

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

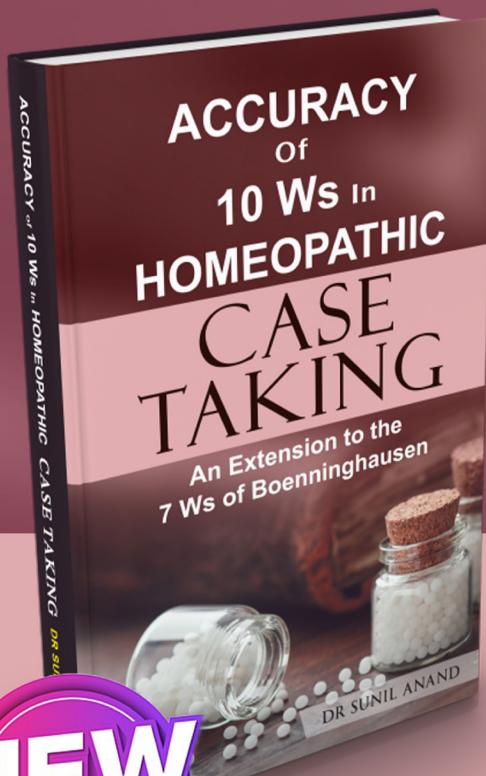
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Vol. 49, No. 02, May 2022



Individualised Homoeopathy: Evidence-based Case Reports

- Effectiveness of individualised, anti-miasmatic homoeopathic treatment in case of diabetes mellitus: an evidence-based case study
- Scope of homoeopathy in the management of a rare genetic dermatological disorder: a case study on acrogeria



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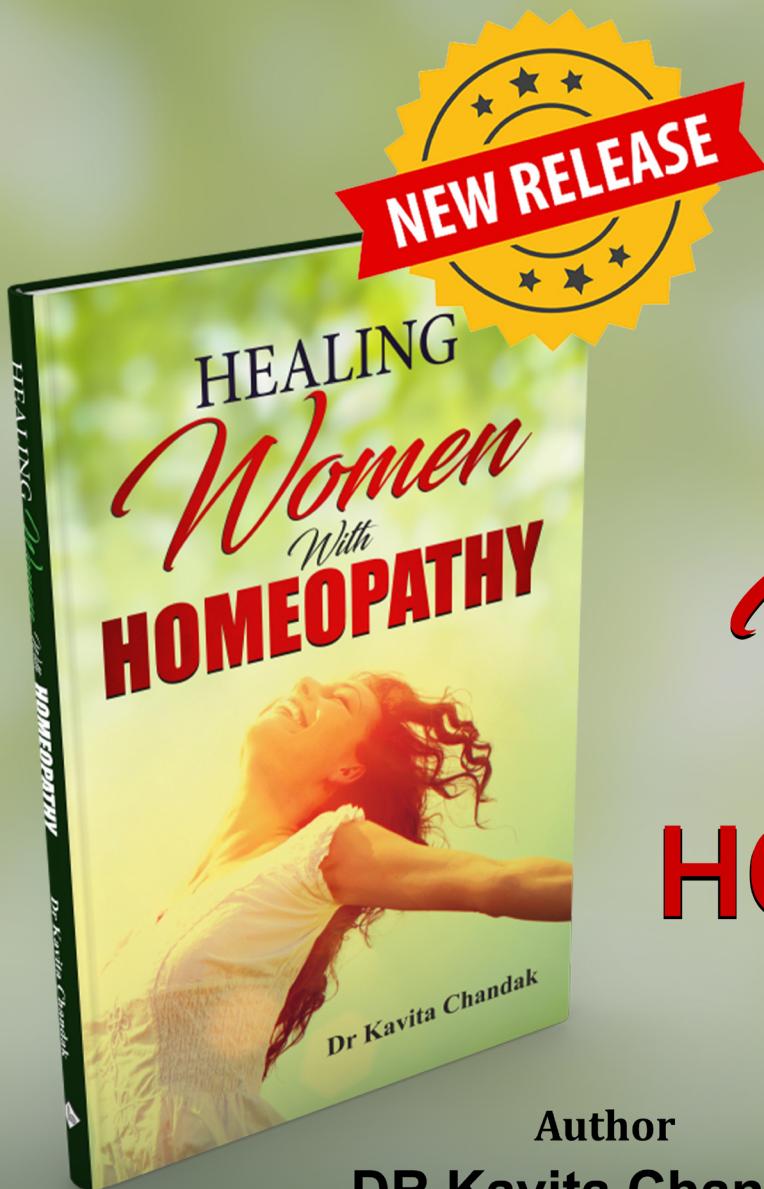
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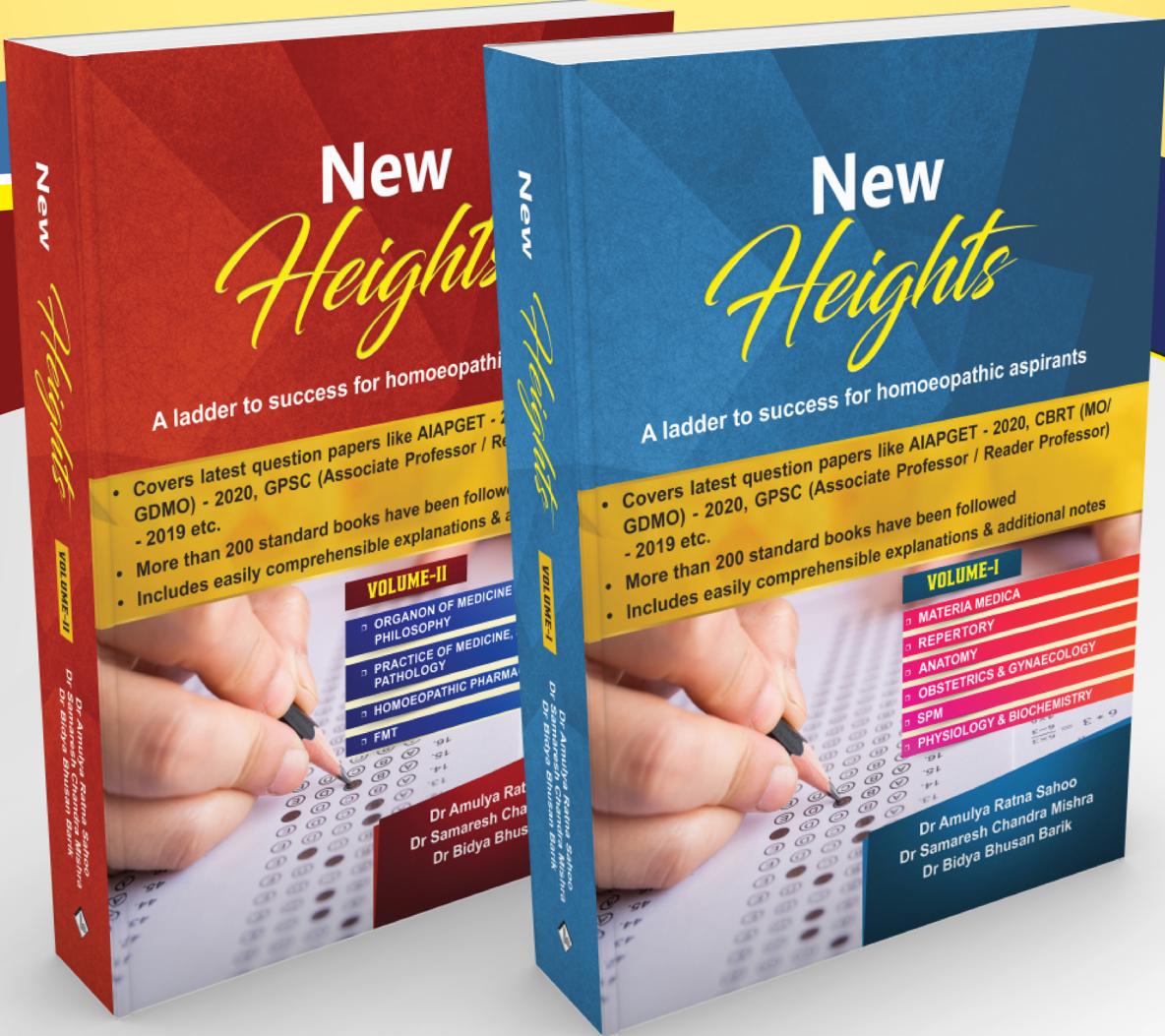
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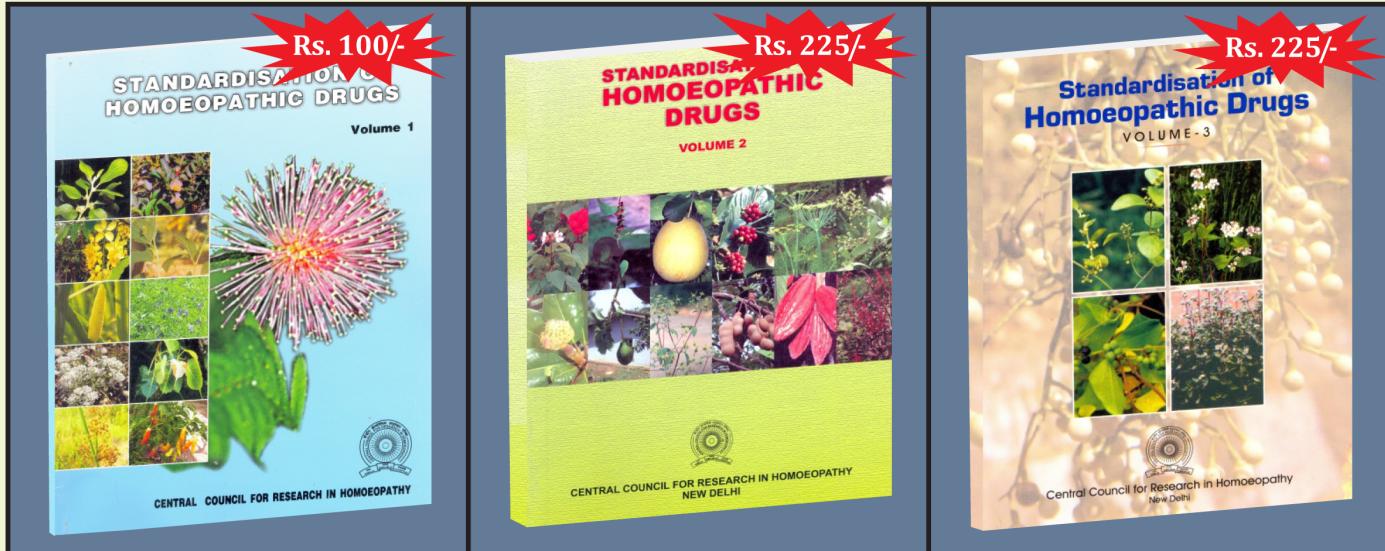
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CONTENTS

EDITORIAL

Dr Yashika Arora Malhotra 9

CASE STUDY

Effectiveness of individualised, anti-miasmatic homoeopathic treatment in case of diabetes mellitus: an evidence-based case study

By Dr Nirav Ganatra 20

A case of rheumatoid arthritis treated by homoeopathic medicine: a case study

By Dr Ravi Prakash 42

Rheumatic disorders

By Dr A. Rafiya, Dr D. Esther Deva Ramya, Dr J. Senthil Kumar 51

Homoeopathic approach in the treatment of gout: a case report

By Dr Bajrangi Kumar Chauhan, Dr Arti 63

Effectiveness of homoeopathy in psoriasis: a case study

By Dr Ajay Vishwakarma 73

SUBJECTIVE

Lesser-known Indian medicines in rheumatism:
laurels of homoeopathy

By Dr Jaimin R. Chotaliya 26

Psychoanalytic view of rheumatoid arthritis and managing cases with positive psychology and homoeopathy

By Dr Sutapa Nandi, Dr Ram Kumar Agrawal 39

Rare gems for osteoarthritis: a reflection from various homoeopathic literature

By Dr Prastuti Jaiswal, Dr Saumya Sharma 47

Types of rheumatic pains and their indications in homoeopathy

By Dr Rup Nandi, Dr Alok Nath Shaw, Dr Rajat Chatteejee, Dr Aditi Paul 55

Homoeopathic remedies in rheumatic diseases

By Dr Archana V. Kulkarni, Dr Pavan Kumar Tawani, Dr Swati Bikkannavar 83

Study of rheumatic remedies – clinical utility

By Dr Santosh Kumar, Dr Priyanka 87

Scope of homoeopathic treatment in post-traumatic stress disorder (PTSD)

By Dr Sunita Singh 91

Rheumatology and homoeopathy

By Dr Nethravathi.B 94

MATERIA MEDICA

The rheumatic remedies

By Dr Das Torsa, Dr Bhowmick Sayantan 78

CLINICAL

Vitiligo and its homoeopathic approach: an evidence-based case report

By Dr. Niraj Kumar 13

Scope of homoeopathy in the management of a rare genetic dermatological disorder: a case study on acrogeria

By Dr Yogesh Dhondrajit Niturkar 98

Individualised homoeopathic approach of sulphur for a topic dermatitis in children – a case report

By Dr Sonia Tuteja, Dr Isha Thakur, Dr Aditi Bhinda, Dr Komal Yadav 109

RESEARCH REVIEW

A review of a distinctive and resourceful Repertory on Rheumatism - Repertory to the symptom of rheumatism, sciatica et cetera

By Dr Ishita Ganjoo, Dr Deeksha Garg 17

Correlating rubrics from the Repertory of the Homoeopathic Materia Medica by J.T. Kent with manifestations of cervical radiculopathy

By Dr Mallesh Reddy 45

Rheumatic heart disease—its homoeopathic management and treatment

By Dr Sandeep Puri, Dr Varun Puri, Dr Shivani Sharma 49

A review of gout and its homoeopathic management

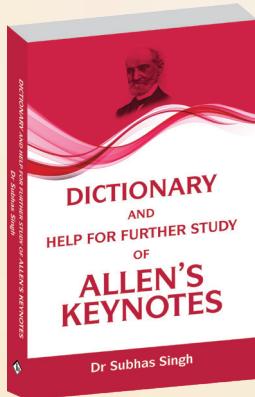
By Dr Ashok Yadav, Dr Virendra Chauhan, Dr Bhavneet Kaur 68

RESEARCH PAPER

Effectiveness of individualised homoeopathic medicines in treatment of contact dermatitis with the aid of Synthesis Repertory – a prospective, non-randomised, open label, observational study

By Dr Avinash Patel, Dr S Bidwalkar, Dr Hanuman Ram, Dr Uttam Singh, Navita Bagdi, Dr Anuradha Singh 30

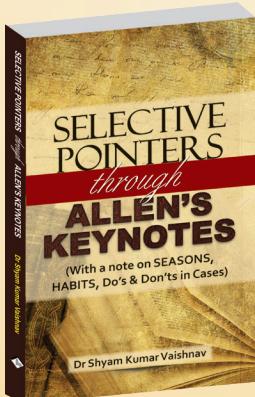
DICTIONARY and Help for Further Study of ALLEN's KEYNOTES Dr Subhas Singh



- 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.
- The author has done his best to provide the word meanings to all the difficult terminologies and nomenclature used in Allen's Keynotes.
- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
- the symptoms (Keynotes) are segregated according to the various chapters and sub-chapters.
- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

ISBN: 978-81-319-1381-9 | ₹ 499 | 440 pp

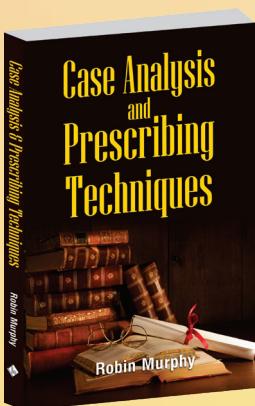
Selective Pointers through Allen's Keynotes Dr Shyam Kumar Vaishnav



- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
- The book is divided into 2 sections in which, the most important symptoms are arranged under 11 subsections, based on different phases of life, addictions, seasons along with the Do's and Don'ts.
- 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.

ISBN: 978-81-319-1805-0 | ₹ 145 | 120pp

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,

In this world of 21st century, the field of medicine is continuing to see newer advances each day. People's perspective regarding a particular illness and its treatment has changed drastically over the past few years due to rising awareness and literacy among the people. The general public now understands the importance of addressing their day-to-day problems including physical, mental, or emotional, and seeking homoeopathy to manage them. Homoeopathy has certainly emerged as an underdog when it comes to managing nearly all types of diseases, especially joint disorders.

Rheumatoid arthritis can cause significant work disability and reduce patient's quality of life. In the long run, patients also tend to develop fatigue and depression due to increasing disability. When it comes to treating rheumatoid arthritis, the normal treatment is to give steroids, anti-inflammatory medicines, and painkillers. But these do not in any way cure the problem and is aimed at alleviating the suffering of the patient. On the contrary, homoeopathy is aimed at completely curing and eradicating the inflammation of the joints, moderating the immune system and eliminating the underlying cause, and improvising the individual's susceptibility to disease. Of course, this requires some time as the immune system has to get back into its original shape where it recognises one's own body as a friend and not as an enemy. Rheumatic remedies improve the quality of life in patients along with reducing pain and disability as well as help to slow down further progression of the disease. The duration of cure and curability of rheumatoid arthritis depend entirely upon nature, duration of illness, associated deformities

and extra-articular symptoms or complications. Deformities and other structural changes which have already taken place do not go away with homoeopathic medicines. However, the occurrence of these deformities or systemic complications can certainly be prevented, with a sense of well-being, and if detected early, there can certainly be a permanent cure for rheumatoid arthritis in homoeopathy.

A Quick Word on Issue Content:

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

The peer reviewed articles of this issue include effectiveness of individualised homoeopathic medicines in treatment of contact dermatitis with the aid of Synthesis Repertory - a prospective, non-randomised, open label, observational study by Dr Avinash Patel, Dr S Bidwalkar, Dr Hanuman Ram, Dr Uttam Singh, Navita Bagdi, Dr Anuradha Singh, scope of homoeopathy in the management of a rare, genetic dermatological disorder: a case study on acrogeria by Dr Yogesh Dhondiraj Niturkar, and effectiveness of individualised, anti-miasmatic homoeopathic treatment in case of diabetes mellitus: an evidence-based case study by Dr Nirav Ganatra. The research reviews on distinctive and resourceful Repertory on Rheumatism - Repertory to the symptom of rheumatism, sciatica et cetera by Dr Ishita Ganjoo, Dr Deeksha Garg, correlating rubrics from the Repertory of the Homoeopathic Materia Medica by J.T. Kent with manifestations of cervical radiculopathy by Dr Mallesh Reddy, a review of gout and its homoeopathic management by Dr Ashok Yadav, Dr Virendra Chauhan, Dr Bhavneet Kaur are absolutely amazing articles for this issue. The clinical case studies include individualised homoeopathic approach of Sulphur for atopic dermatitis in children – a case report by Dr Sonia Tuteja, Dr Isha Thakur, Dr Aditi Bhinda, Dr Komal Yadav, effectiveness of homoeopathy in psoriasis: a case study by Dr Ajay Vishwakarma, rheumatic disorders by Dr A. Rafiya, Dr D. Esther Deva Ramya, Dr J. Senthil Kumar, a case of rheumatoid arthritis treated by homoeopathic medicine: a case study by Dr Ravi Prakash, vitiligo and its homoeopathic approach: an evidence-based case report by Dr Niraj Kumar, homoeopathic approach in the treatment of gout: a case report by Dr Bajrangi Kumar Chauhan, Dr Arti. Subjective articles include lesser-known Indian medicines in rheumatism: laurels of homoeopathy by Dr Jaimin R. Chotaliya, psychoanalytic view of rheumatoid arthritis and managing cases with positive psychology and homoeopathy by Dr Sutapa Nandi, Dr Ram Kumar Agrawal, rare gems for osteoarthritis: a reflection from various homoeopathic literature by Dr Prastuti Jaiswal, Dr Saumya Sharma, types of rheumatic pains and their indications in homoeopathy by Dr Rup Nandi, Dr Alok Nath Shaw, Dr Rajat Chatterjee, Dr Aditi Paul, the rheumatic remedies by Dr Das Torsa, Dr Bhowmick Sayantan, Homoeopathic remedies in rheumatic diseases by Dr Archana V. Kulkarni, Dr Pavan Kumar Tawani, Dr Swati Bikkannavar, study of rheumatic remedies – clinical utility by Dr Santosh Kumar, Dr Priyanka, scope of homoeopathic treatment in post-traumatic stress disorder (PTSD) by Dr Sunita Singh, and rheumatology and homoeopathy by Dr Nethravathi.B.

A homoeopath must always remember the footnote to the

EDITORIAL

aphorism 119, as mentioned by Dr Hahnemann: "Any one 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. Rheumatoid arthritis, being an individualised and autoimmune disorder, can

be effectively managed with the holistic approach of homoeopathy.

We hope this issue will help the fellow homoeopaths to understand and manage the rheumatic cases in a better way and thus help in curing the patients from their sufferings.

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

information and opportunities related to homoeopathy.

Lastly, we will like to invite research papers, articles and case studies of our readers. It is rightly said by Benjamin Franklin:

"Either write something worth reading or do worth something writing."

Dr Yashika Arora Malhotra

hheditor@bjain.com

Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of 'peer reviewed'. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at hheditor@bjain.com.

