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HomeoBuzz continuing medical information

Vol. 15, No. 09, December 2019, Total No. of Pages 16

Dear Readers,

The fast growing digital media and network is ushering our generations into a world of codes and ratings. Whether we do transactions, confront gatherings or individual meetings or just shop online, we are being rated everywhere and every single moment of our activities. These ratings are countable or scalable opinions flowing through artificial intelligence all around the world and the instrument for this is our mobile phone. It's a key to our virtual identity. We have given minds to things, better named as Internet of Things today, which is going to fuel revolutionary changes in international economic environment. Given a positive direction this will result in globalization of cultures, economies and businesses all over. Our ratings will decide what will be the direction of our careers and economies on larger scale. For example we buy things from online portals seeing the ratings given to a product, similarly whether or not we are desirable for a profile will depend on our rating acquired on current professional arena. Automation of repetitive tasks and opportunities for multitasking, creativity and innovations will spring out. It may look complex but with positive understanding and digging in with small efforts will surely take us to an entirely new world of opportunities. One such small effort is Pradhan Mantri Kaushal Vikas Yojana that offers to citizens of India an up gradation of skills in line with a future requirement of the digital world. India, is a youth power today and being the youngest country in the world, such steps are definitely an advantage for us. We stand strong today, and with open minds and young force we will soon lead the world.

> Kuldeep Jain Chief Editor

Dear Doctors,

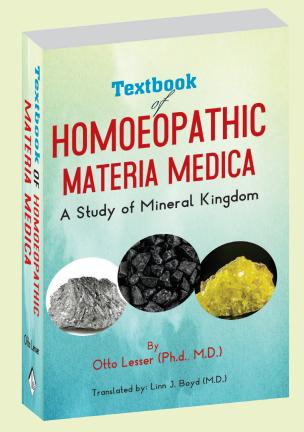
We are about to bid goodbye to 2019, holding some good and some not so good experiences and memories. I have wondered many times that there is some sort of strange pleasure in dwelling upon past ... maybe some homeopaths think I am Natrum mur personality on this revelation. But through interactions with many people, memory related nostalgia seems to be an almost universal feeling. All of us feel our childhood days were golden, or the days when we were stepping over puberty were the most amazing or nothing can equal the days spent in college and so on. But the fact is we ignore the simple joys of living in present moment and as soon as that very moment becomes past, we realize this fact and say oh! What a wonderful time it was! Every single moment that we live is like a bubble, and a beautiful delusion of our minds. It will be gone the very next moment but the emotion that it has induced on our minds remains forever! This emotion is within us and the only reason for the so called "nostalgia" attached to that delusive moment. All of us are extinguishable and so are our materialistic belongings... the only thing which is imperishable is the marks of our existence and its impact upon the lives of those around us. So, it is imperative that we live in our present moment with a zeal like a newly born, exploring, learning and rejoicing, learning from the moment gone by and taking actions directed towards future.

Cheers!

Dr. Vasundhara Editor

Textbook of Homoeopathic Materia Medica

Otto Lesser Translated by Linn J Boyd



- In-depth review of the mineral remedies explained in conformity with scientific chemistry.
- Effects of remedies compiled both as poisonings and through provings.
- Constitutional as well as numerous mineral remedies focused along with their biochemistry and clinical picture.
- Based on the study of drugs analysing the groups bearing the similar symptomatology, as Alkalis (including Potassium, Sodium, Lithium, Ammonium, Magnesium, Calcium, Strontium, Barium), Halogens, Sulphur group, Nitrogen group, Boron-Aluminium group, Carbon group, Heavy metals, etc.
- In the end, a therapeutic index mentioning the main remedies for various pathological conditions arranged in an alphabetical order.

