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- Selecting appropriate titles for research papers
- National Commission for Homoeopathy Act 2020: What has changed for us
- Comparative study of individually selected homoeopathic treatment and *Sabal serrulata* Ø in BPH on the basis of IPSS scale

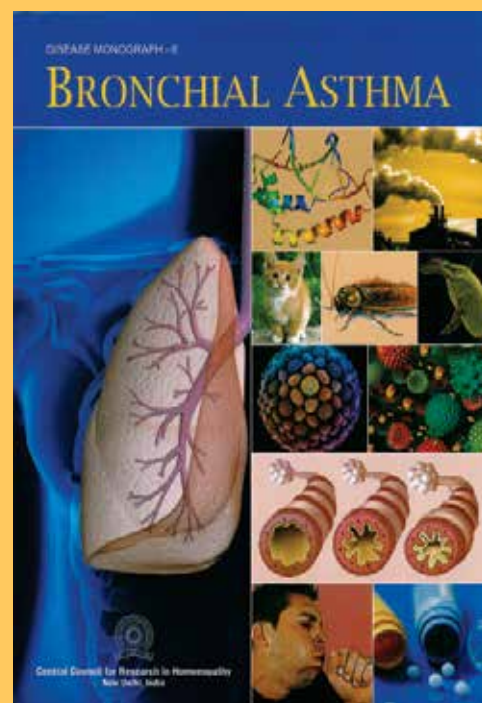


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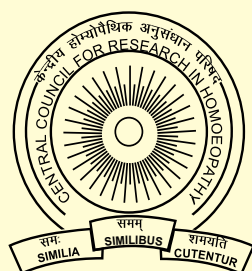
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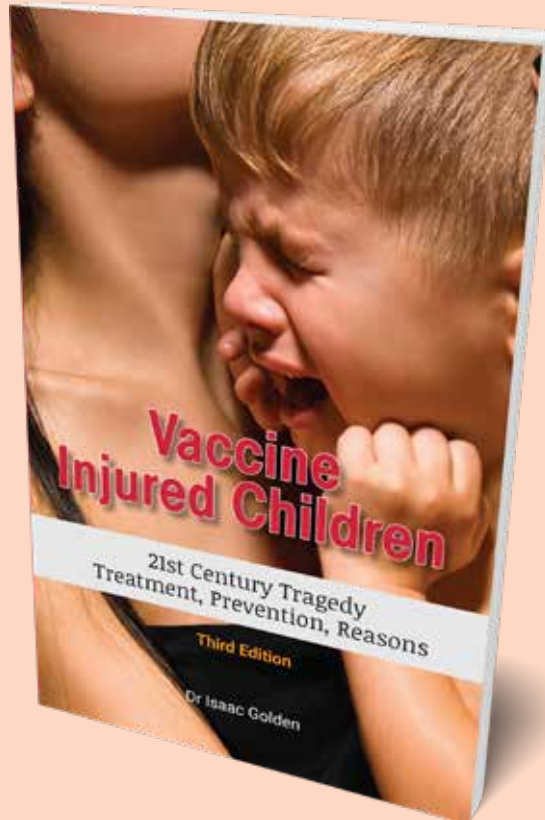
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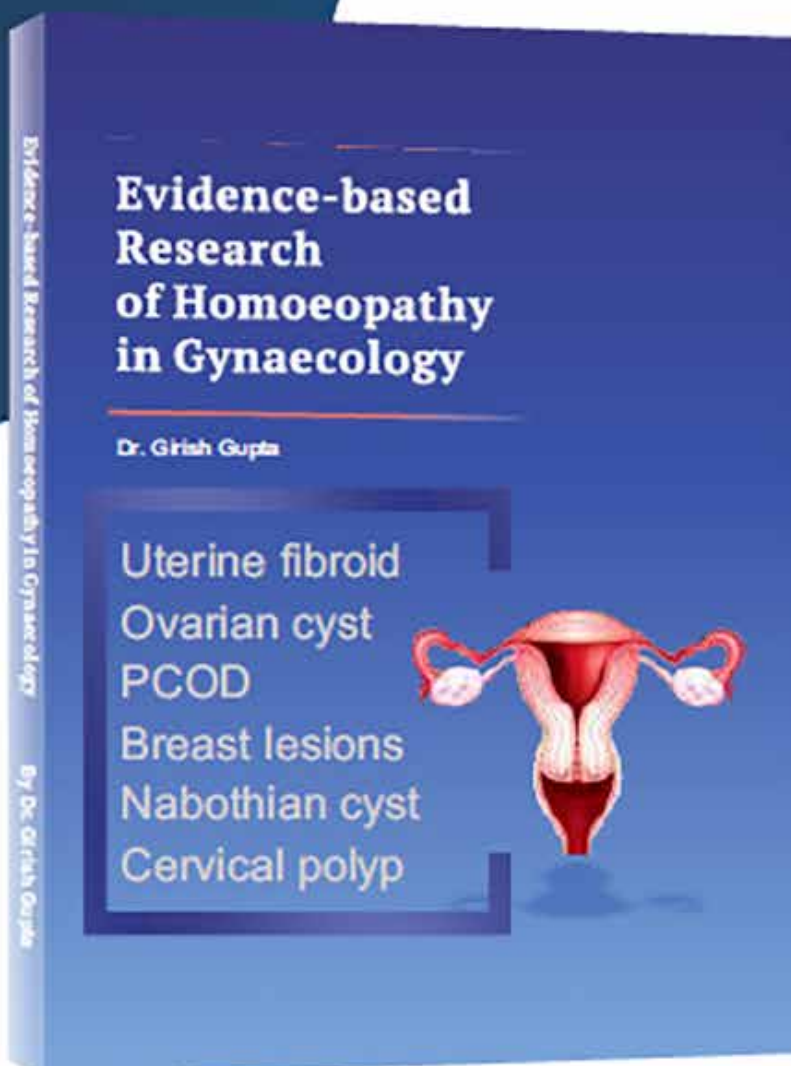
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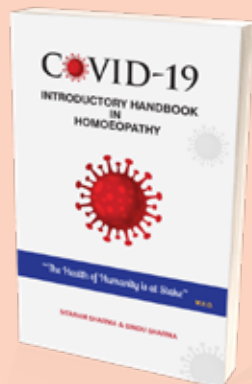
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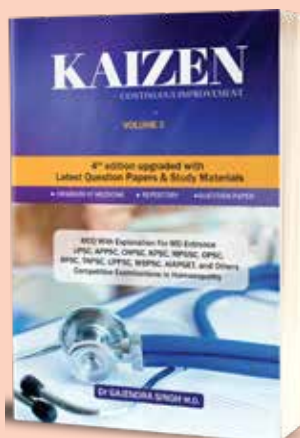


- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
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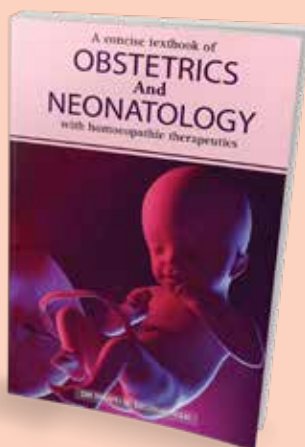


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Dear Readers,

Master Hahnemann has clearly mentioned in Aphorism 157 of *Organon of Medicine*, “an appropriately chosen homoeopathic remedy gently removes the disease without arousing any new symptoms. It is, nevertheless, usual in the first few hours if the dose is too large (too low a potency) for it to effect some small aggravation”. This aggravation caused by the smallest possible dose will easily be overcome by the vital force and does not prevent cure. (§156, 283 *Organon*). An aggravation is a positive reaction of the body to the remedy given. A change is initiated by systematic responses. First there is the reaction, and then comes the improvement. The level of reaction is to be more superficial compared to the person's initial problems. For example, a person prefers the symptoms following the medication compared to those he had before. They need to be moved upwards and not around. The most simillimum remedy, at times, may show a temporary intensification of the symptoms in the patient which may be mild, lasting only for a short period. Sometimes, it may occur following the first dose of the remedy, or when the remedy has been taken more often than needed, or if the person is unusually sensitive.

As a homoeopath, while analysing a case, one must decide whether the aggravation is part of a wanted reaction or not. If not, he/she must consider the aggravation as an undesirable effect. One should evaluate the entire observation, including the patient's general condition, social network, and obstacles to cure; note the normal development of the disease (pathology) in order to evaluate the direction of the healing process; and identify sensitive persons, as they react to

all the remedies they are given, whether the remedy is appropriate or not.

#### A Quick Word on Issue Content:

It makes me feel so proud to say that this issue of “*The Homoeopathic Heritage*” on homoeopathic aggravation has once again brought me across so many beautiful articles from numerous authors and I couldn't stop myself to dedicate some extra pages for a few more articles.

A wonderful research paper on comparative study of individually selected homoeopathic treatment and Sabal serrulata Ø in BPH on the basis of IPSS scale by Srishti Mahajan, Rashid Akhtar, Jaya Gopalani, Moumita Chakraborty and Vishal Chaddha and a clinical case study of homoeopathic treatment of adenomyosis by Dr Awadhesh Kumar Thakur, Dr KM Priyanka are one of the best articles of this issue. An article on selecting appropriate titles for research papers by Chaturbhuj Nayak and Aman Deep Kaushal has added more worth to this issue of the journal. In the special COVID-19 section, an article on novel coronavirus - a global threat: review on its current status, pathogenesis and management by Dr Divya Verma and Dr Arun Kumar is being included. The feather in the cap of this issue is the article on National Commission for Homoeopathy Act 2020 by Dr Himanshu Tiwary and Dr K.S. Sethi. Clinical section includes a study on observation related to homoeopathic aggravation in relation to Kent's observations by Dr Manila Kumari. The subjective articles of this issue include adverse events and homoeopathy by Dr Ranita Nath, Dr Partha Pratim Pal, Dr Maurya Manjuran Sheopal, homoeopathic remedies derived from cultivated plants via chemical farming may give false homoeopathic aggravation

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Homeopathic aggravation is the only one parameter that indicates the remedy and the potency is perfectly administered and the cure that is our only mission is waiting on our door step. Thus, it can be concluded that homoeopathic aggravation is a necessary part of homoeopathic treatment, but if the choosing of the remedy and the potency are careful, then it will usually not prove to be a problem.

Also, I look forward to hearing opinions and recommendations. You may also login to our website, [www.homeopathy360.com](http://www.homeopathy360.com) for more information and opportunities related to homoeopathy.

Dr Yashika Arora  
hheditor@bjain.com



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# Homoeopathic aggravation



In homoeopathy, there are several kinds of aggravations that one may hear about, including homoeopathic aggravation, modality aggravation (also ameliorations), medicinal aggravation, and disease aggravation. According to the dictionary, the word “aggravate” is defined as:

1. To make worse; intensify, as an illness.
2. To make heavier or more burdensome, as a duty.
3. ‘Informal’ to provoke or exasperate.

Aggravations may prove to be useful or harmful. This depends on the type of aggravation and the cause of it. With these definitions in mind, one can take a look at the various kinds of aggravations as follows:

## Classical homoeopathic aggravation

The phrase “homoeopathic aggravation” is a term used to refer to a slight worsening of the original symptoms, as experienced by the individual. It is brought about by introduction of a homoeopathic remedy, administered according to the law of similars. Upon

administering the correct remedy, an “artificial” disease is introduced to the vital force.

The artificial disease is similar, but stronger than the original disease condition. As this artificial disease is stronger than the original disease, the vital force may react more strongly to it, thereby exciting the symptoms to the point that they appear to be worsening. Artificial diseases are curative when they are similar, but stronger. In most circumstances, homoeopathic aggravations are welcomed by experienced homoeopaths, as most of them believe that this aggravation is a precursor to a cure. It is believed to be a very positive sign that the chosen remedy is doing its job and affecting a cure.

The theory behind introducing artificial disease to the vital force is a concept from Master Hahnemann. He believed that the human (or any other) organism could not suffer from more than one disease condition at a time. The stronger disease would always win out and manifest its symptoms. Some people have a bit of a problem understanding this, but it is not that difficult. For example, someone with mumps and measles, or chickenpox and tuberculosis, at the same time, doesn’t happen.

The ideal chain of events to notice is an aggravation, followed by steady improvement, with a re-appearance of old symptoms, occurring in reverse order, as if they were going backward, through time. The symptoms go from most important to least important, from top (head) to bottom (feet) and from the inside to the outside, or what

is commonly referred to as, “mind first, skin last.”

## Case example

A typical case of sciatica visits a homoeopath, his symptoms may be as follows:

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - evening

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - influenza after

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - intermittent

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - jar agg.

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - left

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - motion - agg.

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - shooting pain

EXTREMITIES - PAIN - lower limbs  
- sciatic nerve - sitting - agg.

After repertorisation, a homoeopath prescribes *Iris versicolor*.

In a few hours after taking one dose in 30c potency, the sciatica becomes worse than it was. At this point, one may think that the homoeopath gave the wrong remedy. This one isn’t helping at all... it is making things worse! What is going on here? Has the homoeopath lost his mind, or he loves to see his patient suffering!!! Relax...chances are, one may be experiencing a homoeopathic aggravation.

What a homoeopath has done is chosen the remedy, *Iris versicolor*,

based on the law of similars. If a remedy cannot cause the symptoms an individual is already experiencing; it cannot cure them either. The remedy has introduced an artificial disease (in this case, sciatica symptoms) to the vital force. The individual's vital force has reacted by exciting the original symptoms and making them worse. In a very short time, the sciatica should begin to decrease, and in no time at all, it should be gone completely.

This example is a very simplistic illustration. Homoeopathic aggravations are usually much more complicated and complex. But, they are a good sign, as the cure is imminent.

## Classical modality aggravation

A modality aggravation is not a symptom, rather an individual qualification. Modality aggravations describe modifications of a symptom, or the whole patient, towards worsening of their condition. This is the most important part of history taking, as homoeopaths use modality aggravations to select the best choice between several remedies. For example, even though several remedies may be strongly indicated in a case, a modality aggravation specific to a certain remedy may point the homoeopath in that direction. Hahnemann stated that general symptoms may be too universal, but modalities are amongst the "singular" or "characteristic" signs.

Modalities are divided into several classifications including physical (such as touch, rest, motion, sitting, etc.), temperature or climatical (such as rainy and stormy, windy weather, cold weather), time (hourly, early morning, daytime, night time, etc.), dietary (worse

for specific food or drink, etc.), localised (left arm, right side, etc.), and different modalities (worse for the jar, worse for conversation, etc.). Miscellaneous is the category including those modalities that otherwise defy description in the other groups.

Modalities of temperature, climate, and weather are probably the most important ones in choosing the correct remedy. If there are any aggravations (or ameliorations) of this nature, one should be sure to tell the homeopath.

## Case example

While dealing with a case of dengue, when the fever became worse at 2 pm, *Pulsatilla nigricans* came into my mind immediately. It was then observed that temperature keeps on changing its paroxysms frequently, then surely the prescription of *Pulsatilla nigricans* is strongly confirmed, especially if rest of the symptoms fit there. On the other hand, if the fever aggravated at 4 pm, I would have thought of *Anacardium orientale*, or if the heat came during sleep, I would have thought of *Sambucus nigra*.

Modality aggravations (or ameliorations) on their own cannot be used to choose a remedy. However, if there are several remedies that seem to fit the symptom picture, modality aggravations can be used to "weed out" some of the other remedies that do not possess the particular modality aggravation an individual is experiencing. Thus, the entire case still needs to be taken.

## Classical medicinal aggravation

Medicinal aggravation is one thing that homoeopaths never like to see in their patients. The term 'medicinal aggravation' refers to the appearance

of some new symptoms in the individual. These new symptoms have no business being there because they have no bearing or relationship to the original disease. As long as the potency of the remedy you gave may be too high, these distressing new symptoms should not cause too much of a problem. If the potency was high, then one needs to antidote quickly, and usually, antidoting is effective "damage control."

## Why some people are prone to medicinal aggravation?

My personal experience says that mostly giving too high a potency with too frequent repetition is the main reason to invite such a reaction; another theory could be that the remedy selected was partially similar to the disease patient has or the patient was too sensitive who is in a habit to prove every remedy given to him. Sometimes, the remedy selected was utterly wrong which is unlikely and rare to happen that a homoeopath is that far off base. However, it is still a possibility that needs to be considered.

Therefore, one must always advise the patients that, if any remedy makes them uncomfortable, then quit using it until they contact the physician again. Only then one can determine whether the patient should continue taking it or not.

For instance, in the above case of sciatica, instead of patients sciatica going away, if he suddenly developed a shooting pain in the shoulder, and tenderness of the upper arm. If he didn't have this shoulder and upper arm before, then there is a perfect chance that the patient was undergoing medicinal aggravation. These are two of the symptoms that *Iris versicolor*

is capable of arousing. Once it is determined with certainty that this is the case, the next steps to be figured out that why it happened, accordingly decide the best course of action to take.

### Disease aggravation

The final type of aggravation is disease aggravation. Disease aggravations result in an obvious, progressive deterioration of the health of the individual. All the symptoms become progressively intensified, and the individual continues to become more ill. If one comes across disease aggravation, the prognosis for that individual is generally not very good. In such as case, the best decision is to find another remedy or refer the case to a senior homoeopathic physician.

### Why does disease aggravation happen?

In general, disease aggravation is usually observed in cases where the remedy is chosen either wrong, the potency and dosage was wrong, or the disease is incurable.

A good general rule of thumb to remember is that if a remedy gives an initial amelioration, followed by an aggravation, the treatment is palliative. This denotes that the remedy is incapable of curing the condition, but it may alleviate the symptoms somewhat and make the individual more comfortable.

In incurable disorders, it is sometimes better to use a palliative remedy. In incurable disease, the simillimum may be dangerous to the individual. A remedy based on the simillimum may accelerate the demise of the individual by causing an adverse progression of the perilous (life-threatening)

symptoms to occur. However, this problem is most unlikely to arise if one is under the care of a skillful homoeopaths.

### Case example

*Tuberculinum bovinum* is a remedy which may match an individual's symptom picture of tuberculosis. It is a well-known remedy for debility with severe lung congestion and has many symptoms that "fit" well with tuberculosis. However, the remedy may also be similar, and therefore it could result in disease aggravation. Instead of the individual getting better, the symptoms of tuberculosis may continue to progress, and the person's general overall health may continue to decline.

This is not to say that *Tuberculinum bovinum* should not be used for tuberculosis. It very often is curative. But, if the dosage is too low or repeated too frequently, it is possible that disease aggravation could manifest.

*Silicea terra* is a remedy that should not be used in high potency in advanced pulmonary tuberculosis. If one looks at the respiratory symptoms of *Silicea terra*, he will understand the reason why one won't wish to see a disease aggravation happen.

However, constitutional remedies may not cause disease aggravation because they are similar to the individual, rather than being identical to the disease condition.

With all the variables to consider, it is essential to note that serious illness should not be self-treated. It would help if you went to a senior homoeopath who can monitor your symptoms and keep on top of any problems that may arise.

### What if I don't have a homeopathic aggravation?

Not everyone will have an aggravation. This does not necessarily mean that the remedy is not working. Dr James Tyler Kent observed, "if the quality and the quantity of the remedy administered are in exact proportion to the quality and quantity of the sick-making force, then we have a cure with no aggravation." Some additional observations on homoeopathic aggravations from Dr James Tyler Kent include:

- If the aggravation is long, with a decline of the patient's strength, the case is incurable, and may only be palliated.
- If the aggravation is long, with a slow improvement, all will be well if the remedy is not too soon repeated.
- If the aggravation is short and violent, the best results will follow.
- If one has an immediate amelioration, followed soon by an aggravation, it is a failure, the case may be incurable, or the correct remedy has not been selected.
- If a full-time amelioration of the symptoms occurs without any increase in the patient's strength, he will prove too weak for the restoration of health.
- If the patient develops symptoms of the remedy given without any improvement in the disease symptoms, the case is a hard one to treat, even for an experienced homoeopath.
- If the old symptoms appear with the aggravation, the physician may wait; he will need study no more; he gets the remedy.





# Comparative study of individually selected homoeopathic treatment and *Sabal serrulata* Ø in BPH on the basis of IPSS scale

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## Abstract

**Introduction:** Benign prostatic hyperplasia, (BPH) is a common condition as men get older. Enlarged prostate glands can cause uncomfortable urinary symptoms, such as blocking the flow of urine out of the bladder.

**Objective:** To study the components of IPSS for effective individualized homoeopathic medicine and *Sabal serrulata* Ø in cases of BPH.

**Material and Methods:** 30 patients (n= 30) of BPH of NCR-Delhi area, were selected and divided into two groups one group of 15 patients were given individualized medicines on the basis of subjective and objective symptoms in each case as per the law of similia and prescribed singly. Another group of 15 (n=15) patients was treated with '*Sabal serrulata* Ø'. Data was recorded and computed for the components of international prostate symptom score like incomplete emptying, frequency, intermittency, urgency, weak stream, straining and nocturia.)

**Results:** The treatment provided using '*Sabal serrulata* Ø' and 'individualised medicines' had a significant improvement in patients. The symptoms changed to the desirable category (up to < half the time) was considered, the improvement ranged from 33.3% (nocturia) to 73.3% (intermittency). The number of total patients in the desired category ranged from 33.3% (weak stream) to 100.0% (straining). It was being observed that the components of international prostate symptom score had improved after the administration of homoeopathic medications as compared to before the trial. On overall basis, in twenty-six (86.7%) patients there was marked improvement in IPSS BPH.

**Conclusion:** Paired t-test showed that the treatment provided using '*Sabal serrulata* Ø' and individualised homoeopathic treatment had significant improvement in patients.

**Keywords:** benign prostatic hyperplasia (BPH), homoeopathy, International Prostate Symptom Score (IPSS), paired t-test, *Sabal serrulata* Ø.

**Abbreviations:** benign prostatic hyperplasia (BPH), International Prostate Symptom Score (IPSS), prostate specific antigen (PSA), outpatient department (OPD), incomplete emptying (IE) frequency (F), intermittency (I), urgency (U), weak stream (WS), straining (S), nocturia (N).

## Introduction

About 105 million are affected globally by benign prostatic hyperplasia (BPH)<sup>1</sup>. The prostate (prostate; prostate gland) is an organ linked inextricably with the endocrine system. The main role of the prostate as a male reproductive organ is to produce prostatic fluid, which accounts to 30 per cent of the semen volume. Sperm motility

and nourishment are aided by the prostatic fluid constituents and the environment they create. Prostatic fluid is a thin, milky, alkaline fluid containing citric acid, calcium, zinc, acid phosphatase and fibrinolysin among its many constituents. Prostate specific antigen (PSA) is also a constituent found in prostatic secretions.

Benign prostatic hyperplasia

condition prevalence increases markedly with age and it is most common condition in men especially over 50 years of age. BPH is rarely life-threatening but often affects the individual's quality of life of the patient in varying degrees in similar ways as other chronic diseases such as diabetes mellitus, hypertension, and heart disease<sup>2,3</sup>. The symptoms of hesitancy in urinary flow, poor urinary stream, intermittent

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urinary stream, dribbling of urine, incomplete emptying of bladder, episodes of near retention of urine increased frequency, nocturia, urgency, urge incontinence, and nocturnal incontinence may be observed in patients with benign hypertrophy of prostate.

Numerous studies have been done to investigate the efficacy of homoeopathic medicine in cases of BPH. It has been observed that despite of limitations, there is increasingly clear evidence that *Sabal serrulata* extract along with homoeopathic simillimum based on symptom totality exerts beneficial effects by improving a number of urological symptoms and flow measures in cases of benign hypertrophy of prostate.

Objective of the present investigation was to study the components of IPSS for effective individualised homoeopathic medicine and *Sabal serrulata* Ø in cases of BPH.

## Material and methods

A randomised controlled trial was conducted on patients suffering from BPH of Delhi National Capital Region, OPDs of Bakson Homeopathic Medical College and Hospital, Greater Noida. A sample size of 30 patients was selected on the basis of random sampling method. The patients were screened in the outpatient departments of respective centres and as per the inclusion and exclusion criteria, and were enrolled and followed up for six months of the trial.

Study design was conducted in two randomly allocated groups, the 'individualised medicine' (group 1) intervention group and the '*Sabal serrulata* Ø' (group 2) intervention group. On the basis of

the symptoms with intension of the investigator was to cure the patients. A prospective randomised control single blind trial was performed to study the efficacy if individualised homoeopathic medicine selected on the basis of symptom totality over organ specific '*Sabal serrulata* Ø' in cases of BPH.

### Group I (individualised homoeopathic intervention)

Medicines in this group of patients were selected on the basis of subjective and objective symptoms in each case. The totality of symptoms is taken for prescription and the symptoms of each individual patient are taken as a whole.

The homoeopathic medicines were selected as per the law of similia and prescribed singly at one occasion. Detailed case taking, its recording and interpretation of the symptoms was done in standard case record. The symptoms were classified and evaluated to erect the totality. Help of repertorisation was taken as and when required. Cases were either repertorised by conventional repertories (*Kent's Repertory*, *Boger Boenninghausen's Characteristic Repertory*) or modern repertories (*Synthesis Repertory*, *Murphy's Homeopathic Repertory*). Constitutional prescriptions were based on the totality formed by analysing and evaluating the mental generals, physical generals, characteristic particulars, and miasm.

The potency selection and repetition of doses was done according to the susceptibility of every individual case. The medicines were prescribed in accordance with instruction in Hahnemann's sixth edition of *Organon of Medicine*.

### Group II: '*Sabal serrulata* Ø' intervention

The symptoms of each patient were studied in detail and every patient of this group was prescribed '*Sabal serrulata* Ø' on the basis of its established value as an organopathic medicine in cases of BPH and administered in tincture form. Patients were instructed to take 10 drops of the '*Sabal serrulata* Ø' in half cup of water three times a day

One group of 15 patients was prescribed '*Sabal serrulata* Ø' and other group of 15 patients was prescribed medicines on the basis of symptom totality obtained from a complete and detailed case taking. *Ignatia amara* (2), *Conium maculatum* (2), *Causticum* (1), *Medorrhinum* (1), *Selenium metallicum* (1), *Sulphur* (2), *Baryta carbonicum* (2), *Pulsatilla nigricans* (1) and *Lycopodium clavatum* (2) were used. All the medicines were obtained by the researcher from the pharmacy of Bakson Homeopathic Medical College and Hospital, Greater Noida to avoid any unforeseen variation in the preparation of medicines by different medicine company.

### Data recording and analysis

Patients were reviewed regularly during follow ups as per the requirement of the case. Majority of the patients were reviewed, during the follow ups on a fortnightly basis to assess the subjective and objective symptoms. Each case was followed for a minimum of six-months from the commencement of treatment was analysed according to follow-up criteria to elicit the prognosis of the treatment. Aggravations, amelioration, no change, disappearance of chief

complaints, improvement in generals of the patient are emergence of new outcome assessment criteria.

## International Prostate Symptom Score (IPSS)

The international prostate symptom score (IPSS) (1992) by the American Urological Association (AUA) adopted by the World Health Organization as the IPSS was used in the study. An additional 8th question on quality of life (QOL) was added later on<sup>4</sup>. The components of IPSS like incomplete emptying (IE) frequency (F), intermittency (I), urgency (U), weak stream (WS), straining (S) and nocturia (N) were also studied and understood through paired t-test.

The responses of the BPH patients at the hospital towards the Personal Data Schedule, IPSS (before the start of the experiment) and IPSS (at the end of experiment)

were quantified. The statistical test t-test helped the researcher to find the significance of the treatment. The paired t-test were computed to test the significance of differences between IPSS (before the treatment) and IPSS (after the treatment) of the patients as well as for treatment by '*Sabal serrulata* Ø' and other specific medicines in combination with '*Sabal serrulata* Ø' to BPH patients.

## Results and discussion

### Study of treatment effects using '*Sabal serrulata* Ø' and 'individualised medicines'

Out of 30 patients, 15 patients were given '*Sabal serrulata* Ø' and 15 were given medicines that were individually selected for them after detailed case taking and study of the totality of symptoms by the process of individualisation. The significant paired t-test values showed that the treatment provided

by researcher using '*Sabal serrulata* Ø' and 'individualised medicines' had a significant improvement in patients (Table 1). According to W. Boericke's *Pocket Manual of Homoeopathic Materia Medica and Repertory*, '*Sabal serrulata*' mother tincture has unquestioned value in cases of prostatic enlargement<sup>5</sup>. In a study on '*Sabal serrulata*' mother tincture showed the reduction of prostate tumour xenograft size significantly in an in vivo trial<sup>6</sup>. Moreover, '*Sabal serrulata*' decreased PC-3 cell proliferation and DU-145 cell proliferation.

On looking at the components of IPSS score, i.e. showed significant improvement in both '*Sabal serrulata* Ø' and 'individualised medicines', however if computed over both the treatments than paired t-test was non-significant in all the IPSS components (table 1). Hence, we also conclude that paired t-test should be separately computed for different treatments.

