

# THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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## Individualised Homoeopathy: Evidence-based Case Reports

- Insight into a case study – trichomoniasis and its homoeopathic management
- A case of renal calculus with hydronephrosis treated by *Lycopodium clavatum*: a case report
- A study to assess the effectiveness of causative rubrics in treating acute rhinitis using Repertory Of Causation by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis



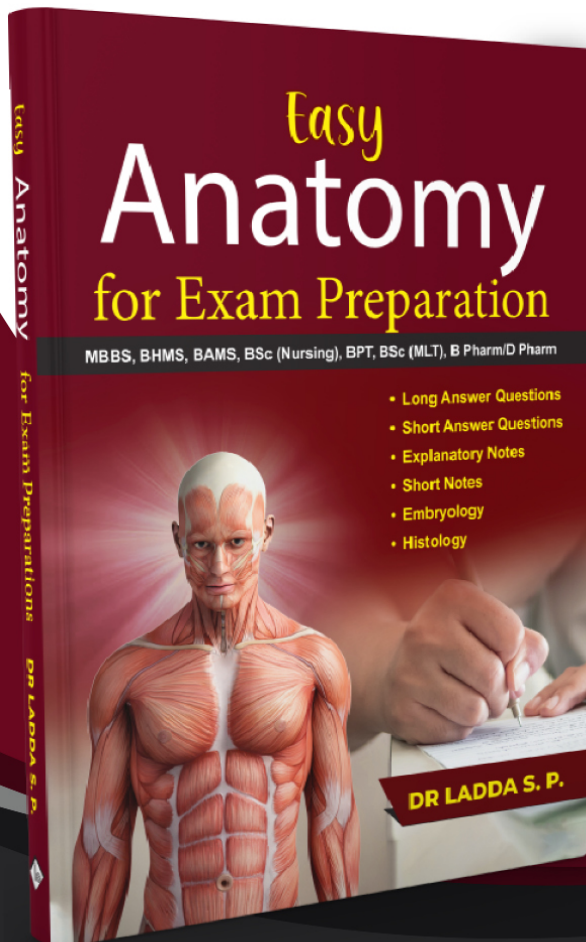
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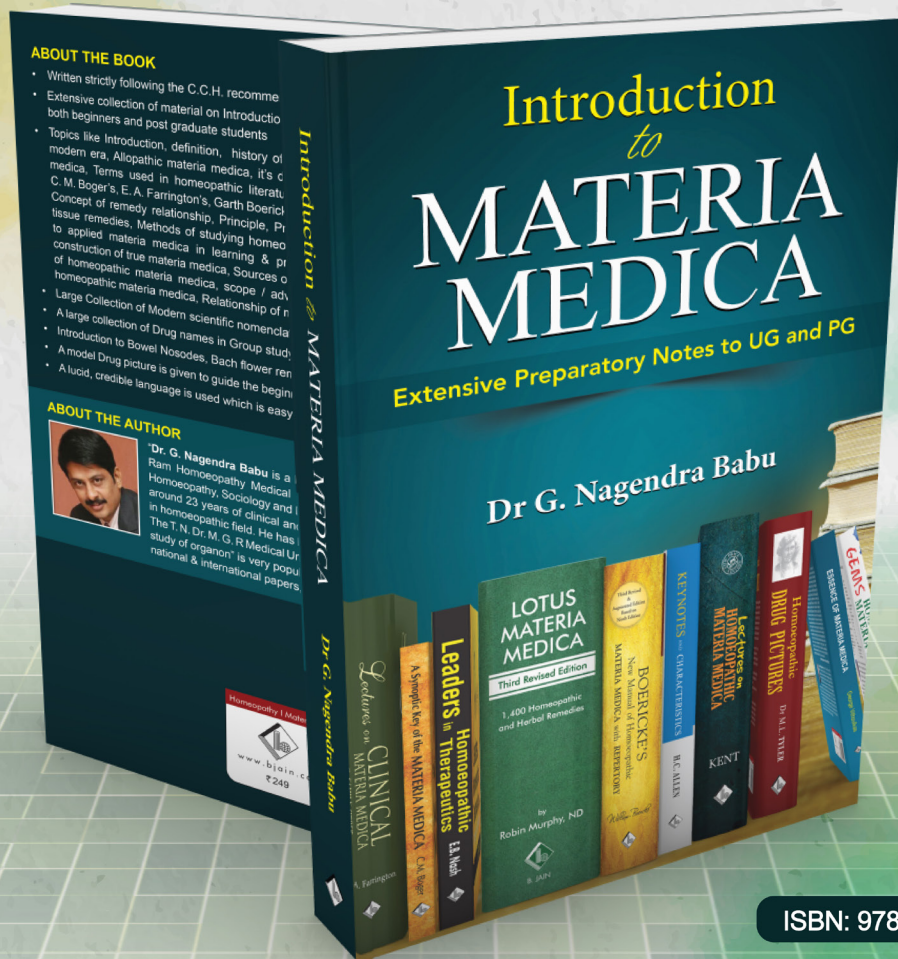
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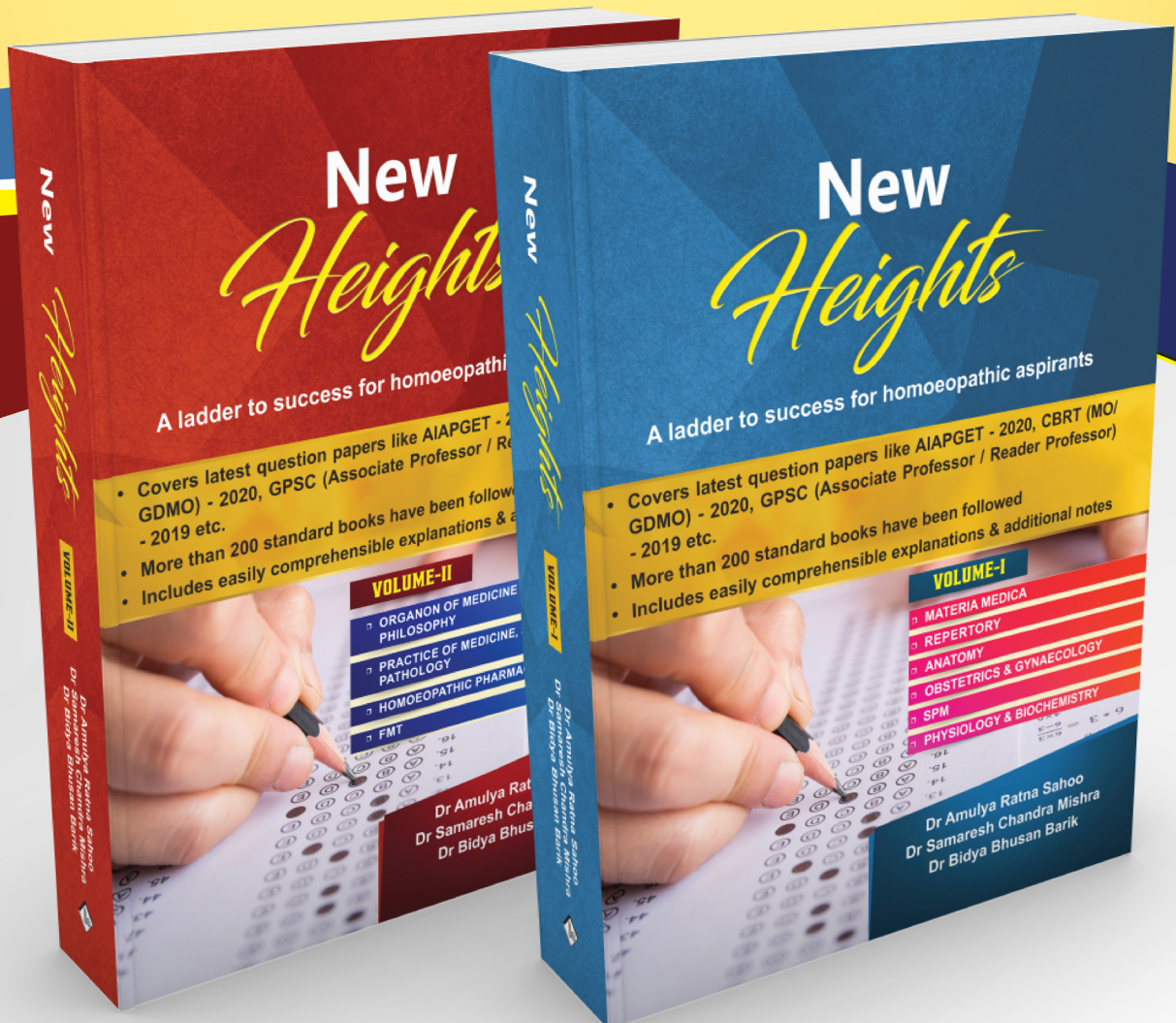
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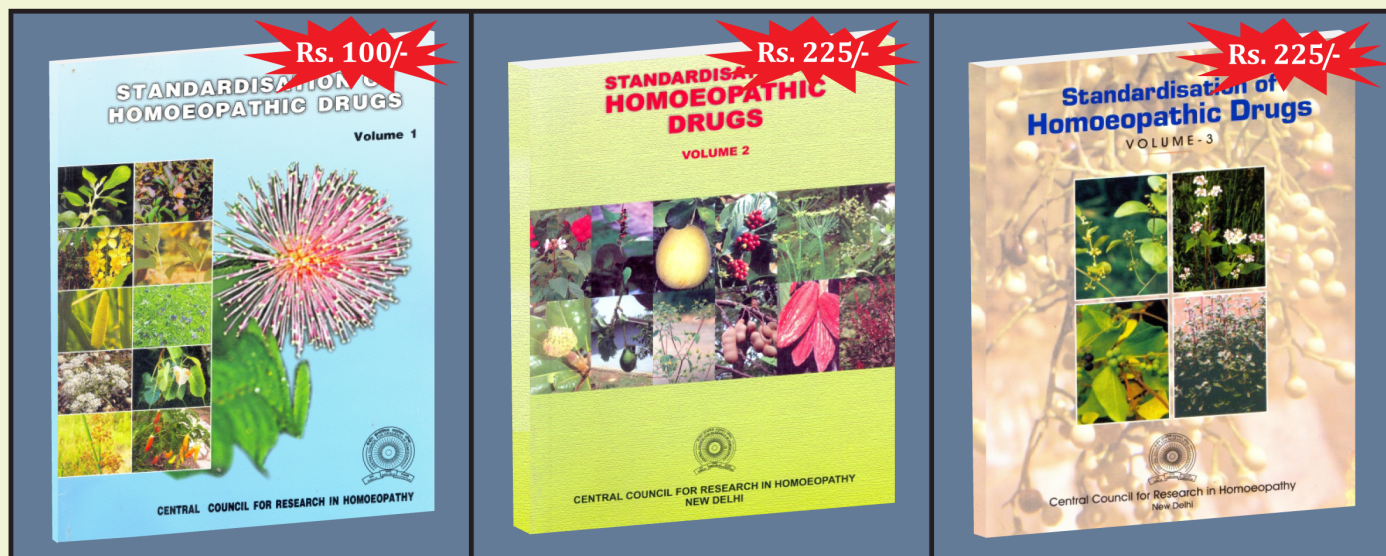
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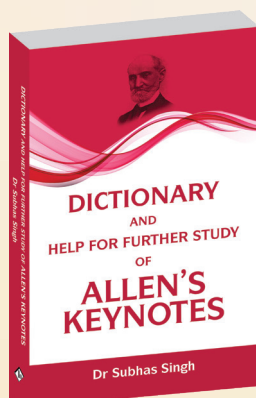
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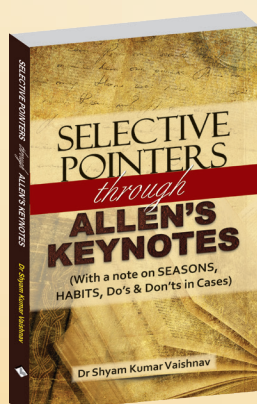
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- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
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- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
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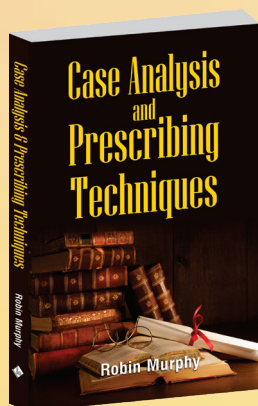
## Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



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- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

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## Case Analysis & Prescribing Techniques By Robin Murphy



- The author has taken a point-by-point approach to case-taking, punctuated by general discussions of the related topics.
- 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.

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Dear Readers,

Dr J.T. Kent has clearly stated about the idea of Master Hahnemann mentioned in aphorism 5 of *Organon of Medicine* as, 'It is the man who is sick and man consist of what he thinks and what he loves and there is nothing else in a man. Man is the will and understanding and the house in which he lives is his body'. In fact, Dr Richard Hughes pointed out that the final selection of a similar remedy should be based on individual similarity, especially in those diseases that affect every subject in their way. Individualisation is the process of arriving at the image of the patient for the selection of remedy. The little explored area in homoeopathy is individualisation solely based on personality characteristics, which more or less denote the true representation of an individual. Individualisation of a person is possible by assessing the dimensions of personality in an inventory.

Talking specifically about homoeopathy, individuality has arrived at a great extent through personality characteristics though not fully. Our case taking demands the recording of the symptoms of the patient in their own words. Dr Stuart Close has also opined that the language of drugs in homoeopathic materia medica is common man's language. Hence, the attempt for linking the individualisation concept of homoeopathy with personality is more or less possible as the determining criteria of individualisation in both methods are the verbal expressions and outward behaviour. Various research studies are already available on the role of personality in general and five-factor model of personality. The homoeopathic treatment based on the totality of symptoms is a person-centred, individualised treatment.

Homoeopathy recognises the individuality of each drug and substance in nature as well while drug proving. "Each medicine exhibits peculiar action on the human frame which are not produced in exactly the same manner by other medicinal substance of a different kind." The patient's built, gait, manner of dressing, posture, the way he talks, facial

expressions, etc. all convey significant information about the individual's unique character and constitution, which is important for remedial diagnosis. For example, a thin, delicate woman with black hair is not likely to need *Calcarea carbonicum*. Those patients who come in visibly irritated by being kept waiting for ten minutes are likely to be *Arsenicum album*, *Natrum muriaticum*, *Mercurius solubilis* or *Nux vomica*. Totality of symptoms-based individualisation proves to be more effective while managing cases homoeopathically, giving a direction to the homoeopaths for homoeopathic medicine selection resulting in cure.

#### A Quick Word on Issue Content:

This issue of "*The Homoeopathic Heritage*" is an attempt to discuss the individualised homoeopathy through different evidence-based case studies and research papers.

The peer reviewed articles of this issue include a study to assess the effectiveness of causative rubrics in treating acute rhinitis using *Repertory Of Causation* by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis by Dr Uma Maheswari MS, Dr Arun Varghese, and a case of renal calculus with hydronephrosis treated by *Lycopodium clavatum*: a case report by Dr Vivek Kumar Shail, Dr Geeta Sharma. The research review on homoeopathic approach to pernicious anaemia: a review by Dr Binod Kumar Tiwari is an absolutely amazing article for this issue. The clinical case studies include a case of sialolithiasis by Dr Sadia Kamal, Dr Jayabrata Pal, a case of *tinea cruris* managed with individualised homoeopathic medicine: an evidence based case report by Dr Ashok Yadav, Dr Virendra Chauhan, Dr Bhavneet Kaur, management of venous ulcer with homoeopathy: a case report by Dr Shweta B. Nanjannavar, Dr Poojarani H. Adoni, a case report of haemorrhagic cyst cured by homoeopathy by Manila Gulati, insight in to a case study – trichomoniasis and its homoeopathic management by Dr Rahul V. Sutariya, MD (Hom), eczema treated by "*Kalium arsenicosum*": a case report by Dr Sonia Tuteja, a case of *tinea capitis* treated by homoeopathic medicine

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A homoeopath must always remember the footnote to the aphorism 119, as mentioned by Dr Hahnemann: "*Anyone who has a thorough knowledge of, and can appreciate the remarkable difference of, effects on the health of man of every single substance from that of every other, will readily perceive that among them there can be no equivalent remedies, no surrogates.*" Every person reacts to any external agent according to his/her individuality, and so a person's individuality is reflected in his/her disease as well.

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](http://www.homoeopathy360.com) for more information and opportunities related to homoeopathy.

– Dr Yashika Arora Malhotra

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## A case of sialolithiasis

*By Dr Sadia Kamal, Dr Jayabrata Pal*

**ABSTRACT:** Sialolithiasis is a medical term for stone in the salivary gland. These stones or calculi are mostly composed of calcium, but they also contain magnesium, potassium and ammonium. Usually treated with surgical intervention. The present case report is of a 45 years old female, who presented with pain in the in the left side of mandible, diagnosed with sialolithiasis, sialadenitis, and bilateral cervical lymphadenopathy. The ENT specialist has advised her for surgery. Being afraid the patient came to homoeopathic treatment and she was successfully treated with a single dose of suitable remedy.

**Keywords:** sialolithiasis, sialadenitis, submandibular duct stone, lymphadenopathy, homoeopathic treatment. ESWL.

**Abbreviations:** ear, nose and throat (ENT), extracorporeal shock wave lithotripsy (ESWL), outpatient department (OPD), ultrasonography (USG), in-patient department (IPD)

### Introduction

Salivary stones, also known as sialoliths, are calcified concretions in the salivary glands. These stones or calculi are mostly composed of calcium, but they also contain magnesium, potassium and ammonium<sup>1</sup>. Sialoliths are more frequently located in the submandibular gland (84%), than in the parotid gland (13%). The majority of the submandibular stones are located in Wharton's duct (90%), whereas parotid stones are more often located in the gland itself. Salivary stones consist of an amorphous mineralised nucleus, surrounded by concentric laminated layers of organic and inorganic substances<sup>2</sup>. The management of salivary stones is focused on removing the salivary stones and preservation of salivary gland function which depends on the size and location of the stone. Conservative management of salivary stones consists of salivary gland massage and the use of

sialogogues<sup>3</sup>. Other therapeutic options include removal of the stone or in some cases surgical removal of the whole salivary gland.

### Case report

A 45year old, female (housewife) visited the ENT OPD on 5th December 2019, with presenting complaints of pain in the left submandibular region with mild swelling for 4 months. Pain aggravated on moving the neck to the right side, lying on affected side. Along with this, there was stiffness of neck. She presented the USG reports of confirmed diagnosis of left submandibular sialolithiasis with lymphadenitis.

#### History of present illness:

Complaints started gradually, the pain in the left submandibular region started along with the noticeable swelling in the left side of the neck. She consulted an ENT surgeon and he advised her an USG of Neck. The investigation revealed left sialoadenitis and left submandibular

duct calculus, measuring 0.63cm. and multiple enlarged lymph nodes bilaterally. The ENT specialist advised her for surgical excision of the submandibular gland.

The patient was afraid of surgery, so she visited the ENT OPD at The Calcutta homoeopathic medical college and hospital.

In the past history, she suffered with epistaxis at 20 years of age and uterine fibroid at 35years of age

In family history, her mother had ovarian tumour and gall bladder stone.

#### Physical general

The patient is of dark complexion, well-built body. Tongue dry, white coated, soreness of mouth with profuse thirst and profuse sweat. There is a feeling of lump in the throat. Appetite good, stool and urine clear. Mentally dull

**Diagnosis:** Sialolithiasis of left submandibular gland<sup>4</sup>



**Table 1. Analysis and evaluation of symptoms:**

Characteristic	Common
<ul style="list-style-type: none"> <li>• Left sided affection</li> <li>• Glandular affection- submandibular gland, cervical lymph gland.</li> <li>• Feeling of lump in the throat</li> <li>• Profuse thirst</li> <li>• Sweat - profuse, offensive</li> <li>• Soreness of mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Pain and swelling of submandibular gland due to stone.</li> <li>• Pain &lt;lying on painful side</li> <li>• Stiffness of neck</li> <li>• Tongue dry, slight coated</li> <li>• Thermal reaction-chilly</li> <li>• Mentally dull</li> </ul>

**Miasmatic analysis:**

The characteristic symptoms of the case, i.e. the glandular affection, profuse offensive sweat and history of nose bleed points to syphilitic miasm. Then profuse thirst with dryness of mouth, thermally chilly and also there is suppression of normal discharge, i.e. saliva, points to psoric miasm<sup>5</sup>. Hence, this case is mixed miasmatic, i.e. psora with syphilis, however the syphilitic

symptoms of the presenting complaint are dominant.

**Justification of the remedy:**

The final selection of medicine was done on the basis of the presenting complaint after analysis of the symptoms. *Mercurius iodatus ruber* 30 was selected as the best indicated and prescribed after consulting the *Boericke's Materia Medica*. The remedy selected in this case was a keynote prescription with 2-3 main

characteristic symptoms based on the affection of the organ (glands) and involvement of the side (left) along with the other supporting symptoms in favour of the remedy.

Prescription: *Mercurius iodatus ruber* 30/1 dose was prescribed. Followed by *Rubrum* 30, once daily for 3 weeks

Advise: The patient was advised for admission at the IPD for the better management of the case.

**Follow up:**

Date	Symptoms	Investigation / Advise	Prescription
5/12/2019 (1 <sup>st</sup> visit)	Pain in the left submandibular region, pain <lying on affected side. Dryness of mouth. O/E- Cervical lymph gland palpable.	USG of neck (13/10/19)  left submandibular duct calculus measuring, 0.63cm. left sialadenitis, neck lymphadenopathy.	<i>Mercurius iodatus ruber</i> 30 / 1 dose.  Followed by  <i>Rubrum</i> 30
12/12/2019 (follow up)	Pain in the left side of neck present but less than before. Lymph gland palpable.	Drinking plenty of fluids. Avoid medicinal diet.	<i>Rubrum</i> 30
19/12/2019 (follow up)	Pain was reduced and salivation improved.	Repeat USG was advised.	<i>Rubrum</i> 30
29/12/2019 (follow up)	Pain persisting (only on movement of neck), lymph gland swelling mildly palpable.	USG of neck (28/12/19) left submandibular duct calculus measuring, 0.5cm. CECT scan of Neck was advised.	<i>Rubrum</i> 30

07/01/2020 (follow up)	Pain relieved, salivation normal. Cervical lymph gland swelling not palpable.	CECT (06/01/2020)  B/L parotid & submandibular glands are normal.  Further USG of neck was advised from the same previous lab.	Rubrum 30
14/01/2020 (follow up)	Patient feeling good.	USG of neck (13/01/2020)  No focal SOL or calculus is seen.	Rubrum 30
	Salivation increased to normal. No pain in submandibular region.	The patient was advised for discharge. And visit OPD once a month.	Rubrum 30

## Conclusion

A pure surgical disease<sup>7</sup>, Submandibular duct calculus has been successfully treated by a single dose of perfectly homoeopathic medicine based on the totality and repertorisation<sup>8</sup>. Previous ENT specialist has advised her for surgical excision of left submandibular gland. But patient opted for homoeopathic treatment being afraid of surgery.

**Discussion:** The salivary gland stone treatment may vary depending on their size. They vary in shape, being round or irregular. According to 2 recent studies, the size ranges from 2 mm to 2 cm, with the mean being 3.2 mm and 4.9 mm for parotid and submandibular stones, respectively, a finding that emphasizes the need for fragmentation before extraction of these stones. Radiological diagnostic approaches includes Standard x-ray films, computed tomographic scan, ultrasonography, sialography: The old "Gold Standard", magnetic resonance sialography: a new, noninvasive technique<sup>9</sup>. If the size of stone is less than 5mm conservative management can be given. When it fails then extracorporeal shockwave lithotripsy is done and in larger stones more than 1cm then ENT surgeons remove the affected salivary gland<sup>10</sup>. But with

homoeopathic suitable remedy a pain free management can be given. And best results are ensured as we can see from the above case.

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**Consent for publication:** Written informed consent was obtained from the patient for this case report and any accompanying images but no identity of the patient will be disclosed.

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# Finding a remedy for SARS

By Dr Vatsalya Sharma Jhansi

**Abstract:** SARS (severe acute respiratory syndrome) caused by a corona virus has resulted in hundreds of deaths in China in 2003 and presented with a clinical picture of fever, dry cough, difficult breathing etc. To find a suitable homoeopathic remedy on the basis of totality of symptoms, a repertorisation through Kent's Repertory is done on comparison to other viral diseases as influenza and AIDS also caused by RNA viruses and *Arsenicum album* seems to be most suitable remedy found being discussed in the following article.

**Keywords:** SARS, corona virus, influenza, AIDS/HIV, repertory, toxicology, homoeoprophylaxis, genus epidemicus, *Arsenicum album*.

**Abbreviations:** SARS (severe acute respiratory syndrome), AIDS - acquired immunodeficiency syndrome, HIV - human immunodeficiency virus, RNA - ribonucleic acid, ARC - AIDS related complex, PGL - persistent generalised lymphadenopathy, GIT - gastrointestinal tract, RBCs - red blood cells

## Introduction:

SARS (severe acute respiratory syndrome) emerged in Guangdong in South China in november 2002. It was at its peak in april 2003 with around 8000 cases and 700 deaths approximately.

## Discussion

SARS is caused by a Corona virus not related to another known classes of corona virus which cause mild respiratory infections esp., common cold, with runny nose, slight fever during winters and change of weather. It is a RNA virus like influenza and HIV (AIDS). Corona virus spreads by inhalation of virus present in droplets or aerosols of respiratory secretions of the patients due to sneezing, coughing etc. Incubation period of SARS is 5 to 7 days.

In this article, the author has tried to find some suitable remedy for SARS considering the disease symptoms only prevalent among the patients of SARS and after repertorising from Kent's Repertory, 6<sup>th</sup> american edition ( complete repertory from attached)<sup>1</sup>. Symptoms of SARS with corresponding pages of KENT'S REPERTORY are as follows.

The clinical picture of SARS presents with dry cough, fever (sometimes with chills), headache, bodyache, weakness, difficult breathing and atypical pneumonia (sometimes as complication). Atypical pneumonia is one which is not caused by pneumococcus but mycoplasma. Pneumoniae and some other microbes. Clinical picture of this pneumonia includes fever, malaise, sore throat, paroxysmal cough with sputum (sometimes blood - tinged). This disease is characterised by moderately severe respiratory involvement with bronchitis and pulmonary consolidation. The lung changes are usually unilateral with and extend towards lower lobe. Less severe febrile manifestations may occur esp. in children.<sup>2</sup> Death may occur due to progressive respiratory failure. Referring 'pneumonia' in Kent's Repertory, under section 'CHEST' pg 835 under rubric - inflammation and sub-rubric - lungs with remedies as *Arsenicum album*, *Bryonia alba*, *Phosphorus*, *Pulsatilla nigricans*, *Sulphur* securing full three marks each.

### Differentiation of repertorised remedies.

#### (1) *Arsenicum album*

It has covered all the seven symp-

toms with each symptom having full three marks therefore a total of twenty one marks.

#### (2) *Apis mellifica*

It has covered all seven symptoms. Symptom no. 2 has secured only one mark but rest of the symptoms full three marks each.

#### (3) *Bryonia alba*, *Pulsatilla nigricans* and *Phosphorus*.

These medicines have covered only six symptoms with seventeen marks each. All the three remedies lack the coverage of 4th symptom

i.e "fever with chills". But the first three symptoms have got full three marks in these remedies.

#### (4) *Kalium iodatum*, *Kalium carbonicum* and *Arnica montana*

These medicines have covered all seven symptoms but secured 16,15 and 15 marks respectively.

#### (5) *Sulphur* and *Nux vomica*

Both these remedies have covered six symptoms with sixteen marks each. Third and fourth symptoms are missing in these remedies respectively.

Chest symptoms of repertorised remedies

(1) *Arsenicum album* Arrest of breathing with cough aggravated in cold air, turning in bed, difficult expectoration, scanty or frothy Dry cough, deep, fatiguing and shaking, in the evening, lying down obliging the patient to assume an erect posture. It is predominantly right sided and loves warmth. The predisposing factors are chill in the water, eating ices, poor diet.<sup>3</sup>

Suffocative catarrh. Darting pain through upper third of right lung. Haemoptysis with pain between shoulder burning heat all over. Cough dry, as from sulphur fumes.<sup>4</sup>

(2) *Apis mellifica* Respiration hurried and difficult (with fever and headache). Aggravation on lying down amelioration on sitting up. Symptoms proceed from right to left.<sup>3</sup>

Feels as if he could not draw another breath.

Suffocation, short dry cough, suprasternal. Hydrothorax.<sup>4</sup>

(3) *Bryonia alba* Cough dry excited by tickling, aggravated by motion talking, laughing, drinking, eating. Cough caused by exposure to cold winds.<sup>3</sup>

Cough, dry at night; must sit up, with stitches in chest, and expectoration of rust coloured sputa. Pleropneumonia.<sup>4</sup>

(4) *Pulsatilla nigricans*. Dyspnoea esp, when lying on back at night. Dry cough disappearing while sitting up in bed and returning as soon as lying down again. Shooting in the chest and sides with difficulty in a full inspiration, inability to lie on affected side.<sup>3</sup>

Short breath, anxiety and

palpitations with lying on left side (*Phosphorus*). Smothering sensation on lying down.<sup>4</sup>

(5) *Phosphorus*. Exposure to drenching rain. Cough from change in weather, dry cough daily for several hours. Expectoration in morning, frothy, streaked with blood. Aggravation from sitting.<sup>3</sup> Inflammation of lung (left side)<sup>4</sup>

(6) *Arnica montana* Stitches in the chest (1) aggravated from a dry cough with oppression of breathing aggravated by motion and ameliorated from external pressure.<sup>3</sup>

Dyspnoea and haemoptysis.<sup>4</sup>

(7) *Kalium iodatum* - left sided remedy

(8) *Kalium carbonicum* - right sided remedy.

(9) *Sulphur* - Dry cough fatiguing and shaking fits of suffocation especially when lying down during sleep, at night, speaking, walking in open air. Inflammation of lungs.<sup>3</sup>

(10) *Nux vomica* - Dry cough with pain in head as if it would burst. Difficult respiration, shortness of breath, aggravated at night and morning, exertion, from cold air, after eating, drinking with humming in ears, quick pulse and sweets.<sup>3</sup>

### **A considerations of viral influenza and AIDS / HIV infections as compared to SARS.**

#### **Viral influenza**

Influenza virus is a RNA virus. Route of entry is respiratory tract. Incubation period is 1-2 days.<sup>2</sup> commonest complication is pneumonia. Clinical picture includes fever with chills, cough with little expectoration, coryza, pain in throat, fast pulse, bronchitis and pneumonia.<sup>5</sup>

After repertorisation from *Kent's*

repertory, *Arsenicum album* secured 23 marks and *Sulphur* secured 19 marks covering all the eight symptoms in comparison to *Pulsatilla nigricans*, *Bryonia alba* and *Phosphorus* which are securing 16, 15, 15 marks for 6, 5, 5 symptoms respectively (*Complete Repertory* form attached).

### **AIDS (Acquired immunodeficiency syndrome)**

AIDS is caused by human immunodeficiency virus. HIV is also a RNA virus. Incubation period is six months to ten years. Then symptoms of AIDS RELATED COMPLEX (ARC) begin to develop. These include recurrent diarrhoea, fever lasting for three months or longer, night sweats, weakness, weight loss and emaciation and persistent generalised lymphadenopathy (PGL).<sup>6</sup>

In this disease, the patient is predisposed to severe opportunistic infections like fungal candidiasis, histoplasmosis, viral herpes (simplex and zoster), bacterial atypical mycobacteriosis and pneumocystis. Pneumonia and/or tumours (malignant) like Kaposi's sarcoma due to depletion of T-helper cells (lymphocytes) as a result of HIV infection from infected semen, contaminated blood and blood products.<sup>7</sup> After repertorisation from *Kent's* repertory, *Arsenicum album* secured 16 marks covering all the six symptoms having three marks for each symptom except 5<sup>th</sup>, i.e. swollen glands in which it has secured only one mark,

while *Arsenicum iodatum* secured full three marks in the fifth symptom which belongs to Arsenic group. *Lycopodium clavatum* secured 16 marks covering all six symptoms (*Complete Repertory* form attached). Here, *Arsenicum album* appears on the top along with *Lycopodium clavatum*.

## Comparison of SARS and viral influenza (similarities)

Both SARS and viral flu are caused by RNA viruses, are epidemics and are transmitted by aerosols of respiratory secretions of the patient and has a common complication i.e., pneumonia.

## Comparison of SARS and AIDS (similarities)

Both SARS and AIDS are caused by RNA viruses. Because of the mortality, fear of death (not necessarily) may be a common symptom in SARS and AIDS patient. "The fear of death is not of Aconite but is an anxiety and a feeling that it is useless to take medicine as they will surely die.<sup>3</sup> This symptom is fully covered by *Arsenicum album*.

## Toxicology of *Arsenicum Album*

Since ancient times, Arsenic has been used in medicine for treatment purpose and by criminal as poison. Because of its marked toxicity, it has been studied extensively early pharmacologists and toxicologists.

Chronic arsenic poisoning results from exposure to industrial arsenic or as medicine. It is insidious in onset. The first symptoms are those which attend many disorders. They consist in weakness, languor, loss of appetite, occasionally nausea, vomiting and diarrhea or constipation. As poisoning progresses, symptoms became more characteristics. Conjunctival congestion catarrhal inflammation of nose, throat and larynx, sneezing, hoarseness and coughing all simulate an acute coryza. Arsenical fever with rash, garlic odour of breath or sweat may be present. Stomatitis and excessive salivation and sweating may be present. Dermatitis, arsenic melanosis (skin pigmentation), keratosis of palms and soles, desquamation and scaling of skin are common features. Vitiligo

and alopecia may be present.<sup>8</sup>

The liver may swell due to arsenic, obstructive jaundice and cirrhosis may result from hepatotoxic action. As intoxication advances, the nervous system is prominently involved resulting in arsenical encephalopathy comprising numbness, burning and tingling

of extremities, especially legs. Paralysis and pain in joints are common. The bone marrow is seriously injured by arsenic and chronic poisoning is characterised by severe blood dyscrasias, as leukaemia, anaemia, etc<sup>8</sup>.

*Arsenicum album* is a potent capillary poison in large doses. Arteriolar damage occurs and the blood pressure falls to shock level. The heart muscle is depressed and results in circulatory failure.<sup>8</sup>

Gastrointestinal tract capillary beds dilate greatly. Exudation of Plasma results and the escaping fluid collects in the form of vesicles under the Gastro - intestinal mucosa. These "blisters" eventually ruptures, epithelial fragments are cast off and plasma is discharged into the intestinal tract where it coagulates. The presence of this fluid and irritant action of the arsenic on the bowel lead to increased peristaltic activity and the passage of characterized "rice water" stools which later becomes bloody. Vomitus may also be bloody. This type of dysentery in many ways resembles that associated with various diseases, especially cholera.<sup>8</sup>

The action of arsenic on Kidneys may cause severe renal damage. The urine contains protein, R.B.Cs and casts.<sup>8</sup>

Cytotoxic action - *Arsenicum album* can arrest cell division and produce nuclear abnormalities (dustin, 1933).<sup>8</sup>

*Arsenicum album* is a potent lung irritant Dr W.H. Burt states, "through its action upon pneumogastric nerve, this remedy has a specific action upon lungs, producing congestion of all their air passages, the lungs being gorged with blood. Accompanying with this congestion, spasm of muscles of the lungs, with violent dyspnoea and worst form of asthma.<sup>9</sup>

*Arsenicum album* especially acts on the mucous membranes of the air passages, producing tracheo - bronchial catarrh. The most useful sphere of this remedy in the lung disease will be found in neuro - bronchitic asthma.<sup>9</sup>

It acts as a respiratory depressant confirms Dr A. L. Blackwood.<sup>10</sup> The toxicological symptoms of arsenic are similar to SARS and influenza as it produces a coryza like condition in chronic poisoning. Symptoms of bronchitis, pneumonia are also produced by *Arsenicum album*. Its effect on G.I.T. causes same as chronic, watery diarrhoea of AIDS with resulting weight loss, emaciation and weakness. Therefore, according to the principal of symptoms similarity, arsenic seems to be the most suitable remedy for not only SARS but Influenza and AIDS as well.