ISBN: 978-81-319-6181-0 | ₹ 599 | 1008 pp



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Musculoskeletal complaints account for >315 million outpatient visits per year and over 20% of all outpatient visits in the United States. The Centers for Disease Control and Prevention estimate that22.7% (52.5 million) of the U.S. population has physician-diagnosed arthritis and 22 million have significant functional limitation. Most of the clinical presentations are self limiting, requiring minimal therapy and assurance, whilst some may be persistent with specific musculoskeletal complaints which presage serious conditions, and must be evaluated through laboratory testing for definite diagnosis.¹

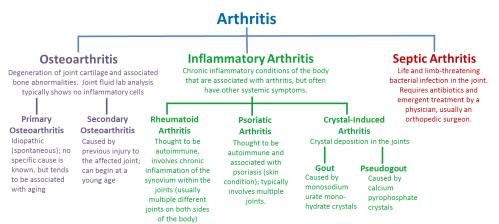
The term **Arthrites** means inflammation in one or more joints. It carries a very specific meaning and is different in this sense from the word "rheumatism" which is a term used in generalized sense for musculoskeletal aches and pains. Aches and pains in joints do not always mean that a person is suffering from Arthrites, instead there must be inflammatory symptoms present like redness, swelling, tenderness, stiffness and a local raise in temperature. A simple joint pain is arthralgia, which is different from arthritis in terms of the typical inflammatory response in joints, which is absent in simple arthralgia. The significance of arthritis is that besides producing excruciating pain in joints, it consequently leads to joint deformities if treated improperly or left untreated altogether. Musculoskeletal evaluation is crucial to exclude urgent conditions that must be diagnosed promptly. These "red flag" diagnoses include septic arthritis, acute crystal-induced arthritis (e.g., gout), and fracture. Each may be suspected by its acute onset and monarticular or focal musculoskeletalpain.

The initial encounter should determine whether the musculoskeletal complaint signals a red flag

Evaluation of Patients with Musculoskeletal Complaints
Goals
Accurate diagnosis
Timely provision of therapy
Avoidance of unnecessary diagnostic testing
Identification of acute, focal/monarticular "red flag" conditions
Approach
Determination of chronology (acute vs chronic)
Determination of the nature of the pathologic process (inflammatory vs noninflammatory)
Determination of the extent of involvement (monarticular, polyarticular, focal, widespread)
Anatomic localization of complaint (articular vs nonarticular)
Consider the most common disorders first
Formulate a differential diagnosis

condition (septic arthritis, gout, or fracture) or not. The evaluation should proceed to ascertain if the complaint is (1) articular or nonarticular in origin, (2) inflammatory or noninflammatory in nature,(3) acute or chronic in duration, and (4) localized (monarticular) or widespread (polyarticular) in distribution.¹ We will try to understand the basic pathophysiology behind the most common form of arthritis i.e. Osteoarthritis:





Osteoarthritis(OA) is the most common form of arthritis responsible for pain and disability specially in older population. The pathophysiology behind OA involves focal loss of articular cartilage, subchondral osteosclerosis, osteophyte formation at the joint margin, and remodelling of joint contour with enlargement of affected joint. OA is a complex disorder involving both genetic and environmental factors in its pathogenesis including²:

- Heritability of OA ranges from about 43% at the knee to between 60% and 65% at the hip and hand respectively.
- OA can be a component of multiple epiphyseal dysplasias and also associated with Structural abnormalities, such as slipped femoral epiphysis and paget's disease.
- Occupational OA develops due to mechanical stress upon particular joints such as OA Hip in Farmers, OA knee in Miners etc.
- Destabilising injuries like rupture of cruciate ligaments and menisectomy raise the risk of OA.
- There is a strong association between obesity and OA, particularly of the hip.
- Oestrogen appears to play a role as lower rates of OA have been observed in women using hormone replacement therapy (HRT).
- In OA there is accelerated degradation of the cartilage matrix, making the cartilage vulnerable to load-bearing injury. Deposition of calcium phosphate and calcium pyrophosphate crystals occur along with formation of subchondral cysts.
- Osteophytes develop from the fibrocartilage at the joint margin.
- Bone remodeling and thinning of cartilage result in expansion of OA affected joint to spread the mechanical load over a greater surface area.
- There is hyperplasia and inflammation of affected joint.

