Veterinary Homoeopathy

- Rescued in drowning: survival rate of up to 99 percent of bees with Arnica montana
- An overview on urticaria and homoeopathic approach
- Homoeopathy for canine atopic dermatitis: an overview
Introduction to MATERIA MEDICA

Extensive Preparatory Notes to UG and PG

Dr G. Nagendra Babu

ABOUT THE BOOK
- Written strictly following the C.C.H. recommended portion.
- Extensive collection of material on introductory, basic, and practical study of materia medica.
- Tackles the basic introduction definitions, older modern era Allopathic materia medica, a medical term used in homeopathic science.
- Emphasis on the homeopathic science: C.M. Boericke, E.A. Fletterick, and Deftic.
- Concept of remedy relationship, pharmacological action, medicinal plant names, and methods of studying how to applied materia medica in learning.
- Structure of materia medica and its relationship to homeopathic. materials, materia medica.
- Large collection of Modern scientific nomenclature.
- A large collection of Drug names in Group study of Materia medica.
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- Decent collection of Modern scientific nomenclature of sources of drugs.
- A large collection of Drug names in Group study of Materia medica.
- Introduction to Bowel Nosodes, Bach flower remedies.

ABOUT THE AUTHOR
Dr G. Nagendra Babu

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- A student friendly publication to acquaint with the basics of homeopathic Materia Medica in depth. For both beginners and postgraduate students.
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Dr Harsh Nigam

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- Dr. Nigam went on a limb to bring all this information to us via his book. The book describes Hahnemann's life in 5 epochs like training years, experimental years, struggling years etc. This book will help us gain insight into how Hahnemann developed a holistic system of medicine and faced all the challenges that came his way. The sincere efforts taken by the author in extensive research and compiling the data from different sources are worthy of commendation.

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- word meanings to some of the selected words, terms, and nomenclatures used in Allen’s Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen’s keynote easier.
- Arrangement of relationship in different headings.

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- He has given invaluable tips, making it somewhat revolutionary compared to accepted concepts disclosed and applied in the earlier case-taking guidelines.
- several cases are analyzed throughout the book with discussions and follow-up. This book contains the transcripts of seven, 95 minute audiotapes. There is student-teacher dialogue clearing queries.
- The book also guides about potency selection.

ISBN: 978-81-319-0249-3 | ₹ 299 | 296pp
Dear Readers,

“Veterinarians in the nineteenth century used homoeopathic texts that were specifically developed for their profession...” The numerous past works of homoeopathic stalwarts has revealed the action of homoeopathic medicines in the treatment of diseases occurring in dogs, horses, cattle, ruminants, birds, etc. Since 20th century, homoeopathy has been undergoing resurgence as a form of veterinary medicine as animal owners and veterinarians have explored it as a way beyond the limitations of conventional medicine.

But at the same time, homoeopathic remedies should never be administered without a proper veterinary diagnosis. Despite the popularity of telephone consultations among veterinary homoeopaths, treatment using homoeopathy in a critical illness should be considered to be inappropriate without adequate monitoring and follow-up evaluation by a licensed veterinarian.

A Quick Word on Issue Content:
This issue of “The Homoeopathic Heritage” is an attempt to describe the scope of veterinary homoeopathy through different case studies and research papers.

The peer reviewed articles of this issue include rescued in drowning: survival rate of up to 99 percent of bees with Arnica Montana by Claudia Gutiérrez Maupomé and an overview on urticaria and homoeopathic approach by Dr Biswajit Bera, Dr Reshmita Ghosh. Subjective section of this issue include a wonderful article on homoeopathy for canine atopic dermatitis: an overview by Kansal Shivangi, Nayak Chaturbhuj. The case studies on herpes zoster treated with Rhus toxicodendron: a case report by Dr Nitesh Kumar, a case of papillomatosis in cattle treated with homoeopathy by Dr K. M. Suganya, Dr J. Senthil Kumar, Dr R. Sri Vaishnavi, arthritis management in a Labrador by Dr Zilika Jain, a case report on chronic dermatitis well treated with LM potency by Dr Shyambhavi Chaudhary, Dr Varun Chaudhary, Dr Shipra Singh, veterinary homoeopathy: a case report on dog’s flu by Dr Arti, a case report on homoeopathic treatment of vitiligo by Dr Neeta Sharma, Dr Diksha Agrahari, Divyanshi Oza, and scope in homoeopathy for cats by Dr Mousumi Das are very innovative articles. The research papers on homoeopathy: an alternative to antibiotic resistance by Dr Rita, use of quality of life index in dermatological cases under homoeopathic treatment by Dr Reddy Mallesh, Dr Subhash Chaudhary, Dr D. Basu are absolutely amazing articles for this issue. The feather in cap of this issue is an excellent article on the subject of role of individualised homoeopathic treatment in psoriasis – a case report by Dr Vasundhara Mehrotra.

Homoeopathy has a reputation of demanding a very high degree of skill from the practitioner both in acute as well as chronic cases. If properly applied, homoeopathy may eliminate the need for surgery in certain conditions, or may eliminate the need for chronic medications. Homoeopathy is potentially of value in any condition, regardless of prognosis from a conventional medical perspective. The earlier in the course of disease that homoeopathy is started, the better the response tends to be.

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

Dr Yashika Arora Malhotra
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Call for papers for the upcoming issues:

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Animals and homoeopathy

Introduction

Homoeopathy, have a definite place in veterinary practise today as complementary and alternative therapies. It is routinely practised in dogs, cats, horses, ruminants, and birds. Its use in other exotic species is growing. Homoeopathy is clinically useful as an adjunct therapy to manage post-operative pain and to speed up the healing of injuries. Both acute and chronic diseases are amenable to treatment with a homoeopathic remedy. The objective of homoeopathy is to heal and cure the animals so that animals can live healthy productive lives.

Often, early homoeopaths treated both human and animal patients, and numerous case reports of treatment in dogs, horses, and cattle have been preserved in the works of these pioneers.

“Veterinarians in the nineteenth century used homoeopathic texts that were specifically developed for their profession...”

Homoeopathy has been undergoing resurgence since the middle of the twentieth century, and has become popular again as a form of veterinary medicine in the past twenty to thirty years, as animal owners and veterinarians alike explore it as a way beyond the limitations of conventional medicine. Formal training courses are offered to veterinarians and give certification status as successful veterinarians.

Homoeopathy is routinely practised in dogs, cats, horses, ruminants, and birds. Its use in other exotic species is growing.

Homoeopathic remedies

According to the experience of a free animal clinic since last 40 years, given below are a few homoeopathic remedies that can be used for day to day veterinary practise:

- **Agaricus muscarius**: for symptoms associated with frostbite, chilblains, poisonings and gangrene from freezing of tissues.
- **Agnus castus**: for expressing oestrous cycle.
- **Allium cepa**: for coryza and hay fever.
- **Antimonium tartaricum**: for respiratory conditions like pneumonia, bronchitis, asthma and whooping cough with thick, white mucus, difficulty breathing, and deep cough.
- **Apis mellifica**: for bee and insect bites.
- **Arnica montana**: as general painkiller, for stiffness due to overexertion, soreness and musculoskeletal injuries.
- **Arsenicum album**: for gastrointestinal upsets from eating spoiled food where there is both vomiting and diarrhoea.
- **Aurum muriaticum natronatum**: as fibrolytic agent.
- **Aurum iodatum**: for promotion of follicular growth in ovary.
- **Baptisia tinctoria**: for influenza which cause a profound prostration, weakness of the neck so head cannot be held in position, and with the inability to swallow food, only water.
- **Belladonna**: for sudden and high fever, redness, pain, dilated pupils and panting.
- **Borax veneta**: to prevent ulcers in the mouth and for fear of thunderstorms and fireworks.
- **Bryonia alba**: acts on muscular tissue.
- **Calcarea carbonicum**: as constitutional drug, promotes milk yield.
- **Calcarea phosphoricum**: as constitutional drug, helps in bone calcification.
- **Calendula officinalis**: both internally as well as externally for skin infections or any kind of external infection.
- **Carbo vegetabilis**: breathing difficulty due to bronchitis.
- **Caulophyllum thalictroides**: for labour pains without progress (dilatation of ripened cervix), profuse haemorrhage after delivery.
- **Cina maritima**: as deformer and for grinding of teeth.
- **Colchicum autumnale**: for eructations and flatulence.
Colocynthis: to reduce pain in stomach, abdomen.

Echinacea angustifolia: as blood purifier, immune modulator.

Euphrasia officinalis: for conjunctivitis.

Ferrum metallicum: for haemoglobin formation.

Ferrum phosphoricum: for haemoglobin formation.

Gun powder: for septic suppuration.

Hamamelis virginiana: to prevent bleeding.

Hepar sulphuricum: wonderful to treat abscesses anywhere on the body.

Hypericum perforatum: to prevent pain at nerve damage or injuries to nerve-rich areas.

Ignatia amara: to reduce excitability.

Iodum: specifically used in after-effects of foot and mouth disease

Ipecacuanha: used along with Arnica 6 in haemogalactia.

Ledum palustre: for any type of puncture wound, including those from insect bites.

Myristica sebifera: for anal sac infections and chronic anal sac problems.

Natrum sulphuricum: for oedema and cystic ovaries.

Nux vomica: for appetite, used in downer cow.

Opium: for pre-partum prolapse.

Podophyllum peltatum: for eversion of uterus.

Pulsatilla nigricans: for correcting oestrous cycle in heifers.

Pyrogenium: for suppuration.

Raphanus sativus: for promoting ruminal movements.

Rhus toxicodendron: For arthritis, musculoskeletal injuries, red swollen eyes, skin infections and skin itching.

Ruta graveolens: for any injury to tendons or ligaments.

Sabal serrulata: for specific for hydrosalphinx.

Sabina: for action on uterine mucosa.

Secale cornutum: for uterine contraction (use along with Caulophyllum thallicitroides)

Selenium metallicum: for action on muscles.

Sepia officinalis: as uterine infection, utero ovarian relation

Silicea terra: for chronic mastitis, corrects nutrition, expels foreign bodies like splinters or foxtails out of the skin

Sulphur: as constitutional drug and for skin infection, chronic mastitis.

Symphytum officinalis: for bone union.

Thiosinaminum: as fibrolytic agent.

Thuja occidentalis (white cedar tree): for cure the resistant warts, leaving only superficial scars and without affecting allograft function.

Thyroidinum: to induce heat, can reduce milk yield in normal animals

Viburnum opulus: to reduce irritation to the uterus.
A case of papillomatosis in cattle treated with homeoeopathy

By Dr K. M. Suganya, Dr J. Senthil Kumar, Dr R. Sri Vaishnavi

Abstract: Papillomatosis in the cattle is a solid outgrowth of epidermis and appears in various size, shapes assuming the appearance of cauliflower. This is mainly caused by papilloma virus. It usually affects the young cattle. It's passed by direct skin contact.

Keywords: cattle, papillomatosis, warts, veterinary, homeoeopathy.

Abbreviations: Bovine papillomavirus (BPV), two times a day (BDS), after food (AF).

Introduction
Warts occur quite commonly on cattle in India, especially on young cattle. Cattle warts are caused by an infectious and contagious virus named as bovine papillomavirus BPV-1, BPV-2, BPV-5 causing fibro-papilloma’s and BPV-3, BPV-4, BPV-6 which cause true epitheliomas. BPV-1 causes warts on teat and BPV-2 brings about cauliflower cutaneous growth. Diseases of domestic animals yield as promptly to homoeopathic treatment as for humans. It acts equally efficiently in large animals, small animals and pets. The basic principle of homoeopathy is similia similibus curentur, i.e. let like be treated by like. Homoeopathy plays a major role in treating warts in cattle.

Case-taking
Case taking differs in cattle such as only objective symptoms can be obtained by the physician. Few symptoms can be obtained from the owner or the bystander. It is extremely important to give weight to everything the owner says during consultation encourage them to discuss everything.

Case taking also includes the behaviour characteristic symptom which is difficult to obtain in animal yet can be obtained in some forms like diarrhoea (character, colour, etc.), modalities, periodicity, duration of complaints, circumstance at the start.

Past medical history, family history, home environment (for example, stress caused by people), mental symptoms are of two types:

1. Understanding type (reaction to noise, surrounding activity)
2. Will/manner type (dominant, aggressive/shy, neat/scruffy, careful, clumsy)

General symptoms include physique, posture, gait, sleep, dreams, appetite, thirst, diet, season, time, temperature, weather. Full examination of animal should be done.

Administration of homoeopathic medicine
Homoeopathic medicines are easy to administer by the owner to the cattle. Homoeopathic medicine can be given internally and externally.

Internally
- Mother tincture
- Triturated powder or pills or tablets
- Externally
- Lotion
- Creams
- Tincture
- Ointments

List of some cattle diseases
- Anthrax
- Mange
- Mastitis
- Cowpox
- Botulism
- Milk fever
- Calf scour
- Leptospirosis
- Tetanus

Warts
Warts are small, non cancerous growths appear when the skin is infected with bovine papillomavirus. Warts are contagious and can spread rapidly in close contact.

Aetiology
Warts are caused by bovine papillomatosis virus.

Types
There are four most common types: squat, flat, pedunculated and tags.

Signs
It can be exhibited as benign nodular lesions, finger like projection or cauliflower-like growth. Warts are attached to the skin by a neck or pedicle or flattened on the skin.

General management
- The infected cattle should be isolated
The halters, ropes and instruments used in infected cattle should be disinfected.

**Homoeopathic management**

1. **Thuja occidentalis**
   Fig warts, condylomata and wart like excrescences upon mucous and cutaneous surfaces. Skin looks dirt; warts large, seedy, pedunculated; spongy tumours.\(^{6,7}\)

2. **Causticum**
   Warts large, jagged, often pedunculated, bleeding easily exceeding moisture; small, all over the body; warts bleed easily, present in tips of fingers and nose; patient is dirty, white.\(^{6,7,8}\)

3. **Nitricum acidum**
   Warts, condylomata, large, jagged, pedunculated; bleeding readily on washing, on slightest touch.\(^{6,7,8}\)

4. **Dulcamara**
   Warts, fleshy, large, smooth; on face or back of hands and fingers.\(^{6,7,8}\)

5. **Calcarea carbonica**
   Warts on the face and hands\(^{7}\)

6. **Sabina**
   Fig warts with intolerable itching and burning; exuberant granulations; warts in mucocutaneous surface.\(^{6,8}\)

7. **Antimonium crudum**
   Disposition to abnormal growth of the skin, crushed nails grow in splits like warts with horny spots; warts are numerous.\(^{6,8}\)

8. **Staphysagria**
   Fig warts dry, pedunculated, cauliflower like.\(^{6,7}\)

**Some rubrics in the Murphy’s repertory for warts**

- SKIN-WARTS-CAULIFLOWER LIKE
- SKIN-WARTS-PEDUNCULATED
- SKIN-WARTS-SMOOTH
- SKIN-WARTS-MULTIPLE
- RECTUM-CONSTIPATION, general
- FOOD-APPETITE, general; DIMINISHED

**Case presentation:**
An adult cattle of 2 years was brought by the owner on 21/7/21 with major complaints of appearance of growth+++ in both eyes multiple growth around right eyelid and single growth around left eyes since 1 month. The cattle had a complaint of decreased appetite++ since 1 week and constipation+ since 3 days.

**On physical examination**-the growth was cauliflower like appearance smooth in nature, pedunculated, no ulceration, no bleeding, no itching by the cattle.