Call for papers for the upcoming issues:

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July 2022	Pain Palliation with Homoeopathy	May 15, 2022
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Concepts on rheumatic disorder

Introduction

Rheumatism is usually considered to be an archaic term in medical science for it is not listed as a subject within the index of most modern, medical texts. It is observed that rheumatism is not listed in the index of the text in Harrison's Principles of Internal Medicine, 16th edition published in 2005. It is only in the 12th Edition the only listing for rheumatism is psychogenic rheumatism with remarks that "psychogenic rheumatism patients may experience severe joint pain involving a few to several joints without physical findings of arthritis. This disorder is recognised by the inconsistencies, exaggerations, and emotional lability of the patient during the history and physical examination..." The above use of the word rheumatism reflects how the concept of the systemic disease of rheumatism is understood in modern medicine as only an archaic term. Hippocrates, "...first used the term 'rheuma', which literally means "flowing," to describe an excess of the watery humor (phlegm) thought to flow down from the brain. The words 'rheuma' and 'catarrhos' ("flowing down") were used interchangeably by ancient Greeks to describe a variety of illnesses including joint problems. Galen adhered to many Hippocratic concepts and he also observed individuals' life activities, such as their immediate living environment, nutrition, hygiene, levels of exercise, the observable factors of disease states, signs, and patient complaints, symptoms, and rationally studied anatomy, physiology and the environment so as to understand the nature of man concerning the development of disease states more accurately.

Galen's concept of rheumatism was that it was a disease that affected many parts of the body as a systemic disease and that, it was related to rheum, a flowing down of phlegm, catarrh from the mouth

and coryza from the nose. That idea was rationally appropriate since the cerebrospinal fluid is a semi-clear fluid and it is normally found within the ventricles and within the space between the meninges and the matter of the brain just above the cribriform plate.

An increase in mucous drainage, catarrh and coryza, was related, evidently, to a "...a systemic inflammatory response syndrome (SIRS) that may have an infectious or a non-infectious ethiology. If an infection is suspected or proven, a patient with SIRS is said to have sepsis. When sepsis is associated with dysfunction of organs distant from the site of infection, the patient has severe sepsis. Severe sepsis may be accompanied by hypotension or evidence of hypo perfusion. If the development of phlegm from the respiratory organs is caused by an infection from a microorganism that has a mechanism to create pathological tissue changes to distant tissues and organs, then, perhaps, that is the mechanism of the development of rheumatism, or better said, rheumatic pathological signs and symptoms in various parts of the body. Rheumatism as a disease process became clinically, more accurately understood so by the late 1700's acute rheumatism was the term used for rheumatic fever and chronic rheumatism was known defined as follows: "the chronic rheumatism is either the remains of a rheumatic fever, or a continuation of pains that proceeded at first from lesser but neglected colds."

Modern medicine, basically, is a syndrome (idiopathic disease) altering art that has incorporated certain treatments to alter, usually for the better, certain syndromes. This paradigm is enforced by the concept of evidence based medicine. Since the cause of the syndrome is in question is not known as the treatment is syndrome-altering, and not disease curing, in nature. One can understand the concept

of the four humors in a reasonable fashion if it is understood that blood is red arterial blood oxygen, which originated in the heart; black bile was deoxygenated blood with erythrocyte break-down products within it, which was stored in, and which flowed from, the spleen; yellow bile was normal bile that originated in the liver and which flowed, via the bile ducts, to the gall bladder for storage. Phlegm was mucous or other clear secretions or excretions within, or from, a specific organ. For instance, phlegm, clear or purulent, which is expectorated during coughing; phlegm that composes the matter of sinus drainage, acute or chronic, and tears, which can exist in copious amounts during an allergic episode. Mucus that is normally secreted from the endothelial lining of most organs of the gastrointestinal tract was also considered to be an aspect of phlegm. It was thought that purulent matter, pus, was a type of phlegm. In addition, mucus secreted by the uterine lining and which departed via the uterine os, and saliva, were both categorised as phlegm.

Since 99% of diseases that are discussed in modern medical texts have no known causes they should be identified as symptom and sign patterns, syndromes, rather than well-defined diseases. Most treatments for most syndromes, even today, are usually syndrome altering and rarely syndrome curing and that includes surgical as well as medical approaches to treatment. Examples are: orthopaedic surgery for arthritis of the knee and hip, coronary by-pass surgery for arteriosclerosis of the coronary arteries and removal of the gall bladder. In addition, the use of steroid and non-steroid anti-inflammatory medications for arthritis, diuretic and vascular dilator medications for hypertension, and various tranquilisers for various mental syndromes. Chronic or semi-chronic rheumatic fever hypothetically causes the development of an

FROM THE EDITOR'S DESK

acute onset subtype of rheumatoid arthritis. In approximately 10% of individuals the onset is more acute, with a rapid development of polyarthritis, often accompanied by constitutional symptoms, including fever, lymphadenopathy, and splenomegaly." Splenomegaly, lymphadenopathy and fever occur in rheumatic fever, but since modern physicians are not aware of the lower-grade presentations of rheumatic fever they, simply, do not realize that it is causing the onset of multi-articular arthritis.

It is observed that the rheumatism chiefly attacks persons in the early age where it begins with chillness and shivering, followed by inquietude and thirst. Which is preceded with spontaneous lassitude, a heaviness of the joints and coldness of the extreme parts. When the fever appears, there is an inward heat, chiefly about the precordia, attended with anxiety. The pulse is quick and straight, the appetite is lost, the body costive. In a day or two, sometimes sooner, the patient feels a racking pain, sometimes in one joint and sometimes in another, but more frequently in the wrists shoulders and knees; frequently shifting from place to place.

Differing from most infectious diseases, rheumatic fever can recur and, frequently, recurrences feature a more severe disease presentation. It is more accurate to understand rheumatic fever to be an "infection-caused auto immunological disease, not, purely an infectious disease, wherein pathological damage to tissues is due to a physically intimate infection as one would note in the development of a dermatological infection such as a folliculitis lesion or a carbuncle. Recurrences of rheumatic fever often occur with more virulence than previous episodes since the immune system experiences an increase in immunological sensitivity and memory with each streptococcal auto antigenic challenge. A unifying conceptual statement, integrating the various concepts and definitions from the dictionaries, texts and

website are as follows: Rheumatic fever, and therefore chronic rheumatism, represent a continuum of the same variable, clinical, autoimmune disease from the most acute to the most chronic, caused by a variably severe septic autoimmune response, which is inflammatory in nature, secondary to the occurrence of infections by various strains of Streptococcus pyogenic.

From information in Sir William Osler's text, that there are sub-acute and less than sub-acute states of rheumatic fever with more subtle systemic symptoms and signs than "classic" high-grade rheumatic fever. Such a disease has the same symptoms and signs that are thought to be those of influenza, or "the flu": a respiratory disease, often at least, lethargy, tiredness, at times stupor, body pain, back pain, photophobia, at times, headache, at times, gastrointestinal symptoms and signs, at times, and often a fairly rapid recovery. Often patients who had rheumatic fever had been diagnosed by a physician, or by parents, to have chicken pox, measles, the flu, mononucleosis and viral meningitis. Often the patients had been very ill, but recovered with care at home. Rheumatism is a disease with frequent acute manifestations, but it has much more common chronic manifestations.

Treating of suffering from arthritis and rheumatism with Homoeopathy, just as with any other condition it has been the practice to observe the person as a whole. In practice this means starting by looking at what exactly the problem is getting information on sensational feelings of pain, stiffness, sleep disturbance, limitation of particular activities. Further it needs to find out the actual location and the continuity of the problem over a period of time. Evolutionary history brings information on the pattern of suffering with subsequent changes. Modalities are very much visible in the rheumatic disorder where worsening or betterment are experienced. Background needs to keep in mind with investigation on past history and family history. This

provides the miasmatic background to be included at understanding level. History is completed only by including the mental and physical general observation. Being a systematic disorder, it becomes essential to generalise the finding to bring expression of totality of symptoms indicating a particular medicine. These features provide a "tripod", the traditional basis for a sound homoeopathic prescription: one typical local, mental and general feature.

Conclusion

Despite a growing interest in uncovering the basic mechanisms of arthritis, medical treatment remains symptomatic. Current medical treatments do not consistently halt the long-term progression of these diseases, and surgery may still be needed to restore mechanical function in large joints. Patients with rheumatic syndromes often seek alternative therapies, with homoeopathy being one of the most frequent. Homoeopathy is one of the most frequently used therapies worldwide. Homoeopathy treats the person as a whole. It means that homoeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homoeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions. The medicines given below indicate the therapeutic affinity but this is not a complete and definite guide to the treatment of this condition. The symptoms listed against each medicine may not be directly related to this disease because in homoeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy.

Dr M. K. Sahani

Dr Ramjee Singh

Vitiligo and its homoeopathic approach: an evidence-based case report

By Dr Niraj Kumar

ABSTRACT: Vitiligo is a very common, autoimmune, pigmentary disorder characterised by destruction of epidermal melanocytes causing loss of skin pigments. It is not a rare condition but is difficult to treat. Vitiligo is considered to be a social stigma, particularly for young girls, in some parts of the world, especially in rural India. The exact cause of vitiligo is not yet known but the constitutional treatment of the patient as a whole helps to remove the miasmatic dyscrasia responsible for the same resulting in cure. Here is a case of vitiligo undergoing prescription - *Sepia officinalis*. The case was followed up regularly every month for about 10 months, and the result was disappearance of white patches as evident from the photographs.

Keywords: vitiligo, homoeopathy, *Sepia officinalis*, miasmatic dyscrasia.

Abbreviations: mm of Hg – millimetre of mercury.

Introduction

Vitiligo is an acquired pigmentary disorder which occurs due to stoppage of melanin formation by the melanocytes. It presents as asymptomatic depigmented macules anywhere on the body[1]. It is one of the most frequent cause of depigmentation worldwide. A number of factors have been incriminated as causes such as biochemical and oxidative stress, genetic, neuronal, and environmental factors are thought to interact and contribute to the development of vitiligo. The proportion of patients with positive family history varies from one part of the world to another. It is supposed to be transmitted by an autosomal dominant gene with irregular penetration and 10-30% of the patients have been found to have some relative having vitiligo[2]. Vitiligo patches can appear anywhere on the skin, but commonly affected sites include the area around the orifices, sun-exposed areas such as the face and hands and other areas of skin which are subjected to repeated trauma. In some patients, the lesions spread

very fast while in some patients, they progress very slowly. It is usually absent at birth and may appear at any time after birth. In a few patients, the lesions are frequently associated with other disease, such lesions are believed to be caused by auto-immune mechanism.

Vitiligo can be psychologically devastating and stigmatising, especially in India, due to dark skin tone. Negotiation of marriage becomes very difficult, mostly in cases of girls having vitiligo. Commonly, people believe that vitiligo is contagious, hence they avoid close contacts with the patients suffering from vitiligo. Depression, sleep disturbances, suicidal thoughts, suicidal attempts, difficulties in relationships, and avoidance of social situations have been reported in affected individuals. The wrong notions and superstitions prevailing among the public create great mental tension, worries and anxieties in the mind of patients suffering from the disease which undoubtedly aggravate the disease further. Psychological trauma is one of the important factors which aggravate the vitiligo patches. The prime importance

is to be given to remove the misconception prevailing as well as re-assure the patient about his/her recovery.

Homoeopathic approach :

According to homoeopathy, vitiligo is a one-sided disease having its chief or only manifestation on skin to start with. Homoeopathy does not consider vitiligo as a skin disease but a systemic disorder having its chief manifestation on the skin. No true aetiological factors have yet been demonstrated nosologically but a homoeopath knows that all true chronic diseases are nothing but the products of three basic miasmatic state -psora, sycosis, and syphilis. The pathogenesis explained before also confirms the miasmatic concept. Auto-immunity cannot be produced in the system unless some cells behave abnormally. The reason of this abnormal behaviour of the cells cannot be explained without believing in the miasmatic concept. Vitiligo is an absolutely harmless disease except for its cosmetic implication. A patient of vitiligo can be as efficient, physically, mentally and sexually as any other individual. The spread of the disease can be arrested and a substantial amount of

CLINICAL

repigmentation of the lesion can be achieved in a majority of the patient who undergo appropriate treatment. Each and every case should be evaluated in depth to find out any known factors causing vitiligo like pressure, trauma, etc. It is not incurable, though it may take a long time to cure the patient completely and permanently. The duration of treatment depends on the one-sidedness of the disease, the duration of illness as well as the previous treatment adopted before coming to homoeopathy. Homeopathically, prognosis is quite favourable in cases of vitiligo. With the help of well selected constitutional remedy, the spread of lesions can be arrested and a substantial amount of repigmentation of the lesions can be achieved in a majority of the patients who undergo appropriate treatment^{[1],[3]}.

Case report :

Case profile

The reported case is 24 years old,

Analysis and evaluation of symptoms with miasmatic analysis^[4]:

S.No.	Symptoms	Analysis	Evaluation	Miasmatic analysis
1.	Indolent	Mental general	+++	Psora
2.	Cried while telling symptoms	Mental general	++	Psora
3.	Indifferent to her family members	Mental general	++	Psora -syphilitic
4.	Desire – sour	Physical general	+++	Psora
5.	Desire - egg	Physical general	+++	Psora
6.	Intolerance - milk	Physical general	++	Psora-syphilitic
7.	Perspiration profuse, on palm and soles	Physical general	++	Sycotic
8.	Offensive urine	Physical general	++	Sycotic
9.	Vitiligo above eyebrow on both sides	Particular	++	Psora- syphilitic

muslim female, belonging to a middle socio-economic family, visited on 14/01/2021 with the complaints as follows:

Patient presented with vitiligo patches above eyebrows on both sides.

History of onset of vitiligo: The patient used to suffer from itching over eyebrows prior to the onset of vitiligo. But, after vitiligo spots occurred, there was no more any itching or uneasy sensation. The presenting lesion first appeared as a small white spot above right eyebrow and then progressed as narrated by patient.

Treatment history: The patient took various treatments for the above complaints prior to this visit but got no specific relief, instead the complaints got worse. Hence, he opted for homoeopathic treatment as the last hope of cure.

Past history: Measles in childhood; appendicitis followed

appendectomy 5 years ago.

Family history: The patient's mother had diabetes mellitus and pulmonary tuberculosis.

Mental general: She was a slow, quiet, and a bit dull than average person; cried while telling her symptoms; and she was indifferent to her family members.

Physical general:

Patient had a great desire for eggs and sour food items; intolerance to milk; was intolerant to cold weather with profuse perspiration on both palms and soles. She was constipated with offensive urine.

General examination: She was a flabby girl with earthy complexion, weight 65 kgs., height 151 cms. Her blood pressure measured 110/80 mm of Hg, pulse rate of 78/minute, and respiratory rate 16/minute. On physical examination, a depigmented patch was seen over upper eyebrow, on both sides.

Reportorial sheet:

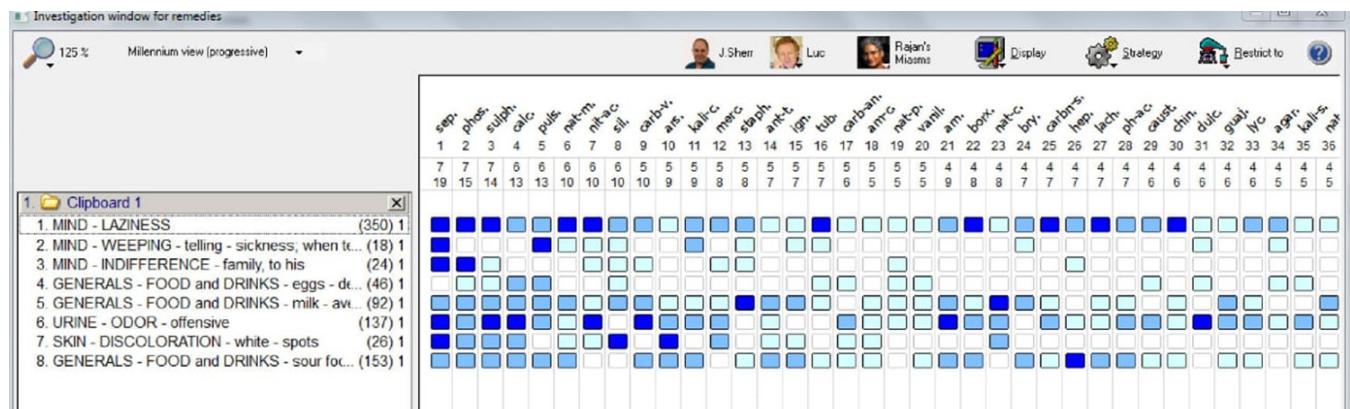


Figure: Repertorisation form synthesis repertory using RADAR software.

Reportorial analysis

1. *Sepia officinalis* – 19/7
2. *Phosphorus* - 15/7
3. Sulphur – 14/7
4. *Calcarea carbonicum* -13/6
5. *Pulsatilla nigriceps* -13/6

Prescription: Repertorisation was done with the help of *Synthesis Repertory* from RADAR 10.0

version^[5]. The reportorial result showed that *Sepia officinalis* covered maximum symptoms with highest gradation. Therefore, an individualised single constitutional remedy, *Sepia officinalis*, was selected on the basis of totality of symptoms, miasmatic analysis and in consultation with the *materia medica*^{[6],[7],[8]}. Treatment was done periodically with single medicine, *Sepia officinalis*, with increasing higher potencies (200, 1M). Potency

changes and repetition were done, on the basis of homoeopathic principles and 2nd prescription of Kentian philosophy^[9]. Follow-up of the patients was assessed monthly. Improvement was found in disappearance of vitiligo patches, as well as in other symptoms. The patient was followed with relief of the symptoms and no complications were noted during this period.

cBottom of Form

Follow up:

Date	Changes in signs and symptoms	Prescription
06/02/2021	No changes took place	<i>Rubrum</i> 30/thrice a day for 1 month
02/03/2021	Slightly improved, associated symptoms are same as before	<i>Rubrum</i> 30/thrice a day for 1 month
08/04/2021	Vitiligo spot seem fading in colour; no constipation; perspiration same as before	<i>Rubrum</i> 30/thrice a day for 1 month
03/05/2021	No further improvement.	<i>Rubrum</i> 30/thrice a day for 1 month
10/06/2021	Standstill condition after progressive improvement for about 2 months. So, same medicine with high potency was prescribed again	<i>Sepia officinalis</i> 1M/1dose <i>Rubrum</i> 30/thrice a day for 1 month
05/07/2021	Vitiligo spot slight improved	<i>Rubrum</i> 30/thrice a day for 1 month
03/08/2021	Vitiligo spots improved; no new spot; no other associated complaints were present	<i>Rubrum</i> 30/thrice a day for 1 month
12/09/2021	Vitiligo spot completely disappeared; no new spot; she was perfectly good both physically and mentally.	<i>Rubrum</i> 30/thrice a day for 1 month
10/10/2021	No vitiligo spots above eyebrows The patient is still under observation to take care of the possibility of any relapse in future.	<i>Rubrum</i> 30/thrice a day for 1 month



Conclusion

The above study report evidently suggests the successful treatment of vitiligo as well as other symptoms of the patient with the help of

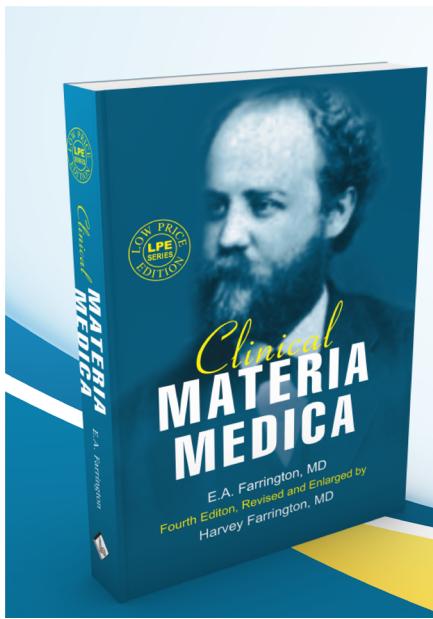
constitutional homoeopathic medicine. Thus, highlighting the effectiveness of holistic approach in the treatment.

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A review of a distinctive and resourceful repertory on rheumatism - *Repertory to the symptom of rheumatism, sciatica et cetera*

By Dr Ishita Ganjoo, Dr Deeksha Garg

ABSTRACT: This is a rare work done by Dr Alfred Pulford based on his personal experiences at bedside which was compiled by him as a readily available material which can be easily referred by any homoeopath today. It is a very handy book which can be carried easily by anyone. This wonderful work of Dr Pulford includes clinical rubrics as well as accompanying symptoms related to rheumatism.

Keywords: rheumatism, sciatica, reverse, aggravation, amelioration, crescendo, dimiuneudo, pneumonia.

Introduction

Reportory to the symptom of rheumatism, sciatica et cetera by Alfred Pulford, MD is a regional repertory¹.

Regional repertoires are defined as repertoires containing rubrics related to particular organ, part or system like respiratory system, excretory system, et cetera. These repertoires include only rubrics related to some clinical condition or system being grouped together². *Reportory to the symptom of rheumatism, sciatica et cetera* is particularly based on the clinical condition of rheumatism¹.