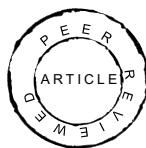
**Table 1: Effect of treatment by *Sabal serrulata* Ø and individualised medicines using paired t- values on the components of IPSS**

Character	<i>Sabal serrulata</i> Ø (Total Patients: 15)	Individualized Medicines (Total Patients: 15)	Over treatment (Total Patients: 30)
IE	18.873**	25.051**	1.155ns
F	11.374**	17.576**	0.615ns
I	18.699**	15.984**	1.314ns
U	7.897**	25.200**	0.901ns
WS	33.500**	75.093**	1.420ns
S	4.961**	1.520**	0.583ns
N	8.290**	16.897**	0.742ns

Note: IE: Incomplete emptying; F: Frequency; I: Intermittency; U: Urgency; WS: Weak Stream; S: Straining; N: Nocturia

## Components of IPSS before and after the experiment

IPSS was computed from its components like, incomplete emptying, frequency, intermittency, urgency, weak stream, straining and nocturia. The details of these are studies indicating number of patients before and after



the experimentation. In our study, there was desired improvement in the symptoms for the components of the IPSS score. When the change in symptoms was considered, the change in the desirable

category (up to < half the time) was considered, the improvement ranged from 33.3% (nocturia) to 73.3% (intermittency) (table 2). On the other hand, it was important to look into the number of patients

in desired category (up to < half the time) of components of IPSS score symptoms. The number of total patients in the desired category ranged from 33.3% (weak stream) to 100.0% (straining) (table 2).

**Table 2: Status of the patients with desired level of symptoms for the components of IPSS (BPH) before and after the treatment of BPH.**

Status of patient		Components of IPSS for BPH						
IE		F	I	U	WS	S	N	
Not at all	Before	0	0	0	0	0	1	3
	After	1	5	0	1	0	6	13
	Change	1	5	0	1	0	5	10
<1 in 5 times	Before	0	8	0	3	0	5	11
	After	1	16	4	9	1	15	11
	Change	1	8	4	6	1	10	0
<Half the time	Before	3	14	1	8	0	9	9
	After	14	6	10	12	9	9	4
	Change	11	-8	9	4	9	0	-5
About half the time	Before	9	8	2	10	0	10	2
	After	9	3	11	7	11	0	0
	Change	0	-5	9	-3	11	-10	-2
More than half the time	Before	9	0	14	6	12	5	3
	After	4	0	5	1	8	0	2
	Change	-5	0	-9	-5	-4	-5	-1
Almost Always	Before	9	0	13	3	18	0	2
	After	2	0	0	0	1	0	0
	Change	-7	0	-13	-3	-17	0	-2
Patients (%) with improved symptoms	(After-Before)	13 (43.3%)	13 (43.3%)	22 (73.3%)	11 (36.7%)	21 (70.0%)	15 (50.0%)	10 (33.3%)
Total (%) patients with desirable symptoms after the treatment	Sum of desired symptoms (< half the time)	16 (53.3%)	27 (90.0%)	14 (46.7%)	22 (73.3%)	10 (33.3%)	30 (100.0%)	28 (93.3%)

Note: IE: Incomplete emptying; F: Frequency; I: Intermittency; U: Urgency; WS: Weak Stream; S: Straining; N: Nocturia; Before: Before the start of treatment; After: After 5-6 months of treatment; Change: Change in symptoms

## Incomplete emptying

The patients were asked "how often have you had the sensation of not emptying your bladder?". The grading of the sensation of incomplete emptying of the urinary bladder was done for the entire sample within the IPSS into grades

5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial and is represented in table 2. It can be observed from table before the trial a greater number of patients reported having the

sensation of incomplete emptying of the bladder about half the time, more than half the time and almost always. Whereas, after the completion of trial a greater number of patients reported the sensation of incomplete emptying of bladder was less than half the time. Thus this showed improvement with the



respective homoeopathic medicines. '*Sabal serrulata*' is known for its anti-inflammatory activity, anti-androgen properties, anti-oedema effects, and spasmolytic and smooth muscle relaxant activity<sup>7</sup>. It is used as an herbal medicine to treat a variety of conditions, including chronic pelvic pain, bladder and urinary disorders, and hormone imbalances<sup>8</sup>.

## Frequency

The grading of the frequency to urinate in less than every 2 hours was done for the entire sample within the IPSS into grades 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial for all the patients and is represented in table 2. It can be observed that the frequency of urination in less than every 2 hours in the patients was higher before the trial and a large number of patients had reported increased frequency of urination, with 14 out of 30 patients under study reporting to have the need to urinate in less than every 2 hours to be less than half the time. In the post trial representation it can be observed that 16 out of 30 patients reported having the need to pass urine every 2 hours to be less than 1 in 5 times. The increased frequency of urination due to BPH can be observed to have decreased after the administration of homoeopathic medication.

## Intermittency

The grading of the intermittency of urine was done for the entire sample within the IPSS. The patients were asked if they found that while urinating they stopped and started again several times to urinate and the severity of the symptom was

given grades from 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial and is represented in Table 2.

It can be observed from the figure that the symptom of intermittency was reported as almost always or more than half the time by nearly all the patients before the trial. The complaint of intermittency improved with the administration of the homoeopathic medication and after the trial most of the patients reported to have a decrease in the intermittency of urine to about half the times or even less.

## Urgency

The grading of the urgency to pass urine was done for the entire sample within the IPSS. The patients were asked "How often they found it difficult to postpone urination" and the severity of the symptom was given grades from 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial and is represented in table 2. It can be observed that the urgency to urinate has decreased after the administration of homoeopathic medications as compared to before the trial.

## Weak stream

The grading of the weakness urinary stream was done for the entire sample within the IPSS. The sequelae of BPH include a decreased urinary flow and advancing voiding and storage symptoms; these may eventually result in acute or chronic urinary retention<sup>9</sup>. The patients were asked to report how often they

had a weak urinary stream and their symptom were graded from 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial and is represented in table 2.

It can be observed that all patients reported a weak urinary stream either always or more than half the time. In the data collected after the trial it was observed that almost all patients experienced an improved flow of urine after administration of homoeopathic medications. Thus this showed the high efficacy of homoeopathic medications. BPH patients with bladder outflow obstruction complaint of initial increased detrusor contractility in the compensatory phase with normal bladder emptying<sup>10,11</sup>. Prolonged obstruction to urine outflow results in detrusor hypertrophy and bladder wall thickening, ultimately culminating in detrusor underactivity and emptying failure<sup>11,12</sup>.

## Straining

The grading of the need for straining to start urination was done for the entire sample within the international prostate symptom score (IPSS). The patients were asked to report how often they had to strain to start urination and their symptom were graded from 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all. The data was collected before and after the trial and is represented in table 2. A decrease in need to strain in an increased number of patients was observed after the homoeopathic medications were used and data collected post the trial.



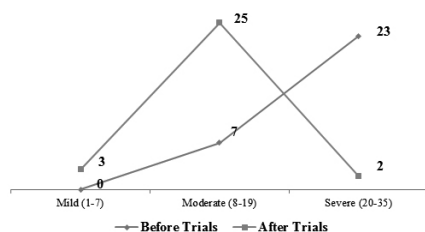
## Nocturia

The number of times a patient needs to urinate at night was recorded for the entire sample population before and after the trial as a component of the IPSS. The symptom were graded from 5 to 0 which were: almost always, more than half the time, about half the time, less than half the time, less than 1 in 5 times and not at all (table 2). A decrease in frequency was observed in a number of patients after the trial.

## IPSS score before and after the experiment

IPSS score indicated that the efficacy of homeopathy in case of BPH through various homoeopathic medications was subjective. More patients shifted from severe grade of IPSS score to moderate grade (figure 1). On the basis of the clinical symptoms collected from the patients related to BPH, the patients were categorized into mild (0), moderate (7) and severe (23) before the conduct of the experiment on the basis of the information provided by them with respect to the various items (subheadings/points). Similarly, after the conduct of the experiment, the patients were again categorized into mild (3), moderate (23) and severe (2) (figure 1).

Fig. 1: Number of patients in different categories of prostate severity before and after the trials (IPSS score)



The results of the trial indicated that most of the patients with severe BPH were improved to moderate

or mild BPH. This indicated the overall subjective improvement of the patients through various homoeopathic medications, thus showing the efficacy of homeopathy in case of BPH.

## Conclusion

Paired t-test showed that the treatment provided using 'Sabal serrulata Ø' and 'individualised medicines' had a significant improvement in patients. The symptoms changed to the desirable category (up to < half the time) was considered, the improvement ranged from 33.3% (nocturia) to 73.3% (intermittency). The number of total patients in the desired category ranged from 33.3% (weak stream) to 100.0% (straining). It was observed that the sensation of incomplete emptying of the urinary bladder, frequency of urination, complaint of intermittency, urgency to urinate, improved flow of urine, decrease in need to strain and needs to urinate at night has improved after the administration of homoeopathic medications as compared to before the trial. On overall basis, in twenty-six (86.7%) patients there was marked improvement in IPSS score of BPH patients.

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# A clinical case study of homoeopathic treatment of adenomyosis

*Dr Awadhesh Kumar Thakur, Dr KM Priyanka*

**Abstract:** Adenomyosis is a commonly diagnosed disease condition especially in women of reproductive age group. Increasing use of hormonal pills is being attributed as a main contributory factor. In many cases, the cause is unknown, hence its management is challenging. Such conditions can be treated very effectively through an individualised holistic approach of the homoeopathic mode of treatment.

This case report shows the efficacy of the homoeopathic mode of treatment in cases of surgical diseases like adenomyosis.

**Key words:** Adenomyosis – individualised homoeopathic treatment - surgical disease – *Arsenicum album*.

**Abbreviations:** randomised controlled trial (RCT), ultrasonography (USG), *Rubrum metallicum i.e. placebo* (Rub. Met), once daily (OD), no abnormality detected (NAD)

## Introduction

Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal component, directly into the myometrium<sup>1</sup>. Recent studies estimate a prevalence of adenomyosis among females younger than 40 years to be about 20–30%, while in the rest of the patients, diagnosis is usually established in the fourth or fifth decade.<sup>2</sup> Hysterectomy is the usual treatment of choice in the

conventional method. Avoidance of surgery and preservation of uterus, especially in the reproductive age group, should be the treatment of choice.

Here is the case of a lady aged about 42 years, presented with the complaints of pain and heaviness in lower abdomen and dyspareunia since last 4 years. She had long history of taking hormonal pills due to secondary amenorrhoea in the past. The perimenopausal age group and excess of oestrogen

are the known risk factor for development of adenomyosis in this case. Her USG report on 21-02-2019 showed normal-sized uterus with mildly homogenous uterine echotexture with raised vascularity predominating along the posterior wall suggestive of adenomyosis. Endometrium measures 4.5 mm. Oval cystic loculated collection in both adnexae.

After thorough case taking the following symptoms were evaluated prominently:

Mental generals	Physical generals	Particular symptoms
Anxiety about health, about her family, about her future	Sleeplessness from anxiety. She keeps moving in her house in the night due to fear and anxiety. Dream of ghosts.	Dragging pain in lower abdomen, aggravated during sitting, ameliorated by moving about
Hopelessness of recovery – as she has suffered long from these complaints with lots of medication in the past. She was not hopeful of recovering from this condition.	Very offensive perspiration. Stool mostly constipated, sometimes at 2 – 3 days interval. Urine – burning in urethra during micturition. Hot urine.	On examination - tenderness in the lower abdomen.
Fear of death and some grave conditions about to happen. Fear and anxiety very much prominent in her.	Always desire for warm food. Diminished appetite.	

## CASE STUDY

After evaluation and analysis of the case, the following symptoms were considered for repertorisation and form the totality of symptoms:

See Repertorisation sheet.

**Justification of selection of remedy:** Considering the present state of the patient and her dominant miasm, these rubrics were selected. Based on this totality of symptoms, repertorisation of these rubrics from *Kent's Repertory of Homoeopathic Materia Medica*, and after consulting with materia medica and supported by observational symptoms (like restlessness, impatient nature of the patient), *Arsenicum album* was found to be the leading remedy covering the essence of the case. So, *Arsenicum album* was prescribed to the patient.

**Justification of selection of potency:** Based on the susceptibility

1. MIND - ANXIETY - fear, with																									
2. MIND - DESPAIR - recovery																									
3. MIND - SUSPICIOUS																									
4. MIND - RESTLESSNESS, nervousness - bed, - driving out of																									
5. SLEEP - SLEEPLESSNESS - anxiety, from																									
6. PERSPIRATION - ODOR, - offensive																									
	as.	nux-v.	hus-t.	sep.	merc.	bry.	bell.	lyc.	caust.	puls.	cocc.	graph.	nit-ac.	sulph.	kali-ar.	mag-c.	sil.	thui.	nat-c.	acon.	hep.	psor.	am.	bar-c.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	12	12	10	10	10	10	10	8	8	8	8	8	8	8	8	8	8	8	6	6	6	6	6	6	6
	34	18	22	20	18	16	14	20	18	18	16	16	16	16	14	12	12	12	10	16	14	14	12	12	12
1.																									
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Repertorisation sheet

of the patient, nature and intensity of the disease, stage and duration of the disease and previous treatment of the patient, *Arsenicum album* was given in 200<sup>th</sup> potency to the patient.

When the case came to standstill condition after certain improvement, *Arsenicum album* 1M was prescribed (as totality of symptoms was the same) as directed by Dr J.T. Kent in his article "Series and Degrees".

### Follow-up:

Date	Symptoms	Prescription
16-02-2019		1. <i>Arsenicum album</i> 200/OD * 3 day 2. Bilogen 500/ BD* 7 day
26-02-2019	Heavyness of abdomen and lower abdominal pain were slightly relieved.	Rub. met 200/ OD * 30 day
15-03-2019	Condition was standstill.	<i>Arsenicum album</i> 200/ OD * 2 day Bilogen 500/ OD * day
04-05-2020	Pain and heaviness in abdomen- much improved. Stool - clear. Sleep - improved.	Rub. Met. 500/OD * 30 day
20-06-2019	Pain and heaviness in abdomen- much improved. Stool- clear. Sleep- improved	Rub. Met. 700/od * 30 day
29-07-2019	Condition was standstill,	<i>Arsenicum album</i> 1 M/ OD* 30 day Rub. Met. 500/OD * 30 day
24-08-2019	Pain and heaviness in abdomen- totally improved. Stool- regular, clear. Sleep- sound. Appetite- good. Physical examination- NAD	Rub. Met. 500/OD * 30 day
26-9-2019	General improvement in all aspect.	Rub. Met. 500/OD* 30 day
25-10-2019	General improvement in all aspect	Rub. Met. 500/OD* 30 day
22-11-2019	General improvement in all aspect	Rub. Met. 500/OD* 30 day
20-12-2019	General improvement in all aspect	Rub. Met. 500/OD* 30 day
30-01-2020	General improvement in all aspect	Rub. Met. 500/OD* 30 day



On 20-08-2019, USG report shown as small sized heterogenous uterus. 2 mm thin endometrium. Normal ovaries with no significant flow within. Adnexal cystic mass seen in the previous scan of february 2019 was not seen in the current

scan.

The USG report showed total pathological improvement and general improvement of the patient in term of her complaints and other generalities, patient showed total improvement. She was kept on

followup for more than 6 months, but no further complaints were noted.

**Modified Naranjo criteria** 3,4 as proposed by the *Homoeopathic Pharmacopoeia of United States* clinical data working group:

Serial number	Question	Answer of the patient/assessment	score
1.	Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	yes	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to medicine intake?	yes	+1
3.	Was there an initial aggravation of symptoms?	no	0
4.	Did the effect encompass more than the main symptom or condition i.e. did the other symptoms ultimately improve or change?	yes	+1
5.	Did overall well-being improve?	yes	+1
6(a)	Direction of cure, did some symptoms improve in the opposite order of development of symptoms of disease?	Not sure	0
6(b)	Direction of cure, did at least two of the following aspects apply to the order of improvement of symptoms? ➤ From organ of more importance to those of less importance ➤ From deeper to more superficial aspects of the individual ➤ From the top to downwards	Not sure	0
7.	Did old symptoms (defined as non-seasonal and non-clinical symptoms) that were previously thought to have resolved reappear temporarily during the course of improvement?	No	0
8.	Are there alternative causes (other than the medicine) that with a high probability – could have caused the improvement? (consider known course of disease, other form of treatment and other clinical relevant interventions)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (example,- lab test, clinical observation etc.)	yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	yes	+1
	<b>TOTAL SCORE</b>		<b>+9</b>

Applying the **Modified Naranjo criteria** in this case, score of +9 came out, which clearly indicates the positive causal relationship between the homoeopathic medicine given to the patient and positive outcome.

## Discussion

The homoeopathic law establishes a definite relation, not only between

proved drugs and known diseases, but between all the unexplored medical wealth and undeveloped requirement of sickness. Like the law of gravitation, The law of cure as taught by Hahnemann is not, and cannot be limited to a small group of conditions; the limitations rest entirely with our ignorance.<sup>5</sup>

The mere removal of tangible

products of disease as in the case of tumours or external visible signs (eruptions and discharges) by topical applications, not only does not cure the disease, but does the patient a positive injury through suppression and renders the case inveterate or more difficult to cure.<sup>6</sup>

Surgery in the usual treatment of choice for adenomyosis in the

## CASE STUDY

conventional mode of treatment. After hysterectomy and hormonal therapy, side effects are numerous. Surgical diseases like adenomyosis can be treated with constitutional homoeopathic medicines very effectively.

## Conclusion

This case study shows that the homoeopathic mode of treatment is very effective in managing and curing surgical diseases like adenomyosis. This scope of homoeopathy has to be explored through research work on large sample sizes through pilot studies or randomised controlled trials.

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**WOCKHARDT** HOSPITALS **LIFE WINS**

Patient Name		DOB	14-JUN-1977
Patient HIS ID	WHS1.0000148858	Gender	F
Accession No.	130441	Date of Exam	21-FEB-2019
Referred By	Wockhardt Hospitals Adams Wylie Memorial		

### Investigation Report

#### ULTRASOUND PELVIS DOPPLER

**Clinical details:** Cessation of menses since 1 year.

**Uterus:** Is retroverted, normal in size, measures 6.1 x 4.7 x 3.1 cm and reveals mildly inhomogeneous echotexture and mildly increased vascularity predominantly along posterior wall. **Endometrium** measures 4.5 mm.

**Both ovaries** are not well visualized.

**Both adnexa:** There are two oval cystic areas measuring 1 x 0.5 cm in the right adnexa and 8 x 4 mm in the left adnexa; however, no obvious vascularity noted within.

Uterine arcuate artery has a PSV of 24, RI of 0.64, S/D 2.8.

#### IMPRESSION:

- Normal-sized uterus with mildly inhomogeneous uterine echotexture with raised vascularity predominantly along posterior wall suggestive of focal adenomyosis.
- Two oval cystic areas in both adnexae as described - likely loculated collections - of doubtful significance.

(Electronically signed)  
**DR. BHAGYAM NAGARAJAN (MONGA)**  
CONSULTANT RADIOLOGIST  
(kg/vm)



Stationery for billing & reports only

**WOCKHARDT** HOSPITALS **LIFE WINS**

Patient Name		DOB	14-JUN-1977
Patient HIS ID	WHS1.0000148858	Gender	F
Accession No.	151294	Date of Exam	20-AUG-2019
Referred By	Wockhardt Hospitals Adams Wylie Memorial		

### Investigation Report ULTRASOUND PELVIS DOPPLER

**Clinical details:** Cessation of menses since 1 year.

**Uterus:** Is retroverted, normal in size, measures 4.0 x 3.3 x 3.3 cm (volume - 24 cc) and reveals heterogeneous echotexture. Minimal vascularity is seen within. **Endometrium** measures 2 mm. No focal lesion seen with. There is no abnormal flow.

**Both ovaries** are normal in size and echopattern.

**Right ovary** measures 2.4 x 1.5 cm. **Left ovary** measures 1.6 x 1.0 cm.

No significant vascularity seen within.

#### IMPRESSION:

- Small-sized heterogeneous uterus.
- 2 mm thin endometrium.
- Normal ovaries with no significant flow within.
- The adnexal cystic areas seen in the previous scan of February 2019 are not seen in the current scan.

(Electronically signed)  
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# Management of acute presentation of fever with remedies of plant kingdom

*Dr Jyoti Chhikara and Dr Vasundhara Mehrotra*

**Abstract:** “Homoeopathy is very slow to act, so cannot be used in acute cases, especially in fever.” This statement is frequently heard from patients and doctors alike for homoeopathy! However, this is a sheer myth which needs to be busted through correct application of homoeopathic philosophy and homoeopathic materia medica. A homoeopath should have thorough understanding of pathology of fevers as well as pathogenesis of homoeopathic drugs to practically succeed in bringing the fever down in shortest, safest and gentle way.

This article peeks into the mega collection of homoeopathic therapeutics in fever through the window of plant kingdom.

**Keywords:** Fever, typhus, influenza, intermittent, remittent fever, homeopathy, plant remedies, compositae, ranunculaceae, solanaceae, loganiaceae.

## Introduction

Fever often causes distress to the homoeopath as it is a challenging symptom to treat in day to day practise. Dr Morrison has written in his book, *Desktop Companion to Physical Pathology*<sup>1</sup>, “one of our biggest challenges is confronting the anxieties and habits of the patient or parents who may feel that every fever requires, at the minimum, some antipyretic. The homoeopath sometimes surrendering to this pressure and anxiety, prescribes remedies which may abort some fevers at that time, but they may thus prolong the illness or obscure a better remedy later in the course of the illness.”

All said and done, the big question remains, “how to manage a case of acute fever?” Among students and new practitioners, there is apprehension as how to approach a case of fever, what is to be noted in symptomatology to hit the correct prescription, how to take the case and how to manage fever after the first prescription.

## How to proceed in such cases of fever?

- The first thing to look out for in any disease is the condition of the sick in suffering. Similarly, in fevers, one has to mark out the usual symptoms of disease and the individual symptoms of the patient in that disease, to find out what does the patient feels before, during and after the paroxysm. Was there any exciting factor such as emotions or exposure to a different climate that triggered the immune response involving fever? All these along with the general symptoms of patient during fever can fairly point in direction of small number of remedies which can be compared with the help of materia medica and repertory to get the simillimum of the case.

*This is what Dr Hahnemann instructed in aphorism 3 of ‘Organon of Medicine’ that the physician should essentially*

*have knowledge of disease in every case of sickness and should have a sound knowledge of the curative power of his drugs hence understanding the central pathological effect of drugs and the symptoms produced by them is necessary.*

*In an acute case of fever the physician should be quick and vigilant of patient’s look, his decubitus and his state of vitality. He should note down the key points like:*

- Pattern of fever.
- System involvement through physical examination.
- Concomitants and modalities.
- Patient’s expressions, alertness, eye contact while talking, clinging to attendant, suspicious or trustful or submissive, whether disorganised or structured, wanting attention, or being irritated, shy, embarrassed or uncomfortable.
- Vital parameters.
- For paediatric cases, we need to observe the child keenly, especially their reactions and/or behaviour during fever, as often the information given by the parents is full of their own anxieties and worries, rather than objective.
- A good history often unveils the roadblocks in a case. Sometimes, the fever is an acute exacerbation of an underlying long standing chronic illness. In the case of a recurrence, one can give an inter-current remedy to remove the block that might be hindering the cure.
- While evaluating the general symptoms, one should not miss peculiar and characteristic symptoms of the case, which are decisive in selection of remedy on the homoeopathic principle of individualisation.<sup>2</sup>

## Plant remedies for management of fever

Homoeopathic therapeutics for fever is vast. To differentiate the large number of remedies, one has to level them up on a single platform. The plant temperament is cheerful,

amorous, and sensitive but under acute stress they react with acute disorders, emotional crisis, and alternating mental and physical symptoms, which one often encounters in acute cases of fever. Thus, these remedies are suitable for acute crisis and as inter-current remedies for treatment of disruptions due to strong exciting causes. This become more apparent as one studies the differentiation of individual plant families in fever.

**1. COMPOSITAE FAMILY:** Of **significant value in fevers**. Special affinity for blood and capillaries. Predominantly chilly. Affections from motion, damp cloudy weather, cold air, injury, drinking, evening, night and suppressed discharges.

- **Abrotanum:** High fever of **rheumatic origin**. Hectic fever, with chilliness, **very weakening**.<sup>3</sup>
- **Arnica montana:** **Typhus**, putrid breath and stool. Nocturnal acid sweat. Chilliness, internally, with external heat. **Head alone, or face alone, hot, rest of body cool**. Redness of one cheek. <evening, and sometimes with a sensation as if one were sprinkled with cold water. Much thirst, even before the shivering.<sup>4</sup>
- **Chamomilla:** Chilliness and coldness of the forehead of the body, while the back part is hot. General heat, < evening, or at night in bed, with anxiety, thirst, redness of the cheeks, **hot perspiration of the head**, at the forehead, and the scalp; and sometimes, chiefly on uncovering the body, mixed with shivering or shuddering.<sup>4</sup>
- **Cina maritima:** **Quotidian or tertian fevers**, with bulimia, nausea, tongue clean, diarrhoea. Pupils dilated, and emaciation. Shivering in the evening. Strong febrile heat, with delirium, tossing, and agitation. Chilliness, with shaking or trembling, ascending from the upper part of the body to the head. **Fever due to worm affections**.<sup>4</sup>
- **Eupatorium perforatum:** “I ache horribly” is the keynote often encountered while prescribing this remedy. Fever commences in morning; with painfulness, trembling,



weakness, and soreness; but little or no perspiration. Indicated for **influenza, intermittent, relapsing, remittent types of fever**. Headache, backache, and thirst during the chill.<sup>4</sup>

**2. RANUNCULACEAE FAMILY:** Generally affects the nervous system, and mucous membranes. Predominantly chilly; warm room and warmth being the prime causation.

- **Aconitum napellus:** First remedy to think of when a patient is coming with a flu-like illness. Taken within the first 24 hours of symptoms suddenly appearing. **Asthenic fever, hyperaemia, and congestion and chill** preceding inflammatory fever. Frequent chilliness in fever often calls for *Aconitum napellus*. **Anxiety, mental anguish, and restlessness** from the violent circulatory storm; dry skin, violent thirst, full bounding frequent pulse; fever often terminates with a critical sweat.<sup>3</sup>
- **Helleborus niger:** In this remedy, the **chill spreads from the arms**. Coldness of the whole body, and esp. of the extremities. After lying down in bed, the heat comes on immediately, generally accompanied by perspiration. Pulse, small, slow, and almost imperceptible. Often of use in **typhoid fever**.<sup>4</sup>
- **Clematis erecta:** **Quartan fever**, characterized by shuddering, followed by sweat. **Sensitiveness of the skin**, which the patient cannot bear to be uncovered. Pulse is accelerated.
- **Pulsatilla nigricans:** Chilliness even in warm room, without thirst, principally in evening or afternoon, with paleness of face, vertigo, and dizziness, pain and heaviness in head; anxiety and oppression of chest, vomiting of mucus. Heat of face or of one hand, with coldness of the other. In **puerperal and intermittent type of fever**.
- **Staphysagria:** Chill ascends from back over head. **Ravenous hunger**, before and after the paroxysms of intermittent fever. **Tertian fever** (with symptoms of scurvy), bitter taste, bleeding gums, anorexia, and constipation. Pulse very fast but small and trembling. **Dentition fever**.

**3. SOLANACEAE FAMILY:** Majorly affect the joints, muscles along with the mucus membranes and cardiovascular system. Tubercular diathesis and predominantly chilly. Affections from cold winds, heat of sun and suppressions.

- **Belladonna:** "Feel the heat radiating from me" is the keynote, often found in Belladonna fever. **Eyes red** and glistening; **skin is hot and burning**; followed by a profuse sweat which brings no relief. General dry heat with chills, little or no thirst, in fact, the patient may have **dread of water**, cool extremities and **throbbing headache**.<sup>3</sup>

- **Capsicum annum:** **Shivering and coldness** over the whole body commencing at the back and between shoulders, with ill-humor increasing with the cold. Anxiety, dizziness and dullness of the head. Thirst, burning heat, and affections of the mucous membranes. Pulse irregular, intermitting.

- **Dulcamara:** Chilliness, mostly in back, towards evening, with thirst. **Icy coldness, with pains**. Dry heat and burning of skin. Useful in **hectic fever, typhoid, allergic (hay-fever), influenza; inflammatory fevers**.

- **Hyoscyamus niger:** **Fever, with fits of epilepsy**, great weakness, flames before the eyes, and congestion in the head, **quartan or quotidian type**. Pulse quick (full hard), with swelling of the veins (arteries). Universal coldness over the whole body, with heat of face, ascending from the feet.<sup>4</sup>

- **Stramonium:** **Intermittent fever**. Chill over whole body without thirst, followed by heat and anguish; **sleep during hot stage, and violent thirst after waking up**, which causes a stinging in throat, until he drinks something. Frequent profuse sweat. **Retention of urine in any fever**. Fever after fright, shock, childbirth, suppressed emotions or infections.<sup>4</sup>

**4. LOGANIACEAE FAMILY:** Nervous system, gastro-intestinal system, cardiovascular affections. Predominantly chilly. Ailments from grief, sudden joy, coffee, mental excitement, morning.

- **Ignatia amara:** Fever, with headache, and pain in the pit of the stomach, great fatigue, paleness of face, or paleness and redness alternately, lips dry and cracked, **nettle-rash, tongue white, profound sleep with snoring. Intermittent fever**; chill with thirst, followed by heat (without thirst). Pulse hard, full and frequent, or very variable.

- **Gelsemium sempervirens:** This remedy suits **dull, stupid, apathetic conditions**. The patient is **dizzy and drowsy**, the chill is partial; there is a full flowing pulse with an element of weakness in it. It corresponds especially to **remittent types of fever** and to fevers brought on by **warm, relaxing weather**. The fever is accompanied by languor, muscular weakness, desire for absolute rest and thirstlessness.<sup>3</sup>

- **Nux vomica:** The *Nux vomica* fever is characterized by **great heat**; the whole body is burning hot, the face is especially red and hot, yet the patient feels chilly when uncovering.<sup>3</sup> "Every nerve is frayed" is often what a *Nux vomica* patient is complaining during fever.