**Analysis and evaluation of symptoms**

**Dominant miasm:** sycosis\(^{10}\)

**Prescription**
Thuja occidentalis 30 / 1 dose (warts, large, pedunculated, spongy tumours, warts like excrescences upon mucosal and cutaneous surfaces)\(^{6,7}\)

(Due to decreased appetite, the vitality was low, hence 30 potency was chosen.)\(^{7}\)

**Thuja occidentalis** Q BDS / 15 days (external application)\(^{7}\)

(The figwarts, if they have existed for some time without treatment, may require perfect cure, the external application of their specific medicines as well as their internal use at the same time - foot note of aphorism 282)\(^{2}\)

**Placebo** (3-0-3) AF / 15 days

<table>
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<th>Particulars</th>
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<tr>
<td>Appetite decreased++</td>
<td>Warts+++ – multiple growth, cauliflower like appearance, spongy in nature, pedunculated.</td>
</tr>
<tr>
<td>Constipation+</td>
<td></td>
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**Repertorisation chart**
Follow up

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<th>S.No</th>
<th>Symptoms</th>
<th>Prescription</th>
</tr>
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<td>1.</td>
<td>Date: 5/8/21 The size of the warts is reduced slightly. Appetite is good Bowel movements are normal</td>
<td>1. <em>Thuja occidentalis</em> 200 / 1 d (Appetite is normal, hence vitality is good the potency is increased) 2. <em>Thuja occidentalis</em> Q BDS / 15 days (external application) 3. Placebo (3-0-3) / 15 days AF</td>
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<tr>
<td>2.</td>
<td>Date: 20/8/21 The size of the warts reduced a bit. Generals are good</td>
<td>1. <em>Thuja occidentalis</em> Q BDS / 15 days (external application) 2. Placebo (3-0-3) / 15 days AF</td>
</tr>
<tr>
<td>3.</td>
<td>Date: 4/9/21 Warts size reduced to half of its appearance. Generals are good</td>
<td>1. <em>Thuja occidentalis</em> 1M/1d 2. <em>Thuja occidentalis</em> Q BDS / 15 days (external application) 3. Placebo (3-0-3) / 15 days AF</td>
</tr>
<tr>
<td>4.</td>
<td>Date: 20/9/21 Warts are almost reduced in numbers</td>
<td>Placebo (3-0-3) / 15 days AF</td>
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### Justification of repetition of remedy

The best selected homoeopathic remedy has to be repeated only with the improved dynamisation of the potency at every repetition. (10)

### Picture of before and after treatment

![Picture of before and after treatment](image)

### Conclusion

Homoeopathy has a very positive effective in treating warts and it makes wonders in veterinary cases. One should not however forget along with homoeopathic treatment, balanced diet and good management is very essential and no drug can possibly be the substitute for the imperatives.

A distinguished veterinary surgeon, Dr Haycock, who was also acquainted with many systems of medicine praised homoeopathy. In his words it cures any injurious effects upon constitutional powers, it save more animals and it costs less.

### References

9. Hompath Zomooce Software.

### About the authors

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An overview on urticaria and homeopathic approach

Dr Biswajit Bera[1] *, Dr Reshmita Ghosh[2]

Abstract: Urticaria is now the very common disorders of internal or external disease origin. It is caused by localised dermal oedema secondary to a temporary increase in capillary permeability. If oedema involves subcutaneous or submucosal layers, the term angioedema is used. Here, this article tries to show the general overview on urticaria and its homeopathic management.

Keywords: urticaria; capillary permeability; angioedema; homoeopathy.

Abbreviations: Immunoglobulin-E (IgE), angiotensin converting enzyme (ACE), systemic lupus erythematosus (SLE).

Introduction

Urticaria is a heterogenous group of disorders characterised by itchy wheals due to evanescent oedema of dermis or subcutis. It is also known as ‘wheal’ or ‘hives’. About 20% of general populations are victim of this. It is manifested at any age and more frequent in women.[1]

Discussion

Aetiology of urticaria[2]

1. Acute and chronic urticaria: due to
   - Autoimmune: due to antibodies that cross-link the IgE receptor on mast cells
   - Allergens in foods and inhalants
   - Contact allergens: latex, animal saliva
   - Drugs (salicylates, antibiotics, dextran, ACE inhibitors)
   - Physical stimuli: heat, cold, pressure, sun, sweat, water
   - Infections: intestinal parasites, hepatitis
   - Others: SLE, pregnancy, thyroid disorder
   - Idiopathic: chronic spontaneous urticaria and angioedema

2. Urticarial vasculitis
   - Hepatitis B, SLE, idiopathic, etc.

Pathogenesis of urticaria[1,2]

Basic pathogenesis is due to the vasodilatation of vessels followed by fluid into the surrounding tissues e.g. dermis and subcutis. This process is mediated by mainly by histamine and other proinflammatory mediators which released from mast cells and other cells like basophils by several mechanisms.

Mast cell degranulation occurs in different of ways: (1) Type I hypersensitivity reaction causes degranulation. (2) Spontaneous mast cell degranulation occurs in chronic urticaria. (3) Chemical mast cell degranulation. (4) Autoimmunity, with IgE antibodies directed against IgE receptors or IgE itself. Histamine and the leukotrienes are especially relevant mediators in urticaria.

Mast cell degranulation and release of histamine and other vasoactive mediators is the basis of urticaria. Chronic spontaneous urticaria (previously called chronic idiopathic or chronic ordinary urticaria) is the most common chronic urticaria and it has an autoimmune pathogenesis in few cases. Histamine acts on H1 receptors located on endothelium to cause wheal and on sensory nerves to cause the neurogenic flare and pruritus.

Non immunological mechanisms involved due to the direct degranulation induced by drugs and chemicals.

Clinical features[1-3]

Acute urticaria may be associated with angioedema of the lips, face, tongue, throat and, rarely, wheezing, abdominal pain, headaches and even anaphylaxis.

Urticaria present for less than 6 weeks duration is called to be acute, and chronic if it continues for more than 6 weeks at least twice a week, if not treated. Individual wheals (evanescent discrete areas of dermal oedema, with centrally white due to masking of local blood supply by fluid; can be papules, macules, patches and plaques - last for less than 24 hours). The duration of urticaria can be achieved by drawing around the wheal and reassessing 24 hours later. History-taking should help for possible causes, including medications.

One of the important characteristic of urticaria is its transience, but very occasionally urticarial lesions stay for days rather than hours and leave a brownish stain. This type of urticaria is due to involvement of small blood vessels and is known as urticarial vasculitis. The phenomenon, which is the exaggeration of the normal, triple response which is caused by a track with a blunt object will produce blanching, redness and then wheal is known as dermographism. It
Also known eosinophilia in positive in Autosomal elevated in to confirm Antidotes ill-effects done if urticarial Urticaria hepatis These type

angioedema) leaving behind normal subsides less than 24 hours (except erythematous wheals and lesions on presence of- evanescent, Diagnosis of urticaria is based in acute urticaria. Some or all of investigations should be guided by the history and possible causes but are often negative, particularly in acute urticaria. Some or all of the following may be taken into consideration:

• Full blood count: eosinophilia in parasitic infection or drug cause
• Erythrocyte sedimentation rate or plasma viscosity: elevated in vasculitis.
• Urea and electrolytes, thyroid and liver function tests, iron studies: may reveal an underlying systemic disorder.
• Total IgE and specific IgE to possible allergens: shellfish, peanut, house-dust mite. Particularly relevant if there is angioedema.
• Autoantibodies, particularly antinuclear factor: positive in systemic lupus erythematosus (SLE) and often positive in urticarial vasculitis. Other autoimmune diseases, for example, rheumatoid arthritis, auto-immune hepatitis, or typhoid associated.

Physical triggers can also be assessed in challenge testing, such as eliciting dermographism or pressure testing. Enquiry about family history and medication, particularly ACE inhibitors, is important in angioedema. Examination may be unremarkable or wheals may be evident. The skin should be stroked firmly with an orange stick in order to ascertain whether dermographism is present or not. Investigations should be guided by the history and possible causes but are often negative, particularly in acute urticaria. Some or all of the following may be taken into consideration:

• Insect bite hypersensitivity
• Maculopapular drug eruptions
• Erythema multiforme
• Urticarial vasculitis, etc.

Assessment and investigations

Physical triggers can also be assessed in challenge testing, such as eliciting dermographism or pressure testing. Enquiry about family history and medication, particularly ACE inhibitors, is important in angioedema. Examination may be unremarkable or wheals may be evident. The skin should be stroked firmly with an orange stick in order to ascertain whether dermographism is present or not. Investigations should be guided by the history and possible causes but are often negative, particularly in acute urticaria. Some or all of the following may be taken into consideration:

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Different types of urticaria

Inducible urticaria: Also known as physical urticaria; in which a specific physical stimulus produces reproducible wheal. Dermographic urticaria, cholinergic urticaria, cold urticaria, solar urticaria, delayed pressure urticaria are varieties of physical urticaria.

Hypersensitive urticaria: it is the commonest type of acute urticaria due to IgE mediated hypersensitivity reaction to specific antigens; due to infections, infestations, ingestants, inhalants, injections, insects bite etc.

Autoimmune urticaria: This type of urticaria is more severe, persistent often with systemic disorders. About 30% patients of chronic urticaria have circulating autoantibodies to Fc cell surface receptors in their sera.

Drug induced urticaria: These type of urticaria mediated through IgE or direct degranulation of mast cells or interfering with arachidonic acid metabolism or through complement activation.

Hereditary angioedema: Autosomal dominance inheritance urticaria due to deficiency of inhibitor of C1 esterase; manifests as angioedema precipitated by trauma (even minor) but urticaria is absent. Family history is usually absent. Often associated with abdominal pain, vomiting, oedema of soft tissues including laryngeal oedema; and anaphylaxis.

Differential diagnosis

Diagnosis of urticaria is based on presence of- evanescent, erythematous wheals and lesions subsides less than 24 hours (except angioedema) leaving behind normal skin (no pigmentation, atrophy or scaling).

Urticaria needs to be differentiated from:

• Insect bite hypersensitivity
• Maculopapular drug eruptions
• Erythema multiforme
• Urticarial vasculitis, etc.

General management

Treatment depends on the type of urticaria, severity and how long persists. Patient’s education, avoiding triggers and antihistamines should be considered. Dietary changes, if required. If it is a medicinal origin then should avoid this group of medicines with the help of physician. Special care should be taken for angioedema patients, often require emergency treatment.

Homoeopathic therapeutics

Indications of few frequently used homoeopathic medicines are discussed here. Medicines should be given considering the totality of symptoms following homoeopathic philosophy.

Bovista lycoperdon: Urticaria on excitement, with rheumatic lameness, palpitation and diarrhoea. Itching on getting warm. Urticaria on waking in the morning, worse from bathing.

Dulcamara: Red spots, urticaria, brought on by exposure, or sour stomach. Rheumatic symptoms after acute skin eruptions. Urticaria: itching better by cold application.

Urtica urens: Antidotes ill-effects of eating shellfish. Symptoms return at the same time every year. Rheumatism associated with urticaria-like eruptions. Urticaria, burning heat, with formation;
violent itching. Consequences of suppressed nettle rash. Rheumatism alternates with nettle-rash. Urticaria; the skin becomes elevated, with a white central spot and a red areola, with stinging and burning, relieved by rubbing. Gout and uric acid diathesis.

**Rhus venenata:** Fine vesicular eruption on forearm, wrist, back of hands, between and on fingers; vesicles are situated on an inflamed erysipelatous base, and accompanied with most intolerable itching, esp. in evening in a warm room and in bed; after scratching and rubbing; the itching is intolerable; large quantities of serum run from each vesicle after it is scratched.

**Astacus fluviatilis:** Produces urticaria; with liver complaints. Erysipelas, with nettle rash.

**Sepia:** Urticaria on going in open air; better in warm room.

**Rumex:** Intense itching of skin, especially of lower extremities; worse, exposure to cold air when undressing. Urticaria.

**Copaiva officinalis:** Hives, with fever and constipation. Chronic urticaria in children.

**Conium maculatum:** Urticaria from violent bodily exertion. Pimples, small red, burning appear with scanty menses and disappear after menses.

**Calcarea carbonicum:** Urticaria ameliorated in cool air.

**Natrum muriaticum:** Urticaria; itch and burn. worse, eating salt, at seashore. Hives, itching after exertion.

**Pulsatilla pratensis:** Urticaria, after rich food, with diarrhoea, from delayed menses, worse undressing.

**Chinimum sulphuricum:** Itching; erythema, urticaria, icterus, vesication, pustules, purpura. Great sensitiveness. Shrivelled skin.

**Apium graveolens:** Urticaria with shuddering.

**Antipyrinum:** Urticaria, appearing and disappearing suddenly, with internal coldness. Angioneurotic oedema.

**Antimonium crudum:** Urticaria; measles-like eruption. Itching when warm in bed. Dry skin.

**Hepar sulphuricum:** Chronic and recurring urticaria.

**Strophanthus hispidus:** Urticaria, especially more chronic forms.

**Salicylicum acidum:** Itching vesicles and pustules; better by scratching. Sweat without sleep. Urticaria. Copious foot-sweat and ill affects where suppressed.

**Skookum chuck aqua:** Has strong affinity for skin and mucous membranes-An antipsoric medicine. Urticaria. Lithemia. Eczema. Dry skin.

**Primula obconica:** Great itching, worse at night, red and swollen like erysipelas. Tumefied. Small papules on a raised base. Skin symptoms accompanied by febrile symptoms.

**Pсорinum:** Urticaria after every exertion.

**Plantago major:** Itching and burning; papule. Urticaria.

**Natrum salicylicum:** Œdema, urticaria, red in circumscribed patches. Tingling and itching.

**Morphinum:** Itching. Skin lost its elasticity. Urticaria appearing at climaxis.

**Medusa:** Numbness; burning, pricking heat. Vesicular eruption especially on face, arms, shoulders, and breasts. Nettle rash.

**Nux vomica:** Urticaria, with gastric derangement. Skin red and blotchy.

**Linum usitatissimum:** The application of Linseed poultice has produced in sensitive subjects with severe respiratory disturbances, as asthma, hives, etc; treatment of asthma, hay-fever and urticaria.

**Fragaria vesca:** Urticaria; petechial and erysipelatous eruptions. Swelling of whole body.

**Elaterium officinarum:** Smarts, stings, and burns. Dropical. Urticaria from suppressed intermittent. Skin, orange color.

**Colchicum autumnale:** Pink spots on back, abdomen and chest. Urticaria. Skin dry, sweat suppressed or profuse.

**Chlorum hydratum:** Urticaria; aggravated by night disappears by day; suddenly appear from chill, ameliorated by warmth; aggravation from alcohol. Skin stone cold.

**Triosteum perfoliatum:** Itching welts. Urticaria from gastric derangement. Violent itching eruption on skin. Great itching at night with welts all over surface.

**Tilia Europaea:** Urticaria. Violent itching, and burning like fire after scratching. Eruption of small, red, itching pimples.

**Terebinthiniae oleum:** Erythema; itching pustular, vesicular eruption; urticaria. Aching, soreness of the muscles.

**Uva ursi :** Urticaria without itching.

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**Repertorial approach**

*Phatak’s Repertory*

URTICARIA, hives, wheals: Ant-c;
Ap; Ars; CALC; Calc-s; Caus; Chlo-hyd; Cop; Dul; Grap; Hep; Lach; Led; Mez; Nat-m; Pho; Polyg; RHUS-T; Sep; Sil; Sul; Urt.

URTICARIA, hives, wheals: alternating, with asthma: calad.

URTICARIA, hives, wheals: alternating with rheumatism: urt.

URTICARIA, hives, wheals: Ascarides, with: urt.

URTICARIA, hives, wheals: Bathing agg: bov.

URTICARIA, hives, wheals: Change of weather agg: ap.

URTICARIA, hives, wheals: Chill, during: Ap; Ars; Nat-m; Rhus-t.