Rheumatism is characterised by inflammation or pain in muscles, joints or fibrous tissues. It includes a variety of disorders marked by inflammation, degeneration or metabolic derangement of the connective tissue, structures especially the joints and related structures, and is attended by pain, stiffness or limitation of motion³.

There is no such diagnosis as rheumatism. It implies only a general symptomatology of pain which is similar in certain characteristics whether it may be gout, arthritis, inflammatory rheumatism, or any other disease condition affecting

certain group of tissues. All the conditions are grouped under the term 'rheumatism' which affects similar tissues, produce similar sensations, and are affected by similar modalities in relation to certain remedies.

About the author

Dr Alfred Pulford (1863-1948)

Alfred Pulford, MD was born in England in 1863. He graduated from Cleveland Homoeopathic Medical College in the year 1885. He was a prolific writer and has written hundreds of articles in journals like *Homoeopathic Recorder* and *IHA transactions*. He joined IHA in 1924, practised with his son in Ohio.

Contributions of author⁴

Books: Repertory of the Symptoms of Rheumatism, Sciatica etc. Homoeopathic Materia Medica of Graphical Drug Pictures. Key to the Homoeopathic Materia Medica. Homoeopathic Leader in Pneumonia.

Contents of the book

'All forms of substance are but gases in various stages of density; divine power

being invisible, lays latent in all objects organic or inorganic hence, the triumph of homeopathic medication'

Dr Alfred Pulford

Preface¹

Preface clearly mentions the details of aim and objective of the author in compilation of this repertory.

The author says that rheumatism is one of the prevalent diseases that was neglected by the profession and he felt the need to compile a repertory on rheumatism and sciatica.

"Rheumatism, while a very prevalent disease, seemed to have been a very much neglected subject as far as works go".

Introduction¹

Dr Pulford shas compiled this repertory with the objective to arrange and classify groups and conditions of symptoms in such a manner that they may be readily available, in regard to abbreviations and arrangement of remedies.

The Cresendo and Diminueudo marks express aggravation and amelioration.

RESEARCH REVIEW

Stated the more important only.

Arrangement of repertory²

It has 29 chapters with the anatomical scheme.

After introduction, aggravation and amelioration chapters constituting the general modifying factors are mentioned, and afterwards, the chapters are arranged in anatomical Hahnemanian schema, i.e. neck, shoulders and arms, upper extremities, elbows, forearms, wrists, hands, fingers, cord, spine and vertebrae, back, scapular region, renal region, small of back, lumbar region, sacral region, coccygeal region, lower extremities, hips, thighs, knees, legs, ankles, feet, toes, general symptoms, accompanying symptoms, regional index.

Rubrics are arranged in alphabetical order.

Three types of typography were being used in repertory (but their relative value not discussed anywhere)

In aggravation chapter, in many rubrics, the author has given opposite modifying factors using the word - "Reverse". For example, *cold air., cist., rhus., Reverse: puls.*

Different types of pain rubrics are present alphabetically as well as under the rubric 'pain'.

Different particular modifying factors are represented in the particular chapters of a particular rubric. For example, in the chapter, "shoulder and arms", the rubric dislocated and broken feeling >violent motion: Niccol.

In many chapters, the first letter of the part was used to represent the part in short, in order to denote the part in rubric. For example, in 'back'

chapter, Dull B: ache: caul

In many chapters, side also represented in short form as R-right side and L-left side.

Clinical rubrics are also used in the repertory.

Numerous cross references are present. Two types of cross references are being used, one without remedies and the other with remedies.

Accompanying symptoms¹

In this section, the author illustrated the accompanying changes in the other parts of the body and along with the rheumatological manifestations. These are represented in different sub sections, namely, mind, vertigo, scalp, head, eyes, ear, nose, face, mouth, throat, appetite and thirst, stomach, abdomen, anus, rectum and stool, urine, chest, heart, sleep and dreams, chill, heat and sweat, skin

In every sub section, rubrics are arranged in the alphabetical order.

Regional index¹

In this section, the author has indexed the anatomical parts alphabetically with respective page numbers. There are 52 chapters in total.

Errata¹

Under this section, the errors in the book are represented along with the page numbers and corrections as well.

Discussion

While compiling this repertory, the author was with a clear objective that there is need of work that has been arranged, classified in such a manner which can be readily

available.

While going through this repertory, it was found to be very useful for rheumatological problems and sciatica. The gradation of remedies with errors and their corrections are also given in the last chapter 'errata'. The accompanying general changes are also discussed under accompanying symptoms section. It is very useful for quick reference in rheumatological cases and sciatica. Some clinical rubrics like pott's disease, rickets, rheumatism, sciatica, anaemia are also given under many chapters. It can be used as a reference work for rheumatological cases but it is of less use for systematic repertorisation. The number of rubrics are very less in the chapters, and the gradation of remedies is stated but relative value is not discussed. There is no index of remedies, therefore no working methodology was found.

Conclusion

Rheumatism is a very prevalent disease condition which have been a very neglected subject and there is need for research on this subject. This book is like a ray of hope for all the suffering humanity. In maximum number of cases, the physician cannot get all the data for the selection of the simillimum. This work is useful for the cases with paucity of symptoms and where mental symptoms are lacking. This small book is complete in its construction and arrangement and can be used as a ready reference book at bedside .

This work is culturally important, despite the unavoidable imperfections, and needs to be preserved. The compiler of this repertory tried his best to make it convenient for his fellow physicians as it was for himself.

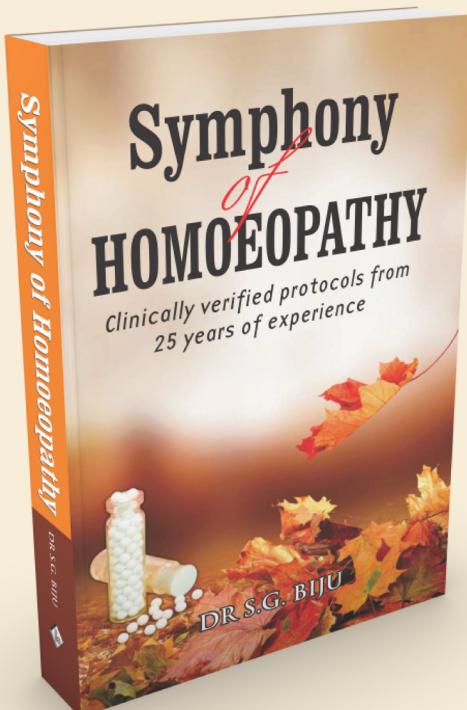
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ISBN : 9788131939635 | ₹399 | 508 pp



Effectiveness of individualised, anti-miasmic homoeopathic treatment in case of diabetes mellitus: an evidence-based case study

By Dr Nirav Ganatra

Abstract: Diabetes mellitus, an endocrine disorder, resulting from faulty functioning of pancreas and aetiology of which lies in multifactorial plane with number of risk factors. The severity of the healthcare problem of type 2 DM results not only from the disease itself but also from its association with obesity and cardiovascular risk factors, dyslipidaemia and hypertension. Homoeopathy plays positive role in early diagnosis of cases through constitutional corrections. The case study presented over here shows that it is of high importance to study the miasmic development of a disease and prescribe individualised homoeopathic remedy for a case.

Keywords: Diabetes, miasmic differentiation, individualised homoeopathic prescription

Abbreviations: DM – diabetes mellitus, WHO – World Health Organization

Introduction

Diabetes mellitus refers to metabolic disorders that share the phenotype of hyperglycaemia associated with disturbance in the metabolism of carbohydrate, fat and protein, associated with relative or absolute insulin deficiency.^[1] In developed countries, lower socioeconomic groups are most affected, whereas in developing countries, the fact is vice versa.^[2] Type 2 DM has been now recognised as the "metabolic syndrome", a condition characterised by *insulin resistance* and associated with a range of cardiovascular risk factors. In view of alarming rise of diabetes mellitus, the WHO marked 14th November as **world diabetes day**, birthday of Sir Frederick Banting who co-discovered insulin and used it on humans for first time.^[3,4] According to WHO, the number of people with diabetes has risen from 108 million in 1980 to 422 million in 2014. The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014. India leads in world with largest diabetics earning distinction of termed

"diabetes capital of the world". According to the *Diabetes Atlas* 2006 published by International Diabetes Federation, number of people with diabetes in India is around 40.9 million and is expected to rise to 69.9 million by 2025 if preventive steps are not taken.^[5]

MIASMATIC DIFFERENTIATION:-

Hahnemann has defined the chronic diseases, in aphorism 72 and postulated the miasmic theory when he has experienced the failures even after prescribing a similar remedy on basis of principles, especially in chronic diseases. He has begun to consider this problem in depth from 1816 and after 12 years of his painstaking work discovered the miasmic theory and published in 1828, "the chronic diseases and its peculiar nature and treatment. In his miasmic theory, he was formulated to one nonvenereal and two venereal miassms. He found 'psora' as a fundamental cause or mother of all diseases and it pollutes the organism with a non-venereal base, the itch disease.^[6]

DM comprises the pseudo-psoric

miasm also known as tubercular miasm usually characterised by a "problem child", i.e. slow in comprehension, dull, unable to keep a line of thought, unsocial, morose.^[7]

As the miasm progress and predominates, weight loss, depreciation and destruction are the first indication of this miasm. Other indications are cosmopolitan habits, mentally keen but physically weak. Symptoms are ever changing. Rapid response to any stimuli (e.g. any slightest change of weather or atmosphere). Emaciation instead of taking proper diet and drink, desire and craving for unnatural things to eat, with desires and cravings for tea, coffee, tobacco and any other stimulates have often their origin in psoric or tubercular miasm. They sometimes have constant hunger and eat beyond their capacity to digest or they have no appetite in the morning but hunger for other meals.^[8]

As the syphilitic miasm becomes predominant, the complications arise. The acute complications are

of the psoric character because they have metabolic disturbances while the chronic complications are associated with syphilitic background or as a result of mixed miasm.^[9]

As the strong syphilitic character is going to destruction and degeneration, it leads to mixed

miasmatic diseases. These diseases are more difficult to cure, especially in case of irreversible changes. When the syphilitic miasm is dominant in the condition of chronic complications, the condition should become violent. And hence, here the individual needs a complete miasmatic and therapeutic treatment.^[9]

Presenting illness

Location and extension	Sensations, expression of symptoms and pathology	Modalities and ailments from	Concomitants
Endocrine system	➤ Ravenous appetite	Not specific	
Pancreas	➤ Unquenchable thirst for large quantity of water		
Diabetes mellitus	➤ Constipation with dark stool		

HISTORY OF PRESENTING COMPLAINTS:-

Patient has diabetes mellitus since 11 years

FAMILY HISTORY :-

FATHER :- suffering from diabetes mellitus

MOTHER :- suffering from hypertension and diabetes mellitus

PHYSICAL GENERALS:

THIRST:- 2-3 litres per day

APPETITE:- increased, feels hungry even after eating.

STOOL:- constipated – passes flatus

during stool, dark, blackish

URINE:- profuse, offensive odour

PERSPIRATION:- not specific

SLEEP:- sound

DREAMS:-not specific

LIFE SPACE / MENTAL GENERALS:-

When investigated regarding his behaviour, he narrated that he easily got angry, even at a smallest thing. Each smallest thing mattered to him and made him angry at slightest matter. He described that he was very hurried in nature, wanted everything to be done very quickly, and if it took long to get completed, he became very impatient and wanted to get it completed at earliest. And this impatience of completing early made him confused, and created confusion.

Case study

Introduction

A 54 years male patient came on 05/02/2021, with complaint of continuously high blood sugar levels due to diabetes mellitus came to opt for homoeopathy as suggested by his reference from his relatives.

He used to become confused how to complete it and then made things clumsy, resulting in anger again. This failure of not completing work as wished made him feel that he did not perform as per the expectations and felt that he did not give his 100% due to which he failed and needed to improve more. When he was in this state of mind, no one could make him feel okay, unless and until he himself felt so. Despite this, he required someone with him whenever he was troubled. He kept on repeating about his problems and worries.

On interrogating his wife, she complained about him that he was always up with one or the other problem, he couldn't sit patiently. The more peculiar thing came to notice from her narration that whoever would have created

CASE STUDY

problem for him (he thought like this), he cursed that person for misfortune to happen to him in return of harming him.

General examination and observations:-

On examination, slight impairment in sensations in lower limbs and in soles were observed and his appearance was lean, thin body and wheatish to dark appearance.

Analysis of case and framing the totality :-

Hence, from the above narration, following is the understanding

about the case :-

1. Anger at trifles
2. Impatient
3. Confusion of mind
4. Felt discontented
5. Inconsolable
6. Desire for company
7. Complaining
8. Cursing
9. Lamenting

10. Unquenchable thirst for large quantity of water

11. Ravenous appetite

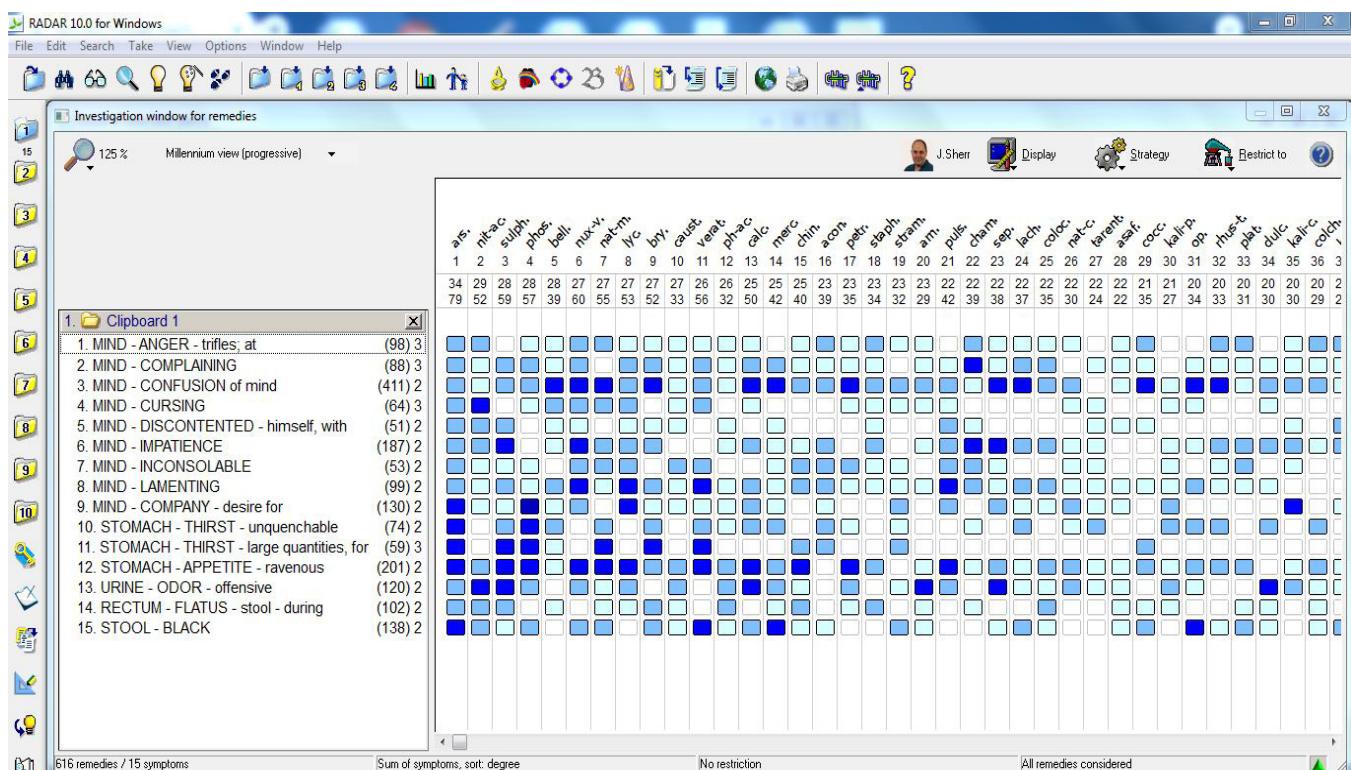
12. Offensive odor in urine

13. Constipation with dark stools and passes flatus while passing stools

Potential differentiating field :-

1. Restlessness
2. Fastidious nature
3. Avarice

Repertorisation :-



Miasmatic analysis [10] :-

SYMPTOM	PSORA	SYCOSIS	SYPHILIS
Anger at trifles	+		+
Impatient		+	+
Confusion of mind		+	+
Feels discontented		+	

Inconsolable			+
Desire for company		+	
Complaining		+	
Cursing		+	+
Lamenting		+	
Unquenchable thirst for large quantity of water			+
Ravenous appetite	+	+	
Offensive odor in urine			+
Constipation with dark stool and passes flatus when goes for passing stool		+	

Prescription :-

On the basis of miastic analysis, more of **sycosyphilitic** picture of patient's symptoms was elicited, so on the basis of it, the remedy was selected :-

ARSENICUM ALBUM 200/ ONE DOSE STAT ORALLY

SACCHARUM LACTIS/ 4 pills X 3 X 15 DAYS

Justification of selection of remedies

and potency :-

When compared the individualistic portrait of disease of the individual with the medicines of repertorisation and *materia medica*, *Arsenicum album* came to be the best suited one.
Arsenicum album :-

Suitable for persons with rapid weakness and emaciation. Polyuria with bulimia and increased thirst

for small quantity of water at short intervals. Burning all over the body due to acute or chronic pathology of nerves and blood vessels > by warm application; great exhaustion after slight exertion. Paleness of skin; disposition to gangrene and skin affections. Anxiety with fear of death; restlessness with tossing about in agony. Fastidious and oversensitive patients. [11,12]

Follow up :-

On the basis of complaints on the follow up, the repetition of dose was done.^[13]

Sr. No.	Date	Complaints	Prescription
1 ST	21/02/21	Quite relief in all the complaints. Colour of the stool lightened but still constipated. Thirst was as it is. Offensive odour of urine diminished. As the complaints were improving but not satisfactorily, so one more dose was repeated	ARSENICUM ALBUM 200 ONE DOSE STAT ORALLY SACCHARUM LACTIS/ 4 X 3 X 15 DAYS
2 ND	04/03/21	Offensiveness of urine reduced totally. Thirst became normal, no excess desire to drink water. Appetite became satisfactory, All the time hungry behaviour decreased. Physical generals were improving and the condition in general was improving so repetition of dose was not preferred and patient was prescribed the second-best known medicine as stated by Stuart Close.	SACCHARUM LACTIS /4 X 3 X 30 DAYS
3 RD	06/04/21	No relief in mental complaints. Constipation as it is. Thirst increased. Weakness, irritability increased. Blood sugar level decreased but still much high. Condition of complaints became status quo and the mental complaints were not improving so higher indicated medicine's dose was prescribed	ARSENICUM ALBUM 1M ONE DOSE STAT ORALLY SACCHARUM LACTIS/ 4 X 3 X 15 DAYS

CASE STUDY

4 TH	19/04/21	Much relief in mental and behavioral complaints, Thirst normalized, Constipation improved, Appetite regularized. Willingness to do work developed instead of weakness, laziness, which marked the improvement in patient's health on general sphere so only sac lac was prescribed and was given time to wait and watch the action medicine	SACCHARUM LACTIS / 4 X 3 X 30 DAYS
5 TH	17/05/21	Constipation developed again, increased thirst, main complaint of increased irritability and prostration. Reappearance of complaints was seen so one more dose was repeated and patient was set on the path of cure.	ARSENICUM ALBUM 1M ONE DOSE STAT ORALLY SACCHARUM LACTIS / 4 X 3 X 15 DAYS
6 TH	01/06/21	Better than before. All the complaints resolved up to 75% so only SACCHARUM LACTIS was prescribed	SACCHARUM LACTIS / 4 X 3 X 30 DAYS
7 TH	05/07/21	All the complaints relieved but constipation still persistent, still mentally impatient and few complaints present. Due to persistent re-occurrence of complaint of constipation and also instability in mental sphere was seen so higher potency of the prescribed medicine was given	ARSENICUM ALBUM 10 M ONE DOSE STAT ORALLY SACCHARUM LACTIS / 4 X 3 X 30 DAYS
8 TH	07/08/21	60-70% relief in most of the complaints, so only sac lac was given.	SACCHARUM LACTIS / 4 X 3 X 30 DAYS
9 TH	13/09/21	Mentally, all complaints relieved up to 90% constipation reduced, thirst, appetite and urinary complaints resolved. Blood sugar level normalised, so repetition of medicine was avoided and asked to continuously monitor the blood glucose levels and come if any complaints reappear or develop any new ones.	SACCHARUM LACTIS / 4 X 3 X 30 DAYS

DIAGNOSTIC REPORT			Ref ID: No. 7e0000000011392	
CLIENT CODE : 000000748	CLIENT'S NAME AND ADDRESS :	SRI LANKA Kandy - 2 building,carinthamanager main road,opp.municipal commissioner hospital, Kandy, Sri Lanka Tel : +94 11 2238888, 011-22388995 Fax : 011-22388955 Email : sri.lanka@srlindia.com		
PATIENT NAME :	PATIENT ID :	AASHIF06128492		
ACCESSION NO : 0098000272	AGE : 53 Years	SEX : Male		
DRAMA : 01/06/2021 14:10	RECEIVED : 01/06/2021 14:31	REPORTED : 01/06/2021 20:07		
REFERRING DOCTOR : DR. NIVAN GANATRA			CURRENT PATIENT ID :	
Test Request Status	Final	Results	Biological Reference Interval	Units
BIO CHEMISTRY				
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD				
GLYCOATED HEMOGLOBIN (HbA1c)		8.3	Non-diabetic < 5.7 % Pre-diabetic: 5.7 - 6.4 Diabetic: 6.5 - 7.0 ADA Target: 7.0 Action suggested: > 8.0	
MEAN PLASMA GLUCOSE		140.6	< 116.0 mg/dL	
<p>Interpretation:(+) Glycosylated hemoglobin (HbA1c) is a blood glucose measurement as an index of long-term blood glucose concentrations and as a measure of the risk for the development of diabetes complications. The test measures the percentage of total hemoglobin that has bound to glucose. The test is performed on a sample of whole blood. The test is done on a sample of whole blood drawn at least 120 days after the last blood glucose measurement. Because the rate of formation of HbA1c is proportional to the concentration of glucose in the blood, the condition that gives the best result is the one that is closest to the mean blood glucose level. Sample taken with hematocrit values either decreased or increased from the normal range will give false results. The test is not recommended for patients with hemolytic anemia, because the test is not able to distinguish between the HbA1c and the HbF. The test is not recommended for patients with sickle cell anemia, because the test is not able to distinguish between the HbA1c and the HbS. Glycosylated hemoglobin results from patients with HbC, HbE, HbC, and HbS and HbF can not be interpreted with caution, given the pathogenic processes, including hemolysis, associated with these conditions. The test is not recommended for patients with hemoglobinopathies, such as sickle cell anemia, thalassemia, and hemoglobinopathies.</p> <p>Tangle should be individualized: How to interpret glycated protein may be appropriate for individual patients. Goals should be individualized based on duration of disease, patient's age, and other clinical factors. Glycated protein levels are not recommended for screening purposes, and individualization is required.</p>				
<p>References: 1. National Institute of Clinical Chemistry and Medical Laboratory, edited by Carl Pihl, Edward A. Asherson, David E. Wilson, 9th edition, Blackwell publication, 2006. 2. Prabhakar, R. Diabetes mellitus as risk for cardiovascular diseases. Indian J Med Microbiol 2001; 20:139-154. 3. Meyer, T., Freedman, D. Protein glycation in Diabetes Mellitus. A review of laboratory measurements and their clinical utility. Clin Chem Acta 1993; 217: 147-184. </p>				
*****Or Report*****				
Please visit www.srlindia.com for related Test Information for this accession				
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Conclusion

In preventive and promotive care, each patient has to take both personal, dietetic and homeopathic care to reduce the complications and to maintain quality of life. Homoeopathic treatment is associated with significant benefits in patients with features of type 2 diabetes mellitus. Homoeopathy through individualisation treats the patient as a whole where the symptoms and the corresponding medicine is being evaluated maintaining the accuracy in prescription.

