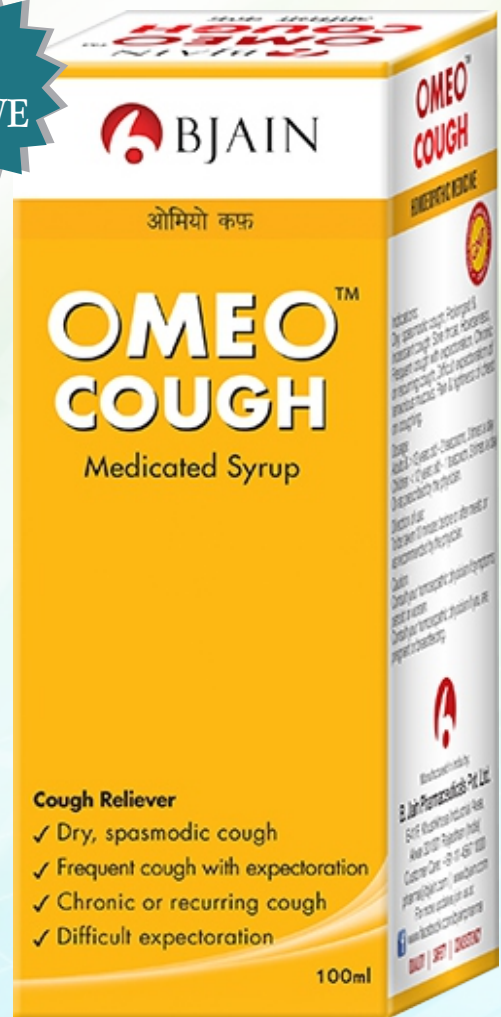
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Lobelia inflata	∅	1.6% v/v
Ipecacuanha	∅	1.6% v/v
Grindelia robusta	∅	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
Alcohol content		10.5% v/v
Colour :		Caramel
Excipients		q.s.
In syrup base		

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



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The experimental trial of *Aegle folia* mother tincture on its blood sugar reducing property – a pilot study

By Prof. Dr S. S. Moharana, Mr. K. D. Sahoo

Abstract:

Introduction

In Indian hindu culture, **Aegle marmelos** leaf are used as general rejuvenation tonic in sickness and increases appetite. It is used to increase appetite in case of anorexia. Thus, the Aegle folia mother tincture was tried upon the 10 provers and their oral glucose tolerance test (GTT) was done. The number of provers were ten.

Hypothesis: 1. Anorexia is relieved and hunger is felt due to hypoglycaemia. 2. The *Aegle marmelos* leaves in traditional medicine relieves anorexia. 3. So *Aegle marmelos* leaves will cause hypoglycaemia and *Aegle folia* Q homoeopathic medicine prepared from *Aegle marmelos* leaves will also cause hypoglycaemia.

Objectives:

To determine the hypoglycaemic effect of *Aegle folia* Q

Methodology: Prospective, quasi - experimental study done on healthy individuals by oral glucose tolerance test.

Result analysis:

The blood sugar variations were statistically analysed by student's t-test and found at initial level of F.B.G., the probability in t-test where P is greater than 0.05, $t = 1.8841$ showed that F.B.G. in both control and experimental group was not at all significant in their difference. That implied both control and experimental group did not differ. Thus the chance occurrence in changes of control and experimental group were eliminated.

At half an hour GTT and two hours GTT, P value was greater than 0.05, $t = 2.1014$ (in ½ an hour GTT) and $t = 2.0846$ (in 2 hours GTT). So both the groups did not differ significantly.

But 1hour and 1 & ½ an hour GTT of both the control and experimental group, P is lesser than 0.01, $t = 3.6269$ (in 1hour GTT) and $t = 3.4797$ (in 1 & ½ an hour GTT) which shows highly significance difference during 1hour and 1 & ½ an hour. In RS case, the ganglion in her hand was cured while experimenting with *Aegle folia* mother tincture. The case Miss B. S. responded pretty well by reducing blood sugar up to 50 mgs who was pre-diabetic, fatty and having family history of diabetes mellitus.

Key words: *Aegle folia* Q, hypoglycaemia, oral glucose tolerance test (GTT), anorexia, paired t – test.

Abbreviations: glucose tolerance test (GTT), fasting blood glucose (FBG)

Introduction

Aegle marmelos leaves are the traditionally used leaves to increase the appetite, to sooth the liver and gastrointestinal system in case of jaundice due to viral hepatitis in Orissa. This cultural based medication stimulated me to hypothesise that probably the *Aegle marmelos* leaves have affinity not only to stimulate liver but also to stimulate pancreas by which anorexia is relieved by hypoglycaemia and patient feels hungry. Thus I wanted to test the

homoeopathic medicine *Aegle folia* mother tincture which is made from *Aegle marmelos* leaves to test its hypoglycemic effect. So to ascertain the action of *Aegle folia* mother tincture, human experimentation with the oral glucose tolerance test was decided to be done after the review of literature.

Review of the literature

Recent edition of *William Boericke's Materia Medica* shows the *Aegle marmelos* and *Aegle folia* proving by Dr P. P. Biswas ⁽¹⁾ as follows:

First prover: Dr P. P. Biswas.

Natural order: Rutaceae

Clinical: Bleeding piles; diarrhoea; dysentery; fever with dropsy, impotency.

Mind: Commits mistakes in spelling.

Head: Headache appears at 4-8 p.m.; heat in the vertex appears in the evening which is better by eating.

Face: Flushes of heat from face and eye and ear too, which disappears



after eating.

Respiratory system: Catarrh; bronchitis; pneumonia; cough.

Dropsy: Dropsy of the any part of the body; upper part of the eye lid swollen; dropsical swelling due to heart diseases. Excellent medicine in beri beri.

Pulse: Full, strong and irregular, which is characteristic.

Gastrointestinal symptoms: Indigestion; abdominal colic; piles; constipation. There is no desire for food; anorexia; waterbrash from the mouth; disorder of the stomach; flatulence; wind comes out with loud noise, worse in the afternoon; amoebic and bacillary dysentery.

Urinary symptoms: Urine decreased considerably; patient feels slight pain in the back and lumber region, which is worse in the afternoon.

Male sexual symptoms: Sexual impotency.

Skin: Itching; ringworms.

Fever: Used in influenza when the fever is continued type, chronic fever associated with hepatic and splenic disorders.

Potency of choice: Mother tinctures, 3x, 6, 30, 200.

After study of this proving I did not find any clinical symptom of hypoglycaemia but I find the symptom of anorexia. So to relieve anorexia it might be causing either vagal stimulation and/or hypoglycaemia by stimulating liver and/or pancreas for glycogenesis and increasing ca-

tabolism through glycolysis. So the study was done to ascertain the effect of *Aegle folia* mother tincture's action on pancreas by GTT test.

Materials and methods:

Prospective, double blind quasi – experimental study on health individuals by oral glucose tolerance test.

1. The medicine, *Aegle folia*, was procured from a reputed homoeopathic company at Cuttack, Orissa stockist.
2. The 50% alcohol was also procured.
3. Glucose from the trade name Glucon-D was purchased from the market which contains dextrose and vitamin D.
4. A standard pathological laboratory was chosen for biochemical test.
5. The investigation was carried out by me at cuttack while I was in holidays leave.

The students and ex-students of Cuttack Homoeopathic Medical College participated in the clinical trial. The number of provers were ten. They were:

1. Miss SSR, aged 22 years, weight 41 Kg.Height-4fts. and 11inches.
2. Miss BS, aged 21 years, weight 61 Kg.Height-5fts. and 2inches.
3. Miss RS, aged 22years, weight 58Kg.Height-5fts.
4. Miss L, aged 23 years, weight 51 Kg.Height-4fts. and 11inches.
5. Miss PD, aged 22 years, weight 51 Kg.Height-5fts. and 1inch.

6. Miss MH, aged 22 years, weight 58 Kg.Height-5fts.
7. Mr. UN, aged 25 years, weight 46 Kg.Height-5fts.and 2inches.
8. Dr KPK, aged 27 years, weight 62 Kg.Height-5fts and 4inches.
9. Dr SKM, aged 28years, weight 42 Kg.Height-5fts and 3inches.
10. Dr SKM2, aged 39 years, weight-74 Kg. Height-5fts and 8 inches.

Since, *Aegle folia* mother tincture is a plant product which leaf is taken in auspicious occasion and festival in hindu mythology, no side effect is expected. Moreover, it is already a proven drug and the provers in our experiment have given the verbal consent for the above clinical proving.

First of all, fasting blood glucose test of all provers was done and then they were given 10 drops of 50% ethyl alcohol mixed in 75 grams of glucose solution and GTT test was done in every ½ an hour intervals after taking glucose drink as control. Then after 7 days, FBG test was done for all provers and they were given the 10 drops of *Aegle folia* mother tincture mixed in 75grams of glucose solution and their FBG test and GTT test was done in every ½ an hour interval after taking glucose drink as experimental group. Then the result between control and experimental group was compared and contrasted as follows:

Comparison of the results between control group and experimental group.

