

- A review of Digestive System & Dysentery
- Holarrhena antidysenterica
- Homeopathic gut remedies
- Berberis Vulgaris In Renal Colic

HomeoBuzz

CONTINUING MEDICAL INFORMATION

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Dear Readers,

We are amidst a major transitional era, and are witnessing nature's mighty and cussed wiles, forcing humanity to tread on a novice way of living. From lifestyles to education, vocation or profession, we are experiencing a virtual aspect of all. During these testing times, when uncertainty clouds over reasoning and fear reigns in like a dark knight, we all need to hold strong on to our will power and make a comeback with greater vigor than ever.

We indeed should be grateful for hard times in life, as they force us to push our limits much beyond our imagination. Hard times give us a new identity, and make us better and compassionate towards our fellow beings. For our countrymen, this has been in our culture for long, a recent example of which was when our Prime minister helped US with requirement of hydroxychloroquin during extremely critical situation of Corona. Mr. Trump expressed his gratitude saying, "India's help in extraordinary times will not be forgotten". As the time rolled out, India is now on the verge of entering the G7, a group of economically most powerful seven nations of the world. It's pretty evident that Mr. Trump did not forget India's help, through this unprecedented gesture. The positive bonding of Indian prime minister with leaders of the world is highly comforting and seemingly assures a brighter future for our nation as well the world ahead. The wise old man is leading the nation with basic Indian values, rich political experience and the motto of "Vasudhaiv Kutumbkam". Let humanity unite us all in peace and prosperity.

Kuldeep Jain
Chief Editor

Dear Doctors,

A course in disaster management taught me, that during critical conditions, the aptitude to put every available resource to utilization is the best policy. Probably the first crisis I can relate this fact with is today's scenario, where the least positive speculation is a ray of hope. Amidst the flu-blues, the buzz of positive results in homoeopathy, comforts the widespread concern about the pandemic. Whatever be the mode of treatment, it must be realized by the healthcare fraternity, that our enemy may be invisible to naked eyes, but isn't at all invincible! To defeat it, we need to identify the power of our individual weapons and implement them in an integrated way. Yes, I am indeed a big supporter of integrated medicine and if given a chance would merge various treatment modalities into a single integrated mode of treatment for the sake of mankind that stands weak in front of alien forces, due to lack of unity and integrity. The diversity of origin in human races led to the formation of varied streams of medicine, and the false egotism attached to these streams, stops them from merging into one. Followers of different treatment modalities, should practice their knowledge with firm belief, but at the same time should also keep their minds and vision open to a wider arena of medicine where success and failure stories are the real guide.

In this issue of Homoeobuzz, I have compiled information about digestive ailments and their homoeopathic management. Let us keep learning and exploring new opportunities in the field of medicine.

Dr. Vasundhara
Editor

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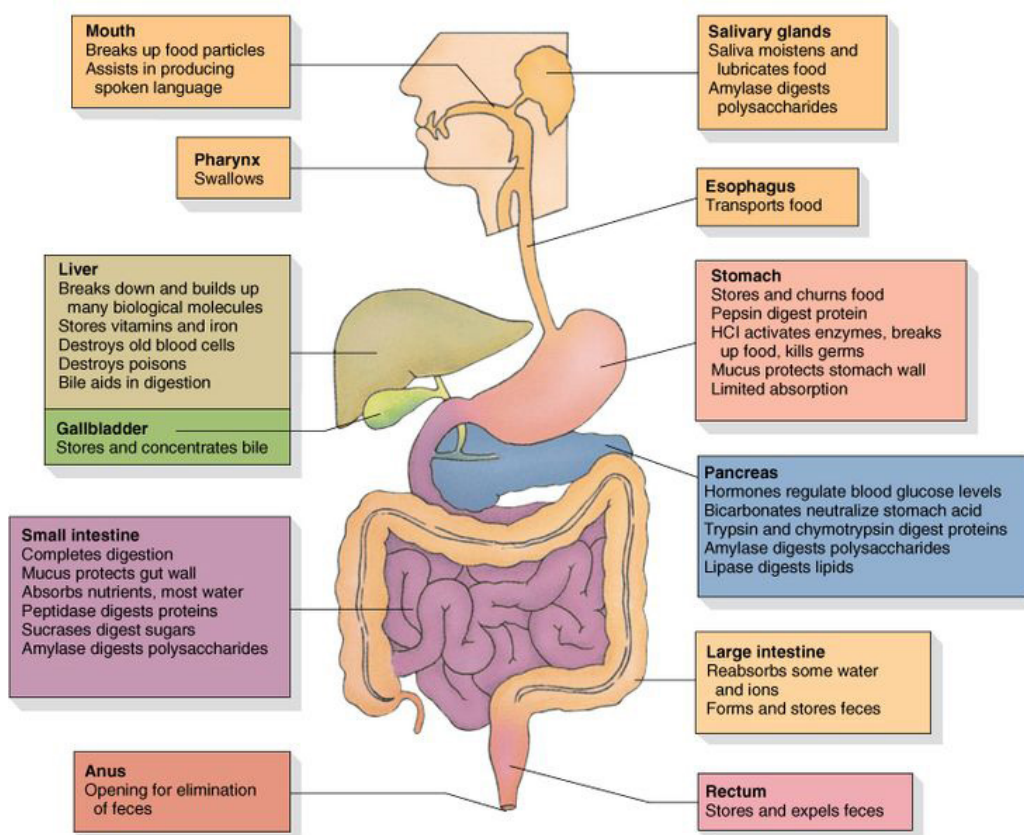
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A REVIEW OF DIGESTIVE SYSTEM & DYSENTERY