Symptoms and signs of OA:

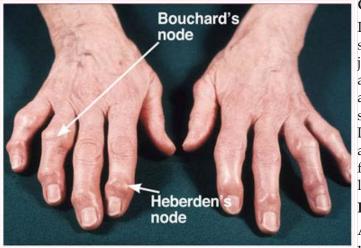
The characteristic distribution of OA involves the hips, knees, interphalangeal joints of hands(PIP & DIP), neck and lumbar spine.

Pain

- Insidious onset over months or years
- Variable or intermittent nature over time ('good days, bad days')
- Mainly related to movement and weight-bearing, relieved by rest
- Only brief (<15 mins) morning stiffness and brief (<5 mins)'gelling' after rest
- Usually only one or a few joints painful

Clinical signs

- Restricted movement due to capsular thickening or blocking by osteophyte.
- Palpable, sometimes audible, coarse crepitus due to rough articularsurfaces.
- Bony swelling around joint margins
- Deformity, usually without instability
- Joint-line or periarticular tenderness
- Muscle weakness and wasting
- Mild or absent synovitis.



Generalised Nodal OA

In this there is pain, stiffness and swelling of one or more PIP and DIP joints of the hands from the age of about 40 years onwards. Heberden's and Bouchard's nodes are characteristic swellings present posterolaterally on DIP and PIP respectively. Affected joints are enlarged as a resultof osteophyte formation and often show characteristic lateral deviation.

Knee OA

At the knee, OA principally targets the patello-femoral and medial tibio-femoral

compartments but eventually spreads to affect the whole of the joint. It may be isolated or occur as part of generalised nodal OA. The pain is usually localised to the anterior or medial aspect of the knee and upper tibia and is usually worse going up and down stairs or inclines. Prolonged walking, rising from a chair, getting in or out of a car, or bending to put on shoes and socks may be difficult.²

Spine OA

The cervical and lumbar spine are mostly targeted by OA, where it is referred to as cervical spondylosis and lumbar spondylosis, respectively. The typical presentation is with pain localised to the low back region or the neck, although radiation of pain to the arms, buttocks and legs may also occur due to nerve root compression. The pain is typically relieved by rest and worse on movement.

Hip OA

It is unilateral in presentation, targets the superior aspect of the joint, migrating the femoral head in superolateral direction. It has a poor prognosis in comparison to another bilateral presentation with central cartilage loss, largely confined to women and frequently associated with generalized nodal OA.

Early onset OA

Unusually, typical signs and symptoms of OA may present before 45 years of age. If Early onset OA affects multiple joints not normally targeted by the disease, then rare causes need to be thought of like Kashin-Beck disease that affects children, typically between 7 and 13 years of age. Found in some regions of China, the cause of disease is suggested to be the deficiency of Selenium and contamination of cereals with myco-toxin producing fungi. There may be cases of early onset



OA affecting single or multiple joints due to previous trauma, focal instability, metabolic diseases, idiopathic juvenile arthrites, spondylo-epiphysial dysplasia etc.

Investigations

A plain X-ray of the affected joint should be performed and often this will show one or more of the typical features of OA.Spine OA can often be diagnosed on a plain X-ray, which typically shows evidence of disc space narrowing and osteophytes. If nerve root compression or spinal stenosis is suspected, MRI should be performed. Routine biochemistry, haematology and autoantibody tests are usually normal. Synovial fluid aspirated from an affected joint is viscous with a low cell count.