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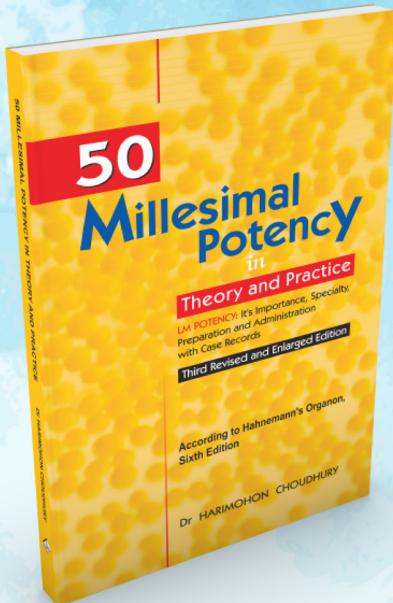
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50 MILLESIMAL POTENCY_{in}

THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera,in a very simple and lucid manner.
- At each step, guidelines by Dr Hahnemann have been quoted to show the authenticity of the authors views. The author also touches upon various general topics on homeopathic philosophy such as the need for single medicine, the selection of potency, and repetition of the medicine etc.
- At the end the author has given two cases of Dr Hahnemann treated with LM potencies and also presents many of his own cases.

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Lesser-known indian medicines in rheumatism: laurels of homoeopathy

By Dr Jaimin R. Chotaliya

Abstract:

Background: Homoeopathy is branch of medical science and found its roots from Germany but has many branches in other countries. India is among those countries having large number of homoeopathic practitioners. Proving and utility of Indian medicines by them explore much scope in the management of cases with homoeopathy and immensely helps in practise. So, role of Indian medicines in rheumatism in view of its bio-chemical action from modern researches opens new level of understanding about their pathogenesis and utility in field of homoeopathy.

Materials and method: A literature search was conducted using various data sources like pubmed, google scholar, encyclopedia homeopathica and other printed sources like different *materia medica* by pioneers to explore its action regarding rheumatism.

Result and conclusion: Hence, it explores the role of lesser-known Indian medicine in cases of rheumatism in homoeopathic field with exploration of its bio-chemical action of research ground.

Keywords: Bio-chemical action, Homoeopathy, lesser-known Indian medicines, rheumatism.

Abbreviations: BDM- *Balsamodendron mukul*, NAT- *Nyctanthes arbor tristis*, OA-osteoarthritis, WBC-white blood cells

Introduction

Homoeopathy in India was not only popular regarding practise but also for drug proving by Indian homoeopaths. Many Indian pioneers like D. N. Ray, S. C. Ghosh, P. C. Mazumdar and others gave huge contribution in field of homoeopathy with drug proving of indian medicines. Drug proving of Indian medicines was one of the significant movements in field of homoeopathy that explores the utility of potentised Indian herbs in treatment of sick. Many homoeopathic literatures show data related the proving and utility of Indian medicines byhomoeopaths. There are many books that show efficacy of Indian medicines in rheumatism but lacks the information regarding their actions in the process of curing the sick. Modern researches with detailed study regarding the bio-chemical action of these medicines will help

to prove their efficacy on scientific ground.

Objective of study:

Primary objective of study is "to explore a role of Indian medicines for management of rheumatism/ arthritis cases through various literature of medical field." Another important objective is "to understand the action of Indian medicines through its effect on cellular level of organism."

Materials and methods:

A literature search was conducted using various data sources like pubmed, google scholar, encyclopedia homeopathica and other printed sources.

Inclusion criteria:

1. All the literature sources from homoeopathy (computerised and printed) were examined to collect information regarding

the role of lesser-known Indian medicines - *Azadirachta indica*, *Balsamodendron mukul*, *Boerhavia diffusa*, *Calotropis gigantea*, *Hygrophilia spinosa*, *Nyctanthes arbor tristis*, *Opuntia ficus indica* in rheumatism.

2. While various data regarding action of *Azadirachta indica*, *Balsamodendron mukul*, *Boerhavia diffusa*, *Calotropis gigantea*, *Hygrophilia spinosa*, *Nyctanthes arbor tristis*, *Opuntia ficus indica* on cellular level were collected from various data sources having clear and sufficient information regarding the action on joints (arthritis) including experiments on animals from 1950 to present time.

Exclusion criteria: Publication of cellular action of medicine/crude plant as medicinal mixture (ayurvedic) was excluded from study. Data regarding action

of substances before 1950 were excluded from study.

Azadirachta indica

- **Homoeopathic view:** According to Dr Choudhari, "This medicine is prepared from the bark of a tree that grows extensively in India and is known as the Neem tree. It is a great favorite of the Indian people who love to grow it in their own yard as its effect is supposed to purify atmosphere of all impurity."⁽¹⁾ An afternoon fever and rheumatic pains in various parts are caused by this remedy. Pain in sternum and ribs, in back and shoulders and extremities; heat, prickling and aching in hands, especially palms, fingers, as well as toes.⁽²⁾ Numbness of the limbs; burning of the soles and hands; rheumatic pains in the lower extremities.⁽³⁾
- **Cellular action:** Nimbidin, a compound isolated from the oil of seeds of *Azadirachta indica* (NEEM), has been screened in comparison with two standard anti-inflammatory agents, phenylbutazone, a non-steroid and prednisolone, a steroid; against various experimental models of inflammation. It was found to significantly reduce acute paw oedema in rats induced by phlogistic agents, carrageenin and kaolin. The test drug significantly suppressed the formalin-induced arthritis of ankle joint and the fluid exudation in croton oil-induced granuloma in rats. In acute phase of inflammation, nimbidin (40 mg/kg) was found to possess significant activity as compared to phenylbutazone (100 mg/kg). Since the drug was found to be effective in both acute and chronic phases of inflammation

it can be considered as a general anti-inflammatory agent.⁽⁴⁾

Balsamodendron mukul

- **Homoeopathic view:** It is a kind of wood-gum grown in the deserts or sandy places in summer. In winter, the gum exudes out the tree which is known as bdellium or olibanum (guggul). Pain in the hands and legs; rheumatism; gonorrhreal gout; coldness of limbs; aggravation at night.⁽⁵⁾
- **Cellular action:** A parallel, randomised controlled study was conducted to investigate the effect of *Balsamodendron mukul* gum resin extract on cartilage damage and microstructural changes in subchondral bones of rats with papin-induced, osteoarthritic knee joint. On the basis of biochemical, microarchitectural and histological analyses. The result was significantly higher protein and collagen content of articular cartilage compare to OA group of rats. Oral dose of BDM relieves OA pain, regenerate cartilaginous matrix, increase subchondral bone components. They conclude that BDM gum extract may be used for therapeutic interventions for reversal of OA and reduction in its related inflammatory pain.⁽⁶⁾

Boerhavia diffusa

- **Homoeopathic view:** The plant is seen all over India; also, in West Bengal in the un-tilled lands in rainy season; generally, the plant grows in cold places. Rai Bahadur L. M. Ghosal investigated the therapeutic properties of this drug from every point of view in 1920. He used an aqueous extract of the whole drug in his experiments.

This for obvious reasons is liable to cause error on the large quantity of nitrates; besides, other salts of Potassium and various constituents, would mask the effects of the alkaloid and produce the specific effects on the tissues.⁽⁵⁾ Rheumatic pains all over the body.⁽³⁾

- **Cellular action:** A study with an aim to examine the protective effect of hydroalcoholic root extract of *Boerhavia diffusa* in rheumatoid arthritis. Extracts were administered for 21 days and there was significant reduction in inflammation and oxidant stress markers. Notable decline in inflammation and joint dysfunction was found in *Boerhavia diffusa* 200mg/kg with significance of p>0.001. They conclude that the tuberous root of *Boerhavia diffusa* show dose dependently attenuate paw oedema, inflammation and reversed the bone damage through inhibition of activated pro-inflammatory mediators, production of cytokines.⁽⁷⁾

Calotropis gigantea

- **Homoeopathic view:** chronic rheumatism⁽³⁾ - The inspissated juice, root and bark have been extensively used in the East for their emetic, sudorific, alterative, and purgative qualities. The fresh juice is considered a valuable remedy in skin affections. A short proving brought out the following symptoms: Weak, tired feeling; coldness; dizziness; pain and confusion in head; nausea and vomiting of bile; frequent micturition; pain, soreness, and redness of thigh; pain in both legs, swelling of knees, stiffness and inability to walk; pains in hands and feet; first left

SUBJECTIVE

then right, pains aggravate by movement or putting weight on them. A sense of warmth in the scrobiculus cordis is a leading indication for the remedy.⁽⁸⁾

- **Cellular action:**
- The study shows role of leaves of *Calotropis gigantea* in anti-arthritis activity. Administration of leave extract for 22 days shows marked reduction in hind paw oedema of rat as well biochemical changes like increase haemoglobin content, WBC count. This study concluded that extract of *Calotropis gigantea* possess anti-arthritis activity.⁽⁹⁾
- This in vivo study was done on the experimental rats with the extract of *Calotropis gigantea* with various parameters have been determined. Here anti arthritic property of this plant was observed with radiographic analysis (clear and minimal narrowing joint space) and significant reduction in activity of enzymes.⁽¹⁰⁾

Hygrophilia sphaerosperma

- **Homoeopathic view:** Rheumatism⁽³⁾. The root is demulcent, diuretic and given in dropsy, gonorrhoea, hepatic obstruction, rheumatism and urinary affections. Diuretic, anti-allergic; removes dermatitis; helpful in the treatment of rheumatism and urethral disorders.⁽⁵⁾
- **Cellular action:** The study was conducted for verification of its anti-oxidative and anti-inflammatory activity. Chloroform and alcoholic extracts were used on Freund's adjuvant induced arthritis in rats and cotton pellet induced

granuloma. The result was significant anti-inflammatory and antioxidant activities with the conclusion that *Hygrophilia sphaerosperma* has anti-inflammatory activity in chronic model of inflammation which supports its traditional use in treatment of rheumatism.⁽¹¹⁾

Nyctanthes arbor tristis

- **Homoeopathic view:** This drug was proved by Dr Sarat Chandra Ghosh and he treated nearly 120 cases with this medicine but there were more data related to its utility in fever and constipation as compare to rheumatism. Other authors like Anschutz, Banerjea, Blackwood, Clarke, Murphy, Vermeulen describe about data gathered by S. C. Ghosh during his observation, proving and clinical experiences. Clarke: clinical-fevers, bilious; remittent. - rheumatism. - sciatica. S. C. Ghosh has given an account of the medicinal properties of this plant. He has used it extensively in cases of bilious and remittent fevers, rheumatism and sciatica, and the constipation of children. It is "bitter, tonic, and expectorant, and a mild purgative." In the fever, there is thirst before and during chills, and bitter vomiting at close of chill. Not much sweat. Ghosh compares it with *Eupatorium perfoliatum*. He has also made a short proving of it.⁽⁸⁾

Cellular action:

- A study shows that treatments with methanolic, ethyl acetate, and n-hexane extracts of NAT extracts suppressed arthritic scoring, paw oedema, infiltration of inflammatory cells, pannus formation, and

bone erosion. The plant extracts ameliorated total leukocytes and platelet counts and nearly normalised red blood cells (RBC) counts and haemoglobin (Hb) content.⁽¹²⁾

- A review article showing efficacy of nyctanthes arbor tristis (alcoholic extracts of leaves and fruit) in anti-inflammatory and anti-arthritis activity with significant changes at the biochemical levels.⁽¹³⁾

Opuntia ficus indica

- **Homoeopathic view:** External application of the gums is useful in rheumatism. Weakness and backache. Limbs: feeling of thinness, lack of energy; pain.⁽⁵⁾
- **Cellular action:** The study was about the anti-inflammatory/chondroprotective effect of some lyophilised extracts obtained from *Opuntia ficus indica* and hyaluronic acid on production of key molecules released during chronic inflammatory events such as nitric oxide, prostaglandins, reactive oxygen species, and interleukins. They conclude that protective effect of extracts of *Opuntia ficus indica* cladodes in cartilage alteration, which appears greater than that elicited by hyaluronic acid commonly employed as visco supplementation in treatment of joint pain.⁽¹⁴⁾

Discussion

This literature review study was carried out to explore a role of Indian medicines for management of rheumatism/arthritis cases through various literature of medical field and to understand the action of Indian medicines through its effect on cellular level of organism. Data from homoeopathic and various

studies related to its cellular level action show their efficacy in rheumatism. Homoeopathic literature shows that there is scarcity of data related to its proving and clinical experience, further proving and clinical experience needed to explore its utility at great extent. Above mentioned various studies show action on the animal model with plant extracts which give idea about materialistic/biochemical action of crude plant which supports its utility in rheumatism and opens new path to explore its dynamic action through human proving and clinical verification.

Conclusion

Scientific evidence regarding action of medicines is one of the necessities to maintain their position in healing science. Various studies in medical science support symptomatology of medicines that was derived from proving and clinical experiences of our pioneers. This will help to explore the action of medicine in modern scientific context.

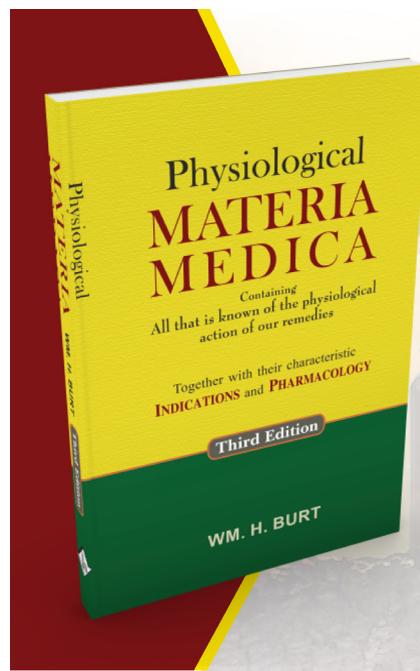
Further recommendations: Clinical verification and its utility in clinical practise will help to explore vast symptomatology and pathogenesis of these medicines.

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ISBN : 9788131903568 | ₹ 549 | 992 pp



Effectiveness of individualised homoeopathic medicines in treatment of contact dermatitis with the aid of *Synthesis Repertory* – a prospective, non-randomised, open label, observational study

By Dr Avinash Patel, Dr S Bidwalkar, Dr Hanuman Ram, Dr Uttam Singh, Navita Bagdi, Dr Anuradha Singh

Abstract: Background and objectives: Contact dermatitis (CD) is an inflammatory cutaneous skin disease caused by exposure to contact allergens and irritants. It is characterized by different stages of an eczematous eruption and has the ability to mimic a wide variety of dermatologic conditions. It results in high costs for health care systems and has a huge impact on the quality of life of patients. Based on the positive results of few studies in the past, this observational study was undertaken to assess the effectiveness of individualised homoeopathic medicines selected with the aid of Synthesis Repertory in cases of CD assessed by Visual Analogue Scale (VAS) score and Dermatological Life Quality Index (DLQI) questionnaire.

Materials and methods: The prospective, observational study was conducted at Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre, Jaipur (Rajasthan) from 2017 to 2018 and includes 40 clinically diagnosed cases of CD. The cases were studied for their manifestations, course, effect of the theory behind their onset, associated conditions and plan of treatment. On the basis of totality of symptoms, individualised homoeopathic medicines were selected with the aid of Synthesis Repertory. Data was analysed on the basis of symptom score (mean and standard deviation) before and after treatment using the VAS score and DLQI questionnaire.

Result: Inferences from the study showed that CD is common in males, middle age group and patients with positive family history. Statistically significant differences were found in pre and post treatment in VAS score and DLQI questionnaire. The paired difference of VAS score was (Mean difference \pm SE difference; 5.40 ± 0.064 ; 95% CI: 4.85-5.99, $p=0.00001$) and for DLQI questionnaire was (Mean difference \pm SE difference; 9.60 ± 0.189 ; 95% CI: 8.22 – 10.85, $p=0.00001$).

Conclusion: Individualised homoeopathic medicines selected with aid of Synthesis Repertory were found to be more effective in the treatment and management of CD. Improvement was noticed not only in the resolution of clinical symptoms of contact dermatitis but also on the quality of life of patients.

Keywords: Contact dermatitis (CD), DLQI questionnaire, homoeopathy, *Synthesis Repertory*, VAS score

Abbreviations: Contact dermatitis (CD), visual analogue scale (VAS) score, dermatological life quality index (DLQI), irritant contact dermatitis (ICD), allergic contact dermatitis (ACD), Glasgow Homeopathic Hospital outcome scale (GHHOS), scoring atopic dermatitis (SCORAD), *Vinca minor* (VM), confidence interval (CI), Likelihood ratio (LR), good clinical practices (GMP), standard deviation (SD)

Introduction

Contact dermatitis (CD) is an inflammatory eczematous skin condition characterised by erythematous and pruritic skin lesions after exposure to foreign substance.¹ It is twice as frequently seen in women as in men.² The prevalence rate of CD is higher in

women (11.2%; 95% CI 10.4-12.0) than in men (8.5%; 95% CI 7.8-9.3).³ It is caused by metal or chemical ions that exert toxic effects without inducing a T-cell response (contact irritants) or by small reactive chemicals that modify proteins and induce innate and adaptive immune responses (contact allergens).⁴ All individuals are at the risk of

developing CD. It is most common in people with red hair and fair complexion. Risk factors for allergic contact dermatitis (ACD) include age, occupation, and history of atopic dermatitis.⁵ There are two major forms of contact dermatitis, i.e. allergic contact dermatitis and irritant contact dermatitis (ICD) and other numerous subtypes of CD

have been recognised like immediate skin reactions, photo induced contact dermatitis, systemic contact dermatitis, and non-eczematous contact dermatitis.⁶

ICD is non-immunological inflammatory reaction of skin by external agent which leads to direct toxic injury. Acute ICD is painful with burning, stinging or itching. Mild irritant cause erythema and dryness while strong irritant can cause oedema, blistering and ulcerations.⁷ ACD is delayed type IV cell-mediated immunity and its symptoms include erythema, oedema, papules, ulceration, and oozing on the skin.⁸ Diagnosis of acute CD is done with the history of patient, its appearance, periodicity, and localisation of the eruption. In chronic cases, the past history of the patient is important, along with detailed questioning of the patient about the application of topical medications, systemic medication, cosmetics, occupation, hobbies, and clothing.⁹ CD is diagnosed by the results of the occupational accident and patch test is done to confirm the symptoms of CD. In ACD, patch test is positive and negative with ICD.⁹

An observational, prospective study conducted on 390 patients in five different practise settings on 390 CD patients over 18 months using three

outcomes-Glasgow Homeopathic Hospital outcome scale (GHHOS), scoring atopic dermatitis (SCORAD), and dermatology life quality index (DLQI), assessed at baseline, after 3 and 6 months for assessing the LRs of four CD symptoms i.e. great sensitiveness of skin, redness and soreness from slightest rubbing; weeping eczema with foul, thick crusts; itching amelioration in open air and CD of scalp. Seventy-four *Vinca minor* (VM) and 316 non-VM cases were analysed. Results of study showed that there were statistically significant reductions in SCORAD and DLQI scores over 3 and 6 months however there was insufficient evidence to attribute any of the four assessed symptoms clearly to VM and more research of such nature was warranted.¹⁰ A case report of 55-year-old male with irritant contact dermatitis treated with constitutional individualised medicine *Sepia officinalis* showed significant improvement in VAS scale and DLQI score after 6 months of treatment.¹¹ Some past concluded clinical studies, preclinical studies and case reports have exhibited their own strengths and weaknesses reflecting the positive paradigms of using homoeopathic medicines in CD, however no systemic reviews and controlled clinical trials have been carried out till date for

corroborating the inferences drawn from the past for validating the rationale, analytical and favourable usage of individualised homeopathy in CD. The present observational study is an attempt in this direction for exploring and unraveling promising avenues of holistic and individualised homeopathy with the aid of *Synthesis Repertory* in treatment and management of CD using validated outcome measures of visual analogue scale (VAS)¹² and dermatological life quality index (DLQI).¹³ *Synthesis Repertory* being the modern wide-ranging and comprehensive repertory encompassing additions of standard homoeopathic literature, widespread clinical rubrics with thousand of cross-references and synonyms in mind section is used as a repertorial tool in the study.