## Dr. Hahnemann's views and principles on homoeoprophylaxis

In aphorism 73 of "*Organon of medicine*", Dr Hahnemann has stated, "... those diseases in which many persons are attacked with very similar suffering from the same cause (epidemicity), these disease generally become infectious (contagious) when they prevail among thickly congregated masses of human beings. Thence arise fevers, in each instance of a peculiar nature because the cases of diseases have an identical origin, they set up



in all those they affect an identical morbid process, which when left to itself terminate in a Moderate period of time in death or recovery.<sup>11</sup>

In aphorism 240, Hahnemann has stated, “if the remedy found to be homoeopathic specific for a prevalent epidemic of an intermittent fever do not affect a perfect cure..... in which case antipsoric medicine must be employed until complete relief is obtained.<sup>11</sup>

In aphorism 241, Hahnemann has stated, “Epidemics of intermittent fever.... each single epidemy is of a peculiar uniform character common to all individuals attacked and when this character is found in the totality of symptoms common to all, it guides us to the discovery of homoeopathic ( specific) remedy suitable for all the cases....”<sup>11</sup>

Such a remedy has been called as genus epidemicus in HOMOEOPATHY.

Dr J.H Clarke in his famous work “The Prescriber” has stated, “as prophylactic let all who are exposed to infection or when epidemics are about, take Arsenic.....”<sup>12</sup>

## Conclusion

From the above discussion, it can be concluded that Ars.alb. is the most appropriate remedy for SARS as with Influenza and AIDS which are also viral diseases caused by RNA viruses. The toxicity or pathogenesis of *Arsenicum album* correlates with the clinical picture of SARS, AIDS and INFLUENZA. *Apis mellifica* stands next to *Arsenicum album* along with *Bryonia alba* and *Phosphorus*. *Arsenicum album* can be regarded as a homoeopathic (specific) remedy and/or genus epidemicus and as an antipsoric for the SARS and FLU on the basis of the totality of symptoms

following completely the rules laid down by Dr Hahnemann’s in aphorism 240 and 241 ‘Organon’. *Arsenicum album* is a trimiasmatic remedy covering the three miasms, i.e. psora, syphilis and sycosis. As the viruses are subject to mutations and new variants keep appearing trimiasmatic nature of *Arsenicum album* may be helpful for curative and prophylactic purposes irrespective of the viral variants. Finally, in aphorism 17 of *Organon of medicine*, Dr Hahnemann has stated that the removal of the symptoms (the disease itself) means the removal of the cause. (13) However, a more thorough scientific and homoeopathic clinical research is required.

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# CASE STUDY

## Homoeopathic Repertorisation Form

Disease Name - SARS (severe acute respiratory syndrome)

Age/Sex - \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Consult Homoeopath: Dr Vatsalya Sharma B.Sc., BHMS

Kent Repertory Reprint edition 1999

Sr. No.	SYMPTOMS	SECTION	RUBRIC, SUB RUBRIC	PG. NO.
1	Difficult breathing	RESPIRA.	DIFFICULT	0766
2	Dry cough	Cough	DRY	0786
3	Fever	Fever	HEAT in generalities	1278
4	Fever with chills	Fever	HEAT with chill	1278
5	Headache	HEAD	PAIN, headache	132
6	Bodyache, pain in limbs	EXTREM.		1043
7	Weakness	GENERALI.	WEAKNESS	1413

Sr. No.	MEDICINES	SYMPTOMPS WITH MARKS										TOTAL MARKS OB-TAINED/ SYMP
		1	2	3	4	5	6	7	8	9	10	
1	ARSENICUM ALBUM	3	3	3	3	3	3	3				21/7
2	APIS MELLIFICA	3	1	3	3	3	2	3				18/7
3	PULSATILLA NIGRICANS	3	3	3	0	3	3	2				17/6
4	BRYONIA ALBA	3	3	3	0	3	3	2				17/6
5	PHOSPHORUS	3	3	3	0	3	2	3				17/6
6	KALIUM IODATUM	3	2	3	1	3	2	3				16/7
7	SULPHUR	3	3	0	1	3	3	3				16/6
8	NUX VOMICA	2	3	3	0	3	3	2				16/7
9	ARNICA MONTANA	2	2	3	1	2	2	3				15/7
10	KALIUM CARBONICUM	3	3	1	1	2	2	3				15/7

# A case of tinea cruris managed with individualised homoeopathic medicine: an evidence based case report

By Dr Ashok Yadav, Dr Virendra Chauhan, Dr Bhavneet Kaur

**Abstract:** Tinea cruris is a common dermatological infection that we encounter in our clinics. A case of 35 year old female visited OPD with complaint of lesions and itching in the gluteal region. After proper case taking, analysis, and repertorisation, *Pulsatilla nigricans* 200 single dose was prescribed followed by placebo. The remedy showed marked improvement in the sufferings of the patient which suggest that if the homoeopathic medicine is chosen wisely after proper individualisation, a single dose can show wonderful results.

**Keywords:** tinea cruris, fungal infection, ring worm, *Pulsatilla nigricans*, homoeopathy, jock itch

**Abbreviations:** OPD – outpatient department, KOH - potassium hydroxide

## Introduction:

Tinea, which is commonly known as ring worm is the most widespread dermatological infections throughout the world. Tinea cruris, also known as Jock itch as it is more common in athletes, is the superficial dermatophyte (fungi that invade and multiply within the keratinized tissues) infection of genitalia, pubic area, perineal skin and perianal skin. It may be caused by any of the dermatophytes making up the genera - trichophyton, microsporum and epidermophyton. Men are usually more affected with tinea cruris in comparison to females. Excessive perspiration is the most common predisposing factor linked to tinea infections. The use of tight clothes has been linked to a higher prevalence. The typical presentation in tinea cruris is an annular erythematous plaque with a raised leading edge and scaling and clearance in the centre of the lesion which maybe the manifestation of an immune response of the host to the infecting organism. Most common symptom is pruritus. If the area becomes secondarily infected or macerated, then patient may feel slight pain. The lesion extends

from the groin down the thighs and backward on the perineum or about the anus; the scrotum and labia majora are generally excluded. Diagnosis is confirmed by performing mycologic examination, using KOH preparation from skin scrapings and fungal culture on Sabouraud's agar media. [1,2]

This condition affects the quality of life of patient and thus requires appropriate intervention and management. The following case report is regarding a patient who was suffering with tinea cruris for 6 months. In spite of taking allopathic treatment for five months, there was no marked improvement. After taking homoeopathic treatment, patient's condition was improved significantly with no recurrence till date. This shows the efficiency of homoeopathic medicines in cases of fungal infections.

## Case study

A 35 year old female patient, a housewife visited OPD of Dr. Girendra Pal Homoeopathic Hospital, Sanganer, Jaipur on 14.9.2021. She stayed in joint family and her socio-economic status was lower middle class. The patient complained of severe itching with

burning in the ring-shaped lesions in right gluteal region. Her complaints aggravated in evening and on perspiration, and she got relief by loosening her clothes and bathing with cold water.

## History of present illness:

The patient was suffering with these complaints since past six months. It started with single lesion in the right gluteal region and slowly it was progressing. The itching was aggravated since two months. She was taking allopathic treatment for last five months but no improvement was seen and thus she stopped her treatment since two weeks.

## Past history:

Patient suffered with typhoid in January 2018

## Family history:

Her father was healthy and mother was suffering with bronchial asthma. Her maternal grandmother died due to cardiac arrest and her paternal grandfather died in accident. Her paternal grandmother was suffering with pulmonary tuberculosis. Her siblings and children were healthy.



## Personal history:

The patient was vegetarian, having no specific addiction. Her milestones were developed at proper time. She had no complaints after vaccination. She never took any contraceptive pills.

## Obstetric and gynaecological history:

Patient's menstrual cycle was at regular intervals of 28-30 days with scanty, clotted dark red blood with pain in lower back before and during menses. She had acrid leucorrhoea which aggravates after sexual intercourse and before menses. She had two children through normal delivery with no history of abortion.

## Physical generals:

Patient was hot, thirstless. Appetite was good with tolerable hunger. She had craving for fruits. After eating fried food, she suffered with colic and diarrhoea. Frequency of urine in day is 3-4 times and at night is 1-2 times which was clear

and odourless, she also complained of involuntary urination while coughing or sneezing. Her bowel habit was normal. Perspiration was scanty. She had sound sleep of around 7 hours per day with no specific dreams.

## Mental generals:

The patient was in stress due to her family issues. She got angry but lacked the courage to express her anger or disappointment to anyone whether younger or elder ones and instead she started weeping. She was weeping while narrating her complaints and her family condition. She was absent minded and her memory was weak.

## Physical examination:

During physical examination, patient was well oriented with time, place and person. There were no signs of pallor, cyanosis, clubbing, icterus and lymphadenopathy. Her blood pressure was 130/80mm of Hg, pulse 77 beats / minute, temperature was 98.4°F, respiratory rate was 17

breaths/ minute and weight was 57 kg.

## Local examination:

Examination of skin: on inspection, ring shaped lesions were present on right gluteal region with red boundaries.

## Diagnosis :

Tinea cruris ICD-10-CM Code is B35.6[3]

1. Diagnosis was done on the basis of clinical picture of disease and symptoms of the patient. Differential diagnosis[2]:
2. Psoriasis
3. Seborrheic dermatitis
4. Candidiasis
5. Erythrasma
6. Lichen simplex chronicus
7. Darier's disease
8. Pemphigus vegetans

## Analysis and evaluation of symptoms with miasmatic analysis <sup>[4]</sup>of symptoms

S.No.	Classification of symptoms	Symptoms	Intensity	Miasm
1.	Mental generals	Weeping while narrating her complaints	+	Psora, latent psora
		cowardice	+	Psora, latent psora
		Absent minded	++	Psora, sycosis
		Weak memory	++	Psora, syphilis
2.	Physical generals	Craving for fruits	++	Psora
		Involuntary urination	+++	Psora
3.	Physical particular	Itching aggravated by perspiration	++	Psora
		Itching aggravated in evening	+++	Psora
		Acrid leucorrhoea	++	Psora, sycosis
		Leucorrhoea aggravation after coition	+++	Psora, sycosis
		Leucorrhoea aggravation before menses	++	Psora, sycosis
		Scanty menses	+	Psora, latent psora

**Predominant miasm :** psora

### Totality of symptoms:

After analysis and evaluation of symptoms, the characteristic symptoms were used in constructing the totality of case.

Itching in lesions aggravated in evening and after perspiration

Itching ameliorated by loosening of clothes and cold bathing

Acrid leucorrhea aggravated after intercourse and before menses

Scanty menses

Desire fruits

Aggravation by fatty food

Involuntary urination while coughing or sneezing

Scanty perspiration

Weeping while narrating complaints

Cowardice

Absent minded

Weak memory

**Repertory:** Synthesis repertory

Repertory software used- RADAR10.5

**Rubrics selected:**

Generals , side, right

Female genitalia/sex, menses, scanty

Female genitalia/sex ,leucorrhoea, acrid, excoriating

Mind, absent minded

Mind, cowardice

Mind, weeping

Skin, itching, burning

Skin, itching, evening

**Selection of medicine:**

After proper repertorisation with due consultation with materia medica<sup>[6]</sup>, *Pulsatilla nigricans* 200 single dose was prescribed to the patient, followed by placebo thrice a day for 7 days.

### Follow ups:

Date	Symptoms	Prescription
21.9.2021	Burning relieved, itching slightly better , no change in lesions	Placebo was prescribed for 7 days
28.9.2021	No burning, itching reduced , skin lesions decreased in number, no pain during menses	Placebo was prescribed for 7 days
5.10.2021	No burning, only slight itching, skin lesions reduced, only two lesions left	Placebo was prescribed for 7 days
12.10.2021	Skin clear, itching and burning absent	Placebo was prescribed for 14 days
26.10.2021	Skin clear, leucorrhoea reduced and is bland	Placebo was prescribed for 14 days
9.11.2021	Patient feels better in all complaints	Treatment stopped

### Results:

After taking homoeopathic treatment, there was significant relief to the patient in her overall complaints.

### Conclusion:

Fungal infections are one of the commonest skin infections we

encounter in our practice. Patients are mostly troubled by pruritus. In the above case , most difficult task was to decide whether to repeat the dose of *Pulsatilla nigricans* or continue prescribing only placebo. But as her symptoms were improving, patient was given only single dose of *Pulsatilla nigricans* and was followed by placebo. The remedy showed marked improvement in her skin

complaints as well as her menstrual pain and leucorrhea was also better. This shows that when homoeopathic remedy is selected on the basis of totality of symptoms and proper repertorisation, overall health of patient is restored.

*Pulsatilla nigricans* (wind flower), is pre-eminently a female remedy, especially suited to mild, gentle,



yielding yet irritable females who cry readily. There is marked changeability in physical as well as mental symptoms of the patient. All discharges are bland except leucorrhoea<sup>[7]</sup>.

## Declaration of patient consent

Patient's consent was taken for images and clinical information to be reported for this article.

## Financial support and sponsorship

Nil

## Conflicts of interest

None declared

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3. Dr Bhavneet Kaur<sup>[3]</sup> M.D. Scholar, Department of Practice Of Medicine, Dr. MPK Homoeopathic medical College, Hospital and Research centre, Jaipur, Rajasthan Email: bhavichanana12@gmail.com Repertorial analysis

■■■



Clipboard 1

1. MIND - ABSENTMINDED(227) 1

2. MIND - COWARDICE(102) 1

3. MIND - WEEPING(320) 1

4. GENERALS - SIDE - right(239) 1

5. FEMALE GENITALIA/SEX - MENSES - scanty(224) 1

6. FEMALE GENITALIA/SEX - LEUKORRHEA - acrid, excoriating(143) 1

7. SKIN - ITCHING - burning(178) 1

8. SKIN - ITCHING - evening(61) 1

Schroyens F, Synthesis 9.0 (English) - SKIN - ITCHING - evening

puls.	lvc.	ars.	merc.	sep.	con.	kal.c.	sil.	rhue-t.	ign.	alum.	carb.v.	zinc.	chin.	laur.	thui.	graph.	sulph.	aps.	caust.	am-c	nat.m.	phos.	calc.	nux.v.	aur.	bar-c	hep.	kreos.	plat.	staph.	canth.	carb-an.	cocc.	coloc.	mez.	nit-ac.	ph-ac.	plb.	ram-b.	ana-c.	ruta.	aur-s.	lach.	bry.	acon.	cham.	nux-m.	bell.	bov.	
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4.	3	3	3	2	1	3	2	2	2	2	1	2	1	1	1	1	2	3	2	2	1	1	3	3	3	1	2	1	1	2	3	2	2	3	2	1	2	2	2	1	2	1	-	3	2	1	2	3	2	
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6.	3	3	3	3	3	2	2	3	1	1	3	2	1	1	1	3	2	1	2	2	2	3	2	-	1	-	2	3	-	-	1	2	-	-	1	3	1	-	1	1	1	1	2	-	-	3	1	-	2	
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8.	2	1	1	2	1	2	1	1	2	2	1	1	1	1	1	-	-	1	-	-	-	-	2	-	1	-	3	1	3	-	2	1	1	1	-	1	1	2	1	-	-	-	1	-	-	-	-	1		

# Management of venous ulcer with homoeopathy: a case report

By Dr Shweta B. Nanjannavar, Dr Poojarani.H.Adoni

**Abstract:** Venous ulcer, the most common and debilitating skin condition of the lower extremity which impairs the general well-being of the individual, causes for VLU include venous hypertension, peripheral arterial occlusive disease, neuropathy secondary to diabetes, vasculitis or a combination of these, older age, obesity, trauma, immobility, congenital absence of veins, deep vein thrombosis (DVT) and phlebitis also are in background. The following case gives an insight of how a homeopathic medicine improves the condition of the patient considering his mental and physical characteristics in venous ulcer condition.

**Keywords:** Venous ulcer, Sulphur, repertorisation.

**Abbreviations:** Deep vein thrombosis (DVT), venous leg ulcers (VLU), International Classification of Diseases (ICD), outpatient department (OPD), thrice a day (TID), fasting blood sugar (FBS), once a day (OD)

## Introduction

Ulcer is a discontinuation in the lining of the skin or mucous membrane which fails to heal. venous ulcer occurs when there is failure of the valves in the veins to stop the blood flow back into the veins, so this backward blood flow causes stasis of the blood resulting in increased pressure in the distal part of lower limb delaying the process of healing, they most often occur at the gaiter area. This venous ulceration accounts for 80 percent of lower extremity ulcerations. The morbidity caused by them has a serious impact on the quality of life<sup>(1)</sup>.

Risk factors for development of venous leg ulcer include older age, female sex, obesity, trauma, immobility, congenital absence of veins, deep vein thrombosis, phlebitis. These ulcers represent the most advanced form of chronic venous disorders like varicose veins and lipodermatosclerosis. its pathophysiology includes venous hypertension, fibrin cuff theory, inflammatory trap theory, dysregulation of various cytokines.<sup>(4)</sup>

A study published in 2005 estimated the prevalence of chronic wounds

in India to be 4.5/1000 population. The incidence of acute wounds was more than double at 10.5/1000 population<sup>(2)</sup>. In a descriptive, cross-sectional study about the clinical profile of venous leg ulcers, it was found that they were frequent in the economically productive age group (36–45 years); with a male preponderance (M: F – 8.4:1)<sup>(3)</sup>.

Its ICD-10-CM diagnosis code is 187.312<sup>(6)</sup>. Diagnosis includes physical examination, venous ulcers are generally irregular, shallow, and located over bony prominences. Granulation tissue and fibrin are typically present in the ulcer base. Associated findings include lower extremity varicosities, oedema, venous dermatitis, and lipodermatosclerosis. Venous ulcers are usually recurrent, and an open ulcer can persist for weeks to many years. Severe complications include cellulitis, osteomyelitis, and malignant change. Conventional treatment includes oral zinc antibiotics/antiseptics hyperbaric oxygen therapy which have shown no beneficial effect.<sup>(5)</sup>

## Case study

- Mr.C. aged 52 years, advocate by profession, a resident of Belgavi, Karnataka visited OPD

on 8/3/2019 with the complaint of ulcer on the left lower limb (above lateral malleolus) since 1 month onset was gradual, sensation was needle prick in character, the complaint aggravated by touch of air and he was oversensitive to touch of clothes and was better by elevating the leg.

## PAST HISTORY

- The patient is a known hypertensive and diabetic since 2005 and was on anti-hypertensive and hypoglycaemic drugs since then. He also had a history of varicose veins with recurrent venous ulcers on the lower extremity for which he was on compression therapy. His blood sugar levels were very fluctuating with sudden rise in sugar levels and takes 12 units TID of insulin therapy.

## FAMILY HISTORY

- Patient had a family of diabetes in father, mother and elder sister

## PHYSICAL GENERALS

He was a fat and tall person weighing 90 kgs and height 182.88 cms. He was dressed in ironed clothes but shirt was torn on the shoulder and cuffs. His appetite was good and

regular having desire for curd and sweets. He had increased thirst, with perspiration all over the body. Sleep was disturbed due to severe pain in the lower extremity even by least jerk, he used to have deep sleep between 3-6 am. Thermally, he was a hot patient.

### MENTAL GENERALS

During interrogation, he narrated that he could not bear wrong things if anybody committed mistake, then he had to teach them a lesson, Obstinate, did the task completely. He could not bear failure, by hook or crook, the work needs to be done. He wanted to keep himself on no.1 position. He could manage problem solving in difficult situations, he was a planner, an organiser and could lead the team at work. He liked to take risks in life. He

wanted surroundings to be clean. He theorised about every subject while talking, he could talk for hours together on one single topic. He said that he didn't boast himself but kept on praising his work even a small work or help done to others was shown as social service. On observation, it was seen that his shirt was torn but was not bothered and he was just talking about luxuries, riches and extravagance. He said that he was quiet influential and successful in the society, nobody talks anything bad about him.

### ON EXAMINATION

On inspection, ulcer was observed on the left lower limb (above lateral malleolus) the border was irregular, oedema was present, there was a blackish appearance of the surrounding skin, slough at

the base, the ulcer was measuring 1.5cm in length x 1cm in width there was a sticky discharge oozing out of the ulcer which was yellowish in colour. On palpation, tenderness was present. (fig1)

### DIAGNOSIS – Venous ulcer<sup>(1)</sup>.



FIGURE 1: presentation at the time of first visit

### Analysis and evaluation of the case [table 1]

CHARACTERISTIC MENTALS	CHARACTERISTIC PHYSICAL GENERALS	CHARACTERISTIC PARTICULARS
Injustice cannot support	Desire for curd,	Ulcer on left lower limb above lateral malleolus.
Vanity	Sleep disturbed due to pain	Needle prick like sensation
Ambitious	Hot patient	Worse by touch of the air
Boasting		

### Repertorial totality [table 2]

MIND – injustice, cannot support
MIND- vanity
MIND – ambition, much ambitious
MIND – boaster, braggart
SLEEP-disturbed pains by legs
EXTREMITY PAIN- ulcerative leg
EXTREMITY PAIN- general air open agg.



## MIASMATIC ANALYSIS

Miasmatic analysis was done of the symptoms considered for totality which showed psora-sycosis as the predominant miasm<sup>(7)</sup>

## REPERTORIAL ANALYSIS

Complete repertory was selected for repertorisation and it was done using HOMPAT software(fig2)

Remedy Name	Verat	Nux-v	Puls	Sulph
<b>Totality</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>4</b>
<b>Symptom Covered</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
[C] [Mind]Injustice, cannot support:	1	1		1
[C] [Mind]Vanity:	2	1	2	1
[C] [Mind]Ambition:Much, ambitious:	2	2	1	1
[C] [Mind]Boaster, braggart:	1	1	1	1
[C] [Sleep]Disturbed:Pains, by:Legs:				
[C] [Extremity Pain]Ulcerative:Leg:			1	
[C] [Extremity Pain]General:Air:Open:Agg,:				

**Symptoms 7**

FIGURE 2 : Repertorisation software chart: Hopathic classic version 8.0<sup>(11)</sup>

### Repertorial result

*Veratrum album* – 4/6, *Nux vomica*,  
*Pulsatilla nigricans* – 4/5, *Sulphur* – 4/4

### THERAPEUTIC INTERVENTION

Patient's HbA1C – 8% and high FBS  
He was on insulin therapy 14 units  
T1D with recurrent venous ulcers.

Based on repertorial and miasmatic analysis ***Sulphur*30c OD (powder) for 3 days** before breakfast i.e half

an hour before followed by **placebo twice a day(4 globules) for 15 days was prescribed.**

**FIRST PRESCRIPTION** – 8/3/2019  
– ***Sulphur* 30C** 3 powders OD and placebo for 15 days

### REMEDY JUSTIFICATION

*Sulphur* was selected as thematic prescription. Patient was a braggart, with fastidious nature, talked about riches and extravagance but was dressed in rags. Theorised on

one single topic for hours together and could build hypothesis on different subjects. He was a hot patient. Depending on the recurrent pathological generals like ulcer on lower extremity and uncontrolled sugar levels, he was advised 30 potency.<sup>(12)</sup>

### FOLLOW UP

The follow ups are shown in table 3 first follow up photograph is shown in (fig3) second follow up

(fig 4). third follow up (fig5)



Figure3 (first follow up),venous ulcer(fig 4) (second follow up) fig 5 (third follow up)

**TABLE 3 :FOLLOW UP**

FOLLOW UP DATE	INDICATIONS FOR PRESCRIPTION	MEDICINE WITH DOSES
First follow up 25/3/2019	Pain in lateral malleolus was better Said he did not have pain at all. oedema around the ulcer was reduced by 40 % Sticky discharge reduced by 30 %  FBS – 152 mg/dl  HbA1C- 6% He did not Take insulin therapy.	placebo was prescribed twice a day for 15 days (4-0-4)
Second follow up 10/4/2019	Initially the patient was oversensitive to touch of air,but at the time of follow up he was experiencing pain only on touch, there was no oozing seen.  Ulcer reduced by 70%  He has a sound sleep  FBS – 130 mg/dl, No insulin	<i>Sulphur 30c</i> 1 Powder OD and placebo- twice aday four pills for 15 days was prescribed (4-0-4)
Third follow up 29/4/2019	On examination – the ulcer was dry, there was no oozing seen ,no oedema was present he had a sound sleep.  No insulin therapy  Case was further observed for 6months till 2020 for any recurrence.	Placebo twice a day for 15 days (4-0-4)  No recurrence of venous ulcer was seen.

## Discussion and conclusion

Venous ulcer is one of the common and debilitating condition of the current era affecting the quality of life of the affected individual thus

impairing his work and also his physical appearance, although they do not cause increased mortality rate but they increase the suffering of the patient from weeks to several years. In conventional treatment the standard care involves the

use of compression bandages in venous ulcers, On the other hand, antiseptics and antibiotics fail to promote the healing process and to reduce the bacterial density of the wound.<sup>(8)</sup> A recent Cochrane review confirms this, as there is actually no



evidence to support the routine use of systemic antibiotics to promote healing in venous leg ulcers and the available evidence of topical antibiotic and antiseptic efficacy is not strong, and for this reason antiseptic solutions for cleansing the wound are now avoided in routine care of chronic wounds and leg ulcers.<sup>(9)</sup>

So the case documented here gives an evidence of how homoeopathy can enhance the process of healing in a gentle, rapid and permanent manner as mentioned in aph<sup>2</sup><sup>(10)</sup> and it also improved the general well being of the individual. This case also gives a perception of the improvement and effectiveness of constitutional remedy in venous ulcer condition.

As venous ulcer affects the quality of life and it is one of the debilitating condition, homoeopathy is a boon to

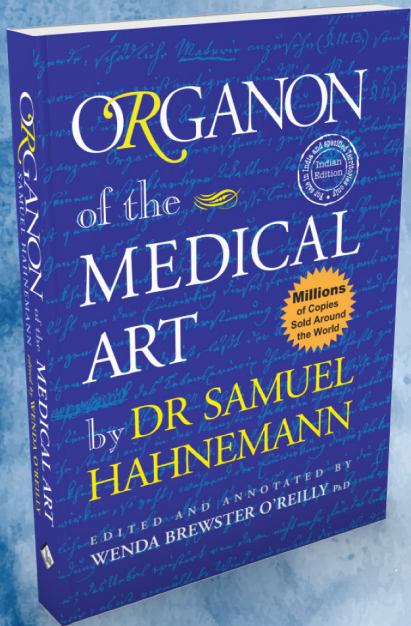
the individual affected with this kind of condition reducing its recurrence.

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# A case report of haemorrhagic cyst cured by homoeopathy

By Manila Gulati

**Abstract:** A case report of a female aged 44 years diagnosed with haemorrhagic cyst in ovary was cured by homoeopathic treatment based upon individualisation of the patient.

**Keywords:** haemorrhagic cyst, homoeopathy, individualisation, *Colocynthis*.

**Abbreviations:** HOC - Haemorrhagic ovarian cyst, TDS – thrice a day, ICD – international classification of diseases  
**Sept** – September, **Oct**- October, **Nov** – November, **Dec**- December, **Jan** – January, **Feb** – February, **Mar** – March  
**Apr** – April, **Jun** – June

## Introduction

**H**aemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst. Haemorrhagic cysts are commonly seen in clinical practice because haemorrhage into a cyst is usually painful, triggering the patient to consult her physician. They can present with variable clinical symptoms and signs ranging from no symptoms up to acute abdomen. (1)

## CASE

### Chief complaints

A 44 years old female patient came with continuous, dull, aching, stinging pain in lower abdomen especially in the centre of pelvis since one month which aggravated during menstrual cycles.

### History of present illness

Patient had continuous pain in lower abdomen two and a half years ago due to which she went to a general allopathic physician who advised her for an ultrasound scan of lower abdomen. After which he gave her some medications which relieved her symptoms and finally after a span of 3 months, the right

haemorrhagic cyst was gone. But after a span of 3 months, her menstrual cycle which was earlier of 7 days reduced to 4 days and the bleeding which was earlier very heavy was reduced. Menses became painful. The pain aggravated while passing urine and stools and while thinking of it.

Then again after a span of two years, she had continuous pain in lower abdomen for one month after which scanned her abdomen which showed left haemorrhagic cyst.

### Associated complaints

There was distention of abdomen since 2014. The stomach felt heavy; aggravated by little eating. Sometimes it was so much distended that she could not breathe properly at night, felt that her nose was blocked and had to get up from bed and go outside of the room to get some relief. There were continuous eructations and lot of flatulence which was aggravated by eating fast food continuous for 1-2 days. Due to excessive formation of gas, it leads to frequent severe headaches from the centre of head. She had started allopathic treatment of the same since 2018 after which she had got some relief but not cured yet.

Used to take *Nexpro 40* tablet every morning.

### Menstrual history

She had menarche at the age of 13 years. Her cycle was of 25 days and she had a flow of 4 days. Menstrual blood was dark red, non-offensive, not so profuse and without clots. She had severe pain in lower abdomen during first two days of menses. Pain aggravated while passing stools and urine.

### Physical generals

Her Appetite was good. If not ate food upon time, then there was higher chances of gastric headache and flatulence. She was chilly and thirsty. She had to go for stools 2-3 times in a day. She had a desire for ice.

### Life situation

She was a teacher. She lived with her husband and 2 kids – 1 girl and 1 boy. She had done double M.A. in English. She had average relations with her husband. She felt neglected and restricted by her husband.

### Mental generals

She was average in studies. She

only studied due to fear of parents. She was non-diligent. But she had a keen interest in teaching since start. She was a hard worker. She mixes up very easily with other people. If anyone did bad to her then initially, she thought to do bad with them but later on leave it upon god. If she has fight with someone then she would not talk for 15-20 days with that person but later on she initiated by herself. She was a courageous woman. She boldly could stand up for right things in front of the authority. She roamed freely and did everything that she wanted to without anyone's support. If someone spoke rude to her then she got hurt and felt that she does not have any respect. She got angry if someone lied to her, blamed her wrongly or forced her to

do something. She easily expressed her anger out. But now she had become more coward. She kept her grudges and feelings inside herself. She avoided fight, did not react back and kept a smile always as she used to cry when alone.

### Cause

She was given the duty to sell books in school where occurred cash imbalance. 2000 rupees were stolen by principal of the school. It was proven and principal got fired from school by director of school. But after that the staff and teachers of her wing stopped talking to her. She was very upset due to this. She felt bad that her colleagues didn't show trust upon her and believed the

principal who was just appointed 2 months ago.

### DIAGNOSIS <sup>[4][5]</sup>

Haemorrhagic ovarian cyst based upon ultrasound reports.

ICD CODE: ICD-10-CM-N83.2

### Totality of symptoms

- Chilly
- Thirsty
- Ovarian cyst
- Feels neglected
- Felt disappointed when colleagues did not show trust in her.
- Desires ice
- Continuous pain in lower abdomen

### Analysis and evaluation of symptoms

S.NO.	SYMPTOM	EVALUATION OF SYMPTOMS	MIASM <sup>[7]</sup>
1	Felt disappointed when colleagues did not show trust in her.	Mental general	Sycosis
2	Haemorrhagic Ovarian cyst	Pathological symptom	Syphilis
3	Chilly	Physical general	Sycosis
4	Thirsty	Physical general	Psora
5	Feels neglected	Mental general	Psora
6	Desires ice	Physical general	Sycosis
7	Continuous pain in lower abdomen	Particular symptom	Sycosis

- This is a multi-miasmatic case predominating with sycotic miasm.
- Importance is given in this case to the cause and pathology. Why it was started in the first place and what kind of pathology has

taken place inside the body.

So symptoms are:

- Felt disappointed when colleagues did not show trust in her.
- Cysts in ovaries

### Repertorial totality

So 2 eliminating symptoms were taken into consideration and repertorisation was done with the help of *Complete repertory* in ISIS software.

Symptoms	Rubrics
Felt disappointed when colleague did not show trust in her	[C] [MIND] Ailments from disappointment, deception
Cysts in ovaries	[C] [FEMALE] Tumors general ovaries cysts

30 | The Homoeopathic Heritage March 2022



13 March 2021	No continuous pain	Placebo x 4 globules x three times a day x 15 days
1 Apr 2021	No pain during menses	Placebo x 4 globules x three times a day x 15 days
26 Apr 2021	No complaints as such	Placebo x 4 globules x three times a day x 15 days
26 Jun 2021	In report, no haemorrhagic cysts seen	Placebo x 4 globules x three times a day x 15 days

## BEFORE TREATMEN

## Dr Anju's Clinic

8, Vishal Nagar Chowk, Pakhowal Road, Ludhiana

<b>Name:</b> JAGDEEPINDER KAUR	<b>AGE:</b> 44 YEARS / FEMALE
<b>REF:</b> DR HARPREET	<b>DATE:</b> 02/09/2020

### ULTRASOUND OF THE WHOLE ABDOMEN

**Liver** is NORMAL in size, shape but homogenously increased echogenicity. Intrahepatic biliary radicles are not dilated. No focal lesion is visualized within the hepatic parenchyma.

Hepatic veins, main portal vein & its branches are normal in outline.

**Gallbladder** is minimally distended and does not show any calculus within the lumen. C.B.D is within normal limits.

**PANCREAS** displays normal sonographic morphology in the region of head & body. Tail region could not be assessed due to overlying bowel gases.

**SPLEEN** is normal in size, outline and echotexture.

**RIGHT KIDNEY** is normal in size, outline and echotexture. No evidence of hydronephrosis / calculus seen. Corticomedullary differentiation is well maintained.

**LEFT KIDNEY** is normal in size, outline and echotexture.. No evidence of hydronephrosis / calculus seen. Small concretions seen. Corticomedullary differentiation is well maintained.

**URINARY BLADDER** is partially distended. No intraluminal pathology seen. Wall thickness is normal. no calculus is seen.

**UTERUS** is normal in size, shape and echotexture, endometrial thickness is 6 mm. There is a cervical cyst in the posterior lip of cervix.

**Right ovary** is normal in size, shape and echotexture.

**Left Adnexa** There is a cyst measuring 5.3x4.67 cm which is monolocular, thick walled, hypoechoic with ground glass internal echoes. There is no vascularity inside the mass, but is increased on the periphery. s/o hemorrhagic cysts. Ovary is not seen separately.


No free fluid seen in the pelvis.

Multiple dilated gut loops with excessive bowel gases are seen all over the abdomen.

**Impression:** LEFT OVARIAN? HEMORRHAGIC CYST  
CHRONIC CERVICITIS  
FATTY LIVER

**Advised** PAP SMEAR, LFT AND clinical correlation

Note: Due to technical reason and other factors, sonogram can miss a malformation or it can over diagnose, please correlated with other investigations and clinically.  
Not For Medicolegal Purpose.

  
**Dr. Anju Garg**  
**SONOLOGIST.**  
PMC33326

# Dr Anju's Clinic

8, Vishal Nagar Chowk, Pakhowal Road, Ludhiana

NAME - JAGDEEP INDER KAUR	AGE-45 YEARS /FEMALE
REF- SELF	DATE- 26/06/2021

## USG PELVIS

**URINARY BLADDER** is suboptimally distended, grossly unremarkable. No intraluminal pathology seen. Wall thickness is within normal limits.

**UTERUS** is normal in size, normal in shape and echotexture. Endometrial thickness is 12mm. Multiple small nabothian cyst are seen in the cervical region.

**Right ovary** is normal in size, shape and echotexture .

**Left ovary** is normal in size, shape and echotexture.


No adnexal mass is seen bilaterally.