URTICARIA, hives, wheals: Chronic: Lyc; strop.
- Children, in: cop.
- Recurring: hep.

URTICARIA, hives, wheals: Cold, air – agg: nit-ac; Rhus-t; sep.

URTICARIA, hives, wheals: Cold, air - amel: calc; dul.


URTICARIA, hives, wheals: Cold, drinks agg: bell.

URTICARIA, hives, wheals: Colds agg: Dul.

URTICARIA, hives, wheals: Diarrhoea, with: bov; pul.

URTICARIA, hives, wheals: Evening agg: kre; nux-v.

URTICARIA, hives, wheals: Exercise, warmth of
- Agg: Con; Nat-m; Psor; Urt.
- Amel: Hep; Sep.

URTICARIA, hives, wheals: Fever, during: Ap; Cop; Ign; Rhus-t.

URTICARIA, hives, wheals: Fish
- Agg: Ars.
- Shell: Terb: Urt.

URTICARIA, hives, wheals: Flat, plaques, in: Form; Lob.


URTICARIA, hives, wheals: Itching without: Uva.

URTICARIA, hives, wheals: Liver symptoms, with: astac; myr; ptel.


URTICARIA, hives, wheals: Menses, agg: dul; kali-c.

URTICARIA, hives, wheals: Menses, after agg: kre

URTICARIA, hives, wheals: Menses, delayed agg: pul.

URTICARIA, hives, wheals: Menses, profuse, with: bov.

URTICARIA, hives, wheals: Morning, awakening, on: bov.

URTICARIA, hives, wheals: Nausea, after: sang.

URTICARIA, hives, wheals: Night agg: chlo-hyd.

URTICARIA, hives, wheals: Nodular: sul-ac.

URTICARIA, hives, wheals: Palpitation, with: bov.

URTICARIA, hives, wheals: Pinworm, with: urt.

URTICARIA, hives, wheals: Purple: chin-s.

URTICARIA, hives, wheals: Receding: strop.

URTICARIA, hives, wheals: Respiration difficult, with: ap.

URTICARIA, hives, wheals: Rheumatism with: rhus-t; urt.

URTICARIA, hives, wheals: Rheumatism alternating with+: urt.

URTICARIA, hives, wheals: Rubbing amel: elat.

URTICARIA, hives, wheals: Scratching agg: dul; lach; mez; rhus-t.

URTICARIA, hives, wheals: Shuddering, with: ap-g.

URTICARIA, hives, wheals: Suppressed agg: urt.

URTICARIA, hives, wheals: Undressing agg: pul.

URTICARIA, hives, wheals: Warmth amel: lyc.

URTICARIA, hives, wheals: White: nat-m.

URTICARIA, hives, wheals: Yearly, same season: urt.

A case of chronic urticaria treated with Thuja occidentalis

A 32 years old, married female, presented with remission of urticaria all over body specially on limbs for last 7 days dated 25/08/2021. After taking history it was seen that the patient took covishield vaccine (prophylaxis of COVID’19) 1st dose, before that day. Also, it was seen that the patient took homeopathic medicine, Sepia officinalis 200C, 2 months back for gastric trouble and urticaria. After taking Sepia officinalis, the patient was better but after vaccinated, urticarial rash and itching too much increased. She was suffering from urticaria for more than 6 months. After detailed case taking, it was seen that she is chilly, desire for sour and salty things, intolerance of fat and milk caused bloated abdomen, all time busy with household works; past history

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of jaundice and family history of hypertension (father). Considering all the above symptoms and history of vaccination and also consulting with Kent’s repertory, the medicine, Thuja occidentalis 6C was given in single dose on 01/09/2021. After taking medicine wheal diminished and itching improved within 2 days. After 7 days, patient felt very much improved and no episodes of urticaria occurred thereafter. The patient is still under observation.

Conclusion

Cases of urticaria are very common either in a form of acute or chronic; among them few are presenting with serious manifestation and require emergency treatment, and others are not. One should have a clear view and approach towards urticaria for management. Detailed case taking is necessary to form the totality of symptoms to treat the patient rationally on the basis of homoeopathic philosophy.

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ANA KLIKOVAC

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Abstract:

**Background:** Atopic dermatitis is reported to be the second most common cause of hypersensitive (allergic) skin disease in dogs throughout the world. Homoeopathic remedies are used in the treatment for canine atopic dermatitis (CAD) but their efficacy is not yet established scientifically.

**Objectives:** This article systematically reviews the evidences from controlled clinical trials and pilot studies of any type of homoeopathic treatment for canine atopic dermatitis.

**Methods:** Electronic searches were conducted in medline, embase and cochrane library with no restrictions on time or language. In addition, the bibliographies of the retrieved articles were searched. All controlled trials of homoeopathy in dogs with CAD were considered.

**Results:** One randomised and one pilot study met the inclusion criteria. One study demonstrated the efficacy of homoeopathy in managing canine atopic dermatitis.

**Conclusion:** The evidences from studies fail to show that Homoeopathy can be efficacious for treatment of CAD and hence, need further researches.

**Keywords:** Overview, homoeopathy, canine atopic dermatitis

**Abbreviations:** Atopic dermatitis (AD), canine atopic dermatitis (CAD), canine atopic dermatitis extent and severity index (CADESI-4), randomised controlled trials (RCTs), immunoglobulin (Ig)

**Introduction**

Atopic dermatitis (AD) is one of the most common cutaneous inflammatory and pruritic diseases in dogs.1 The estimated prevalence of AD in dogs is approximately 10–15%.2 For clinical examination of CAD, the CADESI-4 has been developed for scoring the severity of CAD associated lesions for use in clinical trials. However, this tool is not suitable for widespread epidemiological use.3 Edinburgh pruritus scale, a validated scoring system for pruritus severity is used to gather information about a dog’s skin health, directly from the owners.4 The treatments of choice for CAD are avoidance of allergen and specific immunotherapy. Because avoidance is usually not possible, and immunotherapy is often unsuccessful, many atopic dogs are treated with various combinations of glucocorticoids and non-steroidal antipruritic agents (antihistamines, omega-3/omega-6 fatty acids, phosphodiesterase inhibitors, leukotriene antagonists).5,6 In many instances, the expense of these therapeutic protocols are not affordable, side effects are alarming, and not all patients are satisfactorily treated.5,6 Hence, veterinarians are constantly seeking less expensive, safer, more user-friendly therapeutic agents. Moreover, the dog owners are increasingly interested in “natural” and “alternative” methods of treatment.5

There are currently 80 to 100 veterinary surgeons in the United Kingdom who prescribe homoeopathic medicines in the first instance or adopt referral practice.7 Positive research findings in veterinary homoeopathy have been reported in the peer-reviewed literature, but these are currently limited to non-controlled studies8-10 and randomised controlled trials (RCTs) are focused mainly on farm livestock.11-13. The purpose of the present review was to collect systematic clinical outcome data from homoeopathic treatment of dogs, across a wide spectrum of clinical diagnoses, that would provide new and relevant RCTs of homoeopathy.

**Objective**

The aim of the present analysis was to review the literature on homoeopathic studies of canine atopic dermatitis to evaluate whether homoeopathic treatment (alone or as adjuvant to standard therapy) could produce any significant effect in managing the cases of CAD.
Materials and methods

Searches were carried out medline, embase and cochrane library for controlled clinical trials and pilot study of any type of homoeopathy as a treatment for CAD. In addition, other systematic reviews and bibliographies of the retrieved studies were also searched. The search terms were homoeopathy and canine atopic dermatitis. Controlled clinical trials and pilot study were considered, if they tested homoeopathic remedies for CAD regardless of control intervention or randomization. The uncontrolled studies were excluded. The methodological quality of all included trials was estimated using the Jadad score. Key data from each trial were extracted according to pre-specified criteria (Table 1).

Table 1: Trials in homoeopathy for canine atopic dermatitis

<table>
<thead>
<tr>
<th>Reference</th>
<th>No. of dogs</th>
<th>Design</th>
<th>Experimental treatment</th>
<th>Control treatment</th>
<th>Main result</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hill et al 15</td>
<td>20</td>
<td>Pilot study</td>
<td>Individualised homoeopathy</td>
<td>Placebo</td>
<td>Distinguished between the placebo and homoeopathic remedies, and reported reductions in the pruritus score of 0, 0·2 and 0·8 following placebo treatment and 4·3, 2·4 and 3·0, respectively, following application of homoeopathic medicines.</td>
<td>Individualised homoeopathic remedies are more effective than placebo</td>
</tr>
<tr>
<td>Scott et al 16</td>
<td>18</td>
<td>A single-blinded, placebo-controlled study</td>
<td>Commercial homoeopathic remedy</td>
<td>Placebo</td>
<td>Pruritus was reduced by less than 50% in only 2/18 dogs; 1 of these dogs was receiving the homoeopathic remedy, the other was receiving the placebo. One dog vomited after administration of the homoeopathic remedy.</td>
<td>The commercial homoeopathic remedy was not effective for the treatment of CAD.</td>
</tr>
</tbody>
</table>

Inclusion/exclusion criteria

Controlled trials (randomised, non-randomised, pilot study, or observational study) of any form of homoeopathy in dogs suffering from atopic dermatitis without any language restriction.

Study selection

Selection included randomised, non-randomised controlled trials, controlled observational studies, pilot study, of any form of homoeopathy in canine atopic dermatitis.

Search strategy

In order to retrieve all clinical trials enrolling canine patients with AD, a wide electronic search was carried out using the medical databases including google scholar and pubmed for the literature search. A broad search was done with the following keywords: (dog or dogs or homoeopathy or canine) and (atopic or pruritus). Similarly, the bibliographies of all articles and book chapters covering treatment of CAD or pruritus were scanned for additional relevant citations.

Selection of studies

- There was no limitation based on language of publication.
- Clinical trials were included only if study participants included at least five dogs with AD; the disease being defined as a (a genetically predisposed inflammatory and pruritic allergic skin disease with characteristic clinical features and associated most commonly with IgE antibodies to environmental allergens).
- Only studies that evaluated homoeopathic interventions aimed at the treatment of AD were included in this systematic review.

Data extraction

- Clinical trials that satisfied inclusion criteria were reviewed independently.
- Data were abstracted in tabular form. Results of the review were compared, and where differences were noted, they were discussed and reconciled. The following data were extracted from the included studies:
  1. Publication type
  2. Study aims and target population
3. Inclusion and exclusion criteria
4. Study design
5. Intervention details [potency, type of homoeopathy individualised/classical, clinical, complex, isopathy, preventive]
6. Control details: placebo or conventional treatment as control; Homoeopathy as an add on or not
7. Number of patients participated, who have been evaluated in each group; intention-to-treat
8. Statistical reporting
9. Funding and declared conflicts of interest.

Quality assessment
The following parameters were adopted to determine the biased estimates of treatment:
1. Randomisation, method of generation and concealment of allocation to treatment groups;
2. Masking, blinding of observers (e.g., clinicians) and participants (e.g., owners) to the treatment allocation;
3. Loss-to-follow-up, presence of dropouts and withdrawals.

Results
The searches generated 19 articles out of which three articles met the inclusion criteria (Fig.1). Two studies were from the same group but both of them were not randomised.

A few studies on the efficacy of homoeopathy in veterinary dermatology were evaluated.

Hill et al\textsuperscript{15} performed a pilot study on the effect of individualized homoeopathic remedies on pruritus associated with atopic dermatitis (AD) in dogs. Twenty dogs with confirmed AD were initially treated by a veterinary homoeopath, based on cutaneous signs and constitutional characteristics. Dogs owners assessed the response to treatment using a validated pruritus scoring system. In 15 cases, owners reported no improvement following homoeopathic treatment. For 5 of 20 cases, a reduction in pruritus ranging from 64\% to 100\% was recorded. Complete resolution in one dog’s skin condition, allowing discontinuation of conventional treatments (immunotherapy and glucocorticoids administered for 2 years before study enrollment), was also documented. Three cases were then entered into a second randomised, blinded, placebo-controlled trial during which owners could correctly distinguish between active remedy administration and placebo. Sixteen different homoeopathic remedies were prescribed throughout the study; the most common remedies included \textit{Pulsatilla nigricans 200C, Sulphur 30C, and Phosphorus 200C}.

Clinical responses of pilot study
\textit{Open phase:} All 20 dogs were evaluated on days 0 and 30; 19 dogs were evaluated on day 60. One dog did not attend on day 60, but was scored on day 150. For this dog, the day 150 score was used both for final analysis and for analysis of day 60 scores. Fourteen owners preferred to continue with the study until day 90, eight continued until day 120, five until day 150, one until day 180 and one until day 210. No case was withdrawn from the study due to poor owner compliance or following the administration of conventional medications.

Blinded, randomised, placebo-controlled phase: The owner of 6\textsuperscript{th} dog did not participate in the second phase of the trial because the dog’s clinical signs resolved and it did not require further medication. Dog 15 did not participate because it was euthanased shortly after concluding the first phase of the study when it suffered status epilepticus; this dog had suffered seizures throughout its life and was receiving phenobarbital. The remaining three dogs continued to receive homoeopathic remedies intermittently and could therefore be given either the remedy or placebo, as described above.

The owner of dog 12 reported a 0.2 point reduction in the dog’s pruritus score following placebo treatment and a 2.4-point reduction following treatment with the remedy. The
owner of dog 4 reported no change following placebo and a 4·3 point reduction in pruritus score following application of the remedy. The owner of dog 9 reported a 0·8 point reduction in pruritus score following placebo and a 3·0 point reduction following active remedy.

<table>
<thead>
<tr>
<th>Dog</th>
<th>0</th>
<th>30</th>
<th>60</th>
<th>Day 90</th>
<th>150</th>
<th>180</th>
<th>210</th>
<th>Change of score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>3·5</td>
<td>2·1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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Study by Scott et al on the management of canine AD with a homoeopathic remedy has also been evaluated in a single, blinded, placebo-controlled study.16 Eighteen dogs with AD and moderate to severe pruritus were treated with a commercially available homoeopathic remedy (skin and seborrhea remedy; HomoeoPet, West Hampton beach, NY) containing Sulphur, Staphysagria, Psorinum, Graphites, and Arsenicum album. The remedy was administered orally during first 3 weeks of the trial, followed by placebo (ethanol containing vehicle only) for a similar duration. Owners evaluated a reduction in pruritus by classifying the observed change as poor, fair, good, or excellent. Only one dog each in treatment and placebo groups had a repeated and sustained “fair” response (<50% reduction in pruritus). Homoeopathic practitioners were critical of the study design and claimed that the investigators disregarded the importance of individualisation of remedies.17-21

A study performed by veterinary homoeopathic practitioners reported a moderate or major improvement in 56% of dogs with AD. However, the study design was non-controlled and failed to use standardized methods of diagnosis, monitoring, and assessment.8,22 Owing to the dilute nature of homoeopathic remedies, they are generally considered to have little to no risk of adverse effects. Aggravation of symptoms for several hours after remedy administration was reported in 10% to 20% of human patients. Arsenic toxicity, manifesting as melanosis and keratosis, acute gastrointestinal disease,
leukopenia, thrombocytopenia, and polyneuropathy were also described in three human cases due to improper use of homoeopathic remedies.²³

Discussion

Perhaps the most surprising result of this review is that only one pilot study and one RCT have been published, whose findings are disappointing. The major problems in veterinary system for non-acceptance of homoeopathy is poor evidence from clinical trials to demonstrate the efficacy of homoeopathic remedies in animal diseases which is further strengthened by poor study designs of available research studies with homoeopathic remedies. In veterinary medicine, there have been a few research studies to evaluate treatment-specific effects of homoeopathy; rather such studies addressed only herd problems in farms. To date, controlled trials of homoeopathy published in veterinary literature have not shown significant effects but beneficial responses have been reported elsewhere. One obstacle to the performance of clinical trials to investigate veterinary homoeopathy is the holistic approach of homoeopathy, in which the whole patient is treated on the basis of the individual signs and symptoms as well as constitutional characteristics. This makes the monitoring of appropriate outcome parameters difficult. However, if veterinary homoeopathy is to gain acceptance by conventional clinicians, it is essential that specific disease conditions are identified that may be helped by this mode of therapy. Scott et al reported a single-blinded, placebo-controlled study by an eminent team of veterinary dermatologists to determine the efficacy of a commercial homoeopathic remedy in the treatment of CAD.²⁴ Although no beneficial effects were seen in placebo, the study design was widely criticised by homoeopathic practitioners who wrote to the journal in which the study was reported, claiming that the requirement for individualisation of remedies had been completely misunderstood and ignored by the authors.¹⁸

In contrast, a study undertaken by veterinary homoeopathic practitioners reporting a moderate or major improvement in 56 per cent of dogs with atopic dermatitis²⁵ was non-controlled in nature, and could be criticised because it did not use standardised methods of diagnosis, monitoring and assessment. Both placebo-controlled and pragmatic models testing the efficacy and effectiveness of homoeopathy are recommended, allowing practitioners to prescribe freely in their usual way. It is important to test homoeopathy in the form in which it is commonly practised.