- **Spigelia anthelmia:** The chill extends from the chest. **Heat in face and on**

**hands, with chill in back. Thirst for beer during the heat** (with flushes of heat at night). At night, putrid perspiration with heat at the same time. Cold, clammy perspiration.

## Conclusion

If the first prescription is well chosen, the patient feels better within short duration of taking the medicine, whether the fever starts declining or not. His discomfort gets slowly faded away with only fever remaining to go. A short rise in fever with comparative relief felt by the patient is usually a part of homoeopathic aggravation, but if fever rises along with patient's discomfort and suffering, then an increase in temperature indicates a further spread of infection. Correspondingly, a decrease in temperature shows that the infection is fading away. As a general practise, giving antipyretics, brings down the temperature suddenly without halting the infection. In the absence of fever, there is no way to find out the extent and progress of infection causing fever.

Homoeopathic fever management involves, elevating the patient's vital force to fight against the infection or the pyrogens causing fever. Once that is done, the discomfort goes away and the so does the fever. As the vital force gets restored, there isn't any trace of residual weakness persisting after the fever. Thus, successful implementation of the "nature's law of cure" for such cases requires mastering the identification of the clinical condition, the state of the patient in sickness, and the most similar reflection of his suffering in materia medica of well proven drugs.

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# Selecting appropriate titles for research papers

Chaturbhuja Nayak<sup>1</sup>, Aman Deep Kaushal<sup>2</sup>

**Abstract:** The title of a scientific article is most important element which is expected to trigger interest among the readers. In the first instance, the title captures the attention of the readers and if eye-catching, interesting and meaningful, they decide to go through the whole article. Otherwise, they feel, it is waste of time and energy to read the entire article. There are usually three types of title: indicative (descriptive), informative (declarative), and interrogative titles and it is up to the author to decide which one to adopt. It is always safer to frame the title of a scientific paper, following guidelines of the target journal. In this article, the importance of a title is highlighted, features of a good title, what to avoid in title, categories of titles, with special reference to various titles available in homoeopathic literature.

**Keywords:** Article titles, title types, homoeopathy, published titles.

## Introduction

*“First impressions are strong impressions; a title ought therefore to be well-studied, and to give, so far as its limits permit, a definite and concise indication of what is to come”.*<sup>[1]</sup> This statement of T. Olliford Allbutt is very relevant in the context of writing a suitable title for a research paper. It is a fact that large number of readers usually go through the titles of article in a journal, but a few go through entire text of the articles. So, the title of an article is like navigation for the ship which leads the ship or the readers to further delve into the entire body of the article. The title, written appropriately, attracts attention of the readers, and introduces the research work in condensed form. That's why, title is also called as the “Window of the article”. In most of the articles, the titles contribute towards “Keywords”, which help to retrieve the particular article or related articles from electronic databases.

## Importance of the title

1. The titles are used extensively by indexing and abstracting services.
2. The articles with inaccurate and improper titles may never reach the intended readers.
3. Users after reading the title, decide if it is relevant to their need, and if yes, they go through the whole contents of the article.
4. Purpose of writing an article will be defeated if it is not widely read. To accomplish this, the title should be interesting, attractive and easily comprehensible.
5. Title of each article has a major contribution for deciding the keywords of the article.
6. In a scientific publication in medical science, it usually indicates the clinical conditions, intervention, samples, study design, methodology, the variable used and the outcome etc.
7. It should reflect the *contents* of the article.<sup>[2]</sup>
8. The title needs to be *interesting* so that the readers will be tempted to read the entire article.<sup>[2]</sup>
9. An ideal title should be *concise* and *precise*, informative and focussed.<sup>[3]</sup> A lengthy title invites boredom and distracts the attention of the readers.
10. A good title should be *brief*, but at the same time, should convey important features of the contents of the article.<sup>[4]</sup>
11. It should be *clear, simple, brief* and *attractive*.<sup>[5]</sup>
12. It should be *informative* and *meaningful*.<sup>[6]</sup>
13. It should convey the *crux* of the research work.
14. Ideally, a title contains all aspects of the research question studied, i.e. participant, intervention, comparator or control and outcome (PICO).<sup>[7]</sup>
15. It should convey the objective of the study. Example- A prospective clinical trial to ascertain the role of *Baryta mur*.

## Features of a good title

1 Former Director General, Central Council for Research in Homoeopathy & former President, Homoeopathy University, Jaipur, Rajasthan, India.  
2 Assistant Professor, Dr MPK Homoeopathic Medical College, Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan, India.

3x in dyslipidemia.

11. It should include *study population*. Example- Homeopathic intervention along with psychotherapy in the treatment of mild and moderate cases of depressive disorder in adults- A single blind, randomized placebo-controlled trial.
12. A title should be limited to 10-12 words.<sup>[7]</sup>
13. Briefly speaking, the most *ideal title* should be written in clear, simple and unambiguous terms, containing at least clinical condition, participants, intervention and study design.

## To avoid in a title

1. Using *abbreviations*, unless they are very popular like WHO, UNICEF, HIV, AIDS, etc.
2. Including *formulas* and *chemical symbols*.
3. Using *jargons* which make the title boring for the readers.
4. Making it *too lengthy*.<sup>[7]</sup>
5. Making the title *too short* to convey any meaning.
6. Including *sensational* terms (like, *a novel way* of treating hypertension; *a magic marker* for diagnosis of diabetes mellitus, etc.)
7. Making the title *amusing* or *humorous*.<sup>[7]</sup>
8. Using *too many technical* terms.

## Types of titles

### 1. Relating to general literature:

#### 1.1 Descriptive (Indicative) Title<sup>[8]</sup>

Such types of titles indicate the subject matter of an article but doesn't include results.

Example: Effectiveness of *Belladonna* in preventing Japanese Encephalitis virus infection in chorioallantoic membrane.

#### 1.2 Declarative (Informative) title<sup>[8]</sup>

These types of titles give an indication of subject matter of the article as well as results.

Example: *Belladonna* prevents Japanese Encephalitis virus infection in chorio- allantoic membrane.

#### 1.3 Interrogative (Question) title<sup>[8]</sup>

Interrogative titles are written in the forms of questions.

Example: Can *Belladonna* prevent Japanese Encephalitis virus infection in chorio- allantoic membrane.

### 2. Relating to homoeopathic research:

#### 2.1 According to study design:

Examples-

- Clinical trials of homeopathy in urological disorders: *a systematic review*.<sup>[9]</sup>
- Efficacy of *Dioscorea villosa* 6CH in treatment of dyslipidemia: A double-blind, randomized, placebo- controlled, clinical trial.<sup>[10]</sup>
- A *prospective* observational study to ascertain the role of homeopathic therapy in the management of diabetic foot ulcer.<sup>[11]</sup>
- A *retrospective study* of homeopathic treatment in patients with heel pain with or without calcaneal

spur.<sup>[12]</sup>

- Effects of homoeopathic treatment in women with premenstrual syndrome: *a pilot study*.<sup>[13]</sup>
- Homeopathy and health related Quality of Life: A survey in six European countries.<sup>[14]</sup>

## 2.2 According to types of research

### 2.2.1 Drug Standardisation

#### 2.2.1.1. Physico-chemical studies

- *Physico-chemical studies* of extremely diluted solutions (homeopathic formulations) of *Sulphur* in ethanol by using volumetric, acoustic, viscometric and refractive index measurements at different temperature.<sup>[15]</sup>
- Importance of higher performance thin layer chromatography and UV spectroscopy in *Analysis of Homoeopathic drug Datura ferox*.<sup>[16]</sup>

#### 2.2.1.2. Pharmacognostic studies

- *Pharmacognostic studies of Polygala senega L. Root: A homoeopathic drug*.<sup>[17]</sup>
- *Pharmacognostic and physico-chemical standardization of homoeopathic drug Rumex crispus*.<sup>[18]</sup>

#### 2.2.1.3. Pharmacological studies

- *Chamomilla* homeopathic dilution effect on central nervous system- An experimental *pharmacological study*.<sup>[19]</sup>
- *Pre-clinical pharmacology: An important aspect in homoeopathic research*.<sup>[20]</sup>

### 2.2.2 Drug Proving/Homoeopathic Pathogenetic Trial(HPT)

- A double-blind, placebo-controlled *homeopathic pathogenetic trial of Nanocurcumin*

6X<sub>2</sub><sup>[21]</sup>

- A multi-centric double blind *homoeopathic pathogenetic trial* of *Hygrophila spinosa*.<sup>[22]</sup>

### 3.1.2 Clinical Verification

- *Formic acid*: A multicentric observational homoeopathic *clinical verification trial*.<sup>[23]</sup>
- *Damiana-A Clinical Verification Study* (A multicentric study conducted by CCRH).<sup>[24]</sup>

### 3.1.3 Clinical Research (Disease related)

- Efficacy of homoeopathic therapy in the pain management of cervical spondylosis patients- A randomized, single blind, placebo- controlled *clinical trial*.
- A *Clinical Study* to see the Effect of Homoeopathic medicines in Polycystic Ovarian Syndrome of Reproductive Age Group between 12-45 Years.<sup>[26]</sup>

### 3.1.4 Clinical Research (Drug related)

- *Lycopodium clavatum* for the management of urolithiasis: A randomized double blind placebo-controlled trial.<sup>[27]</sup>
- A Case Report Of Ureteric Calculus Treated With Homoeopathic Medicine *Hydrangea arborescens* 30.<sup>[28]</sup>

### 3.1.5 Fundamental Research

- Extreme homoeopathic dilutions retain starting materials: A nanoparticulate perspective.<sup>[29]</sup>
- Decreased Intensity of Japanese Encephalitis Virus Infection in Chick Chorioallantoic Membrane Under Influence of Ultra diluted *Belladonna* Extract.<sup>[30]</sup>

### 3.1.6 Literary Research

- Connecting teaching and research in homoeopathy: Why and How ?<sup>[31]</sup>
- Scientific Publications.<sup>[32]</sup>

## While finalizing the title

1. If single digit numbers are used, those should be written in words, whereas more than single digit numbers should be written figures.
2. If scientific name of bacterium or animal is used, the first letter of its genus should in capital, not the specy and the whole name in italics, e.g. *Mycobacterium tuberculosis*.
3. A short title of three to four words may be given, along with the main title, generally required by the journal.<sup>[33]</sup>
4. Be careful about the grammatical and spelling errors.
5. Do not be hurry to finalise the title. Rather, opinion of peers or seniors should be taken, who can give independent and judicious opinion about the title.

## Conclusion

The title is the gateway to the text of a scientific paper, which although written in a few words, attracts attention of the readers. Titles have a significant role in the marketing of the article since large numbers of articles are published every year in each scientific stream.<sup>[34]</sup> In this article, care has been taken to highlight various factors which help to decide a good title for a research paper. However, each standard journal publishes guidelines how to write a title, which should be meticulously followed by the author. By rigidly following the journal requirements, it will minimise delay in processing the article and facilitate early publication.

## CONFLICT-OF-INTEREST:

Authors declare no conflict-of-interest.

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# Novel coronavirus - a global threat: review on its current status, pathogenesis and management

Dr Divya Verma\*, Dr Arun Kumar\*\*

**Abstract:** Coronavirus is an acute viral illness caused by an RNA virus, SARS-CoV2. Presenting features may range from mild illness to pneumonia. Symptoms present as fever, cough, sore throat, and in severe cases difficulty in breathing and even death can occur. Early and accurate diagnosis is critical to reduce mortality and its spread. There are no vaccines or specific antiviral drugs available to prevent or treat corona virus infections except for symptomatic management of the case. Corona infection is a global threat to public health. This article provides a detailed overview on corona virus infection and how it affects humans at a cellular level with varied clinical manifestations. It also discusses its' modes of transmission as its rapidity of transmission across countries threatens the health of millions, finally explaining the preventive measures that must be taken, and in brief, its' conventional treatment and treatment available in homoeopathy.

**Keywords:** novel coronavirus, homoeopathy, genus epidemicus, dexamethasone

**Abbreviations:** RNA – ribonucleic acid, SARS-CoV2 – severe acute respiratory syndrome coronavirus – 2, MERS - middle east respiratory syndrome, SARS - severe acute respiratory syndrome, ARDS – acute respiratory distress syndrome, COVID-19 – coronavirus infectious disease 2019, USA – United States of America, WHO – World Health Organization, ACE-2 – angiotensin converting enzyme 2, RBD – receptor binding domain, RDRP – RNA dependent RNA polymerase, IL – interleukin, TNF – tumour necrosis factor, PGE2 – prostaglandin 2, AST – aspartate transaminase, ALT – alanine aminotransferase, BUN – blood urea nitrogen, CRP – c-reactive protein, ESR – erythrocyte sedimentation rate, LDH – lactate dehydrogenase, RT-PCR - reverse transcriptase- polymerase chain reaction, DNA – deoxyribonucleic acid, Ig – immunoglobulin, POC - point of care, ICMR – Indian Council of Medical Research.

## Introduction

Coronaviruses are enveloped, single stranded, positive strand RNA viruses belonging to the family *coronaviridae* and the order *nidovirales*.<sup>[1]</sup> They are significant viral pathogens in humans and animals<sup>[2]</sup>. The word “corona” comes from a latin word for “crown”, it is named so for the crown like appearance of the virus under microscope.<sup>[3]</sup> There are four classifications of coronavirus - alpha, beta, gamma and delta. Human coronavirus are alpha and beta coronavirus which include seven forms of coronavirus that cause disease in humans.<sup>[4]</sup>

Epidemics of coronavirus developed because these viruses are transmitted from one species to another causing mutation in proteins that allow the virus to bind to cells and infect other cells more easily.<sup>[5]</sup> Human coronavirus mainly cause respiratory tract infection with spectrum of symptoms ranging from the common cold to pneumonia and ARDS. In humans we have noticed several coronavirus diseases in the past in which there has been transmission from one species to another leading to new outbreaks of coronavirus such

as severe acute respiratory syndrome (SARS)<sup>[6][7]</sup> and middle east respiratory syndrome (MERS)<sup>[6]</sup>. The most recently discovered coronavirus causes coronavirus disease COVID-19.

COVID19 is caused by SARS-CoV2 (severe acute respiratory syndrome coronavirus 2)<sup>[6]</sup> also designated as 2019-nCoV that is 2019 novel coronavirus. This outbreak occurred in December 2019, which started in Wuhan City, Hubei province in China.<sup>[8]</sup> It has been shown through genetic analysis to be similar to bat coronavirus (96% related).<sup>[9]</sup> So it is suggested that this virus might have been transmitted from bats to humans. Huanan seafood market in Wuhan is the epicentre to this outbreak. This novel coronavirus shares approximately 80% sequence homology with SARS coronavirus.<sup>[10]</sup> Speculations have been rife about the virus being artificially created, however, evidence accumulated by mining the genomic data of the emergent virus has failed to substantiate such claims of a human-modified origin.<sup>[11]</sup> Reproductive ratio (R0) means how many persons can be infected by a carrier of COVID19 and ranges from 2.24 to 3.58.<sup>[12]</sup>

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Scientists first identified a human coronavirus in 1960. Later that decade, researchers found a group of similar human and animal viruses and named them after their crown-like appearance. Alpha and Beta coronavirus affects humans. SARS-CoV2 popularly known as novel corona virus belongs to the Beta coronavirus lineage B group.<sup>[3]</sup>

## Background

Scientists first identified a human coronavirus in 1960. Later that decade, researchers found a group of similar human and animal viruses and named them after their crown-like appearance. Alpha and Beta coronavirus affects humans.

1. There are 2 alpha coronavirus that cause illness in humans:
  - i. First is HCov-229E discovered in mid 1960, more likely to infect immunocompromised patients and is less severe than others.
  - ii. Second is HCoV-NL63, this was discovered in 2003 in laboratory in Netherlands. It is the second most common coronavirus which affects humans.
2. There are 3 lineages of beta coronavirus A, B, C.
  - i. In lineage A there are 2 viruses which cause infection in humans.
    - a) First is HCoV-OC43 discovered in 1967 in laboratory in Maryland, USA. This is the most common strain of coronavirus to cause infection in humans. It causes the most severe presentation among HCoV strains (human coronavirus strains).
    - b) Second is HCoV-HKU1, discovered in 2005 in a laboratory in Hong Kong. It is associated with febrile seizures.<sup>[3]</sup>
  - ii. In Lineage B there are 2 viruses that cause infection in humans.
    - a) First is SARS-CoV, SARS occurred in Guangdong province of China in 2002 and was transmitted from bats to civets and then to humans. This resulted in a worldwide outbreak which was recorded as early as february 2003 and lasted until july 2003. There were more than 8,000 total cases with 774 deaths with a fatality rate

of 9.6%. A small outbreak in 2004 involved only four more cases. This coronavirus causes fever, cough, chill, myalgia, headache, and ARDS.<sup>[3][6][7]</sup>

- b) Second was SARS-CoV2 discovered in late 2019 in Wuhan, China, which has come to be known as novel coronavirus causing Coronavirus disease 2019 or COVID-19 causing the current worldwide pandemic with a mortality rate of 6.3%.<sup>[3]</sup>
- iii. In lineage C there is MERS-CoV, causing MERS which occurred in 2012 and started in Saudi Arabia then quickly spread to several countries. It was reported that here the virus was transmitted from bats to camels then to humans. More than 2,400 cases have been recorded with 858 deaths and a fatality rate of 34.4%. This coronavirus is less contagious than SARS but more deadly. It can have fever, cough, dyspnoea, severe pneumonia and ARDS.<sup>[3][6]</sup>

## Epidemiology

Wuhan is a city of 11 million people and is the seventh largest city in China. Hubei province is itself home to 50 million people. There were cases of pneumonia of unknown cause that occurred in december 2019 in this Hubei province of China. The first case was hospitalised on December 16, 2019. It is estimated that initial infections started as early as november 2019. After multiple sporadic cases began to increase throughout Hubei, China this virus was reported to WHO on December 31, 2019.

The first case of the COVID-19 pandemic in India was reported on 30 January 2020. The first death outside China was in The Philippines on february 2, 2020. Coronavirus disease was named COVID-19 by WHO on Feb 11, 2020. On March 11, 2020 COVID-19 was declared a global pandemic. On march 20, Italy surpassed China with the highest death toll. On april 2, the number of cases globally crossed 1 million.<sup>[13]</sup>

As of july 23, 2020, COVID-19 has been confirmed in over 15,501,959 individuals worldwide, has resulted in more than 632,638 deaths and 9,428,110 patients have recovered from this disease. More than 180 countries have reported confirmed cases of COVID-19 on all continents except Antarctica.<sup>[14]</sup>

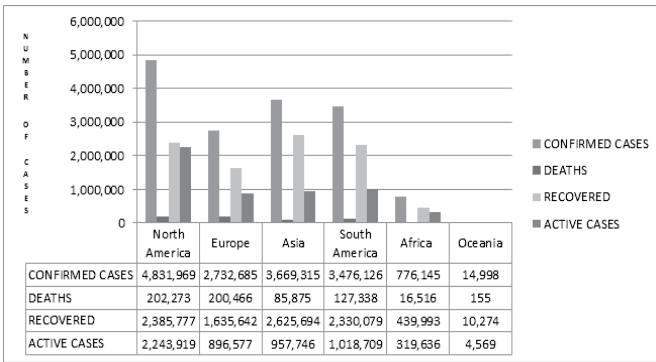


Figure 1: Data of COVID-19 in different continents as of 23 JULY, 2020.<sup>[14]</sup>

Countries	Confirmed cases	Active cases	Recovered	Death
USA	4,127,543	2,028,860	1,952,060	146,623
Brazil	2,242,394	627,220	1,532,138	83,036
India	1,286,314	439,710	815,969	30,635
Russia	795,038	201,816	580,330	12,892
South Africa	394,948	159,833	229,175	5,940

Table 1: Data of top 5 countries having cases of COVID19 as of 23 JULY, 2020<sup>[14]</sup>

\*NOTE (ensure commas are in the correct positions for the above numbers)

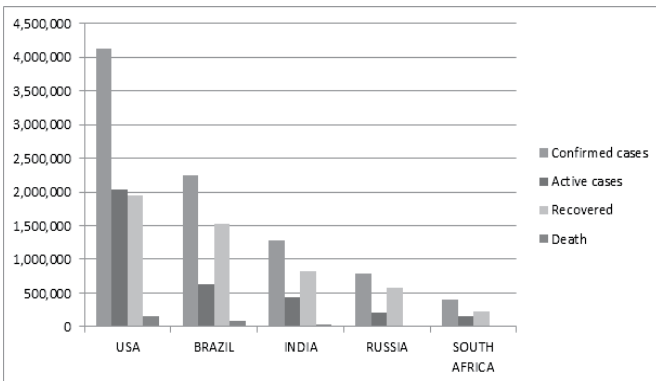


Figure 2: Data of top 5 countries having cases of COVID-19 as of 23 JULY, 2020<sup>[14]</sup>

In a study conducted on severe acute respiratory illness (SARI) patients, the positivity of COVID-19 increased from 0 to 2.6 % in the 14<sup>th</sup> week. The median age of COVID-19 was 54 year and 83.3% were males, 81.4% were above 40 year of age. Positivity was higher in males (2.3%) and in 50-70 year of age group (4.4%).<sup>[15]</sup>

## COVID-19 in India

The first case of the COVID-19 pandemic in India was reported on 30 January 2020. As of 23 July 2020, the number of confirmed cases is 1,286,314 confirmed cases, active cases 426,167, recoveries 782,606 and 29,861 deaths in the country.<sup>[16]</sup>

State/Ut	Confirmed Cases	Active	Recovered	Death
Maharashtra	3,37,607	1,37,282	1,87,769	12,556
Tamil nadu	1,86,492	51,765	1,31,583	3,144
Delhi	1,26,323	14,954	1,07,650	3,719
Karnataka	75,833	47,075	27,239	1,519
Andhra Pradesh	55,588	31,763	32,127	823

Table 2: Data of top 5 state/union territory in India having maximum confirmed cases of COVID-19<sup>[16]</sup>

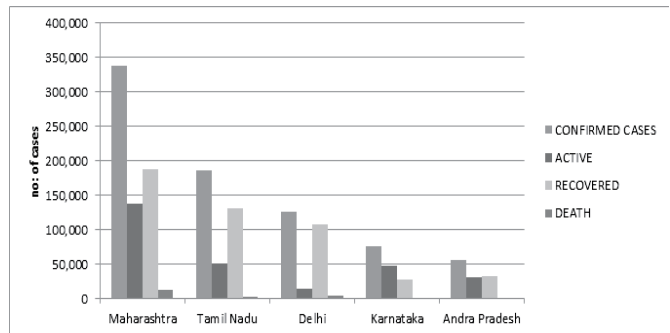


Figure 3: Data of top 5 state/union territory in India having maximum confirmed cases of COVID-19<sup>[16]</sup>

42% of confirmed cases of coronavirus in India are between the ages of 21 and 40 years of age.

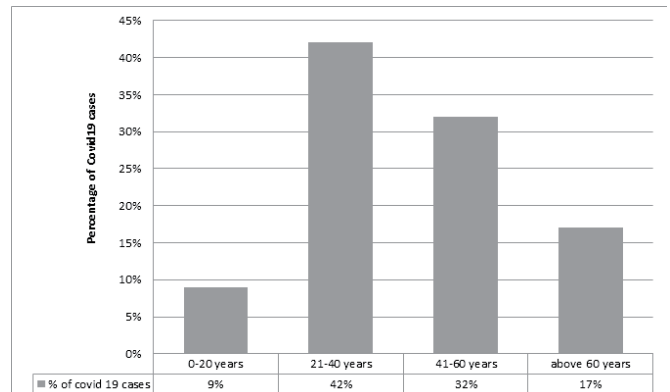


Figure 4: Age wise distribution of COVID-19 patients in India<sup>[17]</sup>

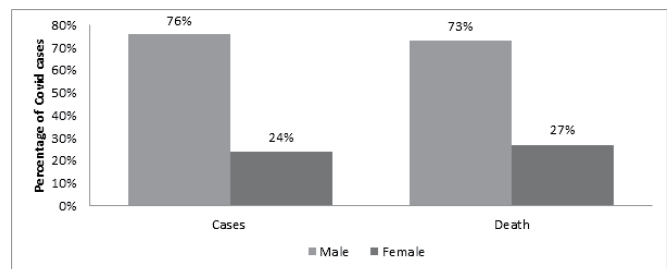


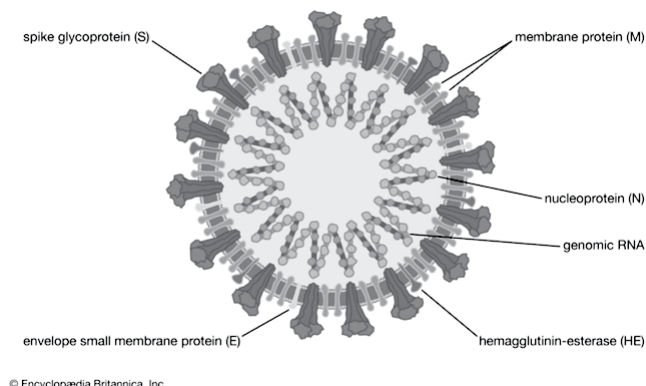
Figure 5: Gender distribution of COVID-19 cases and deaths in India as of April 7, 2020<sup>[18]</sup>

## Structure of virus

Corona viruses have enveloped virions that measure

approximately 120 nanometre in diameter having single stranded RNA. It has one of the largest RNA genomes known. It has club-shaped glycoprotein spikes on its surface, which appear like a crown under a microscope giving rise to its name corona which mean crown in Latin. The coronavirus genome encodes a spike protein (S), an envelope protein (E), a membrane protein (M), and a nucleoprotein (N).<sup>[3][19][20]</sup>

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)



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Figure 6: Structure of SARS-CoV2

Spike protein (S) is the most important surface membrane protein of corona virus. This protein is responsible for allowing the virus to attach to the membrane of its host cell. It contains a receptor binding domain which recognises a specific receptor, the ACE2 which is expressed in the lungs, heart, kidneys and intestine. This protein binds to ACE2 receptors. Spike proteins have 2 functional sub-units; S1 (binds to the host cell receptor) and S2 (mediates the fusion of viral and cellular membrane). Membrane protein (M) is most abundant on the viral surface and defines the shape of the viral envelope and acts as a central organiser for corona virus assembling and interacts with other structural proteins. Envelope protein (E) is the smallest of the major structural proteins. It is integral in assembly as well as releases the virus from the host cell and during viral replication it is largely localised to the site of intercellular trafficking, most specifically endoplasmic reticulum and the golgi apparatus.<sup>[3][19][21]</sup>

Underneath the surface protein we have the viral envelope. In contact with soap it will break down killing the virus. Underneath is capsid, and this is the protein shell which encloses the genetic material of the virus. Inside this capsid we have N protein, and this protein is bound to the virus's single strand of RNA which is why all its genetic information is held to allow itself to replicate. The N protein appears to be multifunctional, and in particular, it essentially inhibits a lot of host

cell defence mechanisms and assists the viral RNA in replicating itself and therefore creating new viral particles.<sup>[3][19]</sup>

Polybasic cleavage site that has not been previously observed in related lineage to B *Betacoronaviruses* and is a unique feature of SARS-CoV-2, was noted in the Indian SARSCoV-2. The mutation Arg408Ile in the spike protein of one of the Indian sequences is noted to be in the RBD and Ala930Val is located in the S2 domain. However, both are away from the ACE2 receptor-binding interface. Mutations in the spike protein sequences of SARS-CoV-2 observed currently are localised over the S1 and S2 domains.<sup>[22]</sup>

## Pathogenesis

The virus is spread through droplet infection and travels to the nasal or oral cavity and gets in contact with mucus membrane. Initially it gets into the upper airways of the nasal and throat area that give rise to symptoms like stuffy nose, fever, sore throat, etc. It is within the mucosal epithelium of the upper respiratory tract where primary viral replication occurs. Then it gets further down into the respiratory system and into the lung epithelial cells where further viral replication occurs.<sup>[3][19][23]</sup>

The SARS-COV2 binds by S protein to the ACE2 receptor on type two pneumocytes. The host cells have proteases which are enzymes that break down protein and these cleave spike protein. This process activates the protein in order to trigger the process of membrane fusion before injecting the viral genome into the host cell which is direct cell entry. It releases the single stranded RNA into actual cytoplasm of type two pneumocyte. The virus may also enter the cell via endocytosis, once inside the cell, virus specific RNA and protein are synthesised within the cytoplasm.<sup>[3][19][23][24]</sup>

The virus can use the host cell ribosome and convert mRNA into protein called translation. It can also use another enzyme called RNA dependent RNA polymerase (RDRP). It takes single stranded RNA and synthesises into more RNA. The protein formed from translation is now proteolytically cleaved by proteases to form a different viral component that is a nuclear capsid, enzymes and spike proteins. This viral component gets incorporated with single stranded RNA and bud off from type two pneumocytes forming tons of viral particles. In this process type two pneumocytes are destroyed and various inflammatory mediators are released which stimulates the macrophage which start to secrete specific cytokines like IL-1, IL-6, TNF- $\alpha$ .<sup>[25]</sup>



<sup>[26][27]</sup> These cytokines enter the blood stream and cause endothelial cells to undergo vasodilation and increase the capillary permeability leading to accumulation of fluid in interstitial space compressing alveoli. Some of the fluid also enters into the alveoli causing alveolar oedema and an increase surface tension leading to alveolar collapse. The alveolar walls become inflamed and thickened and fill the alveolus with fluids which can impair the gas exchange and lead to hypoxaemia and shortness of breath further leading to acute respiratory distress syndrome or ARDS. <sup>[3][19][20][23][24][28]</sup>

All these inflammatory mediators attract neutrophils inside the alveolus which release reactive oxygen species that is proteases to destroy virus, which damages type one and two pneumocytes too, finally leading to consolidation inside the alveolus. It alters the gas exchange leading to hypoxaemia. TNF- $\alpha$ , IL-1 and IL-6 when in high concentration can travel to the hypothalamus and hypothalamus releasing specific prostaglandins like PGE2 and increases the body temperature leading to fever. <sup>[3][19][23][24]</sup>

This cascade of inflammatory mediators causes an uncontrolled systemic inflammatory response syndrome. It increases capillary permeability within systemic circulation, fluid leaks out leading to a decrease in overall blood volume. Vasodilation causes decreased peripheral resistance too. Following these events the blood pressure falls causing hypotension, decreasing perfusion to different organs and leads to multiple organ failure. Kidney can be affected leading to increased levels of BUN, creatinine. Liver may also get damage and start to release AST, ALT, bilirubin and acute phase reactive proteins like CRP, fibrinogen, IL-6. <sup>[3][23]</sup>

## Transmission

- *Human to human transmission* is the primary means of transmission for covid19. It occurs through respiratory droplets that are exposure to sneezing and coughing, very similar to the spread of other respiratory viruses. It could be transmitted airborne at least within the vicinity of the respiratory droplets. It requires close contact with infected individual that is within six feet or 2 metres as droplets typically do not travel beyond this range. SARS-CoV-2 has been detected in faeces in patients in Washington, US, but its role in transmission is uncertain. Other coronavirus have been shown to cause gastro intestinal infections like SARS caused diarrhoea in approximately 10 to 20 % of patients and could spread through faeces.<sup>[29]</sup> Coronavirus RNA in blood has also been reported in some but

not all studies that have tested for it. However, the likelihood of blood borne transmission appears low; respiratory viruses are generally not transmitted through the blood borne route. SARS-CoV-2 can be transmitted before the development of symptoms and throughout the course of illness, particularly early in the course. Transmission of SARS-CoV-2 from asymptomatic individuals (or individuals within the incubation period) has also been seen. Asymptomatic patients are still able to transmit infection. This raises concerns for the effectiveness of isolation. <sup>[24][28]</sup>

- *Fomites:* The virus can be transmitted through indirect objects like fomites. Respiratory droplets can land on some objects which becomes contaminated with the virus and when any individual touches that object and then touches their nose, eyes or face then they may have a transmission through that mechanism.
- *Animal contact:* SARS-CoV-2 came from animal species to humans, but the ongoing risk of transmission through animal contact is uncertain. There is no evidence suggesting animals (including domesticated animals) are a major source of infection in humans.<sup>[28]</sup>

## Clinical Presentation

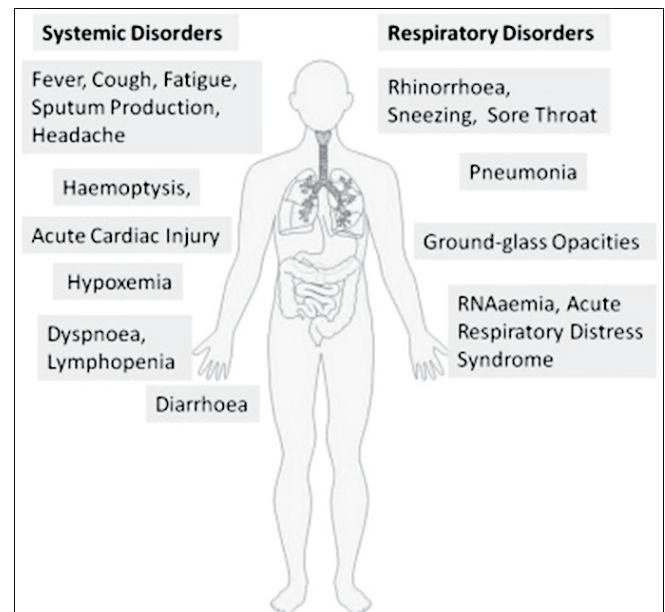


Figure 7: The systemic and respiratory disorders caused by COVID-19 infection.