Small amount of free fluid is seen in the POD.

**Impression:** - CHRONIC CERVICITIS

ADVISED : PAP SMEAR AND CLINICAL COORELATION

TYPED BY : SWATI

  
DR ANJU GARG  
SONOLOGIST  
PMC NO. 33326

All ultrasound scan findings are to be correlated with clinical findings and other investigations to reach at the final diagnosis. Some findings can be missed or over diagnosed due to technical reasons.

All congenital anomalies can not be ruled out on an ultrasound scan.

( Report not valid for medicolegal purposes)

## Conclusion

Homoeopathy recognises the individuality of each patient or case. The entire examination of the patient is conducted with a view to discover not only the general or common symptoms of the case by which it may be classified diagnostically and pathologically, but also the symptoms which differentiate the case from others of the same general class. So, in order to reach out to the simillimum to ensure cure, individualisation in

each case is very important.

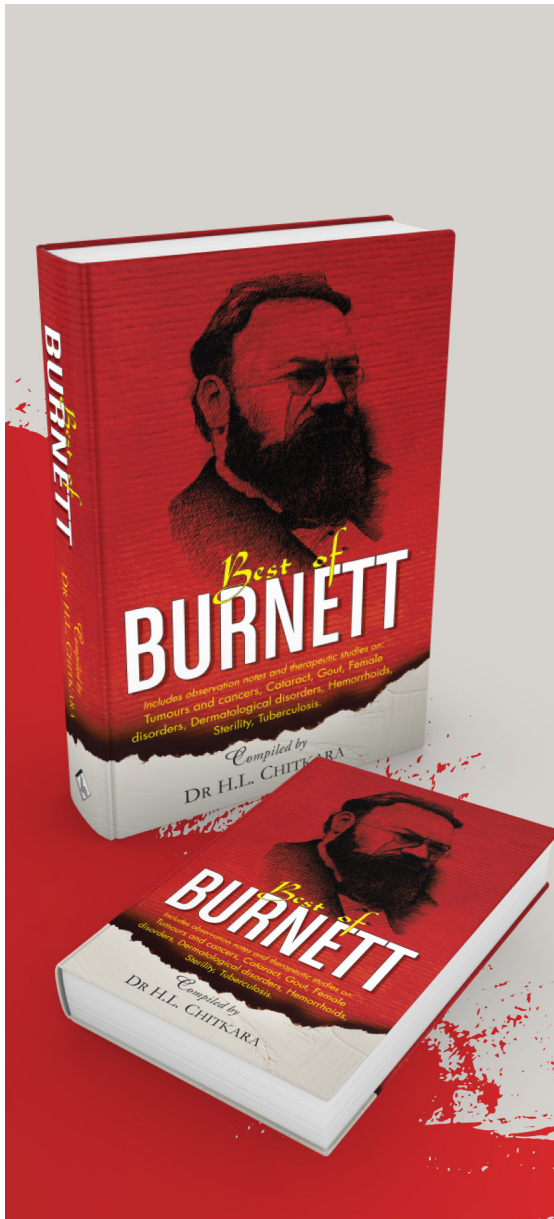
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# “Insight in to a case study – trichomoniasis and its homoeopathic management”

**Dr. Rahul V. Sutariya, MD (Hom)**

**Abstract:** Trichomoniasis is among the most common sexually transmitted infection caused by *Trichomonas vaginalis* parasite. In this case study homoeopathic management has proven its efficacy in such common sexually transmitted disease.

**Keywords:** , trichomonas vaginalis, cervical smear.

**Abbreviations:** WHO- world health organization, BD- twice a day, CNS- central nervous system, CVS- cardiovascular system , LMP- last menstrual period, OPD – outpatient department, Sac. Lac. – Saccharum lactis (placebo).

## Introduction

Trichomoniasis is among the most common sexually transmitted infections. The WHO has estimated that 160 million cases of infection are acquired annually worldwide. Infection rates are similar in male and female but most of the time it's treated as common urinary tract infection without any investigation with modern medicines. These type of patients unlikely visit homoeopaths for such cases. So, this case study has proven efficacy of homoeopathy in sexually transmitted infection and a wide unexplored area of infectious diseases should be focussed with limited investigation and marvelous homoeopathic medicines.<sup>[01]</sup>

Transmission usually occurs via direct, skin-to-skin contact with an infected individual, most often through vaginal intercourse. The estimates for North America alone are between 5 and 8 million new infections each year, with an estimated rate of asymptomatic cases as high as 50%.<sup>[02]</sup>

## Case study

24 years old young, unmarried, working female came in OPD on 12/06/2021 with complaints of irregular menses, backache, and

pain during micturition, frequent urination and bleeding in urine from last 6 months.

Pain like pulling sensation, spasms and which was coming suddenly, goes upwards to lower abdomen from pelvis and disappears suddenly.

Pain aggravates by standing and ameliorates by sitting and pressure on the part. During this pain patient gets black in mind.

### Physical generals:

**Appetite-** Irregular, 2 fasts in a week. Appetite increased at evening.

**Desire-** No particular desire.

**Thirst-** Thirst scanty before, now use to drink as much liquids as she can- 8-10 glasses / day.

**Stool-** Regular, loose stool after eating green chilies.

**Urine-** Itching ++, discharge on under garments.

**Menses** –Menarche at the age of 15 years (std-10<sup>th</sup>)

Duration- 2 days. Quantity- scanty +, no clots, color- bright red.

Before and during menses – no complaints.

After menses- mild pain in pelvis.

Last menstrual period – 12/05/2021

Menses was irregular before 2 years, so patient took allopathic treatment for that.

Mind-

Her work gets affected from pain. She was brought up by her uncle. She was sent there for education. She felt, “it was a worst decision of my parents”. She lost her valuable 4 years away from home. She felt, “god always does this unfair with her only”! She felt suffocated and perspiration occurred over whole body during this situation. Her heartbeats got faster and her body and hands used to tremble. During this situation - “I feel can't weep or can't express my emotions and gets trembling. I try to control this.”

She was very irritable and gets anger very easily when she felt opposition and hurt from others. She told, “Anger is worst part of my life”. She used to raise her voice loud, got spasms in body involuntary weeping during anger and trembling in body. When she raised her voice, she suffered from pain in throat. She was quarrelsome in nature, after anger, she pleased everyone and felt nobody should get hurt from her side. She felt happy when her closed ones become happy.

She had fear of losing relations, friends. She added that at present, she had no fear in life because she lost everything which she had in childhood. She lost very important moments of her life and **was trying to give as much time to herself as she could**. Again, she felt regret about that time that someone could make her parents realise about her situations.

**Dreams-** of snakes, black and brown color snakes are creeping in backyard.

### Family history-

Maternal grandfather- diabetes mellitus - 2.

Treatment before urine analysis report:-

### Personal h/o-

In a relationship with her boyfriend.  
History of 2-3 times physical relations.

### Past h/o-

Recurrent urinary tract infections.

### Investigations-

Urine routine and microscopic examination

### Diagnosis

A classical way to diagnose is wet vaginal swab during speculum examination of female. The parasites are usually colonised in

vaginal canal. The motility of this parasites and its appearance is useful for exact diagnosis. But in this case study it's an example that expert pathologist has inspected the parasites from urine sample. It's a new direction for others to evaluate a disease beyond common urinary tract infection as nonspecific urinary tract infection with trichomonas vaginalis infestation. [03]

**Final diagnosis** - Non-specific urinary tract infection with trichomonas vaginalis infestation (ICD - A59.01) [04]

Investigations -

**MARUTI PATHOLOGY LABORATORY**  
**HISTO-CYTO CLINIC**  
Dr. Muni Brahmhatt  
M.D. Pathologist  
Ex. Pathologist Lions Hospital, Mehsana.

Patient's Name: [REDACTED] M.S. F.R.C.S. Sex: Female  
Referred by: [REDACTED] Age: 23 Years  
Date: 11/06/2021 No. 18

**URINE ANALYSIS**

TEST	RESULT
<b>SPECIMEN:</b> Random	
<b>PHYSICAL:</b> Colour	Pale Yellow
Deposit	Absent
Transparency	Clear
Reaction	Acidic
Sp. Gravity	Q.I.
<b>CHEMICAL:</b> Albumin	Trace
Sugar	Absent
Bile Salts	Absent
Bile Pigments	Absent
<b>MICROSCOPIC:</b> (After centrifugation at 2000 r.p.m. for 5 minutes)	
Pus Cells	3-5
Red Cells	Absent
Epithelial Cells	8-10
Casts	Absent
Crystals	Absent
Amorphous	Absent
T. vaginalis	<u>Present</u>
Yeast Cells	Absent
Spermatozoa	Absent
Bacteria	Absent

Dr. Muni Brahmhatt  
( M.D. Pathologist )

Treatment after urine analysis report :-

**MARUTI PATHOLOGY LABORATORY**  
**HISTO-CYTO CLINIC**  
**Dr. Muni Brahmhatt**  
 M.D. Pathologist  
 Ex. Pathologist Lions Hospital, Mehsana.

Patient's Name: [REDACTED] Sex: Female  
 Referred by: M.S. Mch Onco Age: 24 Years  
 Date: 21/09/2021 No. 15

**URINE ANALYSIS**

SPECIMEN:	TEST	RESULT
<b>PHYSICAL:</b>	Random	
	Colour	Pale Yellow
	Deposit	Absent
	Transparency	Clear
	Reaction	Acidic
	Sp. Gravity	Q.I.
<b>CHEMICAL:</b>	Albumin	Absent
	Sugar	Absent
	Bile Salts	Absent
	Bile Pigments	Absent
<b>MICROSCOPIC:</b>	(After centrifugation at 2000 r.p.m. for 5 minutes)	
	Pus Cells	Occ
	Red Cells	Absent
	Epithelial Cells	5-7
	Casts	Absent
	Crystals	Absent
	Amorphous	Absent
	T. vaginalis	Absent
	Yeast Cells	Absent
	Spermatozoa	Absent
	Bacteria	Absent

Dr. Muni Brahmhatt  
 ( M.D. Pathologist )

Case analysis –

Analysis and evaluation of symptoms –

SR. NO	CHAPTER	SYMPTOMS	WILL	INT	MEM	DREAM	P.G	P.P	AGG	AMEL	CON-CO	COM	UNCO
1	MIND	Absent mind during pain ++	1						1				1
2	MIND	Anger easily ++	1										1
3	MIND	Anger with trembling of body ++	1								1		
4	MIND	Fear of losing relations ++	1										1
5	MIND	Dreams of snakes +				1							1
6	MIND	Anger aggravation from rudeness ++	1						1				
7	GEN. AGG	Pain aggravation by standing						1	1				1
8	GEN. AMEL	Pain ameliorates by pressure						1		1			1



9	GEN. AMEL	Pain ameliorates by sitting						1		1			1
10	GEN. FEMALE	Backache during menses						1				1	
11	GEN. FEMALE	Menses scanty and ir- regular					1					1	
12	URI- NARY ORGANS	Burning pain during urination						1				1	
13	FEMALE	Itching on genitals ++						1				1	
14	URI- NARY	Bleeding in urine						1				1	
15	URI- NARY	Urination frequent						1				1	
	<b>TOTAL</b>		5			1	1	8	3	2	1	6	7

### Rubrics for repertorisation-

Generalities, pain pressure ameliorates.

Female menses scanty.

Mind anger, trembling with.

Generalities, pain standing  
aggravates.

## Female itching vagina

Mind, Rudeness ailment aggravation  
from.

Generalities, parasites, ailment  
from.

Urethra burning smarting  
micturition during.<sup>[05]</sup>

## Repertorial sheet

**Analysis June 14, 2021**  
Analysis uses 8 rubrics.

[illegible]

### Remedy selection and potency -

Remedy selected was *Staphysagria*  
1M BD for 2 days

Sac. Lac 5 pills two times a day for 15 days.

### Selection of remedy –

Remedy was selected on bases of result of repertorisation and final decision was made after reading material medica disseizes of the genitourinary tract , ill effects of anger, sexual sins indicates *Staphysagria's* urinary symptoms - cystitis in newly married women, burning micturition[06]

Mind symptoms – violent outburst of passion, morbidly sensitive to less harmful words, great indignation about the things done by others, want of self-control.[07]

Trembling in anger, voice lost  
during anger, anger - things threw  
away, ailments from rudeness of



others, fear self-control of losing – soul of remedies.<sup>[09]</sup>

*Staphysagria* covered sphere of action, mental general and particular

symptoms of the case. It's widely used remedy in cases of cystitis under chapter.<sup>[08]</sup>

**Selection of potency** – as per

guidelines from *Organon of Medicine* 6<sup>th</sup> edition, higher potency was selected on the basis of strong mental characteristics in the case<sup>[10]</sup>

### Follow up

SR. NO	DATE	COMPLAINTS	TREATMENT	REASON
1	29/06/2021	Skin eruptions, dark, circular on nape of neck before a week and disappeared – it was an old complaint. Itching white discharge – burning micturition, frequency same like before – 3-4 days.  Patient felt better from last 5 days. Better in micturition from 7 days. Now she felt happy, irritability is less.	<i>Staphysagria</i> 1 m BD for 2 days. Sac lac 5 pills BD for 30 days.	Significant action of medicines no change. [10]
2	13/07/2021	LMP- 10/07/2021, 3 <sup>rd</sup> day of menses. Oral aphthae, before menses backache and weakness. No skin eruptions on neck, leucorrhoea – 2-3 days before menses. Itching on genitals better from last 3 days. Pain reduced – now single episode in last 15 days! Blank during pain was not noticed. Physical generals no change. Dreams – no particular.	<i>Staphysagria</i> 1 m BD for 2 days. Sac lac 5 pills BD for 30 days.	New complains appeared with changes in menstrual characteristics but complains are better so no change in medicine and potency. [10]
3	21/09/2021	Urine report s/o – T. VAGINALIS ABSCENT, ALBUMIN ABSCENT!  Itching, occasionally. Thirst increased. White discharge +	<i>Staphysagria</i> 1 m BD for 2 days. Sac lac 5 pills BD for 30 days.	Significant response of remedy. Lab investigation is improved significantly. [10]
4	26/11/2021	LMP- 12/11/2021, occasionally burning- watery discharge. Other symptoms are better. Anger is very less. Control my emotions. No itching. No pain. Desire for sweets.	<i>Staphysagria</i> 1 m bd for 2 days. Sac. Lac 5 pills BD for 30 days.	Significant change in mental characteristics. Improvement in all level. [10]

### Conclusion:

Homoeopathic medicine has proven its efficacy in sexually transmitted disease like Trichomoniasis. Infection rates are very high in sexually active people and investigation criteria is very difficult in countries like India.<sup>[03]</sup>

Conventional medicines suggested wet vaginal swab is an only tool for diagnosis. But learning from this case study is this diagnosis can be done by an expert pathologist from urine examination also. Still this is an open area with wide possibilities for further research with this non-conventional diagnostic method

for Trichomoniasis infection by urine analysis. Such a case can motivate young fellows for further trials to prove a scientific role of homoeopathic medicines in this type of common infectious cases.<sup>[02]</sup>

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### About author

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# A study to assess the effectiveness of causative rubrics in treating acute rhinitis using *Repertory Of Causation* by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis

By Dr. Uma Maheswari MS, Dr Arun Varghese

## Abstract:

**OBJECTIVE:** A study to assess the effectiveness of causative rubrics in treating acute rhinitis using *Repertory Of Causation* by J.H. Clarke, rhinitis control assessment test scale used for statistical analysis.

**MATERIAL AND METHODS:** A study was prospective observational conducted on 27 cases of acute rhinitis, attending to OPD and peripheral centres of Father Muller Homoeopathic Medical College Hospital, Mangalore. Diagnosis was based on the clinical presentation; patients were subjected answer the questionnaire, i.e. rhinitis control assessment test scale, and the remedies are selected depending upon the ailments from factors that's been obtained by case taking through the standardized case record, after referring to the repertory of causation by J.H. Clarke, remedy been prescribed in either of 30th, 200, 1M, 0/1 potencies for the duration of about 2 weeks. After 2 weeks follow up been taken and again patients were asked to fill questionnaire-rhinitis control assessment test scale, data for the study been collected and paired t test was used for statistical analysis.

**RESULT:** The study showed that males are most commonly affected. And the most common age group affected was 18 –22 with about 33.3%, females are most commonly affected with 59.2%, the most prevailed ailments from factor among the study group is cold wind and ice foods with about 14.8%, remedy and potency which came up in most of the cases are Arsenicum album with about 29.6% and 200th potency with about 51.8%. The values of rhinitis control assessment test scale were compared before and after the treatment. Statistical analysis was done base on paired t test, – The calculated 'p' value is 0.0004 less than 0.05. This is considered to be extremely statistically significant.

**CONCLUSION:** This study adequately demonstrates the effectiveness of prescribing Homoeopathic remedies in acute rhinitis depending upon causative rubrics using repertory of causation by J.H. Clarke.

**Keywords:** homoeopathy, acute rhinitis, rhinitis control assessment test scale, *Repertory of Causation* by J.H. Clarke, causative rubrics, paired 't' test.

**Abbreviations:** A/F: ailments from, Av: aversion, B/L: bilateral, Cr: craving, DM: dominant miasm, FM: fundamental miasm, IPD: in patient department, <: aggravation, >: amelioration, 0: abrupt disappearance of symptoms, G: good, Occ: occasional, O/E: on examination, OPD: outpatient department, RX: remedy, R/O: ruled out, SCR: standardised case record, SD: standard deviation, S: same, A: absent. RCAT: rhinitis control assessment test.

## Introduction

Acute rhinitis is an acute inflammation of the nasal mucosa, caused due to viral, bacterial, irritant varieties. <sup>(1)</sup> Acute rhinitis is the most common condition affecting about 10% to 30% of adult and 40% children. Prevalence of the disease is marked in all age groups, especially in children it's more marked. <sup>(3)</sup> Viral acute rhinitis which is also known as common cold or coryza caused by adenovirus, picorna virus, coxsackie virus. The infection is

usually obtained through airborne droplets. <sup>(2)</sup> Acute bacterial rhinitis, it's a non-specific infection, it may be either primary or secondary. Primary bacterial acute rhinitis is seen in the children and is caused due to the pneumococcus, streptococcus, and staphylococcus. Secondary acute bacterial rhinitis is the result of bacterial infection supervening acute viral rhinitis. <sup>(1)</sup> Irritant bacterial rhinitis occur mainly due exposure to the dust, smoke, polluted environment, irritating gases. <sup>(1)</sup> Homoeopathy has great scope in treating acute

rhinitis. The scope of homoeopathy doesn't lie in treating the causative agent or its ultimate, but in treating the actual morbid vital process by method of individualisation, in case of acute diseases causative modalities play important role in selection of remedy and treating the patients <sup>(5)</sup>. Sir Christian Friedrich Samuel Hahnemann in aphorism 71 of *Organon of Medicine* stated, 'the disease to which man is liable is either rapid morbid process of abnormal deranged vital force, which has tendency to finish their course





more or less quickly, but always in moderate time these are termed acute disease. <sup>(5)</sup> In aphorism 73 of Organon of Medicine, acute diseases are further classified into acute individual, acute sporadic, epidemic acute disease. As it is known that the cause for the individual acute disease is exciting cause “useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease” the exciting cause are of different types- exciting cause of mental or physical origin in case of individual acute disease, in sporadic acute disease exciting cause is either meteoric( climatic influences, atmospheric, or physical agents) or telluric (influences in the soil, water) , in epidemic acute disease its due to infection. <sup>(5)(9)(10)</sup> Repertory

of causation by J.H. Clarke is selected for differentiating remedies according to their causation and for prescribing and rhinitis control assessment test scale is used for final statistical analysis. <sup>(6)(7)(8)</sup>

**Aim and objective:** To assess the effectiveness of causative rubrics in treating acute rhinitis using repertory of causation by J.H. Clarke, RCAT scale (Table-1) used for statistical analysis.

## MATERIAL AND METHODS

### SAMPLE SIZE:

$$n = Z\alpha^2 p(1-p)$$

$$e^2$$

$$\text{Prevalence} = 20\%, Z\alpha = 1.96 \text{ at}$$

95% confidence interval of mean difference,  $n$  = sample size,  $e$  (allowable error) = 15%,  $p$  = 20

$$n = (1.96)^2 20(1-20) / (15)^2$$

$$= 27.3 = 27$$

**Selection criteria:** Age group 5-60, both sexes, patients giving consent to participate in study, all the newly reporting cases of acute rhinitis, already registered patients presenting with a new acute complaint of acute rhinitis.

**Exclusion criteria:** The cases without proper follow up were excluded.

**Table: 1 rhinitis**

### Control assessment test:

1. During past week, do you often have nasal congestion?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

2. During past week, how often do you sneeze?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

3. During past week, how often do you have watery of eyes?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

4. During past week, to what extent does your nasal or allergy symptoms interfere with your sleep?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

5. During past week, how often did you avoid any activities (for examples visiting a house with a dog or a cat, gardening) because of your nasal or other allergy symptoms?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

6. During past week, how well were your nasal or allergy symptoms controlled?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

SCORING: ASSESSEMENT OF SCALE: score ranges from 6 to 30, higher scoring indicates better rhinitis symptoms control.

5-Never, 4 -Rarely, 3-Sometimes, 2-Often, 1-Extremely Often

Table-2: Example of cases with selection of rubric

S. No	Preliminary data and c/o	Rubric	Remedy	Follow up
1.	Name: Mrs. J Age: 42 Sex: F Religion: Hindu Education: B.com Occupation: Housewife Marital status: married SCR no: 58513  c/o: a/f: from eating ice cream, sneezing, coryza, for 3 days	Ice cream.	Rx <i>Pulsatilla nigricans</i> 200 2packet-HS (weekly/once)	Sneezing- > Coryza-> Watery nasal discharge-0 Headache-0 Thirst-improved
2.	Name: Mrs. Hilda Age: 28 Sex: F Religion: Christian Education: 2ndPUC Occupation: Housewife Marital Status: Married SCR No: 597  c/o: a/f: dry cold wind, coryza (watery nasal discharge), continuous sneezing for 5 days	Dry, cold wind	Rx <i>Hepar sulphuricum</i> 30 1packet HS/week	Sneezing-0 Coryza-> Watery nasal discharge-> Nasal irritation-0 Nose block-0 Appetite-Improved
3.	Name: Mr. R Age: 18 Sex: M Religion: Islam Education: 12th Std Occupation: Student Marital Status: Single SCR No: 55458  c/o: a/f: getting wet of head in rain, coryza, sneezing, < evening, accompanied by bitter taste in mouth, heaviness of head for 2 weeks	H e a d wet,getting	RX <i>Belladonna</i> 200 1packet HS/week	Sneezing-0 coryza -0 Watery nasal discharge-0 Bitter taste in mouth- A Heaviness of Head- A
4.	Name: Mr. E Age: 62 Sex: M Religion: Christian Education: B. Com Occupation: Manager Marital Status: Married SCR No: 1630/19  c/o: a/f: drinking cold water, sneezing, < exposure to dusty environment coryza-watery, decreased appetite for 3 days	Drinking ice water	RX <i>Arsenicum album</i> 200 1packetHS/week	Sneezing-0 coryza -0 Watery nasal discharge-0 Appetite-good
5.	Name: Miss. K Age: 19 Sex: F Religion: Islam Education: 1st Year B.E. Occupation: Student Marital Status: Single SCR No: 58154  c/o: a/f: exposure to cod wind, nose block, sneezing, coryza (thick yellow discharge) <night, >elevation of head, Increased thirst for 1 week	Cold wind	RX <i>Bryonia alba</i> 200 4-4-4(BF)/week	Sneezing-0 coryza -> nasal discharge-0 nose block-0 thirst-improved

**MEDICATION:** Remedies selected according to the ailments as per the factors that were being obtained through case taking from standardised case record and after referring to *Repertory Of Causation* by J.H.Clarke, remedy was prescribed in either of 30<sup>th</sup>, 200, 1M, 0/1 potencies for the duration of about either 1week or 2 weeks.

Table 3: Distribution of the study based on *rhinitis control assessment test scale* before and after treatment -maximum score: 30

SL .no of the cases	Score -before	Score – after
1	11	25
2	11	24
3	10	23
4	13	26
5	1	26
6	12	24
7	15	26
8	15	23



9	12	27
10	13	27
11	12	25
12	10	25
13	10	28
14	13	26
15	11	27
16	10	27
17	15	27
18	14	25
19	13	23
20	14	23
21	17	23
22	13	25
23	13	23
24	12	25
25	8	26
26	11	25
27	7	24

TABLE 4: Distribution of the study based on the *rhinitis control assessment test* scale before and after treatment

Score (0-30)	Before	Percentage%	After	Percentage%
0 -5	0	0%	0	0%
6 -10	6	22.2%	0	0%
11 – 15	20	74%	0	0%
16 – 20	1	3.7%	0	0%
21-25	0	0%	16	59.2%
26 -30	0	0%	11	40.7%

Finding:(Table-4) Totally 27 cases have been taken for study depending upon the selection criteria and all are subjected to fill the *rhinitis control assessment test* scale questionnaire, before and after the treatment. Among them before the administration of the medicine-Highest score is 11- 15 (74%), Followed by score 6-10(22.2%), Score16-20(3.7%). After the administration of the medicine, the highest score 21-25(59.2%), Score 26-30(40.7%)

TABLE 5: Calculation of mean:

	Before (x)	After(y)
Mean value	12.19	25.11

TABLE 6: Calculation of mean difference;

	<u>Before and after assessment of <i>rhinitis control assessment test</i> scale</u>
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Mean difference	Calculation of standard error=0.329 12.92	=12.92- 39.39
Calculation of average of before and after mean= 18.65	95% of confidence interval of mean difference = 1.96	Pair difference upper= (x-y) + (t ratio) = 12.92 + 39.390
Calculation of standard deviation= 1.714	Degree of freedom = n-1 = 27-1 =26	Calculation of correlation coefficient = ± 39.4
	Calculation of t ratio= 39.390	We wish to test HO: M1 = M2 against H <sub>a</sub> : M2> M1 For each pair, 2nd score
	Pair difference lower= (x-y)- (t ratio)	Sign of difference •
been subtracted from the first and the pair having both the observation same considered as 0	Number of + signs = 0 • Number of – signs = 27 • Number of 0 = 0	Reduced sample size = 27 S = max (0, 27) = 27
Number of + signs = 0 • Number of – signs = 27 • Number of 0 = 0	Reduced sample size = 27	S = max (0, 27) = 27

P value for this one-sided test = prob [ observing a value of 27 or higher using B (27, ½)] = 1- prob [ observing a value of 26 of using (27, ½)] = 1- 0.99534 = 0.000466

Statistical Evaluation – Paired ‘t’ Test: PAIRS = BEFORE with AFTER (PAIRED), Confidence Interval Level 95% = 1.96

Table 7: Paired Sample Statistics:

Pair	Mean	N	Std. Deviation	S.E.
Be-fore	12.19	27	2.195	0.422
Af-ter	25.11	27	1.233	0.237

Mean of standard error = 0.329

Table 8: Paired Samples Correlations:

		N	CORRELATION	SIG.
Pair	BEFORE AND AFTER	27	39.4	0.12

Table 9: Paired Sample Test:

Pair	Pair Difference					t	df	sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Before –After	18.65	1.714	0.329	-26.47	+52.31	39.390	26	.0004

**Result:** The study showed that males are most commonly affected. And the most common age group affected was 18–22 with about 33.3%, females are most commonly affected with 59.2%, the most prevailed ailments from factor among the study group is cold wind and ice foods with about 14.8%, remedy and potency which came up in most of the cases are *Arsenicum album* with about 29.6% and 200<sup>th</sup> potency with



about 51.8%. The values of rhinitis control assessment test scale were compared before and after the treatment. Statistical analysis was done base on paired t test, – The calculated ‘p’ value is 0.0004 less than 0.05. This is considered to be extremely statistically significant.

**Summary:** A study was prospective observational conducted on 27 cases of acute rhinitis, attending to OPD and peripheral centres of Father Muller Homoeopathic Medical College Hospital, Mangalore. Diagnosis was based on the clinical presentation; patients were subjected answer the questionnaire-Rhinitis Control Assessment Test Scale, and the remedies are selected depending upon the ailments from factors that’s been obtained by case taking through the standardized case record, after referring to the *Repertory of causation* by J.H.Clarke, remedy been prescribed in either of 30th, 200, 1M, 0/1 potencies for the duration of about 2 weeks. After 2 weeks follow up been taken and again patients were asked to fill questionnaire-rhinitis control assessment test scale, data for the study been collected and paired t test was used for statistical analysis.

The study showed that males are most commonly affected. And the most common age group affected was 18 –22 with about 3.33%, females are most commonly affected with 5.92%, the most prevailed ailments from factor among the study group is cold wind and ice foods with about 1.48%, remedy and potency which came up in most of the cases are *Arsenicum album* with about 2.96% and 200th potency with about 5.18%. The values of rhinitis control assessment test scale were compared before and after the treatment. Statistical analysis was done base on paired t test, – The calculated ‘p’ value is 0.0004 less than 0.05. This is considered to be

extremely statistically significant.

## Conclusion

The calculated ‘p’ value is 0.0004 less than 0.05. This is considered to be statistically significant.

**Fund:** financial support and sponsorship none.

**Conflict Of Interest:** None declared.

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■■■

# Eczema treated by “*Kalium arsenicosum*”: a case report

By Dr Sonia Tuteja, Dr. Shivani Saini

**Abstract:** Eczema is a reaction pattern in which skin forms blisters, becomes inflamed, crusty, thick, scaly, and pigmented. The aetiology is still unknown. Eczema causes itching, scratching, and burning and it may occur for long period of duration. Homoeopathy has a great role in treatment of eczema. A 47-year old male came with a complaint of severe itching on back. The case was recorded and studied thoroughly. After repertorisation, on the basis of individualisation, *Kalium arsenicosum* was prescribed. The aim of article is to show the effectiveness of *Kalium arsenicosum* in cases of eczema.

**Keywords:** eczema, *Kalium arsenicosum*, allergy, homoeopathy.

**Abbreviations:** *Kalium arsenicosum*- Kali. ars., *Arsenicum album*- Ars. alb., Psora- P., Sycosis- Sy., Syphilis- Syp., Latent psora- Lt. P., Latent sycosis- Lt. Sy., Latent syphilis- Lt. Syp., history of – H/o, 1 dose – 1D, thrice a day - TDS.

## Introduction

The term ‘eczema’ means ‘to boil out’ (ec = out; zema = boil), because it seems that the skin is ‘boiling out’ or ‘oozing out’ in eczema.<sup>1</sup> The term ‘eczema’ and ‘dermatitis’ are synonymous.<sup>1</sup> Patients usually use the term eczema to denote any skin disease which is chronic.<sup>1</sup> They sometime use the term ‘allergy’ as well.<sup>1</sup> Eczema is a reaction pattern<sup>1</sup>, it can be acute or chronic and there are several causes.<sup>2</sup> It is diagnosed clinically on the basis of patient’s presenting complaints.<sup>2</sup> Acutely, epidermal oedema (spongiosis) and intra-epidermal vesiculation (producing multilocular blisters) predominate, whereas with chronicity, there is more epidermal thickening (acanthosis) with pronounced skin markings, secondary to chronic rubbing and scratching.<sup>2</sup> Vasodilation and T-cell lymphocytic infiltration of the upper dermis also occur<sup>2</sup>

Many medicines are very popular in the treatment of eczema like *Arsenicum album*, *Rhus toxicodendron*, *Petroleum*, *Belladonna*, etc. But *Kalium* or *Potassium* is one of the important minerals which is present in blood plasma as well as in all tissues which causes great disturbance in the

circulation of fluids in the tissues<sup>4</sup> and which also act as a complexion cleaner<sup>6</sup>. Although *Arsenicum album* run parallel in the repertorial chart but *Kalium arsenicosum* was chosen. as it covers the mentals, as he was very fearful and very anxious about his health and heart diseases. Time modality was very marked, <1 a.m. to 3 a.m. and it is covered by only *Kalium arsenicosum*.

## Case study

Mr. XYZ, 47 years old, came with the complaint of dry, scaly eruptions on back.

### Presenting complaints

Patient was suffering from severe itching on back with dry, scaly skin for 2 years, which was aggravated by undressing and at night, scratching resulted in burning. While sitting, he seemed to be anxious, very restless and patient complained of sleep disturbance at night because of itching, especially between 1 a.m. to 3 a.m. He was unable to sleep again resulting in dullness and irritability whole day. Patient also complained of difficulty in respiration while walking fast.

### History of presenting complaints

Patient had history of itching since 2 years on back. Itching started with minor eruptions and it was tolerable but it gradually increased day by day. He took allopathic medication and applied external application on eruptions which relieved and suppressed the complaints but as soon as he stopped the treatment itching appeared severely with eruptions covering the whole back with dry, scaly skin. Since 15 days, he was not using any external application but took allopathic medicine for itching before 5 days.

### Past history

H/o chickenpox in childhood.

### Family history

**Father:** 69 years old, healthy and alive and shopkeeper.

**Mother:** 67 years old, healthy and alive and housewife.

### Constitution

Dark complexion with height of 179 cm and weighing 86 kg (BMI= 26.8 kg/m<sup>2</sup>- overweight)

### Patient as a whole

**Aversion:** Non-vegetarian.

**Appetite:** 3-4 chapattis/meal; 2meal/day.



## CASE STUDY

**Thirst:** 2-3 litres/day, took seasonal water.

**Stool:** Satisfactory and normal bowel habit.

**Sweat:** On whole body, on physical exertion.

**Thermal reaction:** Chilly<sup>++</sup>

**Mind:** Patient was restless and anxious. Fear of his illness and while

conversation patient asked that this disease will harm to heart because on walking fast he had difficulty in respiration.

**Sleep:** Disturbed because of itching.

### Analysis of case

Mental generals: Restlessness and anxiety. Fear of his illness, fear of

heart disease. Physical generals: Chilly patient. Desire for sweet things.

Particulars: Itching on back causes burning, Itching <by undressing, at night. Eruptions are dry and scaly. Itching after midnight at 1-3 a.m.; difficulty in respiration on walking rapidly.

### Evaluation of symptoms<sup>5</sup>:

Rubrics	P	Sy.	Syp.	Lt.P.	Lt.Sy.	Lt.Syp.
MIND-Restlessness, nervousness	1234					
MIND- Anxiety	1		E			
MIND- Health, about	123			4		
MIND- Heart, disease of	12E					
RESPIRATION- Difficult, on walking	12					
STOMACH- Desires, sweets	234		4			
SKIN- Itching	124					
SKIN- Itching, burning	124					
SKIN- Itching, undressing agg.	1					
SKIN- Itching, night	124					
SKIN- Eruptions, scaly	145					
SKIN- Eruptions, dry	12					

*Synthesis Repertory* was selected due to presence of mental symptoms and marked particulars.

Provisional diagnosis<sup>2</sup>

Eczema: severe itching, dry, scaly skin.

Miasmatic diagnosis<sup>5</sup>

Psora-syphilis

Repertorisation was done using RADAR 10.0 and the repertorial result is shown in [Table 1].

Table 1: Repertorisation chart<sup>8</sup>

Fig 1: Before treatment



Fig 2: After treatment

**Intervention:**

First prescription: On 12 april 2021, *Kalium arsenicosum* 30C/1D/stat.

Basis of prescription: Medicine selected on the basis of individualisation, symptom totality and in consultation with materia medica was *Kalium arsenicosum*.

Furthermore, *Kalium arsenicosum* 30C/1D/stat, was chosen as it covers the totality of symptoms and the patient's thermal reaction was chilly. *Kalium arsenicosum* prescribed and on subsequent follow-ups, potency was changed based on the assessment of

improvement in itching and eruptions. *Kalium arsenicosum* is a deep and long acting remedy<sup>3</sup>.