Conclusion

The evidences from the past studies fail to show that Homoeopathy can be an efficacious treatment for canine atopic dermatitis and need further researches, adopting better study design with bigger sample size.

Acknowledgements

The authors are thankful to Dr James Michael, Senior Research Fellow of Central Council of Research in Homoeopathy, under Ministry of AYUSH, Govt of India, for thoroughly verifying the authenticity of references.

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About the authors

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MANAGING PAIN WITH SWEET PILLS

Dr Mayuresh S Mahajan

- The author has compiled his experience and knowledge with reference to the pain of the patients in context with their psyche or the emotional understanding.

- The book is meant to help with recognizing pain in its diversity and the process of reaching the simillimum based on the symptom of pain.

- In this book, the author has tried to decipher and direct prescribing remedies based on differentiation of pain among the different remedies stated in Materia Medica.

- The author has explained the various types of pain, be it physical or mental along with its causative factors which gives a better insight to the physician about the patient and further helps with the prescription.
CASE STUDY

Rescued in drowning: survival rate of up to 99 percent of bees with *Arnica montana*

*By Claudia Gutiérrez Maupomé*

“If you fall, I will catch you, I’ll be waiting. Time after time.
Cyndi Lauper, Rob Hyman 1984

Abstract: An action to return to the bees a little of the goodness they have given humanity proves that *Arnica montana* helps survival in rescue from drowning situation to 99 percent instead of 40 percent at best without a remedy.

Keywords: Rescue in drowning, bees as pollinators, bees as food providers, bees as medicine providers, ancestral medicine, homoeopathic medicine, blood flow, mammalian diving response.

Abbreviations: ICD – International Classification of Diseases

Introduction

Pollination is one of the most important biological processes on our planet, and bees’ one of the most important pollinators.1

Bees are vital for the preservation of ecological balance and biodiversity in nature.2

Bees provide for a secure supply of food. One of the greatest contribution of bees, and other pollinators, is the pollination of nearly three-quarters of the plants that produce 90 percent of the world’s food. Of that, a third of the world’s production depends on bees. Every third spoonful of food that you eat depends on bees.3

On the other hand, bees are renowned for their role in providing high quality food as honey, royal jelly and pollen, plus other products used in health care and other sectors as bee wax, propolis, and bee venom.4

Bees are hymenopterans, insects of the superfamily ‘apoidea’. The most well-known bee, as well as the most important to us humans, is the *Apis mellifera*, otherwise known as the western honey bee. It is a domestic species used for the production of honey.5

The bee has an open circulatory system. The haemolymph (bee blood) freely circulates in the bee body cavity, and transports nutrients, hormones and waste, not oxygen nor carbon dioxide. It serves as a reservoir of food and aid in heat transfer. They have a single vessel and a dorsal heart that pumps the haemolymph through the head and body.6

Also, bees have a trachea and tracheoles formed by 10 pairs of ingrowths-circled and with chitin rings that bring oxygen directly in and carbon dioxide directly out, these integuments are called spiracles.7

Bee venom is a very complex mixture of natural products, which contain various pharmaceutical properties such as peptides, enzymes, biologically active aminos’ and non-peptide components. The use of venom on and/or into specific body points is called bee venom therapy, which is now classified as complementary and alternative medicine, yet has been used for over 3,000 years.8

A growing amount of evidence has demonstrated the anti-inflammatory, anti-fibrosis and anti-atherosclerosis effects of bee venom therapy. Also, it has been used as a therapeutic for pain, but may have adverse side effects of local itching or swelling.9

In homoeopathy, *Apis mellifica* made of whole bee or only venom in tincture10, is considered a polychrest remedy, where the well-known effects of bee sting - burning, worst by heat, stinging, lancinating pain with excessive swelling - give the leading key notes for its employment in a great variety of conditions. Symptoms such as every hair is painful to contact, trembling, jerking and twitching, right side medicine, with a direction from up downwards, worst by lying down and bettered by sitting, are very well known indicators to homoeopaths for its being the simillimum to a diseased person,11 with no side effects.

Given all these points, it is very much worth going out of one’s way
to save them from drowning.

Case study

This is a case study that happened outside a laboratory experiment, but the results have so consistently repeated themselves thousands of times. That consistency has validated them, as much as if it had been a planned experimental study.

Situation: In a large bowl of animal drinking water, where bees come to drink also, because strong gushes of wind, there is always an amount of bees that fall into the water. When I pass and see them I take them out of the water, whether they are still swimming, moving, immobile, sunken or in strange body positions. They are placed on top of a very sunny brick or two depending on amount, in the hope of helping them survive. I have done that for twenty plus years. I normally count the amount that I extract from the water, and later count the ones that lived to fly away, and remove the dead ones.

That led me to try to help them more when I studied Homoeopathy, seven years ago, by putting a pillule with remedy in front of their face to see the result. It definitely was worth the effort. The difference in survival rate after rescue is highly significant with the remedy than without it.

I have done the same every time, and the same results are true for other drowning insects and lizards, only the numbers are not as large as the ones I have experienced with the bees.

Diagnosis

The stages of drowning according to forensic medicine are:

- Surprise. The sensation of water entering the lungs is a surprise.
- Involuntary breath holding
- Unconsciousness
- Hypoxic convulsions
- Clinical death. 12

Cold water victims can be brought back to life for as long as two hours after they drown, if the right steps are taken. That is true even if the heart has stopped beating and the victim’s brain is not getting the oxygen we all need to stay alive. In humans this return is called the mammalian diving response, but applies to cold-blooded insects and reptiles also, by bringing back the flow of body fluids, as this article proves.

Without attention, it takes less than 60 seconds to drown, and can be as little as 20 seconds for a child and 40 seconds for an adult, in as little as half a cup of water for choking humans.

People that survive drowning may experience brain or organ damage, from mild to severe, known as hypoxic brain injury (lack of oxygen), inattentiveness, poor judgement, memory loss, or decrease in motor coordination. But people can recover from brain damage to brain function after near drowning because of brains plasticity, where other areas of brain can take over for the damaged ones.

ICD-10

W.67 accidental drowning and submersion while in swimming pool.

W 16 Fall, jump or diving into water

W 16.011 Fall into swimming pool, striking water surface causing drowning and submersion.

Reasoning behind selected remedy:

In Kent’s Repertory, the only related word is drowned in relation to fear of being, but this is not the case.

There is another homoeopathy related article published in 2012, about a nearly drowned dog, that repertorises mainly the term “shock”, and gave Aconitum napellus to the dog some undisclosed time after the event.

But in here we were looking for “blood” flow, even if in bees it does not carry oxygen, as it carries nutrient and hormones, warmth and wellbeing. Arnica montana 6c. was selected given that has “stimulating healing of circulatory system... and surrounding tissues”. Arnica montana is so effective for healing bruising and normalizing blood flow that many plastic surgeons now use it after surgery.

It is renowned for its properties in healing after a fall, and Clarke points out that by growing on the mountains, Arnica montana may be said to possess a native affinity to the effects of falls. As its German name Fallkraut attests, its value as a vulnerary has been known from remote times. It may be said to be the traumatic remedy par excellence. Trauma in all its varieties and effects, recent and remote is met by Arnica montana as by no other single drug.

The sixth potency was chosen for its being one most used for bodily lesions.

Follow up

The results here reported have been taken from at least 3,000 occurrences/cases throughout 20+ years, including the seven years with Homoeopathy.

Bees rescued to sun up with no wind and without medicine from a drowning situation (immobile), only 40 percent flew away from the brick.
The rest remained dead on the brick.

Bees rescued to sun up on the same brick with no wind, and rescued to sun on the same brick and had a dose of *Arnica montana* 6c on them or nearby, up to 70 percent flew away. Without medicine, none flew away.

Bees taken from bottom of the container with water, and rescued to sun on the same brick and had a dose of *Arnica montana* 6c on them or nearby, up to 70 percent flew away. Without medicine, none flew away.

**CASE STUDY**

**Prognosis**

Given the results of this experience study, the prognosis for bees as for other insects, reptiles and other live beings, in a drowning situation, even in very bad conditions, there is a very good survival rate in applying *Arnica montana* 6c. The result for those subjects rescued and treated homoeopathically ranges from 30 percent up to 99 percent, depending on their stage and state in the drowning process.

**Conclusions**

Even in a life and death situation, the bees in this experience study show that they are helpful beings giving us the results that can extrapolate for survival in drowning situations for all live beings, whichever may be their circulatory system as long as they are treated reasonably promptly with *Arnica montana*.

They teach us that the results of homoeopathic medicine/remedies cannot be because of a placebo effect, if only because of the percentages. There is a drastic difference between the effectiveness of 99 percent recovery when treated homoeopathically compared to the observation of at best 40 percent recovery for those recently submerged when left without the remedy/medicine.

The results have happened this way for more than 20 years, and they keep happening every day. I have had no predetermined intention but to help the bees, and offer retribution to the service they have given me. This activity of mine - of taking them out of the water, remains every time, several times a day. I still take them out and place them on the same brick and put the remedy close so they can absorb it. The bees do not fly alive because it is my intention, nor because I was observing intensely and got results from my will power nor the trust of the animals on my capabilities.

Since I know the outcome from experience, my mind has a clean idea with the only intention of rescue, and very many times it is an automatic action with thoughts of other things, and still the results are the same. When I come back to clear the brick, only one percent of the treated bees are beyond recovery.

So it cannot be said that my mind is biasing the results, nor is my full attention bringing the bees back to life out of my wish. And I have done it only for the love of nature.

The bees return to their life because the remedy/medicine *Arnica montana* is working to help them recover and live, as any remedy/medicine has always worked since Samuel Hahnemann discovered the power of succussed dilutions.

This is what happens to all homoeopaths that trust the remedies/medicines they recommend. It happens once and again that the results repeat themselves time and time over.

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**About the author**

Claudia Gutiérrez Maupomé is a Homeo-psychotherapist who studied to her doctorate, has given clinical help for more than 30 years and holds a federal Homoeopathic license in Mexico. She has previously published five articles in HH, plus a special note in the May, 2021 edition about how her work is being adapted by those of the allopathic modality.
Role of individualised homoeopathic treatment in psoriasis – a case report

By Dr Vasundhara Mehrotra

Abstract: Psoriasis is a chronic inflammatory skin disease, characterised by a distinctive scaly rash, the lesions of which are red, sharply demarcated, coin-sized eruptions appearing on the extensor surfaces of elbows and knees, scalp, hands and feet. Itching, irritation, stinging and pain are the key symptoms. The natural history of the disease runs a chronic course showing intermittent remissions and exacerbations. The conventional treatment of topical corticosteroids, tar preparations and vitamin D3 analogues relieve the symptoms but over prolonged treatment may result in hypercortisonism, hirsutism and depigmentation. This can adversely impact patients, disturbing their QoL. Homoeopathy is a safer solution giving promising results over longer durations in many chronic ailments like psoriasis. This article illustrates a case of psoriasis, which was given individualised homoeopathic treatment and showed marked improvement in both local and general symptoms without any exacerbation till date.

Keywords: Psoriasis, palmo-plantar pustular psoriasis, homoeopathy for psoriasis, individualised homoeopathy for psoriasis

Abbreviations: QoL - Quality of life, D.O.R – date of registration, agg. – aggravation, amel. – amelioration, MG – mental generals, PG – physical generals

Introduction

Psoriasis is an immune-mediated, inflammatory, dermatological disorder with genetically determined aetiology affecting skin, nails and joints as primary seat of disease and showing an increased association with systemic comorbidities. Health related QoL and the financial burden of the treatment of psoriasis necessitates a search for evidences of sustainable and cost effective alternative treatment of the disease. The chronic and rebounding natural history of psoriasis along-with a dearth of corrective therapies of its root cause result in a protracted span of physical and psycho-social suffering, besides incurring heavy cost of treatment on the suffering patients. These factors lead to an increased dissatisfaction for the treatment in the patients. The psoriasis patients usually resort to alternative therapies like homoeopathy after taking conventional treatment and have already developed side effects of treatment by the time they start homoeopathy. Studies have shown, homoeopathy could successfully be used to mitigate the severity of psoriasis and co-morbidities as well as it helps in improving the QoL of the patients to a marked degree.

The case shared below is of palmo-plantar, pustular psoriasis which was on conventional treatment since a year almost, before starting homoeopathy. With conventional treatment, the eruptions relapsed as soon as the medicine was discontinued. Besides, the patient developed gastritis over the prolonged treatment duration. When he switched to homoeopathy, he was explained about a possible initial aggravation, and with constitutional homoeopathic treatment he is now free from psoriasis as well as medication since 3 years now. The relapsing nature of the disease has been explained to the patient and has been directed to revert as soon as he spots any new lesion.

Case

A male aged 20 years, resident of Nawada village, Gautam buddh nagar came to homoeopathic clinic in sector 62 for treatment of eruptions on palms and soles. Patient was an unmarried, hindu boy, studying engineering in Greater Noida. D.O.R : 24-4-2018

Presenting complaints

The patient came with the presenting complaints of eruptions on both hands and feet. The eruptions have been since 1 year with bilateral involvement of palmar surface of hands and plantar surface of feet. Eruptions were vesicular initially with moderate itching. Itching < morning on waking up and on further course of disease the vesicles suppurred and burst open with exudation of sticky discharge leaving the skin surface raw and bleeding. This process of vesiculation, denudation and exudation runs a cyclical course with visible scaling of skin. At the time of case taking, eruptions on palms of hand were vesicular with increased scaling and exfoliation and were in a moderate phase of the disease. Patient informed that if the regular immune modulating medicine is interrupted for a longer duration (that was a part of his allopathic treatment), the hands also show the same condition.
that was seen on his feet. When the patient came for consultation, he had stopped the medicine since a week due to excessive gastric disturbance, flatulence, eructations, etc. Pitting of nails with destruction of nail bed could be seen. Nails were deformed showing marked pitting and onycholysis in few digits.

**History of presenting complaints:**

Patient developed itchy eruptions in groins 1½ years back for which he consulted an allopathic practitioner. He was diagnosed to be suffering from ring worm and was given oral and topical allopathic medication. Consequently the eruptions (ringworm) disappeared but soon nettle rash appeared all over the body. He again consulted his physician and took the treatment as advised. This time the suppression resulted in the appearance of the present complaint i.e. itching of palmo-plantar surface accompanied by vesication, denudation and scaling. For this he consulted various dermatologists and specialists and got a skin biopsy done which reported Psoriasis as the diagnosis. When the patient came for homeopathic treatment he was taking immunoral since almost 1 year.