Human digestive system is a constellation of organs specially equipped for the breakdown of food to simpler and easily assimilable forms which can be readily used by the body for its nutrition.

According to American Society for Gastrointestinal Endoscopy, "The digestive system -- which can be up to 30 feet in length in adults -- is divided into eight parts: the mouth, the esophagus, the stomach, the small intestine (or "small bowel") and the large intestine (also called "large bowel" or "colon") with the liver, pancreas, and gallbladder adding secretions to help digestion. These organs jointly function in six steps: ingestion, secretion, propulsion, digestion, absorption, and defecation."¹



Chewing is the first step in the process of digestion where teeth, salivary glands and the tongue grind and mix morsels of meals into fine bolus, making them easily deglutible. Oral Salivary glands secrete amylase which catalyzes dietary starch and sugars into di-saccharides and tri-saccharides which are further broken down to glucose by other enzymes. Besides amylase, lingual lipase is secreted by lingual papillae present on tongue.² The bolus is swallowed down into the oropharynx, oesophagus and subsequently into the stomach with the help of muscles of deglutition and oesophageal peristaltic motion. At the lower end of oesophagus is lower oesophageal sphincter which is a high pressure zone guarding reflux of gastric contents into the oesophagus. In stomach gastric juices containing hydrogen and chloride ions, activate pepsinogen into pepsin which is the gastric proteolytic enzyme and helps in protein digestion. Mucus is secreted by gastric mucosal lining which protects the stomach wall from erosive effect of HCl and pepsin.

The bolus gets mixed and churned with gastric secretions through waves of muscular contractions in gastric wall and gets transformed into chyme, a thick liquid after 1-2 hours of this process. This chyme then passes through pyloric sphincter into the duodenum where it gets acted upon pancreatic and bile juice pouring in duodenum through the ampulla of Vater and accessory pancreatic duct. Pancreas secretes trypsin, chymotrypsin to digest proteins, amylase to digest carbohydrates and sugar, lipase for fat metabolism and bicarbonates to neutralize the acidic gastric secretion. From duodenum the chyme moves ahead into jejunum and ileum where digestion continues along with absorption of almost 95% nutrients into the blood. A portion of undigested food again gets subjected to peptidase, sucrase and lipase to get proteins, sugars and fats completely digested. In large intestines, reabsorption of water and minerals occurs along with production of biotin and Vit K by inhabiting bacteria. These vitamins are absorbed from the colon into the blood stream. Faeces are formed in large intestine by reabsorption of water and ions and get stored in rectum for final defecation.