The incubation period for COVID-19, which is the time between exposure to the virus (becoming infected) and symptom onset, is on average 5-6 days, however can be up to 14 days. During this period, also known as the “presymptomatic” period, some infected persons can be contagious <sup>[30]</sup>. A patient can be asymptomatic or have

mild to severe illness or can also lead to death. Most common symptom of COVID-19 is *fever* <sup>[29]</sup> which is almost always present. Second most common symptom is *cough* <sup>[29]</sup> which may be non-productive or productive but mostly it is a dry cough. Next we have shortness of breath, difficulty in breathing, malaise and fatigue. Other symptoms that are less common include myalgia, headache, confusion, rhinorrhoea, conjunctivitis, and sore throat. Gastrointestinal symptoms like diarrhoea, nausea and vomiting can also be seen which is extremely rare. <sup>[25][31][32]</sup>

Approximately 20% of cases have a critical presentation which may include pneumonia, renal failure, ARDS and death due to multiple organ failure. This severe illness seems to occur in older individuals and those with underlying co-morbidities which include cardiovascular disease, diabetes mellitus, hypertension, chronic lung disease, cancer, chronic kidney disease, obesity, smoking, etc.<sup>[25]</sup> Most people (about 80%) recover from the disease without requiring hospital treatment.

## Laboratory findings

Indicate neutrophilia, lymphopaenia, increased AST, ALT and bilirubin, increase creatinine and increase BUN. General markers of inflammation are elevated like CRP, ESR, IL-6, LDH, D-dimer, ferritin which can lead to high mortality rates. <sup>[26][33]</sup>

## Diagnosis

Diagnosis is done by viral genome detection by RT-PCR (*reverse transcriptase- polymerase chain reaction*). The test detects the presence of viral RNA in human samples. RT-PCR is highly specific (i.e. 95-97%) but has a low sensitivity of 60-70%. <sup>[34]</sup>

To perform RT-PCR some of the extraction from a nasopharyngeal swab is added to a solution containing reverse transcriptase, nucleotide and primers that are complementary to specific SARS-CoV2 target sequence. If the viral RNA is present the primer attaches to the RNA strand and then reverse transcriptase synthesises a cDNA strand. Once we got cDNA denaturation, annealing and extension are performed. First step is denaturation that is heating up of these ingredients to 96 degree celsius, this break opens all the bonds between two strands of cDNA followed by second step that is annealing which requires primers. During this step, one cools down everything to 55 degree Celsius and this allows primers to bind to their complementary sequences. Then it is followed by third step extension in which we heat back to 72 degree celsius and taq

polymerase latches on to the primers which grab some free nucleotides and assembles a new DNA strand. After several steps if there was SARS-CoV2 RNA in the original samples, you have amplified DNA from that sample that can be detected. <sup>[35]</sup>

**Rapid diagnostic test (RDT):** This is a qualitative (positive or negative) lateral flow assay that is small, portable and can be used at point of care (POC). They detect patient's antibodies (IgM and IgG) or viral antigen. <sup>[36]</sup>

**Chest X Ray** of coronavirus patient show consolidation with *bilateral pulmonary infiltrates*.

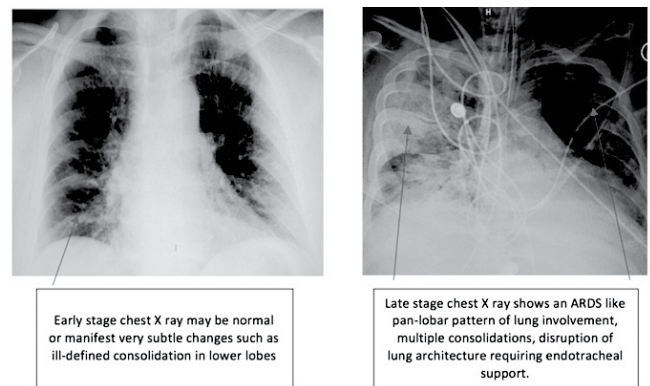


Figure 8: Early and Late stage X-Ray findings of Covid-19 patient <sup>[37]</sup>

**CT Scan** shows ground glass opacities which are bilateral as well as multilobar consolidation. <sup>[7][38]</sup>

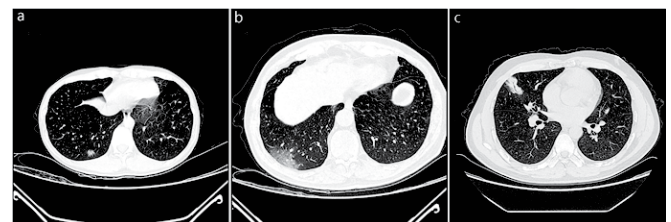


Figure 9: CT imaging of ultra-early stage. **A** A 33 years old female with patchy ground-glass opacities after occupational exposure. **B** A 67 years old male with a history of contact with infected patients, showing large ground-glass opacity. **C** A 35 years old female exhibiting large consolidated opacity with air-bronchogram inside after occupational exposure. <sup>[39]</sup>

## Prevention

Preventive measures can only limit the spread of cases. Preventive strategies are focused on the isolation of patients and careful infection control. If a person is coming from area where there is viral outbreak then Quarantine for 14 days is suggested.

Following are general recommendations: <sup>[40][41][42]</sup>

1. Wash your hands frequently with soap and water for 20 seconds or use an alcohol based sanitizer.
2. Avoid close contact within 2 meters with sick patients.
3. Respiratory hygiene - avoid touching mouth, nose, eyes, face if hands are not washed.
4. Face mask such as N95 or FFP3 masks should be used to prevent transmission of the pathogen.
5. People with symptoms of acute airway infection should keep their distance, cover coughs or sneezes with disposable tissues or clothes and wash hands.
6. Individuals that are immunocompromised should avoid public gatherings.
7. Avoid travel to affected areas.
8. Avoid going to school or workplace if you are sick as it may spread the virus to others.
9. Considering the reports of a high number of infected healthcare workers, measures should be taken to build bio security wards and they should be provided personal protective equipment.

## Conventional Treatment

There is no specific drug and vaccine currently available for COVID19 infection. So supportive care is provided like hydrating the patient and treating any co-infections. Many patients don't even require hospitalization; they can recover at home. The treatment followed is purely symptomatic based on the presenting symptoms of the patients. As per WHO treatment of acute co-infections, for suspected or confirmed mild COVID-19 cases, the use of antibiotic therapy or prophylaxis should not be used. For suspected or confirmed moderate COVID-19 cases, antibiotics should not be prescribed unless there is clinical suspicion of a bacterial infection. Prevention of complications in patients (adults and adolescents) hospitalized with COVID-19, pharmacological prophylaxis should be used, such as low molecular weight heparin (e.g. enoxaparin), according to local and international standards, to prevent venous thromboembolism, when not contraindicated. For those with contraindications, use mechanical prophylaxis (intermittent pneumatic compression devices). WHO recommends against the routine use of systemic corticosteroids for treatment of viral pneumonia.<sup>[43]</sup> WHO welcomes preliminary results about dexamethasone use in treating critically ill COVID-19 patients.<sup>[44]</sup>

## Treatment and prevention available in Homoeopathy

Homoeopathy is a science based on symptomatic treatment of the patient. It is a holistic treatment which treats the patient instead of the disease: that is cure effected by the removal of the whole of the perceptible signs and symptoms of the disease which occur due to internal alteration of the vital force. In case of an epidemic the totality of symptoms of the epidemic is noted by writing down the characteristic symptoms of several cases of this kind including more of the peculiarities of this collective disease as each single epidemic is of a peculiar, uniform character common to all individuals attacked and when this character is found in the totality of symptoms common to all, it guides us to the discovery of a homoeopathic remedy suitable for all the cases which is called as genus epidemicus.<sup>[45]</sup>

The Central Council for research in Homoeopathy (CCRH) under the Ayush Ministry, India recommended that the homoeopathic medicine *Arsenicum Album* 30 could be taken on an empty stomach for three days as a prophylactic against coronavirus infection. The dose should be repeated after one month by following the same schedule in case the COVID19 infection prevails in the community. Various other medicines found to be effective in symptomatic management of the coronavirus cases are *Arsenicum album*, *Bryonia alba*, *Rhus toxicodendron*, *Belladonna*, *Gelsemium*, *Eupatorium perfoliatum* etc, which should only be taken under expert guidance as they are prescribed on the basis of symptoms similarity.<sup>[46]</sup>

Dr. Aditya Kasariyans from Iran in collaboration with Dr Rajan Sankaran (Head of "The Other Song"-International Academy of Advanced Homoeopathy in Bombay, India) collected symptoms from 40 cases of COVID-19 in Iran. From the detailed study of these symptoms he short listed *Arsenicum album*, *Camphor*, *Carbo vegetabilis* and *Veratrum album*. With reference to the genius of the disease, its individuality; sudden collapse, cold sweat and a relative absence of restlessness, he suggested *Camphor* as the genus epidemicus and to use it as a treatment (1M in water every 3 hours) and prophylactic (1M in pills twice a day for 2 days). *Camphor* 1M was given in cases and significant improvement was seen.<sup>[47]</sup>

According to WHO and ICMR, the disease advance has been divided in following stages and Dr. Prafull Vijayakar (Founder and Director of Predictive Homoeopathy) recommended homoeopathic treatment in each stage:



Stage 1: Sporadic stage where patient presents with mild symptoms generally recovers on its own.

Stage 2: Cluster stage that is corona positive cases but asymptomatic patients where the disease is in hiding stage, homoeopathic treatment advised is spraying *Sepia 200* in the area of containment or with one dose of *Sepia 200* internally.

Stage 3: Community spread is fast spread with high fever, cough, aches, loose motion, difficulty breathing and weakness. For mild cases *Sepia 200* is recommended, but if there is breathing difficulty or pneumonia like symptoms he recommended *Veratrum album 50M*.

Stage 4: Epidemic, which have severe symptoms like pneumonia, respiratory distress, inflammation of blood vessels and can lead to sudden death. In this stage he recommended *Veratrum album 50M*, *Lachesis mutus 200* or *Crotalus horridus 200* based on the disease picture present.<sup>[48]</sup>

## Conclusion

COVID-19 has evolved as a global life-threatening public health concern, affecting more than 15 million individuals in more than 180 countries. The physician should be aware about the varied clinical manifestations of this condition and ensure an early and adequate treatment plan. Future directions to combat this dreadful disease aim at methods of social distancing, staying indoors, use of masks, avoiding social gatherings and avoiding contact with infected persons. Many countries are following lockdown which showed reduced intensity of COVID-19 spread, as prevention is the only measure today which can save the world from COVID-19. Following all the preventive measures can bring  $R_0$  below 1 which means each existing infection causes less than one new infection and the disease will decline and eventually die out. Provisions should be taken to provide quarantine centres, as many as possible isolation beds in hospitals and COVID care centres according to the severity of illness as patients who are asymptomatic or having mild symptoms can be managed at home. Development of vaccine and antiviral drug regimen should also be focused upon. Investment should be made on serological assays to detect the antibodies IgG and IgM in blood, to test for the infection. Antibody-based test can help identify individuals who got cleared of the viral infection but were once infected. Antibody tests with similar accuracy and specificity as the RT-PCR test are needed for mass screening. This panic state is also causing psychological changes in people which lower their immunity. Homoeopathy has a

great scope in management of cases of COVID-19 as it considers the physical as well as mental state of the patient and its symptomatic prescription boosts the immunity which helps our immune system itself to annihilate the virus from our body. Homoeopathy has more than a thousand proven drugs which guide the physician to an accurate prescription according to the severity of disease and individual picture of the patient. So apart from conventional treatment, homoeopathic management should also be focused in order to lessen the burden of morbidity worldwide.

Few homoeopathic drugs which can be effective in COVID-19<sup>[49,50]</sup>

- *Aconitum napellus*: A state of fear, anxiety; anguish of mind and body. Physical and mental restlessness, fright. Acute, sudden, and violent invasion, with fever, call for it. Sudden sinking of strength. Serous membranes and muscular tissues affected. Burning in internal parts. Influenza. Causes only functional disturbance, no tissue changes and shows no periodicity. Influenza. Delirium is characterised by unhappiness worry, fear, raving, rarely unconsciousness. Oppressed breathing on least motion. Cough, dry, short, hacking; worse at night and after midnight. Loud, labored breathing. Child grasps at throat every time he coughs. Shortness of breath. Coldness and heat alternate. Thirsty. Chilly if uncovered or touched. Dry heat, red face. Coldness and heat alternate.
- *Bryonia alba*: Mucous membranes are all dry. Listless, irritable people lying or motionless. Vertigo from raising the head, pressive headache; dry, parched lips, mouth; bitter taste, sensitive epigastrium, and feeling of a stone in the stomach; stools large, dry, hard. Dry mouth- thirstless; or thirst for large quantities at large intervals. Complaints apt to develop slowly. Aching of muscles. The general character of the pain stitching, tearing. Hacking cough from irritation in upper trachea. Cough, dry, at night; must sit up; worse in a warm room, after eating or drinking, with vomiting, with stitches in chest, and expectoration of rust-colored sputa. Frequent desire to take a long breath. Pulse full, hard, tense, and quick. Chill with external coldness. Internal heat. Dull but not sleepy. Bodyache > pressure < movements. Business thoughts. Ailments from anger, mortification.
- *Gelsemium sempervirens*: General prostration. Dizziness, drowsiness, dullness, and trembling. Slow pulse, tired feeling, mental apathy. Desire to be quiet, to be left alone. Apathy regarding his illness. Absolute lack of fear. Delirious on falling to sleep. Heaviness



above eyes and of upper eyelids with occasional heaviness of limbs. Sleepy but cannot sleep. Timid and apprehensive. Ailments from vexation emotional excitement, fright and fear. Acute coryza, with dull headache and fever. Dry cough, with sore chest. Aphonia; acute bronchitis, respiration quickened, spasmodic affections of lungs and diaphragm. Wants to be held, because he shakes so. Pulse slow, full, soft, compressible. Chilliness up and down back. Heat and sweat stages, long and exhausting, thirstless, prostrated. Chill, without thirst, along spine; wave-like, extending upward from sacrum to occiput.

- *Antimonium tartaricum*: Rattling of mucus with little expectoration has been a guiding symptom. There is much drowsiness, debility and sweat characteristic of the drug. Great despondency. Fear of being alone. Muttering, delirium, and stupor. Coated, pasty, thick white, with red edges. Dizziness, with cough. Dyspnoea relieved by eructation. Cough and dyspnoea better lying on right side. Rapid, short, difficult breathing; seems as if he would suffocate; must sit up. Oedema and impending paralysis of lungs. Intense heat. Copious perspiration. Cold, clammy sweat, with great faintness. Intermittent fever with lethargic condition. Excessive weakness. Excessive sleep. Irritability. Thirstless or sips of water often. Aversion to milk.
- *Pulsatilla nigricans*: Dry mouth yet thirstless or changeable thirst. Mild, meek, weeping, wants mother near, carrying, caring, consoling. Wants doors and windows open. Changeable: thermals, thirst, etc. Involuntary moaning with fever. Loss of smell. Alternations of taste and loss of taste. Dry cough in evening and at night; must sit up in bed to get relief; and loose cough in the morning. Short breath, anxiety, and palpitation when lying on left side. Smothering sensation on lying down. Chilliness, even in warm room, without thirst. Chill about 4 pm. Intolerable burning heat at night. One-sided sweat; pains during sweat. External heat is intolerable, veins are distended. During apyrexia, headache, diarrhoea, loss of appetite, nausea.
- *Arsenicum album*: Desire sips of water. Desires warm food and drinks. Fastidious. Anxiety about health. Graceful. Midnight aggravation. Chilly feeling. Debility, exhaustion, and restlessness, with nightly aggravation, are most important. Great exhaustion after the slightest exertion. Burning pains. Unquenchable thirst. Burning relieved by heat. Changes place continually. Fears, of death, of being left alone. Thinks it useless to take medicine. Cannot bear the sight or smell of food. Great thirst;

drinks much, but little at a time. Unable to lie down; fears suffocation. Air-passages constricted. Cough worse after midnight; worse lying on back. Wheezing respiration. High temperature. Periodicity marked with adynamia. Septic fevers. Intermittent. Delirium; worse after midnight. Great restlessness. Great heat about 3 a.m.

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# National Commission for Homoeopathy Act 2020: What has changed for us?

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The legislative history of Homoeopathy in India witnessed its watershed moment on 21<sup>st</sup> of the last month. Ever since the first parliamentary deliberation held in the British era on the very first session of the Council of State in 1921, this act is surely one of the most prominent reform in the whole history. National Commission for Homoeopathy (NCH) and The National Commission for Indian System of Medicine (NCISM) acts bear a very close resemblance to National Medical Commission (NMC) act passed by parliament in the previous year. Therefore they can be seen as an extension of the larger medical reform for medical education, registration and regulation in the country. These changes have happened after a series of consultation and research by different expert committees spanning over more than 12 years. We will therefore discuss this act into two aspects-

1. History and Background
2. Major changes in NCH act 2020

## A. History and Background-

MCI was formed in 1933 as a self regulatory body for the medical profession following the steps of General Medical Council of Great Britain. This was built on the understanding of professionalism of the time and its adherence to

ethics and integrity. The structure therein was more suitable for moral and self regulation of the profession. But since then situation has changed drastically and therefore the need to reform the old structure had also gone louder. Due to lack of transparency, accountability and multiple allegations of corruption and malpractice on the age old councils, complete overhaul and reform was under consideration of multiple expert committees as well as policy makers. The most landmark phases of this reform are as follows-

- I. National Knowledge commission (subcommittee on medical education) 2008: -Recommended converting the MCI into a full fledged professional body.
- II. The National Commission for Human Resources for Health Bill, 2011-This bill was later withdrawn which recommended to dissolve the MCI, the Nursing Council, the Pharmacy Council and the Dental Council and replacing them with one comprehensive regulatory institution.
- III. NITI Aayog expert Committee led by Dr Ranjit Roy Chaudhury 2015-Recommended overhaul of MCI and replaces it with new institution.
- IV. The National Medical Commission Bill, 2017-

Proposed to replace the existing MCI with a new body, the National Medical Commission (NMC). Due to its many controversial clauses and subsequent professional resistance, was not approved by the Parliament and eventually referred to parliamentary standing committee.

- V. The National Health Policy, 2017- Recommended recreating the regulatory mechanism for health professional education.
- VI. The Indian Medical Council (Amendment) Ordinance, 2018- Notified superseding of the MCI and replacing it by an interim Board of Governors.
- VII. The National Medical Commission Act, 2019- Approved by the Indian Parliament with incorporation of some suggestions by parliamentary standing committee and thus became the law.

Consequent upon these changes in the allopathic system of medicine as well as similar difficulty faced in the day to day administration of CCH, the National Commission for Homoeopathy came into being bearing a close analogy to other two acts passed by the parliament.

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## B. Major Changes introduced in NCH act 2020

National Commission for Homoeopathy act enacted by parliament in the 71<sup>st</sup> year of the Republic of India is described in total **08 chapters and 59 sections spanning over 25 pages**. It is more detailed act in comparison to HCC act of 1973 which had 5 chapters and 33 sections covered in 19 pages only. There are multiple sections in the act dedicated for the formation of Commission, advisory council, different boards under the commission etc. Since this article is meant mostly for the Homoeopathic practitioners and the students, we will focus mostly on the sections concerning the functioning of the commission and not on its formation. This futuristic document is surely going to pervade and affect all the branches of Homoeopathy i.e. teaching, practice and research in the time to come. So let's have a glance on the most salient features of this act and update ourselves regarding the changes that is going to unfold in front of us sooner than later-

### 1. Vision as per the long title of the NCH act-

The long title of this act describes its vision and objective in a nutshell. It can also be seen as the soul of the act which may be helpful at many places to understand the sections that follows. These six points appears to be the main vision of the act-

- a) To provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and

high quality Homoeopathy medical professionals in all parts of the country.

- b) To promotes **equitable and universal healthcare** that encourages community health perspective and makes services of Homoeopathy medical professionals accessible and affordable to all the citizens.
- c) To promotes national health goals.
- d) To encourages Homoeopathy medical professionals to **adopt latest medical research in their work** and to contribute to research.
- e) Objective periodic and **transparent assessment of medical institutions** and facilitates maintenance of a Homoeopathy medical register for India and enforces high ethical standards in all aspects of medical services; that is **flexible to adapt** to the changing needs.
- f) **To have an effective grievance redressal mechanism** and for matters connected therewith or incidental thereto.

### 2. New legal definition of Homoeopathy-

The first thing that strikes in this act is the new legal definition of homoeopathy in comparison to the definition in HCC act of 1973. In that outgoing act Homoeopathy was defined as-2.(d) *"Homoeopathy" means the Homoeopathic system of medicine and includes the use of Biochemic remedies"*.

In NCH act we find an addition of another point to this existing definition in the form of **"supplemented by such modern**

**advances"**. It reads in section 2(f) as- *"Homoeopathy" means the Homoeopathic System of Medicine and includes the use of biochemic remedies supplemented by such modern advances, scientific and technological development as the Commission may, in consultation with the Central Government, declare by notification from time to time."*

This addition opens up a new dimension altogether for Homoeopathic system of medicine in India. If explored along the lines of Homoeopathic principles and philosophy we may expect some landmark changes in the near future for the betterment of the system.

### 3. Transparency, Accountability and Limited tenure –

Apart from limiting the tenure of the members (four/ two years) and declaration of assets before joining and after demitting the office, In **section 4** this act also laid down a criterion for non ex-officio and part time members of the committee which states-

*"Provided that no Member shall either himself or through any of his family members, directly or indirectly, own or be associated with or have any dealings with the managing body of a private or non-government medical institution which is regulated under this Act."*

Moreover In section 6 subsection 7, it further makes a mandatory cooling off period of 2years for the members before joining any private medical institution of Homoeopathy. Now instead of one unified structure there will be three different dedicated boards named as the Homoeopathy Education Board; Medical Assessment and Rating



Board for Homoeopathy; and the Board of Ethics and Registration for Homoeopathy to look after different aspects of the commission separately and independently. **In section 48**, this act further fixes accountability by considering the members of the commission as public servants unlike the previous provisions. It states –

*“The Chairperson, Members, officers and other employees of the Commission, President and Members of Autonomous Boards shall be deemed, when acting or purporting to act in pursuance of any of the provisions of this Act, to be public servants within the meaning of section 21 of the Indian Penal Code.”*

#### **4. Blend of Experts from Homoeopathic and General Sciences in Advisory Council-**

Following the global trend of having some non medical experts in the policy making, the advisory council will have the Chairman, University Grants Commission: Director, National Assessment and Accreditation Council; four Members nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science apart from different experts from Homoeopathic field (central as well as state). Perspectives from a non medical as well as other disciplines of sciences will definitely help to make more dynamic policies in congruence of the changing needs of the science and society.

#### **5. National Exit Test and National Teachers eligibility test:**

There will be multiple national level of examination in the form of NEET

UG, NEET PG, National Exit Test and National Teachers eligibility test. The last two examinations are new introduction in the system to improve the standard of practicing homoeopathic physicians and teachers which shall start within three years of this act. These examinations will also help to standardize and provide equal quality of clinician and teachers in public or private institutions across the country. Considering the present situation in terms of very diverse quality of homoeopathic practioners as well as teachers this change looks very promising and rewarding for the profession esp. in the long haul. This is surely going to improve overall Homoeopathic human resources and services across the country.

#### **6. Electronic Synchronisation of the National Register and the State Register-**

We have seen multiple discrepancies and challenges faced by practioners due to lack of synchronization of multiple state councils as well as the central council. This act mandates a dedicated Board of Ethics and Registration only for this process. It states-

32. (5) *“Every State Medical Council shall maintain and regularly update the State Register in the specified electronic format and supply a physical copy of the same to the Board of Ethics and Registration for Homoeopathy within three months of the commencement of this Act.”*

32.(6) *“The Board of Ethics and Registration for Homoeopathy shall ensure electronic synchronisation of the National Register and the State Register in such a manner that any change in one such register is automatically reflected in the other register.”*

Therefore we may expect a better coordination between different state councils and the dedicated board of ethic and registration in terms of smooth process of registration, cancellation and re-registration for practioners having practice across different states and in transferable jobs.