Date	Symptoms	Prescription	Justification of potency and doses <sup>7</sup>
12/04/2021	Severe eruptions on back Severe itching in eruptions Dry, scaly skin on back Restlessness and anxiety about health. Disturbed sleep and fear of fatal disease.	Rx <i>Kalium arsenicosum</i> 30/1D/ stat Rubrum 30/TDS/7 days	Selected low potency due to low susceptibility.
19/04/2021	Slight relief in itching in eruptions. No improvement in eruptions. Patient seemed restless and anxious as well.	Rx <i>Kalium arsenicosum</i> 30/1D/ stat Rubrum 30/TDS/7 days	Repeated as used low potency
26/04/2021	Slight improvement in the state of well being. Improved sleep. Itching and eruptions was present but patient started feeling hopeful.	Rx Phytum 30/1D/ stat Rubrum 30/TDS/7 days	Medicine not given, as it left to act.
03/05/2021	No marked improvement seen.	Rx <i>Kalium arsenicosum</i> 200/1D/ stat Rubrum 30/TDS/15days	High potency given as no improvement noticed.
20/05/2021	Patient felt much relaxed regarding itching. Slight improvement in eruptions seen.	Rx Phytum 30/1D/ stat Rubrum 30/TDS/15days	Medicine not given, as it left to act
31/05/2021	No marked improvement in eruptions. Itching not much annoying but aggravates on undressing. Sleep doesn't get disturbed due to itching at night.	Rx <i>Kalium arsenicosum</i> 200/1D/ stat Rubrum 30/TDS/15days	Potency repeated due stand still condition

## CASE STUDY

14/06/2021	Slight improvement in eruptions. Improvement in sleep. Much relief in itching.	Rx Phytum 200/1D/ stat Rubrum 30/TDS/15days	Medicine not given, as it left to act
24/06/2021	Fever since 1 day, temp.- 101.2 Frontal headache, dull aching pain over eyebrows. Dullness in whole body. Heaviness in eyes. Ame.-from closing eyes, lying down. No thirst, clean tongue.	Rx <i>Gelsemium sempervirens</i> 30/2D/ OD Rubrum 30/TDS/5days	Patient came with acute complaints so on acute totality medicine was prescribed
05/07/2021	Patient feels relaxed. Complaints got stand-still.	Rx <i>Kalium arsenicosum</i> 1 M/1D/ stat Rubrum 30/TDS/30days	High potency used because of standstill of symptoms
03/08/2021	Started seeing significant improvement in eruptions. Relief in c/o itching. Improvement in scaly skin.	Rx Phytum 200/1D/ stat Rubrum 30/TDS/7days	Medicine not given, as it left to act
14/08/2021	Patient feels better but no significant improvement seen.	Rx <i>Kalium arsenicosum</i> 1 M/1D/ stat Rubrum 30/TDS/30days	Repeated potency because no marked improvement seen
13/09/2021	Eruptions are much relieved. No complaint of itching Skin started healing up, not that much dry and scaly.	Rx Phytum 200/1D/ stat Rubrum 30/TDS/15days	Medicine not given, as it left to act
29/09/2021	Complete disappearance of eruptions on back.	Rx Phytum 1M/1D/ stat Rubrum 30/TDS/15days	No complaints noticed and patient is towards cure
18/10/2021	Significant improvement in dryness and texture of skin on the back without any recurrence of new eruptions.	Rx Phytum 1M/1D/ stat Rubrum 30/TDS/30days	Patient is cure but on under observation with no eruptions seen.



## Conclusion

With the individualisation of the case, *Kalium arsenicosum* was considered as the indicated remedy and it proved effectiveness in the treatment of eczema of the patient. According to patient narration, he is about 80-90% better and still under the treatment.

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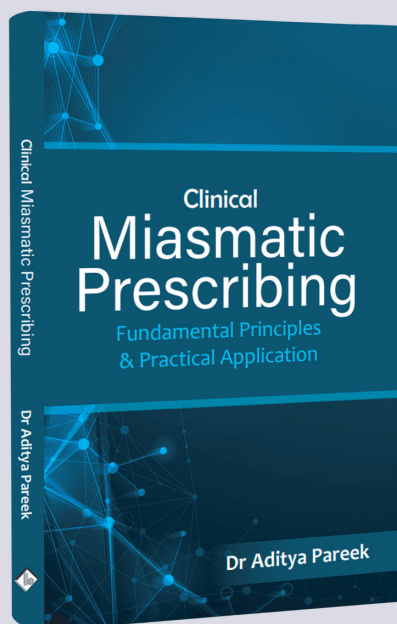
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# Clinical Miasmatic Prescribing

## Dr Aditya Pareek



- The author has shared his practical experience on miasms and how to clinically apply the different miasms in practise.
- The book is divided into 3 sections. The first section aims to put across the fundamentals of theory, its utility and brief history. It also deals with the applied aspects, i.e. anti-miasmatic prescribing.
- In the 2<sup>nd</sup> considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
- The 3<sup>rd</sup> aims to show the applicability and practical utility of miasms through various case discussions.

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# A case of renal calculus with hydronephrosis treated by *Lycopodium clavatum*: a case report

By Dr Vivek Kumar Shail, Dr Geeta Sharma

**Abstract:** A case of 5 mm calculus, lodged at mid of left ureter with mild hydronephrosis, presented with severe burning and aching in the left lumbar region which extends to the bladder. The homoeopathic medicine *Lycopodium clavatum* is given on the basis of totality of symptoms. The pain is reduced with expulsion of stone within 18 days. The case report shows the potentiality and efficacy of individualised homoeopathic medicine in case of renal calculus.

**Keywords:** homoeopathy, individualisation, *Lycopodium clavatum*, renal calculus.

**Abbreviations:** COPD – chronic obstructive pulmonary disease, BD – twice a day, USG - ultrasonography.

## Introduction

Renal calculus or lithiasis is one of the most common diseases of the urinary tract. It occurs more frequently in men than in women. Urinary calculus is a stone-like body composed of urinary salts bound together by a colloid matrix of organic material. The most common symptomatology include pain, difficulty during urination, obstruction leading to hydronephrosis and chronic kidney disease.<sup>(1)</sup> Homoeopathy plays an important role in such cases due to it's holistic approach as it deals with patient's abnormality and treat as a whole.

## Case study

### Chief complaints:

A 36-year male complained of pain in the left lumbar region for 3 months. The pain extended to the bladder for last one weeks. There is burning sensation on the left lumbar region, especially in ureter. The

complaints aggravated after taking water and ameliorated by urination.

### History of present complaints:

The pain continued for 3 months and took conventional medicine, they suggested surgery for the removal of stone. But he never wanted to opt for surgery. Now, the intensity increased with difficulty in urination and burning sensation while urination. The pain suddenly became severe extended to the bladder. The urinary flow was interrupted and quantity of urine was reduced.

### Past history:

He was suffering from typhoid at the age of 20, for which he took conventional medicine.

### Family history:

Father suffered from COPD for last 5 years and was under conventional medicine. Mother suffered from osteoarthritis for last 2 years and was

taking homoeopathic medicines.

### Personal history:

He loved to know new things. His diet was irregular. He had no addictions. **Mental generals and physical generals:**

The patient wanted to know new things. No desire for consolation. He was fearless and greedy in nature.

While enquiring his physical aspects, it was found that he had good appetite but was losing his weight. He desired for hot things, had aversion to meat. His tongue was red with no thirst, did not drink even a glass of water. His stools were satisfactory, with dribbling and difficulty in urination.

### Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the patient<sup>(1)(2)</sup> and ultrasonography (USG) which revealed renal calculus with hydronephrosis (Fig:1)

### Analysis and evaluation of symptoms:

Sl. No.	Symptom type	Symptom	Intensity	Miasmatic analysis <sup>(3)</sup>
1.	Mental general	No desire for consolation	+++	Psora, syphilis
2.	Mental general	His tongue was red	++	Psora

3.	Mental general	Did not drink water	+++	Syphilis
4.	Physical general	Pain in kidneys extending to the bladder	+++	Psora, syphilis
5.	Physical general	Pain especially in the left ureter	+++	Sycosis
6.	Physical general	Urine came very less, drop by drop	+++	Psora
7.	Particular symptom	Pain in the back, relieved by urination	+++	Psora, syphilis

Repertorial totality:

Symptoms	Rubric
Did not desire for consolation	MIND-CONSOLATION, agg
Tongue was red in colour	MOUTH-DISCOLOURATION, tongue, red
The patient is thirstless	STOMACH-THIRSTLESS
Pain in kidneys extending to the bladder	KIDNEY-PAIN, extending to, bladder
Pain especially in the left ureter	KIDNEY-PAIN, Ureters, left side
Urine came very less, drop by drop	BLADDER-URINATION, dribbling by drops
Pain in the back, relieved by urination	BACK-PAIN, urination, after, amel.

Repertorisation<sup>(4)</sup>:

See repertorisation sheet

7 symptom(s)	1	2	3	4	5
Name of remedy	Lyc	Bell	Ars	Canth	Kali-c
Symp. covered	7	5	5	5	5
Totality	14	10	9	8	7
1. BACK, PAIN, urinati..					
2. BLADDER, URINATI..					
3. KIDNEYS, PAIN, ext..					
4. KIDNEYS, PAIN, ure..					
5. MIND, CONSOLATI..					
6. MOUTH, DISCOLO..					
7. STOMACH, THIRS..					



**Prescription:**

After repertorisation, *Lycopodium clavatum* possessed highest grade and highest matching of the symptoms. Here, *Lycopodium clavatum* was selected on the basis of mental as well as physical symptoms of the patient. The patient was greedy in nature and constitution of the patient, in consultation with materia medica<sup>(5)(6)</sup> and repertorial result. So, *Lycopodium clavatum* was prescribed for this case.

Prescribed on 30/09/2021

**Follow up:**

Date of visit	Response	Medicine prescribed
04/10/2021	No changes took place. Dull, aching pain in the left renal region with slight reddish urine	Rubrum-200/ 1 drop BD x 15 days
11/10/2021	Dull, aching pain in the left renal region was better.	Rubrum -200/ 1 drop BD x 15 days
15/10/2021	Dull, aching pain in the left renal region with slight reddish urine. Symptoms reappeared.	<i>Lycopodium clavatum</i> 200/ 1 dose
18/10/2021	A stone was expelled following an acute colicky pain with slight bleeding	Phytum-200/ 1 drop BD x 15 days
28/10/2021	Slight burning in the urethra while urinating	Phytum-200/ 1 dose
11/11/2020	No pain while urinating	Phytum-200/ 1 drop BD x 15 days
25/11/2021	No calculi on USG report	

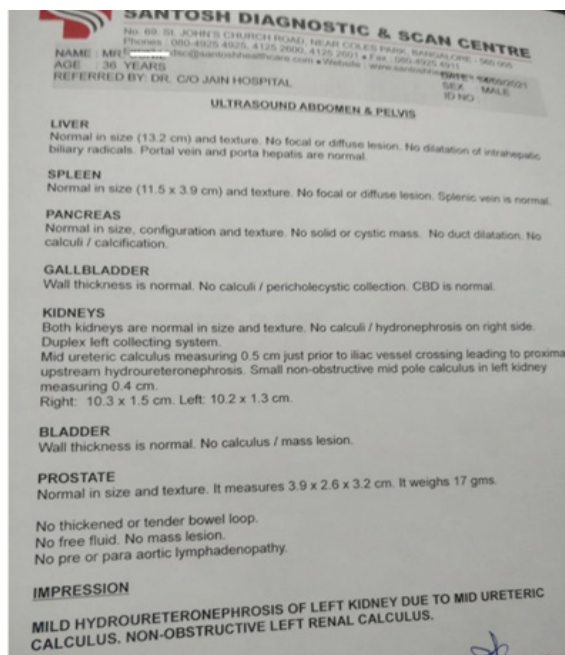
**Report of the patient:**

Fig 1: Before treatment (14/09/2021)

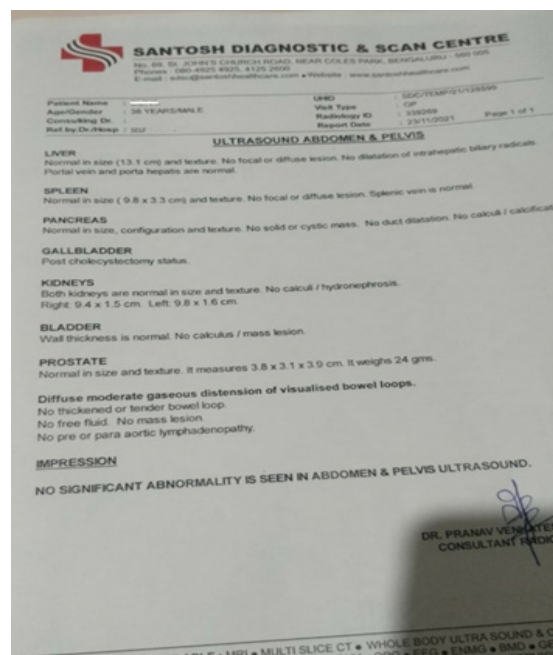


Fig 2: After treatment (23/11/2021)

*Lycopodium clavatum* 200/ 1 dose, early morning mixing with ½ cup of water for 2 days along with placebo every day, two times after eating for 7 days.

The patient was also advised for dietary management like intake of plenty of water, lime juice, avoidance of any kind of spicy or fatty food.

**Selection of dose and potency:**

As per *Organon of Medicine*, aphorism 247 5<sup>th</sup> edition<sup>(7)</sup>, and according to the susceptibility of the patient,

the potency was selected. Here the patient was highly susceptible and intensity of the symptoms was also increased as she suffered from that affection since long, hence the case was started with high potency.

**Repetition of remedy:**

Every well-chosen medicine should be repeated at suitable interval (aphorism 246 5<sup>th</sup> edition<sup>(7)</sup> of *Organon of Medicine*). After initial improvement, if same symptoms reappeared, then one needs to repeat the same medicine.<sup>(8)</sup>

## Conclusion:

In this case presentation, one can see that how a homoeopathic individualised medicine helps to manage a surgical case of renal stone. Homoeopathy possesses a potential scope in management of urolithiasis. Here, with the help of *Lycopodium clavatum*, complete cure occurs without having any side effects and surgical intervention.

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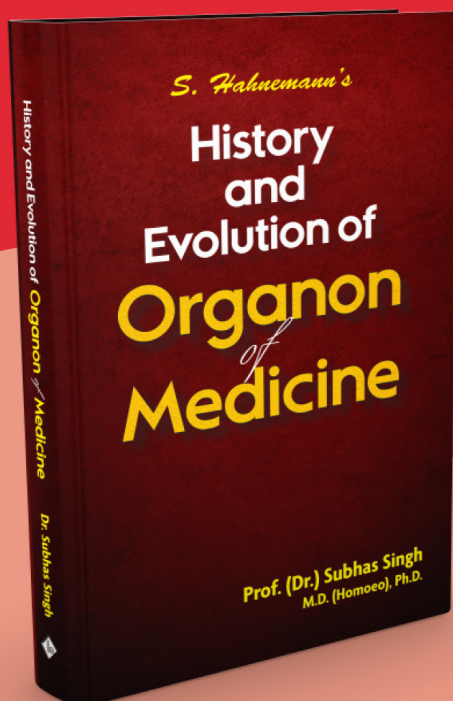
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# A case of tinea capitis treated by homoeopathic medicine

By Dr Minali Dubey, Dr Menka Wadhwani

**Abstract:** In the following article, a case of 9-year old girl suffering from tinea capitis, is being discussed which was treated using holistic approach of homoeopathy with the help of *Synthesis repertory*.

**Keywords:** Tinea capitis, homoeopathy

**Abbreviations-** once a day (OD), twice a day (BD), potassium hydroxide (KOH)

## Introduction

Infection of the skin by fungus is very common in our country due to warm and humid climate and its incidence of fungal infection is found to be more during summer and rainy seasons. The common fungal infections of the skin include ringworm, candidiasis and pityriasis versicolor.

**Ringworm-** This is the most common fungal infection of the skin caused by the organism belonging to any of the three genera, namely, microsporon, trichophyton and epidermophyton. The clinical features and nomenclature of the ringworm depend upon the site of involvement, such as-

**Tinea capitis-** When infection occurs on scalp

**Tinea barbae-** When infection involves the coarse hair of beard and moustache.

**Tinea corporis-** When infection occurs on trunk and extremities.

**Tinea cruris-** When infection occurs around groin region.

**Tinea faciei-** When infection occurs on skin of face excluding moustache and beard area of the adult male.

**Tinea manum-** When infection occurs on palms.

**Tinea pedis-** When infection occurs on soles or toes.

**Tinea unguim-** When infection occurs on nails.

## Tinea capitis

When the infection occurs on the scalp, the term tinea capitis is used. It is very common in children but rarely seen in adults. It manifests as a localised form of partial alopecia associated with itching, erythema and scaling.

A few patients may present with localised, painful, boggy swelling called kerion. In both these conditions, the hairs in the patches are dry, lustreless, brittle and broken at varying lengths from the surface of the skin.

In another variety, the hairs break at the level of the skin surface producing the picture of black dots in an area of alopecia. This is known as **black dot tinea capitis**.

## Diagnosis

Tinea can be confirmed by demonstrating the presence of fungal hyphae in the scrapings from the skin, hair or nails as the case may be in a 10% KOH solution. The causative fungus can be cultured on sabouraud's medium where fungal colonies appear in approximately two weeks.<sup>1</sup>

## Case study

### Chief complaints

A girl aged 9 years, came with the complaint of itching on scalp and hair falling in patches from her scalp. Itching on scalp, mainly at night.



### History of presenting complaints

The patient was apparently well 6 months back, according to her mother, she gradually started with itching on scalp with gumma-like raised red eruption, after a month, oozing of yellowish discharge occurred, followed by yellow crust. After then, loss of hairs started in that particular region. It keeps on progressing, ultimately causing patches on scalp, devoid of hairs in various spots.

**Past history:** When she was of 5 years, history of fungal infection



on her hand and back, undergone for allopathic treatment.

**Family history:** Her father also has history of fungal infection in his adolescents.

**Personal history:** Milestones early, teething was before time.

**Gynaecological history:** Menarche not approached yet.

**Physical generals:** Her appetite was average with 2 meals a day including 2 chapattis, dal and rice, drank water only at the time of meals (thirstless) or 1-2 glasses of water a day. Desire for milk and spicy, sour food. Hot patient cannot tolerate heat. Perspiration profuse on palms and soles, but especially on her scalp, slight offensive. She had sound sleep, frequent dreams of ghosts wearing white clothes and

dream of her class teachers. She was usually constipated, had to go to closet every 2<sup>nd</sup> and 3<sup>rd</sup> day.

**Mental generals:** Desire for company, fear of dark, fear of ghosts, couldn't see blood, or hear sad news, it made her anxious. She had an urge for urination if she heard sad news. Fastidiousness, wanted everything neat and clean, in order. According to her mother, she felt jealous in seeing other persons having good homes, other children having costly toys, she used to complain to her mother that she also wanted that.

**Diagnosis-** Tinea capitis (based on clinical symptoms and physical examination of patient), includes primary lesions as plaques, pustules and nodules followed by secondary lesion, viz. scales, alopecia which is reversible, erythema and exudates.<sup>2</sup>

### Miasmatic analysis-<sup>3</sup>

1. Anxiety- cruelties, after hearing of- psora
2. Desire for company- psora
3. Envy- sycosis
4. Fear of dark - psora
5. Fear of ghosts – psora
6. Desire for milk- psora
7. Desire for sour food, acids - sycosis
8. Perspiration of scalp- syco-syphilis
9. Constipation in children – psora
10. Loss of hair on scalp- syphilis
11. Itching of scalp at night- psora

### Analysis and evaluation of symptoms

S.no.	Symptom type	Symptom	Intensity
1.	Mental general	Desire for company	+++
2.	Mental general	Anxiety after hearing about cruelties	+++
3.	Mental general	Fastidious	+
4.	Mental general	Fear of dark	+++
5.	Mental general	Fear of ghosts	++
6.	Mental general	Envy	++
7.	Mental general	Dreams of ghosts	+
8.	Physical general	Desire for milk	+++
9.	Physical general	Desire for spicy food	+
10.	Physical general	Desire for sour food and acid	++
11.	Physical general	Thirstless	+++
12.	Physical general	Constipation	+++
13.	Physical general	Perspiration on scalp	++
14.	Common symptom	Itching on scalp at night	+++

15.	Common symptom	Loss of hair in patches on scalp	+++
-----	----------------	----------------------------------	-----

**Totality of symptoms**

1. Anxiety, hearing cruelties of others
2. Desires company
3. Fear of dark
4. Fear of ghost
5. Envy
6. Desires for milk

7. Desire for sour acid food

8. Thirstless
9. Constipation, ineffectual urge
10. Perspiration profuse especially on scalp
11. Loss of hair on scalp
12. Itching of scalp at night.

**Repertorial totality**

The following mental general, physical general and particular symptoms were taken into consideration and repertorisation was done with the help of *Synthesis repertory* (Radar opus 10.0).<sup>4</sup>

**Repertorial result**

*Calcarea carbonicum* - 23/12

*Arsenicum album* - 18/9

*Lycopodium clavatum* - 18/9

*Sepia officinalis* - 14/9

*Sulphur* - 11/9

*Phosphorus* - 19/8

**Selection of remedy-** After repertorisation, *Calcarea carbonicum* came up with highest marks and *Arsenicum album*, *Lycopodium clavatum* possessed second highest

marks. But *Calcarea carbonicum* was selected on the basis of mental as well as physical symptoms of patient. In this case, patient had fear excited by reports of cruelties, fear of darkness and ghost, solitude in unbearable, loss of appetite, constipation, head sweats profusely, scabs on scalp, falling off the hair from sides and temples, boils in the scalp which tend to suppuration.<sup>5</sup>

**Prescription-** Prescribed on 05/03/2021

*Calcarea carbonicum* 1M single dose, early morning empty stomach mix with half cup of water for 1day

along with placebo every day, two times before meal for 15 days.

**Selection of dose and Potency-** As per *Organon of medicine*, aphorism 247<sup>5th</sup> edition, and according to the susceptibility of the patient, potency was selected. Here the patient's susceptibility was high. Since she suffered from long time due to that affection, so the prescription was started with higher potency.<sup>6</sup>

**Advise-** Patient was asked to clean the area with water regularly, maintain hygiene. Avoid sharing towels and soap. Avoid any other topical application and apply coconut oil.

## Follow up-

DATE	SIGNS AND SYMPTOMS	PRESCRIPTION
06/04/2021	No new eruption and patch, itching same Appetite - slightly improved Stool every alternate day but constipated	Placebo 30 /BD /1month
07/05/2021	No new eruptions, itching improved Appetite- better, Thirst- improved, 1-2litres/day Stool- constipation slightly improved Dreams- of daily routine	Placebo 30/BD/1 month
10/06/2021	Appetite good Urine - clear Patches covered by tiny baby hairs but hairs becoming dry and lusterless with itching.	<i>Calcarea carbonicum</i> 1M/4 pills/OD/2 day Placebo 30/BD/1 month
05/07/2021	Weight increased by 2 kg Patient was happy, mentally felt relaxed, no anxiety All patches disappeared and covered with hairs, also quality of hair was shiny and healthy.	Placebo 30/BD/15 days.

**Repetition of dose:** *Calcarea carbonicum* 1M repeated on 10/6/21 as case shows no further progress, it came to a standstill and appearance of itching was noted.

### Conclusion

Homoeopathy is an artistic and holistic treatment for such kind of a case. If the medicine is selected according to the symptom similarity

and individualisation, most of the cases are curable. One must emphasis on totality. With the help of homoeopathic treatment, the intensity of itching and lesions gradually diminished and patient is on the path of recovery.



after 2 months of treatment



After 5 months of treatment





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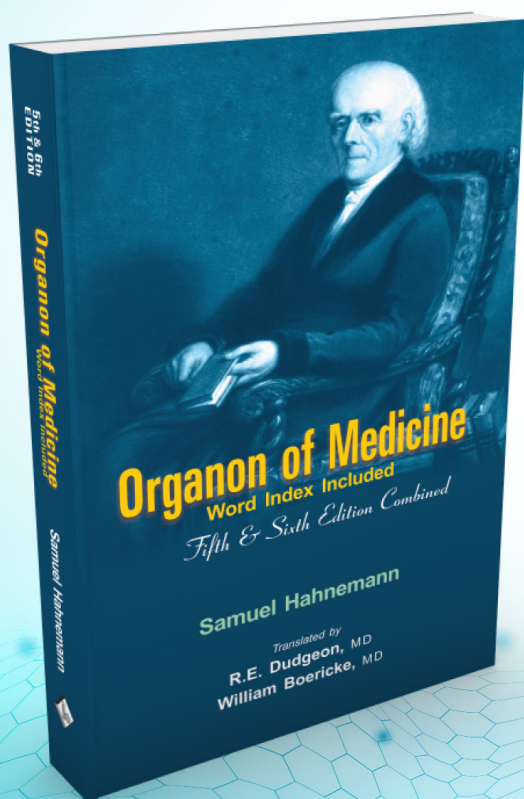


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# Management of plantar psoriasis with homoeopathy: a case study

By Dr. Ajay Vishwakarma

**Abstract:** Palmoplantar psoriasis is a chronic, autoimmune disease characterised by the rise of desquamative plaques on the palms and soles. Due to the thick stratum corneum of the palmoplantar regions, the search for effective topical treatments has been significantly more difficult than other forms of psoriasis. A case of 60 years old male suffering from plantar psoriasis here treated successfully within 6 months by a single individualised homoeopathic medicine *Arnica montana* 30 with minimum repetitions. There was remarkable improvement in a very short period of time. The case was observed for 2 years without recurrence which suggests that permanent cure is achievable through single and simple individualised homoeopathic treatment.

**Keywords:** Psoriasis, palmoplantar psoriasis, *Arnica montana*, homoeopathy

**Abbreviations:** PPP: palmoplantar psoriasis, PPPASI: palmoplantar psoriasis area and severity index

## Introduction

Psoriasis is a chronic, recurring autoimmune disease that triggers the rise of scaly, red lesions on the skin, affecting approximately 2% of the global population. One clinical subtype of psoriasis localized on the palms and soles is classified as palmoplantar psoriasis (PPP). PPP affects approximately 14% of patients diagnosed with psoriasis. Characteristic effects include the formation of scaly erythematous plaques on the palms and soles, accompanied with scaling and keratinization [1]. Resulting lesions from PPP lead to functional impairments in daily activities that cause social and psychological distress. Compared to other forms of psoriasis, the disease's occurrence on the palms and soles causes a significantly greater decrease on patient's quality of life [2]. Interleukin 17 (IL-17) plays a significant role in the pathogenesis of this variant of psoriasis compared with other forms of psoriasis. Patients with PPP treated with systemic biologics targeting IL-17 tend to have favourable results [3]. Studies have attributed PPP to stem from physical activity involved in occupation. External factors

correlated with manual labour, stemming from interactions with friction and mechanical stimuli, cause psoriatic lesions to become localized in pressure bearing areas [1,4].

The palmoplantar psoriasis area and severity index (PPPASI), is a point-based system quantifying the area and quality of PPP. The PPPASI measures erythema, induration, and desquamation on a scale of 0-4, 4 being the most severe. The PPPASI score is widely used as a measure of improvement in many clinical studies. Some studies, however, will not refer to the PPPASI, but will measure similar symptoms using a point-based scoring system [5].

Following is a case of plantar psoriasis treated successfully with homoeopathy. Her informed consent was taken.

## Case report

### Personal Data

Name: Mr A

Age/Sex: 60years/ male

Marital Status: Married

Address: Dehradun

Dated: 20-08-2019

### Presenting complaints:

- Patient was having dry scaly patches on soles of both foot since 2years.
- Location: soles of both foot
- Sensation: Itching with burning
- Modalities: Aggravation-least touch, night
- Amelioration: coconut oil application
- Patient presented with pain in both knee joint since 1year.
- Location: both knees
- Sensation: Pain as if beaten
- Modalities: Aggravation-walking, ascending stairs
- Amelioration- rest

### History of presenting complaints:

Patient was apparently well two years back then gradually he noticed dryness of skin on the soles which was symmetrical in origin and present on both soles which gradually increased over a period

of time into dry scaly patches with itching and burning which is aggravated by least touch.

Patient was also presented with bilateral knee pain since 1 year aggravated by ascending stairs and walking which gets ameliorated by rest. Treated with allopathic medicine with temporary relief.

## Personal history:

Suffered from typhoid 7 years ago treated with allopathic medicine

## Family history:

History of psoriasis (Father)

History of rheumatoid arthritis (Mother)

## Physical generals:

- Appetite: Adequate, regular, 3 times / day
- Thirst: Thirsty for normal water with 2-3 litres/day
- Desire: Spicy food
- Aversion: Milk
- Intolerance: Alcohol causes diarrhoea
- Urine: Normal, clear,

non-offensive

- Stool: Satisfactory, soft, regular, offensive
- Perspiration: Generalised, non-staining, non-offensive
- Sleep: Disturbed due to itching
- Dreams: of death
- Thermal reaction: Ambithermal

## Mental generals:

- Wanted to be alone when angry
- Desire for company
- Oversensitive to pain
- Desire for doing work

## Analysis and evaluation of symptoms:

<b>Physical generals</b> <sup>(intensity)</sup>	Desire for spicy food <sup>+</sup>	Aversion to milk <sup>++</sup>	Intolerance for alcohol causing diarrhoea <sup>++</sup>	Sleep disturbed due to itching <sup>++</sup>		
<b>Mental generals</b> <sup>(intensity)</sup>	Desire solitude when gets angry <sup>++</sup>	Desires company <sup>+</sup>	Over sensitivity to pain <sup>++</sup>			
<b>Particulars</b> <sup>(intensity)</sup>	Dry scaly eruptions on both soles <sup>+++</sup>	Sensation of itching at night <sup>++</sup>	Sensation of burning <sup>++</sup>	Aggravated by least touch <sup>++</sup>	Pain in both knees <sup>++</sup>	Aggravation-walking <sup>+</sup> , ascending stairs <sup>++</sup>

## Provisional diagnosis

Plantar psoriasis [6]

## Totality of symptoms:

- Dry, scaly patches on both soles of foot
- Dry, scaly eruptions with itching, aggravated at night
- Dry, scaly eruptions with burning
- Dry, scaly eruptions aggravated by least touch
- Pain in both knees
- Pain aggravation by walking and ascending stairs
- Aversion to milk
- Intolerance to alcohol causes diarrhoea

- Sleep disturbed due to itching
- Desire for solitude when angry
- Over sensitiveness to pain

## Rubrics [7]:

- mind – sensitive – pain, to
- extremities – pain – beaten, as if
- extremities – pain – knee – ascending stairs, on
- skin – eruptions – burning
- skin – eruptions – itching – night
- skin – eruptions – psoriasis
- skin – eruptions – symmetrical
- generals – food and drinks – milk – aversion

## Analysis of the case:

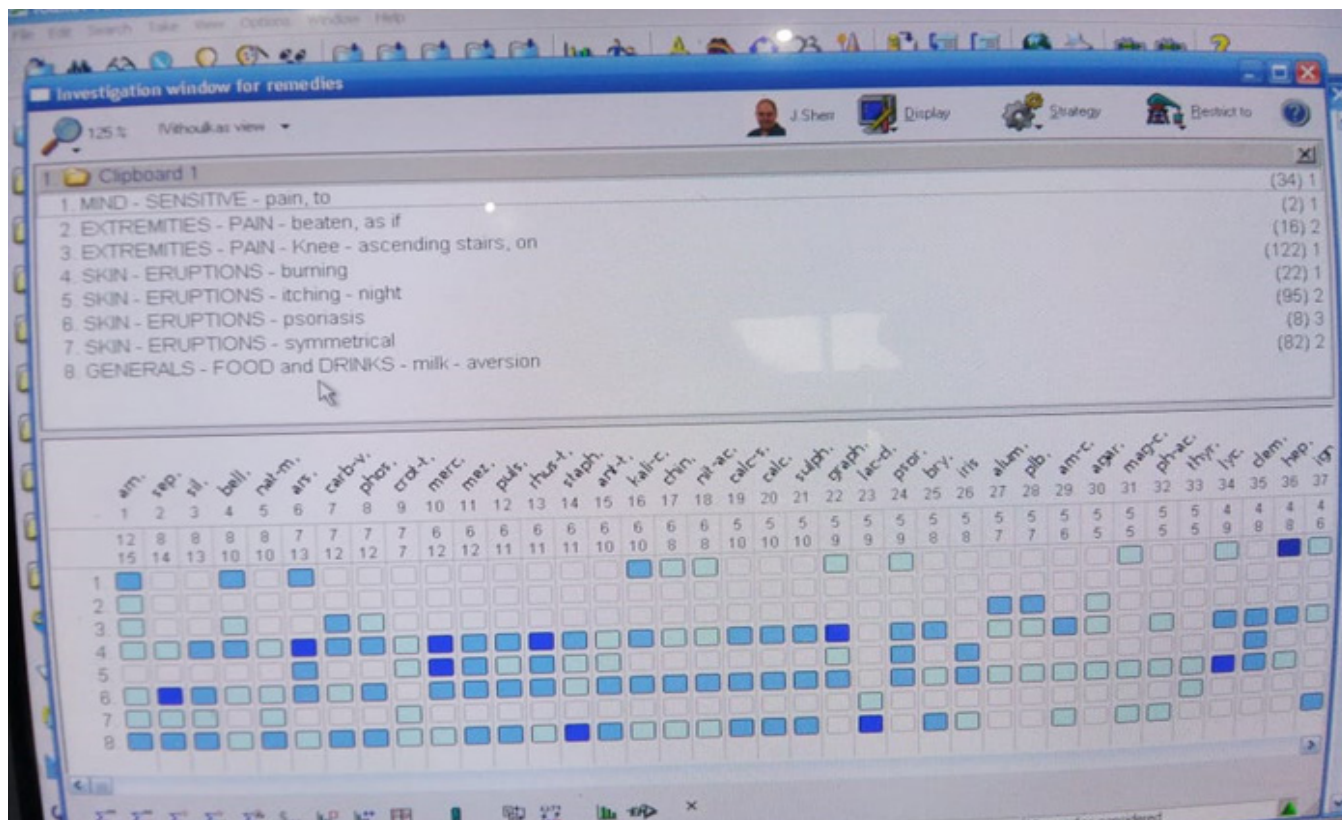
After analysis and evaluation of the

case, the characteristic symptoms were used to form the totality, “dry, scaly eruptions on both soles of foot accompanied by itching at night and burning, aggravation by least touch, pain in both the knees as if beaten were some important particulars of the case”. “Aversion to milk, intolerance to alcohol causes diarrhoea were important physical generals” and desire for solitude and over sensitiveness to pain were included in the mental generals.

The selection of the remedy was based on the repertorisation from RADAR 10 software [7] using *Synthesis treasure edition*, 2009 by Frederick Schroyens with repertorial result showing top five remedies



as *Arnica montana*, *Sepia officinalis*, *Muriaticum* from which *Arnica montana* scored highest covering all the eight rubrics.



### Prescription:

*Arnica montana* 30/ 4 doses

### Basis of prescription:

After analysing the reportorial result and consultation with *Boericke's Materia Medica* [8] and *Allen's Keynotes* [9], *Arnica montana* 30 was prescribed (including symptoms such as over sensitiveness to pain,

dry scaly eruptions on both soles of foot associated with sensation of itching and burning, aversion to milk, pain in bilateral knee joint with sensation as if beaten, etc). *Arnica montana* was selected on the basis of bilateral symmetry of the complaints as stated in the *Boericke's materia medica* [8]. *Arnica montana* 30 was given in 4 doses after

which the patient showed slight improvement followed by placebo. The prescription was repeated every month according to the condition of the complaints for six months followed by placebo.