Materials and methods

Study setting

This study was conducted at outpatient department of Dr Madan Pratap Khunteta Homoeopathic Medical College, Hospital and Research Centre, Saipura, Sanganer, Jaipur.

Inclusion and exclusion criteria

Patient shall be screened as per the criteria given in table 1.

Table: 1 Eligibility criteria

Inclusion criteria	Exclusion criteria
Diagnosed cases of contact dermatitis of any size, at any site, in any number and of any duration	Patients diagnosed with other skin disorders like psoriasis, fungal infection, contact urticaria, etc.
Patients of both genders and all age groups who were willing to take homoeopathic medicines.	Pregnant and lactating females
Patients willing for treatment and giving written informed consent for participating in the study	Patients suffering from uncontrolled systemic illness or psychiatric diseases. Patients under other treatment like ayurveda, allopathic or taking topical application to be excluded.

RESEARCH PAPER

Study Design:

A prospective, non-randomised, open label, observational study conducted during 2017-2018 in accordance and adherence with the Declaration of Helsinki on human experimentation¹⁴ and good clinical practices (GMP) in India.¹⁵

Treatment plan, baseline and follow-ups assessment

A complete history and clinical examination of each patient was taken on inclusion under study. Information was collected in a standard case taking proforma and written informed consent was taken from each patient. *Synthesis Repertory 9.0*, using software version RADAR 10 was used as a repertorisation tool¹⁶ for each case and record were maintained in hard and soft copy at baseline and during their subsequent follow-ups at an interval of 7-14 days for 06 months for each patient. Individualised homoeopathic medicines were prescribed to the patients in ascending potencies; 30C onwards up to 10 M as per as the totality of symptoms derived from repertorisation with due consultation from *Homoeopathic Materia Medica* and adhering to the ground principles of *Organon of Medicine and Homoeopathic Philosophy*.¹⁷ The selected medicine is dispensed in sugar globules 4-5 pills of standard size 30. Any change in medicine or dosage was done according to the homoeopathic principles with careful observation of signs and symptoms after the administration of first remedy. The patient is advised to avoid all precipitating and aggravating factors during the homoeopathic

treatment. Photographs of the patient were taken before, during and after treatment.

Outcome assessment

1. Dermatology life quality index (DLQI) questionnaire is a ten-question tool which assesses the impact of skin disease on the quality of life of an affected person. Scores range from 0 to 30 and the highest score indicate the most severe eczema. Score categorized as follows: 0-1 = no effect on the patient's life, 2-5 = low effect on the patient's life, 6-10 = moderate effect on the patient's life, 11-20 = significant effect on the patient's life, and 21-30 = extremely important effect on the patient's life. It was evaluated at baseline and after 06 months of treatment.

2. **VAS score:** Visual analogue scale (VAS) score is a subjective psychometric measuring instrument designed to document the characteristics of disease-related symptom severity in individual patients and it is used to achieve a rapid (statistically measurable and reproducible) classification of symptom severity and disease control. It was evaluated at baseline and after 06 months of treatment.

Further outcome in terms of percentage was also calculated as follows:

Outcome = (Baseline score - Score at the end) / (Baseline score) × 100

Changes were graded as:

Marked improvement (76% to <100 %)

Moderate improvement (51% to <75 %)

Mild improvement (26% to <50 %)

Not significant improvement: (1% to <25%)

Status quo: no change in status.

Worse: increase in symptom staging

Statistical analysis

Paired t-test was applied to study the difference of the first and final DLQI questionnaire and VAS score. The analysis was done on IBM SPSS 20.0 software. P-values corresponding to the two assessment scores DLQI and VAS are very less than 0.05, indicating a significant positive difference in the first and final scores in intervention arm. There was statistically significant difference in the questionnaire of DLQI before treatment (Mean± SD; 19.20± 5.13) and after treatment (Mean± SD; 9.60± 3.90), and in the score of VAS before treatment (Mean± SD; 7.60± 0.95) and VAS after treatment (Mean± SD; 2.20± 1.37) table 3. As the quality of life and visual analogue scale score significantly improved after homoeopathic medication, thus, the alternate hypothesis that homoeopathic medicine selected with the aid of synthesis repertory is effective in the treatment of the cases of CD was accepted.

Results

40 patients were enrolled in the study and it was found that maximum frequency of contact dermatitis was observed in the age group of 21-30 years. Males were affected more as compared to females and child respectively. Patients from rural background were affected more than urban background and higher economic strata people were affected more than middle and lower strata respectively.

Table 2: Baseline characteristics

Variables		N (%)
Sex	Female	16 (40.0%)
	Male	24 (60.0%)
Area of residence	Rural	22 (55.0%)
	Urban	18 (45.0%)
Socio - economic status	High class	3 (7.5%)
	Lower class	10 (25.0%)
	Middle class	27 (67.5%)
Employment status	Courier work	1 (2.5%)
	Dying cloths workers	4 (10.0%)
	Farmer	4 (10.0%)
	Housewife	11 (27.5%)
	Jewelry maker	2 (5.0%)
	Labour	2 (5.0%)
	NBC Service	1 (2.5%)
	Plumber	1 (2.5%)
	Private clerk	1 (2.5%)
	Proprietary dealer	1 (2.5%)
	Shopkeeper	1 (2.5%)
	Student	9 (22.5%)
	Teacher	1 (2.5%)
	Traffic policeman	1 (2.5%)
Associated complaints	Abdominal complaints	3 (7.5%)
	Headache	5 (12.5%)
	Infection on skin	3 (7.5%)
	Nothings specific	23 (57.5%)
	Respiratory disease	6 (15.0%)
	Accident-injury to spine	1 (2.5%)
Past history	Allergic rhinitis	1 (2.5%)
	Chikungunya	1 (2.5%)
	Cholelithiasis	1 (2.5%)
	Acid burn	1 (2.5%)
	Injury	2 (5.0%)
	Nothings specific	30 (75.0%)
	Pneumonia	1 (2.5%)
	Renal calculi	2 (5.0%)
	Diabetes mellitus	1 (2.5%)

Family history	Cerebrovascular accident	1 (2.5%)
	Coronary artery diseases	3 (7.5%)
	Hypopigmentation	1 (2.5%)
	Hypothyroidism	3 (7.5%)
	Nothing specific	31 (77.5%)

Table 3 Visual analogue scale score and dermatological life quality index questionnaire.

Variables	Number	Before treatment (Mean ± SD)	After treatment (Mean ± SD)	Mean difference	Standard error difference	95% CI of the difference		t-test	Degree of freedom	P-value*
						Lower	Upper			
VAS score	40	7.6 ± 0.9	2.2 ± 1.3	5.40	0.064	4.851	5.999	19.106	39	0.00001
DLQI questionnaire	40	19.2 ± 5.1	9.6 ± 3.9	9.60	0.189	8.225	10.852	14.703	39	0.00001

Note: Independent sample t- test *

Abbreviations: diff.- difference, CI - confidence interval, ques. - questionnaire, SD- standard deviation, SE- standard error, N-number, df-degree of freedom.

Baseline characteristics

In present observational study of CD, 40 patients were enrolled and maximum numbers of contact dermatitis were observed in the age group of 21-30 years and mostly patients were from the rural background. As shown in Table –

2; the maximum prevalence were seen in housewife's i.e. 11 (27.5%) cases, student 09 (22.5%) cases, dying cloths workers and farmers each 04 (10%) cases, labour and jeweler makers each 02 (05%) cases. Maximum cases i.e. 23 (57.5%) cases had no significant associated complaints, while 30 and 31 cases had no significant past and family history respectively. Out of 40 cases in the study, 04 cases (10%) showed marked improvement, 13 cases (32.5%) showed moderate

improvement, 21 cases (52.5%) showed mild improvement and 02 cases (05%) showed no significant improvement. No cases were dropped outs from study. This suggests that after receiving individualised homoeopathic medicines quality of life of patients of contact dermatitis improved significantly. 25 reporting cases (63%) were diagnosed for ICD and 15 cases (37%) with ACD in the study.

Fig 1: DLQI questionnaire range before and after treatment.

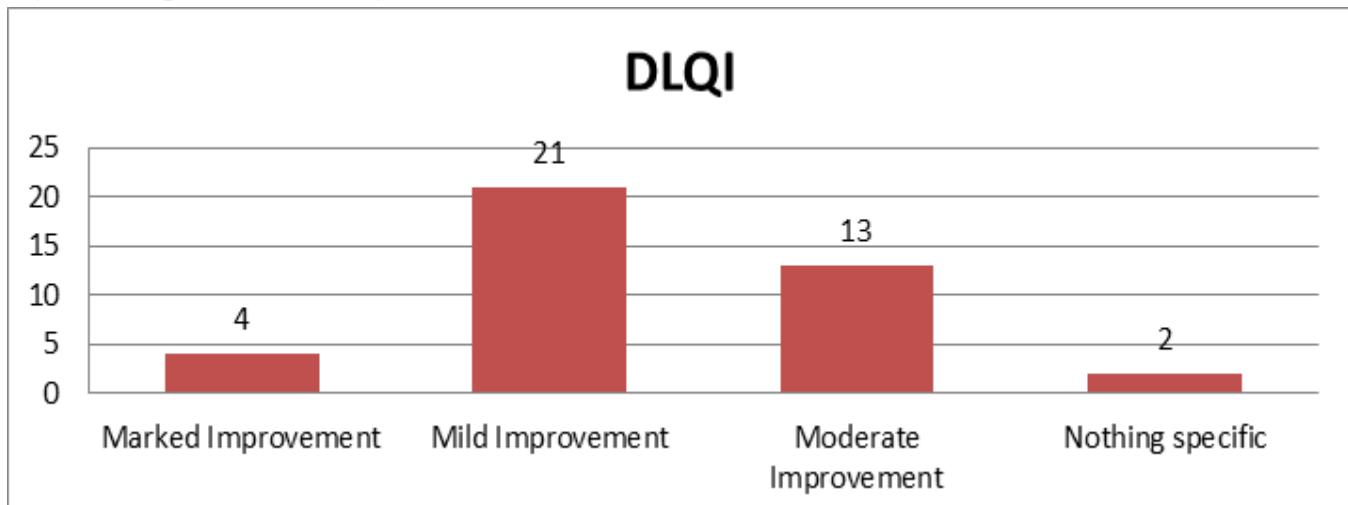


Fig 2: VAS score itching range before and after treatment.

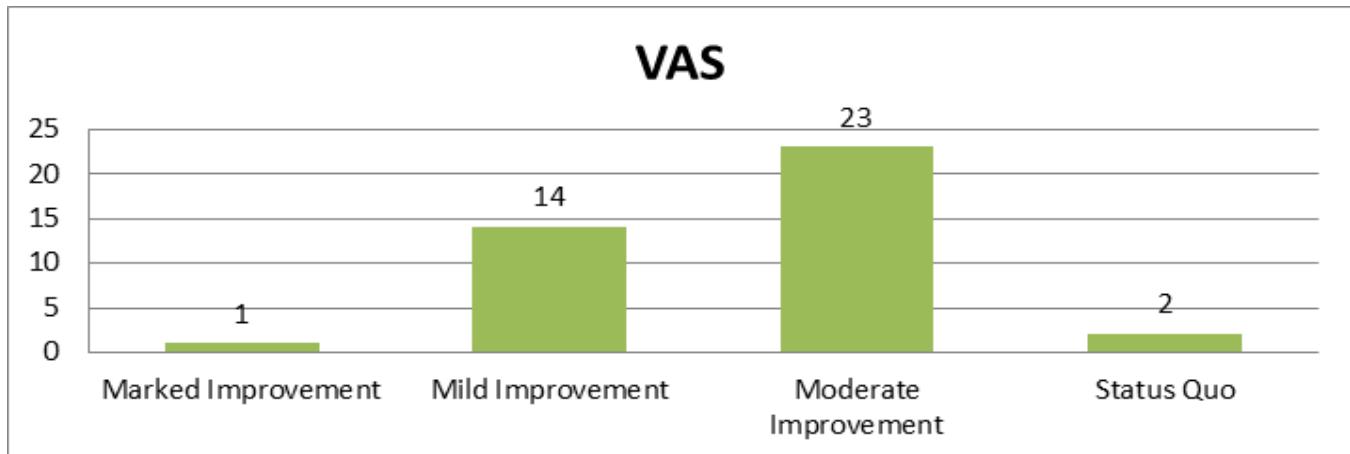


Fig 3: Prescribed individualised homoeopathic medicines in patients.

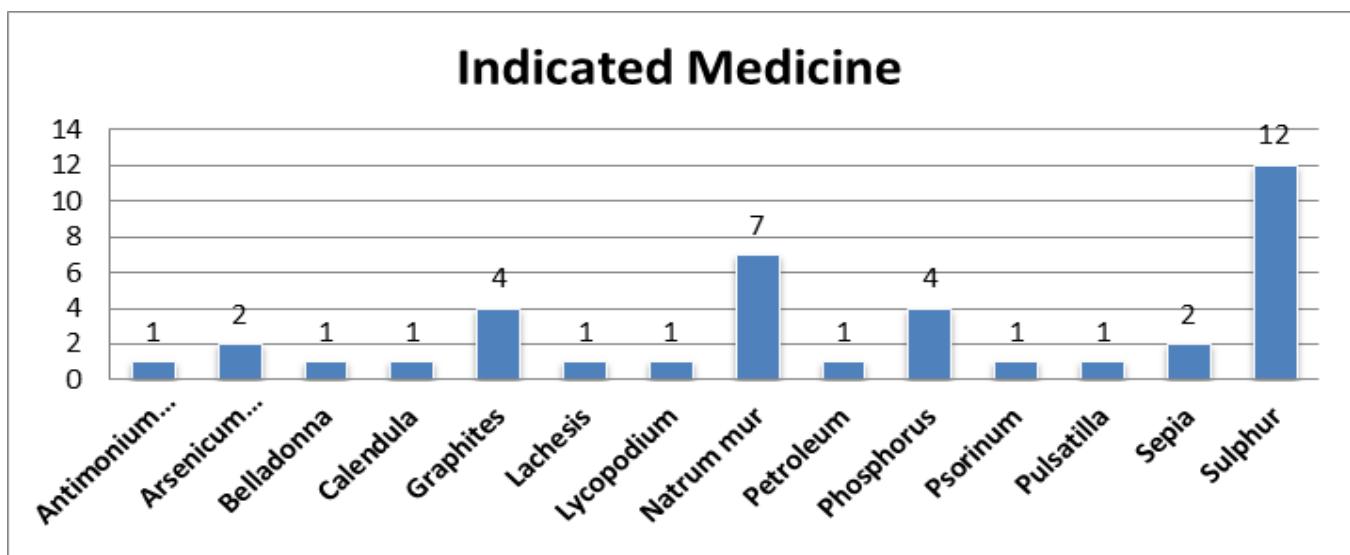
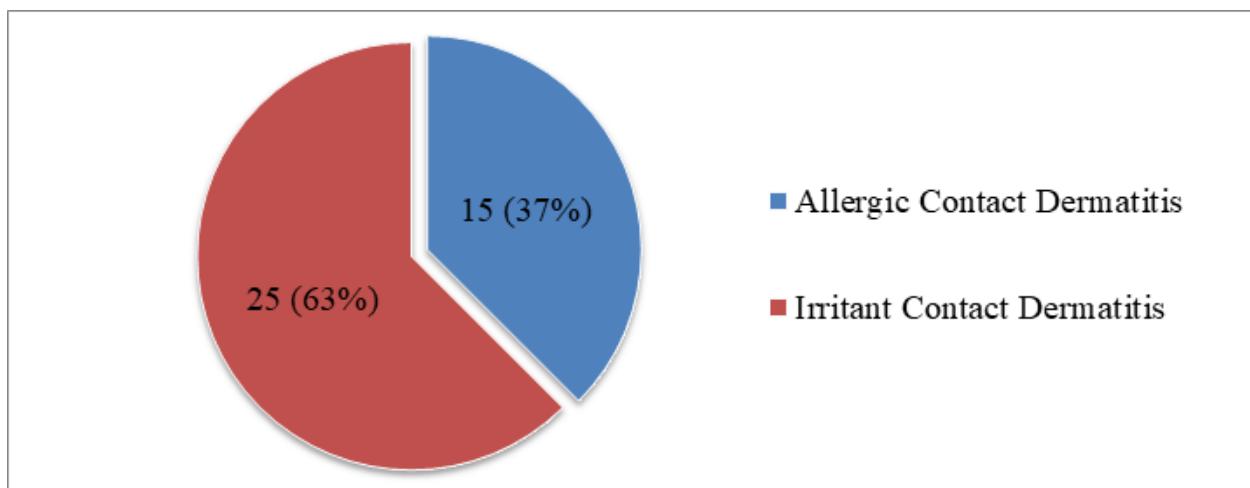


Fig 4: Distribution of allergic and irritant contact dermatitis of patients.



RESEARCH PAPER

Table 4: Improvement indices after treatment.

S. No.	Improvement status	Total no of Cases
1	Mild improvement	21 (52.5%)
2	Moderate improvement	13 (32.3%)
3	Marked improvement	04 (10%)
4	Status quo	02 (5%)

Table 5: Symptoms covered by indicated homoeopathic medicines.²¹⁻²⁴

Indicated medicines	Covered symptoms
<i>Antimonium crudum</i>	Irritable, white coating on tongue, itching, thick discharge, eczematous eruptions worse at night.
<i>Arsenicum album</i>	Restless, company aversion, severe itching and burning, ameliorated by hot things, pustular eruption, dry and rough skin.
<i>Belladonna</i>	Dry, hot, red skin, erythematous eruption aggravated by touch and contact.
<i>Calendula officinalis</i>	Irritable and inflamed eczema, burning with sloughing skin, discharging eczema, aggravated by change of weather.
<i>Graphites</i>	Rough, hard, unhealthy skin with glutinous, sticky discharge.
<i>Lachesis mutus</i>	Talkative, suspicious, bluish unhealthy skin and itching.
<i>Lycopodium clavatum</i>	Fear to alone, cowardice, violent itching and chronic eczema, thick and indurated skin.
<i>Natrium muriaticum</i>	Consolation aggravation, grief, company aversion, oily and greasy skin, itching worse in worm room.
<i>Petroleum</i>	Irritable, skin is dry, sensitive, rough and cracked, leathery. Burning and itching worse in winter.
<i>Phosphorus</i>	Depressed and restless, skin is dry, unhealthy, pustular eruptions of affected part.
<i>Psorinum</i>	Religious and hopeless, skin dry unhealthy, rough, intolerable, itching worse warmth of bed.
<i>Pulsatilla nigricans</i>	Mild, weeps easily in small matters, desire to company and sympathy, skin itching worse from warm room, better from open air.
<i>Sepia officinalis</i>	Irritable, company aversion, very sad and depressed, itching not relieved by scratching and worse by washing.
<i>Sulphur</i>	Forgetful, very selfish, aversion to business, skin dry and unhealthy, itching and burning, worse at night and washing.