The alimentary canal receives its blood supply from 3 main arteries: 1. Coeliac artery 2. Superior mesenteric artery and 3. Inferior mesenteric artery. All 3 supplying digestive tract originating from foregut, midgut and hindgut respectively.²

Digestive Disorders

The process of digestion is crucial for nurturing the body tissues and elimination of toxic waste material from the body and in disease condition of digestive tract, long term effects are seen upon all the other systems of the body. A variety of conditions mild or severe can affect various sections of GIT ranging from infections, infestations, infiltrations, degenerations, mechanical anomalies and auto immune disorders. The presenting complaints in digestive disorders can be:

- Oral aphthae, ulceration with pain and fever
- Dysphagia i.e. difficulty in swallowing
- Heartburn i.e. burning sensation in chest
- Nausea and vomiting
- Hematemesis i.e. haemorrhagic vomiting
- Flatulence and belching with abdominal distention.
- Pain in abdomen with associated bowel irritability
- Constipation with abdominal cramps
- Diarrhoea and tenesmus
- Lienteria
- Bleeding and pain associated with defecation.
- Sudden and severe episodes of any of the above symptoms
- Weight loss/ weight gain

The above conditions can result from various conditions affecting different parts of the GIT. Some affections are quite common during summers, like dysentery.

DYSENTERY

Dysentery is a major summer complaint in tropical regions, resulting from bacterial, viral or parasitic infection of the intestines. The main symptom of dysentery is the onset of frequent bloody loose stools which may be accompanied with cramping abdominal pains, fever, nausea and vomiting. Large amount of mucus may also be expelled along with stools.

Two types of dysentery are most prevalent :

1. Bacterial dysentery (Shigellosis): The colonic mucosal lining gets invaded by Shigellae, which are gram negative rods, and are of 4 types – Sh. dysenteriae, flexneri, boydii and sonnei. In the tropics bacillary dysentery is usually caused by Sh. flexneri, whilst in the UK most cases are caused by Sh. sonnei. It spreads easily among humans via contaminated food or flies and more commonly through unwashed hands after defecation. Crowding, poor sanitation and sexually active homosexual men facilitate the spread of shigellosis.

Symptoms in moderate infection are diarrhoea, colicky abdominal pain and tenesmus. Multiple small stools are passed followed by passage of blood, mucus and pus. Tenderness over the colon can be present along with fever, dehydration and weakness.³

Oral rehydration therapy or, if diarrhoea is severe, intravenous replacement of water and electrolyte loss is necessary. The prevention of faecal contamination of food and milk and the isolation of cases may be difficult, except in limited outbreaks. Hand-washing is very important.

Amoebiasis	Shigellosis
I.P: Variables (days, months, years) usually 2-4 weeks	short 1 – 3 days
Clinical: chr., not bedridden not toxic, no tensmus	Acute, bedridden, toxemic tensmus, cramp, vomiting
Complications: amoebic liver abscess, amoboma, anal lesion	<i>S. dysenteriae-1</i> → convulsion, toxic megacolon, perforation, hemolytic uremic syndrome. <i>S. flexneri</i> → reactive arthropathy (Reiter syndrome) in HLA: B27
CFR: Low	High in complicated cases (20% in hemolytic uremic syndrome in hospital).

2. Amoebic Dysentery (Amoebiasis): It is a leading tropical parasitic disease caused by the protozoa *Entamoeba histolytica* which is transmitted in humans through its cysts. It spreads by ingesting uncooked food or water contaminated by infected human faeces. It can also spread by anal/oral sexual practices. The incubation period may vary from 2 weeks to many years which results in many asymptomatic carriers in endemic areas transmitting the infection.³

It may run a chronic course with abdominal pain and passing two or more unformed stools per day. Offensive diarrhoea alternating with constipation, and blood or mucus in the stool, with abdominal pain are common. Passage of blood, simulating bacillary dysentery or ulcerative colitis, occurs particularly in older people, in the puerperium and with superadded pyogenic infection of the ulcers.

Repeated microscopic examination of stools immediately after passage is recommended. Sigmoidoscopy can help in detecting ulcers and the protozoa within them.

Homoeopathic remedies like Merc sol, Nux vom, Colchicum autumnale, Merc cor are some of the immediately relieving solutions for dysentery. The well chosen homoeopathic remedy never fails, and digestive complaints that are the results of indispositions and constitutional tendencies, find best solution in individualized homoeopathic treatment.

When digestive troubles are deep seated or when the patient is rather capricious then it is always better to give immediate relief by proven formulations in the beginning of treatment like B.Jain's Omeo Dysentery drops and Omeo Digestion syrup. Both these are excellent as combination of safe and effective homoeopathic remedies which help in relieving the indigestion and symptoms of dysentery promptly and can be effectively used with constitutional homoeopathic treatment for better and longer lasting treatment for stubborn gut ailments.