**Potency:** Third to thirtieth potency. Locally, the tincture, but should never be applied hot or at all when abrasions or cuts are present.

### Follow Up:

DATE	SYMPTOMS	MEDICINES
20-08-2019	Patient 1 <sup>st</sup> visit	<u><i>Arnica montana</i> 30/ 4 doses</u> ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (Aph 248,280) [10]
19-09-2019	Improvement in scaly eruptions and itching	<u>Placebo</u>

21-10-2019	Reduction in the dry scaly eruptions but itching and burning persisted, Pain in knee persisted	<u><i>Arnica montana 30/ 3 doses</i></u> (According to Kent's 11 <sup>th</sup> observation, reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) [11]
19-11-2019	Further improvement in eruptions and itching, pain in knees relieved	<u>Placebo</u>
22-12-2019	Reduction in the number of eruptions, itching and burning relieved	<u>Placebo</u>
18-01-2020	Slight improvement in eruptions itching persisted	<u><i>Arnica montana 30 / 2 doses</i></u>
19-02-2020	Eruptions are relieved with clean skin over soles with no associated complaints	<u>Placebo</u>
20-03-2020	No eruptions persisted	<u>Placebo</u>

### Before



### After



### Discussion and conclusion:

Homoeopathic medicine selected on the basis of principles of homoeopathy proved to be very

effective in this case of plantar psoriasis and shown good results of improvement. *Arnica montana* was selected on the basis of bilateral symmetry of the symptoms, sensation as if beaten in extremities, physical and mental generals keeping in mind the materia medica and homoeopathic principles. Treatment was continued for 6 months. There was marked improvement after the first prescription continued with placebo for 1 month. Next dose of *Arnica* was given after 1 month when the improvement became standstill. The doses were repeated after observing the condition of the complaints and progress in the condition of the disease. The patient was observed for 3 years to see if there is any relapsing of the complaint.

The potency selection was done on the basis of susceptibility of the patient as stated by Dr Close [12]

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
2. Age: medium and higher potencies for children.
3. Higher potencies for sensitive, intelligent persons.

4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
5. In terminal conditions even the crude drugs may be required. He also mentioned, "different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times."

### Conflicts of Interest:

Nil

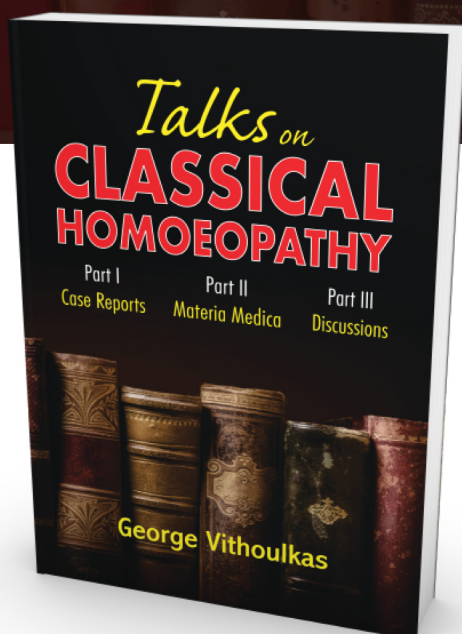
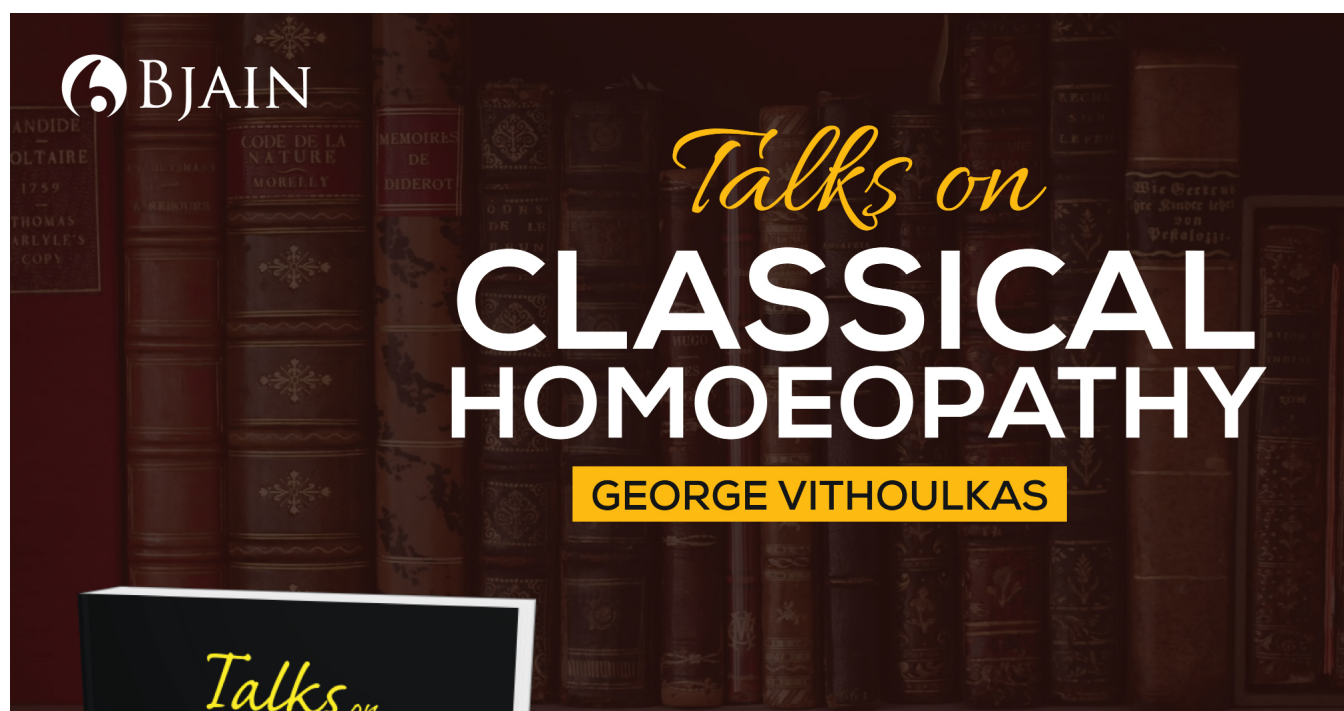
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# Effectiveness of high potency in psychological disorders: an evidence-based case report

*By Dr Dhanya G. Nair*

**Abstract:** Any curable disease may be cured by any potency, when the indicated remedy is administered, but the cure is much accelerated by selecting the potency or dose most appropriate to the individual case.

Psychological disorders very common in the present era and anxiety disorders are one of the most prevalent psychological disorders in the world. They include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Excessive fear or anxiety concerning separation from those to whom the individual is attached, is called separation anxiety. Homoeopathy is a system of medicine which has proved its efficiency in various psychological disorders. Here is a case of 'separation anxiety disorder' which was effectively managed using homoeopathic constitutional remedy in high potency.

**Keywords:** Homoeopathy, constitutional treatment, high potency, anxiety disorders, separation anxiety.

**Abbreviations:** COVID-19 – coronavirus disease 2019, DASS 21 - depression anxiety and stress scale-21, HAM A - Hamilton anxiety rating scale

## Introduction

In my experience, the 10 M potency is the most effective in bringing about lasting psychological improvement, and I give it in most cases of psychological pathology unless the body is too frail to take it, or there is a danger of serious physical aggravation", as quoted in the work, 'Homoeopathic Psychology, personality profiles of the major constitutional remedies', by Philip M. Bailey. The following case report will throw light upon the above view.

Anxiety has become a regular part of every individual's life in this busy world. But for some, it is a bigger issue, interfering with their daily routine. It is more common in females than in males. According to diagnostic and statistical manual of mental disorders, fifth edition (DSM-5), anxiety disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalised anxiety disorder, medication induced anxiety disorder and

anxiety disorder due to other medical conditions.

In separation anxiety disorder, the individual is fearful or anxious of being separated from a person to whom he/she is attached. There is persistent fear or anxiety on harm coming to the attachment figures or may be having nightmares. Physical symptoms of distress may be exhibited by many. Usually separation anxiety begins in childhood, but can persist throughout adulthood.

In selective mutism, the individual fails to speak in social situations where they are expected to speak, even though the individual speaks in other situations. The failure to speak leads to negative consequences on achievement in academic or occupational settings.

Individuals with specific phobia are fearful or anxious about certain objects or situations, and often avoid them, for example, animals, blood, injection, etc. The fear, anxiety, or avoidance is almost always immediately induced by the phobic

situation. In social anxiety disorder (social phobia), the individual is fearful or anxious about social interactions and situations that involve the possibility of being scrutinized, and try to avoid them. The individual fears being negatively evaluated, humiliated or rejected by others in such situations.

Panic attacks are abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms. Panic attacks may occur either in response to a feared object or situation or without any reason. Panic attacks may also occur in many disorders including substance use, depressive and psychotic disorders.

People with agoraphobia have fear and anxiety on two or more of the following situations: using public transportation; being in open spaces; being in enclosed places; standing in line or being in a crowd; or being alone, outside home. These situations are often avoided or they need a companion. Generalised anxiety disorders



present with persistent and excessive anxiety and worry about various domains, including work and school performance, that the individual finds difficult to control. The individual experiences physical symptoms, including restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleep disturbances.

Substance/medication-induced anxiety disorder involves anxiety due to substance intoxication or withdrawal or to a medication treatment. In anxiety disorder due to another medical condition, anxiety symptoms are the physiological consequence of another medical condition.<sup>(1)</sup>

## Case report

A 32 year old man presented with headache with pressing sensation over whole head, palpitation<lying down ,chest pain, trembling of hands, difficulty sleeping and tight feeling of whole body. He had difficult concentration and had lost interest in everything. His speech was found to be hurried. On enquiry, it was found that he was having these problems since the last 8 months, since he was separated from his wife. Both he and his wife had been working abroad and he returned to his hometown in February 2020. His wife was expected to return a few months afterwards, but due to COVID 19 situation, she could not come and unite with her husband.

**Mental generals-**He felt that he is not loved by anyone (forsaken feeling) and had disappointed feeling. He also had dreams of dead people.

**Physical generals-**His appetite was normal, thirst was absent with dryness of mouth .His urine and stool were normal. He had normal perspiration. He had a desire for

pungent things.

**Reaction to heat and cold** –He had intolerance to cold weather, preferred warm bathing and desired covering and had aversion to fanning.

The depression anxiety and stress scale-21(DASS 21) was used to assess the emotional state of the patient. It is a set of three self reported scales designed to measure the emotional states of depression, anxiety and stress.<sup>(2)</sup>

**DASS21** Name: [REDACTED] Date: 18/11/20

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

	0	1	2	3
1 (s) I found it hard to wind down	0	1	2	3
2 (a) I was aware of dryness of my mouth	0	1	2	3
3 (d) I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d) I found it difficult to work up the initiative to do things	0	1	2	3
6 (s) I tended to over-react to situations	0	1	2	3
7 (a) I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s) I felt that I was using a lot of nervous energy	0	1	2	3
9 (a) I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d) I felt that I had nothing to look forward to	0	1	2	3
11 (s) I found myself getting agitated	0	1	2	3
12 (s) I found it difficult to relax	0	1	2	3
13 (d) I felt down-hearted and blue	0	1	2	3
14 (s) I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a) I felt I was close to panic	0	1	2	3
16 (d) I was unable to become enthusiastic about anything	0	1	2	3
17 (d) I felt I wasn't worth much as a person	0	1	2	3
18 (s) I felt that I was rather touchy	0	1	2	3
19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a) I felt scared without any good reason	0	1	2	3
21 (d) I felt that life was meaningless	0	1	2	3

## CASE STUDY

The symptoms of anxiety were more for the patient, than those of depression and stress.

### Diagnosis

Separation anxiety disorder.<sup>(1)</sup>

To assess the severity of symptoms of

the patient, Hamilton anxiety rating scale(HAM-A) was used. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety(physical

complaints related to anxiety). Each item is scored on a scale of 0(not present) to 4(severe),with a total score range of 0-56,where<17 indicates mild severity,18-24 mild to moderate severity and 25-30 moderate to severe.<sup>(3)</sup>

18/11/20.

**Hamilton Anxiety Rating Scale (HAM-A)**

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present,      1 = Mild,      2 = Moderate,      3 = Severe,      4 = Very severe.

<p><b>1 Anxious mood</b>      0 1 2 3 4</p> <p>Worries, anticipation of the worst, fearful anticipation, irritability.</p> <p><b>2 Tension</b>      0 1 2 3 4</p> <p>Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.</p> <p><b>3 Fears</b>      0 1 2 3 4</p> <p>Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.</p> <p><b>4 Insomnia</b>      0 1 2 3 4</p> <p>Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.</p> <p><b>5 Intellectual</b>      0 1 2 3 4</p> <p>Difficulty in concentration, poor memory.</p> <p><b>6 Depressed mood</b>      0 1 2 3 4</p> <p>Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.</p> <p><b>7 Somatic (muscular)</b>      0 1 2 3 4</p> <p>Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.</p>	<p><b>8 Somatic (sensory)</b>      0 1 2 3 4</p> <p>Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.</p> <p><b>9 Cardiovascular symptoms</b>      0 1 2 3 4</p> <p>Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.</p> <p><b>10 Respiratory symptoms</b>      0 1 2 3 4</p> <p>Pressure or constriction in chest, choking feelings, sighing, dyspnea.</p> <p><b>11 Gastrointestinal symptoms</b>      0 1 2 3 4</p> <p>Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.</p> <p><b>12 Genitourinary symptoms</b>      0 1 2 3 4</p> <p>Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.</p> <p><b>13 Autonomic symptoms</b>      0 1 2 3 4</p> <p>Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p> <p><b>14 Behavior at interview</b>      0 1 2 3 4</p> <p>Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.</p>
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Here, the patient had a score of 24, which showed that he had mild to moderate severity.

### Analysis and evaluation of symptoms with miasmatic analysis

Symptoms	Intensity	Common/uncommon	Miasm
Mental Generals			
Forsaken feeling	++	Uncommon	Psora <sup>(7)</sup>
Disappointed	++	Uncommon	Psora <sup>(7)</sup>
Dreams of dead people.	+	Uncommon	Syphilis <sup>(7)</sup>
Hasty speech	++	Uncommon	Psora <sup>(7)</sup>

<b>Physical Generals</b>	Thirstlessness with dryness of mouth	+	Uncommon	Psora <sup>(7)</sup>
	Desires pungent things	++	Uncommon	Sycotic <sup>(7)</sup>
<b>Particulars</b>	Pressing pain in head	++	Uncommon	Psora <sup>(7)</sup>
	Palpitation<lying down	+	Uncommon	Syphilis, Tubercular <sup>(7)</sup>

Based on the totality of symptoms ,the patient was given a dose of *Arsenicum album* 10M,on 18/11/2020.

### Justification for the remedy and potency:

On repertorisation using RADAR 10 *Synthesis repertory*<sup>(4)</sup>, the remedies with maximum marks were

*Arsenicum album*, *Nux vomica* and *Phosphoricum acidum*. *Nux vomica* is very irritable and sensitive. This patient is not as sensitive and irritable as *Nux vomica*. The patient is also not as indifferent as

*Phosphoricum acidum*.<sup>(5)</sup> 10M potency was apt in this case of psychological condition. As the patient was physically healthy and could endure a high potency of the individualised constitutional remedy.<sup>(6)</sup>



# CASE STUDY

## Follow up

DATE	SYMPTOMS	PRESCRIPTION
25/11/2020	Headache better Palpitation better Chest pain better Trembling of hands persists Sleep better Tight feeling better Concentration difficult Speech hurried	Placebo
2/12/2020	No headache Palpitation occasionally No chest pain Trembling better Sleep good Tight feeling better Better concentration Speech normal	Placebo

HAM-A Score on 2/12/2020 was 11, which means mild severity.

2/12/20.

**Hamilton Anxiety Rating Scale (HAM-A)**

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

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## Conclusion

Homoeopathic treatment acts internally and individualises each person by his/her constitution. It gives great importance to the patient's psychological condition. The accurate remedy in the appropriate dose and potency speeds up the process of cure. The above case of separation anxiety disorder could be managed effectively by homoeopathic constitutional remedy in high potency, as proved by the improvement in HAM-A scores.

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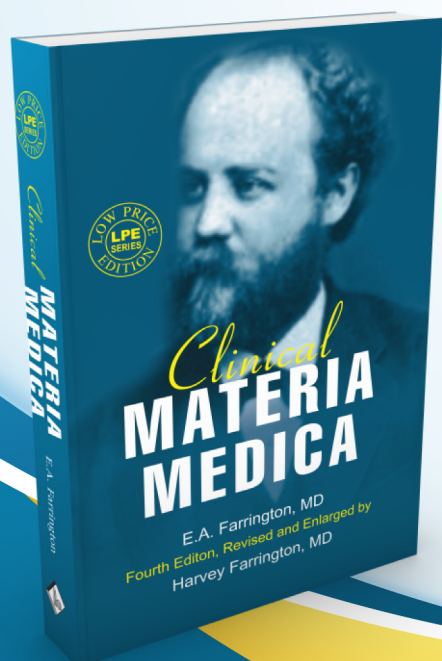
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# Perceiving aphorism 2 in a case of recurrent ovarian cyst

By Dr Fauzia M Ansari

**Abstract:** Ovarian cyst, functional or inflammatory cyst develop almost during child bearing age they can be asymptomatic or they produce local discomfort, menstrual disturbances, infertility or in rare cases it may cause acute symptoms like haemorrhage, rupture or torsion. Ovarian cyst in childbearing age group can be managed with watchful waiting with repeat examination after 1-3mths after cyst is discovered. In conventional system of medicine, hormonal treatment with painkillers are given, as hormonal pills to prevent ovulation and decrease the risk of forming new cysts. Cysts larger than 40mm usually require surgery. In this paper, a case report of right ovarian cyst measuring 40x25x34mm with volume {17.7ml} which was treated using homoeopathic medicine *Staphysagria* with appearance of menses within 2 days, followed by regular menses thereafter and regression of the cyst reported in three months of treatment.

**Keywords:** ovarian cyst, *Staphysagria*.

**Abbreviations:** h/o – history of, USG – ultrasonography, ICD – International Classification of Diseases, LMP – last menstrual period

## Introduction

During a woman's menstrual cycle an egg grows in a sac called follicle that is present inside the ovary. A mature follicle ready for ovulation is around 25mm. Sometimes a follicle does not release egg during ovulation and instead continues to fill with fluid inside ovary called as follicular cyst. In other cases the follicle releases the egg but the sac seals up again and swells with fluid or blood instead of dissolving. This is called as corpus luteum cyst [1]. Both these conditions are functional ovarian cyst and are common. A physiological cyst is considered around 25-30mm. There are potential risk factors for developing ovarian cysts namely h/o previous ovarian cyst, irregular menses, infertility, PCOD, obesity etc. Ovarian cyst in childbearing age group can be managed with watchful waiting with repeat examination after 1-3 months after cyst is

discovered. Hormonal treatment with pain killer, hormonal pills to prevent ovulation and decrease the risk of forming new cysts. Cyst larger than 40mm usually require surgery.[2]

Ovarian cysts don't show any symptoms until they become large up to a harmful size. Homoeopathy is a holistic system of therapeutics that gives importance to mind and emotions and its impact on the body. As Dr J H Allen has mentioned in his book, "*Chronic Miasms: Psora and Pseudo-Psora Vol-1*" that body is subservient to the mind. Individual variations in mental generals and constitution of patient to decide the most similar homoeopathic remedy has proved effective in curing ovarian cyst<sup>[3]</sup>

## Case report

A 30-year old female patient came to clinic on 20.08.2021 with pain in

right lower abdomen.

## History of presenting illness

Patient was suffering from slight pain in right inguinal region 2 months back. Pain increased, day by day, incapacitating her daily activity with anxiety, perspiration, nausea and vomiting during the pain. She had the history of similar complaints after her first delivery in 2017 and had recovered with allopathic medicine. So for the present complaints, she consulted a gynaecologist, and was advised USG pelvis and after diagnosing the case she was prescribed hormonal drugs and pain killers and told if she did not respond to tablets she had to undergo therapeutic laparoscopic surgery. After one day of taking hormonal medicine, the pain increased and then she came for homoeopathic consultation.

## Presenting complaint with details.

Complaints with duration	Location	Sensation	Modalities	Associated concomitants
1.Pain in the right side of lower abdomen extending to thighs since 2months  2.Amenorrhoea since 6 months with brown spotting 4months back for 1 day.	Right iliac region radiating suprapubic region and travelling down towards thigh and calf muscles.	Intermittent severe Pricking, dragging and pulling type of pain	<exertion, <standing longtime, <lifting heavy things.	Weakness and anxiety with perspiration Nausea and vomiting occ during pain

### History of past illness

- History of recurrent urinary tract infection since 1year - Took allopathic treatment
- History of ovarian cyst in 2017- Took hormonal tablets with pain killers.
- Bartholin's cyst 3mths back: Incision and drainage done.

### Family history:

Nothing specific. All keeping good health.

### Physical generals

Appetite: Good (Occasionally gets acidity complaints with decreased appetite and nausea)

Thirst: Thirstless drinks only during meals. 4-5 glasses/day.

Urine: Burning while passing urine with frequency of day/night - 6/1

Bowels: Regular

Sleep : gets sleep but feels lazy and dull in the morning to do her household works.

Dreams : Nothing specific

Perspiration : Generalised, especially during pain in abdomen

Desires and Aversion: Nothing

particular

Reaction to thermals: Chilly

### Mental generals:

Easily irritated and angry, but never says anything and weeps when alone, hence suppressing her emotions.

### Life space investigations

She was born and brought up in a conservative family. Got married at early age. Her marital life was not good, her husband was very dominating type. He allowed her to go out under strict conditions with time, place and company. Even if she came out for anything, he used to call her asking about being late, etc. which was very disturbing for her. She used to get irritated and angry but she never said anything back.

Now, she has become used to it. She told that her husband used to treat her like a slave, and his family members also support him. She thought that it was quite natural after marriage, and wife should obey their husband, no matter what, but with heavy heart and tears.

### Menstrual history

Menarche: 14 years

Amenorrhoea since 6 months with slight brown discharge for one day 4mths back.

### Obstetric history

2 full term normal delivery G-2, P-2, L-2, A-0

No h/o contraception.

### Abdomen examination:

Tenderness felt in the right inguinal and suprapubic region radiating to thigh and leg.

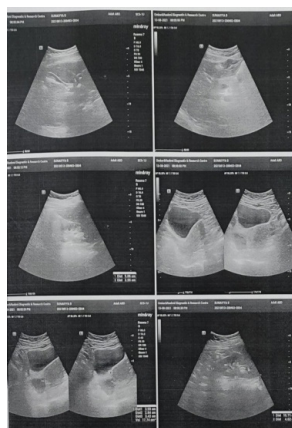
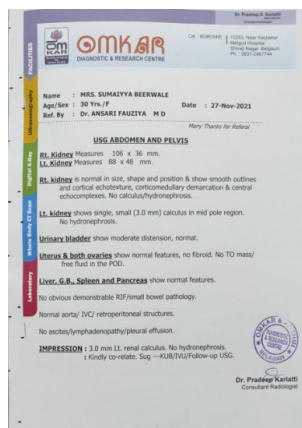
### Diagnosis:

ICD-10 N83.201 unspecified ovarian cyst, right side.

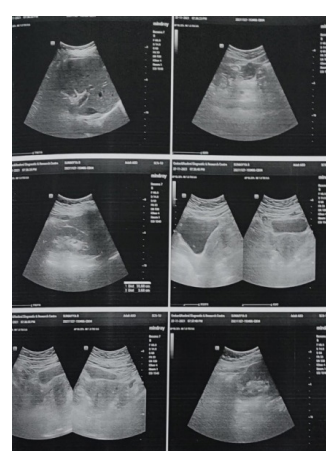
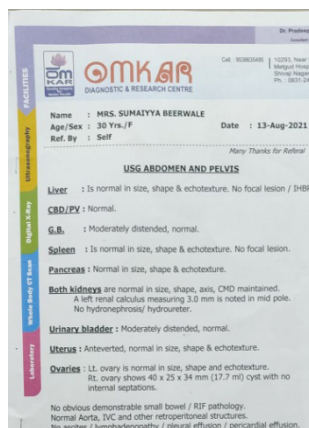
- Generalised abdominal pain with significant tenderness often associated with rebound tenderness.
- Abdomen is distended moderately with decreased bowel sound.
- Occasional dizziness or syncope.
- Amenorrhoea of short duration followed by fairly prolonged uterine bleeding.
- Irregular menstrual cycles
- Dull/sharp ache in lower abdomen on side of the cyst<sup>[4]</sup>

### Investigations -Pelvic ultrasonography

Before



After



## Case analysis

### Analysis of symptoms (According to Dr Hahnemann)

Common symptoms	uncommon symptoms
<ul style="list-style-type: none"> <li>Pain in the right side of abdomen</li> <li>Extending to thighs</li> <li>Amenorrhoea</li> </ul>	<ul style="list-style-type: none"> <li>Severe Pricking, dragging type of pain</li> <li>&lt;exertion, longstanding, lifting heavy things</li> <li>Burning while passing urine</li> <li>Thirstlessness</li> <li>Easily gets irritated and angered.</li> <li>Suppression of emotions</li> </ul>

### Evaluation of symptoms

Mental generals	Physical genrals	Particulars
<ul style="list-style-type: none"> <li>Easily gets irritated and angered</li> <li>Suppressed emotions</li> </ul>	<ul style="list-style-type: none"> <li>Burning while passing urine</li> <li>Thirstlessness</li> <li>Sleep gets sleep but feels dullness in morning</li> </ul>	<ul style="list-style-type: none"> <li>Pain in the right side of abdomen extending to thighs</li> <li>Amenorrhoea</li> <li>Severe pricking, dragging type of pain</li> <li>&lt;exertion, longstanding, lifting heavy things</li> </ul>

### Totality of symptoms:

- Easily gets irritated and angry
- Suppressed emotions
- Burning, while passing urine
- Thirstlessness
- Sleep gets sleep but feels dullness in morning
- Pain in the right side of abdomen extending to thighs
- Amenorrhoea

- Severe, pricking, dragging type of pain
- <exertion, long-standing, lifting heavy things

### Repertorisation:

- [MIND] Ailments from anger, vexation suppressed from:
- [MIND] Ailments from domination by others, a long history of:

- [MIND] Ailments from excitement emotional, mental symptoms from:
- [STOMACH] Thirstlessness
- [URINE] Burning, hot:
- [FEMALE GENITLIA] Menses absent, amenorrhea:
- [ABDOMEN] Pain dragging, bearing down:
- [ABDOMEN] Pain general



indignation, after:

- [ABDOMEN]Pain general exertion, after:
- [ABDOMEN]Pain general standing, while agg:
- [GENERALITIES]Heat vital, lack of:

**Remedy prescribed** on 20/08/21

*Staphysagria* 0/3 for 15 days with 7 succussion and 7 drops twice a day empty stomach.

## Justification

*Staphysagria*

Diseases of the genito-urinary tract and skin, most frequently give symptoms calling for this drug. As written by Dr J.T. Kent: "The mental symptoms are very important and the impressions made upon the mind, thence upon the body guide to *Staphysagria* as a remedy." *Staphysagria* is generally prescribed

acutely for the physical affects of suppressed anger. The patient feels the anger and resentment clearly but no expression. The force of it rebounds upon the body, producing physical symptoms. *Staphysagria* is a very sensitive type, in particular they are sensitive to parental aggression and disapproval. The commonest cause of this resentment is rejection by loved ones, usually a partner, especially when the rejection is done in an aggressive, hurtful way.<sup>[5]</sup>

## FOLLOW-UP

Date of visit	Complaints	Prescription
04/09/2021	Had loose stools 3-4 times a day within 24 hrs after taking medicine for 3 days. -She got her periods on 24-08-2021. -Intensity of pain on abdomen reduced by 60% -Burning pain while urination reduced	Advised to stop medicine during menses. Continue same medicine from 7 day of menses one time morning empty stomach.
1/10/2021	Abdominal pain reduced 80% Only occasional pain LMP : 22/09/2021 Menses :Regular, normal flow 5-6days No burning while urinating Sleep improved She said, "I am feeling fresh now " Advised to do USG abdomen on next visit	PL/15 days
27/11/2021	No pain in abdomen LMP-25/11/2021 Menses regular, generals better.	USG- Ovaries normal size no cyst found.
31/12/2021	LMP-24/12/2021 No complaints.	PL/15days.

Repertorial chart:

Repertisation														
Of Speed Case Reg. No. : Visit Date : 08/12/2021														
Remedy Name	Puls	Staph	Hut-v	Lyc	Sep	Sulph	Bell	Kali.c	Calc	Nat.m	Ars	Ferr	Hut-m	Ph-ac
Totality	19	18	16	15	15	15	15	14	13	13	13	13	13	13
[C] [Mind]Ailments from:Anger, vexation:Suppressed, from:	8	8	7	8	8	7	8	6	8	8	6	6	6	6
[C] [Mind]Ailments from:Domination by others, a long history of:		3		3	1					2				
[C] [Mind]Ailments from:ExcitementEmotional, mental symptoms from:				1	1									
[C] [Stomach]Thirstiness:	3	3	3	1	2	2	3	2	2	2	2	1	3	3
[C] [Urine]Burning, hot:	3	2	1	2	2	1	2	2	1	1	2	2	3	3
[C] [Female Genitalia]Menses:Absent, amenorrhea:	2	2	3	2	1	3	3	2	1	1	3	2	1	2
[C] [Abdomen]Pain:Dragging, bearing down:	3	2	2	3	3	3	2	3	2	2	2	3	2	1
[C] [Abdomen]Pain:General:Indignation, after:	3		3	1	3	3	3	2	1	2		2	2	1
[C] [Abdomen]Pain:General:Exertion, after:	2	3												
[C] [Abdomen]Pain:General:Standing, while:Agg:						1	2		2					
[C] [Generalities]Heat:Vital, lack of:	2	2	3	2	2	2		3	3	2	3	3	2	3
Symptoms 12 Remedies 410														

## Conclusion

In the above case, rapid gentle and permanent cure was experienced, in recurrent ovarian cyst with exhibition of Hering's law of cure. As per aphorism 281 where the homoeopath takes into account the sensitivity or nature of the patient, the nature of the disease, and nature of the remedy in a fashion more elaborate than any allopathic physician is able to do. Individualisation also pertains to dose and potency, based on the sensitivity of the patient. Remedy chosen according to the totality of the active symptoms including the generals of the case.<sup>[6]</sup> *Staphysagria* suits a state in which one has suffered humiliation, insults, or indignation. This patient remained in a state of silent grief and started to feel her grief and exhibit anger and sensitivity (easily offended). She talks everything being contained within a wall in her. Submissive, No bitterness. Does not stand up

for herself. Anger not expressed or partially expressed. Couldn't say no, yielding. Lack of thirst. In this case report of right ovarian cyst measuring 40x25x34mm volume{17.7ml} *Staphysagria* has resolved the present cyst that was reported within 3 months of treatment. Individualised homoeopathic medicine avoided surgery, as well as the relapse of the cysts. Till date, she had regular menses without pain and burning urination. She was experiencing complete freedom in executing her duties.

Non-recurrence of any complaints in past 4 months suggests that ovarian cyst can be treated successfully through individualised homoeopathic medicine, where allopathic hormone – related treatment or surgery is otherwise advised with chances of relapse.

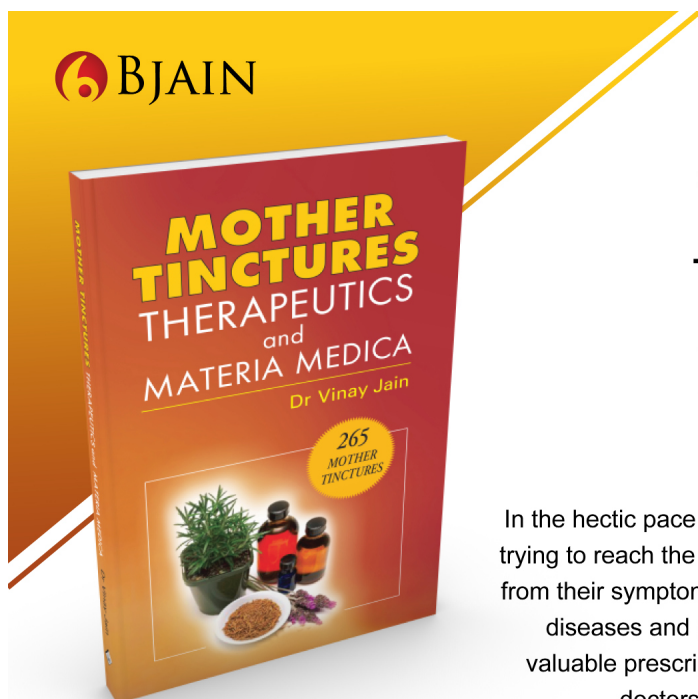
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■■■



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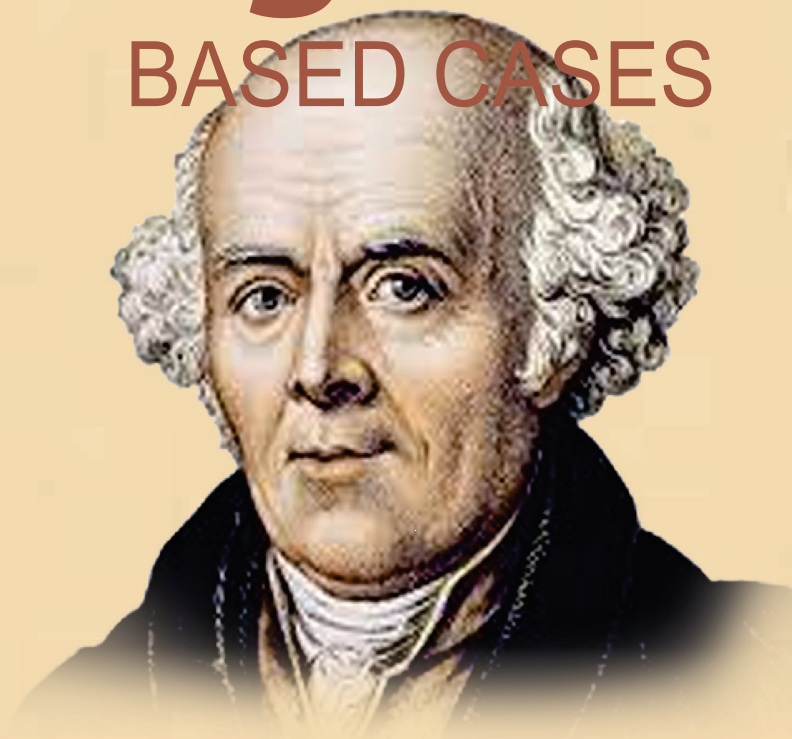
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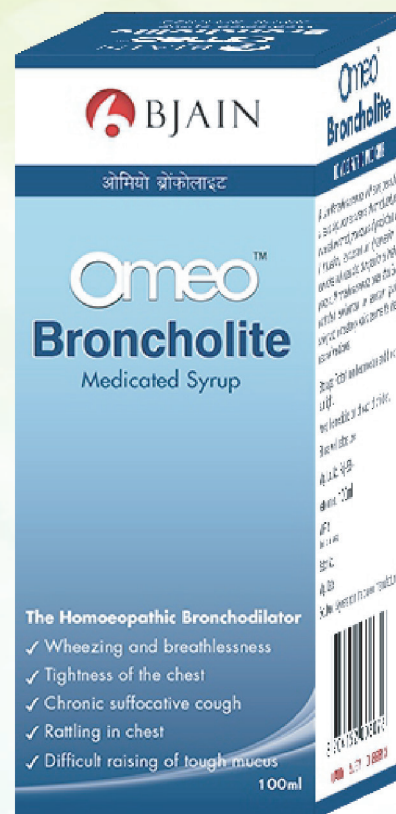
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Ipecacuanha	Ø	1.6% v/v
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# Homoeopathic approach to pernicious anaemia: A review

By Dr Binod Kumar Tiwari

**Abstract:** In the recent years, considerable increase in the number of cases of pernicious anaemia has been recorded. Its prevalence increases with the age especially over the age of 60 years. It is one of the autoimmune conditions causing destruction of parietal cells, which is treated by administration of vitamin B12 intramuscularly or through oral supplementation. But this is not the curative treatment as the patients will have to continue with similar treatment throughout the life. As homoeopathic medicines treat the individual and not the condition or diseases, they help body in establishing the normal secretion of intrinsic factor and hence correct the deficiency. Skillful selection of the rubrics from various repertories, suitable for such conditions play an important role in prescribing medicines to get the best result. Few of such repertories are discussed in this review.