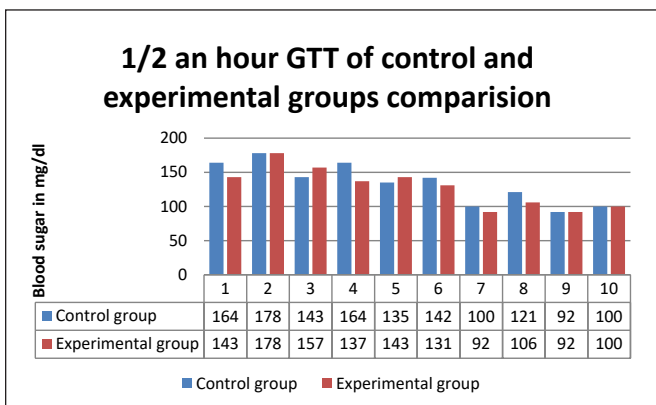
Control group result:

S. No.	Name	FBG	½ hour GTT	1 hour GTT	1 and 1/2 an hour GTT	2 hour GTT
1	Miss SSR.	78	164	121	114	100
2	Miss BSS.	108	178	164	157	124

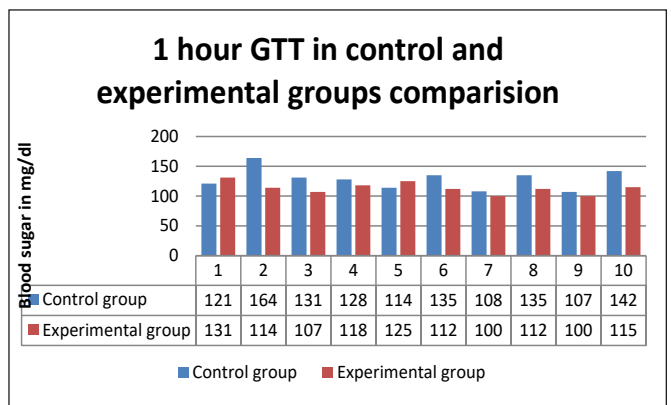
3	Miss RS.	93	143	131	118	100
4	Miss L.	78	164	128	114	107
5	Miss PD.	71	135	114	107	92
6	Miss MH.	71	142	135	121	100
7	Mr. UN.	83	100	108	133	91
8	Dr KPK	92	121	135	121	85
9	Dr SKM.	72	92	107	125	85
10	Dr SSM.	85	100	142	114	78

Experimental group result:

S. No.	Name	FBG	½ hour GTT	1 hour GTT	1 & 1/2 an Hour GTT	2 hour GTT
1	Miss SSR.	93	143	131	118	100
2	Miss BSS.	107	178	114	100	85
3	Miss RS.	85	157	107	92	85
4	Miss L.	81	137	118	100	87
5	Miss PD.	81	143	125	106	87
6	Miss MH.	87	131	112	106	93
7	Mr. UN.	76	92	100	115	84
8	Dr KPK	94	106	112	100	87
9	Dr SKM.	76	92	100	107	84
10	Dr SSM.	84	100	115	107	92



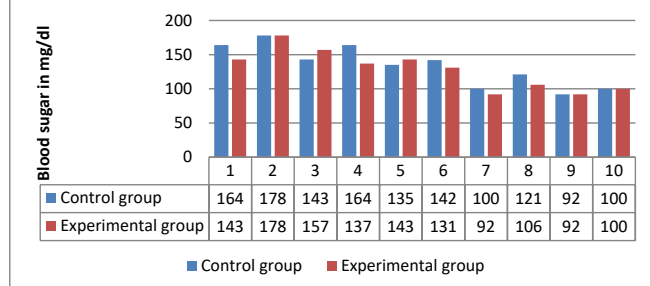
½ an hour GTT comparative study with control group



1 hour GTT in control and experimental group comparison

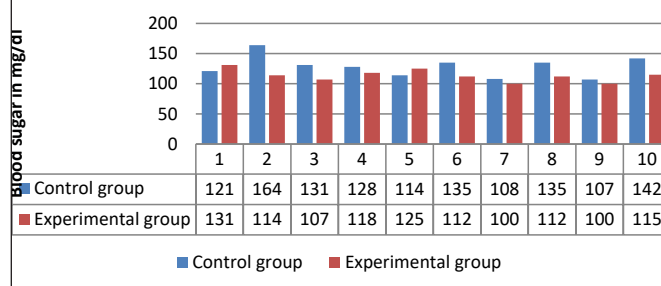


1/2 an hour GTT of control and experimental groups comparison



1 & 1/2 an hour GTT comparison between control and experimental group

1 hour GTT in control and experimental groups comparison



2 hour GTT comparison between control and experimental group

Discussion:

In control group, in all the lady provers, the highest GTT peak was found in 1/2 an hour test whereas in all the gentlemen the highest GTT peak was found in 1 hour test. The same pattern is also observed in experimental group.

There was although lot of variation in *fasting blood glucose* (FBG) in both control and experimental groups not exceeding the normal range but statistically the variation were not significant. This signifies before intervention, FBG of both control group and experimental group do not vary.

There are definite variation experimental group with that of control in peaks of 1/2 an hour, 1 hour, 1 and 1/2 an hour and 2 hour GTT of both in the ladies and gentlemen provers except Miss. PD.

In case of RS, there was initially rise of blood sugar in 1/2 an hour GTT test in experimental group than control but soon there was rapid decline in blood sugar than control in 1 hour GTT test. Moreover, a accidental discovery occurred in case of Miss. RS that her neurofibroma of hand disappeared.

In case of Miss B. S., who was fatty having weight 63 kg, and was

detected as prediabetic having GTT peak (control) >160mg/dl. with the parenteral history of diabetes mellitus, there was marked reduction of blood sugar level in experimental group over control, justifying the action of Aegle folia mother tincture upon the diabetes mellitus.

The blood sugar variations were statistically analysed by t-test and found at initial level of F.B.G., the probability in t-test where P is greater than 0.05, $t = 1.8841$ shows that F.B.G. in both control and experimental group is not at all significant in their difference. That implies both control and experimental group do not differ. Thus, the chance occurrence in changes of control and experimental group are eliminated.

At half an hour GTT and two hours GTT, P value is greater than 0.05, $t = 2.1014$ (in 1/2 an hour GTT) and $t = 2.0846$ (in 2 hours GTT). So both the groups do not differ significantly.

But 1 hour and 1 and 1/2 an hour GTT of both the control and experimental group, P is lesser than 0.01, $t = 3.6269$ (in 1 hour GTT) and $t = 3.4797$ (in 1 & 1/2 an hour GTT) which shows highly significance difference during 1 hour and 1 & 1/2 an hour.

Conclusion

Hence, the efficacy of the pilot study of this experimental trial of *Aegle folia* mother tincture allows us for further study on diabetes mellitus patient to prove its efficacy in reducing blood sugar level which is well known traditionally (Indian culture-based traditional medicine) liver, and nerve tonic acts in probably on pancreas and man as a whole. Thus an experimental trial on minimum 30 subjects can be done and/or clinical trial on patients with mild diabetes mellitus with pre-test and post test study can be done as per sampling size calculation.

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Dr Sudhansu Sekhar Moharana

Hypothalamic amenorrhoea and homoeopathy: a case report

By Dr Tarkeshwar Jain, Dr Gaurav Nagar, Dr Priyanka Verma

Abstract: A female patient came with a complaint of amenorrhoea. Her menses got suppressed suddenly on the third days of her menses. After analysis, evaluation and repertorisation she was prescribed *Natrum muriaticum* 200 which has proved its efficacy in resolving a case of hypothalamic origin.

Keywords: secondary functional hypothalamic amenorrhoea, hypothalamic-pituitary-ovarian axis, *Natrum muriaticum*, homoeopathy.

Abbreviations: ICD- International Classification of Diseases.

Introduction

This case is a classic example of secondary functional hypothalamic amenorrhoea which in this case was a result of getting sudden unexpected stress. In a previous regularly menstruating woman, amenorrhoea can be defined as the absence of menses for three months while in a woman with previous history of irregular menstruation, absence of menses for six months can be defined as amenorrhoea. Amenorrhoea can be classified as primary and secondary based upon the past history of absence or presence of established menarche respectively.

Functional hypothalamic amenorrhoea results from the suppression of hypothalamic-pituitary-ovarian axis due to an energy deficit state which can be produced by stress, weight loss, (independent of original weight), too much of exercise, or disordered eating. In this disorder, no structural or organic changes are found in the hypothalamic-pituitary-ovarian axis and is characterised by low levels of oestrogen.^[1] This case shows us its successful management through homoeopathy.

Case history

Chief complaints

A female aged 22 years reported with

the complaint of amenorrhoea since 4 months.

History of presenting illness

Patient was apparently well 5 months back when her menstrual flow was ceased on the 3rd day of her menstrual cycle. According to the patient, she was in a temple when she got a call from her lover and had an argument which was not expected by her. After coming back to her residence she found that her menstrual flow was very scanty as compared to the previous cycles. On the 4th day of her menses, the flow ceased completely. After that day, her menses didn't appeared even after 3 months of her last menstrual period. Previously, she used to have regular menstrual cycle of 30 days and the flow used to remain for seven days. Her last menses appeared on 12-09-2020. There was no history of dysmenorrhoea or any other associated complaints during her menstrual cycle. She got her menarche at 13 years of age.

Sexual history

There was no history of sexual contact.

Past history

The patient got affected with taenia cruris 1 year back for which she took allopathic treatment.

Family history

There was a family history type-II

diabetes mellitus to her mother and hypercholestraemia in her father.