Management

Patient education is a must regarding the nature of the condition, role of risk factors like obesity, heredity and trauma. It should be well explained that the structural changes cannot be reversed although pain and function can be improved. Lifestyle advice should be given directing the patient to lose weight and strengthen quadriceps which is particularly beneficial for Knee OA.Exercise is an important part of OA treatment, because it can decrease joint pain and improve function. The U.S. Department of Health and Human Services recommends that everyone, including those with arthritis, get 150 minutes of moderate exercise per week.³ Aerobics complemented with physiotherapy, Shock-absorbing footwear, pacing ofactivities, use of a walking stick for painful knee or hip OA, and provision of built-up shoes to equalise leg lengths can all improve symptoms. Pharmacological intervention used frequently is paracetamol alone or along with topical NSAID, and then capsaicin for knee and hand OA. Strong opiates and antineuropathic drugs are used occasionally in patients with difficult to control symptoms. Intra-articular glucocorticoid injections are used in some cases of Knee and CMC OA.²

Surgery should be considered for patients with OA whose symptoms and functional impairment impact significantly on their quality of life despite optimal medical therapy and lifestyle advice. Total joint replacement surgery is by far the most common surgical procedure for patients with OA.²

Homoeopathy for OA

Homoeopathy is a science of holistic treatment and the earlier a disease is countered with homoeopathy the better will be the prognosis. But even today it has not emerged as the front line of treatment in chronic diseases where it holds tremendous potential, with capability to resolve the individual tendency towards such diseases. A systematic review of clinical trials of Homoeopathy in OA have shown that homoeopathic complexes have a clear advantage in the treatment of osteoarthritis.⁴ We will see further in the journal, the gems of homoeopathy for relieving the discomfort of OA.

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6

DITCH THE PAIN & MOVE ON



Indications :

- · Pain in joints with swelling
- Tenderness
- Joint stiffness
- · Limitation of joint movement
- · Associated fever and weakness

Composition:

Acidum formicum	3x	1.0%v/v
Colchicum autumnale	5x	1.0%v/v
Rhus toxicodendron	3x	5.0%v/v
Natrum salicylicum	3x	1.0%w/v
Ledum palustre	3x	0.5%v/v
Dulcamara	3x	0.25%v/v
Lithium carbonicum	5x	0.25%w/v
Gelsemium sempervirens	3x	0.25%v/v
Ulmus fulva	5x	0.25%v/v
Excipients q.s.		
Alcohol content		7.5%v/v

Dosage: 2 teaspoons(10ml), 3 times a day or as prescribed by the physician.



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ANAS BARBARIAE (Oscillococcinum)



Autolysate of the liver and heart of the duck, Anas barbariae¹

The homeopathic antiviral medicine

Well known by the public as a remedy for the flu, Oscillococcinum's effectiveness is indisputable when it comes to halting influenza and similar seasonal illnesses of a viral nature. What is less well known, however, is that it is made from an extract of duck livers and hearts. It is interesting to touch on this notion, especially for the French, since traditional French cooking uses poultry livers and hearts in abundance during the winter.²

Synonyms: (French): Autolysat filtre de foie et coeurd 'Anas Barbariae

- Part used Distribution
- : Laboratory preparation.

Clinical : Aches. Anxiety. Bronchitis. Conjunctivitis. Ear pain. Fears. Headaches. Influenza. Gastrointestinal disorders. Mastoiditis. Rhinitis. Sinuisitis. Varicose ulcer.³

Indications:

Obstinate. A busy body, maniac, cannot bear disorder.³

: The lysate

- + Fear of dirt. Has the need to wash his hands very often and is afraid of giving his hand to others for the fear of pollution, contagion.³
- Influenza of all types, especially in the earlier stages. This is a faithful remedy at the beginning of influenza, of rhinitis and otitis. Given early it is very efficacious.³
- + Nasal voice. Nasal catarrh. Stuffed nose, nasal obstruction, sneezing. Aphonia, dry painful cough.³
- Can digest neither milk nor eggs. Constipation.³

Oscillococcinum resembles in many respects to 'Carcinosinum'.