**Keywords:** pernicious anaemia (PA), vitamin B12, homoeopathic approach, homoeopathic medicines, repertory, rubrics, Biermer's disease

**Abbreviations:** PA: Pernicious anaemia (PA), red blood cells (RBCs), methylmalonic acid (MMA)

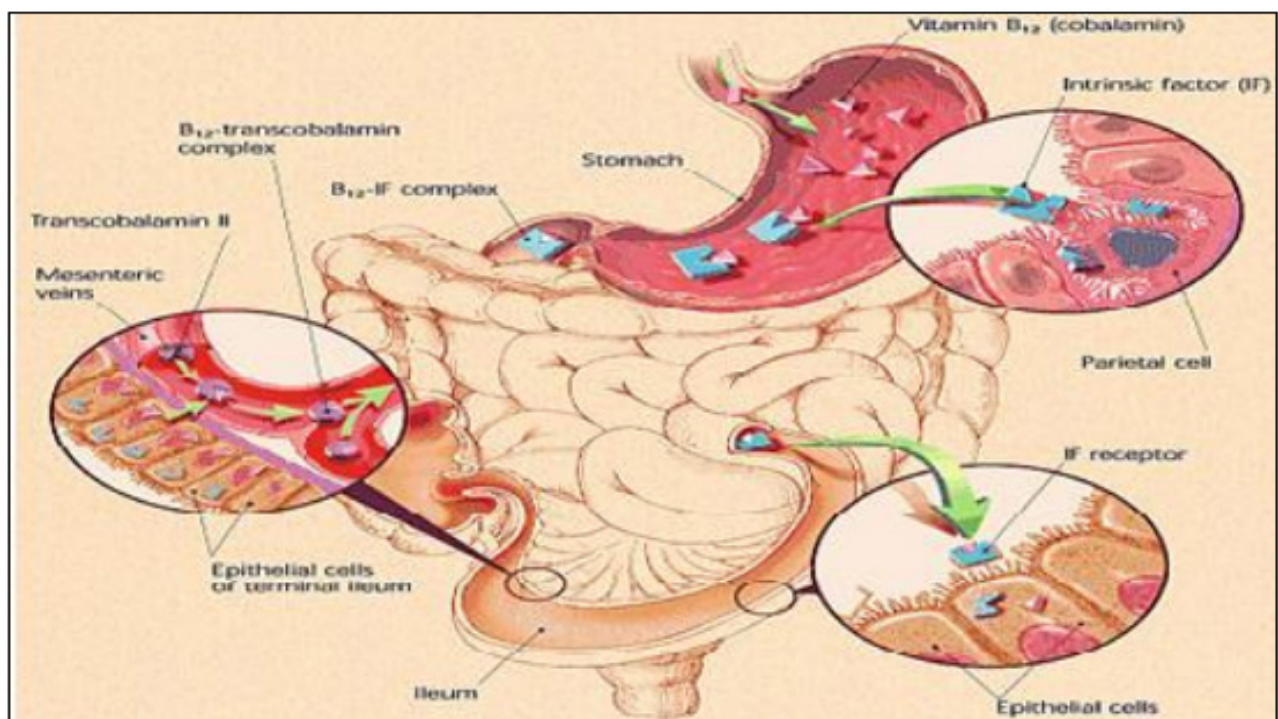
## Introduction

Pernicious anaemia is an organ specific autoimmune disorder resulting from impaired uptake of vitamin B12 due to deficiency of intrinsic factor. This deficiency of intrinsic factor is a result of loss of parietal cells in gastric mucosa. Most commentators believe that

in the modern world around 10% of the population is deficient in this essential vitamin, however, it is impossible to say in how many people deficiency will be caused by pernicious anaemia.[1-6]. The aim of studying this topic is to review the literature of the condition from homoeopathic point of view.

## 2.Pathogenesis:

It is the result of an autoimmune reaction against the gastric parietal cells for which exact cause is unknown. Abnormal auto antibodies such as anti-parietal antibody and anti-intrinsic factor antibodies are formed which leads to low absorption of vitamin B12.[3]





Vitamin B12 helps in the production of RBCs and keep neurons healthy. If goes untreated for long period, deficiency leads to permanent damage to nerve cells or degeneration of spinal cord and other organs. The incidence of pernicious anaemia is high in patients with other autoimmune diseases like graves's disease, vitiligo, myxoedema, thyroiditis or family history of these or of pernicious anaemia.[6]

### 3. Clinical features: [1, 3, 4]

- Anaemia
- Glossitis
- Neurological abnormality– neuropathy, subacute combined degeneration of the spinal cord,
- Cerebrum: dementia, optic atrophy
- Peripheral nerves: glove and stocking paraesthesia, loss of ankle reflex
- Gastrointestinal manifestations– anorexia, diarrhoea, weight loss, dyspepsia, etc.

### 4. Diagnosis: [1, 2, 3, 6]

The condition is diagnosed usually based on:

#### 4.1 History

- Medical
- Family

#### 4.2 Physical examination

#### 4.3 Investigations

Haematology

Complete blood count: Macrocytic anaemia with leucopenia and thrombocytopenia if seen.

- Blood film: shows oval macrocytes with variation in RBCs size.
- Bone marrow aspirate:

hypercellular with erythroid hyperplasia and increased early erythroid precursors seen.

### Biochemistry

Low levels of serum vitamin B12

- High levels of homocysteine and methylmalonic acid (MMA) is a sign of pernicious anemia **Immunology** [2]
- Parietal cell and intrinsic factor antibodies are confirmatory findings in pernicious anaemia.

### 5. Treatment [1, 2]

In severe anaemia, intramuscular administration of vitamin B12 is given as initial doses of hydroxocobalamin is 1000µg once a month or 1000µg of cyanocobalamin once in 3 months indefinitely. In less severe cases, vitamin B12 is given orally at 1000-2000µg of orally, daily for 1 month. Supplementation of vitamin B12 has to be continued throughout the life in case of pernicious anaemia. Supportive therapy includes blood transfusion, treatment of infection and physiotherapy when nervous system is involved as per presentation.

### 6. Homoeopathic approach

As stated by Dr Hahnemann in aphorism 177 where he has guided regarding the treatment of such one-sided diseases, he writes, “in order to meet most successfully such a case as this which is of very rare occurrence, we are in the first place to select, guided by these few symptoms the medicine which is our judgement in the most homoeopathically indicated”. [7] Thus, he meant to say that it is not possible to prescribe constitutional medicine in each and every case especially in one sided diseases or in advanced pathological conditions,

where we can't get the clear picture of the patient, and we have to prescribe the medicines based on the few presenting symptoms. In such cases it is inevitable to take the help of clinical repertories to get the group of medicines. In order to arrive to the group of medicines with the help of clinical repertories, symptoms are converted into rubrics. Group of medicines are further narrowed down based on the modalities and concomitants, with reference to Materia medica.

### 6.1 Repertorial approach

Very few repertories have given this condition as a direct rubric.

**1. Boericke's Repertory** [8]: Section– Generalities (page 1336) Anemia– Pernicious - Ars, Phos, Picr.acid, Thyr

**2. Murphy's Repertory** [9]: Section– Clinical (373page) Murphy's concept of totality is based on clinical as well as classical approach hence pathological conditions or rubrics are directly given in this repertory. Anemia, pernicious, anemia: Ars, Calc, Carc, Cort. H, Mang, Nat. M, Phos, Pic Acid, Thyr, Trinit hereditary, family, in–Carc

**3. Synthesis 9.1**[10] – Section - Generals (Page1895) Anemia – pernicious – Ars, Calc, Carc, Crot-H, Ferr-Pic, Mang, Med, Nat-M, Phos, Pic-Ac, Rad-Br, Thyr family in – carc

**4. Complete Repertory** [11] – Section – Blood Anemia – production of red cells impaired: Pernicious –**Ars**, Alpi, Cadm-s, Calc, Calc-p, Carc, Cean, Chloram, Chorpr, **Crot-h**, Ion-rad, Lyc, Mag, Menth-pu, Med, Nat-m, **Phos**, Pic-ac, Pitu-a, Stann, **Thyr**, Trinity, X-ray Pernicious: Hereditary – carc

**5. Clarke's Clinical Repertory to the Dictionary of Materia Medica**[13]

(page 36) Anemia, Acute pernicious – phos, pi.x, thyr

**6. Phatak's Repertory** [14] – (page 11) Anaemia - pernicious - Ars, phos, Pic-ac, thyr

**7. Knerr's Repertory** [15] –Section –Chest (page -1307-8) Blood – Anaemia –progressive Pernicious – pic-ac Blood – Anaemia – pernicious, in constitutions broken down by gonorrhoea, syphilis, alcohol, etc., tendency to haemorrhage from gums, mucous membranes and skin, blood non-coagulable- crot-h

**6.2 Therapeutics Arsenicum album:** This being a direct poison to the red blood corpuscles takes first rank in cases of pernicious. It produces the destructive inflammation of every part of body where mucous membrane is found. The changes produced in the blood are most marked. Arsenic disintegrates the blood corpuscles. According to Schmitt, it retards the waste of RBC. Gradual loss of weight due to impaired nutrition. Burning pain coupled with rapid progress toward gangrene. Gradual decrease of appetite. Paleness which is seen due to destruction of RBC. Impaired muscular power. Face swollen, pale, cachetic, with sunken eye and cold sweat. Tongue dry, ulcerated with burning. Easily bleeding gums. Great exhaustion after slight exertion. Liver and spleen enlarged and painful. Anasarca and ascites. Skin dry, rough, scaly. Sleep disturbed, anxious and restless with palpitation. [4, 16, 17, 18, 20]

**Picricum acidum:** Progressive pernicious anaemia. The extreme prostration of pernicious anaemia, with a heavy tired feeling all over the body, burning pains along the spine and aggravation from excitement indicate this remedy.

Shallow complexion. Neurasthenia. Anaesthesia of legs as if one has on elastic stockings. Muscular debility. Aversion to food. Great weakness especially in legs. Feet cold. [4, 8, 16, 17, 20]

**Phosphorus:** It brings about important change in the blood cells esp. RBC. Cells become smaller, and even change their shapes. It causes dissolution of RBCs. It separates the haematin and globulin. It causes disorganisation of blood. Polycythaemia. Palpitation and anxiety of heart. Petechial spots in the skin. Purpura haemorrhagica. Remarkable paleness in the skin and mucous membrane. Sickly complexion with blue rings around the eyes. Tongue dry, smooth, red or white. Hunger soon after with frequent waking. [8, 17, 18, 20]

**Crotalus horridus:** This venom causes disorganisation of blood leading to haemorrhages and jaundice. Blood decomposition. Tongue fiery red, dry in centre, smooth and polished. Vertigo with weakness and trembling. Face yellow with death like pallor. Ulcerations of stomach with constant nausea and vomiting. Palpitation with trembling feeling of heart. Feeble Pulse. Patient is irritable with deranged state of vitality. Tendency to syncope. Easily tired by slight exertion. Old age nutritional troubles. Purpura haemorrhagica. Skin is cold and dry. [8, 16, 17, 18]

**Thyroidinum:** In goitrous subjects who have nervous weakness, palpitation and chilliness. It produces anaemia, emaciation, muscular weakness, tingling sensation and paralysis. Tachycardia, weak and frequent pulse. Persistent headache. Heart's action weak with numbness of fingers. Coldness and cramps in extremities. Aching of lower limbs.

Itching without eruptions. Peeling of the skin of lower limbs. Oedema and trembling of lower limbs. Tired and irritable. Flushed face with dry, red burn lips. Amenorrhoea in females. Peeling of skin of lower limbs. [21, 18]

**Carcinosinum:** It is more useful in cases where family history of pernicious anaemia is found. Palpitation even a short walk exhaust, can feel the heart and hear it on lying down. [19, 7]

## Conclusion

From the observations made during this review it is very clear that we have good number of remedies which can create wonders in treating the patients of pernicious anaemia. Holistic approach of homoeopathy is very useful in treatment of such conditions as it not only removes the symptoms of the diseases but cures the disease completely. The above study indicates the usefulness and application of remedies like *Arsenicum album*, *Picricum acidum*, *Phosphorus*, *Crotalus horridus* and *Thyroidinum* in the treatment of pernicious anaemia whereas *Carcinosinum* is more useful when there is family history of pernicious anaemia. There are very few repertories which have considered this condition and given in the direct rubric form which include not many medicines under them. Also, the therapeutics about the medicines like *Thyroidinum* and *Carcinosinum* is not found in detail and there is need for evidence-based study about the effectiveness of these medicines in pernicious anaemia. Hence, there is need for the clinical verification of more medicine which can be useful in pernicious anaemia so that our repertories are updated with clinical conditions which is the need of the day.



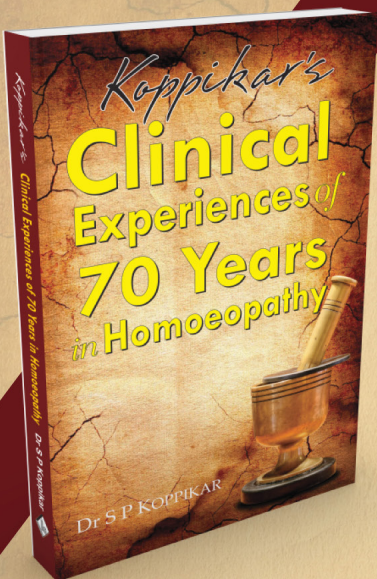
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# A case report of hypothyroidism treated with individualised homoeopathic medicine

By Dr Trishita Basu, Dr B. N. Chakrabarty Sarani, Howrah, Dr Subhashis Pramanik, Dr Mehadi Arif Billah

## Abstract:

**Background:** Being a very common disease of this era hypothyroidism patient have to face in our day-to-day clinic/OPDs everywhere. We are treating very successfully this kind of patients through individualised homoeopathy following the law and principles of homoeopathy. The following case report is one of them.

**Materials and methods:** This case report describes a 35 years old woman who suffered with hypothyroidism and came for homoeopathic treatment. In this case, we adopted Dr Kent's method as the patient displayed characteristic mental as well as physical general symptoms. Through proper case taking we analysed and evaluate the case and select the medicine Pulsatilla nigricans 0/1-0/6 with taking help from Kent's repertory.

**Results:** After taking medicine the patient gradually improved and after six months of treatment the patient's blood report of TSH, T3, T4 found within normal limit as well as mentally and physically patient became healthy.

**Conclusion:** This case report showing the importance of case analysis and evaluation as an integral step after case taking and administration medicine maintaining the law principles of homoeopathy are the only way to cure the suffering of humanity. It also highlights the role of homeopathy in cases of endocrinal disorders without making any drug dependency and any adverse effect.

**Keywords:** hypothyroidism, individualised homoeopathic medicine, pulsatilla nigricans, Dr. Kent's method, case report.

**Abbreviations:** TSH: thyroid stimulating hormone, ICD: International classification of disease, LMP: last menstrual period, OPD- outdoor patient department, FT3 – free T3, FT4 – free T4.

## Introduction

Hypothyroidism is a one of the most common diseases of modern days. At present, thyroid disease is the second most common endocrine disorder in India after diabetes mellitus.<sup>1</sup> Common causes of hypothyroidism are iodine deficiency, autoimmune disease such as Hashimoto's thyroiditis, surgical removal of the thyroid and radiation therapy etc.<sup>1</sup> Symptoms of hypothyroidism include cold intolerance, weight gain, fatigue, infertility and menstrual abnormalities.<sup>2</sup> The prevalence of primary hypothyroidism is 1:100 but increases to 5:100 if patients with subclinical hypothyroidism are included. It occurs more in females; the female, male ratio

is approximately 6:1. The main line of treatment of allopathic system of medicine is to provide synthetic product of thyroid hormone for lifelong of the patient. Here, homoeopathy system of medicine makes a very good result in the patient suffering from hypothyroidism.

## Case report

A female hindu, married patient age 35 complaining of slight swelling of thyroid gland which is non tender, along with it the patient was suffering with menstrual irregularity of polymenorrhoea and cold intolerance, lethargy, etc. since about last 3 months.

## History of present complaints:

In this case, the patient was previously treated by an allopathic physician for other illness. As per her doctor advice, she had blood reported and the doctor said that she was suffering from hypothyroidism. Knowing the drug dependency of modern system of medicine, the patient wishes to treat herself in homoeopathy and came to us. Since last 3 months patient was suffering from menstrual irregularities of early and profuse appearance of menses, chilliness, lethargy etc.

## Past history:

Patient had a history of chicken pox at the age of 12 years. She also had history of tinea curis at the age

## CASE STUDY

of the age of 30 years which was treated with allopathic medication and ointment. And also, history of appendectomy at the age of 19 yrs.

### Family history:

Family history revealed type-2 diabetes mellitus of her father and hypertension of her mother.

### Gynaecological and obstetrical history:

Menstrual history revealed she have irregular, early menses of 15-20 days interval. Duration of menstruation of 5-6 days with profuse flow of blackish blood. Menarche at the age of 17 years. There were no concomitant symptoms before, during and after menses. The patient had no issue.

### Generalities of the patient:

#### Physical general:

In her physical general she had desire for fried, spicy food, meat, sour but also intolerance of fatty food, milk causes dyspepsia. She had very less thirst of about 1 litre water taken daily. Sleep of the patient was sound but during sleep patient is preferring to high pillow under head. Patient was thermally chilly but preferred open air.

#### Mental generals:

The patient was mild, gentle. She was weeping easily. Prefer company.

#### Clinical findings:

### General Examination

Pallor- mild

Blood pressure- 110/78 mmHg

Pulse rate – 76/minute

Respiratory rate – 18/minute

### Local examination:

On examination of thyroid gland was slightly swelled up both sides symmetrically. Thyroid swelling visible without hyperextended neck. On palpation the surface was smooth, no tenderness present.

### Investigations:

Thyroid profile test (TFT)

1. At baseline (20.03.2020) - FT3-0.87 ng/ml, FT4- 6.37 ug/dl, TSH-16.82 uIU/ml (Fig 2 A)

2. After treatment (27.11.2020) - FT3-1.11 ng/ml, FT4- 6.9ug/dl, TSH-3.57uIU/ml (Fig 2 C)

### Diagnosis:

This is a case of hypothyroidism, unspecified (ICD 10: IV, E03.9).<sup>3</sup>

Diagnosis was confirmed by symptomatology and TSH report; TSH report showed high value of 16.82uIU/ml.<sup>4</sup>

### Analysis and evaluation of symptoms:

#### Mental general symptoms:

- Patient was mild, gentle.
- Weeps easily.

- Prefer company.

### Physical general symptoms:

- Desire for fried, spicy food, meat, sour.
- Intolerance of fatty food, milk.
- Patient was a chilly patient.
- Preferred open air.
- Delayed menarche.<sup>5</sup>
- Particular symptoms:
- Slight swelling of thyroid gland.
- Polymenorrhoea.<sup>5</sup>

### Repertorial totality:

The following rubrics were selected for repertorisation from “*Repertory of the homoeopathic materia medica*” by Dr J.T. Kent<sup>6</sup> as because the case presented with characteristics mental general, physical general and particular symptoms.<sup>7</sup> [fig-1]

- MIND, MILDNESS
- MIND, WEEPING, tearful mood, etc.
- MIND, COMPANY, desire for
- STOMACH, DESIRE, fried food
- STOMACH, DESIRE, meat
- STOMACH, DESIRE, sour
- GENERALITIES, FOOD, fat agg.
- GENERALITIES, FOOD, milk agg.
- STOMACH, THIRSTLESS
- GENERALITIES, COLD in general agg.
- GENITALIA- FEMALE, MENSES, delayed in girls, first menses

Remedy	Puls	Sep	Kali-c	Nat-m	Sulph	Ars	Phos	Calc	Lyc	Con	Caust	Ferr	Kali-p	Ign	Nit-ac
<b>Totality</b>	23	21	19	18	18	18	17	17	17	15	14	14	13	13	13
<b>Symptoms Covered</b>	9	9	9	9	9	8	9	7	7	7	7	7	8	7	6
[Kent ] [Mind]Mildness:	3	2	1	3	2	3	2	2	2	0	1	0	1	2	2
[Kent ] [Mind]Weeping,tearful mood,etc.:	3	3	2	3	3	1	2	3	3	2	3	2	2	3	2
[Kent ] [Mind]Company:Desire for:	2	2	3	0	0	3	3	2	3	2	1	0	2	2	0
[Kent ] [Stomach]Desires:Fried food:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent ] [Stomach]Desires:Meat:	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0
[Kent ] [Stomach] Desires:Sour,acids,etc.:	2	2	2	2	2	2	2	2	0	2	0	2	1	2	0
[Kent ] [Generalities]Food:Fat:Agg:	3	2	1	1	2	2	1	0	0	0	2	3	0	0	2
[Kent ] [Generalities]Food:Milk:Agg:	2	3	2	2	3	2	2	3	2	3	0	0	1	1	3
[Kent ] [Stomach]Thirstless:	3	2	2	1	1	2	1	0	2	2	1	2	1	1	1
[Kent ] [Generalities]Cold:In general agg:	2	3	3	2	2	3	3	3	3	2	3	2	3	2	3
[Kent ] [Genitalia female] Menses:Delayed in girls,first menses:	3	2	3	3	2	0	1	2	2	2	3	2	2	0	0

## Miasmatic analysis of the case:

- Patient had a history of chicken pox and she also had history of tinea curis.-*Psora*.<sup>6,7</sup>
- History of appendectomy-*Sycosis*.<sup>8</sup>
- Family history revealed type-2 diabetes mellitus-*Trimiasmatic*.<sup>9</sup>
- and hypertension- *Sycosis*.<sup>9</sup>
- In her physical general she had desire for fried, spicy food, sour.- *Psora*.<sup>8,9</sup>
- and meat.- *Tubercular diathesis*.<sup>9,10</sup>
- Intolerance of milk. -*Tubercular diathesis*.<sup>9</sup>

- The patient was mild, gentle. She was weeping easily. Preferred company. – *Psora*.<sup>8,10</sup>
- Hypothyroidism with goitre-*Psoro-sycotic*.<sup>8</sup>
- -From the above discussion it is said that the case was a *trimiasmatic case with psoric predominance*.

### Analysis of the case and selection of medicine with potency:

Here, Dr Kent's method was adopted as the patient displayed characteristic mental as well as physical general symptoms.<sup>7</sup> Considering the above

symptomatology and miasmatic background of the case, the medicine was selected *Pulsatilla nigricans* and it was also consulted with systematic repertorisation by *Kent's repertory*<sup>6</sup> using Homopath software (Zomeo 3.0).

The medicine, *Pulsatilla nigricans*, in 50 millesimal potencies as because it is the latest invention of dynamisation by our Master Hahnemann where the medicine is given in somewhat higher potentised in every successive dose which is really very helpful to cure the disease.<sup>11,12</sup>

## FOLLOW UP AND OUTCOMES:

Date of first and follow up visits	Indications for prescription/ totality	Medicine with repetition and dose
23/03/2020	Repertorial totality LMP-10/03/2020	<i>Pulsatilla nigricans</i> 0/1 14 doses on alternate day alternated with placebo for 1month
20/04/2020	Thyroid gland enlargement persists as same, weakness was reduced, appetite, thirst was slightly increased. Menses was same as before. LMP-30/03/2020	<i>Pulsatilla nigricans</i> 0/2 14 doses on alternate day alternated with placebo for 1month
19/05/2020	Thyroid gland enlargement persists as same, weakness was reduced, appetite, thirst also slightly increased. Other generalities were with in normal limit. Menses was same as before for 8days. LMP-10/05/2020	<i>Pulsatilla nigricans</i> 0/3 14 doses on alternate day alternated with placebo for 1month
22/06/2020	Thyroid gland enlargement was decreasing in size. Appetite, thirst also slightly increased. Other generalities were with in normal limit. Menses- the amount of flow was reduced than before. LMP-05/06/2020	<i>Pulsatilla nigricans</i> 0/4 14doses on alternate day alternated with placebo for 1month
22/07/2020	Thyroid gland enlargement was decreasing in size. Appetite and thirst were slightly increased. Sleep was disturbed for last few days due to familial tension. Menses was same as before. LMP-30/03/2020	<i>Pulsatilla nigricans</i> 0/5 14doses on alternate day alternated with placebo for 1month



# CASE STUDY

21/08/2020	Thyroid gland was almost looking normal in size, Generalities were normal.  Menses was almost normal with moderate amount of flow for 6 days.  LMP-16/08/2020	<i>Pulsatilla nigricans</i> 0/6  14doses on alternate day alternated with placebo for 1month
21/09/2020	Thyroid gland was almost looking normal in size, Generalities were normal.  Menses was almost normal with moderate amount of flow.  LMP-12/09/2020  Thyroid profile was within normal limit on 11/09/2020.[Fig-2B]	Placebo for 28 days.

Adviser:  
Dr. (Prof.) Sabitri Sanyal  
D.G.O. Ph.D. MED. Path.  
Ex. Prof. B. Head of Pathology, C.M.C.

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Laboratory & Diagnostic Centre

Client: JM  
Name: JM  
Age/Gender: 35 YRS-FEMALE  
Ref. By: Dr. R. MONDAL  
Refer Lab:

Lab No.: 012003200325  
Registered on: 20-Mar-2020  
Sample Rec: 20-Mar-2020  
Reported on: 20-Mar-2020  
Barcode No: 0103200325

Test Name	Result	Unit	Status	Ref. Range	Method
<b>Thyroid Profile Total</b>					
Triiodothyronine Total [T3], Serum	0.87	ng/ml	N	0.52-2.00	CLIA
Thyroxine Total [T4], Serum	6.37	µg/dl	N	5.20-14.20	CLIA
TSH (Thyroid Stimulating Hormone), Serum	16.82	µU/ml	H	0.35 - 4.94	CLIA

**INTERPRETATION:-**  
Increase in serum concentration of TSH is an early and sensitive indicator of decreased thyroid reserve and in conjunction with decreased T4 is diagnostic of primary hypothyroidism. In secondary and tertiary hypothyroidism concentration of T4 are usually low and TSH level are generally low or normal. An increase in T3 without an increase in T4 is frequently associated with recurrent thyrotoxicosis in previously treated patients. Graves disease, which is an autoimmune disorder, often causes hyperthyroidism and older women may exhibit another form of hyperthyroidism like toxic nodular goiter.

\*\*\* End Of Report \*\*\*

Note: \* Scope of NABL accreditation  
Abbreviations: N = Normal, L = Low, H = High Printed By: Online

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Fig-2A.

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Suraksha  
DIAGNOSTICS

Lab No.: DIH/18-09-2020/SR3550728  
Patient Name: [REDACTED]  
Age: 35 Y O M D  
Gender: F

Lab Add.: Newtown, Kolkata-700156  
Ref. Dr.: Dr. S. PRAMANIK  
Collection Date: 10/Sep/2020 09:02AM  
Report Date: 11/Sep/2020 04:10PM

Test Name	Result	Unit	Bio Ref. Interval	Method
<b>THYROID PANEL (T3, T4, TSH), GEL SERUM</b>				
T3-TOTAL (TRI IODOETHYRONINE)	1.84	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	8.0	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	1.923	µU/mL	0.55-4.79 µU/mL	CLIA

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1800 and 1800 hours [1,2].

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**BIOLOGICAL REFERENCE INTERVAL: (ONLY FOR PREGNANT WOMEN)**  
Trimester specific TSH LEVELS during pregnancy:  
FIRST TRIMESTER: 0.10-0.30 µU/mL  
SECOND TRIMESTER: 0.20-0.50 µU/mL  
THIRD TRIMESTER: 0.30-0.50 µU/mL

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DR ANCHALA KUMARI  
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Fig-2B

## Conclusion

In homoeopathy, homoeopaths treat the patient as a whole not by the name of the disease. The patient's

symptom must be considered above that those of the disease symptoms where to find a perfect simillimum in order to cure the case considering the totality of symptoms and

miasmatic background of the case of disease. One has to treat each and every case on the basis of individuality of the patient. After the selection of the medicine, we

should have to consider the dose and potency of the selected medicine on the basis of laws and principles of homoeopathy as given by our Masters. Above all, homoeopathy can cure these kinds of endocrinal disorders naturally, permanently, gently and also rapidly.

#### Declaration of patient consent:

The authors declare that they have obtained consent form from patient for publication of clinical information blinding the identity of individuals.

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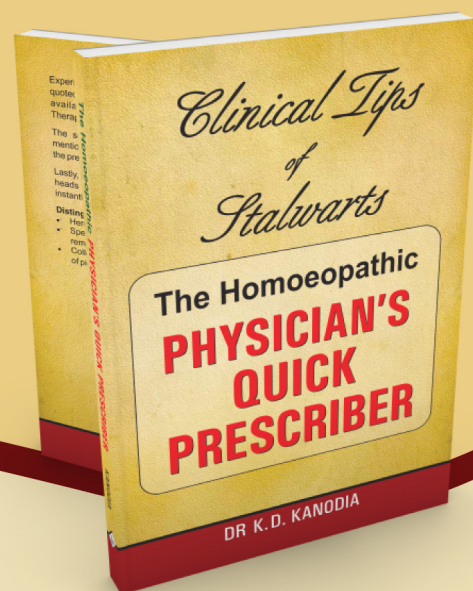


# Clinical Tips of Stalwarts

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# PHYSICIAN'S QUICK

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# Menstrual migraine and homoeopathy: a case study

By Dr Nupur Kumari

**Abstract:** The following case study is of a 27-year female complaining of headache especially before and after her menstrual cycle. The intensity of pain was so severe that she had to take two tablets of painkiller in a day and about 10-12 tablets for getting relief. She got relieved after administration of *Pulsatilla nigricans*.

**Keywords:** Migraine, menstrual migraine, hormonal headache, periodic headache

**Abbreviations:** Tab- tablets, TB- tuberculosis, HTN- hypertension, IBD- irritable bowel disease, TDS- thrice in a day, S/L- *Saccharum lactis*, COVID – coronavirus disease

## Introduction

Headache is very common in any age group and mainly occurs due to vasodilation, muscle contraction or due to any psychological stress.<sup>1</sup> Menstrual migraine is the headache related to menses that may be beginning before or during or after menstruation. Menstrual migraine usually missed to diagnose or can be considered as simple migraine. The pathophysiology of migraine is the trigemino-vascular system; the sensory afferents originating from the trigeminal ganglion and upper cervical dorsal roots. The migraine pain involves front and

back of head and also the upper neck. Mainly seen between the ages of 15 and 19 and between 30 to 40 years of age. Menstrual migraine usually triggered by decrease in estrogen levels. In result when oestrogen levels decrease, serotonin concentration also decrease as estrogen modulates the balance between excitatory and inhibitory neurotransmission.

In homoeopathy, there are multiple medicines for treating headache- either in school going headache or headache before, during or after menses, after stress, morning headache or according to time and location modalities. More than 100

rubrics and sub-rubrics under the heading head pain and relation with menses.<sup>2</sup>

## Case

An unmarried female, age of 27 years came with the complaints of headache mainly seven days before and after menses, also during the first day of menses with vertigo during menses since past five years, took several treatments but had no such relief. Headache began from right side covering the right eye with pain in neck with vomiting 3-4 times per day, and vomiting ameliorate. The pain used to start suddenly and worsened over the time.

Location	Sensation	Modalities	Concomitant
Head (in general)	Pain – sudden and worse by time Nausea vomiting	< menses (before, during, and after) Ameliorate by vomiting	Vertigo

## Past history-

COVID in April 2021, home isolation with allopathic treatment. After COVID, she having hairfall

In 2013, she suffered from pulmonary TB, underwent treatment for 9 months, and was relieved

## Family history:

Mother- HTN since 2 years and IBD since many years

Father- Died in road accident 20yrs before

## Physical generals:

She was chilly. Appetite normal, 2 chapattis per meal and three times in a day. Very thirstless, hardly drank

two glasses in a day. She craved and desired for spicy food and had intolerance to sweets as it caused nausea. Motion was normal once in a day and satisfactory but she had no urge for stools 3-4 days for just before the onset of menses. Urine normal. She had scanty perspiration during exertional activity.



**Mental generals:**

She was very emotional, used to weep easily even having tears while

narrating the symptoms and highly wanted sympathy and surrounded by some company.

**Menstrual symptoms:**

Last three months cycles:

26/08/2021	28/4-5days cycle,
28/07/2021	Regular, 2-3 pads per days with backache
30/06/2021	Severe intensity of headache before, during and after menses

**Diagnosis:**

Diagnosis was based on clinical and particular symptoms. Menstrual migraine headache is typically migraine without aura. Headaches are sudden in onset, persistent, worsen over time and severe after onset.<sup>1</sup> If the character of pain is changed in its pattern or in frequency (like constant regular pain), or severity even worsen after treatment then will advise for the MRI - brain for further rule out.<sup>1</sup>

**Case analysis:**

Analysis and evaluation of symptoms-

**Mental generals:**

- Emotional and weeping easily
- Tears in her eyes while narrating her symptoms
- Wants company always and sympathy from all

**Physical generals:**

- Thirstless
- Desire for spicy foods
- Intolerance for sweets
- No urge to stool before onset of menses
- Chilly patient

**Particular symptoms:**

- Headache with nausea and

vomiting

- Relieved by vomiting
- < before, during and after menses
- vertigo during menses

**Rubrics**Head- PAIN -menses - before

Head - PAIN - menses- during

Head- PAIN - menses- after

Vertigo - MENSES- during

Stomach- thirstless

**Repertorial chart<sup>3</sup>**

← Repertorisation							
Symptoms: 5 Remedies: 160   Applied Filter							
Remedy Name	Puls	Lyc	Gels	Calc	Lach	Nat-m	Sep
<b>Totality / Symptom Covered</b>	<b>12 / 5</b>	<b>9 / 5</b>	<b>9 / 4</b>	<b>8 / 4</b>	<b>8 / 4</b>	<b>8 / 4</b>	<b>8 / 4</b>
[Kent] [Head]Pain,headache in general:Menses:Before: (62)	2	2	2	2	2	2	1
[Kent] [Head]Pain,headache in general:Menses:During: (89)	2	3	2	2	2	3	3
[Kent] [Head]Pain,headache in general:Menses:After: (25)	2	1		2	2	2	2
[Kent] [Vertigo]Menses:During: (38)	3	1	2	2	2		
[Kent] [Stomach]Thirstless: (87)	3	2	3			1	2

## CASE STUDY

Miasmatic analysis: she shows the complete picture of psora- covering the mental general and as well headache complaints <sup>4</sup>.

### Prescription:

Rx *Pulsatilla nigricans* 30 single dose (4globules) given on september 21, 2021 followed by sac lac (4 globules) TDS for 15 days

*nigricans* as it is chilly, want sympathy, emotional, weeping <sup>5</sup>, and covering all the symptoms which she said.