Physical generals

Patient's appetite was normal. There was thirst for 2-3 L of water per day even during winters (thirsty in general). She has a desire for salty food. ⁽⁺⁺⁾ There were no specific aversions to any food. Urine frequency was 5-6 times/day and there were no associated urinary complaints. Stool frequency was 1 time/day. There were satisfactory and regular bowel motions. Patient slept for 7-8 hours and had a refreshing sleep. The patient didn't remember her dreams. Perspiration occurred more on palms and soles which is non-offensive and didn't stain the linen. Thermally, the patient was hot. ⁽⁺⁺⁺⁾

Physical examination

Weight: 60 kg

Height: 161.5 cm

BMI: 23

Thyroid palpation: Not palpable

Sexual maturity rating: Grade V

Acne: Absent

Hirsutism: Absent

Webbed neck: Absent

Low hairline: Absent

Laboratory investigations:

Ultrasonography of pelvis was done which gave normal findings (Figure 1)



Mind

Patient became lachrymose while telling about her fight with her lover but didn't shed off the tears. She weeps when alone and feels better after weeping.++ Patient has a tendency to weep during anger.++ She has a reserved nature, as she keeps her things to herself only and do not share with anyone.++ She desires to stay alone and don't want to get involved with friends.++ Patient was absorbed in her thoughts throughout the case taking process while being questioned.

Diagnosis

After ruling out all the other possible causes of secondary amenorrhoea, it was diagnosed as the secondary functional hypothalamic amenorrhoea. This case comes under the WHO group II class of amenorrhoea^[2] and has been coded as N91.1 under ICD-10 CM classification.^[3]

Case Analysis

Analysis and evaluation of symptoms

Given in table 1.

Repertorial totality

Synthesis 9.0 repertory was used for repertorisation^[4].

- Mind, ailments from, love, disappointed
- Mind, company, aversion to
- Mind, reserved
- Mind, weeping, alone, when
- Mind, weeping, anger, during
- Female genitalia/sex, menses, suppressed, disappointed love from
- Extremities, perspiration, foot, sole
- Extremities, perspiration, hand, palm
- Generals, food and drinks, salt, desire

Repertorial chart

Shown in figure 2.

The Remedy

Repertorial result shows *Natrum muriaticum* as the prominent remedy which covers all the symptoms presented by the patient. After corroboration with the knowledge of materia medica, *Natrium muriaticum* 200C/ 1 dose was prescribed to the patient.

200C potency was selected according to the susceptibility of patient. Susceptibility of the patient was increased due to disturbed mental and physical state of the patient. The patient belongs to middle age group and has a moderate level of physical exertion and so was her susceptibility. So, moderate potency was selected^[5].

FOLLOW-UP

First prescription- *Natrum muriaticum* 200C/1 dose, dated- 18/01/2021

1. 25/01/2021: Menses appeared on 24/01/2021 with normal flow and remained for 6 days. No other complaints were reported.

Prescription: Placebo 30 twice a day for 30 days.

2. 29/02/2021: Menses appeared on 22/02/2021, normal flow, remained for 6 days. A thyroid profile was conducted on 23/02/2021 to rule out any thyroid abnormality. The report is shown in figure 3 and has shown normal values. No other complaints were reported.

Prescription: Placebo 30 twice a day for 30 days..

3. 31/03/2021: LMP- 18/03/2021, normal flow remained for 6 days. No other complaints were reported.

Prescription: Placebo 30 twice a day for 30 days..

Conclusion

The main drawback in this case was that we didn't have the laboratory investigations of patient's hormonal assays. But the strength is that all

the possibilities of other pathologies were excluded clinically.

From this case, it can be concluded that secondary functional hypothalamic amenorrhoea can be successfully treated with homoeopathy. This case shows the importance of causative factors in the selection of medicine. It also shows that if the medicine is selected on the basis of a complete picture of the case, a single dose is able to give the optimum results. It further proves the efficacy of materia medica and repertorial results. This case corroborates with the teachings of psycho-somatic disorders given by Dr Hahnemann in his book *Organon of Medicine*. It also shows the efficacy of *Natrum muriaticum* in cases of hypothalamic dysfunction and further researches can be done in this aspect to explore and enlighten the literature of homoeopathic medicines in terms of modern science.

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Homoeopathic therapeutic approach in understanding of carcinoma of cervix

By Dr Sneha Kumari

Abstract: Cervical cancer is a major public health problem affecting middle aged women, particularly in developing countries. Nowadays, homoeopathy, as a complementary system of treatment, is gaining popularity in treating cancer. Homoeopathy is used as an adjuvant therapy to minimise the side effect or physical suffering of conventional therapies. Identification of high risk populations and early screening is found to be effective in early recognition and treatment. The most prognostic feature of this cancer is that it is preventable and curable in the early stages. Homoeopathy is based on holistic approach and by the process of individualization it plays an important role in prevention and management in all stages of cancer.

Keywords: cancer, homoeopathy, complementary medicine, risk factors

Abbreviations: Human papillomavirus (HPV)

Introduction

Carcinoma of cervix is the fourth most common cancer in women, ranking after breast cancer, colorectal cancer and lung cancer. It has the fourth highest mortality rate among cancers in women^[1]. Human papillomavirus (HPV) infection is the major causative factor for cervical cancer^[2]. Other risk factors include weakened immune system, having multiple sexual partners, smoking, multiple childbirths, being sexually active at young age, using oral contraceptives for a long time^[3]. In early stages of cervical cancer due to precancerous changes patients typically do not produce signs or symptoms. Symptoms may develop when the cancer cells start to invade surrounding tissues. Clinical manifestation of advance stages of cervical cancer includes intermenstrual bleeding, contact bleeding, pelvic pain, pain during sexual intercourse and unusual and offensive discharge from the vagina.

Uncontrolled division of the cells of the cervix leads to development of cervical cancer. Pap test and human papillomavirus test are typical screening procedure. Staging of cancer is important because it aims

to assess the extent to which it has spread in the body at the time of diagnosis. The stage of cancer, histotype, age and immune system of the patients are some of the deciding factors which affect the prognosis of the case and treatment options such as surgery, radiotherapy, chemotherapy, or combination of these and palliative therapy in the late stages. All these treatment process can produce various side effects, such as nausea, difficult urination and bowel movements, skin irritation, hair loss, fatigue, infertility, early menopause.

The gradual progression of disease brought about by imbalance of vital force, are the cause of clinical manifestation of the cancer at the local level. Cancer is challenging as the patients presents with a paucity of symptoms which is nothing but only common and general symptoms. But with the help of thorough case taking, careful prescribing it can bring back the imbalanced patho-physiological frame of the individual.

HOMOEOPATHIC APPROACH

The Homoeopathic approaches to treat cancer in two ways,

firstly in prescription on the basis of individualisation through totality of the symptoms of the person. Secondly, it plays a key role in supportive care and as integrative medicine in offering safe and effective way of managing cancer and to combat the side effects of conventional therapy. Homoeopathic medicine selected on the basis of individualisation and symptoms similarity stimulate the body's own natural healing powers to fight against cancer or improve mental, physical, emotional and social well-being. Cancer cases diagnosed in late stages also can be controlled with appropriate treatment and palliative care with the help of homoeopathic medicine. It is cost-effective also as it helps to reduce the health-care burden on hospitals, government policies.

MIASMATIC APPROACH

Homoeopathy believes in hereditary miasmatic dyscrasia being responsible for hypersusceptibility towards diseases. In cancer, the patient remains hereditarily susceptible to develop cancer and when they are exposed to carcinogenic influences,

carcinogenic substances merely act as exciting factor in a patient having pre-cancerous predisposition. If we can correct the hereditarily or acquired miasmatic dyscrasia with the help of our constitutional anti-miasmatic medicines, we may be able to prevent cancer at least to some extent. The success depends on the stage of the disease and the efficiency of the physician to administer constitutional medicines judiciously in appropriate potencies and doses.

To consider cancer as an incurable disease just by its name and biopsy report, is not the principle of homoeopathy. "TREAT THE PATIENT AND NOT THE DISEASE" is the basic principle of homoeopathy and cervical cancer is no exception to this principle. There is no doubt that cervical cancer is one of the most difficult diseases to treat and cure, but that is due to its nature of growth, distant metastases and various alarming complications. Otherwise, it is to be treated in the same way as any other chronic diseases. In living human being, all physiological processes are continuously taken place in harmonious way. In cancer, this harmony is lost and it appears that a chaotic state is prevailing in the system and the cell are dividing and growing of their own without following the normal sequences of events. We know whenever and wherever chaos prevails, destruction is generally the outcome. In homoeopathy, we believe syco-syphilis is the miasmatic state responsible for chaos and destruction in the system. Naturally, to take care of cancerous chaos and destruction, we are to take the help of anti-sycotic, anti-syphilitic and mixed miasmatic drugs as and when necessary. Nowadays, in most cancer cases, we are to face a mixed miasmatic state. Hence, mixed

miasmatic drugs are often used for constitutional treatment and also for symptomatic palliation. However, a probable list of following medicines for treatment of cervical cancer are given below^[4,5,6,7]:

- **IODUM:** This remedy is indicated in cancerous degeneration of the cervix particularly with profuse haemorrhage. There is intolerance of heat with intense restlessness and apprehension; in spite of ravenous hunger and much eating there is emaciation of the whole body.
- **KREOSOTUM:** This remedy is often used in cancer of the uterus, especially of cervix, with hardness, burning and sensitiveness; there is rapid emaciation with reduced vitality. There is putridity and acidity of all the discharges. This remedy is useful in sympathetic vomiting (irritation start from uterine cancer).
- **SECALE CORNUTUM:** Highly affective for controlling persistent and offensive bleeding in cancer and gangrene of uterus. A peculiar indication of this remedy is that offensive discharge from uterus causing her vomit. Cachectic state with irritable and nervous temperament.
- **ELAPS CORALLINUS:** A chief indication of this remedy in Cancer uteri with sensation as if something burst in womb, followed by a continuous stream of dark-colored blood on attempting to urinate; flow profuse, venous black discharges containing clots; pruritus vaginae.
- **CURARE:** Funnel shaped ulcer of os uteri, with corroding, ichorous, foetid discharge,

smarting in vulva and thighs, shooting and digging pains in womb.