**Past history and family history**

Patient gave history of chicken pox at 11 years of age, haematuria at 14 years of age and dengue at 18 years of age and for all he resorted to conventional treatment except hematuria, which got better by natural management like increasing water intake.

The major diseases in the family of patient included asthma, diabetes (father), chronic sinusitis, hypothyroidism, chronic dyspepsia (mother), hypertension and arthritis (grandparents).

**Physical generals**

Thermally the patient was sensitive towards chilly. He used to drink just 1 to 1½ litre of water per day and suffered from gastritis with frequent episodes of nausea, flatulence and eructations. Eructations after eating or drinking anything++. Appetite was diminished with easy satiety +++. Sudden feeling of fullness in stomach while having meals. Desire for sweets and sour++ and aversion to milk++. Stomach easily got upset from oily food, tea and milk causing flatulence and indigestion. He often suffered from constipation and his palms and soles were excessively sweaty+++

**Mental generals**

Patient was dull and indecisive while answering to questions. He looked calm but was described as irritable and moody by his mother and brother who came along with him. When asked for his hobbies, the patient said he doesn’t like doing anything and has lost interest in his favorite sport of football too. He had fear of mishappenings and avoided going in public and crowded places. He likes being alone and tried to stay away from company+++. He was hesitant in giving out symptoms and talked only that much was required. He looked quite introvert not ready to share his thoughts and feelings on the first meeting.

**Life space**

Patient was born and brought up in Noida, though he did most of his studies in Kota, Rajasthan, where he lived in hostel. At the time of consultation he was an engineering student.

Patient had a nuclear family with his parents and an elder brother.

*Today the patient has completed his professional training and is employed.*
Diagnosis

Palmo-plantar pustular psoriasis

Symptoms of case taken as totality of symptoms

1. Aversion to company, desire to be alone.
2. Fear of some mishappening.
3. Milk disagrees.
4. Tea aggravates
5. Appetite diminished, easy satiety
6. Vesicular eruptions on extremities
7. Itching eruptions on extremities.
8. Desquamating eruptions on palms and soles.
9. Eructations after eating or drinking anything

Case analysis

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<td>8.</td>
<td>Desquamating eruptions on palms and soles</td>
<td>TRUE SYMPTOM</td>
<td>PARTICULARS</td>
<td>++</td>
</tr>
<tr>
<td>9.</td>
<td>Eructations after eating or drinking anything</td>
<td>TRUE SYMPTOM</td>
<td>PARTICULARS</td>
<td>++</td>
</tr>
</tbody>
</table>

Repertorial totality

1. MIND - COMPANY - aversion to - alone amel.; when
2. MIND - FEAR - happen, something will
4. GENERALS - FOOD AND DRINKS - tea - agg.
5. STOMACH - APPETITE - easy satiety – sudden
6. EXTERIMITIES - ERUPTIONS – vesicles
7. EXTERIMITIES - ERUPTIONS – desquamating
8. EXTERIMITIES - ERUPTIONS – itching
The remedy

*Sepia officinalis* 30 – single dose, followed by placebo for 7 days -24-4-2018

**Remedy selection:** *Sepia officinalis* was selected after analysing the detailed case history of the patient. The most prominent symptoms were repertorised from *Radar Opus software* and the remedy was traced again in materia medica for confirmation. The points considered in confirming the remedy from various texts are as follows:

- **Mind:** Close-up, become introverted, averse to company, amel. While ALONE.

- **Generalities - CHILLY.**

- **Sepia officinalis 30** stands well in the treatment of psoriasis, though inferior to *Arsenicum album* and *Arsenicum iodatum*. Ulcers may form about the joints, particularly about the joints of the fingers.

- **Stomach -** Worse, after milk, especially when boiled. Acid dyspepsia with bloated abdomen, sour eructations.

Skin - hyperhidrosis and bromhidrosis. Sweat on feet, worse on toes.

The potency was selected according to the susceptibility of the patient and keeping in mind aphorism 128 of 5th and 6th edition of *Organon of Medicine*, where Dr Hahnemann has mentioned 30 potency as an ideal one to be given to provers for eliciting the full action of the medicine. He says, “today the best way to investigate the medicinal virtues of substances, even those considered weak, is to have the subject take on an empty stomach, daily for several days, four to six very fine granules of the thirtieth potency of the substance moistened with a little water or, better still, dissolved in water and thoroughly shaken.”

Based upon my experience, in chronic cases, the treatment should be started with a single dose of 30 potency to allow the best action of the medicine and avoid unnecessary aggravation as has been said in aphorism 278 that only true experience is the best guide for a physician to know how much small a dose should be in order to bring upon a cure without causing unnecessary aggravation of the disease.

**Follow up**

The patient returned on 5th day with exacerbation of skin eruptions. He was given a booster dose of placebo and was counselled to have patience for 7 days and not to take the immune suppressants during this time.

<table>
<thead>
<tr>
<th>Date of Follow up</th>
<th>Symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-4-18</td>
<td>Amelioration in gastric symptoms ++++ with aggravation in psoriasis.</td>
<td>Placebo for 7 days</td>
</tr>
<tr>
<td>7-5-18</td>
<td>Amelioration in most symptoms. The psoriasis got better as well.</td>
<td>Placebo for 20 days</td>
</tr>
<tr>
<td>29-5-2018</td>
<td>Amelioration continued.</td>
<td>Placebo for another 15 days</td>
</tr>
</tbody>
</table>
Response to the remedy
Dr. Vasundhara’s Homoeopathy

---

**BEFORE**

**AFTER**

---

**BEFORE**

**AFTER**

---

**BEFORE**

**AFTER**

---

**Conclusion:**

The conventional treatment of psoriasis involves topical application with an emollient, such as white soft paraffin, by itself or with 2 per cent salicylic acid, tar-containing preparations, etc. Analogues of vitamin D-3 like calcipotriol for topical application are used alongside medium-potency corticosteroids.\(^5\)

Prolonged usage of topical corticosteroids leads to its absorption into the body and results in pituitary–adrenal axis suppression and hypercortisonism. Skin-thinning effects lead to telangiectasia, striae, and fragility. Depressed wound healing, masked infection, particularly ringworm (tinea incognito) is seen as a consequence. Miscellaneous changes like acne, hirsutism and depigmentation are seen.\(^5\)

It is evident that wiping out the local symptom only drives the disease inwards and strengthens its roots within the organism besides the development of iatrogenic diseases in the patients. Homoeopathic individualised treatments are safer and sustainable solution for mitigating the skin eruptions as seen in the two cases shared in this article.

Individualised Homoeopathic Treatment not only helped in relieving skin symptoms of psoriasis, but it also helped to improve QoL of the patients by holistic approach of the treatment. In the shared case frequent episodes of gastritis was relieved to a marked degree with improvement in overall health.

If the nature of chronic diseases is understood well, the knowledge of practice of medicine and homoeopathic materia medica helps the physician to justify the treatment of ailments like psoriasis which have a genetic predisposition in the soil, i.e. the constitution of the patient.

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**About the author**

Dr Vasundhara Mehrotra M.D. (Hom), Assistant Professor, Department of Repertory, Solan Homoeopathic Medical College & Hospital, Kumarhatti(H.P.)
Homoeopathy: an alternative to antibiotic resistance

By Dr Rita

Abstract: Antibiotic resistance is one of the global threats of health today. Antibiotic therapy has created systemic disorders and provoked a weakening of the entire immune system. Homoeopathic remedies can be beneficial as they act by modulating the host immunity and has the least side effects if well selected and administered with proper dosage.

Keywords: Antibiotic resistance, bacteria, mutation, infections, homoeopathy.

Abbreviations: Centers for Disease Control and Prevention (CDC), World Health Organisation (WHO), antimicrobial resistance (AMR), methicillin-resistant Staphylococcus aureus (MRSA), multi-drug-resistant (MDR), tuberculosis (TB), urinary tract infection (UTI), over-the-counter (OTC), infection prevention and control committee (IPC)

Introduction

Number of infections are becoming harder to treat as the organisms are undergoing genetic mutations and the antibiotics used are becoming less effective day by day. Numerous important organizations, like the Centers for Disease Control and Prevention (CDC), Infectious Diseases Society of America, World Economic Forum, and the World Health Organisation (WHO) have declared antibiotic resistance to be a “global public health concern.”

Globally 700,000 people losing battle to antimicrobial resistance (AMR) per year and another 10 million projected to die from it by 2050, AMR alone is killing more people than cancer and road traffic accidents combined together. In India the infectious disease burden is among the highest in the world and recent report showed the inappropriate and irrational use of antimicrobial agents against these diseases, has caused an increase in development of antimicrobial resistance.

History - The modern era of antibiotics started with the discovery of penicillin by Sir Alexander Fleming in 1928. Since then, antibiotics have transformed modern medicine and saved millions of lives. Penicillin was successful in controlling bacterial infections among World War II soldiers. However, shortly thereafter, penicillin resistance became a substantial clinical problem and in response, new beta-lactam antibiotics were discovered. However, the first case of methicillin-resistant Staphylococcus aureus (MRSA) was identified during that same decade, in the United Kingdom in 1962 and in the United States in 1968. From the late 1960s through the early 1980s, the pharmaceutical industry introduced many new antibiotics to solve the resistance problem, but after that the antibiotic pipeline began to dry up and fewer new drugs were introduced. As a result, in 2015, many decades after the introduction of antibiotics, bacterial infections have again become a threat.

Antibiotic resistance - “It is an ability of bacteria or other microbes to resist the effects of an antibiotic which occurs when bacteria change in some way that reduces or eliminates the effectiveness of drugs, chemicals, or other agents designed to cure or prevent infections. The bacteria survive and continue to multiply causing more harm.”

Mechanism of resistance - The development of resistance to an antibiotic by bacteria invariably involves either a mutation at a single point in a gene or transfer of genetic material from another organism. The bacteria survive and continue to multiply causing more harm.

Factors promoting antibiotic resistance

- Inappropriate use of antibiotics
- Patients not finishing the entire antibiotic course
- Overuse of antibiotics in livestock and fish farming
- Poor infection control in health care settings
- Poor hygiene and sanitation

Scope of homoeopathy

Homoeopathy believes suppression of various chronic diseases by the indiscriminate use of antibiotics or other modern drugs as being the causes of many incurable diseases. Bacteria cannot produce disease unless we are susceptible to be affected by them. They can only grow, multiply and survive if they get suitable environment. The defensive mechanism of our body (the immunity) successfully resists all bacterial and viral infections through the specific immunoglobulins and various other factors involved in the same mechanism. When any microbe over power the immunological factors, the patient becomes a victim of...
those particular bacteria or viruses. There are two ways to get rid of this condition:

- By killing the microbe directly with medicines given in physiological doses
- By stimulating the natural defensive mechanism which becomes stronger than the disease force and thereby indirectly kill the microbe or cause them to die out from the system for want of suitable environment for their growth and multiplication. Homoeopathic medicines act through this way.

Therefore, the dynamis present in any microbe is responsible for their growth and multiplication. The dynamis of the bacteria acts on the vital dynamis of a person, if it is stronger than the vital dynamis, it can produce disease. In order to make the vital dynamis free from the effect of the disease dynamis, we are to take the help of another stronger dynamis, i.e. drug dynamis (homoeopathic medicine) which stimulates the vital dynamis and thereby the defensive mechanism of our body resulting in cure (aphorism 16 of Organon of Medicine).14,15

Views of some stalwarts in homoeopathy

- Cases of recurrence of the disease and side-effects of the drugs when antibiotics and sulpha-drugs have been used can be treated successfully by the 200th potency of the same drug, generally on weekly basis. If this is not possible, the cases have to be treated after clearing the field first with the help of such medicines as Carbo vegetabilis, Sulphur, Nux vomica, Thuja occidentalis. Then the symptoms of the disease before the administration of the modern drug have to be collected. This along with the past history and family history would provide the basis for starting the treatment.16
- Pyrogen has very clear indications like hyperpyrexia, oscillating temperature double rise of temperature, a feeling of euphoria in spite of fever, etc. It has symptoms of several drugs like Arnica montana, Arsenicum album, Baptisia tinctoria, etc., all rolled into one. It is indicated in a wide variety of fevers and it can be called the “homoeopathic broad spectrum antibiotic”, of course acting on its own indications. It is almost a specific for puerperal sepsis. Foubister says that it may be prescribed even pathologically when there is a septic focus with either a swinging temperature or disproportion between pulse and temperature.17

Approach to case-taking

During the time of Master Hahnemann, the diseases as well as conventional treatment were few. Now, with the phenomenal increase in population, not only new diseases with new drugs have came up but also a special category of drug-induced diseases has sprung up. In such conditions the physician has to know the previous state of patient before he was treated with antibiotic and the other drugs suppressing the symptoms in order to complete picture of disease that is of conjoint malady formed by the medicinal and original diseases, which from the use of inappropriate drugs is generally more dangerous than the original disease (aphorism 92 of Organon of Medicine). Homoeopathic constitutional treatment can take care of all these conditions successfully if the cases are not far developed.

Related rubrics

Murphy Repertory18

Female - VAGINITIS, infection - antibiotics, after

Skin - URTICARIA, hives - antibiotics, after
Apis ars. moni. Nit-ac. pen.

Synthesis Repertory19

GENERAL - HISTORY; personal - antibiotics; of use of
carb-v. mag-p. op.

GENERAL - HISTORY; personal - medicine; of abuse of allopathic

GENERAL - WEAKNESS - antibiotics; from
carb-v.

SKIN - ERUPTIONS - antibiotics; from
rhus-v.

A Concise Repertory of Homoeopathic Medicines by S.R. Phatak20

D - Drugs; abuse of - in general

D - Drugs; abuse of - antityphoid injections
bapt.

D - Drugs; abuse of - tetanus, antitoxin
mag-p.

S - Streptococcus infection
ail. arn. sul-ac.
Evidence based studies in homoeopathy

1. Two case reports of antibiotic-resistant urinary tract infection which shows the intervention with a non-conventional, tailor-made homoeopathy regimen, has been found effective.21

2. Study on homoeopathic treatment in addition to standard care in multi-drug-resistant (MDR) pulmonary TB suggests add-on Homoeopathy in addition to standard therapy appears to improve outcome in MDR-TB.22

3. A clinical research suggests that homoeopathy is effective in the treatment of upper respiratory tract infections in children, a frequent cause of inappropriate antibiotic prescribing.23

4. A case presented with the complaint of recurrent UTI, responded poorly with conventional medications, was successfully treated with homoeopathic medicine, Lycopodium clavatum.24

Conclusion

The physician can play a major role in combating AMR by timely notifying resistant cases to IPC (infection prevention and control committee). Pharmacists can counsel patients with viral infections about the ineffectiveness of antibacterials and can recommend appropriate OTC (over-the-counter, i.e. non-prescription use of antimicrobials) medication for supportive care. As homoeopathic medicine acts on vital force and stimulates defence mechanism, so there is no need to take antibiotics unless it is really needed and in case of antibiotic resistance Homeopathy also helps in combating its development. Hence, bacteria never gets the opportunity of becoming resistant to our mode of treatment.