### Follow up:

Date	Symptoms	Prescription
14 october 2021	Heaviness in head LMP 8/10/21 ; scanty and slight offensive 30% better in nausea and vomiting; vomiting intensity reduced – only once during cycle No significant change in head ache No backache during this cycle	Rx <i>Pulsatilla nigricans</i> 30 one dose <sup>6</sup> followed by S/L TDS for 15 days
30 october 2021	Has relief No episode of headache	S/L TDS for 15 days
15 November 2021	Headache only on the first day of menses LMP 2/11/21 minor sensation of nausea, no vomiting occurred	S/L TDS for 15 days
19 December 2021	LMP 3/12/21, Better in all complaints, no headache before, during and after the cycle Her hairfall that was after COVID also relieved.	S/L TDS for 15days

## Conclusion

Homoeopathy since beginning was very popular for pain either symptomatology or curing the condition. *Pulsatilla nigricans* itself has very good action in management of pains, also very familiar for the female hormonal remedy. This patient is improving well and still under the treatment.

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# A case of psoriasis treated by homoeopathic constitutional medicine

By Dr Ravi Prakash

**Abstract:** One of the most prevalent diseases that people suffer from is skin illness. Most of the skin diseases are treated with topical steroid or ointment in conventional medicine, which suppresses the condition and invites other troublesome diseases. The following article explains a case of psoriasis that was treated with constitutional medicine in this article. Homoeopathy, with its holistic approach to treatment, plays a key role in such circumstances. This article explains a brief introduction of psoriasis and how homoeopathic medicine, *Sepia officinalis* can aid in the complete cure of psoriasis.

**Keywords:** psoriasis, homoeopathic medicine, *Sepia officinalis*

**Abbreviations:** HLA (human leucocyte antigen), BD – twice a day

## Introduction

Psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterised by well-defined erythematous plaques with silvery scale which have a predilection for the extensor surfaces and scalp and by a chronic fluctuating course.<sup>(1)</sup> It is an chronic autoimmune skin disease that changes the life cycle of skin. Exact cause is unknown, but HLA (human leucocyte antigen) marker carries very high risk for the development of psoriasis. HLA-B27 is seen up to 70% cases of psoriasis. It can start any age, but there are two peaks in age. Early onset occur 16-22 years, where positive family history present and Late onset 55-60 years, where family history is not present.<sup>(2)</sup>

### Development of symptoms:

Initially, psoriasis lesion starts with red spot, then it spread other part of the body. The lesion covered with silvery scales after scraping shiny bleeding spot found (**Auspitz sign**). Lesion always develop on line of scratch (**Koebner phenomena**). Usually itching is absent. Then it effects the nail and causes brittle, thickened, pitted nails. In the later

stage, it affects Interphalangeal joint and forms **psoriatic arthropathy**.<sup>(1)(2)</sup>

## Case study

### Chief complaints:

A 36-year women came with the complaint of dry, scaly eruption of back for last 5 years. There is severe itching with burning sensation, first started in right elbow then spread both the forearm. Complaints worsened in winters, itching after bathing and blood comes out after scratching.

### History of present complaints:

Dry, scaly eruption with slight oozing started 5 years ago, intensity of itching is tremendously increase from 2 months weeks. She took conventional medicine for one year, but got relief only for some time and again symptoms reappeared when discontinued the medicine.

### Past history:

She suffers from viral hepatitis at the age of 21 years, treated with homoeopathy. But after taking conventional medicine for present condition, she had knee pain for last 2 years.

### Family history:

Father suffered from eczema for last 7 years and was under conventional medicine. Mother suffered from osteoarthritis for last 2 years and was taking homoeopathic medicine.

### Personal history:

She wanted to be alone. Her diet was irregular. She had no addictions. She was married and had 2 children.

### Mental general and physical generals:

Bilateral symmetrical (i.e., both sides looked same). She had extreme anger, was violent, aggressive, had desire to be alone, fear of dogs. She did not want to do anything, or care for her family. She wanted to leave her family.

While enquiring her physical general aspects, it was found that she had good appetite but still was losing her weight. She had desire for sweets and aversion of meat. Tongue was flabby and cracked in the middle. She easily caught cold and could not tolerate it. Her stools were satisfactory, no complaints in urine. All complaints were relieved by motion and open air. Menstruation was irregular.



**Diagnosis:**

Psoriatic plaque typically a dry, thin, silvery white scales and tends to be symmetrical distribution. Diagnosis was based on clinical symptoms, physical examination of the patient.<sup>(1)</sup>

**Analysis and evaluation of symptoms:**

Sl. No.	Symptom type	Symptom	Intensity	Miasmatic analysis <sup>(3)</sup>	Totality of symptoms
1.	Mental general	She always had desire to be alone	+++	Psora, syphilis	a) She always desire to be alone
2.	Mental general	She had fear of dog	+++	Psora, syphilis	b) She had fear of dog
3.	Mental general	Indifferent, did not care of her family	++	Psora	c) Indifferent, does care to his family
4.	Physical general	Aversion to milk	+++	Tubercular	d) Aversion to milk
5.	Physical general	Complaints worse in winter	+++	Sycosis	e) Complaints worse in winter
6.	Physical general	Desire for sweet	+++	Tubercular	f) Desire for sweet
8.	Particular symptom	Dry, scaly, severe itching in erupted area and blood comes after scratching	+++	Psora, syphilis	g) Dry, scaly skin eruption with bloody discharge after scratching
8.	Common symptom	Skin eruption	++		

**Repertorial totality<sup>(4)</sup>:**

Symptoms	Rubric
1. She always had desire to be alone	.MIND-COMPANY, alone, amel.
2. Indifferent, does care to his family	MIND-INDIFFERENCE, family to his
3. Desire for sweet	STOMACH-DESIRE, sweet
4. Aversion to milk	STOMACH-AVERSION, milk
5. Complaints worse in winter	GENERALITIES-SEASONS, Winter, agg
6. Dry, scaly Skin eruption	SKIN-ERUPTION, dry
7. Bleeding after scratching	SKIN-ERUPTION, dry, bleeding after scratching

**Repertorisation<sup>(4)</sup> :**

See reportorial result

7 symptom(s)	1	2	3	4	5
Name of remedy	Sep	Sulph	Lyc	Calc	Carb-v
Symp. covered	6	6	5	5	5
Totality	14	12	12	10	9
1. GENERALITIES, SE..					
2. MIND, COMPANY, a..					
3. MIND, INDIFFEREN..					
4. SKIN, ERUPTIONS,..					
5. SKIN, ERUPTIONS,..					
6. STOMACH, AVERSI..					
7. STOMACH, DESIRE..					

**Prescription:**

After repertorisation, *Sepia officinalis* possessed highest grade and highest matching of the symptoms. Here, *Sepia officinalis* was selected on the basis of mental as well as physical symptoms of the patient. The patient was changeable in nature, indifferent in character and complaints worsened especially in winters, as per consultation with materia medica<sup>(5)(6)</sup>. Also after repertorisation, *Sepia officinalis* was the indicated remedy. So, it was selected for this case.

Prescribed on 04/01/2021,

*Sepia officinalis* 200/ 1 dose, early morning mixing with ½ cup of water for 2 days along with placebo every day, two times after eating for 7 days

**Selection of dose and potency:**

As per *Organon of Medicine* aphorism 247 5<sup>th</sup> edition<sup>(7)</sup> and according to the susceptibility of the patient, the potency was selected. Here the patient was highly susceptible and intensity of the symptoms was also

increased and she suffered from long time due to that affection, so the case was started with higher potency

**Justification of repetition of remedy:**

Every well-chosen medicine should be repeated at suitable interval aphorism 246 5<sup>th</sup> edition<sup>(7)</sup> of *Organon of Medicine*. After initial improvement, if same symptoms is reappear, then repeat the same medicine.<sup>(8)</sup>

**Follow up:**

Date of visit	Response	Medicine prescribed
11/01/2021	No changes took place. Itching and burning sensation present	Rubrum-200/ 1 drop BD x 15 days
28/01/2021	She had slight improvement, itching reduced but burning sensation still was present	Rubrum -200/ 1 drop BD x 15 days
18/02/2021	No itching, no burning sensation, she felt better	Rubrum -200/ 1 drop BD x 15 days

24/02/2021	Itching and burning sensation reappeared. It was more than previously <b>So, same medicine with same potency was prescribed again</b>	<i>Sepia officinalis</i> -200/ 1 dose
18/03/2021	Patients felt better itching reduced, bleeding after scratching reduced	Rubrum -200/ 1 drop BD x 15 days
05/04/2021	Eruption covered with white scales reduced	Rubrum -30/ 1 drop BD x 15 days
28/04/2021	Eruption healed	Rubrum -200/ 1 drop BD x 15 days
10/05/2021	Scales were no longer seen	Rubrum-30/ 1 drop BD x 7 days
03/06/2021	Normal skin appeared again	Rubrum -200/ 1 drop BD x 15 days

#### Picture of the patient:



Fig: Before treatment (04/01/2021)

Fig: During treatment (18/03/2021)

Fig: Normal skin 03/06/2021

### Conclusion:

It can be demonstrated that psoriasis sufferers can be treated effectively with homoeopathic therapy. Psoriasis can have a significant impact on people's life. It not only causes physical discomfort to the patient, but it also undermines his or her self-esteem. Patients are frequently socially shunned. In homoeopathy, proper medicine selection not only improves health care, but also aids the patient's social integration into society.

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# Role of homoeopathic medicine in learning disabilities- a case report

By Dr Sonia tuteja, Dr Mehak

**Abstract:** Education is the most powerful weapon which you can use to change the world- Nelson Mandela. Learning disability/ disorder in which child faces problem to enhance his capabilities. So, this is an attempt to show the effectiveness of homoeopathic medicine in learning disability/disorder.

**Keywords:** Learning disabilities, Specific learning disorder (SLD), dyscalculia, dysgraphia, Homoeopathy, Tuberculinum

## Introduction

Specific learning disorder (SLD) is a neurodevelopmental disorder with a biological origin that is the basis for abnormalities at a cognitive level that is associated with the behavioural signs of the disorder. The biological origin includes an interaction of genetic, epigenetic, and environmental factors, which affects the brain's ability to perceive or process verbal or non-verbal information efficiently & accurately.[According to Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5th Edition] Dyslexia, dyscalculia, dysgraphia comes under this broad heading. The prevalence of specific learning disorders in the academic domain is approximate 5-15% among school-age children.<sup>[1]</sup>

## Case Definition:

A patient aged 10 years, female child approached to clinic on dated 16/09/2020 with complaints of weak memory, forgetfulness since 2 years. Forgetful in reminding things, where she put things, what has been said to her, what has been happened in school etc. Doesn't take interest in studies with lack of concentration while studying. Weak in studies. Unable to remind mathematical

tables & solve mathematical questions, spelling mistakes in both Hindi & English dictation. Took time in reading English letters along with wrong pronunciation. Failure to thrive since childhood.

Recurrent cold with watery nasal discharge- on & off since childhood. <- change of weather<sup>+2</sup>, cold air<sup>+1</sup>

## Past History:

H/o Febrile seizure- 2 episodes at the age of 2 months- Continued Allopathic Rx from PGI, Chandigarh [From 2011-2016]

H/o Pneumothorax- At the age of 2 months.

## Family History:

Mother- Hypothyroidism [Diagnosed during first pregnancy, took allopathic Rx]

Father- NAD

Paternal Grand Mother- Hypertensive

Paternal Grand Father- NAD

Maternal Grand Mother- NAD

Maternal Grand Father- Diabetes + Carcinoma of liver? [Death on 23/12/2019]

## Life space:

Patient is the first child of her parents. Lives with joint family, has one younger brother and two cousin siblings. Attachment with her mother. Fearful towards her father because of her father's angry nature.

## Physical General:

**Appetite:** Decreased<sup>+2</sup>

**Thirst:** Thirsty, 3-4 glasses/day

**Desire:** Maggi<sup>+3</sup>, Pasta, Kurkure, Salty<sup>+1</sup>

**Aversion:** Spicy<sup>+2</sup>

**Thermals:** Hot <sup>+1</sup>

**Perspiration:** Normal, over whole body.

**Sleep:** Sleeps late at night & wakes late in the morning. Disturbed

**Dreams:** N/S

**Stool:** Satisfactory, pass once-twice daily, occasionally constipated.

**Urine:** NAD, D<sub>8-9</sub> N<sub>0-1</sub>

**Mental generals:** Naughty<sup>+2</sup>, Obstinate <sup>+2</sup>, Hyperactive<sup>+2</sup>, Crying & weeping only that her demands must be fulfilled. Restlessness<sup>+2</sup>, no control on hands.

## CASE STUDY

**Mother's Observation:** Took what she intends to speak. Angry<sup>+2</sup> at a time [in few seconds]. Desire-interest in household chores trifles about, throws things in anger. alone<sup>+1</sup>, cycling, swinging. Gets mix [cutting vegetables], but doesn't Destructive nature. Changeable up easily. take interest in studies. Forgets moods, demands different things

Diagnostic Criteria<sup>[1]</sup>:

A. Difficulties learning & using academic skills, as indicated by the presence of atleast one of the following symptoms that have persisted for at least 6 months, despite the provision of interventions that target those difficulties:	
1. Inaccurate or slow and effortful word reading(e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words)	√
2. Difficulty understanding the meaning of what is read (e.g., may read text accurately but not understand the sequence, relationships, inferences, or deeper meanings of what is read).	
3. Difficulties with spelling (e.g., may add, omit, or substitute vowels or consonants).	√
4. Difficulties with written expression (e.g., makes multiple grammatical or punctuation errors with sentences; employs poor paragraph organisation; written expression of ideas lacks clarity).	
5. Difficulties mastering number sense, number facts, or calculating(e.g., has poor understanding of numbers, their magnitude and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peer do; gets lost in the midst of arithmetic computation & may switch procedures).	√
6. Difficulties with mathematical reasoning (e.g., has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems).	√

### Analysis / Evaluation of Symptoms:

	Symptom Classification <sup>[2]</sup>	Miasmatic Analysis <sup>[2]</sup>
Naughty <sup>+2</sup>	Common Mental generals	Sycosis
Obstinate <sup>+2</sup>	Common Mental generals	Sycosis
Crying & weeping to fulfils her demands	Characteristic Mental generals ( <b>Emotional</b> )	Psoric
Desire- alone <sup>+1</sup>	Characteristic Mental generals ( <b>Emotional</b> )	Psoric
Angry <sup>+2</sup> trifles about, throws things in anger. Destructive nature	Characteristic Mental generals ( <b>Emotional</b> )	Psoric
Forgetful in reminding things, where she put things, what has been said to her.	Characteristic Mental generals ( <b>Intellectual</b> )	Sycosis
Weak memory. Did mistakes in mathematics, calculation, reading & writing, unable to learn.	Characteristic Mental generals ( <b>Intellectual</b> )	Sycosis
Desire: Maggi <sup>+3</sup> , Salty <sup>+1</sup> , Spicy <sup>+2</sup> Aversion to,	Characteristic Physical generals	Psoric
Hyperactive <sup>+2</sup> , Restlessness <sup>+2</sup>	Characteristic Physical generals	Sycosis
Recurrent cold with watery nasal discharge <- change of weather <sup>+2</sup> , cold air <sup>+1</sup>	Characteristic particulars	Psoric

PDF: Thirsty, Thermals: Hot <sup>+1</sup>

**Totality of Symptoms:** Obstinate <sup>+2</sup>, Hyperactive<sup>+2</sup>, Restlessness<sup>+2</sup> Desire-

alone<sup>+1</sup>, Angry<sup>+2</sup> trifles about, throws  
things in anger. Destructive natur

### Reportorial Totality <sup>[3]</sup>:

Clipboard 1	
1. MIND - ANGER - trifles; at	(97) 1
2. MIND - DESTRUCTIVENESS	(53) 1
3. MIND - ANGER - throwing things around	(17) 1
4. MIND - COMPANY - aversion to	(241) 1
5. MIND - MOOD - changeable	(191) 1
6. MIND - MEMORY - weakness of memory	(323) 1
7. GENERALS - CHILDREN; complaints in - delicate, puny, sickly	(14) 1
8. MIND - MEMORY - weakness of memory - say; for what he is about to	(51) 1

**Repertorial Result:** Staphisagria/  
Tuberculinum/ Phosphorus/  
Lycopodium/ Tarentula

**Remedy differentiation/Selection:**  
As thermals of 'Staphisagria', 'Phosphorus' are towards chilly, so ruled out. The restlessness of patient doesn't meet the extent of restlessness of 'Tarentula' so ruled out.

**[Tuberculinum]** Thirst, for larger quantities of cold water. Mentally deficient children. Lax fiber, low recuperative powers, and very susceptible to changes in the weather. Patient always tired, aversion to work; wants constant changes and cold is taken from the slightest exposure. Rapid emaciation. <sup>[4,5]</sup>

Phillip M. Bailey wrote in Homeopathic Psychology about Tuberculinum individuals that they have a kind of hunger to experience a great many things in a short period, as if time were really running out for them. They cannot bear a steady

routine, unless it is packed with excitement.<sup>[6]</sup>

CHARLES EDWIN WHEELER mentions in his book 'Introduction to the Principles & Practice of Homeopathy' about Tuberculinum as: The appetite is capricious and there is difficulty in putting on weight. They are seldom fat, and bodily exertion easily fatigues them. But they may grow rapidly, shoot up in height without corresponding muscular development. There is extreme variability in all their symptoms. The emotional state varies and is often unbalanced: for example, there is a tendency to fits of irrational bad temper and a restless changefulness in their approach to life. There is similar variability in the physical symptoms; for example, the stools may be constipated and hard on some occasions, soft on others.<sup>[7]</sup>

He also mentions Tuberculinum should always be considered in the treatment of mentally deficient

children. Where there is arrested development, mental or physical, it is a particularly valuable remedy. Many cases are recorded wherein a backward child has been stimulated to normal development following the administration of tuberculinum.<sup>[7]</sup>

**Potency/Dose selection:** As according to Organon of medicine, 5<sup>th</sup> edition susceptibility fall into moderate level [2], so moderate potency with frequent repetition is needed as multiple-dose stimulation should be reserved for cases in which single-dose stimulation is considered to be insufficient. And as soon as adequate response is obtained, further stimulation should be suspended.[8] So planned to give Tuberculinum 200 per dose per week.

**Prescription: [16/09/2020]**

Rx Tuberculinum 200/ 1 dose/HS/  
weekly

Sac lac200/ TDS/ 15 day



## Follow- Up:

Date	Change in symptomatology	Prescription
10/10/2020	No marked change. Can memorize 2 events that happened at school and share them with her mother. Sleep still disturbed. No change in appetite	Rx Tuberculinum 200/ 1 dose/HS/ weekly Phytum 200/ TDS/ 4 weeks
27/11/2020	An acute episode of cold, but managed very well without allopathic Rx.  Otherwise no other change in any condition. Sleep patterns slightly improved.	Rx Tuberculinum 200/ 1 dose/HS/ weekly Phytum 200/ TDS/ 4 weeks
4/02/2021	Complaints- SQ. no new complaint appears. Sleep improved, appetite- improved than previously.	Rx Tuberculinum 200/ 1 dose/HS/ weekly Phytum 200/ TDS/ 4 weeks
23/04/2021	Slight Changes in eating patterns & learning capabilities. Slight improvement in remembering things. Hyperactive- SQ [as per Mother's observation]  Lack of concentration & interest in studies- SQ  Obstinacy decreased than before. Avoid learning at school, went to the washroom in every class to avoid lectures.	Rx Tuberculinum 200/ 3 dose/HS/ weekly Phytum 200/ TDS/ 6 weeks
	F/U gap of 1 month	
07/08/2021	Appetite improved. Improvement in taking interest in studies and concentration also improved. Can remind things now. Learning patterns improved. Mathematical questions did correctly, mistakes in spelling & writing are less.	Rx Rii 200/ 3 dose/HS/weekly Phytum 200/ TDS/ 4 weeks

## Conclusion

Homoeopathy shows its effectiveness in managing the symptoms of learning disabilities. Homoeopathy not only helps in better academic performance but also helps in improving Quality of life.

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# A case report of ganglion cyst treated with homoeopathic individualised simillimum

By Dr Seema Gupta

**Abstract:** A 23-year-old male reported the complaint of ganglion cyst on back of the left hand at the wrist joint with ulcers in mouth and hair fall. After analysing the case individualised homoeopathic medicine, Phosphorus, was prescribed which leads to improvement of symptoms. Homoeopathic treatment has shown favourable results in this case and demonstrates the scope of homoeopathy in such cases.

**Keywords:** Ganglion cyst, individualised homoeopathic treatment, RADAR (version 10.5.003).

**Abbreviations:** T.D.S. – thrice a day, cm – centimetre.

## Introduction

Ganglion is a tense, cystic swelling and occurs due to myxomatous degeneration of the synovial sheath lining the joint or tendon sheath lining the joint or tendon sheath. They are common around joints because of abundant fibrous tissue. They contain gelatinous fluid (1). They are the most common soft tissue mass found within the hand and wrist, but they are also commonly encountered in the knee and foot. Although the majority of ganglion cysts are asymptomatic, patients may present with pain, tenderness, weakness, and dissatisfaction with cosmetic appearance. They can form

at any age, they are most commonly found in women between the ages of 20 to 50. Women are three times more likely to develop a ganglion cyst than men. These cysts are also frequently encountered amongst gymnasts, likely secondary to repetitive trauma and stress of the wrist joint (2).

**Case presentation:** A 23 year old male reported with the complaint of recurrent round, small, painless lump (size 2 cm) on back of the left hand at the wrist joint since 6 months which is dissolves in 8-10 days automatically but now it present from 15 days. Patient also complaint of falling of hair especially from both sides of head since 1 month and small, red, painless, ulcers in mouth since 5 days. Took several allopathic

medicines for ganglion cyst but no improvement could be observed. No significant information regarding family history.

**Physical generals:** Patient was tall, lean, thin, fair complexion, black hair. Thermal reaction of patient was chilly. He liked sweets and perspiration is scanty.

**Mental generals:** Patient's memory is weak, easily forget things and always wants to be alone.

**Diagnosis:** The diagnosis is done on the basis of morphology of ganglion cysts. Ganglion cysts usually present as firm, well circumscribed, freely mobile masses approximately 1 cm to 3 cm in size. They are often fixed to deep tissue and not to the overlying skin (2).

**Table 1:** Analysis of symptoms

Characteristic mental general symptoms	Characteristic physical general symptoms	Characteristic particular symptoms
<ul style="list-style-type: none"> <li>Wants to be alone</li> <li>Weak memory</li> </ul>	<ul style="list-style-type: none"> <li>Desire- Sweets</li> <li>Perspiration- Scanty</li> </ul>	<ul style="list-style-type: none"> <li>Lump (ganglion cyst) on back of the left hand at the wrist joint</li> <li>Falling of hair from both sides of head</li> <li>Painless ulcers in mouth</li> </ul>

**Table 2:** Evaluation and miasmatic analysis of symptoms<sup>(3)</sup>

Symptoms	Intensity	Miasmatic analysis
Wants to be alone	+++	Psora, syphilitic
Weak memory	+++	Psora, sycotic, syphilitic

Desire- sweets	+++	Psora
Perspiration- scanty	++	Psora
Lump (ganglion cyst) on back of the left hand at the wrist joint	+++	Sycotic
Falling of hair from both sides of head	++	Psora
Painless ulcers in mouth	+	Psora, syphilitic

**Conversion of symptoms into rubrics:** Reference from *Synthesis 9.0 (English) Repertory* by Frederick Schroyens using RADAR (version 10.5.003)<sup>(4)</sup>.

**Table 3: Repertorial totality<sup>(4)</sup>**

Symptoms	Chapter	Rubrics
Wants to be alone	Mind	COMPANY, aversion to
Weak memory	Mind	MEMORY, weakness of memory
Desire- Sweets	Generals	FOOD and DRINKS, sweets, desire
Perspiration- Scanty	Perspiration	SCANTY, sweat
Lump (ganglion cyst) on back of the left hand at the wrist joint	Extremities	GANGLION, Wrist, on
Falling of hair from both sides of head	Head	HAIR - falling – Sides
Painless ulcers in mouth	Mouth	ULCERS – painless

Clipboard 1					
1.	MIND - COMPANY - aversion to	(274)	1		
2.	MIND - MEMORY - weakness of memory	(392)	1		
3.	GENERALS - FOOD and DRINKS - sweets - desire	(271)	1		
4.	PERSPIRATION - SCANTY sweat	(35)	1		
5.	EXTREMITIES - GANGLION - Wrist, on	(14)	1		
6.	HEAD - HAIR - falling - Sides	(10)	1		
7.	MOUTH - ULCERS - painless	(3)	1		

**Figure 1: Showing repertorisation chart**

**Justification of remedy:** After taking a detailed case history and repertorisation, *Phosphorus* in 200C potency was given as homoeopathic individualised simillimum. After repertorisation and knowledge of materia medica, *Phosphorus*, *Calcarea carbonica*, *Lachesis*, *Kalium carbonicum*, *Sepia officinalis* were the most simillimum remedies. The reason

behind selection of *Phosphorus* was that the patient was tall, lean, thin, so the constitution matches with *Phosphorus* <sup>(5)</sup> and thermal reaction was chilly <sup>(6)</sup>. *Kalium carbonicum* and *Calcarea carbonicum* both patients are obese <sup>(7)</sup>. Aversion for company present in this patient but in kali carb never wants to left alone <sup>(5)</sup>. *Lachesis mutus*'s thermal reaction is hot but patient's thermal reaction

was chilly<sup>(6)</sup>. *Phosphorus* covered more symptoms in comparison to *Sepia officinalis*. So, *Phosphorus* was selected. Overall improvement was noticed.

**Prescription:** *Phosphorus 200C* / 1 dose/ stat followed by placebo 30/T.D.S/7 days was prescribed on first visit 7<sup>th</sup> march 2018 considering that the medicine was covering maximum repertorial totality,



miasmatic background and physical general and mental general symptoms of the patient.

**Table 4: Follow up**

DATE	OBSERVATION	PRESCRIPTION
14/03/ 2018	Ganglion cyst- no improvement, Ulcers - decreased, Hair fall - no improvement	Placebo 30 / T.D.S/ 7 days
22/03/ 2018	Ganglion cyst- slightly decreased, Ulcers – not present, Hair fall - no improvement	Placebo 30 / T.D.S/ 7 days
28/03/2018	Ganglion cyst- decreased, Ulcers – not present, Hair fall - slight improvement	Placebo 30 / T.D.S/ 7 days
04/04/2018	Ganglion cyst- decreased in size but not completely dissolve Ulcers- not present, Hair fall – improvement	Phosphorus 200/ 1 dose/ stat Placebo 30 / T.D.S/ 7 days
13/04/2018	Ganglion cyst- very much decreased, Ulcers- not present, Hair fall – improvement	Placebo 30 / T.D.S/ 7 days
21/04/2018	Ganglion cyst- not present, Ulcers- not present, Hair fall - significant improvement	Placebo 30 / T.D.S/ 7 days
28/04/2018	Ganglion cyst and ulcers – totally removed, No hair fall	Placebo 30 / T.D.S/ 7 days
05/05/2018	No complaints	Placebo 30 / T.D.S/ 7 days
11/05/2018	No complaints	Placebo 30 / T.D.S/ 7 days

#### Before



#### After



**Discussion:** The remedy *Phosphorus* has significant role on ganglion cyst. According to Boericke, *Phosphorus* should not be repeated too low or in too continuous dose<sup>(5)</sup>, so in this case one dose stat was prescribed on first visit and repetition of single dose of *Phosphorus 200C* after approximately 1 month. Patient is followed for a period of 2 months. The detail of follow up is given in table 4. Ganglion cyst slightly improved within first month, followed by overall improvement within 2 months.

**Conclusion:** Overall the case suggests the usefulness of homoeopathic medicines in the management of ganglion cyst. However, further research like RCT in multi-centric design is required on larger sample size before making firm recommendations.

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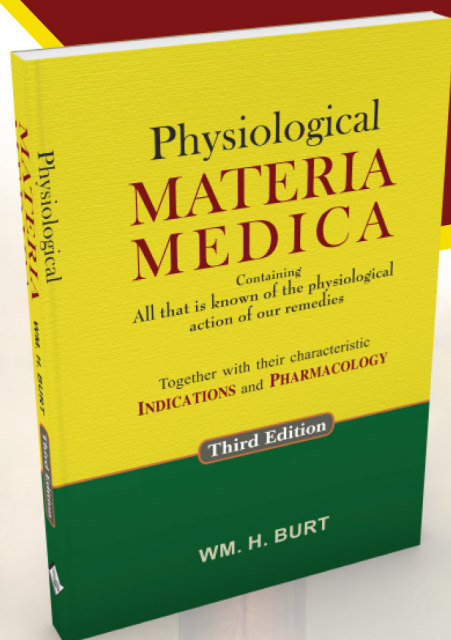
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# Treatment of infertility with constitutional homoeopathic medicines—two evidence-based case reports

By Dr Jayashree Nanda

**Abstract:** Introduction- Infertility is failure to conceive within one or more year of regular unprotected coitus. Usually 10-15% population remain infertile by the end of second year besides unprotected sex due to some causes in male or/and female. If we take into consideration the limitations and complication of the surgical procedure for treatment in allopathy, homoeopathy can provide an actual solution for such conditions. There are several ways of homoeopathic prescription such as based on key note symptoms, general symptoms, constitution, miasms, etc. Two cases of infertility- one of habitual abortion due to chromosomal abnormality in second month of pregnancy and another due to endometriosis and adenomyosis are presented here who were prescribed on constitutional symptoms and got good results.

Case profile- In the first case the symptoms were pain during periods with profuse flow and habitual abortion during second month of pregnancy. Chromosomal study gave complete Trisomy 12. In second case there were severe pain during periods. Repeated USG showed endometriosis and adenomyosis of uterus. Laparoscopic surgery and IVF failed to yield favourable treatment. After detailed case taking, basing on constitutional symptoms, *Calcarea carbonicum* 0/1-0/8 in first case and, *Sepia officinalis* 0/1-0/7 in second case provided good results with successful conception followed by delivery of a normal baby in each case.

Conclusion- Homoeopathy provided good results in two cases of infertility. Constitutional medicines were found useful in successful conception and subsequent continuation of pregnancy followed by delivery. As the totality of symptoms matched with the polychrest homoeopathic remedies like *Calcarea carbonicum* and *Sepia officinalis*, these remedies provided best results. But the inferences drawn from these two cases may not be sufficient to reach a definitive conclusion. So clinical trials to establish the efficacy of constitutional medicines in the treatment of infertility are suggested.

**Keywords:** infertility, endometriosis, habitual abortion, homoeopathy, constitutional medicine, *Calcarea carbonicum*, *Sepia officinalis*.

**Abbreviations:** USG – ultrasonography, IVF – in-vitro fertilisation, WHO – World Health Organisation, STDs – sexually transmitted diseases, STIs – sexually transmitted infections, HSG – hysterosalpingogram, FSH – follicle stimulating hormone, TSH – thyroid stimulating hormone, sos – si opus sit, bd – twice a day, glob. – globules.

## Introduction

According to the International Committee for monitoring assisted reproductive technology, World Health Organisation (WHO), infertility is a disease of reproductive system defined by failure to achieve the clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.<sup>1</sup> It may be that one partner cannot contribute to conception, or that a woman is unable to carry a pregnancy to full term. It is often defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control.<sup>2</sup>

Worldwide, 8-12% couples experience fertility problems. As per the WHO estimates, 60–80 million couples worldwide currently suffer from infertility. It was reported that 40% of infertility cases were related to men, 40% of women and 20% of both sexes.<sup>1</sup> Many of the risk factors include age, tobacco use, alcohol use, being overweight, being under weight, lack of exercise etc.<sup>3</sup>

The number of infertility visit has increased in last few decades. The couples are voluntarily delaying child bearing for establishing careers which leads to age related infertility. Choice of prior contraceptive

method may contribute to infertility. Increased number of sexual partners lead to greater potential for STDs which may also contribute to infertility.<sup>4</sup>

In the female reproductive system, infertility may be caused by: **tubal disorders** such as blocked fallopian tubes, which are in turn caused by untreated sexually transmitted infections (STIs) or complications of unsafe abortion, postpartum sepsis or abdominal/pelvic surgery; **uterine disorders** which could be inflammatory in nature (such as endometriosis), congenital in nature (such as septate uterus), or



benign in nature (such as fibroids); **disorders of the ovaries**, such as polycystic ovarian syndrome and other follicular disorders; **disorders of the endocrine system** causing imbalances of reproductive hormones including hypothalamus and the pituitary glands.

Availability, access, and quality of interventions to address infertility remain a challenge in most countries. Moreover, lack of trained personnel, necessary equipment and infrastructure, high costs of treatment, medicines, are major barriers even for countries that are actively addressing the needs of people with infertility.<sup>5</sup>

Cause of endometriosis is due to changing social pattern like late marriage, limitation of family size, which is frequently associated with infertility. Clinical pictures of endometriosis are dysmenorrhea, dyspareunia, menorrhagia, and infertility.<sup>6</sup>

**Investigations like transvaginal ultrasound, laboratory testing** of blood levels of certain hormones like oestradiol, FSH, TSH, and prolactin, **hysterosalpingogram (HSG)** for evaluating fallopian tubal patency, uterine filling defects such as fibroids and polyps, and scarring of the uterine cavity should be done to know the cause of infertility.

Conventional treatment are done like **medications to induce egg development and ovulation, insemination, in vitro fertilisation (IVF), third party reproduction. Surgery** can be done for removing scar tissue, endometriosis, or a damaged fallopian tube by laparoscopy, hysteroscopy for fibroids or polyps within the uterine cavity.<sup>7</sup>

Some complications can result from infertility and its treatment. If

conception does not occur after many months or years of trying, it can lead to [stress](#) and possibly [depression](#). Some physical effects may also result from treatment. Ovarian hyper stimulation syndrome is one of the complication where the ovaries can swell, leak excess fluid into the body, and produce too many follicles, the small fluid sacs in which an egg develops. This usually results from taking medications to stimulate the ovaries, such as clomiphene and gonadotropins. It can also develop after IVF.<sup>8</sup>

The role of Homoeopathy in these conditions needs to be evaluated diligently. Homoeopathy is the system of therapeutics based on the law of similia, which states that a medicine capable of producing a disease state in a healthy person can cure a similar state in a diseased person, if it is in a curable state.<sup>9</sup> Homoeopathic treatment has been found to be very efficacious and cost effective.<sup>10</sup> There are many medicines mentioned in the homoeopathic materia medica whose symptoms match with those of symptoms of infertility patients.<sup>11</sup> A homoeopathic remedy can be selected on the basis of causation, specificity, keynote, miasm, organopathy, constitution or totality of symptoms, etc.<sup>12</sup> Constitution is the physical and mental makeup of the person, which is the combination of his/her physical built, cravings, aversions and reactions to different foods, drinks and environmental factors as well as emotional and intellectual attributes. So, a constitutional prescription is based on the totality of the characteristic mental and physical features.<sup>13</sup> Though the physical generals can easily be elicited from the patient, accurate retrieval of mental symptoms needs skill, compassion and patience of the physicians.<sup>14</sup>

Several studies have already been established to show the efficacy

of homoeopathy in treatment of infertility.<sup>15-17</sup> There is a global need for carrying out evidence-based research, to avoid the unnecessary ill-effects of antibiotics, hormonal therapy and complicated surgeries and to highlight the effectiveness of Homoeopathy in the treatment of infertility.

In this context, two cases of Infertility are presented here in which well selected constitutional medicines had bring forth successful conception.

## Case profiles

These two cases of infertility were treated in the OPD of Dr. A.C. Homoeopathic Medical College and Hospital, Bhubaneswar, Odisha.