Discussion

The study was a prospective observational study and changes in DLQI questionnaire and VAS score before and after treatment were evaluated for assessment of improvement with individualised homoeopathic medicines utilising *Synthesis Repertory* 9.0, software version RADAR 10. Majority of CD patients (10 cases) were observed in the age group of 21-30 years in which ICD was observed in age group of 10-20 years and ACD was observed maximum in age group 41-50 years. This observation is in concurrence to the results shown in a meta-analysis study where contact dermatitis was found maximum in the age group of 21-30 and the prevalence was significantly higher in those above 40 compared to those under 40.¹⁸

Males were affected more as compared to females as this study was conducted in an industrialised area where the exposure of males were frequently encountered to the chemicals owing to occupation and associated risk involved in comparison to females. This observation varies from previous study where female's prevalence is on higher side in comparison compare to males¹⁹ however the above reported meta-analysis study reported a higher prevalence of contact allergy in males in the patch tested patients. Further studies in terms of diagnostic parameters of patch test in industrial settings having occupational implications may be warranted for corroborating the earlier outcomes. CD was mostly seen in the employed individuals, i.e. 12 cases (30%) ICD are 10(83.34%) and ACD are 2 (16.67%) which substantiated with observations of other past concluded studies that younger people were more frequently affected.²⁰

Sulphur was the most frequently indicated homoeopathic medicine in CD cases in the present study prescribed in 12 cases followed by *Natrum muriaticum* 07 cases; *Phosphorus* and *Graphites* were given in 4 cases whereas *Arsenicum album* and *Sepia officinalis* was given in only 02 cases. Other medicines which were prescribed to only single case were *Antimonium crudum*, *Belladonna*, *Calendula officinalis*, *Lachesis mutus*, *Lycopodium clavatum*, *Petroleum*, *Psorinum*, *Pulsatilla nigricans*, *Tuberculinum* (Figure 3). The common indications of prescribed homoeopathic medicines in the cases were illustrated in table 5.

Moderate improvement was seen in 23 cases and mild improvement in 14 cases in VAS score itching range whereas 13 cases and 21 cases showed moderate and mild improvement respectively, from the DLQI questionnaire showing the promising and encouraging results through holistic and individualistic homoeopathic approach in context to the standard mode of treatment of CD. The results will enrich the existing *materia medica* and homoeopathic literature. A new clinical symptomatology may be evolved in context of varied occupational issues and irritants of CD through the present study which can be further validated through more rigorous designs with increased sample size on the condition in future. Improved DLQI questionnaire and VAS score had positive impact on the quality of life of CD cases enrolled under the study in terms of social, physical and psychological domains. The previously published studies shows that well selected individualised homoeopathic medicines prescribed on the basis of totality of symptoms have been effective in dermatological disorders.^{10-11, 25-29}

With only a limited number of studies conducted in the past with validated outcome parameters, the present study is a step forward in generating a evidence based pool for CD through homoeopathy with only limitation of being of shorter duration and having a smaller sample size. It will also aid the modern clinicians in treating CD cases in a rationale, logical and scientific way through holistic homoeopathy and encouraging the use of modernised repertoires in the varied dermatological clinical conditions however further rational trials of longer duration and a larger size is obligatory for better and treatment outcomes in CD.

Conclusion

This study elucidated a promising and rationale use of individualised homoeopathic treatment with aid of *Synthesis Repertory* on varied spectrum of CD cases commonly ICD and ACD. The results from the study were drawn through usage of validated outcome measures of DQLI and VAS itching score in the study for generating future empirical research base in CD cases. Moreover, the study enhanced the traditional homoeopathic literature in novel therapeutic and management aspects for CD. In future, research designs with rigorous methodology having greater sample size and considerable longer follow-ups are warranted for better treatment outcomes and prognosis of CD cases.

Conflicts of interest

There are no conflicts of interest.

Declaration of patient consent

Informed consent has been obtained from all the patients during the time of baseline registration in hospital.

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Psychoanalytic view of rheumatoid arthritis and managing cases with positive psychology and homoeopathy

By Dr Sutapa Nandi, Dr Ram Kumar Agrawal

Abstract: Rheumatoid arthritis (RA) is a chronic, systemic, auto-immune disease characterized by persistent, symmetric, polyarthritis (synovitis); it is a long-term disorder significantly impairing not only somatic, but also emotional and psychological functioning of its sufferers[1]. Practising positive psychology may be useful to improve mental well-being among people with RA and other chronic conditions. Similarly, homoeopathic treatment also helps to reduce symptoms such as pain and fatigue.]

Keywords: autoimmune mechanism, neuro-immuno-biological hypothesis, subjective vitality scale, homoeopathy.

Abbreviations:- rheumatoid arthritis (**RA**), hypothalamic-pituitary-adrenal (**HPA**) axis, positive psychology (**PP**), cognitive behavioural therapy (**CBT**), tumour necrosis factor-alpha (**TNF- α**), interleukin 6 (**IL-6**), positive psychology (**PP**)

Introduction

Rheumatoid arthritis (RA) is the most common rheumatic disorder among connective tissue disorders. It is a persistent, progressive inflammatory process beginning in the synovial membrane leading to the deformation and destruction of articular tissues and the impairment of articulatory function. A person affected by RA experiences numerous somatic problems such as the deformation and deterioration of joints, chronic pain, fatigue, weight loss and fever. Besides these, the sufferers also deal with psychological hardships, primarily marked by negative effects like anxiety, depression, feelings of loss and social difficulties related to changes in fulfilling social roles^[1].

Psychological consequences : Patients with rheumatoid arthritis are more likely to suffer from anxiety, depression and low self-esteem with high levels of associated mortality and suicide. The loss of ability to carry out daily functions owing to RA is also associated with the onset of depressive symptoms.

The psychological effects of RA can extend to the partners, families and carers of sufferers^[2].

As per '*European Journal of Rheumatology*', psychological factors are effective in disease flare-ups and these are particularly considered in patients who are resistant to different treatment regimens and in whom any other reason for disease flare is not obvious^[3].

Mechanism behind somato-psychic association: The relationship between mood disorders and RA seems bi-directional. Depression and anxiety are associated with flare periods, resulting with pain and fatigue; joint pain and tenderness are more frequent in patients with concomitant mood disorders. These factors may influence the health behavior of patients such as medication adherence and smoking which results with poorer patient outcome and increased mortality risk. Although a relationship exists between mood disorder and RA, the underlying mechanisms remain unclear. Depression and anxiety

is associated with immune and neurotransmitter dysregulation, which may lead to the activation of autoimmune mechanisms that play a central role in RA. Further, altered pain and reduction of physical activity may decrease endorphin levels, causing increased pain sensation and patient discomfort, thereby resulting in depression^[3].

Psychological stress and mood disorders such as depression and anxiety are commonly associated with RA. A recent meta-analysis reported 14.8% prevalence of depression, while in another study, the prevalence of anxiety in patients with RA was reported to be 25.1%. Anxiety concomitant with depression is reportedly observed in 16.3% of patients with RA^[3].

The relationship between chronic pain syndromes such as RA and mood disorders such as depression and anxiety can be explained through different mechanisms. A substantial body of literature also suggests that patients with RA demonstrate abnormalities in

SUBJECTIVE

hypothalamic-pituitary-adrenal (HPA) axis responsivity. HPA axis dysregulation accompanied with corticotrophin-releasing hormone responsiveness, resulting with depression and fatigue, may be one mechanism. Pro-inflammatory cytokines such as tumour necrosis factor-alpha (TNF- α), interleukin 6 (IL-6) may cause cartilage destruction, resulting in pain and HPA axis dysregulation, at the same time^[3].

The neuro-immuno-biological hypothesis points to pro-inflammatory cytokines, responsible for disrupting the serotonergic system as playing the dominant role in the development of depressive symptoms. The psychological approach assumes that increasing impairment resulting from gradual deterioration of joint function causes feelings of helplessness, powerlessness and worthlessness, which contribute to the emergence and persistence of depressive symptoms^[1].

Measuring well-being in RA patients: A measure scale called the subjective vitality scale effectively estimates the well-being of people with RA, to evaluate how someone with RA is doing emotionally. Positive psychology (PP) is a relatively new type of mental health theory, which measures mental well-being through concepts like optimism, hope and purpose; it links the positive aspects of an individual's life to their ability to thrive. PP links the following with well-being: embracing personal strengths, expressing gratitude to others, finding purpose in life, setting and achieving goals, developing resilience (recovering quickly through tough situations), practising altruism (selfless concern for others)^[4].

Management: PP can counteract RA symptoms like depression, anxiety,

pain and fatigue. PP, in combination with therapies like cognitive behavioural therapy (CBT), can promote RA patient's strength and social life.

Scope of homoeopathy : The role of homoeopathy in cases of RA with somatic and psychic involvement is being proved. Homoeopathic materia medica and repertory are full of such symptoms and rubrics.

Repertorial approach: Some rubrics showing somato-psychic association are enumerated (with higher grade medicines).

Sadness, from pain - germ.met, kali.p, sars;

Sadness, from slightest pain- carb.v

Despair, with the pains- Acon, Aur, Cham, Coff, Nat.m, ars, verat , colch

Anxiety from the pains- Acon, ars, coloc. Nat.c, bry, carb.v, caust

Weeping with the pains- Coff, Glon, Lach, Merc, Nux.v, Plat, Staph

Morose after pain- Cham, hep, ign

Sensitive to pain- ACON, CHAM, COFF, HEP, Arn, Ars, Aur, Bell, Hyper, Nux.v, Phyt

Shrieking with pain- ACON, CHAM, Bell, cact, ars, coloc, plat, sep

Fear that the pain will become unbearable- all.c

Prostration of mind, from pain- bamb.a

Quarrelsome during pain- cor.r, nux.v

Rage, fury, from pain- Ars, acon, arg.m, cham, glon

Restlessness from pain- Acon, ars, bell, bry, caust, cham, eup.per, kali.c

Confusion during paroxysms of pain- Acon, Cham, Coff

Delusion, he has pain during sleep- Alum; D, limbs are crooked- sabad

Sleeplessness from pains- Cham, ferr.p, lach, iris, merc, rhus.t, sulph

Waking with pain, especially midnight- Ars^[4]

Common medicines for RA: ACONITUM NAPELLUS is useful for, not old rheumatic and gouty attacks but those that come on as acute rheumatism, those that come on from sudden exposure to cold, from long rides in a dry, cold wind, are also attended with fever, and definitely with the critical state of mind, anxious restlessness^[6].

AURUM METALLICUM has rheumatic affections with swelling of the joints, pains are violent, tearing, bones ache as if they would break, not in acute fevers but in old syphilitic bone troubles; knife-like pains in the periosteum; pains in the joints rendering them immovable; boring in bones, pains drives to despair, drives the patient out of bed at night and make him walk; blood-vessels pulsate all over the body; fidgetiness, feeling as if something dreadful were going to happen.^[7]

CHAMOMILLA rheumatic pains are violent, neuralgic in type, attended by numbness and prostration, ameliorated by heat; the whole body is sensitive to air, cannot ride in the wind without having plenty of covering; thirsty and hot with pains, when pains come, no matter where, she heats up, becomes feverish, face becomes red, especially on one side; pain usually comes at night, before midnight and they are so violent that he cannot keep still; when the child has pains, he wants to be carried, that seems to do him good and when the adult has pains at

night in bed, he gets up and walk about the floor; he is sleepy but he cannot sleep. Along with all these, great irritability is present^[6].

PHYTOLACCA DECANDRA is indicated in acute rheumatism which is prolonged, worse at night, from the warmth of the bed, warm applications and motion; syphilitic cases^[7]; sharp, cutting, flying like electric shocks, shooting pains as if in the bones, cannot touch the floor; occupies a position between *Bryonia* and *Rhus tox*, it cures when these fails though apparently well indicated. All complaint with an indifference to life and says she will surely die^[8].

ARNICA MONTANA is useful in chronic cases with rheumatic lameness, all over the body there is lameness, soreness and a feeling as if bruised; the joints are swollen, sore and lame; gets better from every little motion; he does not want to be touched or approached; feels that anything that is coming towards him is going to hurt him; extremely sensitive, his joints are sore and tender and he is afraid they will be hurt^[7].

CAUSTICUM has a rheumatic state of the tendon and ligaments about the joints, with swelling, pain and ending in a tightening up of the joint so that it becomes ankylosed. Great stiffness of the joints and while this is going on, the patient is growing weaker, is running into a state of melancholy, hopelessness, anxiety and fear. Constantly present in his mind is the hopelessness and a feeling that something is going to happen. These are the general features of *Causticum*^[6].

RHUS TOXICODENDRON covers all sorts of rheumatic lameness and these pains are ameliorated from motion and worse from keeping

still, brought on from cold air and suppressing the sweat; along with these violent palpitation on keeping still; numbness and lameness of the left arm with heart disease; Painful stiffness on rising from a seat^[7].

PULSATILLA NIGRICANS has pain in limbs, wandering in nature, better from motion and cold application and worse from a warm room; pain in joints as if dislocated. Associated mental state is tearful, sad mood ameliorated by walking in open, cool, fresh air. Suffering worse from letting the affected limb hang down^[9].

MEDORRHINUM is indicated for obstinate cases of rheumatism, worse from motion but where swelling is not present these patients act like *Rhus toxicodendron* patients, they are sensitive to cold, suffer from aching and torturous pains and find relief only in motion like *Rhus toxicodendron*; the pains come with a feeling of general tension^[7].

Conclusion

The relation between RA and psychic state is bidirectional. Depression and anxiety lead to activation of autoimmune mechanism, through neurotransmitter, thereby initiating RA. On the other hand, patients with RA shows abnormal response in HPA axis, altered level of circulating hormones and increased levels of proinflammatory cytokines, which collectively affect psychological states. The mental well-being of RA patient's can be evaluated by a measure called subjective vitality scale. The psychiatric states associated with RA can be well managed with positive psychology and cognitive behavioural therapy. Homoeopathy can also manage cases of RA with concomitant psychic symptoms.

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A case of rheumatoid arthritis treated by homoeopathic medicine: a case study

By Dr Ravi Prakash

Abstract: Arthritis is now a burden disease in the world, it effects person daily activity. It is one of the major health challenge to the population. Rheumatoid arthritis affects the quality of life, which triggers the other systemic disease. Homoeopathy although widely used in rheumatoid arthritis and helps to the population. In this article, a case of rheumatoid arthritis is briefly discussed, which was treated by homoeopathic medicine, *Pulsatilla nigricans*.

Keywords: rheumatoid arthritis, homoeopathy, *Pulsatilla nigricans*

Abbreviations: rheumatoid arthritis (RA), American Rheumatism Association (ARA), twice a day (BD)

Introduction

Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory disease of the joints characterised by the symmetrical arthritis with morning stiffness. It is the most common inflammatory arthritis. Pathological changes include swelling and congestion in the synovial membrane and underlying connective tissue, which is infiltrated by the lymphocyte, plasma cell and macrophages, hypertrophy of the synovium occurs with formation of the lymphoid follicles. Clinical symptoms of rheumatoid arthritis is much significant for diagnosis. Clinical diagnosis is made with the help of American rheumatism association guidelines.⁽¹⁾⁽²⁾

Predisposing factor: Mainly the disease is auto-immune, those who are poor socio-economic condition, nutritional deficiency, hereditary factor is also marked. Repeated trauma and temperate climate is mostly affected.⁽¹⁾

Epidemiology: RA occurs throughout the world in different ethnic group. The prevalence is lowest in black African and Chinese, highest in Indian. Females are more affected. 5% women and 2% men are affected beyond 55 years. But under

55 years female and men ration is 6:1.⁽²⁾

Joint involved: Metacarpophalangeal joints, ankle, knee, shoulder, but hip and spine is not involved.⁽¹⁾

Deformity of the joint⁽¹⁾⁽²⁾:

1. Swan neck deformity (Hyperflexion of the distal interphalangeal joint)
2. Boutonniere deformity (Flexion of the proximal interphalangeal joint)
3. Z form deformity (occurs in thumb)

Diagnostic criteria⁽¹⁾⁽³⁾: Mainly symptoms start gradually, first affects in the metacarpo-phalangeal joint or wrist, and then involved other joint. Gradual swelling occurs with pain, stiffness. Main symptoms are:

1. Morning stiffness > 1 hour
2. Arthritis of the joint (3 or more)
3. Arthritis in the hand
4. Symmetrical arthritis
5. Rheumatoid nodules

RA can be diagnosed based on

structural abnormalities or on the symptoms, these abnormalities evoke. Many persons with x-ray evidence of RA have no joint symptoms and, while the prevalence of structural abnormalities is of interest in understanding disease pathogenesis, what matter more from a clinical and public health perspective is the prevalence of symptomatic RA. With the help of conventional medical treatment, pain of RA will be relieved temporarily, but it produce adverse effects in gastrointestinal and cardiovascular problems. So, many patients using alternative therapy for this. The rheumatological problem is most common problem encountered by alternative medicine practitioner. However, scientific research has so far not provided evidences solid enough to support the effectiveness of alternative medicine for managing of rheumatological problem.^[4]

Case presentation:

Chief complaints: A woman with 32 years of age complained of pain in the ankle joints with stiffness for last 6 months. The pain was so severe in both joints, that she couldn't properly walk. Complaints aggravated in the warm, and ameliorated in cold, open air.

History of present complaints: The pain first started in the both wrist joint for 1 year ago, at that time, she took conventional medicine for 3 months. The medicine gave her relief, no pain occurred after that. Now, for last 6 months, intermittent pain occurred in the wrist, and severe pain in both ankles, the severity of the pain increased on motion and stiffness mainly in the morning, and contraction of the joints. She couldn't do any household activity. Symmetrical pattern.

Past history: She suffered from hepatitis 2 years ago, treated with conventional medicine.

Family history: Father suffered from asthma for last 3 years and

was taking conventional medicine. Mother suffered from arthritis for last 5 years and was taking conventional medicine.

Personal history: Her diet was regular. She had no addiction. She had 3 children, family background was normal. She had desire for travelling.

Mental generals and physical generals: She was mild in nature. She couldn't detail her complaints without weeping. She always tried to maintain her family. She was happy with her husband but she always tried to change her room, her place, changeability was present.

While enquiring her physical

general aspects, it was found that she had good appetite. She looked pretty, brown hair. She easily used to catch cold and could not tolerate it. She had desire for smoked cold food. She had no thirst. Her stools were satisfactory. Also, during coughing, urine passed involuntarily. Menstruation was irregular, scanty. Generally, she felt better in cold.

Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the patient and according to American Rheumatism Association (ARA) criteria of rheumatoid arthritis.⁽³⁾

Analysis and evaluation of symptoms:

Sl. No.	Symptom type	Symptom	Intensity	Miasmatic analysis ⁽⁵⁾	Totality of symptoms
1.	Mental general	She couldn't detail complaints without weeping, tearful mood	+++	Psora,	a) She had tearful mood
2.	Mental general	She had changeable tendency	++	Psora, syphilis	b) She had changeable tendency
3.	Physical general	Generally, she felt better in cold	+++	Syphilis, sycosis	c) Generally, she feels better in cold
4.	Physical general	She had desire for cold	+++	Syphilis	d) She had desire to cold
5.	Physical general	She had no thirst	+++	Sycosis	e) She had no thirst
6.	Particular symptom	Pain in ankles aggravated by warmth	+++	Syphilis	f) Pain in ankles, aggravated by warmth
7.	Particular symptom	Pain in ankles	+++	Psora, sycosis, syphilis	g) Pain in ankles

Repertorial totality⁽⁵⁾:

Symptoms	Rubric
1. She had weeping, tearful mood	MIND-WEEPING, tearful mood
2. She had changing tendency	MIND-VCHANGE, desire for
3. Generally, she felt better in cold	GENERALITIES- COLD, amel.
4. She had desire to cold	STOMACH-DESIRE, Cold
5. She had no thirst	STOMACH-THIRSTLESS.
6. Pain in ankles aggravated by warmth	EXTREMITIES-PAIN, ankle, warmth, agg.
7. Pain in ankles	EXTRIMITIES-PAIN, ankle.

Repertorisation⁽⁶⁾:

CASE STUDY

Repertorial sheet:

7 symptom(s)	1	2	3	4	5
Name of remedy	Puls	Ant	Lyc	Led	Phos
Symp. covered	7	5	5	5	5
Totality	18	11	11	10	10
1. EXTREMITIES, PAI..					
2. EXTREMITIES, PAI..					
3. GENERALITIES, CO..					
4. MIND, CHANGE, de..					
5. MIND, WEEPING, te..					
6. STOMACH, DESIRE..					
7. STOMACH, THIRS..					

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, avoid any kind of spicy or fatty food, avoid heavy work, etc.

Follow up:

Date of Visit	Response	Medicine prescribed
23/12/2021	No changes took place. Pain and swelling in the ankle joint with stiffness still persisted	Rubrum-200/ 1 drop BD x 15 days
07/01/2022	Pain in ankles slightly ameliorated., but swelling was still present.	Rubrum -200/ 1 drop BD x 15 days
29/01/2022	Severe pain in ankles without amelioration. .	Pulsatilla nigricans 200/ 1 dose
14/02/2022	Pain was reduced, patient felt better, her sleep was good, appetite normal	Phytum-200/ 1 drop BD x 15 days
28/02/2022	Slight swelling in ankles, but without pain, the patient felt better	Phytum-200/ 1 dose
15/03/2022	No swelling and no pain	Phytum-200/ 1 drop BD x 7 days
24/03/2022	Patient was totally normal, no discomfort on walking, pain and swelling was reduced	

Conclusion

As shown in the above case, in any kind of joint disorder, homoeopathy has vast scope. Homoeopaths treat the patient according to its symptomatology and the homoeopathic dynamic medicine produces no side-effects like conventional steroid medicine. Homoeopathic science believe on individualistic approach, having great scope to get rid of such kind of diseases.