References

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About the author

Dr Rita Assistant Professor Department of Community Medicine Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh – 201306
A case report on chronic dermatitis well treated with LM potency

Dr Shyam Bhavi Chaudhary(1), Dr Varun Chaudhary(2), Dr Shipra Singh(3)

Abstract: Chronic dermatitis is an inflammatory condition of skin which affects children as well as the adults, and presented as eruption with hyperpigmentation and severe itching, modalities differs from individual with the causes such as high temperature, over sweating, hormonal imbalance, humidity, food allergies, stress, improper hygiene and suppressed respiratory complaints or history of respiratory disease as well as auto immune disorder. In homoeopathy, each condition is treated and observed on the basis of individualisation of patient like according to causation, modality, symptoms, etc., and on other hand, homoeopathy also has marked impact in the cases of skin problems which are generally underwent the phenomenon of suppression by the repeated use of topical ointments and other multiple drugs which makes the disease complicated. Homoeopathic medicines to such cases, shows marked relief in skin complaint as well as patient as a person, the potency used in this case showed marked effect on the patient, with least aggravation as mentioned in the f.n.270 in Organon of Medicine.

Keywords: endogenous, exogenous, dermatitis, lichenified, acanthosis, hyperpigmented, individualisation, 50 millesimal.

Abbreviations: ICD - International classification of diseases, f.n. – footnote, LM potency – 50 millesimal potency, DOTS - directly observed treatment, short-course

Introduction

Dermatitis is termed as the inflammation of skin. There are several classifications available: aetiological and morphological.(1)

Classification of Dermatitis:(1)

<table>
<thead>
<tr>
<th>Etiology</th>
<th>Morphology</th>
<th>Chronicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endogenous</td>
<td>Discoid</td>
<td>Acute</td>
</tr>
<tr>
<td>Exogenous</td>
<td>Hyperkeratotic</td>
<td>Chronic</td>
</tr>
<tr>
<td>Combined</td>
<td>Lichenified</td>
<td>Seborrheic</td>
</tr>
</tbody>
</table>

- Endogenous dermatitis: patient developing dermatitis by predisposing intrinsic factors. For example, venous insufficiency causing stasis dermatitis.
- Exogenous dermatitis: external stimuli triggers the development of dermatitis. For example, contact dermatitis.
- Combined dermatitis: when constitutional factors and external stimuli are responsible for development of dermatitis.

Manifestations: Clinical and histological manifestations depends on the phase:

- Clinical manifestations: Acute dermatitis is characterised by ill-defined, extremely itchy, erythematous, edematous plaque surmounted by papules, vesicles, pustules, exudates when dries forms crusts. Chronic dermatitis is characterised by lichenified plaque. (thickened, hyperpigmented lesion), extremely itchy, less exudative and more scaly.
- Histological manifestations: Acute dermatitis, spongiosis is the histological hallmark. Chronic dermatitis, hyperkeratosis and acanthosis of lesions.

Complications:

- Dermatological complications – secondary infections, id eruptions, contact dermatitis, erythroderma.
- Psychosocial impact – anxiety and depression, social implications, disability, wage loss.

Diagnosis: Diagnosis of dermatitis (ICD 10 L-30)(1) is based on the study of clinical features of following dermatitis, such as Acute dermatitis, Chronic dermatitis, Endogenous dermatitis, Exogenous dermatitis.

Case study

Introduction: A female patient aged 39 years, reported in December 2019 with the complaint of dry, itchy, blackish eruptions over the left arm, under left breast, hip region and inguinal region both sides for 1½ years.

Presenting complaints: The patient presented with dry, itchy, blackish eruptions over the right arm, under right breast, inguinal region and hips for 1½ years. The eruptions were dry, without any discharge, black in colour and with undefined or irregular boundaries. Itching <
at night, mostly over inguinal and hip region, after bathing; >rubbing gently.

**History of presenting complaints:**
Patient was apparently well 1½ year back when she started seeing eruptions firstly over inguinal and hip area, which then extended to right axilla, under right breast and over right arm, with intense itching. For this, she took allopathic treatment for 3 months but not completely relieved, as it recurred.

**Past history:** Had renal stone 2 years back, recovered by ayurvedic treatment.

Tuberculosis of chest, 14 years back, took DOTS treatment.

Recurrent aphthae in childhood.

**Family history:** Grandparents, had respiratory problem.

**Menstrual history:** Cycle/duration – 23days/ 3days, regular. With no associated complaints.

**Obstetrical history:** Gravida - 0 Para - 2 Abortion - 0 Live - 2. Normal vaginal deliveries occurred without any complications.

**Physical generals:**
Desire – spicy food
Sleep – disturbed due to itching
Tongue – dry, red raised papillae
Sexual symptoms – Unsatisfied, suppressed, desires due to the religious tendency of husband. He didn’t want to make sexual relationship.

**Mental generals:**
- Irritable due to skin problem.
- Doesn’t wish to talk and meet people, as she thinks that she doesn’t look good.
- Shouts in anger.
- Feels as if she is not needed in family.
- Thoughts of suicide.

**On examination:** Eruptions are dry, hyperpigmented and edges are not well defined.

**Diagnosis:** According to ICD-10 code L-30(30.9)(1), Chronic dermatitis is diagnosed as the eruptions are extremely itchy, hyperpigmented with the passage of time and are not exudative but dry.

If the eruptions were more exudative and reddened then acute dermatitis can be considered. There is not any specific history of some allergen or irritant in contact, that’s why contact dermatitis is excluded.

**Analysis of symptoms:**

<table>
<thead>
<tr>
<th>Mental generals</th>
<th>Physical generals</th>
<th>Particulars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Irritable, thought herself that she didn’t look good+.</td>
<td>1. Desire spicy food++.</td>
<td>1. Dry eruptions, black in colour over left arm, under left breast, over hip and inguinal region.</td>
</tr>
<tr>
<td>2. Thoughts of suicide.</td>
<td>2. Tongue- dry with red raised papillae.</td>
<td>2. Itching &lt; night+, after bathing, &gt;gentle rubbing.</td>
</tr>
</tbody>
</table>

**Maismatic analysis**(5):

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Psora</th>
<th>Syphilis</th>
<th>Sycotic</th>
<th>Predominant miasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Irritable, thinks herself doesn’t look good.</td>
<td>√</td>
<td>•</td>
<td>•</td>
<td>Psora</td>
</tr>
<tr>
<td>2. Thoughts of suicide.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>3. Feeling of rejection in family.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>4. Desire spicy food.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>5. Tongue- dry with red raised papillae.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>6. Suppressed sexual desire.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>7. Dry eruptions, black in colour over left arm, under left breast, over hip and inguinal region.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>8. Itching &lt; night, after bathing, &gt;gentle rubbing.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>9. History of tuberculosis of chest.</td>
<td></td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
</tbody>
</table>

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Repertorial analysis:

- **Arsenicum album** - 11/5
- **Sepia officinalis** - 7/5
- **Phosphorus** - 10/4
- **Silicea terra** - 7/4
- **Natrum muriaticum** - 4/4
- **Pulsatilla nigricans** - 6/3

Remedy and potency selection with justification:

As repertorial result suggest the group of remedies, and the highest ranked remedy is Arsenicum album then Sepia officinalis, Phosphorus, Silicea terra and so on; out of those according to the knowledge of materia medica, Sepia officinalis was chosen as it also covered the maximum number of symptoms with the history of tuberculosis, marked for forsaken feeling and eruption on fold of skin\(^{(3)}\). In context to potency selection, 50 millesimal potency was used because it is the powerful and mildest way to administer the medicine with maximum effect and minimum aggravation; as described in *Organon of Medicine* by Dr Hahnemann under the footnote of aphorism 270.\(^{(3,4)}\)

**Prescription**

*Sepia officinalis* 0/1 one dose in a day for 15 days.

Follow ups:

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 december 2019</td>
<td>General condition of the patient is same, with no relief and no aggravation.</td>
<td><em>Sepia officinalis</em> 0/2 once daily for 1 month</td>
</tr>
<tr>
<td>12 january 2020</td>
<td>Itching over hips region is same, but slight relief on other body parts. Dryness and pigmentation over the areas is same.</td>
<td><em>Sepia officinalis</em> 0/3 once daily for 1 month. Advised to apply coconut oil if feels itchy.</td>
</tr>
<tr>
<td>12 february 2020</td>
<td>Condition is same with slight relief in itching, scratching is reduced at night also. No new eruptions appeared.</td>
<td><em>Sepia officinalis</em> 0/4 once daily for 1 month</td>
</tr>
<tr>
<td>16 march 2020</td>
<td>Eruptions reduced and reduction in hyperpigmentation.</td>
<td><em>Sepia officinalis</em> 0/5 once daily for 1 month</td>
</tr>
<tr>
<td>15 april 2020</td>
<td>Eruptions reduced markedly, with slight itching over hips, hyperpigmentation persist.</td>
<td><em>Sepia officinalis</em> 0/6 once daily for 1 month</td>
</tr>
<tr>
<td>25 may 2020</td>
<td>Eruptions reduced, itching is also much relieved. Slight reduction in hyperpigmentation.</td>
<td>Placebo thrice a day for 1 month</td>
</tr>
<tr>
<td>1 july 2020</td>
<td>No eruptions persist. Hyperpigmentation is also reduced.</td>
<td>Placebo thrice a day for 1 month</td>
</tr>
<tr>
<td>26 august 2020</td>
<td>Patient is much relieved.</td>
<td>Placebo thrice a day for 1 month</td>
</tr>
</tbody>
</table>

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Conclusion

In homoeopathy, several kind of skin complaints are encountered by the doctors daily and their prescriptions are either based on individualisation, reportorial result or on the basis of therapeutics. And potency selection could be done on the basis of patient susceptibility and as mentioned in Organon of Medicine 5th and 6th edition under aphorism 270 f.n “ In very rare cases, notwithstanding almost full recovery of health and with good vital strength, an old annoying local trouble continuing undisturbed it is wholly permitted and even indispensably necessary, to administer in increasing doses the homoeopathic remedy that has proved itself efficacious but potentised to a very high degree by means of many succession by hand such a local disease will offer disappear in a wonderful way”. Here, in this case, after taking homoeopathic medicine, the patient was not only physically relieved but also get mental calmness and stability. This is the example of holistic approach of homoeopathy, as homoeopathic treats the sick not the disease.

References

About the author
1. Dr Shyambhavi Chaudhary(1), Head of Department, Department of Physiology, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India ; Senior homoeopathic consultant at Atharv Homoeocare, new delhi.

2. Dr Varun Chaudhary(2), Guest Faculty, Depart of Organon of Medicine, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India ; Senior homoeopathic consultant, at Panacea Homoeopathic Clinic, Gurugram.

3. Dr Shipra Singh(3), Department of Physiology, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India. Medical College & Hospital, Greater Noida, Uttar Pradesh – 201306
Organon: the commandments of Homoeopathy

By

SAMUEL HAHNEMANN

The Art of Healing

Organon: based cases

SUBSCRIPTION RATES 2021

<table>
<thead>
<tr>
<th></th>
<th>1 Yr</th>
<th>5 Yrs</th>
<th>10 Yrs</th>
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<td>2500/-</td>
<td>5000/-</td>
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<td>E-NJH USD</td>
<td>$ 20/yr</td>
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Santacruz west, Mumbai 400054 Tel: 26148688 Mob. 9594005709
Indications:
- Dry, spasmodic cough
- Prolonged & incessant cough
- Sore throat & Hoarseness
- Frequent cough with expectoration
- Chronic or recurring cough
- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

Composition:
- Rumex crispus 3X 1.0%
- Justicia adhatoda Ø 2.0%
- Ipecacuanha 1X 1.0%
- Spongia tosta 1X 1.0%
- Sticta pulmonaria 3X 1.0%
- Antimonium tartaricum 6X 0.5%
- Coccus cacti 3X 0.5%
- Drosera rotundifolia Ø 2.0%
- Senega Ø 3.0%
- Balsam tolu Ø 3.0%
- Excipients q.s.
- Alcohol content 11% v/v

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

Indications:
Bronchial catarrh, Soreness and tightness of chest, Difficult raising of tough mucus, Breathlessness on lying down, Cough with dyspnea, Suffocation from great accumulation of mucus.

Composition:
Blatta orientalis Ø 4.8% v/v
Justicia adhatoda Ø 2.8% v/v
Senega Ø 1.6% v/v
Lobelia inflata Ø 1.6% v/v
Ipecacuanha Ø 1.6% v/v
Grindelia robusta Ø 1.6% v/v
Magnesia phosphorica 2x 3.0% w/v
Alcohol content 10.5% v/v
Colour: Caramel
Excipients q.s.

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

Pack sizes available: 60ml | 100ml | 200ml | 500ml
This winter pamper your skin with enhanced SOFTNESS & GLOW

OMEO
CALENDULA BODY LOTION

“Treat the dullness of your skin with Omeo Calendula Body Lotion, a herbal non-sticky formula enriched with Calendula and Alovera. Its deep nourishment boosts the healthy glow of your skin making it softer and smoother.”

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200ml | 400ml

Information for registered medical practitioner only.
Use of quality of life index in dermatological cases under homoeopathic treatment

Dr Reddy Mallesh, Dr Subhash Chaudhary, Dr D. Basu

Abstract: Quality of life (QOL) is an important entity to be considered in treating chronic diseases. Various dermatological conditions cause significant impairment in quality of life. It is necessary to measure and document the same. There are various questionnaires available for measurement. Dermatology quality of life index (DLQI) is one among them. In this article, the importance of QOL assessment in dermatological cases treated with homoeopathy has been discussed.

Keywords: QOL, dermatology quality of life index, DLQI, homoeopathy, children dermatology life quality index, CDLQI

Abbreviations: Dermatology quality of life index (DLQI), quality of life (QOL), children dermatology life quality index (CDLQI)

Introduction

In the assessment of the response of patients to the therapy provided by the physician, there are two aspects. One is the improvement of the symptoms and signs of the disease. The other is the improvement in the overall quality of life of the patient. This second aspect becomes very important in those disease conditions in which the process of the disease is long and likely to take considerable time for satisfactory improvement of the symptoms and signs.

This is very well illustrated in dermatological cases. The lesions may continue to be present on the skin for prolonged duration before the treatment is able to produce their disappearance. Sometimes the presence of the lesion is the cause of mental suffering and difficulties of social interaction. In these patients, being able to improve the quality of life of the patient with the dermatological disease is one major objective of treatment by the physician.

Quality of life

In recent years, quality of life has become an important measurement for evaluating the subjective well-being of the patient. In various disease conditions where the patient undergoes increased degree of stress and anxiety, health related quality of life assessment plays a vital role [1].

This approach for use of quality of life also helps to demonstrate to the patient that although it may take much longer time period to achieve removal of all the symptoms and signs of the dermatological disease, the patient is definitely having improvement in his or her overall well-being. It also helps to provide objective evidence of response instead of depending on subjective description by the patient.

Dermatology quality of life

Skin diseases are common and these make the person disabled in one way or another. Globally, skin diseases continue to be the fourth leading cause of non-fatal disease burden worldwide. Skin diseases can occur at any age but are common particularly in the elderly group and cause considerable discomfort and disability leading to loss of physical, emotional and socio-economic well-being of the patient. Quality of life assessment in dermatology can be done using various scales. These have been developed for quantitative measurement of quality of life. Dermatology ‘quality of life index’, alternately referred to as dermatology life quality index (DLQI) is one amongst different measurement systems [4].

DLQI is a simple practical questionnaire derived from the patients for clinical use and...
includes some symptoms of the skin condition along with the social and functional well-being of the individual. Developed in 1994, DLQI consists of ten questions which has been used in over forty different skin conditions in about eighty countries with availability in ninety languages [1]. For each question the score may vary from 0 to 3. Higher score suggests more impairment in quality of life. So, the target of treatment is to reduce the score. A modification of the score has been prepared for use in children which is called CDLQI (children dermatology life quality index) [4].

Conclusion

In clinical homoeopathic practise, it will be useful to try and achieve improvement in the quality of life; and to be able to document such improvement by using an appropriate scoring system. It is true that the physician may choose any one out of many available scales. But it is often very convenient to use the DLQI scoring system.