### Case 1

A woman aged 32-years presented with habitual abortion at 9-10 weeks of gestation. She had regular periods, profuse flow with clotted blood and pain in lower abdomen which extends to back and thigh. Pain in cervical region and pain in left breast aggravated during menses. She had also palpitation sometimes marked. The patient was moderately obese, Chilly and had tendency to catch cold easily with laziness. She desired for sweets and warm food, she was constipated and ineffectual urge for stool. Mentally she was fear full when alone, memory weak, and desired for company. On physical examination no abnormality is detected. On investigation of chromosomal study for habitual abortion **Complete Trisomy 12** was detected. (Foetus in this defect will spontaneously abort and responsible for habitual abortion within first trimester). She had treated allopathically for the presenting complaint but failed (Table1). The case was repertorised with the help of complete repertory of HOMPETH (Classic) software

(Fig. 2). Basing on the repertorial analysis and in consultation with materia medica, *Calcarea carbonicum* in 50 millesimal potency 0/1- 0/4, 30 ml each in 8 doses, once daily morning for 32 days, and *Jonasia ashoka* Q 30 ml, 15 drops twice daily were prescribed. After one month, pain in breast and pain in cervical region before menses diminished, abdominal pain during menses decreased, laziness absent, tremor and palpitation absent. Then *Calcarea carbonicum* 0/5 - 0/8 was given, 30ml, 8doses each in alternate morning. After two months she came having delayed period for 7days, nausea and weakness in morning with feverish feeling and pain in breast. **Pregnancy test positive detected on that day.** *Calcarea carbonicum* 0/9 30ml, 8doses twice a week, *Sabina* 30, 6glob once daily morning prescribed for another one month. Then in 11 weeks First trimester risk assessment test was done for trisomy 21, trisomy 13 and trisomy 18. All are under low risk and bellow the screening cut off. Ultrasound for pregnancy/foetal scan with doppler report (Fig. 3) shows single live Intrauterine foetus of gestational age 12wks 1day with no obvious congenital anomalies detected. And the mother delivered a normal baby after 9months pregnancy in full term without any anomalies.

**Case 2**--A 33-year old lady presented with primary infertility since 7years. She had severe bearing down pain during periods extends from both side lower abdomen to vagina down to thighs and back. Pain was started two to three days before menses and continued one to two days after menses, as flow increased pain decreased. Flatulency and nausea associated with pain. Flow associated with clot. Period regular. She was a chilly patient, desired for salty things, thirst extreme with dry mouth, appetite more, cannot tolerate hunger, and sweat more from whole body. Mentally she

was mild, company desired, weeps easily and emotional. General examinations were normal except mild anaemia. She had undergone laparoscopy two times for endometriosis and IVF attempted four times but not successful. On 2013 from discharge report USG shows bulky adenomyotic uterus, pelvic endometriosis. Adhesiolysis done, endometrium drained and base cauterised. Bilateral tubes no spill (Fig. 7). On 2016, From discharge report USG showed well mobilised uterus, good looking right ovary and tubes, both tubes are patent, however right ovary and tube may be functionally more useful for fertility purpose than left. (Fig. 8). Again on 2018, USG showed bulky adenomyotic uterus and pelvic endometriosis (Fig.9). The totality was framed considering the mental, physical and particular symptoms (Table 2). The case was repertorised with the help of complete repertory of HOMPETH (Classic) software (Fig. 11). On the basis of repertorial analysis and in consultation with materia medica, *Sepia* was prescribed in fifty millesimal potency from 0/1- 0/4, in 30ml, 8doses each once daily morning for 32 days and *Jonasia Ashoka* Q 15drops twice daily. After one month pain more marked on first two days of period with scanty flow and then as flow increases pain decreases. Pain extends to back and vagina associated with nausea. *Sepia* 0/5 to 0/7 in 30ml, 8doses each was prescribed to take alternate morning. After two months she came with delayed period for seven days with laziness and feverish feeling and nausea in morning. On advise, pregnancy test was positive (Fig. 12). She was prescribed *Sepia officinalis* 0/8 30ml 8doses, twice a weak. Then she had undergone regular check-up at her own place. Doppler for foetal growth shown in Fig.13. She delivered a premature baby at 28 weeks due to low lying placenta and revived after.

**Discussion** Infertility is the common condition in both the patients; but the causes are different. One having habitual abortion due to chromosomal abnormality and other having endometriosis. But severe pain during period is common having different characteristics. In one case it was more from first day with more flow where as in other it increases during less flow in first two days and decrease as flow increases. Obesity, emotional upsets were considered as some of the risk factors; case 1 was moderately obese, and was stay alone many times as her husband had touring job and developed fear psychosis. Case2 was emotional and sad due to in-laws problem. As our homoeopathic prescription considered both mind and body before prescription so constitutional medicines are effective to give complete cure whatever pathology may be inside it. Both the patients opted for homoeopathic treatment due to failure in treatment by allopathic medicines and procedures.

### Investigation reports of case 1

CIENCE  
COUNSELLING  
SIGHTS INITIATIVE

Name: Soumya Shilpi	Age/Gender: 32 years/ F
Patient ID: I118962251	Sample ID: I118009/409
Specimen type: Product of conception (GA: 9-10 weeks)	Sample quality: Optimum
Referring Doctor: Dr. Anuradha Panda	Referring Centre: Apollo Hospital
Test: Allum CMA	Collection Date:
Receiving Date: 10.11.2018	Reporting Date: 22.11.2018
Indication: Non-Consanguineous couple: Two missed abortions between 9-10 weeks of gestation.	

#### REPORT SUMMARY

Chromosomal microarray analysis was performed on the given specimen and a gain of 13394kb on chromosome 12 spanning from 12p13.33 to 12q24.33 was identified. This region consists of 1,337 genes (list available on request).

This finding is consistent with **complete Trisomy 12**.

Cells are the basic building blocks of all living things. Chromosomes are made up of DNA or deoxyribonucleic acid and are located in the nucleus. In humans, each cell normally contains 23 pairs of chromosomes, for a total of 46. Twenty-two of these pairs, called autosomes, look the same in both males and females. The 23rd pair, the sex chromosomes, differ between males and females. Females have two copies of the X chromosome, while males have one X and one Y chromosome.

Most cases of trisomy 12 result from having three copies of chromosome 12 in each cell in the body instead of the usual two copies. The extra genetic material disrupts the normal course of development, causing the characteristic features of trisomy 12.

Trisomy 12 is a rare aneuploidy and foetuses with this defect tend to spontaneously abort. The recurrence risk in subsequent pregnancies cannot be estimated as there is limited documentation of complete trisomy 12 cases in literature.

Detailed information can be obtained from the report.

#### SUGGESTIONS:

1. Parental evaluation through chromosomal analysis.
  2. Genetic Counselling is recommended.
- Kindly let us know if we can assist you with any further queries or clarifications.

**Fig-1- Report of chromosomal**





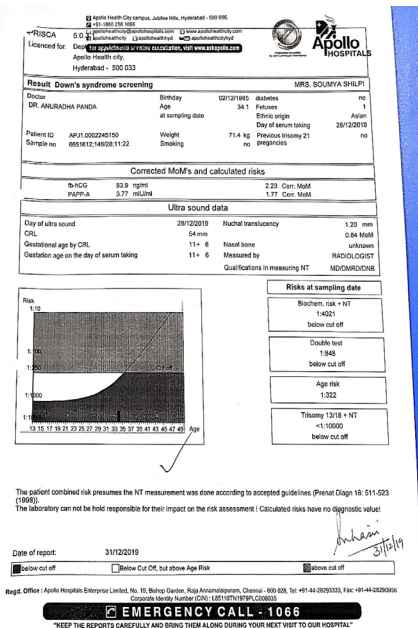


Fig. 5 – Results of Down syndrome screening of Case 1

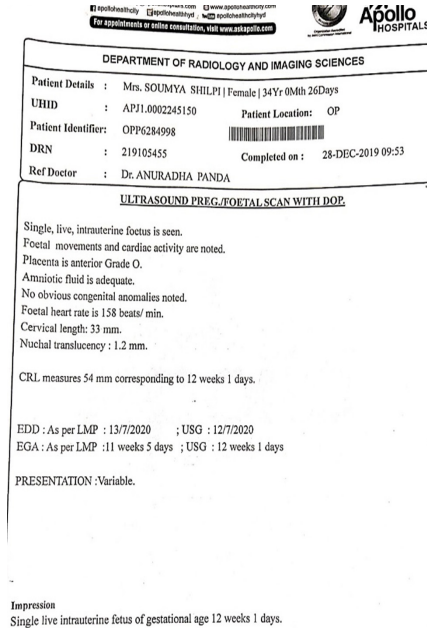


Fig. 6- USG report of Pregnancy/ Foetal scan with DOP of Case 1



Baby of Case1

## Investigation Reports of Case2:

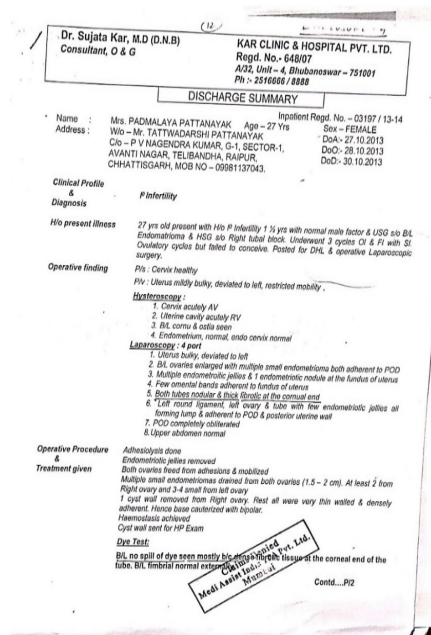


Fig.7 Discharge report after Hysteroscopy and laparoscopy for endometriosis on 2013. (Case2)

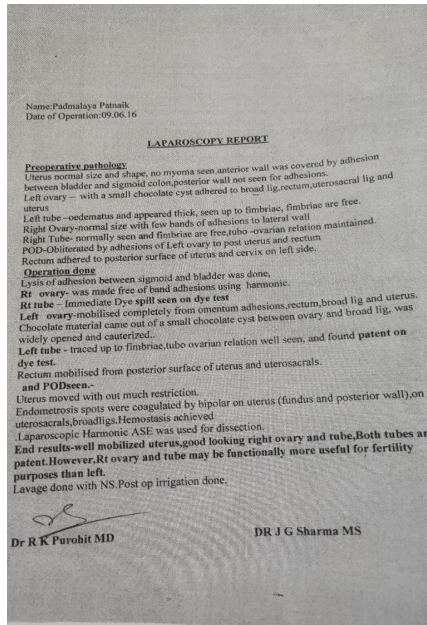


Fig 8.- Report of laparoscopy surgery for endometriosis on 2016(Case2)

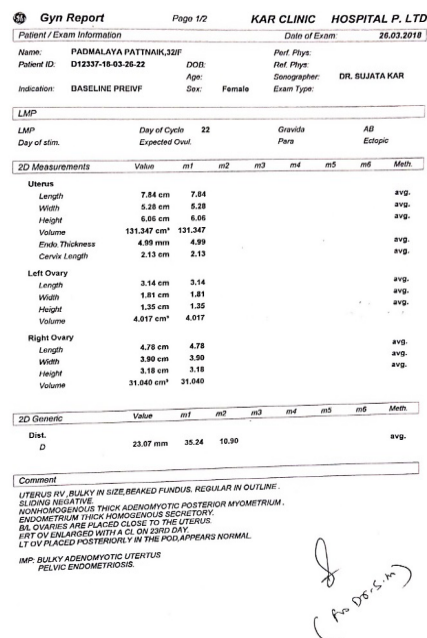


Fig. 9- USG Report of Pelvis on 2018 before treatment (Case 2)

# CASE STUDY

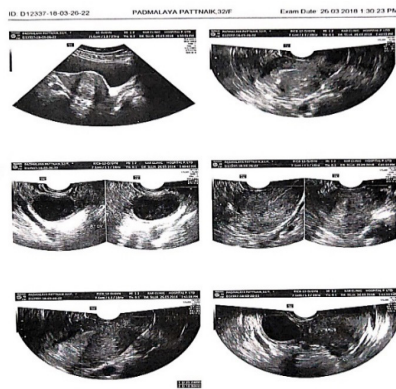


Fig. 10 USG photo before treatment (case 2).

Table 2 - Symptoms considered for constitutional prescription for case 2

Sl No	Symptoms
1.	Company desires
2.	Weeping tendency and Emotional
3.	Chilly patient
4.	Desires for sour food
5.	Easy satiety
6.	Sweat more from whole body in summer
7.	Dysmenorrhoea during periods, ameliorate as flow increases
8.	Pain extends downwards, associated with flatulency
9.	Endometriosis on USG of pelvis

Repertorisation	Sep	Phos	Lyc	Kali-C	Puls	As	Nat-m	Nuc-v	Suph	Calc	Ph-ac	Bry	Acon	Caus	Ferr
[C] (Mind) Company, Desire for:	21	20	19	18	18	17	17	17	17	17	16	15	15	15	15
[C] (Mind) Weeping, tearful mood; Tendency:	10	8	8	8	8	8	8	8	8	8	8	8	8	8	8
[C] (Mind) Excitement, excitable; Tendency:	2	4	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Generalities) Food and drinks; Sour, acids; Desires:	3	2	3	2	3	1	3	2	3	2	2	2	2	3	2
[C] (Stomach) Appetite; Easy satiety:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Perspiration) Profuse:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Female Genitalia) Menses Painful, dysmenorrhea:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Female Genitalia) Menses Painful, dysmenorrhea; Flow; Amel.:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Female Genitalia) Menses Painful, dysmenorrhea; Flatulence, with:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Female Genitalia) Menses Painful, dysmenorrhea; Extending down:	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] (Female Genitalia) Endometriosis:	1					1		1							
Symptoms 1 to 12	Total Symptoms : 12														
Remedies 1 to 15	Total Remedies : 611														

Fig.11 Repertorial results – Case2

DR. ABHIN CHANDRA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, KHARAVEL NAGAR UNIT-III, BHUBANESWAR-751001

Name: Mrs. Rudra Kumar Pathak Date: 23.3.2019

Age: 33y 11m

Urine

Pregnancy Test: Positive/Negative: RE/MICRO/OTHER

GROSS Colour: Sp.gr: Depositor: Reaction:

CHEMICALS Sugar (Qual): Querc: Albumin: Phosphates: B.J. Protein: Chyle: Ketone bodies: Urobilinogen: Bile Salt: Bile Pigment:

MICROSCOPIC (Centrifuged deposit): Epithelial Cells: Leucocytes: R.B.C.: Casts: CRYSTAL: M.F. / T.V.:

LAB. TECH. PATHOLOGIST

Fig. 12 Pregnancy test report – case 2 (After treatment)

Obstetrics Report		Page 1/2	SRIMAA SARADA AROGYADHA
Patient / Exam Information		Date of Exam: 31.08.2019	
Patient ID	542913-19-09-31-2	Gravida	2
Name	Pallabika, Padmalaya	Para	1
DOB/Age	08.08.1985/34	AS	
Sex	Female	Ectopic	1
LMP	16.02.19	DOC	
GA(LMP)	29w6d	EDD(LMP)	23.11.19
EDD(ULM)	29w6d	GA(LMP)	28 wks.
Ref. Phys.	Asha Jain	Ref. Phys.	Asha Jain
Comment		Indication	Doppler for fetal growth
2D Measurements	AUA	Value	m1 m2 m3 Meth. GP GA
AC (Hadlock)		23.68 cm	23.68 avg. 29w6d
Doppler Measurements		Value	m1 m2 m3 m4 m5 m6 Meth.
Left Uterine			
PS		90.74 cm/s	90.74 max
ED		37.90 cm/s	37.90 max
PI		53.37 cm/s	53.37 max
RI		31.48 cm/s	31.48 max
SI		0.58	0.58 avg.
PI		0.59	0.59 avg.
SI		2.39	2.39 avg.
HR		92 bpm	92 max
Right Uterine			
PS		92.57 cm/s	92.57 max
ED		39.42 cm/s	39.42 max
PI		52.91 cm/s	52.91 max
RI		34.56 cm/s	34.56 max
SI		0.57	0.57 max
PI		1.00	1.00 avg.
SI		2.35	2.35 avg.
HR		101 bpm	101 avg.
Unilateral Art.			
PS		0.00 cm/s	0.00 max
ED		0.00 cm/s	0.00 max
PI		0.00 cm/s	0.00 max
RI		0.00 cm/s	0.00 max

Fig. 13- Doppler for feal growth (case 2)



Baby of Case2

There are several ways a homoeopathic remedy can be selected. But in these two cases, constitutional medicines were prescribed on the basis of mental symptoms, physical generals and particular symptoms of the patients which not only aided the removal of obstacles for conception swiftly but also helped in continuation of pregnancy, which is evident from the USG reports. So, the constitutional prescription can be the alternative option for homoeopaths for any pathology in body.

But selecting a constitutional remedy has its own limitations; extraction of general symptoms, particularly mental symptoms, in most of the cases is not so easy. Also, medicines



with prominent mental and physical general symptoms are less in comparison with total available

medicines in our materia medica.

*Calcarea carbonicum* and *Sepia officinalis* are well-known polychrest

medicines of homoeopathic materia

medica; their spheres of action cover almost all systems, including the female genital system. In these two cases, the prominent mental

and physical general symptoms with particulars of these two medicines facilitated first and subsequent prescriptions and

ultimately yielded favorable results. It needs a prospective, multicentric observational study by the Central Council for Research in Homoeopathy (CCRH) for usefulness of homoeopathic medicines in treatment of Infertility.

**Table 3 Summary of the cases: Case 1 and Case 2**

	Case 1	Case 2
Date of first visit	<b>01.02.2019</b>	<b>11.12.2018</b>
Symptoms of first visit	Habitual abortion on second month of pregnancy. Severe pain during periods with profuse flow and clotted blood, associated with pain in breast and neck. Palpitation in chest when alone with fear.	Primary infertility of 7 years. Severe pain during periods extends to back and vagina with flatulency
Investigation report on first visit	Chromosomal study of product of conception – <b>Complete trisomy 12</b>	<b>Bulky adenomyotic uterus</b> <b>Pelvic endometriosis</b>
Constitutional medicine prescribed with potency	<i>Calcarea carbonicum</i> 0/1-0/4, 30 ml each in 8doses, once daily. <i>Jonosia ashoka</i> Q/30ml 15drops bd, <i>Vi-burnum opulus</i> 30, 6 glob sos.	<i>Sepia officinalis</i> 0/1-0/4, 30ml each (8doses), once daily. <i>Jonosia ashoka</i> Q/15ml, 15 drops bd, <i>Cimicifuga racemosa</i> 30, 6globules sos.
Follow up	<p><b>On 01.05.2019</b></p> <p>During periods profuse flow and all types pain diminished. No palpitation.</p> <p><i>Calcarea carbonicum</i> 0/5 and 0/6 30ml (8doses) had given in alternate morning.</p> <p><b>On 08.07.2019</b></p> <p>Flow normal, No pain, fear and palpitation</p> <p><i>Calcarea carbonicum</i> 0/7 and 0/8 was given in 30ml (8doses) each, twice a weak.</p> <p><b>On dt 14.11.2019</b></p> <p>Nausea, weakness and head reeling in morning with delayed period of seven days.</p> <p><b>Pregnancy test report- positive</b></p> <p><i>Calcarea carb.</i> 0/9,30ml (8doses) twice a week, <i>Sabina</i> 30, 6glob once daily morning.</p> <p><b>Investigation – 1<sup>st</sup> Trimester Risk assessment test for Trisomy 21, Trisomy 13 &amp; Trisomy 18 all are indicating at low risk and below screening cut off(no chance of Downs Syndrome)</b></p> <p>She delivered a full term baby</p>	<p><b>15.01.2019</b></p> <p>Pain during period present, decreases after two days of appearance of menses as flow increases, associated with nausea.</p> <p><i>Sepia officinalis</i> 0/5-0/6, 30ml each, in 8doses, was given alternate morning.</p> <p><b>23.03.2019</b></p> <p>First three days flow intermittently with pain which decreased on fourth day as flow increased. Flatulency in lower abdomen, nausea, weakness, and vertigo in morning.</p> <p><b>Pregnancy test positive</b></p> <p><i>Sepia officinalis</i> 0/7, 30ml (8doses) twice a weak</p> <p>She delivered a premature baby due to placenta previa and revived after</p>



Acute remedies like *Viburnum opulus* and *Cimicifuga* are useful for painful menstruation basing on symptom peculiarity to reduce the pain acutely. But for permanent cure, constitutional medicine is required. *Sabina* 30 was prescribed for habitual abortion in first trimester.

## Conclusion

If one keeps in view the limitation and complications of surgical procedures for endometriosis and IVF, well-selected homoeopathic medicines can provide a real solution with less money and painless procedure. More specifically, as evident from these two cases, menstruation with acute pain could resolve promptly with homoeopathic medicines. Well-selected homoeopathic constitutional remedies could produce favourable results, which may be a holistic, safe and effective solution to specific organopathic remedies, or even can be used as an add-on. But inferences drawn from these two case reports have limitations too, since the favourable outcomes of only two cases cannot be generalised for treatment of cases of endometriosis or chromosomal abnormality. Hence, randomized controlled study with larger sample size is suggested to establish the efficacy of homoeopathic constitutional remedies in the treatment of different causes of

infertility.

## Informed Consent

Written informed consent was obtained from both the patients.

**Conflict of interest:** The author declare that there is no conflict of interest.

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## About the author

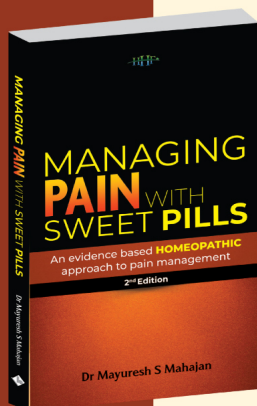
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# MANAGING PAIN WITH SWEET PILLS

Dr Mayuresh S Mahajan

ISBN: 978-81-319-1960-6 | ₹ 595 | 200 pp



- 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 similimum 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.

# MYTH or FACT? Individualised homoeopathy shows magic! An evidence-based case report of cholelithiasis

By Dr Navin Kumar Singh<sup>[1]</sup>, Dr Biswajit Bera<sup>[2]</sup>, Dr Tamara Afroza<sup>[3]</sup>

**Abstract:** A four years old baby girl having diagnosed with cholelithiasis in USG came for homeopathic treatment with the hope to avoid surgical intervention. After complete case taking, case analysis and proper individualisation single homoeopathic medicine in single dose was prescribed. After four months of treatment, the patient not only got relief of her presenting symptoms but also a positive USG report gave result of no calculus in gall bladder. This article gives a clinically useful review of a case with evidence about how an individualised homoeopathic medicine treated gallstone successfully which increases the confidence level of a controversial mind that why and how one should apply homoeopathic medicine instead of doing surgery. The paper is intended to make readers aware of current thinking in this field.

**Keywords:** gallstones, individualisation, homoeopathy

**Abbreviations:** right(rt), history of (H/O), acute gastro enteritis (AGE), ultrasonography (USG), once daily (OD)

## Introduction:<sup>[1-2]</sup>

Gallstones are hardened deposits of the digestive fluid bile, that can form within the gallbladder. They vary in size and shape from as small as a grain of sand to as large as a golf ball.[1] Gallstones occur when there is an imbalance in the chemical constituents of bile that result in precipitation of one or more of the components. Gallstone disease is often thought to be a major affliction in modern society.[2] In this particular case, the baby girl presented her clinical symptoms of pain abdomen with H/O AGE attack previously, occasionally occurrence of pyrexia was there with vomiting.

## Case study

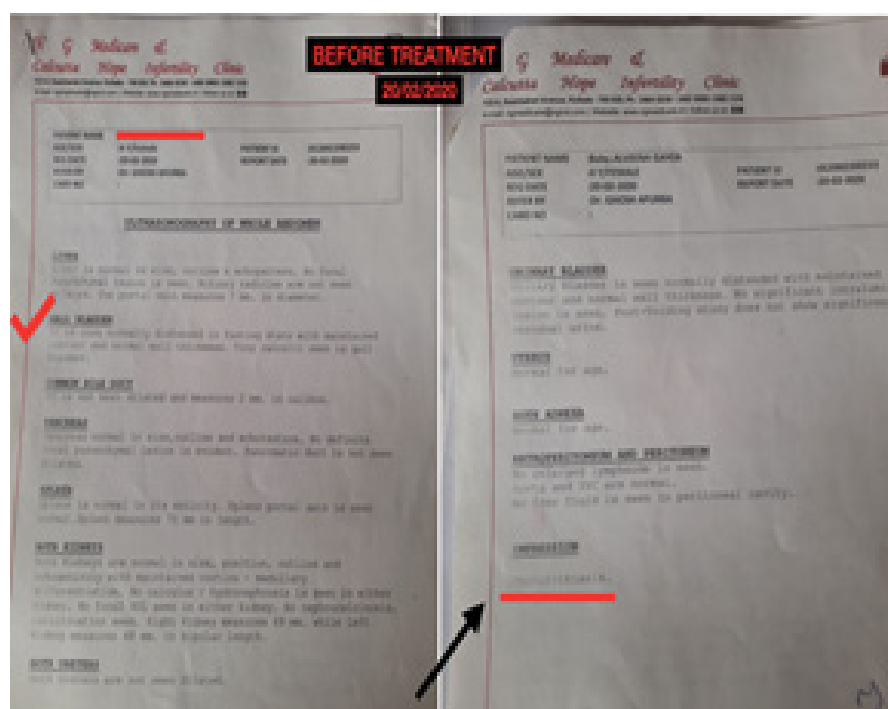
(1) This disorder is usually diagnosed by history of recurrent episodes of right-upper-quadrant or epigastric pain, suggesting biliary colic and Boas' sign. There may be fever, tender right upper quadrant with or without Murphy's sign, tenderness when the hand taps the right costal arch (Ortner's sign).[1]

(2) The three primary methods used to diagnose gallbladder disease are ultrasonography, nuclear scanning (cholescintigraphy), and oral cholecystography. Today, ultrasonography is the method most often used to detect cholelithiasis and cholecystitis. Occasionally, gallstones are diagnosed during

plain x-rays. Ultrasonography has a specificity and sensitivity of 90-95%, and can detect stones as small as 2 mm in diameter.[2]

### Pathological test:-

USG of whole abdomen- tiny calculus on gall bladder, cholelithiasis (Fig.1



## Analysis and evaluation of symptoms Fig.1

Mental generals	Physical generals	Particulars
1. Prefers company. 2. Talking in sleep. 3. Fear of dark or shadows. 4. Obstinate.	1. Hot patient. 2. Craving for eggs. 3. Intolerance of milk and milk products.	1. Stool hard. 2. Passes offensive flatus. 3. Grinding of teeth at night. 4. Profuse perspiration on single parts, especially on scalp.

## Totality of symptoms:

1. Prefers company.
2. Fear of dark.
3. Talking in sleep.
4. Obstinate.
5. Hot patient.
6. Craving for eggs.
7. Intolerance of milk.

8. Stool hard.
9. Profuse perspiration on single parts.
10. Flatus-offensive.
11. Grinding of teeth at night.

**Miasmatic analysis:** The mental and physical characteristic symptoms are showing psoric dominancy so the case

points towards psoric miasm. [3]

## Repertorisation (Hopath Zomeo) :

As the case was presented with prominent mental and physical general symptoms, Kent's repertory was selected for repertorisation with help of Hopath Zomeo. [4]

(Fig.2)

principles. [5,6,7]

## Treatment plan:-

- Individualised homoeopathic medicine with proper dose and potency by following homoeopathic law and

## Prescription:-

- 1) *CINA MARITIMA 200*  
ONE DOSE

2) PLACEBO 30 once a day

for next four months till the baby was improving.

Patient was advised to avoid spicy, fatty foods and visit the physician once in every month for follow up.



## Selection of dose and potency<sup>[5,6,7]</sup>

By considering susceptibility, seat of the disease and mentality of the child single dose of two hundred potency has been selected.<sup>[5,6,7]</sup>

## Follow up:

Date	Symptoms	Prescription
27/02/2020	Chief complaints	<i>CINA MARITIMA</i> 200 One Dose
25/03/2020	Improved	Placebo 30 for next 1 month
29/04/2020	More improvement than before	Placebo 30 for next 2 month
20/06/2020	Gall stone disappeared	<i>CALCAREA CARBONICUM</i> 200 One dose (prescription done as if the most simillimum antipsoric remedy for the purpose of individualised homoeopathic treatment for general improvement of health) <sup>[4]</sup> (Fig.2)

## Expected outcome of the treatment plan:-

Follow up of the case was scheduled to be done once in every month with the hope of -

1. Recovery of the patient by removal of the presenting complaints as well as restoration of the health with no further comeback of previous complaints.
2. Abdominal USG report with findings absence of gall stones.

After four months of homeopathic treatment USG of whole abdomen was done with following follow up result.

Patient's physical state:-

- 1)No abdominal complaints till now since the treatment started
- 2)No attack of AGE till now.
- 3)Baby was passing stools almost regularly.
- 4)appetite, thirst, sleep and all other generalities now had no imbalance.

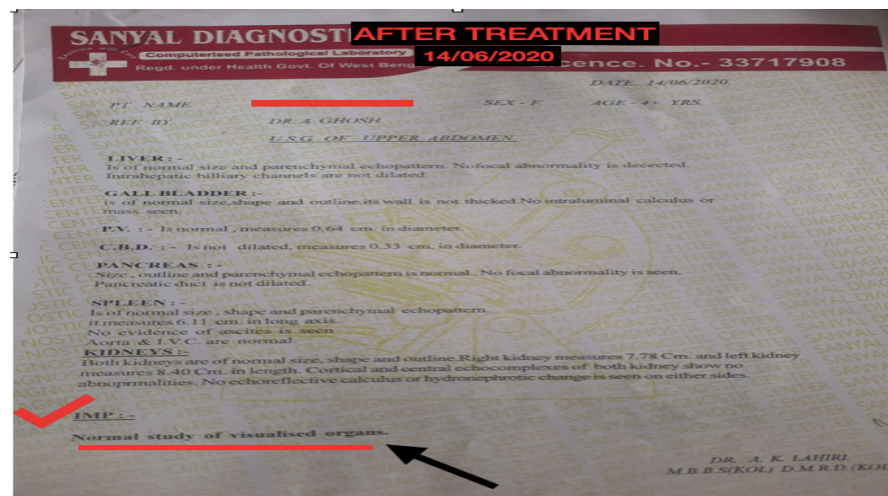
5)USG(whole abdomen) report:-

Normal study with no calculus was found now.(Fig.3)

## Conclusion: <sup>[3,4,9]</sup>

Gall bladder stone is quite uncommon in children but not rare for which patient always wishes to avoid surgical intervention. In the above described case, it is very clear that individualised simillimum remedy can give magical recovery. We know that smaller the dose of a truly indicated medicine, the better as it produces a gentle remedial effect.<sup>[3]</sup> Though through full analysis of the case as well as repertorisation *CALCAREA CARBONICUM* was indicating the most indicating remedy,<sup>[4]</sup> but on the basis of mental general, physician's observation and symptoms similarity *CINA MARITIMA* was prescribed.<sup>[9]</sup> Then the follow up of the case with the anti-psoric (*Calcarea carbonicum*) was given where *CINA MARITIMA* gave outstanding result with removal of the symptom. Even after 6months later, the patient gave no afterward complaints till date.

## Actual outcome:-



Why individualisation is the option of choice?

It is described in §153 of *Organon of Medicine*, that it is the most striking, singular, uncommon, peculiar, or characteristic symptoms of the disease that are to be kept chiefly and most solely in view; it is for analogues to these that we must search through the lists of medicinal symptoms[8].

**What does simillimum means in case prescription?** The simillimum is the most similar remedy corresponding to a case, covering the true totality of the symptoms and always curative; also, in incurable cases, it is the best possible palliative remedy. The selection of the simillimum involves its administration singly and without admixture of any other medicinal substance. Alteration or rotation of remedies sometimes leads away from accurate and definite knowledge of drug effects, and sooner or later leads to polypharmacy which needs to be avoided in individualised homeopathic prescription[6,7,8].

**Remarks:**[6,7,8]

The homeopathic dose, therefore, is always a sub-physiological or sub-

pathogenetic dose; that is, a dose so small as not to produce pathogenetic symptoms; for we desire, not to produce more symptoms, but only to remove and obliterate symptoms already existing. It must also be given in a dose so small, as not to produce a severe aggravation of the already existing symptoms<sup>[6,7]</sup>. The success of homeopathic treatment depends to a great extent on the correct selection of the potency and the requisite potency should be selected through the susceptibility of the patient<sup>[8]</sup>.

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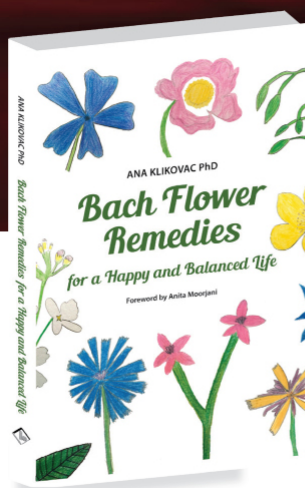
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ISBN: 978-81-319-2155-5 | ₹ 395 | 300 pp

# A Textbook of Immunology, Microbiology and Parasitology

*By Dr Amit Arora*

## Reviewed by:

**Dr Amandeep Kaur**

**M**icrobiology is an allied and less understood subject in Homoeopathy. The literature regarding microbiology which caters the need of a homoeopathic student was very much needed and this book exactly delivered what was required. The first edition of this book came in 2015. This book provides a better insight to all the units and concepts regarding immunology, microbiology and parasitology.

This book is divided into different sections that is from Part-A to Part-E describing immunology, general microbiology, bacteriology, virology and special chapters in Part- E, i.e. normal microbial flora of the human body and nosocomial infections.

Introduction of microbiology explains the historical background of microbiology, various stalwarts who did their experiments and gave progressive concepts regarding the subject.

The scope and importance of microbiology in homeopathy is very well explained and students can correlate the relation between microbiology and homoeopathy. As a medical student, one needs to learn the applied knowledge of modern medicine with homoeopathy and should know thoroughly about how to collect specimen sample for blood urine and stool culture and this is explained superbly in the book. A chapter on infections is given

separately and special emphasis is given on definitions of related terms. Immunology section is written in very understandable way. Diagrams and definitions given are easy to learn.

Bacteriology section starts from very basic information about bacteria to make a base of the concept. The individual bacteria's are explained in a manageable manner into different headings so that learning can become easy. A special section "Points to know" is displayed in chapters to give additional information regarding the topic. Summary after every chapter gives the quick idea about important points to remember regarding the chapter.

General properties of virus are beautifully explained in virology section. The information related to viruses and explanation is just right, nor too lengthy neither too short. The author has tried to give additional latest information regarding a topic wherever needed. Newly emerging virus, Ebola virus is also included in the book.

Parasitology section starts with general introduction about parasites, host nomenclature, parasitic life cycle and how to approach a patient for diagnosing a parasitic disease. This section accentuates the importance of this book. A student can get knowledge about parasitology along with immunity, bacteriology, virology in one book.

All the related information about a parasite is available in this book.

The topic is divided into different headings which makes it easy to read and memorize. Diagrams of life cycle of a parasite makes it trouble free learning. Helminths are described in a very comprehensible manner. In the last chapter of parasitology section, there is chart or summary of all the parasites with their habitat, host, infective agent, mode of entry and disease caused, to learn for viva voice practical.

Mycology is also covered in this book in a concise way. Special chapter is given related to immunization which clears all the doubts concerning this topic. Lastly, "frequently asked questions" section gives a clear picture to a student about format of a question and facilitate the exam preparation.

Overall, font size, space between words, highlighted points, additional Information in boxes, different headings, easy language, different sections, well labelled diagrams and tables all contribute collectively to make this book a great learning journey for a homoeopathic student in microbiology subject.

## About the reviewer

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