- **CARBO ANIMALIS:** This remedy is often used in cases of cancer of uterus with burning pain down the thigh. Cancerous ulcers are surrounded by hardened tissues which are bluish or red; neck of uterus is indurated with thin, acrid, offensive discharges and burning pain. Indicated in lowered vitality after debilitating disease.
- **ARSENICUM ALBUM:** This remedy is used in cases of uterine cancer, with burning pain in uterine region and shooting, stinging pains in upper part of abdomen; periodicity is very marked especially the time modality with characteristic burning pain which is relieved by heat. There is prostration with restlessness and anxiety.
- **NATRUM CARBONICUM:** There is induration of neck of womb, os uteri out of shape; pressing in the hypogastrium towards genital organs, as if everything would come out. Indifference with great nervousness and anxiety.
- **MUREX PURPURA:** Carcinoma uteri, with great depression of mind; pain in uterus as if wounded by a cutting instrument; lancinating, throbbing pain in uterus; acrid discharges, causing pudenda and thigh to swell and become raw, burning and itching; faintness and "all gone" feeling in epigastrium.
- **LACHESIS MUTUS:** Uterine cancer developing itself at climaxis; pains increase rapidly until relieved by a profuse discharge of blood; coughing or sneezing causes stitches in

affected parts.

- **HYDRASTIS CANADENSIS:** It is indicated in cancer and cancerous state with erosion and excoriation of cervix.
- **GRAPHITES:** It has restrained the growth of cancer in the cervix uteri, when there was burning and putrid bloody discharge.

Conclusion

Owing to the magnitude of threat cancer imposes on health, immediate action needs to be taken. Although cancer can be effectively managed by

homoeopathic medicines, sufficient evidence needs to be produced in order to justify the efficacy and superiority of homoeopathy in such incurable disease conditions.

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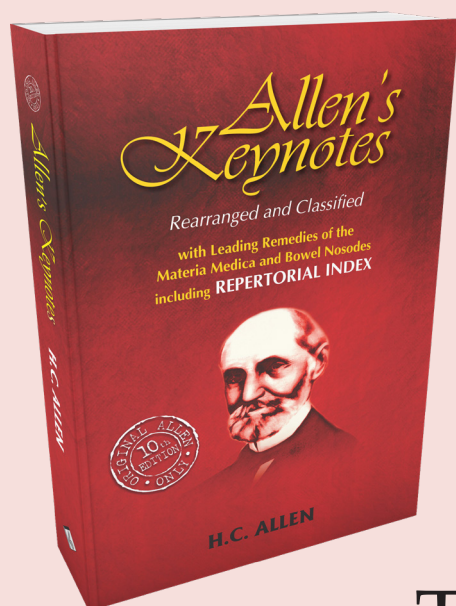
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ISBN: 978-81-319-0088-8

Utility of Indian drugs in the treatment of female disorders

By Chaturbhujaya Nayak^{1*}, Swarnaprava Sahoo²

Abstract:

Background: Indigenous drugs of India are pregnant with great potentialities of therapeutic virtues. They are capable of curing diseases effectively without any adverse reactions, as we know their immense and excellent curing power for last so many years. Their efficacy in curing both acute and chronic cases have been acknowledged and experienced. Their therapeutic values have been explored since the time of Charaka, Sushruta and others for the treatment of numerous diseases including various female disorders. This article presents the indications of different leading Indian drugs in the treatment of female patients suffering from various disorders.

Keywords: Indian drugs, homoeopathy, female disorders.

Introduction

India is a vast country and a treasure house of multifarious remedial agents^[1]. Such medicinal herbs have been used since ancient era and some of them are incorporated in Rigveda. These medicinal plants were being used, since the dawn of the civilization, as folklore medicines and some on the basis of doctrine of signature. It is believed that the natural healing agents, mainly the plants, which are available in plenty in a particular country, are used to combat the diseases normally prevalent in that country. The plants and herbs growing in a particular locality bear a remarkable affinity on the temperament and constitution of the individuals living in that locality^[1]. Since time immemorial, the physicians of our country have used a variety of plants as medicines to treat numerous diseases. In ancient India, the vaidas and hakims who were at the service of kings and Nawabs and many royal personalities have used plants in their mixtures and formulations to treat various diseases. Since the time of Charaka, Sushruta and others, the ayurvedic system of medicine has explored and used the medicinal properties of numerous plants to the advantage of the patients^[2]. It is

therefore, apparent that the Indian drugs will be found to be most suitable to our constitution and most efficacious in various affections. The vegetation of India, it is said is so rich in medicinal herbs that its materia medica could hardly be equaled in any other country. The knowledge of medicinal herbs and plants that they acquired was simply wonderful. It is daily marked by us that the plants and herbs growing in a particular locality bear a remarkable affinity on the temperament and constitution of the individuals, habituating that locality. It is therefore, apparent that the Indian drugs will be found to be most suitable to our constitution and most efficacious in all our affections.

^[1] The Homoeopathic pharmacopoeia of India is rich with the monographs of Indian drugs. The homoeopathic physicians of our country and foreign countries are now inquisitive to know more about the therapeutic properties of these drugs of India.^[1]

Female troubles is a common condition that includes various hormonal changes at puberty, menarche, pregnancy until menopause. The women with great physical and mental stress suffer from disturbed menses.

. Majority of the females don't visit a doctor due to ignorance, or unawareness of the disease; some can't afford the expenses. In some families women's health is not taken seriously. Homoeopathy believes in holistic treatment of female patients, considering the totality of symptoms of each patient, irrespective of the disease she is suffering from.

The homoeopathic materia medica is rich with so many Indian drugs which are useful for different female disorders. In this article, some Indian drugs which are frequently used by the physicians for treatment of various female diseases are discussed.

1. ABROMA AUGUSTA^[1,3,4]

- Common name- Devil's cotton
- **SYMPTOMATOLOGY**
- Useful both in dysmenorrhoea and amenorrhoea .
- In suppression of menses, painful menses, dysmenorrhoea and in all disorders of menstrual flow it is used with considerable benefit; useful in hysteria associated with menstrual disorders^[1].
- Menses irregular, premature, too short or too long lasting,

colicky pain in the lower abdomen during a day or two prior to the appearance of the menses; blood is dark, clotted, profuse or scanty. Patients becomes pale with vertigo, nausea, vomiting and at times hysterical spasm^[1,3].

- Leucorrhoea, profuse, whitish, thin or watery discharges in thin, sick looking young girls with chlorosis.

2. ALLIUM SATIVUM^[2,4]

- Common name - Losohn

SYMPTOMATOLOGY

- Menses too early, acrid, excoriating with headache and dizziness.
- Suppurating pimples at vaginal orifice, on vulva; extensive excoriations of skin of internal portions of thighs and eruptions on breasts during menses.
- Bright red spots, with itching and smarting pain on the inside of the labia majora and at vaginal orifice.

3. ARCTIUM LAPPA^[2]

- Common name - Great Burdock or Cheron

SYMPTOMATOLOGY

- Pain during menses, <back, more pain than usual in back and hypogastrium during menses, <10.00am, till 1.00pm.
- Displacement of the uterus, particularly in prolapsus associated with sore, bruised feeling; great relaxation.
- All symptoms < standing or walking.
- Prolapse of uterus with much bearing down sensation. leucorrhoea.

4. CINNAMOMUM ZEYLANICUM^[2]

- Common name - Dalchini

SYMPTOMATOLOGY

- Menses - regular, every 4 weeks, each period however lasting for eight days longer than usual, followed by leucorrhoea, uterine pains.

- Menses too early and too profuse particularly in females troubled with itching of nose and nocturnal restlessness; profuse flow of bright red blood.

- Irregular menstruation; menorrhagia depending upon chlorosis or anaemia.

- After a false step or a strain in loins, profuse flow of bright red blood.

- Chronic metrorrhagia, leucorrhoea and vomiting of pregnancy.

- Haemorrhage during or after gestation from lifting, straining, overstretching the arms or taking a false step, threatening abortion.

- Labour - weak, ineffectual or false labour pains, spasms, twitching, syncope during labour.

- Complete cessation of labour pains. Mitigates the severity of labour. Severe metrorrhagia in primipara after the 1st few pains.

- When the os is dilated about an inch, placenta is distended with the head, convulsions start following tearing of the cord; violent haemorrhage after subsidence of the spasm. To lessen severity of after pains.

- Repeated scanty haemorrhage during puerperium.

- Metrorrhagia some days after delivery. Amenorrhoea, anemia and flatulence.

5. FICUS RELIGIOSA^[1-4]

- Common name - Ashwatho

SYMPTOMATOLOGY

- Menorrhagia, blood bright red accompanied by bearing down

pains in the lower abdomen.

- Excessive offensive vaginal discharge.
- Suppressed sex, insatiated sexual desire.