#### **7. Strong penal provisions for unregistered practioners of Homoeopathy-**

Section 34, subsection 1 of the NCH act describes the rights and privileges of a registered Homoeopathic practioners in terms of issuing of certificate, as an expert in any court of law etc. In its subsection 2 this act describes about a strong penal provision for unregistered practioners practicing homoeopathy-

34(2) *“Any person who acts in contravention of the provisions of this section shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to five lakh rupees, or with both.”*

It will be very pertinent to mention here that all medical qualification which have been recognized under second schedule before this act will be valid and maintained by homoeopathy education board in future. (refer section 35.8)

#### **8. Grievance redressal mechanism-**

This act has a provision of grievance redressal mechanism which will take up the matter in time bound manner and at multiple levels. Also this act gives some relief to the homoeopathic institutions where they will be imposed penalty before de-recognition. In section 37.1.b says-

*"Provided that the Commission shall, before, taking any action for suo motu withdrawal of recognition granted to the medical qualification awarded by a University or medical Institution, impose penalty in accordance with the provisions of clause (f) of sub-section (1) of section 28."*

## 9. Promotion of medical pluralism-

This act provides a unique and a very important provision to promote the practice of medical pluralism across the country. There shall be a annual meeting of all the commissions including Allopathy, Indian system and Homoeopathy for integration and pluralism. It states in the section 52(1)

*"There shall be a joint sitting of the Commission, the National Commission for Indian System of Medicine and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Homoeopathy,*

*Indian System of Medicine and modern system of medicine."*

In the section 52(3) it further states-

*"The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational and medical modules or programmes that could be introduced in the undergraduate and postgraduate courses across medical systems, and promote medical pluralism."*

Considering the lack of awareness and education in the allopathic graduates about the AYUSH system of medicines and the vice versa this provision seems to be a very significant step in the direction of a Comprehensive health care model. In view of the

animosity and confrontational attitude of many medical associations, this annual meeting of different commissions may emerge with policies and regulations to build a conciliatory relation for the better services to humanity.

## 10. Provision for audit by CAG and supersession by Central Govt.-

Finally to regulate the regulator, in **section 41** (1) and (2) there has been provision kept for the audit of commission by CAG. Apart from that as further augmentation to the check and balance in the system, in a certain situations there is provision of supersession of commission by Central Govt. In **section 51** it states-

*"51. (1) If, at any time, the Central Government is of opinion that—*

- (a) the Commission is unable to discharge the functions and duties imposed on it by or under the provisions of this Act; or*
- (b) the Commission has persistently made default in complying with any direction issued by the Central Government under this Act or in the discharge of the functions and duties imposed on it by or under the provisions of this Act, the Central Government may, by notification in the Official Gazette, supersede the Commission for such period, not exceeding six months, as may be specified in the notification."*

Overall this act brings about many changes which were long felt by the profession. Considering the fact that India is currently a global leader in Homoeopathy, a good regulatory as well as grievance redressal mechanism in place can be a game changer. It has the provisions as well as the flexibility

to adapt to the changing situation of medical field and technology. Last but not the least, the objective of this article is to sensitize the practioners and students about this new act. It is advisable for all the readers to read the act themselves for better clarity and understanding.

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# Adverse events and homoeopathy

*Dr Ranita Nath, Dr Partha Pratim Pal, Dr Maurya Manjurani Sheopal*

**Abstract:** Documentation of adverse events (AE) after medications is important to assess risk in forms of treatment. Homoeopathic aggravation is a phenomenon which may be a part of these adverse events. As we know, homoeopathic aggravation (HA) is an indicator of good prognosis for the case. Hence, the responsibility of differentiating this parameter (HA) from genuine adverse reactions increases. Certain assessment criteria are required which will clearly demarcate the beneficial effect from the harmful ones.

**Keywords:** Homoeopathic aggravation, adverse drug event, adverse drug reaction.

**Abbreviations:** adverse events (AE), homoeopathic aggravation (HA), drug rash with eosinophilia and systemic symptoms (DRESS), complementary and alternative medicines (CAM), adverse drug event (ADE).

## Introduction

Homoeopathy is regarded as harmless intervention without any side effects. From the laws of nature, we know that for every action there will be a reaction. However, the risk profile of homoeopathic ultra-diluted medicines is minor and almost imperceptible. So while accessing patient's response to the homoeopathic treatment (from several observational studies and surveys) it was found adverse effects from homeopathic treatment fluctuates between 2 and 11 percent <sup>1</sup>.

Although homoeopathy is regarded by many as an effective and non-toxic intervention, it may not be entirely risk free. Controversy arises from the certain examples of homoeopathic treatment. In a case report by Posadzki et al. as a case of homeopathy causing 'heart disease and bladder cancer', the patient was cured from his initial symptoms of vertigo and heart disease using homeopathic medicines. He was then presented 7 years later with cancer of the bladder. It is difficult to see how the causality of the cancer could be attributed to the successful treatment of the heart condition. The cancer was subsequently treated

using conventional treatment, the side effects of which were successfully dealt with using homeopathy. The patient recovered, with no further complaint. Now this example is labelled as adverse effect of homeopathy. Another striking example was a case of DRESS (drug rash with eosinophilia and systemic symptoms) presented by Bernez et al. In this case, a homeopathic sleeping pill was taken on two occasions without any adverse event (4 months and 3 weeks before DRESS occurred). Here also the causative effect of homoeopathy remains a controversy. In another case a 9 month old baby was admitted to hospital after developing bullous pemphigoid due to 5 months homoeopathic treatment of atopic dermatitis. Report stated this severe situation occurred because the homeopath interpreted the worsening of symptoms as homoeopathic aggravation <sup>2</sup>. Hence, the need of the hour is to explore and compose criteria that may differentiate adverse event (AE) from homoeopathic aggravation.

## Homoeopathic aggravation

According to Master Hahnemann, the true homoeopathic aggravation

is an increase of the actual symptoms of the disease shortly after the administration of the medicine and the cause of it is the dose of the medicine being too powerful <sup>3</sup>. Homoeopathic aggravation is a temporary worsening of existing symptoms following the administration of a correct homoeopathic prescription and is usually followed by an improvement <sup>4</sup>. The smaller the doses of homoeopathic remedy, the slighter and shorter will be the homoeopathic aggravation. However, the dose can scarcely or never be prepared so small that it can annihilate the uncomplicated natural disease, without development of homoeopathic aggravation (understanding depends upon the perception of the physician). Hence, even the smallest possible dose of homoeopathic medicine is always capable of producing only the slightest homoeopathic aggravation, because it has the power of exciting symptoms bearing the greatest possible resemblance to the original disease <sup>5</sup>.

Homoeopathic aggravation in acute disease occurs during first few hours and is referred as a good prognostic sign and the acute condition may be probably

cured (Aphorism 158). In *Chronic Diseases*, homoeopathic aggravation takes place during the six, eight, or ten days or at the end of treatment when the cure is almost finished <sup>5</sup>. As in the literature, the first example of homoeopathic aggravation by Hahnemann was the case of an individual affected with colicodynia and the violent increase of the disease was evidently caused by the enormous doses of *Veratrum album* swallowed <sup>3</sup>.

The unique concept of homeopathic aggravation has similarities with the concept of 'healing crisis' that is common in other CAM (complementary and alternative medicines) therapies <sup>6</sup>. A healing crisis is understood as 'temporary exacerbations on the way to more definite treatment <sup>7</sup>.'

According to several re-evaluations, the duration of aggravation depends on when the symptoms started, the degree to which they have previously been suppressed or blocked, and overall vitality or ability of an individual to heal. Aggravation must be distinguished from deterioration of the patient's illness according to the natural history of the disease and a worsening of symptoms due to the reduction of other medication <sup>8</sup>. However, if the patient experiences a sense of well-being, simultaneously with deteriorations, it is a homoeopathic aggravation as a sense of wellbeing and is a hallmark of a homoeopathic aggravation <sup>9</sup>.

## Adverse drug event (ADE)

It is defined as any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship <sup>10</sup>. Now there

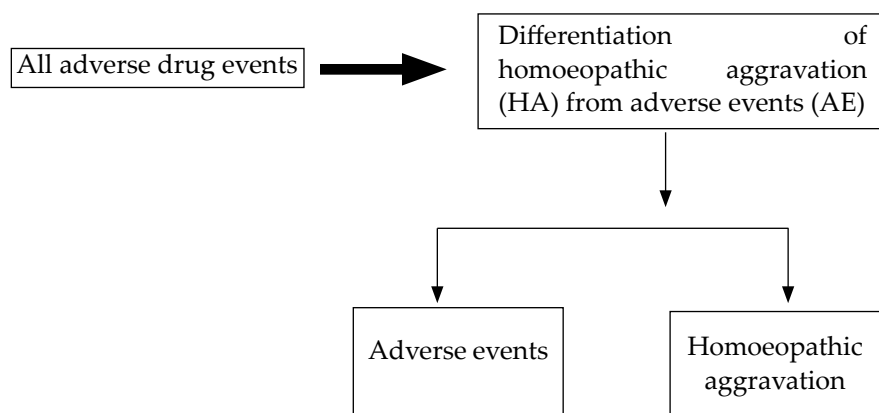


Figure 1

is lot of incidences of adverse drug event in the field of Homoeopathy. According to homoeopathic philosophy, if one considers different type of aggravation, then medicinal aggravation and disease aggravation of any case may be considered as adverse drug event as per the definition of ADE. But the homoeopathic aggravation will be different from this as clearly demonstrated in the above lines.

## How to distinguish between homoeopathic aggravation and adverse effects

Hence, to differentiate homoeopathic aggravation and adverse event, patient reported reactions (outcome) may be classified into - No reactions, improvement of symptoms and worsening of symptoms<sup>11</sup>. Next will

be the evaluation to classify between adverse events which occurred independently and which are true homoeopathic aggravations (See Figure 1).

Now, within this category of adverse events comes another category of reactions -adverse drug reaction (ADR) - which may be defined as a reaction which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiology function <sup>12, 13</sup>. The types of adverse drug reaction can be studies in two main headings, i.e., more common ADRs including type A and B reactions; and less common ADRs which include type C, D and E reactions <sup>14</sup>. The characteristics of the types are as follows:

Type A	Dose-related, related to a pharmacological action of drug, predictable from known pharmacology
Type B	Not dose-related - uncommon - No relation to a pharmacological action of the drug
Type C	Uncommon - long term exposure of drugs
Type D	Prolonged exposure to a drug
Type E	Termination of treatment



The occurrence of adverse drug reaction in the field of homeopathy is expected to be few provided the administration of the drug is lawful, ethical and according to the homeopathic principles. But in some cases large amounts (large doses of single medicine or multiple doses of several medicines) of homeopathic medicines may cause direct harm to the patient and causes ADR. Long continued use of specific drugs such as mercurial preparations and peruvian bark may lead to the chronic bark dyscrasias, and even if they are correctly indicated, but larger doses will put the patient to suffering for years<sup>5</sup>.

## Conclusion

Adverse events in homeopathic practise including those that are interpreted as homeopathic aggravations are common. This demonstrates how important it is for clinicians to include the concept of adverse events in their theory and clinical practise. Adopting safety precautions will improve the reliability of the homeopathic profession and enhance patient safety. Consequently, a surveillance program is recommended and a criterion needs to be framed.

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# Homoeopathic remedies derived from cultivated plants via chemical farming may give false homeopathic aggravation results

*Dr Amit Kumar Vyas*

**Abstract:** Modern chemical based cultivation is negatively affecting the quality and quantity both of pharmacologically important bio-active molecules responsible for the medicinal properties of plants used in homoeopathy. This may result in lower concentrations of main bio-active component from that mentioned for traditional native wild plant resources. Potentisation of these raw materials may have lesser active substance in the prepared potency. As selection of right potency is essential for successful treatment for which homoeopathic aggravation is an indicator, use of such potencies may results in no response or false aggravation. A pre-treatment to increase the right concentration of the bio active molecule in the raw material before potentisation similar to native wild plants is suggested for right doses of drug to cause actual homoeopathic aggravation.

**Keywords:** homoeopathic aggravation, chemical cultivation, wild native plants, minerals, race elements

## Introduction

About 80% of homoeopathic remedies are derived from plants for which native and wild medicinal plants were used traditionally for homoeopathic drug preparations. Presently, most of the important homoeopathic drugs are manufactured by cultivated plants using modern chemicals based farming systems. Recent researches around the world has now established that modern chemical based cultivation is negatively affecting the quality and quantity both of pharmacologically important bio-active molecules responsible for the medicinal properties of plants used in homoeopathy and elsewhere. The most serious negative effects of chemical farming are use of synthetic pesticides which have serious negative effects on soil micro-biota resulting in soil ill-health. The recalcitrant nature of pesticides substances leaves their residua, which are very difficult to eliminate after several washings. Further, pesticides and insecticides have metal and trace elements in their molecules, which may be a part of the pesticide residues and are toxic to environment and biotic

life. The combined effect of soil ill-health and pesticide residues may cause different and lower quantities of bio-active components including mineral and trace elements in cultivated plants in comparison to native wild plants. As metals and mineral as well as trace elements are important raw materials for homoeopathic drugs, use of these chemically cultivated plants for homoeopathic drugs preparation may have lower potencies then presumed to be similar to wild plants. Homoeopathic potentization of these raw materials may have lesser required bio-active substance in the prepared and labeled potency of the remedy than reported in previously used original remedies. A pre-treatment may be helpful to adjust the drug standard as per original materia medica. This can be devised by obtaining the complete bio-chemical and phytochemical profiles of chemically cultivated homoeopathic medicinal plants with the aid of modern analysis tools and after comparison with corresponding profiles of wild native plants<sup>1</sup>.

Homoeopathic aggravation is a modality in which use of drug

initially causes increase in the drug symptoms. Aggravation indicates that the remedy chosen is right but lower doses are needed. Thus, aggravation is an indicator for correct and successful treatment<sup>2</sup>. In absence of proper doses, either no response or false aggravation may be observed. In present days, homoeopathic aggravation is less, whereas in the time of Dr Hahnemann these were used to be three times more, because Dr Hahnemann selected 30 CH potencies of the medicines in his experiments. The main reason for less homoeopathic aggravation is use of higher potencies of homoeopathic medicines in current times. Apart from this the use of allopathic drugs is common cause for non-manifestation of homoeopathic aggravation because in allopathic treatments symptoms are suppressed. Due to inappropriate doses of drugs prepared from chemically cultivated homoeopathic medicinal plants, following situation may arise<sup>2</sup>.

Homoeopathic medicine, which has partial symptoms can also cure the patient because an aggravation is very less and will

not cause any disorder in the vital force. If after giving the medicine in a new disease of a patient, there is a partial improvement along with the increase in disease, then both the medicine and its quantity are correct. In such a situation, the doctor should keep on giving placebo only till the patient's disease is free. Sometimes in chronic diseases of a patient, due to wrong selection of medicine or incorrect determination of its quantity, due to any other obstacle, slowing down of drug action, due to the slow response of the patient, any kind of aggression does not appear in the patient's body, in such a situation, case re-taking should be done. Generally, after giving medicine in any patient, the disease continues for some time but in some patients it becomes severe after staying for a long time, the main reason for this is that the patient comes to the doctor after the disease progresses or the vitality decreases. Due to which changes in its relevant symptoms start, the doctor should not repeat the medicine. If, after some time, any improvement is not seen then the patient should be given palliative treatment. If a patient gets immediate relief after given a homoeopathic medicine, but in a short time an aggravation appears and lasts for a long time, In these situations, again case taking and select the appropriate medicine in 200CH potency. So possibly the patient is suffering from chronic disease or the chosen medicine has suppressed the disease or the drug has shown adverse effects. If correction appears for a short time by a given drug in a patient, then repeat the same drug in low potency for such patients or the disease is palliated by LM potency of the same drug. If the symptoms of the disease improve after giving homoeopathic medicine in a

patient, but there is no increase in his vitality, so it is clear that there is symptomatic changes in the patient and a complete cure is not possible. It is therefore necessary to select proper lower dose of remedy as per classical Dr Hahnemann method. This may be achieved by the help of modern analytical technology to find phytochemical and biochemical profiles of chemical cultivated homoeopathically medicinal plants and adjusting the concentration of required bio active molecules similar to wild native plants by a simple pre-treatment step<sup>3</sup>.

## Conclusion

From the above mentioned facts, it is concluded that homoeopathic aggravation is an important indicator for choice of right remedy and thus is helpful to select the successful treatment protocol. In comparison to Dr Hahnemann's time, the homoeopathic aggravation is very less due to use of higher potencies drugs. As homoeopathic aggravation helps in successful treatment for which low doses of remedy is being used. Therefore, as per Dr Hahnemann, low doses of remedies are required which can be prepared by potentisation of correct and sufficient quantities of medicinally important bio-molecules similar to native and wild plants. Use of chemically cultivated plants as raw material for homoeopathic remedies may have low and different active bio-molecules than the wild native plants, and thus homoeopathic remedies prepared from these resources may have risk of no-response or false homoeopathic aggravation. It is suggested that complete biochemical and phytochemical profiles of the homoeopathic medicines chemically cultivated raw materials may be obtained

and should be compared with the corresponding wild native plants. Based upon these comparison results, some pretreatments may be devised to correct and balance the active components of these chemically cultivated plants with the wild plants to induce correct homoeopathic aggravation as per classical Hahnemann method.

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# Homoeopathic aggravation: *Organon of Medicine* 6<sup>th</sup> edition par excellence

Dr V.S.P.K. Sastry Akella

**Abstract:** The homoeopathic aggravation is the essential and slight intensification of already existing symptoms after intake of similar homoeopathic medicine which can be taken as good prognostic indication, but sometimes it reaches to an injurious height with excessive intensification of existing symptoms due to improper selection of potency or repetition. Dr Hahnemann completed the 6<sup>th</sup> edition of *Organon of Medicine* in 1842 with necessary changes and additions and made it “the most nearly perfect of all”. All his intention for the revision was to make the cure rapid, gentle and permanent, which was achieved with the introduction of new altered but perfected method (50 millesimal potencies) through which the problem of unwanted aggravation could be easily controlled and made the process of cure gentle.

**Keywords:** homoeopathic aggravation, new altered but perfected method, 50 millesimal potency.

## Introduction

The highest ideal of cure is rapid, gentle and permanent restoration of the health. Dr Hahnemann experimented initially with the crude drug substances, later he changed to diluted drug substances and further developed the idea of potentisation. Even then he was not completely satisfied with the dosage and repetition of homoeopathic medicine until he experimented with NEW ALTERED BUT PERFECTED METHOD (50 millesimal potencies). The idea behind this change, i.e. reduction of drug substance quantitatively in the preparation of homoeopathic medicine, is to reduce the unwanted aggravation caused by the excessive drug substance and improper repetition.

## Homoeopathic aggravation

**According to 5<sup>th</sup> edition *Organon of Medicine*:**

In the 5<sup>th</sup> edition of *Organon*, Hahnemann talks about trying to produce the slightest homoeopathic aggravation.

§ 279 **fifth edition:** The dose of the homoeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to

overpower, extinguish and cure it.<sup>1</sup>

§ 158 **fifth edition:** This slight homoeopathic aggravation during the first hours - a very good prognostic that the acute disease will most probably yield to the first dose.

§ 161 **fifth edition:** But where medicines of long action have to combat a malady of, considerable or of very long standing, where one dose, consequently, must continue to act for many days, we then occasionally see, during the first six, eight or ten days, the occurrence of some such primary actions, of the medicine, some such apparent increase of the symptoms of the original disease (lasting for one or several hours), while in the intervening hours amelioration of the whole malady is perceptible. After the lapse of these few days, the amelioration resulting from such primary action of the medicine proceeds almost uninterruptedly for several days longer.<sup>1</sup>

When a homoeopathic drug is administered, it is so similar to the natural disease that it therefore meets no resistance, because the sphere of its action is already invaded by the similar disease and its resistance, overcome by the similar acting disease-producing agent. The affected organs and tissues are open to attack; susceptibility to the similar remedy is therefore greatly increased. The homoeopathic remedy acts upon the identical tracts involved

in disease states in a similar way to the disease-producing cause. In order that the suffering and distress may not be increased, it is therefore necessary to use only the smallest possible dose. For this reason, the homoeopathic dose is always short of the physiological or pathogenetic dose. It must be so small as not to produce too much aggravation of the symptom already present, and never large enough to produce new symptoms.<sup>2</sup>

We have never made the claim that every potency will suit everybody. The potency must correspond to the state of the patient.<sup>3</sup>

§ 275 **Fifth Edition:** The suitability of a medicine for any given case of disease does not depend on its accurate homoeopathic selection alone, but likewise on the proper size, or rather smallness of the dose. If we give too strong a dose of a medicine which may have been even quite homoeopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its homoeopathic similarity of action, it makes upon the vital force which it attacks and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease.<sup>1</sup>



§ 276 Fifth Edition: For this reason, a medicine, even though it may be homoeopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homoeopathicity and the higher the potency selected, and it does much more injury than any equally large dose of a medicine that is unhomoeopathic, and in no respect adapted (allopathic) to the morbid state; for in the former case the so-called homoeopathic aggravation (§157-§160) - that is to say, the very analogous medicinal disease produced by the vital force stirred up by the excessively large dose of medicine, in the parts of the organism that are most suffering and most irritated by the original disease - which medicinal disease, had it been of appropriate intensity, would have gently effected a cure - rises to an injurious height; the patient, to be sure, no longer suffers from the original disease, for that has been homoeopathically eradicated, but he suffers all the more from the excessive medicinal disease and from useless exhaustion of his strength.<sup>1</sup>

### According to 6<sup>th</sup> edition *Organon of Medicine*:

§ 161 Sixth Edition : When I here limit the so-called homoeopathic aggravation, or rather the primary action of the homoeopathic medicine that seems to increase somewhat the symptoms of the original disease, to the first or few hours, this is certainly true with respect to diseases of a more acute character and of recent

origin, but where medicines of long action have to combat a malady of, considerable or of very long standing, where no such apparent increase of the original disease ought to appear during treatment and it does not so appear if the accurately chosen medicine was given in proper small, gradually higher doses, each somewhat modified with renewed dynamization (§ 247). Such increase of the original symptoms of a chronic disease can appear only at the end of treatment when the cure is almost or quite finished.<sup>4</sup>

### Evolution of 50 millesimal scale of potencies

The 6<sup>th</sup> edition, by Dr Hahnemann, the last one, was revised in 1842, one year before his death in 1843, but the manuscript was misplaced and not translated and published in english until 1921.

The reasons why he was not satisfied with the centesimal scale of potencies were the following.

1. The potencies were not acting rapidly.
2. The potencies used to produce violent aggravations.
3. The period of cure took long time to his great dissatisfaction. "Wait and watch" had serious faults and /or drawbacks.
4. The time and frequency of remedies for the dose, and repetition were difficult to ascertain correctly.

His highest ideal of cure as he mentions in the para 2 of the *Organon*

of *Medicine* is to cure rapidly, gently and permanently. Hence, he felt the necessity of modifying the centesimal scale of potencies to achieve his idea of cure. Up to 5<sup>th</sup> edition of *Organon of Medicine* and later, there was no gentle cure. Hahnemann accomplished it with the 50 millesimal potencies at the end of his life.<sup>5</sup>

### Advantages of 50 millesimal potencies

1. **Homoeopathic aggravation at the end of the treatment:** Such increase of the original symptoms of a chronic disease can appear only at the end of treatment when the cure is almost or quite finished. The doses in that case must then be reduced still further and repeated in longer intervals and possibly stopped several days, in order to see if the convalescence need no further medicinal aid. The apparent symptoms (schein-symptome) caused by the excess of the homoeopathic medicine will soon disappear and leave undisturbed health in its wake.
2. **Antidote during unwanted aggravation:** "It must, therefore, either, if the aggravation be considerable, be first partially neutralized as soon as possible by an antidote before giving the next remedy chosen more accurately according to similarity of action; or, if the troublesome symptoms be not very violent, the next remedy must be given immediately, in order to take the place of the improperly selected one."<sup>6</sup>

Table 1: Comparison between 50 millesimal and centesimal potency<sup>5</sup>

50 MILLESIMAL POTENCY	CENTESIMAL POTENCY
1. Preliminary aggravation is eliminated or at least controlled.	Slight preliminary homeopathic aggravation is desirable as that assures correctness of the selection of the remedy.
2. Aggravation is deferred to the later phases of regulated repetition.	Aggravation occurs always in the first phase of the action of the remedy.
3. Continued amelioration in the first phase; does not at all preclude repetition, which has to be suspended for a certain period only when the aggravation supervenes in the later phases of administration.	Both aggravation and amelioration preclude any question of repetition of the dose in any form.

## Administration of 50 millesimal potencies to overcome unwanted aggravation

In the *Organon of Medicine*, it is advised to succuss the medicinal solution for 8, 10 or 12 times. So we advise 8 succussions in case of a very sensitive patient, 10 for a less sensitive one and 12 times for the least sensitive patients. We also advise to put a dose of the solution after necessary succussions in a glass containing 4 oz of pure water and ask the patient to take one or two spoonfuls each time after stirring well.

As regards aggravation, one thing we must take into account. The weaker or more sensitive the vitality of the patient, the more will be the aggravation.

Over and above, a dose from the solution is to be administered in the following manner:

- (a) Every hour or oftener in very urgent cases.
- (b) Every two to six hours in acute diseases.
- (c) Daily or every second day in chronic diseases.

If the patient cannot tolerate these prescribed doses and if the aggravation appears, then doses are to be applied at longer intervals.<sup>6</sup>

## What if, an aggravation appears with such a dose of 50 millesimal potency?

If the patient is “unusually excited and sensitive, a tea- spoonful (a dose) of this solution may be put in a second glass of water, thoroughly stirred and tea-spoonful doses or more be given. There are patients of so great sensitiveness that a third or fourth glass, similarly prepared, may be necessary. Each such prepared glass must be made fresh daily.”

After completion of the said first course of medicine (of the LM/1 or LM/2 or LM/3 dilution),

the next higher potency will have to be prepared in the same manner. The vial and cork must be new every time. In this way medicinal solutions for other potencies (LM/4, to LM/5, etc.) should be prepared.<sup>6</sup>

The well selected medicine for the second prescription should also be started from the lowest degrees (i.e., one of the potencies from LM/1 to LM/3) and the medicinal solutions should be prepared as above.

## Directions to be followed at end aggravation

In case of final aggravation, the dose must be reduced, or straight way stopped. The apparent symptoms caused by excess of the homoeopathic medicines will soon disappear and leave undisturbed health in its wake.<sup>7</sup>

§ 281 Sixth Edition: In order to be convinced of this, the patient is left without any medicine for eight, ten or fifteen days, meanwhile giving him only some powders of sugar of milk. If the few last complaints are due to the medicine simulating the former original disease symptoms, then these complaints will disappear in a few days or hours. If during these days without medicine, while continuing good hygienic regulations nothing more of the original disease is seen, he is probably cured.

But, if in the later days, traces of the former morbid symptoms should show themselves, they are remnants of the original disease not wholly extinguished, which must be treated with renewed higher potencies of the remedy as directed before. If a cure is to follow, the first small doses must likewise be again gradually raised higher, but less and more slowly in patients where considerable irritability is evident than in those of less susceptibility, where the advance to higher dosage may be more rapid.<sup>4</sup>

## Conclusion

Thus, in chronic diseases, every correctly chosen homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success with the method of RENEWED DYNAMIZATION (new altered but perfected method), i.e. 50 MILLESIMAL POTENCIES. The homoeopathic aggravation in acute disease is slighter and shorter during first few hours where as in the treatment of chronic diseases, such increase of original symptoms of a chronic disease can appear only at the end of the treatment when the cure is almost or quite finished. Any unwanted aggravation of original symptoms of chronic disease during the process of treatment can easily be controlled, while using 50 millesimal potencies according to 6<sup>th</sup> edition *Organon of Medicine*, which makes the homoeopathic treatment gentle as desired by Dr Hahnemann and humanity.

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# Homoeopathic aggravation and its utility in cure

*Dr Dan Singh Meena\*, Dr Santosh Kumar Suman\*\**

**Abstract:** Homoeopathic aggravation is a unique concept for homoeopathy and homoeopathic remedies are selected on the basis of totality of symptom and the most appropriate simillimum remedy is prescribed to the patient. When a simillimum medicine is prescribed to the patient, at times a temporary intensification of the symptoms may occur. This aggravation shall be mild and generally last only for a short period of time with cure.

**Keywords:** Homoeopathic aggravation, homoeopathy, cure.

## Introduction

As Paracelsus said, "The physician springs from God". He should therefore cultivate that relationship of faith with the patient in which resides the key to the healing miracle, which is accomplished through the physician's voice and hands and the patient's faith<sup>1</sup>.

**Aggravation** means the increase of intensity, duration or degree of suffering. After founding the basic principles of homoeopathy and at the same time as gaining practical experience, Master Hahnemann continuously worked on achieving the application methods to avoid aggravations and to provide a rapid, gentle and permanent cure<sup>1, 2, 3, 4, 5</sup>.

One may witness the following aggravations in homoeopathic practise:

### 1. Disease aggravation

An aggravation of the patient's disease occurs if treatment is inadequate and the natural disease and its pathology progresses<sup>1, 2, 3, 4, 5</sup>.

### 2. Medicinal aggravation

Medicinal aggravation denotes the appearance of new symptoms of the medicine administered to the

patient in addition to the disease symptoms<sup>1, 2, 3, 4, 5</sup>.

### 3. Homoeopathic aggravation

Homoeopathic aggravation is the slight and apparent intensification of the existing symptoms of the patient (symptoms which are similar to the medicine given) after the administration of a Homoeopathic medicine. Similar symptoms are felt by the patient immediately after or within few hours in acute diseases and within few days in chronic diseases but the patient feels better and improvement follows<sup>1, 2, 3, 4, 5</sup>.

**Master Hahnemann**, "Least of all, need we to be concerned when the usual customary symptoms are aggravated and show most prominently on the first days, and again on some of the following days, but gradually less and less. This so-called *homoeopathic aggravation* is a sign of an incipient cure, which may be expected with certainty<sup>3, 4, 5</sup>."

### Philosophical development of concept of homoeopathic aggravation:

The first hint regarding

homoeopathic aggravation which came in mind of Master Hahnemann is found in his "Essay on a New principles for ascertaining the curative power of drugs" 1796, "in a case of chronic disease a medicine be given, whose primary action corresponds to the disease, the indirect secondary action is occasionally exactly the state of body sought to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days. Thus, a somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness," etc<sup>4</sup>.