Doctor Hui Bon Hua (France) gave us many reports where he used it in place of Carcinosinum, with good results.⁴

In sum, during the winter, on becoming chilled or after contact with someone sick with the flu, taking a dose of Oscillococcinum often stops illness short. This remedy is not sold in centesimal Hahnemannian (CH), but in Korsakoff (K) potencies, a technique which uses the same flask over and over again in potentizing the remedy. Oscillococcinum is used in 200 K.²

Prescribed dose : Normally used in higher potencies.¹

References:

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- 2. GRANDGEORGE D.; The spirit of Homoeopathic medicines
- 3. MURPHY R., Homeopathic Medical Repertory
- 4. DEGROOTE F.; Physical Examination and Observation in Homoeopoathy

HOMEOPATHIC HEALERS FOR ARTHRITIS

Therapeutics Of Arthritis

1. ACIDUM FORMICUM:

- Chronic muscle pain. Muscular pains and soreness.¹
- Gout and joint rheumatism, which appear suddenly. Pains usually worse on right side, motion and better from pressure.¹
- Chronic arthritis in connection with gouty diathesis.¹
- Chronic arthritis following an attack of acute rheumatic fever shows also remarkable results.¹
- Prescribed dose : 6x and higher.⁵

2. BENZOICUM ACIDUM:

- A gouty, rheumatic diathesis engrafted on a gonorrhoeal or syphilitic patient. Gouty concretions; arthritis vaga; affects all the joints, especially the knee, cracking on motion; nodosities.²
- Pains tearing, stitching, in large joints of big toe; redness and swelling of joints; gout < at night.²
- Prescribed Dose: Third to Sixth potency. Externally in certain skin diseases.⁵

3. BRYONIA ALBA:

- It is best adapted to persons of a gouty or rheumatic diathesis; prone to so-called Bilious attacks.²
- Pains : stitching, tearing, worse at night; by motion, inspiration, coughing; >> by absolute rest, and lying on painful side.²
- Mucous membranes are all dry.⁴
- Knees stiff and painful.⁴
- Prescribed dose: First to twelfth attenuation.⁵

4. CAUSTICUM:

- Manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicated by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints; progressive loss of muscular strength, tendinous contractures.⁴
- Burning, rawness, and soreness are characteristic.^₄
- Prescribed dose: Third to thirtieth. In chronic ailments and especially in paralytic states, the higher potencies once or twice a week.⁵

5. COLCHICUM AUTUMNALE:

- This is the great old school remedy for gout; but not every case of arthritic trouble receives Colchicum from the careful homoeopathic prescriber.³
- The typical case calling for Colchicum is where the swelling is red or pale, with extreme tenderness to touch, a tendency to shift about from joint to joint, and pains which are worse on the slightest motion.³
- It is more indicated when the smaller joints, fingers, toes, wrists and ankles are affected; the pains are very violent, patient cannot bear to have the parts touched or to have anyone come near him.³
- Prescribed Dose: Third to thirtieth attenuation.⁵

6. GUAJACUM OFFICINALE:

BIAIN

- Chief action on fibrous tissue, and is especially adapted to the arthritic diathesis, rheumatism, and tonsillitis.⁴
- Gouty tearing, with contractions. Immovable stiffness.⁴









HOMEOPATHIC HEALERS FOR ARTHRITIS

- Arthritic lancinations followed by contraction of limbs.⁴
- Prescribed dose: Tincture, to sixth attenuation.⁵

7. LEDUM PALUSTRE:

- Adapted to the rheumatic, gouty diathesis; constitutions abused by alcohol.²
- This is a useful remedy in constitutional gout where there are nodosities in the joints. It is not so much a remedy for the acute symptoms, but for chronic cases where there are deposits of urate of soda, concretions in the joints and the hands become twisted out of shape.³
- Parts cold to touch, but not cold subjectively to patient.²
- Prescribed dose: Third to thirtieth potency.⁵

8. LITHIUM CARBONICUM:

- Chronic rheumatism connected with heart lesions and asthenopia. Rheumatism connected with heart or eye lesions. Rheumatic nodes. Uric acid diathesis. Gout and tophi. Violent sharp pains, as from red hot needles.⁴
- Swelling and tenderness of finger and toe joints; better, hot water.
- Prescribed dose: First to third trituration.⁵