6. FICUS INDICA^[1-4]

- Common Name - vata

SYMPTOMATOLOGY

- Copious haemorrhage during menses and bloody leucorrhoea.
- Haemorrhage due to any cause, when the colour of blood is pure red, haemorrhage before any evacuation.

7. HYDROCOTYLE ASIATICA^[1-4]

- Common name - Brahma manduki, Thalkudi

SYMPTOMATOLOGY

- Vulva, vagina and cervix red; deep seated heat at the bottom of vagina, shooting, pricking and insupportable itching at its orifice.

- Dull pain in region of ovary; pain in uterus especially of left side.

- Violent pains in and around uterus, like labour pains. Uterus feels heavy, partly fungus, partly granular ulcer on upper lip of neck of uterus easy bleeding from cervix, with profuse leucorrhoea.

- Granular ulceration of entire neck of uterus which is very red, prolapse of uterus with profuse leucorrhoea.

- Irregular menses in lean and thin women.

8. LAMIUM ALBUM^[2]

- Common name - White dead nettle

SYMPTOMATOLOGY

- Menses too frequent during the new moon. Acrid, excoriating, offensive; weight and dragging

sensation in pelvis with a dull pain; early or copious.

- Discharge of leucorrhoea with a biting sensation of the parts. A few drops of leucorrhoea frequently passes from the vagina. Profuse leucorrhoea without sensation.
- Menstruation: some days too early and very scanty. Menses every eleven days ; too early, at the new moon.
- Great excitement in the uterus, especially cutting pain above the hips, as if menses would suddenly appear, though it had just ceased.

9. OCIMUM SANCTUM^[1,2,3]

- Common name – Kala tulsi, Tulsi

SYMPTOMATOLOGY

- Menses late, profuse, of short duration.
- Metrorrhagia :leucorrhoea, white or yellow, profuse, thick, bland, offensive alternating with metrorrhagia.
- Lochia very offensive and lasts for a long period; profuse bloody discharge after delivery.
- Inflammation of the uterus, post partum.

10. PIPER NIGRUM ^[2]

- Common name- Golmorich

SYMPTOMATOLOGY

- Ovaries and uterus congested, with pricking and lancinating pains.
- Contraction of uterus with sensation as if something stroke to penetrate into it.
- Burning and distending pains in the uterus.
- Menses difficult, retarded, capricious, irregular with colic and black blood.
- Dartrous eruptions on left

breast. Profuse flow of milk.

11. POLYGONUM PUNCTATUM ^[2]

- Common name- Smart weed, Water pepper

SYMPTOMATOLOGY

- Intense dislike for coition, followed by perturbation and irritation if approached.
- Aching pain in hips and loins ; sensation of weight in pelvis.
- Menses- absent , delayed with distress and pain; too copious ,tardy, foetid.
- During menses pressure and soreness in head, grinding pain through abdomen.
- Congestion of ovaries, tearing sensation in groin more on right side.
- Burning pain in vagina.
- Acrid and excoriating leucorrhoea.
- Shooting pains through breasts with great soreness, distension and tenderness.

12. SARACA INDICA^[1,2,3]

- Common name- Oshoka

SYMPTOMATOLOGY

- Menses suppressed and irregular causing headache.
- Severe headache due to scanty flow of menses along with severe pains all over the lower parts of the abdomen.
- Menstrual colic; pain in back and thighs.
- Delayed and irregular menses. Menstrual discharge scanty, pale and watery, sometimes blackish with a bad odour; slightly clotted and painful.
- Amenorrhoea in puberty with headache, palpitation, hysteria, loss of appetite and constipation.
- Pain in ovarian regions, congestive feelings in pelvic

organs as before menses.

- Pain in sacral region.
- All symptoms are better on appearance of menses with free flow.
- Bladder irritable, frequency of urination increased.
- Metrorrhagia, menorrhagia. Leucorrhoea from delayed menses or in the place of menses.
- Infantile leucorrhoea, child getting thin and emaciated inspite of getting usual nourishment.

13. SOLIDAGO VIRGAUREA ^[2]

- Common name-European Golden rod

SYMPTOMATOLOGY

- Uterine enlargement from fibroid tumours, organs press down upon the bladder.
- Uterine haemorrhage, chronic leucorrhoea with copious watery urine; sediments of mucous particles; uriniferous tubules and epithelium in urine.
- Menses suppressed in TB.

14. URTICA URENS ^[2]

- Common name – Dwarf nettle

SYMPTOMATOLOGY

- Menorrhagia, uterine haemorrhage, leucorrhoea.
- Discharge very acrid and excoriating.
- Pruritus vulva, with great stinging and itching and oedema of parts.
- Insufficiency or entire want of secretion of milk. Arrests flow of milk after weaning.
- Excessive menses, premature cessation of menses.
- Anemia in pregnancy, deficient lactation.

15. VISCUM ALBUM^[2]

- Common name- Ban

SYMPTOMATOLOGY

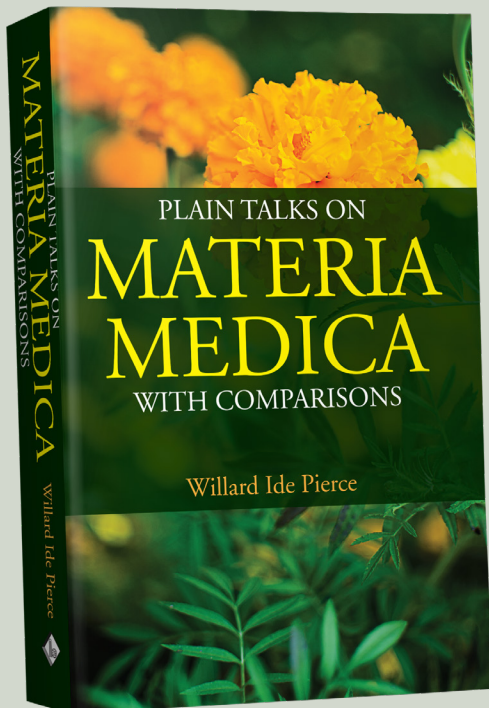
- Sharp, shooting pains in left ovarian region, < lying on left side; coming and going for two weeks.
- Feeling of faintness before menses.
- Metrorrhagia during menopause; partly bright. Partly dark and clotted blood with headache and stitching pain in temples.
- Numbness in extremities and blue rings around eyes.
- It causes uterine contractions and stops bleeding .
- Useful in cases of retained placenta.
- Indicated in chronic granular endometritis with enlargement, either sub -involution, alveolar hyperplasia or hypertrophy.
- Menses are profuse, prolonged, blood bright red with cramping pains.

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ISBN : 978-81-319-6315-9

Allergic rhinitis and homoeopathy

By Dr Vaishali Janardhan Ovandkar

Abstract:

Allergy can be either due to genetic predisposition or external agents.

When it is due to genetic predisposition, then it is called as atopy. Allergies like eczema, asthma and hay fever are seen to be familial. Atopy has now become common but its reason is not identified.

Allergy is due to increased or change in response of immune system to external agents.

Conditions like eczema, allergic asthma, urticaria, hay fever and perennial rhinitis are due to external agent or "allergen". Pollen from trees and grasses, house dust mites, cats, dogs, milk and eggs are most common allergens.

Keywords: allergic rhinitis, allergies, atopy, hay fever, allergen oversensitivity^{1,2}

Abbreviations: IgE –Immunoglobulin E , PGD2 –Prostaglandin D2 , AR – Allergic rhinitis^{1,2}

Introduction

Allergic rhinitis is characterized by frequent sneezing , nasal fluid secretions, nasal passages obstruction, conjunctival, pharyngeal, nasal itching and lacrimation, all these symptoms occurring in a temporal relationship to exposure of allergen. Allergic rhinitis is commonly seasonal due to elicitation by airborne pollens, it can also be perennial due to chronic exposure. Allergic rhinitis is the commonest clinical manifestation of atopic disorders^{1,2}.

Other possible contributing factors include increased pollution in the atmosphere and the use of chemicals in food, medicine and household products. This state of allergy shows a strong familial predisposition and individuals with this allergic or atopic syndrome may present in early life with infantile eczema and later develop allergic rhinitis, asthma and allergies to a variety of food stuff. It is more common in metropolitan areas compared to rural areas. This is because of increased pollution due to rapid urbanisation and industrialisation^{1,2}.

Allergic rhinitis symptoms result in sleep disturbance, fatigue,

depressed mood and cognitive function compromise that impairs quality of life and productivity^{1,2,6}.

The sum total of the individual characteristics in the 3 planes – emotional, intellectual and physical – depicts the constitution. This sum total is the resultant of the early environmental factors, right from the time of conception, acting on the hereditary plan of organisation as determined the genes. Therefore individual illness cured if only we can clearly understand the constitution^{3,4,5}.

Complete restoration of health both mental and physical ways and that to permanently in mild and gentle way is the motto of homoeopathy. According to homoeopathy, all individuals are different and need different medicines for their particular situation so many homoeopathic medicines effective to give relief in allergic rhinitis^{3,4,5}.

Aetiology

Allergic rhinitis generally occurs in atopic individuals who have family history of a similar or related symptom complex and a personal history of collateral allergy presented as eczematous dermatitis,

urticaria, asthma^{1,2}.

A relatively small number of weeds that depend on wind rather than insects for cross-pollination, as well as grasses and some trees, produce sufficient quantities of pollen suitable for large distribution by air to elicit seasonal allergic rhinitis. Perennial allergic rhinitis occurs due to allergens that are present during the year, including desquamating epithelium in animal dander, cockroach-derived proteins, mold spores, or dust, which has mites. Nasal allergens are pollen, House dust, insecticides, animal dander, moulds found on decaying vegetables, feathers, face powders, cockroach, house fly and butterfly^{1,2}.