The first very distinct and decided case mentioned by Master Hahnemann of a real homoeopathic aggravation in the year 1797 in a case of colicodynia, or spasmodic colic of excessive severity by *Veratrum album*, on the healthy induced him to try this medicine<sup>4</sup>.

In the "Essay on a New therapeutic principle", a case of spasmodic asthma, puerperal mania and convulsion by *Veratrum album*<sup>4</sup>.

In the "Essay on the Obstacles to Certainty and Simplicity in practical Medicine", a case of spasmodic asthma by four grain of *Nux vomica*<sup>4</sup>.

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The concept of minimising of dose comes in mind; again, and again smaller possible dose, then Hahnemann gives the concept of the 50-millesimal potency<sup>5</sup>.

## Mechanism of homoeopathic aggravation:

When most similar medicine is applied to a patient, the existing symptoms intensified by the primary action of medicine upon vital force as:

Master Hahnemann has mentioned in *Organon of Medicine* -

§26...A weaker dynamic affection ...its manifestations, as homoeopathic law of nature.

§ 29...A somewhat stronger, ... on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection.

In §148...the most probable explanation for how homoeopathic cure takes place.

This section is rewritten in 6<sup>th</sup> edition as:

- Acute disease- will disappear unperceptibly in few hours.
- Chronic disease requires- several doses of same more highly potentised remedy or after careful selection of one or another more similar Homoeopathic medicine.

In footnote (148 of 6<sup>th</sup> edition or 149 of 5<sup>th</sup> edition): It discusses the careful selection of the medicine and difference between pure homoeopathist and mongrel sect.

§ 282, artificial disease will supernumerary itself for the natural disease, therefore the living

organism now suffers from the artificial medicinal disease alone, which, from its nature and owing to the minuteness of the dose, will soon be extinguished by the vital force that is striving to return to the normal state, and the body is left perfectly free from disease.

Administration of even a minute dose of an appropriate medicine may cause slight aggravation of the existing symptoms. Because, the homoeopathic medicinal power is greater than the power of natural disease and it is at the same time similar to the disease, so aggravation is quite natural.

The funny event in this homoeopathic aggravation is that the patient feels mentally better though his symptoms appear to have aggravated. The patient enjoys a feeling of general well-being in- spite of the aggravation of his eczema, headache, fever, burning of palm and soles, etc<sup>5</sup>.

## Place the modus operandi step by step

The similar but stronger artificial medicinal disease extinguished the weaker natural disease by its primary action

Slight apparent intensification of the corresponding similar symptoms of the original disease with simultaneous better *feeling*.

## HOMOEOPATHIC AGGRAVATION

## Views on homoeopathic aggravation by stalwarts

Dr Stuart Close, The "homoeopathic aggravation" or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is simply the

reaction of the organism, previously possibly inactive or acting improperly because of diminished susceptibility, as it responds to the gently stimulating action of the medicine<sup>6</sup>.

Dr Herbert Alfred Roberts, if the remedy acts there is changes in the symptoms either in character or degree of intensity, may there is disappearing the symptoms or increase the symptoms and all these changes produced by the action of the medicine upon vital principle or vital force: these changes we as a homoeopathic physician must study<sup>7</sup>.

Dr J. T. Kent "...a condition in which the patient's symptoms are increased by a remedy. An aggravation is actually a good sign as it means the correct remedy was chosen and is working. The aggravation will soon pass and the patient will get well". The true homoeopathic aggravation, which is the aggravation of the symptoms of the patient while the patient is growing well, is something that the physician observes after a true homoeopathic prescription<sup>8</sup>.

Dr William Boericke, aggravation follows sometimes even a minute homoeopathic dose. If so, it indicates that either the dose selected is still too strong, and in that case other symptoms will probably appear or the remedy chosen was perfectly homoeopathic<sup>9</sup>.

Dr Mitrachandra Laxman Dhawale, The fine changes in the symptomatology after a remedy is administered are easily missed unless the physician is quite alert. These changes also help him to judge the accuracy of his prescription, regulate the administration of the remedy and effect appropriate changes in the prescription from time to time<sup>10</sup>.



## Discussion on homoeopathic aggravation:

Dr Hahnemann, in *Organon of Medicine*, has observed as follows:

In §155, After employment of most appropriate remedy they act only the symptoms to that correspond to the symptoms of the disease through excessively minute dose.

In §157, homoeopathic aggravation in acute disease-Homoeopathic medicine in acute disease after ingestion for the 1<sup>st</sup> hour or a few hours causes a slight kind of aggravation, which has no resemblance to the original disease.

In §158, slight homoeopathic aggravation during first hours is a good prognostic sign in acute disease.

In §159, the smaller the dose the slighter and shorter the Homoeopathic aggravation in first hours.

In §161, in chronic diseases, homoeopathic aggravation takes place during the first six, eight or ten days and last for several hours.

In 6<sup>th</sup> edition, homoeopathic aggravation appears only at end of treatment, when cure is almost or quite finished.

In §280, dose should be reduced to such an extent that they can excite only a scarcely observable homoeopathic aggravation.

The fine changes in the symptomatology after a remedy is administered are easily missed unless the physician is quite alert. These changes also help him to judge the accuracy of his prescription,

regulate the administration of the remedy and effect appropriate changes in the prescription from time to time.

### Factors responsible for homoeopathic aggravation:

There are several factors on which homoeopathic aggravation depends. These are as follows:

#### 1. Nature of the disease:

- In acute disease - homoeopathic aggravation felt within few hours.
- In chronic disease-homoeopathic aggravation felt within few days.

#### 2. Conditions of the constitution of the patients where we observe exaggerated form:

- Hysterical patients.
- Nervous patients.
- Hypersensitive individuals.
- Idiosyncratic patients.
- Weak constitution

#### 3. Dose and potency:

In a remittent fever, the reaction may come in a very few hours, and the one dose should be the rule.

Hahnemann himself wrote of the 30<sup>th</sup> potency in one of the stages of his life, as sufficiently high and sufficiently low.

Kent also admitted that he never made the claim that every potency will suit everybody.

#### 4. Repetition of the medicine:

While in typhoid the reaction will seldom come in few hours. It is a matter of a few days, and hence the repetition is admissible.

## Conclusion

Though aggravations are dreadful and troublesome still sometimes is also useful in bringing homoeopathic

cures. For achieving a homoeopathic cure, stronger artificial affection has to be produced which hardly can be exactly estimated as to the strength of the natural disease.

Master Hahnemann also admitted in §160 as "the dose of a homoeopathic remedy can scarcely ever be made so small".

Now it is great challenge before the profession to regulate and put forth proper guidelines to the thousands and thousands homoeopathic prescription served daily all over the world so that aggravation can be minimised and proper cure can be achieved, it requires a good deal of experimentation.

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# Homoeopathic aggravation

*Dr Bikash Biswas and (Prof.) Dr Ardhendu Sekhar Chakraborty*

**Abstract:** A homoeopathic aggravation is an exacerbation of symptoms or the whole disease state, which is perceptible or imperceptible, followed by improvement of the patient's condition. Hahnemann constantly worked on perfecting the application of homoeopathic medicine without aggravation and provide rapid, gentle and permanent cure.

**Keywords:** Homoeopathy, aggravation.

**Abbreviations:** § - aphorism

## Introduction

Homoeopathic aggravation is by means of improvement of the patient. Overpowering the remedy to fight with internal disease condition and raise the vital force to act properly<sup>[1]</sup>.

## Discussion

A similar aggravation occurs when the original symptoms of the patient increase temporarily at the beginning of the treatment. This is a sign that remedy is correct. But the potency was too high or the dose or repeated frequently<sup>[2]</sup>.

An aggravation overcome by the vital force and does not prevent cure. It is often not perceptible in patients.

## Hahnemannian concept

Guided by law of similars, that is most similar to the patient totality. Remedy induces an artificial disease, which somewhat stronger than the natural disease replaces the natural disease and initiates cure<sup>[3]</sup>.

(§157) 'Though it is certain that a homoeopathically selected remedy does, by reason of its appropriateness and minuteness of the dose, gently remove and annihilate the acute disease analogous to it, without manifesting it's other non-homoeopathic symptoms, that is to

say, without the production of new, serious disturbances, yet it usually, immediately after ingestion – for the first hour, or for a few hours – causes a kind of slight aggravation. But it is, in reality, nothing more than an extremely similar medicinal disease.

(§158) The slight homoeopathic aggravation during the first hours – a very good prognostic that the acute disease will most probably yield to the first dose.

(§159) Smaller dose of remedy, short & slight is the apparent increase of disease in first hour.

(§160) Overpower the remedy indeed completely and annihilate the uncomplicated natural disease.

Overpowering the remedy: In the cure of disease should be the slight overpowering the remedy to react the vital force to act with medicine to treat the natural morbid disease.

Example: This aggravation observed by other physician also, when by accident they employed a homoeopathic remedy. When a patient suffering from itch and increase the eruption after *Sulphur*, his physician consoles him with the assurance that the itch must come after this.

**LEROY:** The facial eruption

which the *viola tricolor* cured was aggravated by it's as the commencement of its action. LEROY tells us but he knew not that the apparent aggravation was owing to somewhat too large dose of the remedy, which in its instance was, to a certain extent, homoeopathic<sup>[4]</sup>.

**LYSONS:** The bark of the elm cures most certainly those skin diseases which it increases at the beginning of its action.

(§161) Homoeopathic aggravation is the primary action of the homoeopathic medicine<sup>[4]</sup>.

**ACUTE DISEASE:** Action of the medicine longest duration is proper, quickly expires in acute disease – most quickly<sup>[5]</sup>.

**CHRONIC DISEASE:** It is proportionately long lasting in chronic disease (of psoric origin) and the antipsoric remedies often do not show any such homoeopathic aggravation in the first hours, whilst they do so later and during various hours for the first 8 or 10 days<sup>[5]</sup>.

(§247 and §249) In acute disease, the time of repeating the remedy in acute disease after 24, 16, 12, 8, 4, even few hours without producing new symptoms.

A true aggravation of the condition of the patient by application of medicine, but if the

succeeding dose is changed slightly every time, namely potentised somewhat higher, then the vital principle may be altered without difficulty by the same medicine.

Every medicine produces new and troublesome symptoms not appertaining to the disease as homoeopathically selected remedy.

### Wesselhoft:

Too strong dose of medicine though quite homoeopathic, notwithstanding its remedial nature, will produce an injurious effect. For this reason, too large dose of medicine, though homoeopathic to the case, will be injurious: not only direct proportion to the largeness of the dose, but also in proportion to its homoeopathic similitude.

In that case, the so-called homoeopathic aggravation, i.e. the artificial and the similar drug disease, the reacting the vital force will rise the injurious effects.

While the same similar drug disease, if excited within proper limits, would have gently affected a cure. Although the patient will no longer suffer from the original disease which had been homoeopathically cured<sup>[5]</sup>.

### Kentian concept

The true homoeopathic aggravation, I say, is when the symptoms are worse, but the patient says, 'I feel better'<sup>[6]</sup>.

A disease that is of on very long standing ordinarily yields without any great degree of suffering to the first dose of this remedy, then we will see sharp aggravation, following seemed to be necessary to recovery.

In chronic disease: When the chronic disease has not ultimate itself in tissue changes, you may get no aggravation at all. It is very

light exacerbation of the symptoms, and that slight exacerbation of the symptoms is of a different character.

According to Hahnemann, as a general thing in acute disease, that if a slight aggravation of the symptoms comes in a few minutes, you will hardly ever think giving another dose.

The feebler the patient the more cautious you should be about using the smallest dose you can give.

When this aggravation does not come, when there is not the slightest aggravation of the symptoms, and the patient appears to be gradually better after the remedy, it has not acted upon the same depth<sup>[7]</sup>.

A slight action of the remedy over and above the disease is a good sign. Again, you will find if your remedy was not perfectly similar you will not get an aggravation except in over sensitive patients, and then it is a medicinal aggravation.

The aggravation is unnecessarily prolonged by giving too low potencies; it is also prolonged by a repetition of the dose.

### Observations

After a prescription physician conducts observations, when specific remedy given, sufficiently related to the case to cause in symptoms<sup>[9]</sup>.

Amelioration and aggravation are the two common to observe. Aggravation one is disease from, one is from medicine or homoeopathic aggravation<sup>[7]</sup>.

Homoeopathic aggravation: Slight intensification of the present complaint but patient in general feels better<sup>[7]</sup>.

Aggravation of disease: patient growing weaker; symptoms growing stronger.

- Prolong aggravation and final decline (§ 276)
- Long aggravation, but final and slow improvement (prognosis favorable) (§ 255).
- Aggravation is quick, short, and strong with rapid improvement occurs (§157)
- No aggravation with recovery of patient (doubtful, no organic disease) (§183, 256).
- Amelioration comes first and the aggravation comes afterwards (unfavorable prognosis) (§171-179).
- Too short relief of symptoms (spoiling the action by drinking, eating) (§260).
- A full-time amelioration of the symptoms, yet no relief of the patient (latent organic condition, prevents improvement) (§256).
- Some patients prove every remedy they get (idiosyncratic patient) (§117).
- Action of medicine upon provers (healthy provers) (§141).<sup>[9]</sup>
- Newsymptoms appearing after the remedy (prescription was wrong, no true homoeopathic)<sup>[7]</sup> (§162,163,164,180,256).
- When old symptoms are observed to reappear (good prognosis)<sup>[9]</sup> (§253)
- Symptoms take wrong direction<sup>[7]</sup> (§ 198 -201).

### Adolph Lippe

If the proper remedy has been administered in the proper dose, and if an improvement has begun, new symptoms sometimes arise which were not present when the first dose was given. These new symptoms may belong to the remedy but analogous to the well-known effects of it, in which case it is wise to wait a reasonable time; if they belong to the remedy they will subside easily.

If symptoms belong to the pathology, then have to wait for the action of the drug.

In this scenario if the aggravation belongs to the remedy it will subside when medicinal action exhausted, but in slight intensified manner. Without doing any organic harm to the patient<sup>[8]</sup>.

## Hering

The evolution of the effects from “inwards to outwards”.

These drugs, as they are opposite in their direction or in their way of action should preferably in all these cases be given as they react from inwards-outwards, up and down, from the essential organs to least essential, of the brain and the nerves, outwards and downwards, to the external organs, “the skin”.

“A reduction or improvement of the external symptoms with an increase in the complaints, shall be to us an indication that our patient is getting worse, and we have to try to discover among his symptoms which is the principal one so as to prescribe medicine that will be really healing”<sup>[9]</sup>.

## William Boericke

Homoeopathy discovered that fact that there is an opposition in effects between very large and small doses. Aggravation following administration of remedy where perfectly selected, and with proper small dose produce aggravation but very temporary and would be in itself the best possible indication,

Should aggravation follow a certain dose, it is a good rule to go higher in the scale of potency<sup>[10]</sup>.

## Elizabeth Wright

A very feeble vitality may not able to throw out an aggravation and such must be given a single dose of really high potency and watched for the

minute's signs, on the other hand a strong vitality may show violent marked aggravation with marked tissue changes.

In case there is no aggravation in strong vitality patient your remedy was a partially similar. In acute disease amelioration without slight initial aggravation of means that remedy is not deep enough and another dose will require<sup>[11]</sup>.

## Herbert A. Roberts

The dose of homoeopathically selected remedy cannot so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar nature. i.e. homoeopathic aggravation in minute from.

When there is aggravation, the remedy has been given too low or repeated too often, or because the patient is susceptible, when aggravation comes means the choice of the remedy was right<sup>[12]</sup>.

## Glen I. Bidwell

Aggravation following administration of homoeopathic remedy, whenever we hear that we know either they have not developed their powers of observations sufficiently to be able to perceive this aggravation.

If medicine is not true similar or partially similar you will not get the sharp rise of aggravation<sup>[13]</sup>.

## Conclusion

There is a generally prevailing idea all over, not among strict Hahnemannians, but modern homoeopaths in general, that the dose of medicine laid down by Hahnemann is too small to cure. It is a fatal error. An increase of the dose

can't make it more homoeopathic. The similarity of the medicine first then the dose is second and considering the wonderful things that we have gone over in doctrines, that we have really very little with the dose.

Homoeopathic aggravation is a fact of not choosing the correct remedy first<sup>[14]</sup>.

Slight aggravation is so much important to a case to observe to ascertain the prognosis, to evaluate the case. However, the perfect case taking with perfect remedy selection can helps us to find out the proper way to cure of any kind of cases.

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# Study on observation related to homoeopathic aggravation in relation to Kent's observations

*Dr Manila Kumari*

**Abstract:** Homoeopathic aggravation is a temporary worsening of existing symptoms following the administration of a correct homoeopathic prescription. Hahnemann in his magnum opus *Organon of Medicine* has suggested that aggravation will follow after every true homoeopathic prescription, as it is impossible for the symptoms of the medicine to coincide with the symptoms of the disease. Moreover, Kent's analytical way of understanding the observations after prescribing a medicine correlates with the concept described by Master Hahnemann in his *Organon of Medicine*.

The aim of this study was to explore and compose criteria that correlate the homoeopathic aggravations with the Kent's observation.

**Keywords:** Homoeopathic aggravation, Kent's observation, *Organon of Medicine*.

## Introduction

Homoeopathic selection of a medicine calls for utmost patience from the physician. Several aspects of a patient are taken into account from the different spheres of his life. It is a realisation of that 'man' as an individual which is the guiding principle for a *simillimum*.<sup>[1]</sup> This task of individualisation of the patient is most important one and is done in accordance with the homoeopathic principles.<sup>[2]</sup> Homoeopathy is explicitly alive, unbiased by opinions, based upon experiment rather than uncertain assumptions.

After administration of a well selected medicine, the physician expects relief for his patient. Earliest signs of improvement in a case are perceptible through the state of mind of the patient, viz., a greater degree of comfort, increased calmness and freedom of the mind, higher spirits a kind of return to the natural state.<sup>[3]</sup> On the other hand, an aggravation of the patient's condition calls for an introspection into the case to estimate the action of the medicine and prognosis of the case. In such condition, the physician has to go through every symptom and evaluate it properly, any addition of new symptom or diminution of previous symptom confirm us whether it is aggravation or amelioration.<sup>[4]</sup> Every aggravation by the production of new symptoms-when untoward has occurred in the mental or physical regimen-invariably proves non-homoeopathicity on the part of the medicine formerly given in the case concerned, but never indicates the weakness of the dose.<sup>[5]</sup>

Homoeopathic medicines have been believed to be free of all sorts of risks and relatively safe in comparison to the traditional system of medicine. However, a proper understanding of the *Organon of Medicine* brings upon a contrary realisation of aggravations in different forms.

In such cases the physician has to find out whether it is disease aggravation or medicinal aggravation or homoeopathic aggravation. The disease aggravation is the increase of the disease process and intensification of the disease symptoms in the flow of the pathology and the progress of the disease remains unchecked by the medicines. Maintaining causes may also attribute to a continued diseases aggravation and should always be investigated. The disease aggravation suggests that medicine was an incomplete *simillimum* wherein the inadequate treatment was insufficient to halt the disease process.<sup>[6]</sup>

Medicinal aggravation on the other hand is the result of an incorrectly chosen medicine which produces new, persisting and possibly troublesome symptoms which the patient had never experienced before. One is often misguided to interpret this occurrence of new symptoms as a sign of improvement as the concept of uncovering of the layers and reappearance of the suppressed symptoms. However it is to be borne in mind that this reappearance of old suppressed symptoms has to be followed by an overall feeling of well being which is lacking in the present circumstances. Moreover, these new symptoms are the one which the patient had never experienced in his lifetime.<sup>[7]</sup>

Altogether different is the case when we analyze the homoeopathic aggravation after administration of a homoeopathically chosen medicine. Homoeopathic aggravation is a welcome circumstance which every rationale physician expects after administration of the medicine. The principles of homoeopathy in consonance with the *modus operandi* of homoeopathic cure suggests that the induced artificial disease has taken over the vital principle of the patient and he is cured of his illness once the vital principle overcomes this change brought

on by the artificial disease. This slight intensification of the symptoms of the patient suggest that the medicine is correct and moreover in an appropriate dose.<sup>[8]</sup>

## Homoeopathic aggravation

In homoeopathic theory, homoeopathic aggravation is generally seen as a favorable response to treatment and is expected to be followed by an improvement. §156 of *Organon of Medicine* suggests that every homoeopathic medicine produce its effect on sensitive patient, but it is so slight and for so short duration that it is nearly imperceptible by the patient. However, he stresses on the fact that this slight homoeopathic aggravation during the first hours is a good prognostic indication suggestive of a probable cure.<sup>[9]</sup>

The miracles of Homoeopathic medicines can be noticed only when the problems of such aggravation are watchfully realised and correctly assessed. Here the patients feel mentally better, enjoys a feeling of general well being though his physical symptoms appear to have aggravate; as the disease originates in the dynamic plane and gradually the mind, will, etc., and ultimately the different parts of the body are affected and manifestations are felt.<sup>[10]</sup>

Effectiveness of the prescribed medicine can be well understood by analysing the homoeopathic aggravation in the patient. Dr Hahnemann has well explained its importance and its analysis in different aphorisms of *Organon of Medicine* for both, acute and chronic diseases.<sup>[11]</sup>

## Kent's perspective on homoeopathic aggravation

J.T. Kent, a converted homoeopath, studied and understood Hahnemann's homoeopathy very well. He was a man of exceptionally keen observation. He was a philosopher and a scientist of high order in the world of medicine. Dr Kent has interpreted and explained the various aspects of Hahnemann's *Organon of healing art* and has also well discussed the observation of action of the remedy. He says, "If the homoeopathic physician is not an accurate observer, his observations will be indefinite; and if his observations are indefinite, his prescribing is indefinite."<sup>[12]</sup> Patient should be the aim of the physician, his ideas should be centered on the prognosis of the patient and this can be only done by judging the symptoms as the symptoms are the physician's most satisfactory evidence. Considering the symptoms indicating homoeopathic aggravation as an indication for another remedy can spoil the

case i.e. misinterpreting the evidence can bring a big homoeopathy injustice.<sup>[13]</sup> Physician must discriminate between that which is reaction and that which calls for a remedy.<sup>[12]</sup>

Homoeopathic aggravation has been seen as a 'reaction' of the vital force of the economy when order is being established. A physician must learn to differentiate this reaction with an actual aggravation that calls for a remedial measure. Homoeopathic aggravation can manifest in varying intensity and colours depending on the pathological condition of the patient.<sup>[13]</sup> Analysing the prognosis after observing the action of the remedy has been explained by Dr Kent in a very detailed manner complying with principles of *Organon of Medicine*. Aggravations have been explained by him in his initial four observations and their analytical interpretations have been explained along with.

The first observation suggests that the symptoms of the patient would intensify followed by final decline of the patient. This has been related to medicinal aggravation, where the antipsoric medicine was too deep acting and resulted in gross pathological damage of the patient.<sup>[12]</sup>

The other 3 observations following this observations related to homoeopathic aggravation in true sense and can be exemplified by understanding through the cases.

**Second observation** states that- "long aggravation, but final and slow improvement".<sup>[12]</sup> Here it indicates that the disease is still in the curable state, organic or pathological changes are not advanced and the vital force is still in the form of reactive stage; hence the aggravation has lasted for a long time, followed with final slow improvement. Selected remedy is the *simillimum*. Dr Kent has confirmed it a good prognosis and advised not to repeat or change the remedy, and wait and watch for the reaction.

It is always better to start any medicine in low potencies. In doubtful cases, antidote has to be kept ready to meet any type of untoward incidence.<sup>[14]</sup>

## Case illustration

Kent's second observation is well illustrated in this case of a female patient, 23 years of age with severe discharge from both ears, with impaired hearing and tingling sensation. Discharge was much yellowish and offensive in character. She also suffered from vertigo and roaring sound in ear. Her appetite was normal, thirst less with moist tongue, desire for sour, fatty food; intolerance for oily food, which caused loose stool with indigestion

complains. She was a housewife, of mild nature introvert and apprehensive about her illness.

The symptoms considered important in this case included apprehension about her illness, mild nature, ear complains associated with vertigo, yellow offensive ear discharge with tingling sensation and impaired hearing, desire for sour and fatty food, intolerance to oily food.

The case was repertorised using RADAR opus software.<sup>16</sup> The repertorial analysis was as follows-

Repertorial totality was in favor of *Pulsatilla nigricans*. Moreover, patient's mildness, introspective nature, thirstlessness and yellow colour of discharge also strongly suggested *Pulsatilla nigricans*. After analysing the case in consultation with materia medica, *Pulsatilla nigricans*<sup>17</sup> 200/4 doses OD was prescribed to the patient. On the next visit, the vertigo increased but still the indications of *Pulsatilla nigricans* as the simillimum were very strong and this increase of vertigo was considered as homoeopathic aggravation and patient was administered placebo. Subsequent two follow up of the case no marked improvement was seen but the totality of symptoms was still in favor of *Pulsatilla nigricans*. From the fourth follow up, there was reduction in the discharge and also the other symptoms. Slowly patient recovered from her complaints.

**Third observation** states- "aggravation is quick, short and strong with rapid improvement of the patient".<sup>[12]</sup> This is classical homoeopathic aggravation and the most favourable one. It indicates there is no structural or tissue change, simillimum medicine has been indicated. Dr Kent confirms it as very good prognosis and not to disturb the case.

It brings a long lasting improvement in the patient; in acute case, aggravation is seen in few hours after remedy administration while in chronic case in few days.<sup>[14]</sup>

## Case illustration

Kent's third observation is illustrated through this

case of a female aged 50 years suffering from burning urination. There was frequent passage of small quantity of urine especially at night, offensive in character. She also complained of lethargy, weakness and acidity. In physical generals, appetite was found to be normal, thirst was intense but for small quantity and at frequent interval, there was desire for spicy and sour food and aversion to sweets. Mentally, she was very restless, anxious and was afraid of her illness, and even slight exertion caused much weakness.

The symptoms considered for totality included anxiety about her health, fear from her illness, restlessness due to fear, thirst for small quantity of water, burning during micturition, offensive urine, desire for sour and spicy food and aversion to sweets.

The case was analysed using the RADAR opus software<sup>16</sup> and the repertorial result was as follows:

*Arsenicum album* covered all the rubrics. Patient's restlessness and anxiety were the guiding features in the support of this medicine. Consulting materia medica, *Arsenicum album*<sup>18</sup> was found to cover these symptoms and was also the repertorial totality. The medicine was prescribed in 200 potency and 1 dose was prescribed followed by placebo. After only 2 week, her complaints markedly reduced. Burning urination was improved, with slight diminution in offensiveness. When inquired, she told that after taking the medicine on first day only, suddenly her complains aggravated the next day, there was severe burning and frequent urination. She got scared and left the remaining medicine. But slowly she got better. She was kept on placebo till she was finally cured.

**Fourth observation** states- "no aggravation whatever".<sup>[12]</sup> This indicates a situation where the medicine will homoeopathically cover the case like two triangles with equal sides and equal angles. It is considered as an ideal situation where the homoeopathic aggravation is so slight that it is not perceptible to the patient himself. The artificial disease is just slightly stronger than the disease, as such it overpowers the disease without any perceptible aggravation.<sup>[15]</sup>

## Case illustration

Fourth observation of Dr Kent is illustrated in this case of COVID-19 where the patient, a male in his 40s complained of sore pain in the throat which was accompanied with severe coryza. His voice was so hoarse that he could hardly narrate his complain and he said although there was no difficulty in breathing but there was a desire to take deep breath. Thirst was profuse for cold water. He had excess flatulence as a result of which his abdomen remained distended. The patient had dryness of the mouth although he was thirstless. The taste was insipid and was suffering from the anticipation of his disease.

The case was repertorised using RADAR opus software<sup>16</sup> and the repertorial analysis was as follows:

	Phos	Hic	sep	merc	Bry	Iach	sulph	carb-v	calc-v	caust	ign	alum	nat-m	arsen	cal
1. MIND - ANTICIPATION (91) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. MOUTH - DRYNESS - thirstless (83) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. MOUTH - TASTE - insipid (179) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. THROAT - PAIN - sore (320) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. THROAT - PAIN - sore - accompanied by - coryza (16) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. ABDOMEN - DISTENSION - flatulence - from (9) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. LARYNX AND TRACHEA - VOICE - hoarseness (38) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. RESPIRATION - DEEP - desire to breathe (113) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

*Phosphorus* was indicated on the basis of repertorial totality. The intensity of coryza and hoarseness besides his nature of mixing up easily (patient was already under treatment before developing COVID-19) prompted to *Phosphorus*; *Phosphorus*<sup>19</sup> was confirmed with reference to materia medica. This medicine was prescribed to the patient in 30 potency thrice daily. The patient was relieved of all his complains on the very next day. He got himself tested after 10 days, the result of which was negative.

## Conclusion

A feeling of well-being emerging soon after taking the remedy was the most important criterion for discriminating between homoeopathic aggravations and adverse effects in clinical practise. The homoeopathic aggravation is seen as a positive reaction of the patient's vitality after administration of a perfectly chosen medicine. Even Dr Hahnemann explained this paradigm-specific concept in the *Organon of Medicine* as similar to the original disease that to the patient it appears to be an aggravation of his own complaint.

It must be realised by all rational practitioners that this concept of homoeopathic aggravation is

good prognostic indication in consonance with the homoeopathic philosophy which has also been elaborated by Dr Kent in his explanations on observing the effects after administration of the medicine.