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Prescription: After repertorisation, *Pulsatilla nigricans* possessed highest grade and highest matching of the symptoms. *Pulsatilla nigricans* 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 suggested *Pulsatilla nigricans*, after consulting with *materia medica*⁽⁷⁾⁽⁸⁾ and repertorial result. So, *Pulsatilla nigricans* was prescribed for this case.

Prescribed on 09/12/2021

Pulsatilla nigricans 200/ 1 dose,

Repetition of remedy: Every well-chosen medicine should be repeated at suitable intervals, according to the aphorism 246 5th edition⁽⁹⁾ of *Organon of Medicine*. After initial improvement, if same symptoms is reappear, then repeat the same medicine.⁽¹⁰⁾

Correlating rubrics from the *Repertory of the Homoeopathic Materia Medica* by J.T. Kent with manifestations of cervical radiculopathy

By Dr Mallesh Reddy

Abstract: Cervical pain associated with radiculopathy is frequently encountered in clinical practise. In this article an attempt has been made to correlate the rubrics (repertorial language of a symptom) available in “*Repertory of the Homoeopathic Materia Medica*” with clinical manifestations of radiculopathies affecting different spinal segmental levels.

Keywords: vCervical radiculopathy, arm pain, neck pain, Kent's repertory, homoeopathy, rubrics

Abbreviations: Pg - page

Introduction

Radiculopathies (which are chronic diseases with a miasmatic origin) are frequently encountered in homoeopathic practise. Radiculopathy is defined as “irritation of or injury to a nerve root (as from being compressed) that typically causes pain, numbness, or weakness in the part of the body which is supplied with nerves from that root” [1]. Depending on the origin of anatomical level, radiculopathies can be commonly cervical or lumbosacral, and much less often thoracic [2][3]. Both males and females are affected mostly in their fourth and fifth decades of life [4]. Homoeopathic treatment is based on the language of the patient and gives utmost importance to history, clinical features and physical examination findings. *Materia medica* and repertory in homoeopathy contains detailed expressions of the patients.

“*Repertory of the Homoeopathic Materia Medica*” (containing 37 chapters including the sub-chapters) published in 1897 follows deductive logic from general to particular. It is a major contribution of Dr J. T Kent and is regarded as the most popular repertory of the 19th and 20th centuries. [5].

In this article, rubrics related to cervical radiculopathy available from the *Repertory of the Homoeopathic Materia Medica* by J.T Kent (hereinafter referred to as Kent's *Repertory*) have been correlated with the spinal segmental levels.

Methods

Literature search was done (in pubmed and google scholar) using the term ‘radiculopathy’ with the following eight different preceding words: ‘cervical’, ‘C2’, ‘C3’, ‘C4’, ‘C5’, ‘C6’, ‘C7’, ‘C8’ to find the various presentations of such radiculopathies. Kent's *Repertory* was reviewed to match the rubrics with the various radiculopathies. Page numbers have also been provided for ready reference. [5]

Correlation of symptoms of cervical radiculopathy with rubrics and sub rubrics from Kent's *Repertory*:

Cervical radiculopathy causes pain and/or sensorimotor deficit in the corresponding dermatomes and myotomes. The presentation may be of pain (even electrical type pain), numbness, and/or tingling in the upper extremity or even weakness. The compression of the nerve root may occur due to disc herniation, spondylosis, instability, trauma, or rarely, tumours [6].

1. C2 radicular pain which can manifest itself as eye and/or ear pain and headache (cervico-occipital) [6,7] Related rubrics [5] BACK- PAIN, cervical region, extending occiput, to (Pg 901) HEAD-PAIN, occiput. extending ears, to (Pg 165) HEAD-PAIN, occiput. extending eyes, to (Pg 165) EAR-PAIN, behind ear (Pg 306)
2. C3 and C4 symptoms manifest as vague neck and trapezius pain [6,8,9] Related rubrics [5] BACK- PAIN, cervical region (Pg 899) BACK- PAIN, cervical region, extending clavicles, to (Pg 901) BACK- PAIN, cervical region, extending back, down the (Pg 901) EAR- NUMBNESS, about ear (Pg 303) EAR- NUMBNESS, in mastoid (Pg 303) BACK- NUMBNESS, cervical region (Pg 893) BACK- NUMBNESS, scapulae (Pg 893)
1. C5 pain occurs in the shoulder and radiates down the ventral

arm to below the elbow; and deltoid weakness [6]

] Related rubrics [5]

EXTREMITIES, PAIN, shoulder.

extending to arm (Pg 1053)

EXTREMITIES, PAIN, shoulder.

extending to elbow (Pg 1053)

EXTREMITIES, WEAKNESS,

upper limbs, shoulder (Pg 1226)

- C6 radiculopathy is associated with pain radiating down the superior lateral aspect of the arm into the first two digits [6] Related rubrics [5]

EXTREMITIES,

PAIN, upper arm. extending downward: to finger (Pg 1055)

EXTREMITIES, WEAKNESS,

upper arm. forearm. (Pg 1227)

- C7 pain radiates down the dorsal aspect of the arm, through the elbow and to the third digit. [6]

] Related rubrics [5]

EXTREMITIES,

PAIN, upper arm. extending downward: to finger (Pg 1055)

EXTREMITIES, PAIN, upper arm. posterior part (Pg 1055)

EXTREMITIES, WEAKNESS,

upper arm. elbow (Pg 1227)

- C8 symptoms appear in the inferior medial aspect of the arm up to the fourth and fifth digits [6, 10] Related rubrics [5]

BACK, PAIN, cervical region.

extending arm and fingers, to

(Pg 901)

EXTREMITIES, PAIN, upper arm. inner side: extending to fingers (Pg 1055)

EXTREMITIES, NUMBNESS, fingers. third finger (Pg 1040)

EXTREMITIES, NUMBNESS, fingers. fourth finger (Pg 1040)

EXTREMITIES, WEAKNESS, fingers, third (Pg 1228)

EXTREMITIES, WEAKNESS,

hand grasping objects, on (Pg 1227)

Discussion

It was found that in *Kent's Repertory*, the digits are counted as four fingers and one thumb separately. Hence, the fourth and fifth finger counted anatomically, corresponds to third and fourth fingers in *Kent's Repertory*. In C8 radiculopathy, paraesthesia and weakness are seen in fourth and fifth digits. The rubric for "weakness of fifth finger" was not found. [5]

C6 and C7 radiculopathies are more common when compared to other cervical radiculopathies [11]. The symptoms of various radiculopathies may overlap. The clinical presentation may be confused with peripheral nerve lesions [12]. Hence, the physician must be able to differentiate the condition by physical examination and relevant investigations. Also, the case will be managed more effectively by keeping in mind the possible associated disabilities.

While attempting to correlate the rubrics from various sections of *Kent's Repertory*, most of the rubrics corresponded with the clinical condition. As there are many other rubrics in *Kent's Repertory*, the physician can correlate the newly arrived symptomatology also. More specialised homoeopathic repertoires containing minute details of the condition may be used in difficult cases.

Conclusion

An attempt has been made to correlate the clinical manifestations of radiculopathies with different rubrics available in "*Repertory of the Homoeopathic Materia Medica*" by J.T Kent. This work might help in understanding the rubric which is the repertorial language of the symptom which subsequently may

help in the selection of simillimum.

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Rare gems for osteoarthritis: a reflection from various homoeopathic literature

By Dr Prastuti Jaiswal, Dr Saumya Sharma

Abstract: Osteoarthritis is a chronic degenerative disorder characterised by cartilage loss. It's extremely prevalent in society and is a major cause of disability. It is important to treat OA effectively using a multi-disciplinary approach tailored to the patient's needs. Lesser used and rare medicines can be effective in treatment of osteoarthritis.

Keywords: homoeopathy, osteoarthritis, rare medicines

Abbreviations: osteoarthritis(OA), proximal interphalangeal joints (PIP), distal interphalangeal joints (DIP)

Introduction

Osteoarthritis (OA) is the most common form of arthritis. It is strongly associated with ageing and is a major cause of pain and disability in older people. OA is characterised by focal loss of articular loss of articular cartilage, subchondral osteosclerosis, osteophyte formation at the joint margin and remodelling of joint contour with enlargement of affected joint. Inflammation can occur but it is not a prominent feature. Joint involvement in OA follows a characteristic distribution mainly targeting the hips, knees, PIP and DIP joints of the hands, neck and lumbar spine.¹

Clinical features¹

1. The main presenting symptom are pain and functional restriction in a patient over the age of 45, but more often over 60years.
2. Mainly related to movement and weight bearing, relieved by rest
3. Usually only one or a few joints painful
4. Only brief (< 15 min) morning stiffness and brief (<5 mins) getting after rest

5. Restricted movement due to capsular thickening, or blocking by osteophytes
6. Palpable, sometimes audible, coarse crepitus due to rough articular surfaces
7. Bony swelling around joint margin
8. Deformity, usually without instability
9. Joint-line or periarticular tenderness
10. Muscle weakness and wasting
11. Synovitis mild or absent

Homoeopathic indicated rare remedy based on the individuality of the case will slow down the disease activity progress and improve quality of life of patient. This will be useful in enriching to the existing literature of *materia medica*, improve the knowledge of clinicians and will encourage future researches.

Angustura vera: used in rheumatic and paralytic complaints – great difficulty in walking. Crackling in all joints, Stiffness of muscles and joints. oversensitive, caries of long bone, paralysis, tetanus, bone

pain.² drawing, tension, stiffness of muscles and joints. Stiffness and extension of the limbs tension in the muscles while walking, great difficulty in walking, crackling of joints.³. Painful stiffness between scapulae and in nape cramping pain and bruised feeling in legs.⁴ The greatest craving for coffee is a characteristic symptom

Jacaranda caroba: rheumatic pain in the left arm in the morning. Pain from the left elbow through the forearm red spot with a yellowish pellicle on the wrist rheumatic pain in the right knee disappearing on motion. Pain nape neck so painful that the head cannot be turned to right stiffness in loins.³

Arbutus andrachne: pain in the joints of a gouty and rheumatic character the larger joints are principally affected, and the slightest movement sets up inflammation.³

Salicylicum acidum: rheumatic pain occurring in some women during climaxis after suppressed foot sweat, rheumatic pains < at night after an hour sleep forced to get up. Necrosis of tibia.³

Guarea ballwood: stiffness of trunk constriction of back cutting pain

SUBJECTIVE

in sacrum caries of the bones with swelling of affected parts cracking, cutting pains in the bones aggravated at night pain in the periosteum of arm bones.⁵

Gettysburg: ulceration of vertebrae or of joints, involving bones with acrid, excoriating, ichorous discharge.⁵

Hecla lava: osteitis, periostitis; exostoses, osteosarcoma, rachitis; it affects mostly the bones of head, jaws, teeth and legs; difficult dentition.⁵

Argemone maxicana: left knee stiff and painful. Feet swollen worse at noon Painful neuro-muscular conditions, preventing sleep. Rheumatic disease associated with bright's disease.

Formica rufa: an arthritic medicine gout and articular rheumatism pain worse motion better pressure soreness in neck and up into head, severe pain left side of neck while chewing. Sensation as if muscle were strained and being torn from attachment rheumatism appear suddenly mostly in joints with restlessness patient desire although it aggravates pains ameliorated by pressure.³

Cistus canadensis: pain in knees and right thigh when walking and sitting. In evening, pains in right knees, in right hand, in left shoulder. drawing pains in muscular part of hands and of lower extremities, with pains in joints, fingers and knees. tearing and drawing pains in all the joints, knees and fingers.³

Stillingia sylvatica: pain in right scapula runs up the neck , soreness in humerus, sharp shooting pain in both arms.Aching pain in left leg , enlargement of tibia to such a degree as to deprive the child of all power of motion , limbs contacted and swollen. Ulcers on legs , venereal chronic and indolent .Periostitis and

nodes of tibia.³

Stellaria media: rheumatic pain in right hip , left knee , left foot . Joints stiff pain < on motion, parts sore to touch. Darting rheumatic pain: down right arm and middle of index finger of left hand.³

Triosteum: stiffness in all joints of upper and lower limbs. Remarkable stiffness in lower limbs , with slight coldness and tingling sensation. Stiffness in knees when attempting to rise.

Pain in right shoulder from lying on it.*Osteoarthritis nosode*: made from synovial liquid of arthritis. OA of knee < from first motion , night, right side ,> prolonged movement.⁶

Guaiacum: pain in the bones of thigh ,pressive and tingling pain in the thighs, tearing,drawing lancinations in the leg from right tarsus to the knee. Knee swollen hugely, much stiffness , hot sensation in knee area .Lancinating rheumatic pain from elbow to wrist .Pain < on heat and motion > by pressure.³

Lacticum acidum: osteoarthritis with diabetes. Sharp pain in right knee with stiffness knees and other joints stiff and painful. Rheumatic pain in knee joints, shoulders.³

Discussion and conclusion

OA is the commonest and highest clinical condition amongst all joint disease. Its importance may be derived from its economical impact in terms of both productivity and cost of treatment it shows in a strong association with ageing, and is also a major cause of pain and disability in the elderly. The modern lifestyle causes increasing incidences in younger patients too. Sedentary habits and irregular food habits, highly farinaceous and fatty food leads obesity and indirectly causes increased rate of OA at relatively

younger age especially in weight bearing joint. At this juncture, research in homoeopathy and saving of natural joint, avoidance of unnecessary surgery, avoidance of unnecessary chemical entry in the body in the form of allopathic medicine and economical burden of joint replacement surgery was call of time so rare medicines in osteoarthritis were being discussed above.

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Conflict of interest

None

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Rheumatic heart disease— its homoeopathic management and treatment

By Dr Sandeep Puri, Dr Varun Puri, Dr Shivani Sharma

Abstract: Rheumatic heart disease is a major health problem in the developed countries and presents as permanent scarring and damage to the valves of the heart. In normal condition, the heart valves help blood to move in the chambers without regurgitation, but in rheumatic heart disease, the valves become hardened and cannot close properly which causes improper flow of blood leading to heart failure.

Keywords: Acute rheumatic fever, prevention, rheumatism, palpitations, homoeopathy

Abbreviations: Rheumatic heart disease(RHD), echocardiogram(Echo), electrocardiogram(ECG)

Introduction

Rheumatic heart disease is a disease in which there is an inflammatory reaction due to an improperly treated streptococcal throat infection that causes serious damage to the heart valves.

Rheumatic heart disease is a sequelae of rheumatic fever and can cause severe heart problems, including scarring of heart valves and heart failure.[1]

Pathophysiology

Rheumatic fever+ recurrent throat infection

Cross immune response between host and streptococcal antigens

Abnormal autoimmune reaction

Rheumatic pancarditis

Erosion of valve leaflets

Fibrous thickening of valves

Stenosis and regurgitation[2]

Risk factors of RHD:-

- Family history

- Age:-Children 5-15 yrs age

- Improperly treated streptococcal throat infection Manifestations of rheumatic heart disease:-

- Overcrowding Carditis

- Scarcity Polyarthritis

- Unhygienic conditions Chorea (*Sydenham's chorea*)

- Reduced access to medical care[3] Erythema marginatum

Signs and symptoms of RHD includes:- Subcutaneous nodules[5]

* Fever Diagnosis of RHD:-

* Shortness of breath *Echocardiogram (echo)- To check any damage to heart valve

* Fainting

* Electrocardiogram (ECG)- To check arrhythmia

*Getting tired easily

* Chest X-ray- To check any fluid in lungs

*Swelling of feet

*Cardiac MRI- To check any abnormalities in heart

* Orthopnoea

*Blood examination-Raised ESR or CRP[6]

* Chest pain

Homoeopathic therapeutics for RHD:-

* Palpitations

ADONIS VERNALIS

* Small, painless nodules beneath the skin

It is the best remedy for rheumatic heart disease. where the muscles of the heart are in stage of fatty degeneration. It helps in

* Sydenham chorea: Uncontrollable body movements

*Painful and tender joints

*Irregular heartbeat[4]

RESEARCH REVIEW

contraction of heart Preæcordial pain, palpitation, and dyspnœa. Rheumatic endocarditis. [7]

CRATAEGUS OXYACANTHA

It is a heart tonic. In the beginning of heart mischief after rheumatism. Extreme dyspnœa on least exertion. Angina pectoris, arteriosclerosis. Said to have a solvent power upon crustaceous and calcareous deposits in arteries. [7]

HYMOSA

It quickly brings down rheumatic fever, helps in curing pain and inflammation of joints. [7]

KALMIA LATIFOLIA

Kalmia has a prominent action on the heart. Neuralgia; pains shoot downwards, with numbness. Palpitation; worse leaning forward. Rheumatic metastasis of heart. [7]

LITHIUM CARBONICUM

It is a wonderful remedy for chronic rheumatism associated with heart disease. Rheumatic soreness in cardiac region. Trembling and fluttering in heart, extending to back [7]

LYCOPUS VIRGINICUS

Rheumatoid, flying pains, associated with heart disease. Cardiac asthma. Palpitation from nervous irritation,

with oppression around heart. Lower the blood pressure, reduces the rate of the heart and increases systole [7]

SPIGELIA ANTHELMIA

Spigelia anthelmia is an important remedy for heart affections, violent palpitations precordial pain worse from motion, foul odour from mouth. Rheumatic carditis, whole left side sore, Dyspnoea; must lie on right side with head high [7]

STROPHANTHUS HISPIDUS

Strophanthus acts on the heart; increasing the systole and diminishes the rapidity, used to tone the heart muscles, Cardiac pain. [7]

VERATRUM VIRIDE

Rheumatism of heart. Constant, dull, burning pain in region of heart. Pulse slow, soft, weak, irregular, intermittent. Acute rheumatism. Fever. [7]

Conclusion

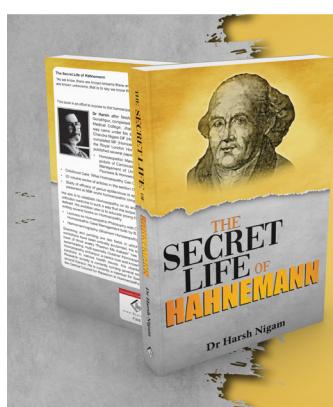
This article is an attempt to assimilate rheumatic heart disease inclusive of definition, pathophysiology, risk factors, signs and symptoms, manifestations, diagnosis along with homoeopathic therapeutic which found to be useful and treat rheumatic heart disease cases fortuitously.

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THE SECRET LIFE OF HAHNEMANN

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Rheumatic disorders

By Dr A. Rafiya, Dr D. Esther Deva Ramya, Dr J. Senthil Kumar

Abstract: Rheumatism is a general term, which describes a number of different conditions that produce similar symptoms. Overall, rheumatic conditions are caused by the wear of articular cartilage, inflammation of a joint, or bone decalcification. Rheumatic pain may occur from the same joint or from structures around it, such as muscles, tendons, etc. The aim of homoeopathy is not only to treat rheumatism but to address its underlying cause and individual susceptibility.

Keywords: rheumatism, rheumatic remedies, homoeopathy.

Abbreviations: American College of Rheumatology(ACR), erythrocyte sedimentation rate(ESR), rheumatoid factor(RF), C-reactive protein(CRP), anti-cyclic citrullinated peptide (ANTI-CCP) antibodies, computerised tomography (CT) scans, magnetic resonance imaging (MRI) scans, International Hahnemannian Association (IHA), example (Eg), after food (AF), before food (BF), post meridiem (pm), ante meridiem (am).

Introduction

The word 'rheumatism' is derived from the greek word '**rheuma**', which means a swelling. Rheumatism was the common name given to **musculoskeletal disorders** that affect one or more structures such as ligaments, tendons, muscles, and bones.^[1]

It refers to an acute or chronic illness which is characterised by pain and swelling of the muscles, ligaments and tendons, or the joints. This term is no longer used by medical professionals, yet words similar to rheumatism such as rheumatoid and rheumatology are used.^[2]

Rheumatism has two forms

- **Articular** or the one affecting joint that commonly includes rheumatoid arthritis, lupus, gout, spondylitis etc.
- **Non articular** or the one affecting soft tissues, muscles and leads to regional pain syndrome.^[1-3]

Classification:

Major rheumatic disorders can be

divided into 10 major categories based on the nomenclature and classification proposed by the American College of Rheumatology(ACR) in 1983 and they are:^[4]

- Diffuse connective tissue diseases
 - Rheumatoid arthritis
 - Juvenile arthritis
 - Systemic lupus erythematosus
 - Sjögren syndrome
 - Scleroderma
 - Polymyositis
 - Dermatomyositis
 - Behçet's disease
 - Relapsing polychondritis^[5]
- Arthritis associated with spondylitis (i.e. spondyloarthritis)
 - Ankylosing spondylitis
 - Reactive arthritis
- Psoriatic arthritis [6]
- Osteoarthritis (i.e. osteoarthritis, degenerative joint disease)
- Rheumatic syndromes associated with infectious agents (direct and indirect or reactive)
- Metabolic and endocrine diseases associated with rheumatic states
 - Gout, pseudogout
- Neoplasms
- Neurovascular disorders
- Bone and cartilage disorders
- Extraarticular disorders
 - Bursitis/tendinitis of the shoulder, wrist, biceps, leg, knee cap (patella), ankle, hip, and Achilles tendon
 - Capsulitis
- Miscellaneous disorders associated with articular manifestations

CASE STUDY

- Palindromic rheumatism has been theorized to be a form of rheumatoid arthritis.^[7]

Causes and risk factors:

- Gene and family history
- Environmental triggers
- Lifestyle choices
- Infection
- Trauma
- Metabolic problems
- Wear and tear or stress on joints.
^[8]

Clinical features:

Rheumatism is a broad category but there are several **fundamental symptoms** among all conditions, which include:

- Pain in hands, fingers, shoulders, or knees
- Stiffness, swelling, and tenderness in joints and muscles
- Redness and warmth in muscles
- Lack of mobility in specific joints and muscles

It implies only a general symptomatology of pain that is similar in certain characteristics whether it may be gout, arthritis, inflammatory rheumatism, or any other disease condition affecting certain group of tissues. All the conditions grouped under the term 'rheumatism' affect similar tissues, produce similar sensations, and are affected by similar modalities in relationship to certain remedies.^[7,8]

Investigations:

Blood tests can help detect

markers of inflammation, antibodies associated with certain diseases, and abnormal organ function, among other things.