Pathophysiology

The starting event occurs between intraepithelial mast cells and the allergen, which later proceeds to involve deeper perivenular mast cells, both of which are sensitized with specific IgE. Biopsy specimens of nasal mucosa during seasonal rhinitis show submucosal edema with infiltration by eosinophils, along with some basophiles and neutrophils^{1,2}.

In sensitive individuals, the first

appearance of allergenic agent into the nose is presented with sneezing, stuffiness and discharge. The secreted fluid contains histamine, PGD₂, and leukotrienes. reactions that are capable of producing tissue edema and eosinophilic infiltration^{1,2}.

Clinical features

Moderate to severe inflammation of serous & mucous membrane. Nasal mucosa is pale and boggy. Conjunctiva is congested & edematous. Frequent sneezing, Nasal Stuffiness, Profuse watery nasal discharge, Obstruction of nasal passage, Conjunctival itching, Watering of the eyes. Burning & smarting pain in nose & eyes^{1,2}.

Diagnosis

1. The diagnosis of seasonal allergic rhinitis depends largely on an accurate history of occurrence coincident with the pollination of the offending weeds, grasses, or trees.^{1,2}
2. The continuous character of perennial allergic rhinitis due to contamination of the home or place of work makes historic analysis difficult, but there may be variability in symptoms that can be related to exposure to animal dander, dust mite, cockroach allergens, fungal spores, or work-related allergens such as latex^{1,2}.
3. Nasal secretions of allergic patients are abundant in eosinophils, and modest peripheral eosinophilia is a common feature. Local or systemic neutrophilia suggests infection^{1,2}.
4. Total serum IgE is frequently increased^{1,2}.

Prevention

Avoidance of exposure to the known

allergen is the most effective tool of controlling allergic diseases^{1,2}.

Treatment

Allergy is cured by improving the immune system and as a result symptoms subside on their own. Allergic diseases are the outer reflection of the internal problem. So, we need to increase the immunity of the patient and this can be strengthened by homoeopathic medicines. As Homoeopathy is a system of medicine which works on inspiring the humoral or the immune mechanism of the body from its latent or overt reaction, it is hence the best form of medicine to treat any allergy^{4,5}.

Many homoeopathic medicines are available having potential to cure allergic rhinitis^{3,4,5}.

These include

1. *Aconitum napellus* -Mind- Great fear, anxiety, worry, delirium. Stunning compression or crampiness at nasal root. Excessive sensitivity to smelling, mainly for unpleasant odours. Excessive sneezing. Coryza with catarrh, headache, buzzing in the ears and colic. Coryza due to cold, dry winds^{3,4,5}.
2. *Pulsatilla nigricans*- Repeated attacks of coryza with sneezing and stuffing up of the nose, fever and sweating. Considerable watery discharge with sneezing in evening, morning stuffing up of the nose with thick yellow, green discharge. *Pulsatilla nigricans* is suitable to chronic Catarrh with bad smell. Associated with loss of smell & taste. Amelioration to open air. Aggravation in warm room^{3,4,5}.

3. *Staphysagria* -

Nose ulcerated, with scabs located deep. Violent coryza, with one side obstruction of nose, frequent sneezing and lacrimation. Sneezing without coryza. Coryza, at first discharge of only thick mucus, later thin water. Obstruction of nasal fossa, with nasal tone to voice^{4,5}.

4. *Hydrastis canadensis* -

Hydrastis causes catarrh of almost all mucous surfaces i.e. nasal, pharyngeal, bronchial, duodenal, gastric, intestinal, urethral also vaginal. The characteristic catarrh is yellow or white, tough and stringy.^{3,4,5}

Catarrhal symptoms are increased with harsh, dry winds and motion. Frequent discharge of thick white mucus, frontal headache. Coryza is watery, excoriating, burning, smarting with rawness in nose. Discharge is scanty indoor and profuse outdoors^{3,4,5}.

5. *Ranunculous bulbosus* -

Nasal mucosa appears red, swollen, and inflamed, with extensive pain and many scabs inside. Obstruction of nose, especially indoors, with pain from excoriation. Copious discharge of viscid mucus from nose. Nasal bleeding, internal tingling and upward pressure^{3,4,5}.

6. *Allium cepa* -

Indications for this remedy include watery eyes and a clear nasal discharge that irritates the upper lip, along with sneezing and a tickling cough. The person usually is thirsty, and feels worse indoors and when rooms are warm, and better in fresh air^{3,4,5}.

7. *Arsenicum album*:

A burning, watery, runny nose with a stuffy, tickling feeling during allergy attacks suggests a need for this remedy. Swelling below the eyes and a wheezy cough are common. The person may feel chilly, restless, anxious, and Also other remedies are useful like is often very tired^{3,4,5}.

Also other remedies prove to be useful like *Euphrasia*, *Ferrum phosphoricum*, *Gelsemium*, *Natrum muriaticum*, *Nux vomica*, *Sabadilla*, etc^{3,4,5}.

Conclusion

The homoeopathic constitutional medicine has a capacity to correct the tendencies and abnormal behaviours and reactions to the environment.

Homoeopathic medicine stimulate the body's own defence system to cope up with exposure to allergens, rather than suppressing the allergic symptoms. Often, treatment does not have to be taken continually – for example, a homoeopathic medicine taken before the start of the hay fever season can protect the patient throughout the whole season, reducing the need for anti-histamines. Many homoeopathic medicines are available having potential to cure allergic rhinitis.^{3,4,5}

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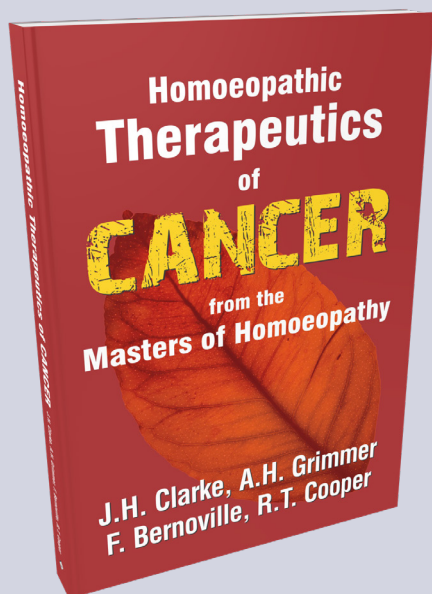
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Revealing 'CAN' in Cancer

An authoritative compilation of the best research work and case studies of stalwarts with The concept of Arborivital doses



- The books included in the compilation are: Therapeutics of Cancer by J. H. Clarke; Homoeopathic Treatment of Cancer by Fortier-Bernoville; Cancer articles by A.H. Grimmer; and R.T. Cooper's Cancer and Cancer Symptoms.
- The content in each introduction has been deliberately kept concise to facilitate the student in reading the section with interest.
- Each section begins with an introduction by the editor which is an effort to introduce the authors and their nature of work, to the reader in the simplest way possible.
- The concept of Arborivital doses introduced by Dr Cooper has also been given for study

The literature of the past workers on the subject of Cancer was scattered all over which has been compiled to preserve the original work with all authenticity. The editor has collected the best research work and case studies on Cancer in an organized way for practitioners and students.

ISBN: 978-81-319-1786-2

VARICOCOELE – ‘A male genital disease’

Dr Srabani Pal and Dr Falguni Patel

Abstract:

Varicocoele is one of the male genital diseases. In varicocoele, there is presence of visible and palpable testicular veins due to reverse flow of blood into the pampiniform plexus in the scrotum. It may cause male infertility and low sperm count. Homoeopathy can treat mild to moderate type of varicocoele.

Keywords: genital diseases, varicocoele, testicular vein, *Murphy's Repertory*.

Introduction

Varicocoele - A varicocoele is a varicose dilatation of the veins draining the testis.

Surgical anatomy

The veins draining the testis and the epididymis form the pampiniform plexus. The veins gradually join each other as they traverse the inguinal canal and at, or near, the inguinal ring, there are only one or two testicular veins, which pass upwards within the retro peritoneum. The left testicular vein empties into the left renal vein while the right empties into the inferior vena cava below the right renal vein. The testicular veins usually have valves near their terminations, but these are sometimes absent. There is an alternative (collateral) venous return from the testes through the cremasteric veins, which drain mainly into the inferior epigastric veins.

Aetiology

- Varicocoeles are common, affecting perhaps 15–20% of adult males and 90% are left sided, reflecting the proximal venous anatomy.
- Most varicocoeles are idiopathic.
- They are unusual in boys and typically develop during late childhood and adolescence.
- In some cases, the dilated vessels

are cremasteric veins and not part of the pampiniform plexus.

- The usual cause is absence or incompetence of valves in the proximal testicular vein.
- Obstruction of the left testicular vein by a renal tumour or nephrectomy is a cause of varicocoele in later life; characteristically, in such cases the varicocoele does not decompress in the supine position.

Clinical features

- While most varicocoeles are asymptomatic, those that are symptomatic tend to present in adolescence or early adulthood, when there may be an annoying dragging discomfort that is worse on standing at the end of the day.
- This presumably reflects distension of the testicular veins.
- When examined in the erect position, the scrotum on the affected side hangs lower than normal; on palpation, with the patient standing, the varicose plexus feels like a bag of worms.
- There may be a cough impulse.
- If the patient lies down the veins empty by gravity and this provides an opportunity to ensure that the underlying testis is normal to palpation.