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Flu Tablets



Indications:

- Fever, Chills • Bodyache, Headache • Nose blockage
- Watery discharge from the nose & eyes

Composition:

Each tablet of 250mg contains:

Aconitum napellus	3X	25mg
Bryonia alba	3X	25mg
Eupatorium perfoliatum	1X	25mg
Gelsemium sempervirens	3X	25mg
Ipecacuanha	3X	25mg
Phosphorus	6X	25mg
Eucalyptus globulus	2X	10mg
Excipients		q.s.

Dosage : Adults & > 12 years old - 2 tablets, 4times a day. Children < 12 years old - 2 tablets, 2 times a day or as prescribed by the physician



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- Indigestion
- Flatulence
- Constipation
- Chronic weakness of digestion

Composition :

Natrum phosphoricum 2X	10.0%
Robinia pseudocacia 2X	10.0%
Capsicum annum 2X	10.0%
Acidum sulphuricum 3X	10.0%
Phosphorus 5X	10.0%
Excipients	q.s.
Alcohol content	9.0%v/v
Colour: Caramel	

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



Pack sizes available:

60ml | 100ml | 200ml | 500ml



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DYSENTRY Drops

Indications:

- Abdominal Cramps
- Frequent, bloody loose stools

Composition:

Each 5ml contains:

Colchicum autumnale	∅	0.06ml
Aloe socotrina	∅	0.06ml
Mercurius corrosivus	3X	0.06mg
Nux vomica	∅	0.06ml
Colocynthis	∅	0.06ml
Alcohol content		3%v/v

Dosage: 8-10 drops in 1/4th cup of water, 3 times a day or as prescribed by the physician.



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Holarrhena Antidysenterica

(Kurchi or Wrightia tinctoria)



Common Name: Kutaji, Kaluoga, Indrayava.
In Sanskrit - Kutaj, Girmallika, Batsak
In English - Easter tree, Ivory tree, Tellicherry Bark.
Family: Apocynaceae.
Part used: Bark and seeds.
Distribution: Bengal, Assam, Madhyapradesh.
Gujarat, South India Trivancore etc.

CLINICAL: Acute and chronic dysentery; fever etc., anti-pyretic and anti-dysenteric.¹ urolithiasis⁴

Action:

- ✓ Dysentery associated with weakness; emaciation; loss of appetite; colicky pain around the navel; more mucous but blood is less.¹
- ✓ In the books wrote by Charak, Shusrut and Bhavaprakash power of curing of several diseases of these particular drug has been mentioned. The drug is helpful in bleeding piles, blood-dysentery attended with fever etc. too.¹
- ✓ Fretful mind : hastiness marked by anxiety.²
- ✓ Dry tongue with a white coat.²
- ✓ Intermittent pain around the navel; painful excremental pressure; sometimes after taking food; frequent; pass of stool.²
- ✓ Pain in the rectum; hotness; pain persists even after passing stool; stool or faces full of mucus; weakness; paralysing sensation.²

Prescribed dose: Mother-tincture, 3x, 6x.³

Research light:

- ✓ A study investigated the antiurolithic activity of holarrhena antidysenterica. It shows, "Holarrhena antidysenterica possesses antiurolithic activity, possibly mediated through inhibition of CaOx crystal aggregation, antioxidant and renal epithelial cell protective activities."⁴

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Therapeutics of DIGESTIVE DISORDERS

1. **Abies nigra**

- The dyspepsia caused by abuse of tea or tobacco have been cured by it.¹
- The grand characteristic of Abies-n. is a sensation in the cardiac end of the stomach or in the esophagus, "as if a hard body, as a hard-boiled egg had lodged there."¹
- Pain in stomach always comes on after eating.¹
- Great craving for food at noon and night. Total loss of appetite in morning.¹
- Dose: First to thirtieth potency.²

2. **Alumina**

- Abnormal cravings - chalk, charcoal, dry food, tea-grounds.²
- Heartburn; feels constricted.²
- Potatoes disagree.²
- No desire to eat. Can swallow but small morsels at a time.²
- Constipation of pregnant women, children, and painters.³
- Blind piles protrude, become moist, with lancinating pain; are hard and itch.³
- Dose: Sixth to thirtieth and higher.²

3. **Antimonium crudum**

- It should be remembered when the attack has been produced by overeating.⁴
- The stomach is weak, and digestion is easily disturbed.⁴
- There is a thick, milky-white coating on the tongue.⁴
- The trouble is aggravated by bread, pastry, acids, especially vinegar, sour or bad wine, from hot weather, overeating, and often cold bathing.⁴
- Dose: Third to sixth potency.²