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# Homoeopathic aggravation – “A boon”

*Dr Srabani Pal and Dr Falguni Patel*

**Abstract:** Homoeopathic aggravation is temporarily increasing of existing symptoms, following the administration of a correct homoeopathic medicine. According to *Organon of Medicine*, two points are necessary for cure. Medicine should be similar and stronger than disease force. As medicinal force is slight stronger than disease force, it produce an aggravation, which is quick, short and strong followed by improvement. Once the homoeopathic aggravation has started, it is recommended not to disturbed the course of medicine and repetition of dose.

**Keywords:** Homoeopathy, aggravation, Stuart close, Robert, Kent, M.L. Dhawale.

## Introduction

§ 157. But although it is certain that a homoeopathic remedy, administered in a small dose, quietly annihilates the acute disease which is analogous to it without producing its other non-homoeopathic symptoms—that is to say, without exciting new and grievous sufferings; it often happens, notwithstanding, that it produces, at the expiration of one or a few hours after ingestion (according to the dose), a state something less favourable, which resembles the primitive affection so closely that the patient supposes the original disease aggravated. But in reality it is nothing more than a medicinal disease, extremely similar to the primitive one, and rather more intense in its nature.<sup>[1]</sup>

## Stalwarts views on homoeopathic aggravation

### • Hahnemann's view on homoeopathic aggravation

§ -155: the most similar remedy corresponding to the symptoms of the disease will have a gentle healing action on the diseased part of the body, without any considerable disturbance.

§ -156: remedies usually produce at least one trifling, unusual disturbance, slight new symptoms in irritable and sensitive patient.

§ -157: if the dose is too high, remedy will produce an aggravation similar to the original disease.

§ -158: if the homoeopathic aggravation appears during 1st hour, it shows that acute disease will be cured by 1st dose only.

§ -159: The smaller dose produces shorter aggravations.

§ -160: the remedy apparently cannot be too much subdivided to be inefficient, aggravation is the process of cure not the increase of disease of patient.

§ -161: Aggravation in acute sickness, if any will be noted in 1st few hours. In chronic cases, in course of six, eight, and ten day, after which improvement and it will follow.<sup>[1]</sup>

### • Kent's view on homoeopathic aggravation

A disease ought always to be well considered as to whether it is acute or chronic. Where there are no tissue changes, where no ultimates are present, then you may expect the remedy to cure the patient without any serious aggravation, or without any sharp suffering, for there is no necessity of reacting from a serious structural change.

When the chronic disease has not ultimated itself in tissue changes, you may get no aggravation at all, unless, perhaps, it be a very light exacerbation of the symptoms,

and that slight exacerbation of the symptoms is of a different character. It is the establishment of the remedy as a new disease upon the economy instead of the reaction which corresponds to a process of house cleaning. Elimination must take place, as we know, probably from the bowels, or stomach, by vomiting, by expectoration, or by the kidneys, in those cases where everything has been suppressed.

We must discriminate between that which is reaction and that which calls for a remedy. Reaction means, after administered similar medicine body shows signs of healing, in this case no change of medicine is require. We have reaction, which is but the result of that turning into order.

There is a difference between the ultimates of disease and absolute weakness of the vital force. There is such a state as weakness of the economy, and there is such a state as activity of the economy, with much tissue change. In feeble patients you may expect feeble reactions, or none at all after your remedy, but in the feeble cases they are of such character that you have few symptoms, and you can very seldom find a remedy truly specific.

Oversensitive people are such as are capable of proving everything that comes along. One must know whether the patient is oversensitive

and proving the drug, or whether he has a vigorous constitution and is getting an aggravation. The remedy will be exaggerated in oversensitive and sometimes in those of weakly constitution.

One can find as a general thing in acute diseases, that if a slight aggravation of the symptoms comes in a few minutes, you will hardly ever think of giving another dose.

This trifling homoeopathic aggravation of the malady during the first few hours, the happy omen which announces that the acute disease will soon be cured, and that it will, for the most part, yields to a first dose."

When this aggravation does not come, when there is not the slightest aggravation of the symptoms, and the patient appears to be gradually better after the remedy, then it is that the remedy shows that it has not acted upon the same depth; and that relief may cease in the case of an acute disease, and when that relief ceases the reaction has ceased and then another dose of medicine is correct practice.

Relief that begins without any aggravation of the symptoms, does not last so long in an acute disease as when an aggravation has taken place. A slight action of the remedy over and above the disease is a good sign.

Again, one can find if the remedy was not perfectly similar, he will not get an aggravation except in oversensitive patients, and then it is a medicinal aggravation.

When you find that you get no aggravation of the symptoms in a good vigorous constitution, none at all, very often your remedy has been only partially similar and it may require two or three of such partially similar remedies to finish the case.

The smaller the dose is of the homoeopathic medicine, the less and

the shorter is the aggravation in the first hours." It might be considered to mean an apparent aggravation, or an apparent aggravation of the disease.

This action (higher and higher potency) differs from the aggravation of a centesimal potency, during the latter the patient feels decidedly better. It is short, it is decisive, and only the characteristic symptoms of the disease are aggravated.

The disease itself is not aggravated; the disease itself is not added to, and is not intensified, but the symptoms of the disease stand out sharply and the patient says, "I am getting better."

Paragraph 279:

"It has been fully proved by pure experiments that when a disease does not evidently depend upon the impaired state of an important organ the dose of the homoeopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can, at least, partially extinguish and cure, provided it be capable of producing only a small increase of symptom immediately after it is administered."

It is a fatal error to increase of the dose cannot make it more homoeopathic. The similarity of the remedy is first, and the dose is second.<sup>[2]</sup>

## • Stuart Close view on homoeopathic aggravation

The "homoeopathic aggravation," or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is merely the reaction of the organism, previously perhaps inactive or acting improperly because of decreased susceptibility, as it responds to the gently stimulating action of the medicine.

By "aggravation" is meant an increase or intensification of

already existing symptoms by some appreciable circumstance or condition.

"Aggravation" is also used in homoeopathic parlance to describe those conditions in which, under the action of a deeply acting homoeopathic medicine (or from other causes), latent disease becomes active and express itself in the return of the old symptoms or the appearance of new symptoms. In such cases it represents the reaction of the organism to the stimulus of a well selected medicine, and is generally curative in its nature.<sup>[3]</sup>

## • H.A. Robert's view on homoeopathic aggravation

After the administration of the *simillimum* some action should result. According to Hahnemann, the nearer similar the remedy the more reaction we may expect (*Organon*, 154, 155). If the exact *simillimum* is found we are apt to get a slight aggravation before relief comes.

**An aggravation that is quick, short, and strong is to be desired, because we know that improvement will be rapid.**

Among the most common reactions after the remedy has been administered is aggravation or amelioration. Now there are two types of aggravations, either of which may be manifest.

There may be a very different type of aggravation,

1. **The symptoms are worse, but the patient is growing better.** On the other hand, the aggravation of the symptoms while the patient reports himself as feeling better is an indication that his vital force is being set in order, but individual symptoms may show aggravation.
2. **There is the aggravation which is an aggravation of the disease**

**condition**, in which the patient grows worse. The aggravation when the patient is growing actually weaker is a sure indication that the symptoms are taking on a more internal phase and the vital organs are more affected. In other words, it is an illustration of the reversal of the order of cure.

The aggravation of the diseased state may come from an incurable state. The potentized remedy will never produce a fatal aggravation, or a destructive aggravation. In other words, a single dose of the high potency will not produce disease conditions; it has the power to develop conditions that are already present if it is used carelessly or ignorantly.<sup>[4]</sup>

• In Hahnemann's *Chronic Diseases*, he was equally emphatic when he says:

But when these aggravated original symptoms appear later on in the same strength as at the beginning, or even more strongly later on, this is a sign that the dose of this antipsoric remedy, although it was correctly selected, was too great, and caused the fear that no cure could be effected through it, since medicines given in so large a dose are able to establish a disease which in some respects is similar, but even greater and more troublesome, without extinguishing the old disease. This is caused by the fact that the medicine used in so large a dose unfolds also its other symptoms which nullify its similarity and thus establishes another dissimilar disease, also chronic, in place of the former.<sup>[5]</sup>

• Dr M.L. Dhawale's view on homoeopathic aggravation

**Simple homoeopathic aggravation:** This consists of a sharp initial aggravation of the symptoms in a patient but with the patient feeling better in general. This brief phase is followed by a general amelioration which lasts for quite some time if not

hampered. These types of reaction occur when an organic change are not yet far advanced and indicates a good prescription. This phase of aggravation should not be interfered with but should be allowed to run its course unimpeded.

**Prolonged homoeopathic aggravation:** This consists of a severe type of reaction in which all symptoms in the patient are profoundly aggravated and the patient appears to be going through a sort of rehearsal of the things to be expected in the future. This storm lasts for quite some time once it is unleashed and the patient is just tossed around helplessly, after the storm patient slowly finds himself on his feet, as it were. He is making a slow but definite progress. Any interference during this time spoil the case, so use of placebo will help the patient through this stormy period. The constitutional remedy in gross structural cases which was administered straight off was essentially a bad prescription; a related superficial medicine should be administered.

**Killer homoeopathic aggravation:** This form of aggravation occurs when physician who aims at curing an incurable case or whose knowledge of disease is inadequate to diagnose correctly the pathological changes that have taken place in vital organ. This time the storm that has been unleashed proves too much for the depleted vital force which is now unable to meet the fury of the reaction, precipitate by the tremendous energy of the constitutional remedy. In this type of cases palliation is the best treatment.<sup>[6]</sup>

## Conclusion

### Significance of homoeopathic aggravation in practice

In reality, homoeopathic aggravation is nothing more than a medicinal

disease, extremely similar to the primitive one rather more intense in its nature. To cure the acute disease, to select the remedy according to depth of pathology, to wait and give placebo in chronic cases, do not interfere course of medicine during the homoeopathic aggravation. It is a boon in acute cases and cases which have functional changes, while cases which have gross pathological changes in advance stage, in incurable cases, the physician needs to be palliate.

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# Interpretation of homoeopathic aggravation and its approach of management in clinical practise

*Prof. (Dr) Subhasish Ganguly, Dr Ranjita Gupta, Dr Sujeet Lal*

**Abstract:** The following article describes about homoeopathic aggravation, reviews of Hahnemann's contemporaries on it, some of the views of stalwarts, modern day concepts and its management in clinical practise.

**Keywords:** Homoeopathic aggravation, rebound phenomena, management

**Abbreviations:** F.N.- Footnote, § - aphorism.

## Introduction

The word *aggravation* means, the act of increasing or the fact of being increased in gravity or seriousness.<sup>1</sup> By "*aggravation*" is meant an increase or intensification of already existing symptoms by some appreciable circumstance or condition.<sup>2</sup> In homoeopathic practise, one encounters three types of aggravation, i.e. homoeopathic, medicinal and disease aggravation. The medicinal disease very similar, but somewhat superior in strength, to the original disease is termed as *homoeopathic aggravation*.<sup>3</sup>

## Historical background

First hint- In *Essay on a New Principle*; Hahnemann says, "a somewhat too large dose of henbane is apt to cause, in its secondary action, great fearfulness."<sup>4</sup>

First instance- Actual occurrence of an aggravation was that of a pregnant woman who, in order to cure cramp in her leg, took five drops of the volatile oil of chamomile, whereby the cramp was vastly increased, and a number of other symptoms peculiar to the drug occurred.<sup>4</sup>

First distinct and decided case- A case of colicodynia mentioned by Hahnemann of a real homoeopathic aggravation, followed by a

well-marked curative effect published in the year 1797 where *Veratrum album* was prescribed.<sup>4</sup>

## Homoeopathic aggravation in light of Organon of Medicine

Idea of homoeopathic aggravation gradually evolved. Example, § 157 to 160 contains only one aphorism in the 1<sup>st</sup> edition and § 161 is not included in the 1<sup>st</sup> and 2<sup>nd</sup> edition, and in the 3<sup>rd</sup>, it appears as a supplementary paragraph between § 167 and 168.<sup>5</sup>

Homoeopathic aggravation was also observed by other physicians. Example, Lyson-, "The bark of elm cures most certainly those skin diseases which it increases at the beginning of its action". (F.N. to § 160).

Occurrence of homoeopathic aggravation-

- Cases of acute character or of recent origin- 1<sup>st</sup> or 1<sup>st</sup> few hours. (§ 161)
- Long standing cases- First 6,8 or 10 days. (§ 161)
- Medicine selected in correct homoeopathic manner, acting well and usefully- by 8<sup>th</sup> or 10<sup>th</sup> day, for an hour or even half a day moderate homoeopathic aggravation takes place.<sup>6</sup>

- Very tedious ailments- homoeopathic aggravation do not occur before 24<sup>th</sup> or 30<sup>th</sup> day.<sup>6</sup>
- In 50 millesimal scale- increase of original symptoms of a chronic disease can appear only at the end of the treatment when the cure is almost or quite finished. (Schein-Symptome, §248, 6<sup>th</sup> edition).

In order to prevent the undesirable reactions of the vital energy, was wholly solved by new altered but perfect method. (§ 246 F.N. 6<sup>th</sup> edition)

Dose of homoeopathic remedy can never be prepared so small that it will not be stronger than natural disease and is capable of producing slight homoeopathic aggravation after ingestion. (§ 279). Hahnemann said that this should be a measurement of all homoeopathic medicines that it should be reduced to such an extent that it excites a scarcely observable homoeopathic aggravation after their ingestion. (§ 280).

Smallest dose produces very slight homoeopathic aggravation. (§ 282). Too large dose, especially in chronic diseases, produces so called homoeopathic aggravation. (§ 282 6<sup>th</sup> edition).



## Hahnemann's contemporaries on homoeopathic aggravation

Hahnemann says, when the usual customary symptoms are aggravated and show most prominently on the first days and again on some of the following days, but gradually less and less. This so called homoeopathic aggravation is a sign of an incipient cure, which may be expected with certainty.<sup>6</sup>

But the subject of aggravation was the topic of considerable discussion in Hahnemann's own lifetime and amongst his early followers. These divergent views are as follows-<sup>4</sup>

AUTHORS	FOR	AGAINST
SCHRON		He called idea of homoeopathic aggravation an "unfortunate dogma."
RUMMEL	He admits the occasional occurrence of the homoeopathic aggravation, considers it as the exception not the rule.	
KURTZ		He believes that the occurrence of homoeopathic aggravation is impossible if the remedy were perfectly homoeopathic.
GROSS	He describes two types of aggravations- First is early and evanescent due to too small doses. Second is occurring later due to too large doses.	
HIRSCHEL		He denies that the homoeopathic aggravation is necessary for the cure.
SCHMID	He asserts that if the dose be sufficiently large, no so called homoeopathic aggravation will occur, and that it is met with only when the dose is too small.	
SCHNEIDER		He called Hahnemann's homoeopathic aggravation "a phantom." He says homoeopathic aggravation is "a psychical effect of the homoeopathic theory;" in other words, fancy.
KAMPFER	He admits the occurrence of homoeopathic aggravation. One is critical which is followed by amelioration. Other being non-critical in which no amelioration takes place.	
ROMANO	He is a firm believer of Hahnemannian homoeopathic aggravation. He thinks that he has discovered the touchstone for distinguishing disease and medicinal aggravation. He says that during the aggravation if the pulse is slower or not quicker than it is a medicinal aggravation. If quicker it is an exacerbation of disease.	

patient is growing worse or we may have an aggravation of symptoms in which patient is growing better. The true homoeopathic aggravation, I say is when the symptoms is worse, but the patient says, "I feel better".<sup>7</sup> In acute disease we seldomly see anything like striking aggravation unless the acute disease has drawn near death's door, or is very severe, unless it has lasted many days, and breaking down of blood and tissue is threatened, or has taken place. When the chronic disease has not ultimated itself in tissue changes, you may get no aggravation at all, unless, perhaps it be a very slight exacerbation of the symptoms.<sup>7</sup>

## Stuart Close-

The "homoeopathic aggravation" or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is merely the reaction of the organism, previously perhaps inactive or acting improperly because of lowered susceptibility, as it responds to the gently stimulating action of the medicine.<sup>2</sup>

## H. A. Roberts

There are two types of aggravation.<sup>8</sup>

The aggravation which is an aggravation of the disease condition, in which the patient grows worse.

There may be a very different type of aggravation in which the symptoms are worse, but the patient is growing better. He will say, "I feel better, doctor, but such-and-such symptoms are worse".

## R. E. Dudgeon

He says that the homoeopathic aggravation of Hahnemann was a necessary deduction of his theoretical explanation of the mode in which the homoeopathic medicines acted, viz., by the stronger expelling the weaker. It is part and parcel of this theory, and nothing more.<sup>4</sup>

## J. N. Kanjilal

In treatment of chronic cases, especially very chronic ones, it is my oft repeated experience that one dose of similimum is followed by not only one set of homoeopathic aggravation followed by amelioration, but by a series of such sets of aggravations

and ameliorations with gradually lesser and lesser and intensity and at longer and longer intervals.<sup>9</sup>

## Modern day concepts in relation to homoeopathic aggravation

P. Schmidt says- what we have called for the last 150 years *homoeopathic aggravation* and what modern classical medicine has recently detected and called "rebound phenomena".<sup>10</sup>

Homoeopathic aggravation can be observed in fields where the similia principle is used like vaccine therapy and treatment of allergic conditions.<sup>5</sup>

## Management in clinical practise

Why the Responses and What to do?

Kent has thrown a flood of light on these questions in "prognosis after observing the action of the remedy" and also by H. A. Roberts in "remedy reaction".

So, keeping these two and also "follow up of the case" by Diwan Harish Chand, the following management table has been given-<sup>7-9</sup>

Nature of reaction	Cause of reaction	What to do?
Amelioration with very slight aggravation or no aggravation with recovery of patient.	Remedy is curative and potency exactly fitted the case. No organic diseases present.	Do not interfere till symptoms return.
Aggravation is quick, short and strong followed by rapid improvement. (in acute: agg in first few hours. In chronic: first few days.)	Remedy and potency both correct. Reaction is vigorous. No tendency to structural change in vital organs, though may be in parts not essential to life.	Best result will follow such initial homoeopathic aggravation. Hands off till symptoms returns.
Aggravation is long (may be weeks) and severe but final and slow improvement.	Case was almost incurable, or borderline case, vitality being low. The physician has got him before the trouble has gone so far, as organic changes have just threatening to come. The potency was too high.	All will be well if remedy is not repeated too soon. Wait till the patient has sufficient strength to react to another dose.

Prolong aggravation with slow decline of patient's strength.	Marked organic changes present. Potency is too high for the feeble reaction of the patient, and the remedy was too late.	Try to palliate with short acting remedies in lower potencies. Do not give a deep acting remedy when organic disease is present.
A severe aggravation in curable cases and sound vitality- caused unnecessarily by high potency.	Too high potency say, CM was given. Or Too low a potency given repeatedly.	Even during aggravation, patient feels better as it is only similar medicinal agg and not of the disease. Aggravation will pass off if left alone. If aggravation is severe, antidote it and follow with a medium potency, limited doses.
To avoid agg.	In a very feeble vitality. Strong vitality but marked tissue changes. Excited and sensitive patient. Great sensitiveness.	Give a single dose of a potency and watch the minutest sign for direction of symptoms. Try lower or medium potency, or the 50 millesimal potencies according to case. In 50 millesimal potency, a teaspoonful of this solution may be put in a 2 <sup>nd</sup> glass of water, thoroughly stirred and teaspoonful doses or more be given. 3 <sup>rd</sup> or 4 <sup>th</sup> glass, similarly prepared, may be necessary. (§ 248 6 <sup>th</sup> edition F.N)

## Conclusion

The topic of homoeopathic aggravation has always been debatable. Right from Hahnemann's time till the present day, it is a great topic of discussion whether homoeopathic aggravation exists or not. Some authors say that it is merely a theory while others say that it is necessary for cure. Hahnemann himself has asserted that for a cure to occur homoeopathic aggravation should take place. If there occurs homoeopathic aggravation, one has to deal it wisely as per the instructions from our literatures and one's experiences.

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# Management of dyslipidaemia with homoeopathy

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**Abstract:** The importance of high serum total cholesterol and high level of low-density lipoprotein cholesterol, as a risk factor for coronary artery diseases is well established. Statin is the first line of treatment for dyslipidaemia in modern medicine, and there are known unwanted effects of statin therapy. This study reviews the existing information available in homoeopathy for managing dyslipidaemia. In addition, efforts were made to search authoritative texts of authors, such homoeopathic *Materia Medica*, etc. Medicines commonly used in *materia medica* and drugs of Indian origin were noted. There are positive leads generate effectiveness/efficacy of Homoeopathy.

**Keywords:** arteriosclerosis, atherosclerosis, cholesterol, dyslipidaemia, homoeopathy, lipid.

**Abbreviations:** very low density lipoprotein (VLDL), low density lipoprotein (LDL), high density lipoprotein (HDL), cardiovascular diseases(CVDs), coronary artery disease(CAD), peripheral artery disease (PAD).

## Introduction

It is the disorder of metabolism of lipoprotein. These lipoprotein contains lipids (mainly triglycerides, cholesterol) surrounded by covering of phospholipid.<sup>1</sup> Four main types of phospholipids are present in blood, namely chylomicrons, very low density lipoprotein (VLDL), low density lipoprotein (LDL), high density lipoprotein (HDL).<sup>1</sup> Dyslipidaemia commonly characterized by increase plasma level of cholesterol and triglyceride accompanied by reduce level of HDL.<sup>1</sup> Dyslipidaemia is a chief risk factor for cardiovascular diseases(CVDs) and the major cause of death worldwide.<sup>1</sup>

Dyslipidaemia occurs when person has abnormal level of lipids in blood.<sup>2</sup> Which may be Hyperdyslipidaemia or Hypodyslipidemia. Term "dyslipidaemia" was introduced in 2006 which means derangements of one or more than one lipoproteins in blood such as triglycerides, LDL and Cholesterol. Here LDL levels were directly proportionate to risk factor of heart, whereas HDL levels were inversely proportionate to risk factors.<sup>2</sup>

## Cause and risk factors

The majority of patients with dyslipidaemia have some combination of genetic predisposition and environmental contribution.<sup>2</sup> There are many causative factor of dyslipidaemia

ranging from genetic disorder to life style disorders. The cause of dyslipidaemia can be classified in primary or secondary.<sup>2</sup>

In primary dyslipidaemia there are abnormal level of lipid caused by genetic inherited from one or both parents. It is also known as familial dyslipidaemia.

Secondary dyslipidaemia is more common, occurs due to various factors including life style or certain medical condition such as alcohol abuse, liver diseases, cigarette smoking, uncontrolled diabetes ,poor or high fat intake,lack of exercise,hypothyroidism.<sup>2</sup>

## Sign and symptom

Most of people having dyslipidaemia are asymptomatic unless it is very severe. It is accidentally diagnosed during a routine blood test or a test for other diseases.<sup>2</sup> Severe form of dyslipidaemia can cause coronary artery disease(CAD) and peripheral artery disease (PAD) and some other conditions.<sup>2</sup>

High LDL cholesterol level is associated with coronary artery diseases, which is blockage in the artery of the heart, and peripheral artery diseases, which is blockage in the artery of legs. So both CAD and PAD can causes serious health problem including heart attack and stroke.<sup>2</sup>

Some common symptom of these conditions are as below:

1. Pain in legs when standing or walking.
2. Drawing type of chest pain extending to neck and left arm.
3. Tightness in the chest with difficulty in breathing.
4. Indigestion and pyrosis.
5. Anxiety with palpitation in chest.
6. Nausea and vomiting with cold sweating.
7. Swelling of lower extremities & Fainting.

## Management of dyslipidaemia

Lipid-lowering therapies have a key role in the line of treatment for primary and secondary prevention of cardiovascular diseases (CVDs).<sup>2</sup>

### Non-medicinal management:

Diet, exercise and lifestyle modification are central to management in all the cases.<sup>2</sup> Dietary modifications include:

1. Should reduce intake of saturated and trans-unsaturated fat.
2. Increase consumption of cardio protective food such as vegetables, fish, pulses, legumes etc.
3. Increase food containing lipid lowering nutrients such as N-3 fatty acids, dietary fibres.
4. Responds of dietary management gradually appears within 3 to 4 weeks.

## Medicinal Management

**ALLOPATHIC MANAGEMENT:** Lipid lowering medicines in combination form



is given to balance the derange quantity of lipid in blood.<sup>2</sup>

## Homoeopathic management of dyslipidaemia

Homoeopathic treatment focuses on the patient as a person as well as his pathological condition. Homoeopathic medicine for dyslipidaemia are selected after a full analysis, evaluation and individualization of the case. Some of homoeopathic medicines having high therapeutic value for dyslipidaemia are discussed here:

1. *Allium sativum*: Arterial hypotension.<sup>3</sup> Reduce high blood pressure caused due to high cholesterol (vasodilatory properties).<sup>3</sup> Leaping beats of the heart.<sup>4</sup>
2. *Arsenicum album*: Palpitation, pain, dyspnoea, faintness.<sup>3</sup> Irritable heart in smokers and Tobacco-chewers.<sup>3</sup> pulse more rapid in morning.<sup>3</sup> Dilatation. Cyanosis. Fatty degeneration.<sup>7</sup> Angina pectoris with pain in neck and occiput.<sup>3</sup> violent and insupportable throbbing of the heart, chiefly when lying on the back, and especially at night.<sup>4</sup> irregular beatings of the heart, sometimes with anguish.<sup>4</sup> cramps in the heart.<sup>4</sup> Heart-beats irritable. Palpitation with anguish, cannot lie on back; going upstairs.<sup>4</sup> Palpitation and trembling weakness after stool; must lie down.<sup>4,9</sup> Palpitation after suppressed herpes or foot-sweat.<sup>4</sup> Hydropericardium.<sup>4</sup> praecordial anxiety, oppression in region, slow with weak pulse.<sup>9</sup>
3. *Aurum metallicum*: Sensation as if the heart stopped beating for two or three seconds, immediately followed by tumultuous rebound, with sinking at the epigastrium palpitation.<sup>3</sup> Pulse rapid, feeble, irregular. Hypertrophy.<sup>3</sup> High blood pressure valvular lesions of arterio-sclerotic nature.<sup>3</sup> Anxious palpitation of the heart, from congestion of the chest.<sup>4</sup> Beatings of the heart, irregular, or by fits, sometimes with anguish and oppression of the chest.<sup>4</sup> Pain in heart region extending down left arm to fingers.<sup>4</sup> Floundering heart. when walking, the heart seems to shake as if it were loose.<sup>4</sup> Sensation as if the heart still, palpitation compels him to stop.<sup>4</sup> Aortic disease, violent palpitation; at puberty.<sup>5</sup> Carotids and temporal arteries throb visibly, feels loose on walking.<sup>5</sup> Heart bruised, sore, suppressed foot sweat.<sup>5</sup> Fatty degeneration.<sup>7,8</sup> Stitches immediately over; in region deep inspiration.<sup>9</sup> Burning with pricking, drawing cutting type of pain.<sup>9</sup> oppression. compelling deep breathing, which relieves.<sup>9</sup>
4. *Baryta muriatica*: Arterio-sclerosis.<sup>3</sup> Hypertension and vascular degeneration.<sup>3,5</sup> Increased Tension of pulse.<sup>3</sup> Throbbing of the heart accelerated.<sup>4</sup> Palpitation of the heart.<sup>4</sup> Heart beats irregular, pulse scarcely perceptible.<sup>4</sup>
5. *Cactus grandiflorus*: Endocarditis with mitral insufficiency together with violent and rapid action.<sup>3</sup> Acts best in the incipency of cardiac incompetence. Heart weakness of arterio-sclerosis.<sup>3</sup> Tobacco heart. Violent palpitation; worse lying on left side, at approach of menses.<sup>3</sup> Angina pectoris, with suffocation, cold sweat, and ever-present iron hand feeling.<sup>3,7</sup> Pain in apex, shooting down left arm. Palpitation, with vertigo; dyspnoea, flatulence.<sup>3</sup> Constriction; very acute pains and stitches in heart; pulse feeble, irregular, quick, without strength.<sup>3</sup> Endocardial murmurs, excessive impulse, increased Precordial dullness, enlarged ventricle.<sup>3</sup> Low blood pressure.<sup>3</sup> Sensation as if heart turned over.<sup>4</sup> Pain deep in heart Like a jerking body, frequently repeated.<sup>4</sup> Death-like feeling at heart and round to left back.<sup>4</sup> Aneurism. Atheromatous arteries.<sup>4</sup> Stitches in heart.<sup>5</sup> Irregular and intermittent action, after forceps delivery.<sup>5</sup> pulsations increase on holding the breath.<sup>5</sup> Pericarditis.<sup>6</sup> Pains shooting into left arm, oedema and quick, tense, hard pulse, with the constrictive sensation.<sup>6</sup> Pains increase gradually and subside gradually.<sup>6</sup> Palpitation of the heart: day and night; worse when walking and lying on left side; at approach of menses.<sup>7,8</sup> Sensation of constriction in the heart as if an iron hand prevented its normal movement.<sup>8</sup> Palpitation at intervals; after a meal, with an interval, during which he felt as if going to be ill.<sup>9</sup>
6. *Calcarea carbonica*: Palpitation at night and after eating.<sup>3</sup> Palpitation with feeling of coldness, With restless oppression of chest.<sup>3,5</sup> after suppressed eruption.<sup>3</sup> Sometimes with anxiety and trembling movements of the heart.<sup>4</sup> Shootings, pressure, and contraction in the region of the heart.<sup>4</sup> Pricking shootings in the muscles of the chest.<sup>4</sup> Anxious dread of heart disease.<sup>6</sup> Nervous palpitation, dyspnoea and headache, worse on ascending, after eating, at night; with anguish; inclination to take deep breaths; vertigo; cold lower extremities. copious menstruation.<sup>6</sup> painful pressure, anxiety.<sup>9</sup> stitches which prevent breathing and leave aching.<sup>9</sup>
7. *Crataegus oxyacantha*: Cardiac dropsy.<sup>3</sup> Fatty degeneration. Aortic disease. Extreme dyspnea on least exertion, without much increase of pulse.<sup>3</sup> Pain in region of heart and under left clavicle.<sup>3</sup> Heart muscles seem flabby, worn out.<sup>3</sup> Cough. Heart dilated; first sound weak.<sup>3</sup> Pulse accelerated, irregular, feeble, intermittent.<sup>3</sup> Valvular murmurs, angina pectoris.<sup>3</sup> Cutaneous chilliness, blueness of fingers and toes; all aggravated by exertion or excitement.<sup>3</sup> Sustains heart in infectious diseases.<sup>3</sup> Faintness and collapse. Heart failure in hypertrophy and valvular disease.<sup>4</sup> Heart collapse in typhoid and heart dropsy.<sup>4</sup> Weak, with oppression, stitches and insomnia.<sup>5</sup>
8. *Crotalus horridus*: Action feeble, pulse tremulous.<sup>3</sup> Palpitation, especially at menstrual period.<sup>3</sup> Trembling feeling in the heart (apoplexy).<sup>3</sup> Much pain in heart, through left shoulder-blade and down left arm.<sup>4</sup> Palpitation with sore pain in and about heart; feelings as if heart tumbled over.<sup>4</sup> Heart tender when lying on left side. Pulse hardly perceptible. phlebitis; varicose is; varicocele.<sup>4</sup> Heart Weak, trembles; loose, turns over.<sup>5</sup> Palpitation during menses.<sup>5</sup> Heart tender when lying on left side.<sup>5</sup> palpitation, with sensation as if the heart tumbles about.<sup>9</sup> Feeble action. Tenderness in morning when lying on left side.<sup>9</sup>
9. *Cuprum metallicum*: angina pectoris. Slow pulse; or hard, full and quick.<sup>3</sup> Palpitation, precordial anxiety and pain.<sup>3</sup> Fatty degeneration.<sup>3</sup> spasm of heart.<sup>4</sup> Pulse very changeable; imperceptible; small; soft.<sup>4</sup> angina with asthmatic symptoms and cramps, Palpitation, before Menses.<sup>5,7</sup> Dullness in precordial region on percussion, boring in precordial region.<sup>9</sup>