- In long-standing cases the affected testis is smaller and softer than its fellow, owing to a minor degree of atrophy.
- Ultrasonography can be helpful in the diagnosis of small varicocoeles, and in older men with an apparently recent onset of varicocoele, ultrasonography of the kidneys is important in excluding a left renal tumour.
- Grading of the varicocoele is possible, with a grade I varicocoele being impalpable (i.e. observed only on ultrasound), grade II being palpable and grade III being visible.

Varicocoele and spermatogenesis

Of all the possible causes of primary infertility, oligozoospermia (reduced numbers of sperm in the ejaculate) is one of the most difficult to treat. Because varicocoeles are relatively common, some men with oligozoospermia will have a varicocoele, and it is tempting to blame this for the infertility. Certainly, the varicocoele will tend to ‘warm’ the testis, which is usually around 2.5°C below rectal temperature, and there is conflicting evidence regarding the effect of this temperature difference upon spermatogenesis.^[1]

HOMOEOPATHIC APPROACH FOLLOWING HOMOEOPATHIC MEDICAL REPERTORY BY ROBIN MURPHY

Rubric: Chapter 46: Male

VARIOCELE, spermatic cord - aesc., arn., aur., bell., calc., carb-v., colch., coll., crot-h., fl-ac., ham., lach., lyc., merc-i-r., nux-v., osm., ph-ac., podo., puls., ruta., sep., sil., sulph., tab. strain, following a - ruta. ^[2]

PRESENTING SYMPTOMS OF ABOVE MEDICINES IN LOTUS MATERIA MEDICA BY ROBIN MURPHY.

Symptoms covers not only the Varicocele but also male genital organs as a whole.

AESCULUS HIPPOCASTANUM : it indicated in general venous stasis ,everything slow down, digestion, heart, bowel. Engorgement of haemorrhoidal veins with backache and absence of constipation. Walking aggravates all symptoms. Worse in morning and afternoon, after meals, from any kind of motion or while standing, better in cool and open air, bathing and from continued exertion.

ARNICA MONTANA : indicated when patient having sore pain, bruising and swelling associated with trauma, surgery or overexertion. feeling that everything the person lies on is too hard. Impotence from sexual excess or abuse. Phimosis from friction. Seminal emission during caress. Haematocele.

AURUM METALLICUM: Indicated when pain and swelling of testicles. Orchitis, Chronic indurations of tes-

ticles. Atrophy of testicles in boys. Hydrocele of children. Epididymitis, sarcocoele. Sexual desire greatly increased. Nocturnal emission and pollutions. flow of prostatic fluid, with flaccidity of penis. It produces rushes of blood and haemorrhages. Patient has hopelessness, profound depression, tendency to suicide and longing for death. Worse from sunset to sunrise.

BELLADONNA: indicated when accompanied by redness, heat and throbbing, sharp, cutting, shooting pain. Severe neuralgic pain comes and goes suddenly fullness and congestion with swelling, testicle hard, drawn up inflamed. Nocturnal sweat of genitals. Flow of prostatic fluid. Desire diminished. Soft painless tumour on glans. Worse from touch, pressure, motion, checked sweat. Better form bending backward, semi erect, standing.

CALCAREA CARBONICUM: Indicated when patient having burning with seminal emission. Sex, followed by profuse weakness, vertigo, irritability, lameness of back and knees, headache and sweat. Itching and burning in genitals. Seminal discharge premature. Hydrocele of children. Worse from cold, wet weather, from mental or physical exertion, from stooping or lifting. Worse from pressure of clothes. Better from dry weather, lying down on painful side, on back.

CARBO VEGETABILIS: acts on venous circulation and capillaries, blood seems stagnate, causing blueness, coldness and ecchymoses, icy coldness of part, Worse from over lifting, pressure of clothes, damp weather, better from elevating feet, cold weather and fanning constantly. Discharge of prostatic fluid, while

straining at stool. Itching and moisture at thigh near scrotum. Seminal discharge too soon during sex, followed by roaring in head. Swelling of testes from metastasis of mumps.

COLCHICUM AUTUMNALE: indicated when parts are red, hot, swollen. Tearing pain. Oedema of scrotum

Worse from motion, touch, vibrations, from cold damp weather from stretching, checked sweat, from any exertion mental or physical. Worse at night and evening. Better from bending forward, rest, doubling up, sitting after stool, stooping. Patient loathes the smell or sight of food.

COLLINSONIA CANADENSIS: indicated when patient having varicocele with rectal symptoms, venous engorgement, and portal congestion, congestion of pelvic organs especially anus, rectum and uterus. Sensation of constriction and sticks in rectum. Worse from slightest mental emotion or excitement, cold and better from heat, morning.

CROTALUS HORRIDUS: indicated in low septic state, haemorrhages from every part of body. dark and bluish parts. Sexual instinct increased with entire relaxation of penis. Sharp cutting in glans, from jar, exertion, better from rest and motion, from light. Worse in morning, on waking, from lying on right side. Symptoms are worse on the right side.

FLUORICUM ACIDUM: Indicated when deep, destructive process, bedsores ulcerations, varicose veins and ulcers present. Burning in urethra, increased sexual desire in old men. Enjoyment excessive. Violent erections at night. Oily pungent

smelling sweat on genitals. Swollen scrotum, varicocele. Worse from warmth, heat of room, from night, morning, warm drink. Better from cold, while walking, from cool bathing, rapid motion, and sort sleep.

HAMAMELIS VIRGINIANA: Act on veins especially of rectum, genitals, limbs and throat, producing congestion. Pain in spermatic cord, running into testes. Orchitis intense soreness and swelling. Worse touch. Testicles enlarged, hot and painful. Varicocele. Severe neuralgic pain in testicles. Profuse, cold sweat on scrotum. Capillary stasis. Worse from injury, bruises, pressure, from warmth, moist air, rainy weather, from jar, touch, motion and exertion.

LACHESIS MUTA: strong sexual desire without physical power. During sex the emission is tardy or does not occur at all. Lascivious ideas without erection of penis. Prepuce thickened. Semen with pungent odour. Ill effect of masturbation. Worse from sleep and after sleep, morning, from slight touch or pressure of clothes around neck, waist, from suppressed discharges, standing, stopping, motion and from hot drinks. Better from appearance of discharges, warm application, open air, hard pressure.

LYCOPodium CLAVATUM: indicated when patient having weakness of digestion and right side affection. Lacks vital heat and poor circulation. Pain comes and goes suddenly.

MERCURIUS IODATUS RUBER: indicated when complaint cause by exposure to wet, washing floor, and weather changes. Sarcocoele of left testicle, stubborn suppurating buboes worse after sleep, from touch and pressure.

NUX VOMICA: Indicated to nervous, excitable and irritable person with sensitive to all impression.

Constrictive pain in testicles, premature ejaculation, and emission from high living, penis becomes relaxed during an embrace. Bad effect of onanism and sexual excess. Worse from pressure of clothes at waist, early morning and open air, better from strong pressure, and from free discharges.

OSMIUM: Indicated when patient having steady aching in glans penis, pain in testis and spermatic cord, violent pain on the point of penis and prepuce. Erection every morning, earlier and harder, pain in testicle preventing sleep. Generally worse from coughing, talking, by touch, and riding.

PHOSPHORICUM ACIDUM: indicated when patient having weakness and pollutions after sex, oedema of prepuce and swollen glans penis, nightly emission with lascivious dreams, seminal vesiculitis. Sexual power deficient. Testes tender and swollen. Weak relaxed genitals, during sex, preventing emission. Weakness and mental debility follow by physical debility. Generally worse from loss of vital fluid, from talking, sitting, standing and from lifting. Better from warmth, after short sleep.

PODOPHYLLUM PELTATUM: indicated When patient having genital complaints with rectal troubles. It produced torpidity of the liver, portal engorgement with tendency to haemorrhoids, hypo-gastric pain, and fullness of superficial veins. Worse from motion, walking, early morning 2 to 4 a.m. better from pressure, lying down, lying on abdo-

men, stretching in bed.

PULSATILLA NIGRICANS: indicated when patient having hard, sticking pains in left spermatic cord and testes. Dull pains in testes, distressing erection, soon subsiding. Pain in penis on walking, worse on urinating. Generally worse by warmth, at night, on urinating, and on walking. Better in open air and rubbing, and scratching.

RUTA GRAVEOLENS: indicated after ill effect of bruises, factures, and carrying heavy weights, sprain, over use of tendons, worse from over exertion, injury from lying down, sitting, pressure on edge, stooping, ascending and descending steps, better from lying on back, warmth, motion, rubbing and scratching.

SEPIA OFFICINALIS: indicated when patient having venous stasis, offensive perspiration on scrotum. Genitals cold, gleet, discharge from urethra only during night, no pain sexual desire increased. Complaints after sex. Impotency. Condylomata surrounding head of penis. Generally worse from sitting, standing, kneeling, jarring, stooping, from touch, ascending, rubbing, lifting, scratching, from washing clothes, before thunderstorm. Better from sitting with leg crossed, by exercise, dancing, vigorous motion.

SILICEA TERRA: indicated in hydrocoele, itching moist spots on scrotum, painful eruption, burning and soreness of genitals with eruption on inner surface of thighs. Sexual weakness. Nocturnal emission. Extreme exhaustion after sex. Worse from damp, lying on left, cold air and draft, better from warm room and wraps.