4. **Arsenicum album**

- Cannot bear the sight or smell of food. Great thirst; drinks much, but little at a time.²
- Burning pain. Heartburn; gulping up of acid and bitter substances which seem to excoriate the throat.²
- Gastralgia from slightest food or drink.²
- Everything swallowed seems to lodge in the oesophagus, which seems as if closed and nothing would pass.²
- Stool -Small, offensive, dark, with much prostration.²
- Dose: Third to thirtieth potency.²

5. **Bismuthum**

- Vomiting: Of water as soon as it reaches the stomach, food retained longer ; of enormous quantities, at intervals of several days when food has filled the stomach.⁵
- Vomiting: with convulsive gagging and inexpressible pain, after laparotomy.⁵
- Stomach: pressure as from a load in one spot; with irritation, cardialgia and pyrosis.⁵
- Dose: Sixth and higher.⁶

6. **Carbolicum acidum**

- Appetite lost. Constant belching, nausea, vomiting, dark olive green.²
- Desire for stimulants and tobacco.²
- Painful flatulence often marked in one part of the bowel. [Sulpho-Carbolate of Soda.]²
- Fermentative dyspepsia with bad taste and breath.²
- Constipation, with very offensive breath.²
- Diarrhoea; stools thin, black, putrid.²

- Dose: Third to thirtieth potency.²
- 7. Carbo vegetabilis**
- Weak digestion : simplest food disagrees; excessive accumulation of gas in stomach and intestines < lying down; after eating or drinking, sensation as if stomach would burst; effects of a debauch, late suppers, rich food.⁵
 - Eructations, heaviness, fullness, and sleepiness; tense from flatulence, with pain; worse lying down.²
 - Digestion slow; food putrefies before it digests.²
 - Abdomen greatly distended; better, passing wind. Flatulent colic.²
 - Dose: First to third trituration in stomach disorders.
- 8. Natrium carbonicum**
- It is of service in hypochondriasis, especially after a meal.⁷
 - It is useful in Hypochlorrhidria.⁷
 - Very weak digestion, caused by slightest error of diet.⁷
 - Averse to milk. Depressed after eating.⁷
 - Distension, heaviness, and aching in stomach and epigastrium after a meal.³
 - Pyrosis and scraping in throat, esp. after partaking of fat food.
 - Dose: Sixth potency.²
- 9. Nux moschata**
- Excessively bloated. Flatulent dyspepsia.²
 - Retrocession of gout to stomach.²
 - Abdomen - Enormously distended.²
 - Stool is soft, and yet is unable to expel it, even with long straining - Faintness during or after stool.²
 - Dose - First to sixth potency.²
- 10. Raphanus sativus**
- It is attended with tympanitic distension of the abdomen, globus hystericus, but there is no flatus passed either up or down.⁷
 - Great accumulation and incarceration of flatulence. "Globus" symptoms.²
 - Post-operative gas pains.²
 - Abdomen :Retching and vomiting, loss of appetite.² - Distended, tympanitic, hard.² - No flatus emitted upward or downward.²
 - Vomiting of faecal matter.²
 - Dose -Third to thirtieth potency.²

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The Homoeopathic genius for Urinary complaints

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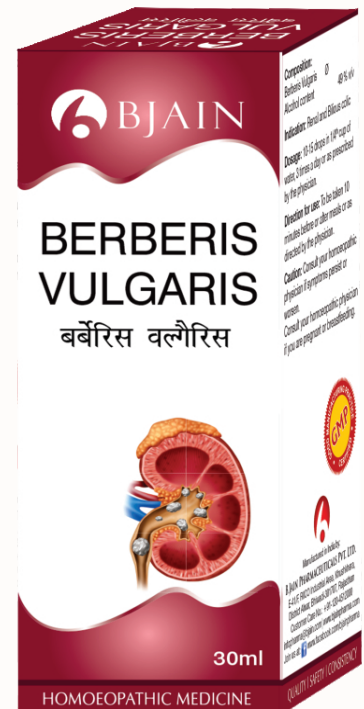
Indications:

- Renal and Bilious colic

Composition :

Berberis Vulgaris	Ø
Alcohol content	49%v/v

Dosage: 10-15 drops in 1/4th cup of water, 3 times a day. In acute exacerbation, frequent repetition of dose is recommended – every ½ hour to 2 hours in luke warm water, or as prescribed by the physician.