REFERENCES


About the author

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3. Dr D. Basu MBBS, PhD (Medicine) Read. Professor and Head of Department of Practice of Medicine, National Institute of Homoeopathy, Kolkata.
Herpes zoster is a reactivation of the chickenpox virus that is in the body. It develops into a very painful rash with blisters on the trunk of the body. The virus travels along the nerve roots and is the cause for the pain. In the first week the rash begins to spread. It normally takes 2-4 weeks for shingles to resolve. Even after the rash is gone, pain can persist. Conventional treatment consists of anti-viral, pain killers, antibiotics and corticosteroids, depending on the severity of symptoms.

**Case study**

A 28 years old female presented with complaint of intense burning pain, small blister and erythema in left side of lower trunk. One day after complaints had intensified and then patient came in OPD.

**Past history:** She had suffered from chickenpox 2 years ago.

**Mental generals:** Patient was restless.

**Physical generals:** Thirst: extreme
Thermal: chilly

**General Physical Examination:** PR. - 78/min., RR.: 16/min., temperature: 99.6°F, Ht.-152 cm., Wt.-48 Kg.; B.P.-110/80 mm Hg.

**Local examination:** Redness, heat, blister of skin.

**Provisional diagnosis:** Herpes zoster

**Justification of diagnosis:** Symptomatic.

Analysis and evaluation of the symptoms with miasmatic analysis:

<table>
<thead>
<tr>
<th>S. NO</th>
<th>Symptoms</th>
<th>Analysis</th>
<th>Evaluation</th>
<th>Miasmatic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Restlessness</td>
<td>Mental general</td>
<td>++ +</td>
<td>psora</td>
</tr>
<tr>
<td>2.</td>
<td>Thirst - extreme</td>
<td>Physical general</td>
<td>++</td>
<td>psora</td>
</tr>
<tr>
<td>3.</td>
<td>Chilly patient</td>
<td>Physical general</td>
<td>++</td>
<td>psora</td>
</tr>
<tr>
<td>4.</td>
<td>Herpetic eruption</td>
<td>Particular</td>
<td>++ +</td>
<td>psora</td>
</tr>
<tr>
<td>5.</td>
<td>Blister</td>
<td>Particular</td>
<td>++ +</td>
<td>sycosis</td>
</tr>
<tr>
<td>6.</td>
<td>Burning sensation</td>
<td>Particular</td>
<td>++ +</td>
<td>psora</td>
</tr>
</tbody>
</table>

**Repertorisation:** The repertorisation was done using Hompath software (Kent’s Repertory). Rhus toxicodendron covered maximum rubrics at particular level with highest scoring medicine.
Prescription: After case taking, repertorisation and book references\(^4\), first prescription was *Rhus toxicodendron* 30 prescribed thrice a day for two consecutive days on date 28/06/2021.

Selection of remedy with justification\(^4\): In repertorial analysis, *Arsenicum album*, *Mercurius solubilis*, and *Rhus toxicodendron* covered all rubrics and higher score. After consulting materia medica\(^5\), *Rhus toxicodendron* was found to be most appropriate for this case covering general, including physical and mental picture as well as thermal reaction.

Selection of potency with justification\(^6\): The selection was based on susceptibility of the patient. As the susceptibility was lower, the low potency was selected.

Follow-up sheet

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Change in symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2021</td>
<td>Eruption diminished and burning pain decreased</td>
<td>Placebo for 3 days</td>
</tr>
<tr>
<td>4/07/2021</td>
<td>Marked improvement. Superficial skin looked normal and no other symptoms were present.</td>
<td>Placebo for 3 days</td>
</tr>
</tbody>
</table>
Conclusion

In modern medicine, herpes zoster is a case of emergency department. But in homoeopathy, there is possible cure of this condition if the case is well taken. In the above case, Rhus toxicodendron was selected because it covers mental, physical and particular symptoms. Hahnemann mentioned in §190, ‘local disease occurred from little or no injury from without, must be treated as general malady by internal medicines’. In § 191, he mentioned, “internal administration of a remedy causes important changes in general health and particularly in the affected external parts”7. Although study of a single case does not constitute a strong opinion, but the outcome is encouraging.

References

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About the author

1. Dr Nitesh Kumar PGT; R.B.T.S Govt Homoeopathic Medical College and Hospital.
Scope in homoeopathy for cats

By Dr Mousumi Das

Abstract: The effectiveness of homoeopathic preparations is not only for human beings but also provide painless effective treatment for animals at low cost. The following article was related to a case study of cat and its complete cure.

Keywords: Cat, diarrhoea, homoeopathy, constitutional remedy.

Abbreviations: BC – before christ

Introduction

Around 7500 BC cats were the first domesticated in the Near East. It can hear sounds too faint or too high in frequency for human ears, such as those made by mice and other small mammals. Female domestic cats can have two to five kittens from spring to late autumn. In 2003, the International Commission on Zoological Nomenclature ruled that the domestic cat is a distinct species, namely Felis catus. Homoeopathy focuses to resolve the symptoms through the use of simillimum in humans as well as animals. The following case is one of author’s experiences while treating dogs with homoeopathic medicines.

Case study

The author’s neighbour’s female cat aged 9 months was brought urgently as the clinical condition was so critical. The cat defecate 7 to 8 times in a day for last 4 days. Stools were mixed with mucous and blood. Associated with vomiting 2 to 3 times in a day. Feels sleepy in whole day, especially after vomiting. Stool is watery and rice water like. Appetite diminished, not eating anything except milk.

Repertorial analysis:

Remedy: Using Repertory of the Homoeopathic Materia Medica by J.T. Kent using RADAR (Version- 10.0), Arsenicum album 30/4 doses twice a day was prescribed.

Follow ups: After two days, consistency of stools improved and frequency decreased. Blood and mucus stooped but appetite did not return. Again Arsenicum album 30/2 doses once in a day was given. After three days my neighbors informed me that her cat was perfectly fine and appetite improved.
Conclusion: Homoeopathy proved effective against veterinary illness if medicine is prescribed on the basis of totality of symptoms. This case clearly illustrate knowledge of materia medica and repertory makes a homoeopath successful.

References

About the author
Dr Mousumi Das, PGT, Department of Paediatrics, National Institute of Homoeopathy, kolkata
Arthritis management in a labrador

By Dr Zilika Jain

Abstract: The advantages of homoeopathy aren’t just exclusive to man but to all the living beings. The diseases of domestic animals yield wonderfully to homoeopathic remedies and help cure their ailments as gently and precisely as in human beings. This case gives an understanding of managing veterinary patients with homoeopathy. The author was unsure of managing animals, it seemed difficult to prescribe without subjective symptoms but observations and examination in animals can lead to wonderful prescriptions and thus help such animals. This article aims to help assess these points and how to come to a remedy in such scenarios with a case example.

Keywords: arthritis, joint pain, pain, dogs, labrador, veterinary homoeopathy

Abbreviations: SQ – status quo.

Introduction

Arthritis is one of the most common ailments affecting middle aged to senior dogs and cats. It can be a source of chronic pain and negatively affect their quality of life. Also known as degenerative joint disease, arthritis occurs when a joint is unstable causing the bones to move abnormally within the joint.

Signs: The most obvious sign of arthritis is a limping dog or cat. However, there are numerous other subtle signs that may indicate your pet is uncomfortable. Often what people notice is that their older pet seems to be “slowing down”. Perhaps your dog doesn’t charge up the stairs like he used to or takes a bit longer to recover after a long day of playing. If your dog used to follow you around the house and now he just stays in one place this could also be a sign of mobility issues.

Prevention: Fortunately, there are many ways to prevent arthritis from developing as well as to treat it once it has set in. The absolute best way to prevent arthritis in dogs and cats is to keep your pet at a healthy weight. This will reduce the stress that the body places on joints and help keep things moving like they should. The next best is to provide them with a therapeutic diet and trying to include as many anti-inflammatory foods as possible.

Case study

Buddy, a 10 year old labrador was brought to the clinic on May 14, 2021.

Chief complaints

He was limping, with an unstable gait due to bilateral hind leg complaints since 2 years.

The movements of hind legs were restricted, difficulty in walking.

He limped towards left while walking due to hip and knee stiffness.

No history of trauma or injury.

On examination, there were no signs of inflammation on either of the joints, and movement was slightly restricted, along with slight moaning on pressure.

Associated complaints

Eructations throughout the day since a few years. No specific triggers, he would get it through the day, irrespective of meals and were discomforting.

Skin - easy suppuration, itching all over the body.

Physical generals

Eats well.

Didn’t like a cold room, he moved out; liked to be in the sun.

Mental generals

Remains quiet, timid. Didn’t like to do much walking or take much efforts. Liked to lie down or rest most of the time.

Provisional diagnosis: Chronic osteoarthritis of bilateral hips and knees.

Osteoarthritis is a fairly common diagnosis in old dogs and this seems as the closest diagnosis given the clinical picture. As there were no scans or reports available, this couldn’t be confirmed.
Case analysis and evaluation of symptoms: (Kentian)

<table>
<thead>
<tr>
<th>Mental Generals</th>
<th>Physical generals</th>
<th>Particulars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timid</td>
<td>Thermal modality: Chilly</td>
<td>Eructations, after eating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eructations - loud</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Easy suppurating eruptions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abdomen, flatulence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pain in joints, lower limbs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stiffness in lower limbs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin itching</td>
</tr>
</tbody>
</table>

Rubrics

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timid</td>
<td>Mind, timidity</td>
</tr>
<tr>
<td>Thermal modality: Chilly</td>
<td>Heat, lack of vital</td>
</tr>
<tr>
<td>Eructations after eating</td>
<td>Stomach, eructation, eating after</td>
</tr>
<tr>
<td>Eructations - loud</td>
<td>Stomach, eructations, loud</td>
</tr>
<tr>
<td>Easy suppurating eruptions</td>
<td>Skin, eructations, suppurating</td>
</tr>
<tr>
<td>Abdomen, flatulence</td>
<td>Abdomen, flatulence</td>
</tr>
<tr>
<td>Pain in joints, lower limbs</td>
<td>Extremities, pain, lower limbs, joints</td>
</tr>
<tr>
<td>Stiffness in lower limbs</td>
<td>Extremities, stiffness, lower limbs</td>
</tr>
<tr>
<td>Skin, itching</td>
<td>Skin, itching</td>
</tr>
</tbody>
</table>

Repertorisation

![Repertorisation Table]
Remedy selection and dosage (14th May 2021)

1. *Silicea terra* 30/1 dose
2. *Calcarea phosphorica* 6X, 3 tablets thrice a day

**Reasons**

Labradors are outgoing, eager to meet, and friendly with both people and other animals. In contrast, Buddy was quieter, reserved and timid, along with chilliness and supplicative skin complaints helped me consider *Silicea terra*. 

Vithoulkas in *Essence of Materia Medica* mentioned, ‘Silica patients are tired. They lack stamina, especially concerning mental work. Therefore, they learn to conserve their energies.’

Lippe has added, ‘Abdomen bloated and hard. After eating, sour eructations, fullness and pressure in stomach. Itching over the whole body. The skin heals badly; a small injury suppurates much.’

Calcium phosphate is the chief builder of bone tissue, and it is upon the relative proportion of *Calcarea phosphorica* to the other substances that the rigidity and strength of the bones depends. The *Biochemistry* book mentioned, ‘rheumatism; numb, cold limbs; sore, aching, worse any change of weather, languor, trembling and twitching; lumbago. This salt gives solidity to the bones. It is absolutely essential to the proper growth and nutrition of the body and supplies the first basis for the new tissues. It is of greatest importance during dentition, in young, rapidly growing children at puberty, in old age.’

**Follow up and results**

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow up</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th May 2021</td>
<td>Walking &gt; 15%</td>
<td><em>Calcarea phosphorica</em> 6X</td>
</tr>
<tr>
<td></td>
<td>Gases SQ</td>
<td>3 tablets thrice a day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>x 15 days</td>
</tr>
<tr>
<td>16th June 2021</td>
<td>Walking &gt;&gt;</td>
<td><em>Calcarea phosphorica</em> 6X</td>
</tr>
<tr>
<td></td>
<td>Limping very less</td>
<td>3 tablets once a day</td>
</tr>
<tr>
<td></td>
<td>Gases &gt; until he has medicines.</td>
<td>x 15 days</td>
</tr>
<tr>
<td></td>
<td>Skin &gt;</td>
<td></td>
</tr>
<tr>
<td>28th June 2021</td>
<td>Much &gt;&gt;, can walk well, no discomfort</td>
<td><em>Calcarea phosphorica</em> 6X</td>
</tr>
<tr>
<td></td>
<td>Skin &gt;&gt;</td>
<td>3 tablets once a day</td>
</tr>
<tr>
<td></td>
<td>Gases &gt;</td>
<td>x 15 days</td>
</tr>
</tbody>
</table>

The labrador has been doing well since then without any notable limp, and was more active than earlier. He continued to be on *Calcarea phosphorica* 6X until July 2021. After that, the treatment was discontinued by the owner and kept on monthly check-ups.

**Discussion and conclusion**

The journey from treating the first veterinary case to now has only got better with more experience and resources at hand. Dr Ruddock’s pointers came in handy for the initial cases.

He mentioned, like in man, ‘before a state of disease can be correctly estimated, it is necessary to have an acquaintance with the general appearances and habits of the animal in a state of health; such as the appearance of the eye, the mouth, the skin, the dung; and the urine, the breathing, the pulse, the general temperature of the body; the ease with which the animal stands or walks, and other similar matters, familiarity with which will at one enable the owner to mark any deviation from the symptoms indicative of ordinary good health.’

‘Reference must also be had to such peculiarities as are presented by the animal in disease; the position and movements of the animal, its looks towards particular parts, the beating of its sides with its tail, the excrements, etc. The animal may also be examined by pressure, in order to learn where it feels pain; for even diseases of the internal organs may be discovered by this process. The temperature of the skin should likewise be examined. After having carefully noted these signs, and arrived at a satisfactory conclusion respecting the nature and seat of the disease, the next thing is to select a remedy for the removal of the malady.’
Similarly, in this case, assessment and characteristic observations helped me consider *Silicea terra* and there was considerable improvement in the joint pain and stiffness within one month. Even though there was no scope of a full homoeopathic history, remedy based on observations and general symptoms can greatly help us to treat these amazing living beings!

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5. Homoeopathic software, RadarOpus v2.2.16

**About the author**

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Assistant Physician at Bombay Hospital, Marine Lines Assistant Physician at KEM Hospital, Parel.

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**Clinical Miasmatic Prescribing**

Dr Aditya Pareek

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

By Dr Arti

Abstract: The main purpose of this article is to explain the efficacy of homoeopathic medicine, Sulphur, in the case of dog’s flu. Homoeopathic medicines have a lot of potential to cure diseases of human beings as well as animals. The objective of this article is to enlarge the scope of homoeopathic medicines and also to know how effectively homoeopathy works on the diseases of lower animals.

Keywords: homoeopathy, veterinary, dog’s flu, Sulphur.

Abbreviations: randomised controlled trial (RCT), serial number (Sl. No.), equine influenza virus (H3N8), haemagglutinin (H) and neuraminidase (N) variant viruses (H3N2).

Introduction

Dog’s flu is also known as ‘canine influenza’ which is an infectious respiratory disease usually caused by an influenza A virus which is very similar to the viral strains of human that cause influenza in people. There are two different strains of dog flu found in the United States:

- H3N8
- H3N2

The H3N8 strain of dog flu actually originated in horses. This virus becomes a canine influenza virus around 2004 when it jumped from horses to dogs. The other strain H3N2 originated in Asia where it was believed that it jumped from birds to dogs. The virus H3N2 is responsible for 2015 and 2016 outbreaks of canine influenza in midwest and spread throughout the United States (1).