9. RHUS TOXICODENDRON:

- Adapted to persons of rheumatic diathesis; bad effects of getting wet, especially after being overheated. Affects the fibrous tissue, especially; the right side more than the left.²
- Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion.⁴
- Worse-during sleep, cold, wet rainy weather and after rain; when lying on back or right side.⁴ Better- warm, dry weather, motion; rubbing, warm applications, from stretching out limbs.⁴
- Prescribed dose : Sixth to thirtieth potency.⁵

10. RHODODENDRON CHRYSANTHUM:

- Rheumatism in the hot season. The modality (worse before a storm) is a true guiding symptom.⁴
- Acute inflammatory swelling of joints, wandering from one joint to another; severe at night; < in rest and during rough stormy weather.²
- Rheumatic drawing, tearing pains in all the limbs, worse at rest and in wet, cold, windy weather.²
- Gout with fibrous deposit in great toe-joint, rheumatic, often mistaken for bunion.²
- Prescribed dose : First to sixth pontency.⁵

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Calcarea Phosphorica	3X
Silicea	3X
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- Atherosclerosis

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HEAR GOLD- AN EFFECTIVE HEART TONIC

Heart is our **root system**, circulating the vital fluid throughout the body assuring that blood has reached to every single cell of our system. To serve this purpose, heart is designed like a **strong central muscular pump** enervated by vagal and sympathetic fibres. The right and left vagus nerve innervate **Sino atrial Node** and **Atrio Ventricular Node** respectively, and sympathetic fibres are present all over the atria, ventricles and the conduction system of the heart. Sympathetic stimulation of the heart produces opposite effects. The autonomic system regulating the functions of heart gets triggered from the baroreceptors and chemo receptors circulating in blood which act as patroller of the entire system. Besides these, **medulla** located in the brain stem is the main site, for regulating autonomic reflexes to the heart and its vessels. In this way the impact of stress and emotions is received by the brain and through medullary efferent pathway and the chemo receptors, gets passed on to the heart affecting its action. **Streptococcal endo carditis** and **rheumatic heart disease** are infectious and inflammatory affections of heart targeting the endo cardium, pericardium, valves, connective tissue of heart, joints, brain and skin.

Highly sensitive individuals with a weak heart get very easily affected as is seen in the patients needing **Calcarea arsenicosa**, where "The slightest emotion causes palpitation of heart."¹ Even people with a healthy heart can develop the same sensitivity if they get affected by Rheumatic heart disease as is seen in **Lithium carb** patient who feels "Rheumatic soreness in cardiac region."¹ Lithium carb patient suffers from "Chronic rheumatism connected with heart lesions." **Latrodectus mactans** is a spider remedy producing "A picture of Angina pectoris". "The praecordial region seems to be the center of attack."¹

Naja tripudians (virus of the cobra) is another wonderful remedy whose "action settles around the heart; valvular troubles." With "marked dyspnoea, inability to lie on left side." It produces symptoms like "Acute and chronic endocarditis." And symptoms of "Damaged heart after infections diseases."¹

Omeo Heart gold drops is a BJain speciality product which strengthens the heart and acts as a restorative to the heart muscles. It has **Cactus grandiflorus**, a known heart tonic, **Crataegus oxyacantha** which imparts tone and force to the cardiac contractions, **Convallaria majalis** which is "of use when the ventricles are overdistended and dilatation begins, and when there is an absence of compensatory hypertrophy, and when venous stasis is marked". **Valeriana officinalis** is a mild stimulant to the circulatory and nervous system, **Strophanthus hispidus** "increases the contractile power", **Aurum muriaticum natronatum** relieves "Arterio-sclerosis and High blood pressure due to disturbed function of nervous mechanism" and **Camphora officinalis** "Pictures a state of collapse and sudden sinking of strength with pulse small and weak".

These remedies are present as mother tincture & low attenuations in this formulation, making it effective in acute cases as well, provided it is frequently repeated in appropriate doses. It can also be used as a Cardiac tonic in milder dosage over prolonged course making it an impeccable solution to strengthen cardiac muscles.

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