Pack sizes available: 30ml

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BERBERIS VULGARIS DROPS

Kidney diseases according to World Health Organisation statistics are increasing every year, currently affecting 200 million people worldwide. Nephrolithiasis is a major contributor in these numbers and was earlier considered to be prevalent in developed countries only. But recent studies show that populations worldwide are affected with kidney stones irrespective of their socioeconomic status.⁴

Nephrolithiasis is the precipitation of urinary salts along the urinary tract in the form of sedimentation of crystals and segregated stones. A stone may form in the upper urinary tract and remain there, unnoticed for long until it moves down along the ureter, causing obstruction and renal colic.

Renal colic is the pain experienced when urinary stones block a part of the urinary tract including kidneys, ureters, bladder, and urethra. To be specific, it is an acute loin pain radiating anteriorly and often to the groin, and may appear with haematuria. Pain is colicky, with spasms that cause the patient to squirm around and double up.

Urinary stones are usually made up of minerals like calcium and uric acid and can vary in size from that of a minute grain of sand to as large as a golf ball! The most common type of stones are the calcium oxalate stones which contribute to 60% of the variety. Then are the calcium phosphate stones and struvite(magnesium ammonium phosphate stones) which are found in 15% of all stones. Uric acid stones are found in 10% and cystine and other stones are 1% of all stones.

Shape wise they may be round, smooth or jagged and may be yellow or brown in color according to their constituent's physical properties. Staghorn calculi gets its name due to its appearance which it gets owing to the deposit in pelvis and the branching calyces.

Predisposing factors for developing stones are:

Environmental and Dietary causes:

- Low fluid intake with high ambient temperatures yield high density- low urine outputs.
- Diet rich in oxalates and protein with high sodium and low calcium intake
- High sodium excretion
- High oxalate and urate secretion
- Low citrate secretion

Acquired causes:

- Hypercalcaemia of any origin
- Gastrointestinal disease like Crohn's disease, ileal resection or inflammation leads to increased oxalate absorption and its urinary excretion)
- Type 1 renal tubular acidosis
- Insulin resistant diabetes mellitus and Obesity
- Hyperuricemia, Cystic kidney disease and Recurrent episodes of Urinary Tract Infection
- Hyperparathyroidism

Congenital and inherited causes:

- Cystinuria, Hereditary hypercalciuria and Primary hyperoxaluria
- Medullary sponge kidney
- Renal tubular acidosis type 1(distal)

Medicinal side effect:

- Prolonged usage of certain medicines can lead to the formation of kidney stones like diuretic drugs, calcium based antacids, indinavir used in HIV treatment, toprimate an anti seizure medicine.

A clinical review states that the prevalence of renal calculi is on a rise, with a lifetime risk of 12% for men and 6% for women.¹

Homoeopathy is a safe and sure way to treat this condition with some of the most wonderful herbs like *Berberis vulgaris* which have been documented in homoeopathic literature as highly effective for renal as well as biliary colic.

Berberis vulgaris, known as “kashmal” in local language is found in Northwestern Himalayas.

A research article provides evidence of antiurolithic activity in *Berberis vulgaris* root bark, and justifies its medicinal use in urolithiasis.²

Another study shows the antioxidant effect of *berberis vulgaris* and concluded, that homoeopathic preparation of *berberis vulgaris* is renoprotective as it alleviates the oxidative stress associated with renal calculi.³

To get the benefits of this wonderful herb, it is necessary that its homoeopathic preparation is made from genuine source and through stringent procedures of HPI.

B.Jain makes sure that these requirements are positively fulfilled, thus providing best homoeopathic mother tinctures and dilutions. The speciality of B.Jain’s homoeopathic tinctures lies in the fact that special emphasis is laid on Traceability, Technology and Transparency during manufacturing processes. Quality tests assure only genuine herbs are accepted as starting materials and also assure that the finished tinctures fulfill the criteria laid down by the Homoeopathic Pharmacopoeia of India. Only 316grade SS containers with best corrosion resistance are used for maceration and ageing of tinctures. Ageing in itself is a vital process for obtaining gold standard tinctures, as it allows maximum sedimentation and unlocks maximum phytochemicals from the herb into the tincture. The tincture thus obtained is clear of sediments but of unparalleled strength.

B.Jain’s *Berberis vulgaris* drops contains *berberis vulgaris* tincture which is known to help in expulsion of renal stones by stopping their formation and dissolving the already formed stones.

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