Mode of transmission

Dog flu is an airborne disease just like human forms of influenza (1). The portal of entry of the virus is the respiratory tract of dogs. The spread of this virus is mainly from the respiratory secretions which is escaped into the environment by sneezing, coughing, or barking. The dog flu also spreads through contaminated objects such as water bowls or leashed, kennel surfaces, collars, or even through shelters, dog parks, and in contact with people who have had direct contact with an infected dog. It is highly contagious during incubation period.

Incubation period

The incubation period of dog flu is approximately 2-4 days from initial exposure. After fourth day the viral shedding starts to decrease but dog with H3N8 virus remains contagious for up to 10 days after exposure while dogs with H3N2 remain contagious for up to 26 days. Most vets recommend to isolate dogs with H3N2 virus for at least 21 days to reduce the chances of risk of transmission (1).

Symptoms of dog flu

After exposure almost 80% dogs develop a mild respiratory infection and have cough (both moist and dry) that usually lasts 1-3 weeks. The cough may be followed by gagging. The other symptoms include discharge from the eyes and nose, sneezing, runny nose, fever, lethargy, loss of appetite and difficulty in breathing (1)(2). Most cases of dog flu are mild in nature but in severe cases it may complicated with pneumonia, difficulty breathing, and high fever (1). Less than 10% of affected dogs die due to the flu (2).

Important homoeopathic medicines for flu based on individualistic approach

1] Sulphur: Chronic dry catarrh, nose feels stuffed indoors. Lips usually dry, bright red, and burning in nature. Complete loss of appetite with the feeling of food tastes too salty. Skin dry and frequent flashes of heat throughout the entire body. Stool is hard and insufficient. There is itching and burning of anus.

2] Arsenicum album: The conditions of debility, exhaustion, and restlessness with nightly aggravation are most important symptoms of arsenic album. There is burning in eyes with acrid lachrymation. Nasal discharges are thin, watery, and excoriating in nature. Sneezing gives no relief. Thirst is great but drinks little at a time. Stool is small, dark, and offensive which is worse at night. Suffocative catarrh which is worse at midnight.

3] Argentum nitricum: There is loss of smell and itching in the nose.
Coryza appears with chilliness and lachrymation. Stool is watery, greenish and very offensive. Great desire for sweets and mucopurulent discharge from the mucous membranes are very characteristic.

4] Ipecacuanha: Persistent nausea and vomiting is the principal feature of Ipecacuanha. Eyes are inflamed and red. Tongue is clean with much saliva. Stool is green as grass and like frothy molasses. Continued sneezing and coryza and suffocative cough. There is complete aphonia.

5] Lycopodium clavatum: There is styes on the lids near internal canthus. Acute sense of smell with feeling of dryness and constantly rubbing the nose. Food and drinks regurgitate through the nose. There is no thirst.

6] Dulcamara: The great application of this drug is when days are hot and nights are cold. Profuse coryza with thick and yellow nasal discharge. There is aversion to food. Nausea accompanies the desire for stool.

A case report

This case belongs to a 7 years old pet named Muku. A dog owner came with the complaints of flu like condition of his pet. The pet was ill for 7 days. The pet did not want to eat or drink if tried to eat, there was nausea and vomited food after eating. Always wanted to rest, felt laziness as he did not like walking. Since the pet was not eating food properly, he was looking weak. The eyes of pet were reddish and there were eruptions around both eyes. Nose of pet was stuffed with mucous which is pus-like. The stool of pet was flaky and very offensive. The overall look of the pet was dirty and filthy. The owner was really worried about the illness of the pet.

Totality of symptoms:
- Poor appetite with no desire to eat.
- Vomiting of food after eating.
- Eruptions present around the eyes and eyes look reddish.
- Nasal secretion occur which is purulent in nature.
- Stool was flaky and very offensive.
- Walking causes weakness of the body.

Conversion of symptoms into rubrics:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Symptoms</th>
<th>Rubrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Poor appetite with no desire to eat</td>
<td>Stomach - appetite - diminished</td>
</tr>
<tr>
<td>2.</td>
<td>Eruptions around eyes</td>
<td>Eye - eruptions about the eyes</td>
</tr>
<tr>
<td>3.</td>
<td>Eyes look reddish</td>
<td>Eye - redness</td>
</tr>
<tr>
<td>4.</td>
<td>Nasal secretion was pus like</td>
<td>Nose - discharge - purulent</td>
</tr>
<tr>
<td>5.</td>
<td>Vomiting of food after eating</td>
<td>Stomach - vomiting – eating - after</td>
</tr>
<tr>
<td>6.</td>
<td>Stool was flaky</td>
<td>Stool - flaky</td>
</tr>
<tr>
<td>7.</td>
<td>Stool was very offensive</td>
<td>Stool - odor - offensive</td>
</tr>
<tr>
<td>8.</td>
<td>Walking causes weakness of the body</td>
<td>Generalities - weakness - walking - from</td>
</tr>
</tbody>
</table>

Repertorisation:

Repertorisation sheet:

<table>
<thead>
<tr>
<th>8 symptom(s)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of remedy</td>
<td>Sulphur</td>
<td>Arsenicum album</td>
<td>Silicea terra</td>
<td>Phosphorus</td>
<td>Lachesis mutus</td>
</tr>
<tr>
<td>Symp. covered</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Totality</td>
<td>19</td>
<td>16</td>
<td>15</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Repertorisation analysis:
- Sulphur – 8/19
- Arsenicum album – 7/16
- Silicea terra – 7/15
- Phosphorus – 7/14
- Lachesis mutus – 6/14

Repertorial selection:
As Sulphur covers maximum numbers of rubrics and got highest marks. After consulting materia medica, Sulphur was chosen for prescription.

Prescription:
Sulphur 30/2 doses was prescribed on the first visit on 03 July 2021 in empty stomach early morning considering the reportorial totality.
suitableness of remedy not only depends on accurate selection of remedy but on the smallness of doses too (5), because of that reason I prescribed only two doses. For the selection of potency, susceptibility is the only deciding factor. The axiom used for this purpose is “more the susceptibility – higher the potency, less the susceptibility – lower the potency” (6). As the susceptibility of pet was low, potency was chosen lower.

**Follow up:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Response</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/07/2021</td>
<td>Pet started to eat food, redness of eyes diminished, nasal secretions diminished.</td>
<td>Rubrum prescribed for next seven days</td>
</tr>
<tr>
<td>13/07/2021</td>
<td>No vomiting, eruption decreases in size, nasal discharge stopped. Stool got normal. Weakness still present.</td>
<td>Rubrum prescribed for next seven days</td>
</tr>
<tr>
<td>20/07/2021</td>
<td>Health of pet was restored.</td>
<td>No medicine was given.</td>
</tr>
</tbody>
</table>

**Conclusion**

Homoeopathy is successfully practised in lower animals such as dogs, cats, horses, cows, buffalos, elephants, etc. by many physicians. Homoeopathic approach of individualisation of any kind of diseases forms the basis to cure of the disease. Homoeopathic medicines carry enormous amounts of goodness, we just need to explore the scope of homoeopathy. The present case of dog’s flu shows the efficacy of homoeopathic medicine Sulphur. In future, RCT with larger sample size can show the way to authenticate the efficacy of homoeopathy on lower animals.

**References**


**About the author**

1. Dr Arti, BHMS, M.D.(HOM.) in the Department in Materia Medica, Assistant Professor at Muzaffarpur Homoeopathic Medical College and Hospital, Bihar.
A case report on homoeopathic treatment of vitiligo

By Dr Neeta Sharma, Dr Diksha Agrahari, Divyanshi Oza

Abstract: T  Vitiligo is a very common skin disorder characterised by absence of melanocytes, resulting white macules or patches on the body which are well demarcated. It is considered as a cosmetic disfiguring as well, leading serious psychological problems and regular purchase of expensive medicines such as corticosteroid cream, + UVA therapy with their side effects in daily life. In homoeopathy, it can be improved by potentised homoeopathic simillimum. A case of vitiligo of 11 years old female is presented in this article, which responded commendatory with single individualised medicine Sulphur.

Keywords: hypopigmentation, white patch, vitiligo, Sulphur, homoeopathy

Abbreviations: UVA – ultraviolet A, TDS – thrice a day

Introduction

Vitiligo is as an acquired pigmentary skin disorder caused by absence of melanin pigment from epidermis. It is a form of autoimmune disorder with unknown aetiology but genetic factors, autoimmunity, neurologic factors, toxic metabolites, and lack of melanocyte growth factors might involve. There are different theories as well which explain its pathogenesis. Clinically, it is presented as white spot on body, distributed symmetrically and well-demarcated. Shape of spot may oval, round, or linear with convex border and size ranges from few millimetres to centimetres. It occurs most frequently on the hands, forearms, feet, and face (peri-ocular or peri-oral) and may be generalised, segmental, and localised. The severity of the disease depends on the affected area of body surface. Found in any age group and both sexes. 1,2 The reported case is 11 years old, Hindu, vegetarian, female (student) , belonging to a middle socio-economic family, residing in urban area who came to OPD (17415) of Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, (A Constituent College of Homoeopathy University) on 03/11/2020 with the complaint of hypopigmented patch over upper eye lid of right eye since 4 years.

Location - Upper eye lid of right eye
  • Size of lesion- irregular
  • Colour of lesion- white

Sensation- Itchy when exposes to sun light.

History of presenting complaints – Patient was apparently well 2 year back. One day patient’s father first noticed a white small circular patch over upper eye lid of right eye. Gradually, the size was increasing.

Treatment history – They took allopathic treatment for 2 and half years. There was improvement but symptoms reappeared as treatment stopped (due to cost of medicines).

Patient as a whole
  • Appetite- 3 meals/day but only eats only 1-2 chapattis/meal. Gets hungry soon. Early satiety.
  • Thirst- thirstless, drinks 1/2 – 1 glass of water at large interval (3-4 hour) (usually, her parents remind her to drink water).
  • Desire – sweets ++
  • Aversion – milk++
  • Stool- constipated, once in 2 or 3 days. Sometimes hard stools.
  • Perspiration- Profuse over underarms and offensive
  • Thermal reaction- towards hot
  1. kept all the windows open when the rest of the family felt cold
  2. Bathing- liked to take bath. (She took bath only when her mother scolded badly. Daily she cried when she went for shower.)
  3. Fanning- Liked cool air from near.
  4. Covering- heat sensation in the soles cannot cover even while sleeping.
  5. Weather- liked cool, breezy weather.


Family history: No familial diathesis for vitiligo.

Mental generals- Child was not active. She sat silently. She was
answering after many questions. (Observed) Not active even in class. Forgets easily. Very stubborn. Cry very easily. (Told by parents)

**General examination** – Conscious

General appearance (Expression and look)- patient was apparently healthy looking
Height – 152 cm
Weight – 40 kg

**Figure 1**– Taken on 3/11/2020

**Case processing:**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Common/uncommon</th>
<th>Miasmatic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental generals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dullness</td>
<td>3+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Forgetful</td>
<td>3+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Cry Easily</td>
<td>2+</td>
<td>Common</td>
</tr>
<tr>
<td>Stubborn</td>
<td>3+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Appetite- easy satiety</td>
<td>2+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Thirst-thirstless</td>
<td>2+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Desire- sweet food</td>
<td>3+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Aversion-milk</td>
<td>2+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Stool-consipated</td>
<td>2+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Perspiration- profuse, offensive</td>
<td>2+</td>
<td>Uncommon</td>
</tr>
<tr>
<td>T/r- hot</td>
<td></td>
<td>Uncommon</td>
</tr>
<tr>
<td><strong>Physical generals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irregular white spot over upper eyelid side of right eye</td>
<td>3+</td>
<td>Common</td>
</tr>
</tbody>
</table>

**Pre- dominant miasm** - Mix miasmatic but predominantly psora.

**Repertorisation**- As the generals were marked, this case was repertorised with the help of the Synthesis repertory from RADAR 10.0 version. (Figure-2)

**Figure 2**- Repertorisation sheet from RADAR 10.0 version
Selection of remedy - *Sulphur* was selected on the basis of repertorisation (Figure-2) and after the consultation of materia medica, considering the symptom similarity. 

Selection of potency and dose - 1

Dose of *Sulphur* 200 was prescribed (according to principles 3,8-9).

**Justification of repetition** – has been done when requires, according to principles,3,8-10

**03/11/20**: Sulphur 200/1 dose (early morning empty stomach), Rubrum 30 thrice a day for 14 days.

**General management** – Not to apply any ointment.

Cover face properly if sun exposure caused itching.

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>Justification 3,8-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.11.2020</td>
<td>Status quo.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days</td>
<td>Although no changes observed initially but changes in vitiligo did not come easily and after considering the action of medicine.</td>
</tr>
<tr>
<td>02.12.2020</td>
<td>Slight relief in constipation. No changes in skin</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Placebo was given again as slight improvement in other symptom was observed.</td>
</tr>
<tr>
<td>16.12.2020</td>
<td>Relief in constipation. Appetite improved.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Changes observed and placebo was given.</td>
</tr>
<tr>
<td>30.12.2020</td>
<td>Size and whiteness of patch reduced. Figure 3</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Changes observed and placebo was given.</td>
</tr>
<tr>
<td>13.01.2021</td>
<td>Size and whiteness of patch same as it was reduced before.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>For observing, if any changes take place, placebo was given.</td>
</tr>
<tr>
<td>28.01.2021</td>
<td>No further changes.</td>
<td><em>Sulphur</em> 200/1 dose (early morning empty stomach) Rubrum 30/TDS for 14 days</td>
<td>Same potency repeated to see more result as acted good before.</td>
</tr>
<tr>
<td>12.02.2021</td>
<td>Status quo</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>For observing, if any changes take place, placebo is given.</td>
</tr>
<tr>
<td>26.02.2021</td>
<td>Patient absent. Goes for motion daily. Took meals properly as told by attendant (father). Slight color is changing in patch.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Changes observed and placebo was given.</td>
</tr>
<tr>
<td>13.03.2021</td>
<td>No further improvement in patch.</td>
<td><em>Sulphur</em> 1M/1 dose (early morning empty stomach) Rubrum 30/TDS for 14 days</td>
<td>Potency increased in case of no further improvement.</td>
</tr>
<tr>
<td>27.03.2021</td>
<td>Patient absent. Color of patch becomes pink. Told by her father. Figure 4.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Marked improvement observed and placebo repeated.</td>
</tr>
<tr>
<td>12.04.2021</td>
<td>Patient absent due to protection against second wave of COVID-19. Pt stable.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Changes observed and placebo was given.</td>
</tr>
<tr>
<td>26.04.2021</td>
<td>Patient stable. Did not come. Father told slight pink colour was becoming dark.</td>
<td>Phyton 200/1 dose Rubrum 30/TDS for 14 days.</td>
<td>Continuously changes observed and again placebo was given.</td>
</tr>
</tbody>
</table>

**Figure 3** – Taken on 30/12/2020

**Figure 4** – Given by father on 27/03/21

**Discussion and conclusion**

Considering the law of similars and action of *Sulphur* on skin, made it the best suitable medicine in such case to cure. There are many other medicines which are used therapeutically 6, 7 but for better results, homeopathic medicine can be selected on the individualisation of the case. It reveals that
Homoeopathic drugs have definite action on melanocytes cells which starts reproducing melanin resulting in re-pigmentation in white spot. The period of treatment varies according to the area and chronicity of the disease and individual response of the patient. Vitiligo can be reduced and cured permanently with suitable homoeopathic drugs. Homoeopathic drugs are cost effective and easy to take having no side effect. The recurrence rate after homoeopathic treatment in vitiligo is very less.

References

About the authors
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