SULPHUR: Indicated in hydrocele, testes hang low, induration of testes, stitches in penis, penis cold, prepuce stiff, hard like leather with copious sigma, causes itching, fetid sweat on genitals. Itching of genitals when going to bed. Burning pain and itching is characteristic symptom of remedy. Generally, worse from standing, from warmth of bed, better from open air, motion, walking and dry heat.

TABACUM: Indicated for varicocele and hyperesthesia and neuralgia of penis, genital organs flabby, no erections or little sexual desire. Nocturnal emissions. generally worse from motion of boat, riding, lying on left side, from pressure, better from walking, cold, open air. [3]

Conclusion

As there is no particular aetiology in varicocele, homoeopathy is helpful. Results shows that surgery is not the solution as recurrence is there. Only homoeopathy can correct the altered physiology and bring back health. If there is major pathology then surgery or other alternative treatment is required. Mild to moderate condition is curable in homoeopathy.

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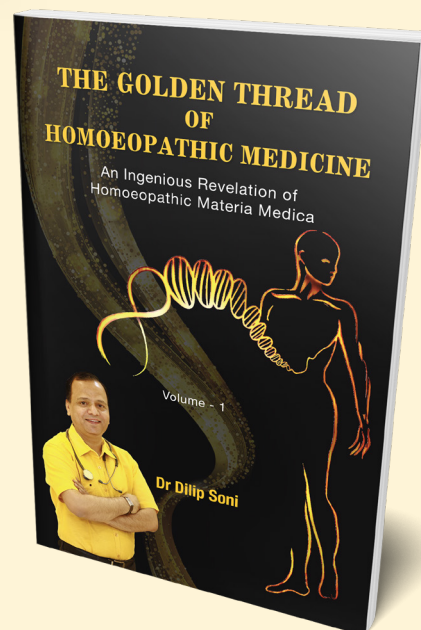
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The Golden Thread of Homoeopathic Medicine

Dr Dilip Soni

- This book “The Golden Thread of Homoeopathic Medicine” is the compilation of the commonly used homoeopathic medicines according to the clinical experience of the author and proves to be an ‘illuminant’ enlightening the readers with the knowledge of homoeopathic materia medica.
- This book gives a better understanding of the remedies as it connects the remedy with its pathological action on the body, resulting in a variety of symptoms forming a disease picture.
- Each remedy revolves around a GOLDEN THREAD, which explains the pathology of the whole drug through a thread of sequences, holding onto which one could find the link between particular medicine and its specific medicine. Thus, it becomes easier for the reader to grasp the theme of the medicine from the core and relating it to the presenting picture of a case in hand.
- This book gives an innovative insight to memorise materia medica and elaborate the knowledge of homoeopathic remedies proven according to the lines of homoeopathy in a new dimension.



ISBN: 978-81-319-0921-8 | 300 pp

Referencing My Article

By *Claudia Gutiérrez Maupomé*

Introduction

As a preamble to my comments, I want to deeply thank the House of BJain's Homoeopathic Heritage magazine and its editors, most particularly Dr Abha. The journal's June, 2018 edition, published internationally my article entitled *Epidemic of canine parvovirus in 19 dogs: A case of Homoeopathy as an effective cure*. In her note, Dr Abha called it a milestone in Homoeopathy.

The work clearly demonstrated the effectiveness of homoeopathic remedies in healing a highly contagious and virulent malady with a high resistance to pharmaceuticals and its resulting morbidity of 90 percent or more. The remedy used to heal this epidemic was Phosphorus, of which in Homoeopathic dosage is a miniscule, nanoparticle quantity of the mineral.

This morning I found the article by published by the American Chemical Society *Broad spectrum solvent-free layered black phosphorus as a rapid action antimicrobial*¹. The abstract reads, "Antimicrobial resistance has rendered many therapeutic measures, such as antibiotics, ineffective...Recently nanomaterials, including two-dimensional materials, have attracted scientific interest as potential antimicrobial agents. Many of these studies, however, rely on the input of activation of energy and lack real-world utility. In this work, we present the broad-

spectrum antimicrobial activity of few-layered black phosphorus (BP) at nanogram concentrations." The abstract goes on to say that it was proved in animal and human cells where they did not find Phosphorus to affect their metabolism and effective as heal diseases.

It is well established that Homoeopathy is a "nanoparticle" health / cure system, that does "rely on the energy activation input" and that has consistently healed for more than 250 years humans, animals and plants. It has done so without harming any metabolism and it most definitely has real-world utility, validity and is extensively proven to be highly effective. But supposedly "lacks" scientific validation.

Although it may not be recognised by the authors of the Chemical Society article or related scientists, the manner in which the abstract discloses their work indicates that they read or knew about my article published three years earlier to theirs published on the 12 of this month.

According the World Health Organization, there are more than 700,000 people in the world with illnesses from antimicrobial resistant diseases. It is clear that given the world-wide publication of BJain's Homoeopathic Heritage, it has had a wide-spread influence. Its broad reach has furthered science to the benefit of humanity and life on earth.

In this respect, Dr Abha's comments that my article was a milestone of Homoeopathy is confirmed, and their scientific research validates our homoeopathic endeavors by proving scientifically the effectiveness of nanoparticles dosages, their safeness on the recipients as well, besides the fact that they heal diseases caused by microbes, fungus or viruses whether they are resistant to other style of medicine or "super" bugs.

About the author

Claudia Gutiérrez Maupomé is a Homoeopathic therapist that also studied to the doctorate in psychology and psychotherapy. She authored the peer reviewed article in the June, 2018 edition of Homoeopathic Heritage on the effectiveness of Homoeopathy in curing Canine Parvovirus, and on the treatment of two boys for recurrent flu/influenza symptoms in the July edition. Her article on Homoeopathic effectiveness in treating bipolar cataracts was published in HH in May, 2019 and the effectiveness of Homoeopathy in healing cervical disease in the January 2020 edition.



1. Shaw, Z.L., et al. Appl. Mater Interfaces, 2021, 13,15 17340-17352. April 12, 2021. <https://doi.org/10.1021/acsami.1c01739>. Copyright 2021, American Chemical Society.

Cracking Homoeopathic Codes In Breast Cancer

By Dr Sunirmal Sarkar, PhD and Dr Shruti Shah, PhD

Total No. of Pages: 14 + 199 Price: Rs. 249/-

Personal tragedy often opens understanding to undertake new assignments and provoke one to have deeper understanding leading to experiences. Finding limitations in the presenting situation makes one to think differently and explore into the related, but alternative direction. Authors being homoeopathic practitioners with deep insight and academic background, observed the limited scope of cancer in the mainstream system of medicine and decided to explore in their own field. The spirit of team work made them to establish "Prayas Homoeopathy and Cancer Foundation" with the most experienced homoeopath, Dr Sunirmal Sarkar. The research and academic studies as well as clinical experiences were blended together to bring out this work. After making massive literary search, right from the fundamental literature to the available clinical presentation, they developed a deeper understanding on the subject related to cancer. Encouraging clinical results made them more confident to work on specialisation on the different aspects of cancer.

Clinical evidences strengthened them more with the learning from the homoeopathic masters. Specific therapeutical understanding of the explanation of cancer by Dr Grimmer and other sources of inspiration made them collect the data available in the treasure house of stalwarts in homoeopathy. Studies on the current development on cancer have been incorporated as well.

The efforts of the author resulted into the materia medica of breast cancer (oncology materia medica)

of medicines, compiled from 51 remedies from the *Kent's Repertory* and more than 200 remedies from the *Complete Repertory*. This book made presentation of 80 breast cancer related remedies. One of the most interesting aspects of homoeopathy is its reproducibility. Choosing the right homeopathic medicine for the individual patient is about estimating chances is the statistical aspects of understanding.

The objective of this book includes awareness about homoeopathy and its potential role in the management of cancer. This book is an effort to combine contemporary medicines and classical homoeopathic medicines for clinical use in breast cancer. The book is based on the authentic sources as well as clinical experience of well reputed scholar in homoeopathy, Dr Sunirmal Sarkar.

This book is divided into 11 chapters presenting different aspects of the breast cancer and its clinical aspects. Separate group of homoeopathic remedies from plant kingdom, animal kingdom, mineral kingdom, nosodes, sarcodes, radioactive substances, and synthetic remedies are being listed and explained separately. Each medicine included have a strong base from authentic source books. Description of the remedies include their basic information and authentic symptoms as presented in the source book. The book was being made more presentable by the editor.

Overall, the book is a good attempt by the authors to make oncology of breast cancer and explain the applied aspects of homoeopathy in a more comprehensible and easier

way in order to study and make it useful during clinical practise. It will prove to be very useful for all serious homoeopathic students and practitioners, and inspire them to get well versed with the applied aspect of homoeopathy in oncology. It can also be used as a reference book for treating cancer cases.



(Dr M. K. Sahani)

About the reviewer

Dr M. K. Sahani, PhD

ISSN: 9070-6038
Date of Publishing (26th)
Date of Posting (27th, 28th)
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Published & Printed by Mr. Kuldeep Jain on behalf of

M/s B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi-110055 Ph.: 91-11-4567 1000

Email: heditor@bjain.com

Printed at Narain Printers & Binders, D-6, Sector-63, NOIDA, UP-201307

If undelivered please return to B. Jain Publishers (P) Ltd. 1921/10, Chuna Mandi, New Delhi-110055 (India) Tel.: +91-11-45671000

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