10. *Glonoinum (Glonoine)*: Labourious action.<sup>3,4</sup>Fluttering. Palpitation with dyspnoea.<sup>3</sup>Cannot go uphill. Any exertion brings on rush of blood to heart and fainting spells.<sup>3</sup>Throbbing in the whole body to finger-tip.<sup>3</sup>Violent action of the heart, distinct pulsation over the whole body, especially in back of neck and head.<sup>4,8</sup>Excessive throbbing of heart; pulse rapid and forceful; throbbing in vessels of neck, pulsating headache.<sup>6,7</sup>Stooping causes pain in cardiac region; blood rushes to heart and mounts to head; stitches from heart to back; worse lying on left side; better on right side; must have head high.<sup>6</sup>Cerebral or alternate congestion of the heart.<sup>7</sup>Heaviness and disagreeable feeling.<sup>9</sup>Heat, weakness in praecordia.<sup>9</sup>
11. *Iodium*: Heart Feels squeezed.<sup>3,9</sup> Myocarditis.<sup>3,5</sup>Painful compression around heart.<sup>3</sup>Feels as if squeezed By an iron hand followed by great weakness and faintness.<sup>3,5</sup>Palpitation from least exertion. Great precordial anxiety, obliging him to constantly change his position.<sup>4</sup>Tachycardia.<sup>3,5,7</sup> Feeling of vibration or purring over heart.<sup>5</sup>Pulsation in large arterial trunks.<sup>5</sup>Pressure in region, rapid action. precordial anxiety causing constant change of posterior.<sup>9</sup>
12. *Kalium carbonicum*: Sensation as if heart were suspended.<sup>3</sup>Palpitation and burning in heart region.<sup>3</sup>Weak, rapid, pulse; intermits, due to digestive disturbance.<sup>3</sup>Threatened heart failure.<sup>3</sup>Burning in heart region.<sup>5</sup>Heart pains extend to left scapula. Violent palpitation, shakes the whole body: throbbing extending to tips of fingers and toes.<sup>3</sup>Cardiac degenerations.<sup>5</sup>Arrhythmia.<sup>5</sup>Pulse; small, soft, variable; intermittent or dicrotic.<sup>5</sup>Seems to hang by a thread.<sup>5,7</sup>Heartbeats intermits; action irregular, tumultuous weak; stitches through to scapula.<sup>8</sup>Sticking in precordial region, burning in region, intermittent beats of heart.<sup>9</sup>
13. *Lachesis mutus*: Palpitation, with fainting spells.<sup>3,5</sup> especially during climacteric. constricted feeling causing palpitation, with anxiety.<sup>3</sup>Cyanosis.<sup>3,5</sup>Irregular beats.<sup>3</sup>heart feels too large for the cavity; can be a no pressure on throat or chest.<sup>4</sup>cyanosis neonatorum, carditis; metastatic, senile arteriosclerosis.<sup>5</sup>Restless, trembling, anxiety about the heart.<sup>5</sup>Heart; weak; turns over or too big as if, or as if hanging by a thread.<sup>5</sup>Rheumatism of heart, late stage.<sup>6</sup>As if heart were too large for the chest; horrible smothering feelings about the heart awakens from sleep and compels him to leave the bed; dread of going to sleep again; cannot bear pressure on throat; numbness of left arm.<sup>6</sup>Hydropericardium and hydro-thorax; urine dark, almost black and offensive.<sup>6</sup>Palpitation: day and night; worse when walking and lying on left side; at approach of menses.<sup>7</sup>Heart feels too large for the cavity; can bear no pressure on throat or chest.<sup>8</sup>Cramp-like pain in precordial region, causing palpitation with anxiety.<sup>9</sup>Pressure about heart during fever, constrictor of heart.<sup>9</sup>
14. *Lithium carbonicum*: Rheumatic soreness in the cardiac region.<sup>3,4,8</sup> Sudden shocks and jerks in the heart (angina pectoris).<sup>3</sup>Throbbing, dull stitches in the cardiac region.<sup>3,4</sup>Pain in the heart before menses, associated with pain in the bladder, before micturition; better, after. Trembling and fluttering of heart brought on by mental emotion; extending to the back.<sup>3,5,8</sup>Valvular deficiencies.<sup>6,8</sup>Cardiac pains on bending forward and relieved by urinating.<sup>6</sup> < stooping, with pains in limbs; finger joints tender and painful, worse from mental agitation.<sup>8</sup>
15. *Plumbum metallicum*: Cardiac weakness.<sup>3</sup>pulse soft and small, dichrotic. Wiry pulse, cramp-like constriction in peripheral arteries.<sup>3</sup>Ebullition in chest, with anxiety at precordium, and perceptible palpitation.<sup>4</sup> painful constriction of peripheral arteries. Hypertrophy with parenchymatous nephritis.<sup>9</sup>
16. *Strophanthus hispidus*: Pulse quickened.<sup>3</sup>Heart's action is weak, rapid, irregular, due to muscular debility; and insufficiency.<sup>3</sup>cardiac pain.<sup>3</sup>stitches and twitches at apex beat.<sup>4,5</sup>weak, aching or anguish at sense of lively action.<sup>5</sup>chronic; nervous palpitation, and arrest of breathing.<sup>5</sup>pulse; rapid, alternating with slow; weak, small irregular. cardiac dyspnoea.<sup>5</sup>
17. *Strontium carbonicum*: Arteriosclerosis. High blood pressure with flushed face pulsating arteries.<sup>3</sup>Dull, intermitting pressure in precordial region.<sup>4</sup>Violent beating of arteries and of heart.<sup>4</sup>Heart feels smothered, heart block.<sup>5</sup>

## Conclusion

Homoeopathy is based on the principal of similia, means a picture of a case is erected by proper case taking and individualisation of person and then it is matched with the drugs available in materia medica. In addition to it, prescription can be based upon organ affinity or by therapeutic approach. Therapeutic approach is followed in cases where individualisation is not possible due to certain reasons.

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# Signs of commencement of homoeopathic aggravation

*Dr Alok Nath Shaw, Dr Rup Nandi*

**Abstract:** Homoeopathic aggravation is the therapeutic indication of the *modus operandi*. It is many a way either is avoided or missed due to lack of insights of physicians. In this article we did an effort to bring the importance of homoeopathic aggravation referring to the available literature of stalwarts that how to follow the most important signs of commencement of aggravation to avoid any confusion regarding selection of remedy.

**Keywords:** Homoeopathic aggravation, aggravation, aphorism, homoeopathy, Hahnemann, *Organon of Medicine*.

## Introduction

When the similar remedy has been given, the core of the individual has been touched, and the healing process flows from internal to external. As the inside is cleansed, disease process comes to the surface where they register as SYMPTOMS. To the person it very often appears as if they are actually getting sick. There is often a period of both physical and psychological crisis, after which the patient gets better.

We call this an AGGRAVATION, but do not cite it as a principle of healing. However, it was considered the universal law of healing by the HIPPOCRATIC Physician. They taught that every disease would pass through such a crisis before it could be healed.

## Word meaning

The state of becoming worse or more serious; exacerbation, or – an exasperated feeling of annoyance. a change in your body or mind that shows that you are not healthy<sup>1</sup>.

Aggravation term used by homoeopaths for the healing crisis.

## Types of aggravation<sup>2</sup>

- **H O M O E O P A T H I C AGGRAVATION** – Slight but apparent intensification of the patients existing symptoms which are similar to the symptoms of

the homoeopathic medicines administered along with better feeling<sup>2</sup>.

- **DISEASE AGGRAVATION** – Appearance of new symptoms belonging to the sphere of disease due to its natural tendency to progress<sup>2</sup>.
- **MEDICINAL AGGRAVATION** – Appearance of new symptoms which belong to the medicine administered to the patient<sup>2</sup>.

## Different stalwarts views:

- SAMUEL HAHNEMANN
- R.E. DUDGEON
- J.T. KENT
- STUART CLOSE
- H. A ROBERTS
- WILLIAM BOERICKE
- C. M. BOGER

## Dr C.F.S Hahnemann

### ORGANON OF MEDICINE<sup>2</sup>

- Aphorism 253 (signs of aggravation)
- Aphorism 157, 158, 160, 161, 282 (homoeopathic aggravation)
- Appendix (157, 158, 159, 160 aphorism constitute only one in 1<sup>st</sup> edition)

Hahnemann's FIRST OBSERVATION about homoeopathic aggravation is in the LESSER WRITINGS of Hahnemann – CASE OF RAPIDLY CURED COLICODYNIA IN 1797<sup>3</sup>

A compositor, 24 yrs of age, lean, of a pale and earthy complexion, had worked at the printing press, suffering from gripping pain, anxiety, constriction of the chest, fever, loss of strength (previously taken medicine from our master Hahnemann & also from ordinary medicine). After that Hahnemann decided to give VERATRUM ALBUM<sup>2,3</sup>.

HAHNEMANN has mentioned, "I gave him four powders, each containing four grains, and told him to take one powder daily, but to let me know at once if any violent symptoms appeared. This he did not do. He did not return until five days thereafter. His unlimited confidence in my aid had nearly played him an awkward trick."<sup>3</sup>

Actually the patient takes two doses instead of one daily, after 2<sup>nd</sup> powder without having eaten anything injurious there began an attack, and also after that taking the 3<sup>rd</sup>, 4<sup>th</sup> powder the following day, taken thus SIXTEEN grains in less than 2 days, this leads to dreadful extent<sup>3</sup>.

HAHNEMANN has mentioned, "I reprimanded him for his imprudence".

## IN LESSER WRITINGS - (MEDICINE OF EXPERIENCE)<sup>3</sup>

" Every aggravation, as it is called, of a disease that occurs during the use of a medicine, in the form of



NEW SYMPTOMS not hither - to proper to the disease, is owing solely to the MEDICINE EMPLOYED ; these symptoms are always the effect of the medicine, which, as an unsuitably chosen positive remedy, or as a negative ( palliative) remedy, either ill- selected or given for too long a time , and in too large doses, develops them by its peculiar mode of action to the torment and destruction of the patient <sup>3</sup>”.

“The aggravation just alluded to by violent, new symptoms not PROPER TO THE DISEASE, BEARS NO RESEMBLANCE TO THE INCREASE OF THE APPARENTLY ORIGINAL SYMPTOMS of the disease during the first few hours after the administration of a medicine selected in a positive manner<sup>3</sup>.

This phenomenon of the increase of what seem to be the PURE SYMPTOMS OF THE DISEASE , but which are actually predominant medicinal symptoms resembling those of the disease, indicates merely that the dose of the appropriately selective curative medicine has been too large – it disappears, if the dose has not been enormously large<sup>3</sup> .....”

## IN THE CHRONIC DISEASES THEIR PECULIAR NATURE AND THEIR HOMOEOPATHIC CURE (CHAPTER PSORA)<sup>4</sup>

Hahnemann also mentioned medicinal aggravation and homoeopathic aggravation –

“So-called homoeopathic aggravation is a sign of an incipient cure” –

Also mention about medicinal aggravation, due to – “Still ignorant of the strength of its medicinal power, I gave SEPIA in too large dose. This trouble was still more manifest when I gave LYCOPODIUM and SILICEA<sup>4</sup> “.....

Hahnemann asserts that in both these instances the apparent aggravation was owing to the medicine being given in too large doses, and that had it been given in smaller doses no such aggravation would have been observed.

1. The next example of homoeopathic aggravation we meet in his writings is to be found in his essay *On the Power of Small Doses*. The aggravation in this case is stated to result not from too large a dose – in as far as quantity is concerned – but from a too powerful dose, the excessive power being communicated to it by a too prolonged succession. He states, for example, that a drop of *Drosera rotundifolia*, in the 30<sup>th</sup> dilution, each successive dilution having been prepared with twenty successions, would endanger life of a child affected with whooping cough, owing to the enormous aggravation it would cause, whereas the same dilution prepared with only two shakes for each dilution, would only effect a mild cure<sup>4</sup>.
2. Here a homoeopathic aggravation did not occur from the employment of an excessively large, but of an unusually small dose of the medicine. It is the case of an epileptic lady, to whom Hahnemann gave a drop of the 90<sup>th</sup> dilution of sulphur, and within one hour after this ingestion an epileptic fit occurred<sup>4</sup>.

**Again, in Hahnemann’s own practise, we find instances where he gave considerable doses without the production of any aggravation<sup>2</sup>.**

1. In the first *Essay on a New Therapeutic Principle*, a case of spasmodic asthma with head symptoms of a grave character is related, where a gradual cure without aggravation was

affected by means of three grains of *Veratrum album*, given every morning for four weeks<sup>2</sup>.

2. In the same essay another case is related of puerperal mania and convulsions, where the patient was cured by means of several half-grain doses of Veratrum, which seemed to produce no aggravation of the disease, though a few of the pathogenetic effects of the drug was observed<sup>2</sup>.
3. In the essay *On the Obstacles to Certainty and Simplicity in Practical Medicine*, a case of spasmodic asthma is detailed, where four grains of *Nux vomica*, exhibited twice daily for some time, removed the complaint gradually, but perceptibly and permanently, without any aggravation<sup>2</sup>.
4. In Hahnemann’s two essays, *On Continued and Remittent Fevers*, and *On Hebdomadal Complaints*, the remedies administered, most of them in full doses according to old school notions cured the diseases for which they were employed, without the production of any aggravation<sup>2</sup>.
5. Again, in the essay upon *Scarlet Fever*, no aggravation is stated as having followed the administration of the various remedies employed<sup>1</sup>.
6. There was a case of gastralgia, which was treated with a drop of the pure juice of *Bryonia alba*, a dose which certainly ought to have caused a violent aggravation, if aggravation was a necessary consequence of an unnecessary large dose, which Hahnemann tells us in a note this was; but no aggravation whatsoever occurred<sup>2</sup>.
7. The other case was an attack of dyspepsia, cured by half a drop of the 12<sup>th</sup> dilution of *Pulsatilla nigricans*, likewise far too large a dose according to Hahnemann’s



later views, but no aggravation ensued, only a rapid and effective cure<sup>2</sup>.

## R. E. Dudgeon

### LECTURES ON THE THEORY AND PRACTICE OF HOMOEOPATHY<sup>5</sup>

"This homoeopathic aggravation has played such a great part in the drama of the new medical reform, that it would be unpardonable in me to pass it over cursorily; and I feel it incumbent on me to enter into a thorough examination of the whole subject, whereby we shall see whether, like other phantoms, it does not lose all its terrors when thoroughly examined and exposed to the light." <sup>5</sup>

Some example where Hahnemann gave considerable doses without the production of any aggravation -

1. A case of spasmodic asthma with head symptoms of a grave character is related, where a gradual cure without aggravation was effected by means of 3 grains of VERETRUB ALBUM, GIVEN EVERY MORNING FOR 4 WEEKS. ( ESSAY ON A NEW THERAPEUTIC PRINCIPLE)<sup>5</sup>
2. A case of spasmodic asthma is detailed, where four grains of NUX VOMICA, exhibited twice daily for some time, removed the complaint gradually, but perceptibly and permanently, without any aggravation. (ESSAY ON THE OBSTACLES TO CERTAINTY AND SIMPLICITY IN PRACTICAL MEDICINE)<sup>5</sup>

## J. T. Kent

### LECTURES ON HOMOEOPATHIC PHILOSOPHY<sup>6</sup>

#### CHAPTER – PROGNOSIS AFTER OBSERVING THE ACTION OF

#### THE REMEDY.

According to Kent, the aggravation is of two kinds; we may have an aggravation which is an aggravation of the disease, in which the patient is growing worse, OR we may have an aggravation of the symptoms, in which the patient is growing better.

**DISEASE AGGRAVATION**  
- Patient is growing weaker, the symptoms are growing stronger<sup>6</sup>.

**H O M O E O P A T H I C AGGRAVATION** – aggravation of the symptoms of the patient while the patient is growing better.

"Doctor, I Feel better."

"Doctor, I am growing weaker."

"Doctor, I am so much worse."

Dr. Kent discuss about different prognosis after observing the action of the remedy - which is either Medicinal aggravation, Homoeopathic aggravation, or it may be Disease aggravation<sup>6</sup>.

**THIRD OBSERVATION** - Aggravation is quick , short and strong with rapid improvement of the patient. (HOMOEOPATHIC AGGRAVATION)<sup>6</sup>

**FIFTH OBSERVATION** - Amelioration comes first and the aggravation comes afterwards<sup>6</sup>.

**SIXTH OBSERVATION** - Too short relief of symptoms<sup>6</sup>.

**SEVENTH OBSERVATION** - A full time amelioration of the symptoms yet no special relief to the patient. (co-relates with the 256 aphorism of *Organon*)<sup>6</sup>

#### CHAPTER - HOMOEOPATHIC AGGRAVATION

"A disease ought always to be well considered as to whether it is acute or chronic. Where there are no tissue changes, where no ultimates are present ,then you may expect the remedy to cure

the patient without any serious aggravation, or without any sharp suffering, for there is no necessity of reacting from a serious structural change.....as a reaction of the vital force of the economy when order is established, this order, which is attended by reaction, as it were, COMMENCES A PROCESS OF HOUSE CLEANING<sup>6</sup>....."

Symptoms are the "ambassador of the internal man"<sup>6</sup> – KENT.

"With the true physician discrimination is not with the eye alone, the consciousness of discrimination seems to occupy his entire economy"<sup>6</sup> – KENT.

## Stuart Close

### THE GENIUS OF HOMOEOPATHY<sup>7</sup>

**CHAPTER 7** - The "homoeopathic aggravation" or slight intensification of the symptoms which sometimes follows the administration of the curative remedy, is merely the reaction of the organism, previously perhaps inactive or acting improperly because of lowered susceptibility, as it responds to the gently stimulating action of the medicine.

Under the NEWTONIAN principle of mutual action, (Action and reaction are equal and opposite) restated in medical terms by HAHNEMANN as "SIMILIA SIMILIBUS CURANTUR"<sup>7</sup>.

**CHAPTER 11** - By aggravation is meant an increase or intensification of already existing symptoms by some appreciable circumstance or condition<sup>7</sup>.

Aggravation is also used in homoeopathic parlance to describe those conditions in which, under the action of a deeply acting homoeopathic medicine, latent disease becomes active and expresses of new symptoms. In such cases it represents the reaction of the organism to the stimulus of a well

selected medicine, and is generally curative in its nature.

**H. A. Roberts:**

## THE PRINCIPLES AND ART OF CURE BY HOMOEOPATHY<sup>8</sup>

### CHAPTER 15 - REMEDY REACTION

Roberts has stated, among the most common reaction after the remedy has been administered is AGGRAVATION OR AMELIORATION. Aggravations are of 2 types -

1. Aggravation of the disease condition, patient grows worse.
2. Aggravation of the symptoms, pt reports as feeling better.

The aggravation when the patient is growing actually weaker is a SURE INDICATION that the symptoms are taking on a more internal phase and the vital organs are more affected. In other words, it is an illustration of the reversal of the order of cure<sup>8</sup>.

He has mentioned, "we should find whether the symptoms are tending toward the exterior and away from the inner parts. In other words we should know whether there is a peripheral tendency or a tendency in the reverse order,"<sup>8</sup>

Some remedies have an aggravation immediately after administration, and some have a sharp aggravation, some little time after administration.

EXAMPLE - *Phosphorus* may have a sharp aggravation, but it rarely occurs under 24 hours after administration and it may be 48 hr or longer, and it may last for some little time<sup>8</sup>.

**William Boericke**

## ACOMPENDOF THEPRINCIPLES OF HOMOEOPATHY<sup>9</sup>

### CHAPTER 7 - THE APPLICATION

## OF HOMOEOPATHY

First or oldest symptoms ; - In the treatment of chronic diseases after a remedy has given, and old symptoms reappear in the inverse order of their development , it is an indication that the cure is progressively favourably , and no other medicine should be given.<sup>9</sup>

**C. M. Boger**

## STUDIES IN THE PHILOSOPHY OF HEALING<sup>10</sup>

### CHAPTER - CHOOSING THE REMEDY

BOGER MENTIONED - A change in the sick condition embraces 3 events, either

- 1st. The condition is ameliorated,
- 2nd. It is aggravated, or,
- 3rd. The disease alters its symptom complex<sup>10</sup>.

In the 2nd event we see the state of the sickness becoming worse; particularly do the characteristic symptoms heighten their intensity without changing or transposing themselves, the so-called homoeopathic aggravation<sup>10</sup>. Here the remedy has overcome the affection in its essence and for a while nothing further is to be done unless perhaps entirely too important complaints make the application of a proper antidote necessary, which on most occasions is found in a second, and , if possible still smaller dose of the same medicine.

## Conclusion

*si non juvat, modo ne noceat*<sup>2</sup>

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# Fundamentals of Statistics and Clinical Research in Homoeopathy

**Author: Dr Lex Rutten & Dr Martine**  
**Foreword by Dr Raj K. Manchanda**

## Reviewed by Dr M.K. Sahani

Practicing Homoeopathy for a considerable length of time provides ample of confidence in Homoeopathic practitioners about its efficacy. Therapeutics procedures as developed by Dr Hahnemann are being used variedly by all. These acceptances by individual create a desire within all Homoeopaths to prove its basic principle which has remained a matter of controversy when compared with the orthodox system of medicine. Basic principles of vital energy, dynamic diseases and potentised medicines are tried to be explained with the available corresponding information of the time. Little efforts were done to prepare statically information about the effectiveness of potentised medicine. Dr Hahnemann's Organon of Medicine has evolved a logical understanding of various available concepts and systems were generated after obtaining statically available data of the time and provide to the profession as a system of medicines. Ground plan of the Organon of Medicines provides the Hahnemann spirit for following the research methodological way of investigation in clinical procedure.

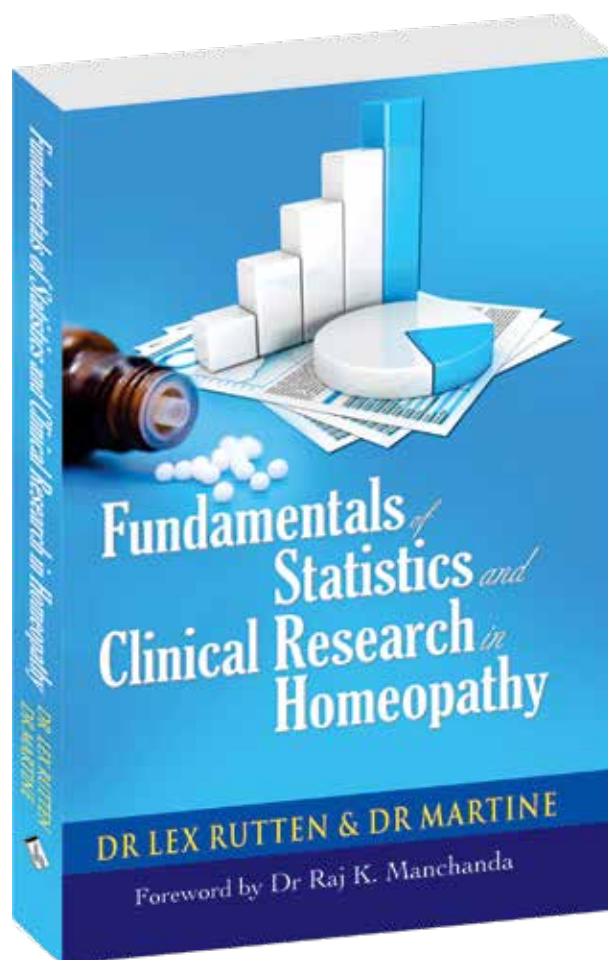
Clinical experiences are the core of any system of medicine and needs to be documented for subsequent uses by the next generations. In Homoeopathy which is now practiced for more than 200 years there are vast numbers of practitioners practicing Homoeopathy all over the world. There are unrecorded millions of cure but passed away without being properly documented. Each case record provides the clue for strategy applied and needs to be learned. It become quite necessary that every Homoeopathic physician to be well acquainted with the statics and research methodology not only for other but for his own improvement of clinical expertise.

Homoeopathic information needs to be transmitted in the language universally accepted. With time Homoeopaths are using the terminology such as remedy, portraits, similimum peculiar symptoms, key note symptoms and many others. Homoeopathic Materia Medica too contains pathological information

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in old terminology. Updating by using the internationally used terms will definitely improve better understanding Homoeopathy. Present

challenge for Homoeopathy is to really prove the superiority of the Hahnemannian therapy by means of a statistical data for well defined disease entities which usually run a fairly definite course with a fairly constant mortality rate, such as pneumonia, typhoid fever, cholera, etc. These statistics must be sufficiently large, and the diagnosis in every case verified by the usual diagnostic methods. At present we are not able to furnish any such data.

Fundamentals Statistics Clinical Research in Homoeopathy by Dr. Lex Rutten & Dr. Martin is an attempt to bring acquaintance with the principles and Research Methodology and applied aspects of Statistics especially for the Homoeopathy. It is expected that this book will remove many of the confusion and wrong notions in Homoeopathy like *Materia peccans*, *accompanying modalities* etc.

Some salient feature of this book:

- This book explains statistics in quite simple language with applicability for the Homoeopathic System of Medicines.
- Statically selected information about symptoms using the methodology has been tried

to be presented.

- Need for involvement of Statistics in many medical decisions and how to assess practice experience, like the relationship between symptoms and beneficial effects of homeopathic medicines.
- Predicting the future for appropriate use of symptoms and Hahnemann and Bayes theorem has been tried to be made available.
- Evidence based medicine, EBM-statistics and variation, Statistics of co variation, RCT Observational research, Practical prognostic factor research, Lies, damned lies and statistics
- Qualitative and quantitative research, Prognostics factor research – homoeopathy's scientific future
- One of the most interesting aspects of homeopathy is its reproducibility. Choosing the right homeopathic medicine for the individual patient is about estimating chances is the statistical aspects of understanding.
- Research challenge of the homeopathic treatments as highly individualized, with no uniform prescribing standard for homeopathic practitioners are discussed in the light of hundreds of different homeopathic remedies, which can be prescribed in a variety of different dilutions for

thousands of symptoms.

- Publications of case reports and prognostic factors for scientific future have been discussed.

Authors of the book Dr Lex Rutten started as a general practitioner in conventional medicine in 1978, but soon became interested in homeopathy as an addition to conventional medicine. Dr Martine Rutten, daughter of Lex, is an assistant professor at Delft Technical University. Her PhD thesis was titled "Moisture in the topsoil, from large-scale observations to small scale process understanding" and her specialty is water management. She has vast experience in teaching statistics and methodology of research.

Overall the book is a good attempt by the authors to make statistics and clinical research more comprehensible and easier to study. It will be very useful for all serious Homoeopathic students and practitioners and inspire them to get well versed with the applied aspect of statistics and research methodology. It can even be used by teachers as a reference book.



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