Such as erythrocyte sedimentation rate(ESR), rheumatoid factor(RF), C-reactive protein(CRP), antinuclear antibody, anti-cyclic citrullinated peptide (ANTI-CCP) antibodies.

Imaging tests can help detect inflammation and fluid build-up and reveal bone or joint changes.

Such as x-rays, computerised tomography (CT) scans, magnetic resonance imaging (MRI) scans, or ultrasounds of your joints and bones.

Synovial fluid: White cell count raised in infection. Gram stain (tuberculosis), culture and sensitivities. Crystal identification: urate, calcium pyrophosphate.^[9]

Rheumatic remedies

(Author: Herbert A. Roberts)

- Roberts was an active writer, researcher, and teacher. Between the IHA transactions and the *Homoeopathic Recorder* he authored 117 articles and 27 editorials.

Contributions - Principles and practicability of *Boenninghausen's Therapeutic pocket Book*, *Sensation as if, The study of remedies by comparison*, *The principles and art of cure by Homoeopathy*, *Rheumatic remedies*.

- Rheumatic remedies published in the year 1939
- This is the reprint edition in 2005, published by B. Jain

publishers

Based on **RHEUMATIC REMEDIES** consist of 2 parts

- 1st part – Remedies

It consists of 206 remedies

- 2nd part – Repertory

The **RHEUMATIC REMEDIES** is based on clinical, regional repertory, especially rheumatic disorders.

Repertory part:

- The author used **4 typography** in this repertory
 - 1st grade – CAPITAL
 - 2nd grade – SMALL CAPITAL
 - 3rd grade – *Italics*
 - 4th grade – roman
- There are 25 chapters and the chapters are starting with Modalities, Symptoms in general and arranged anatomically.
- Chapters starting from **HEAD** are arranged in the order of aggravation, amelioration, sensation and extension.

Each chapter is arranged in similar pattern

- Modalities
- Location and extension
- Sensations

Modalities:

This chapter contains aggravation followed by amelioration. It includes time modalities expressed both according to the fraction of the day and timings in am and pm.

Symptoms in general (con-comitants)

- Symptoms not referable to a part

Example: this section contains:

- Ailments from-Eg ; amputation after, fluid after loss of , overlifting complaints from, overwork complaints from, sprains lameness after etc
- Affected parts-Eg ; fibrous tissue affected, muscles affected, nervous affections, periosteum

fibrous sheaths of nerves and fascia affected,

- Rheumatic affections-Eg; troubles alternate with affections of tonsils, condition associated with diabetes mellitus, etc.^[10]

Case study

Mr. X of age 56 came with the complaints of pain in both knee < motion, tearing type of pain, swelling and stiffness of both knee, difficulty in walking++. The patient

is dull, anxious, weak memory. Complaints of fatigue and general weakness in the body.

Physical generals:

Patient has a good appetite with three meals per day with an average thirst of 1 to 1.5 litres of water per day. Patient had desire for sweets ++. Bowel habits were regular twice a day without no discomfort. Passed urine 4-5 times per day. Sleep was disturbed.

Analysis and evaluation of symptoms:

Modalities	Location and extension	Sensation	Generals
<ul style="list-style-type: none"> • Aggravation - by motion 	<ul style="list-style-type: none"> • Both knees with swelling and stiffness 	<ul style="list-style-type: none"> • Tearing type of pain 	<ul style="list-style-type: none"> • Loquacious • Dull, weak memory • Desires-sweets • Sleep-disturbed • Weakness of whole body

Miasmatic analysis:^[11]

PSORA	SYPHILIS	SYCOSIS
<ul style="list-style-type: none"> • Weakness of mind • Anxious • Desires - sweets 	<ul style="list-style-type: none"> • Dullness • Aggravation movements 	<ul style="list-style-type: none"> • Joint pains • Tearing type of pain • Swelling in joints • Stiffness in joints

Dominant miasm: sycosis

Repertory (rheumatic remedies):^[10]

S.NO	SECTION	RUBRICS	SUB RUBRICS	SUB RUBRICS	PAGE NO
1.	MODALITIES	<Motion	-	-	8
2.	LOWER EXTREMITIES	Pain	Tearing	In knees	272
3.	LOWER EXTREMITIES	Stiffness	Of knees	-	283
4.	LOWER EXTREMITIES	Swelling	Of knees	-	285
5.	SYMPTOMS IN GENERALS	Loquacity	-	-	19
6.	SYMPTOMS IN GENERALS	Memory	Weak	-	19

CASE STUDY

Prescription:

Ledum palustre 200 /1 dose/ (1-0-0)

(Rheumatic pains< motion, tearing type of pains, swelling of knees)^[12,13]

thirtieth, higher and infrequent dosage)^[14]

(Potency and dosage – twelfth to *Saccharum lactis 30 (4-4-4)/15 days.*

Follow up:

S.No	Symptoms	Prescription
1.	Patient complaints was present. Pain and swelling in knee joints still persisted.	<i>Saccharum lactis 30 (3-3-3)/ 15 days, AF</i>
2.	Patient felt slightly better, swelling in knee joints reduced, sleep improved.	<i>Ledum palustre 200/ 1 dose (1-0-0) BF</i> (Even correctly chosen medicine with action of long duration needs to be repeated to achieve success-§ 248) ^[14] <i>Saccharum lactis 30 (3-0-3) AF/ 15 days</i>
3.	Patient felt better-pain in both knee joints reduced.	<i>Saccharum lactis 30 (3-3-3) AF/ 15 days</i>
4.	Patient felt better with all complaints. Knee joint pain better.	<i>Saccharum lactis 30 (3-3-3)/15 days, AF</i>

Conclusion

The aim of homoeopathy is not only to treat rheumatic disorder but to address its underlying cause and individual susceptibility. The selection of remedy is based upon the theory of individualisation and symptoms similarity by using holistic approach. This is the only way through which a state of complete health can be regained by removing all the signs and symptoms from which the patient is suffering. Homoeopathic constitutional similimum improves the quality of life by reducing the intensity of pain, limiting disability, and reducing the progress of disease.

news-medical.net/health/What-is-Rheumatism.aspx

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Types of rheumatic pains and their indications in homoeopathy

By Dr Rup Nandi, Dr Alok Nath Shaw, Dr Rajat Chatterjee, Dr Aditi Paul

Abstract: Rheumatic pain is one of the major health and socioeconomic problem in modern era. It is an important cause of activity limitation. A variety of non-surgical management alternatives exist for acute and chronic rheumatologic pain. Auxiliary measures and lifestyle modification are often prescribed for patients with rheumatic pain, but the effectiveness of these two along with homoeopathic medicine remains promising.

Keywords: rheumatological disorder, psychosocial, auxiliary measures, homoeopathy, rheumatic remedies.

Abbreviations: < - more than, > - less than, **MC** – most common, **DIP** – distal interphalangeal joint, **PIP** – proximal interphalangeal joint, **MTP** – metatarsophalangeal joint, **C** and **L** spine – cervical and lumbar spine, **OA** – osteoarthritis, **HLA** – human leucocyte antigen.

Introduction

Rheumatic pain is one of the commonest complaints found in general as well as specialist practise, and no specialism is immune from it. Up to 80% of the population experience rheumatic pain at some time in life.

A precise diagnosis cannot be made in the majority of cases. Prognosis is improved when there is an anatomic lesion that can be corrected and symptoms are neurologic.

In modern medicinal treatment of rheumatic pain includes conservative and surgical interventions. In majority of cases uses of analgesics, non-steroidal anti-inflammatory drug, muscle relaxants, antidepressants, topical analgesics, oral corticosteroids, and other treatment modalities.

Homoeopathic management is expected to be equally effective as treatment will be for the patient with a holistic approach and not dependent on the nomenclatures of the disease.

Role of auxiliary measures:

For management of rheumatic pain, it has been found that along with medicinal therapy, different kind of **auxiliary measures**—activity modification, passive physical therapy, massage therapy, spinal manipulation, traction, and exercise therapy is the one of the parts of physiotherapy is also play a major role¹. Not all exercises are appropriate for every patient. Relief of pain, prevention of recurrence and improvement of neurological function are reasonable goals.

Conservative treatment with exercise therapy has been reported its effectiveness for the patients with rheumatic pain; Now that optimal pain management demands not only on pain relief, but also a beneficial effects on functionality and quality of life, other nonsurgical intervention such as psychosocial care, pharmacotherapy, radiofrequency treatment, and surgical intervention.²

Lifestyle modification also a im-

portant measure – posture during sitting, lying habit, prolong standing, long continued sitting on car or carriage ridding acts as obstacle to recovery. The term 'lifestyle' is rather a diffuse concept often used to denote "the way people live", reflecting a whole range of social values, attitudes and activities. It is composed of cultural and behavioural patterns and lifelong personal habits that have developed through processes of socialisation. Lifestyles are learnt through social interaction with parents, peer groups, friends and siblings and through school and mass media. In short, the achievement of optimum health demands adoption of healthy lifestyles.³

Each time one bends, twists, reaches, or move in any way, pressure is put on a part of our spine. Discs may be compressed, bones rotated, and muscles tightened. Good body mechanics put the least amount of pressure on our spine. If we maintain good posture when sitting, standing, sleeping, and moving, then we can help keep our back healthy.⁴

SUBJECTIVE

Miasmatic overview of rheumatism:

Psoric manifestation link with almost all disease conditions, and they are >by heat. Psoric manifestations are >by the eliminative functions.⁵ Cramp in lower extremities, numbness with tingling sensation is very marked. Neuralgic pains either psoric or pseudo-psoric usually >by quiet rest.⁶

The syphilitic has its hallmark ulceration and destruction of tissue, even to bony tissue and the bony structure is changed and has a particularly affinity for glandular tissue. Syphilitic patients are always <at night; all the symptoms develop more after the sun goes down, restlessness is so great that it drives them out of bed. Always better during the daylight hours. The syphilitic stigma attacks the long bones. However, the natural avenues of elimination do not ameliorate the condition.⁵ Stitching, shooting or lancinating pain in the periosteum or long bones.⁶

While in sycosis manifestation had an infiltration and overgrowth of tissue. In this stigma we find the worst forms of inflammation, infiltration of the tissues causing abscesses, hypertrophies, and cystic degeneration. Sycotic patient is especially liable to rheumatic troubles, there are tearing pains in the joints, which are <during rest, cold damp weather, >moving or stretching, dry weather. Stiffness, soreness and lameness are characteristic of this stigma. The troubles in the joints, where there are deposits of lime salts as in arthritis deformans, are sycotic. Sycotic manifestations are characterized by slowness of recovery.⁵

Tubercular people suffer from neuralgias, sciatica and all the other nervous symptoms peculiar

to the diathesis.⁵ Tubercular joint troubles have increased in osseous tissue, nodular growth similar to syphilis. White swellings of joints or idiopathic synovitis even rheumatic forms have this tubercular element very marked.⁶

H O M O E O P A T H I C P H I L O S O P H I C A L CONSIDERATION:

Homoeopathic remedies affect directly the vital principle which in itself establishes equilibrium, those parts which are susceptible because of imbalance becoming a part of the normal healthy functioning of the whole unit.⁵

Accessory circumstances are taken into consideration in order to know how far they have caused or hinder the treatment.⁷ In this regard, the ascertainable physical constitution of the patient, his moral and intellectual character, occupation, mode of living and habits, his social and domestic relations, age, sexual function etc. are to be considerable.⁷

Brief study about COMMON R H E U M A T O L O G I C A L DISORDER:

To differentiate the common symptoms of disease and common symptoms of medicine we have to acquire knowledge of disease very carefully.

Osteoarthritis^{3,8,9}:

- Degenerative disorder with minimal articular inflammation. **Primary-** MC affects- DIP and PIP of the fingers; carpo-metacarpal joint of thumb, hip, knee, MTP of big toe and C and L Spine. **Secondary** – any joint as a sequela to articular injury. MC form of joint disease, chiefly disease of aging. 90% of all people radiographic features

of OA in weight-bearing joints by age 40. Pain > rest and < by activity; Bony enlargements- DIP (Heberden nodes) and PIP (Bouchard nodes)

- HLA A1, HLA B8 and alpha antitrypsin M2 Association. **Radiography:** Narrowed joint space, osteophytes, increased density of sub-chondral bone, bone cysts.

Early diagnosis – Meniscal damage, cartilage defect, osteophytes, bone marrow lesion (any 2)

Rheumatoid arthritis^{3,8,9}

Chronic systemic inflammatory disease characterised by persistent involvement of synovial membrane of multiple joints and variety of systemic manifestations. Acute – effusion and Chronic- ankylosis, fibrosis. Morning stiffness, arthritis-symmetrical 3/or more joint. (PIP and METACARPOPHALANGEAL SPECIFIC) spares the DIP joints.

Investigation: Anti CCP +, RA factor +, ANA +(20). **RADIOLOGY-** Juxta articular osteoporosis, joint erosion, narrowing of joint spaces. Anti CCP2 –most specific test (95%)

Juvenile idiopathic arthritis^{3,8,9}:

Formerly known **Still's disease**. Systemic disorder characterised by- fever, rash, arthritis, hepatosplenomegaly and serositis, in association with ESR and CRP- raised. Oligoarthritis MC in Female; affects large joints an asymmetrical. Association with- Uveitis and ANA +

Gouty arthritis^{3,8,9}

Acute onset, usually Monoarticular, recurring attacks, often involve 1st MTP joint of great toe (Podagra). Involved joints swollen, tender,

overlying skin tense, warm, dusky red; fever is common. Local desquamation and purities during recovery from acute arthritis

Investigation- Hyperuricaemia (95%); Identification of urate crystals in joint fluid or tophi- diagnostic. **On X-ray:** punched-out erosions with an overhanging rim of cortical bone (**rat bite**) develop.

Reactive arthritis^{3,8,9}

Young men. Acute inflammatory **oligoarthritis, symmetrical** and targets lower limb joints- knees, ankles, mid-tarsal and MTP joints. Achilles tendinitis or planter fascitis. Low backache, stiffness. Spondylitis, **chronic erosive arthritis.** Systemic disturbance- fever, weight loss. **Classical triad:** non-specific urethritis, reactive arthritis, conjunctivitis.

Investigation: Synovial fluid-leucocyte-rich and contain multinucleated macrophages (Reiter's cell); **X-ray-** periostitis, 'fluffy' calcaneal spurs.

Ankylosing spondylitis^(3,8,9):

- Chronic inflammatory disease of the joints of the axial skeleton- pain and progressive stiffening of the spine. Chronic low backache < in morning, stiffness with radiation to the buttocks or post. Thigh.
- **Investigation:** HLA B 27 found in 90% cases. On x-ray - shiny corner sign, bamboo spine, squaring of vertebrae.

Homoeopathic therapeutics

ACTAEA SPICATA^{10,11}- Is a rheumatic remedy, especially of the small joints; tearing, tingling pains characterise it. Wrist-

rheumatism. Pains worse from touch and motion. Tearing pains in loins. Swelling of joints from slight fatigue. Wrist swollen, red, worse any motion.

BRYONIA ALBA^{10,12}- Is best adapted to persons of gouty or rheumatic diathesis. The general character of the pain here produced is a stitching, tearing, worse by motion, better rest. Knees stiff and painful. Hot swelling of feet.

CAUSTICUM^{10,12}- Rheumatic affections, with contraction of the flexors and stiffness of the joints; tension and shortening of muscles. Left sided sciatica, with numbness. Paralysis of single parts. Rheumatic tearing in limbs; better by warmth, especially heat of bed. Cracking and tension in knees; stiffness in hollow of knee. Must move constantly but motion does not relieve. Worse in clear, fine weather. Better in damp, wet weather; warm air.

CIMICIFUGA RACEMOSA^{10,12}- Rheumatism affecting the belly of muscles, especially large muscles. Choreic movements, accompanied by rheumatism. Jerking of limbs. Stiffness in tendo-achilles.

COLCHICUM AUTUMNALE¹⁰- Shifting rheumatism; pains worse at night. Inflammation of great toe, cannot bear to have it touched or moved.

FERRUM METALLICUM¹⁰- Rheumatism of the shoulder. Lumbago; better, slow walking. Pain in hip-joint, tibia, soles, and heel.

FORMICA RUFA¹⁰- An arthritic medicine. Gout and articular rheumatism; pains worse, motion; better, pressure. Right side most affected. Rheumatic pains; stiff and contracted joints. Muscles feel strained and torn from their attachment. Rheumatism comes on with

suddenness and restlessness. Relief after midnight and from rubbing.

GUAIACUM OFFICINALE¹⁰- Chief action on fibrous tissue, and is especially adapted to the arthritic diathesis, rheumatism. Very valuable in acute rheumatism. Contraction of limbs, stiffness and immobility. Feeling that he must stretch. Gouty and rheumatic pain in head and face, extending to neck. Ovaritis in rheumatic patients A feeling of heat in the affected limbs. Worse from motion, heat, cold wet weather, pressure, touch, from 6pm to 4 am. Better external pressure.

KALMIA LATIFOLIA^{10,12}- A rheumatic remedy. Pains shift rapidly. Deltoid rheumatism especially right. Pains from hips to knees and feet Weakness, numbness, pricking, and sense of coldness in limbs. Pains along ulnar nerve, index finger. Worse, leaning forward; looking down; motion, open air.

LEDUM PALUSTRE¹⁰- Affects especially the rheumatic diathesis, going through all the changes, from functional pain to altered secretions and deposits of solid, earthy matter in the tissues. The Ledum rheumatism begins in feet, and travels upwards. Better from cold, putting feet in cold water. Worse at night, and from heat of bed.

LITHIUM CARBONICUM¹⁰- Chronic rheumatism connected with heart lesions and asthenopia offer a field for this remedy. Rheumatic nodes. Rheumatic pains throughout shoulder-joint, arm, and fingers and small joints generally. Pain in hollow of foot, extending to knee. Better, hot water. Nodular swellings in joints.

MEZEREUM¹²- Bones, especially long bones, inflamed, swollen;

SUBJECTIVE

nightly pains going from above down words; after abuse of mercury.

MEDORRHINUM^{10,12-} A powerful and deep-acting medicine, often indicated for chronic ailments due to suppressed gonorrhoea. For women with chronic pelvic disorders. Chronic rheumatism. Rheumatism of top of shoulder and arm; pains extend to fingers, < motion. Aching in legs, with inability to keep them still in bed, < when giving up control of himself, when relaxing, in trying to sleep.

R H O D O D E N D R O N FERRUGINEUM^{10,12-} Rheumatic and gouty symptoms well marked. Rheumatism in the hot season. Rheumatic drawing, tearing pains in all limbs, especially right sides. Acute inflammatory swelling of joints, wandering from one joint to another; severe at night. The modality (worse before storm) is a true guiding symptom.

RHUS TOXICODENDRON^{10,12-} Adapted to persons of a rheumatic diathesis. Motion always "limbers up" the Rhus patient, and hence he feels better for a time from a change of position. Ailments from strains, over lifting, getting wet while perspiring. Rheumatism in the cold season. Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion (*Agaricus muscarius*).

RUTA GRAVEOLENS^{11,12-} Rheumatic paralysis of wrists and ankles. Restlessness is a very frequent Concomitant of *Ruta graveolens* conditions.

SALICYLICUM ACIDUM¹⁰⁻ Knees swollen and painful. Acute articular rheumatism; worse, touch and motion, profuse sweat. Sciatica, burning pain; worse at night. Copious foot-sweat and ill affects

where suppressed.

S A N G U I N A R I A CANADENSIS^{10,12-} Rheumatism of right shoulder, left hip-joint and nape of neck. Burning in soles and palms. Rheumatic pains in places least covered by flesh; not in joints soles of feet burn.

STELLERIA MEDIA¹⁰⁻ Sharp, shifting, rheumatic pains in all parts very pronounced. Rheumatism; darting pains in almost every part; stiffness of joints; parts sore to touch; worse, motion. Chronic rheumatism. Psoriasis. Enlarged and inflamed gouty finger joints.

Conclusion

Pain is basically and purely sensory in nature. It is naturally difficult to quantitate and one has to depend on the expression of the patient to understand its intensity. Hence, a scoring system is essential for practical purpose in any scientific study to assess the outcome of the treatment given to a patient of rheumatic pain. Homoeopathic medicine has a pivotal role to ameliorate the pains of rheumatic in origin. The peculiar symptoms are the key to prescribe the exact homoeopathic medicine in order to control the pain. Homoeopathy will not only ameliorate the pain but will also deliver to give an improved quality of life.

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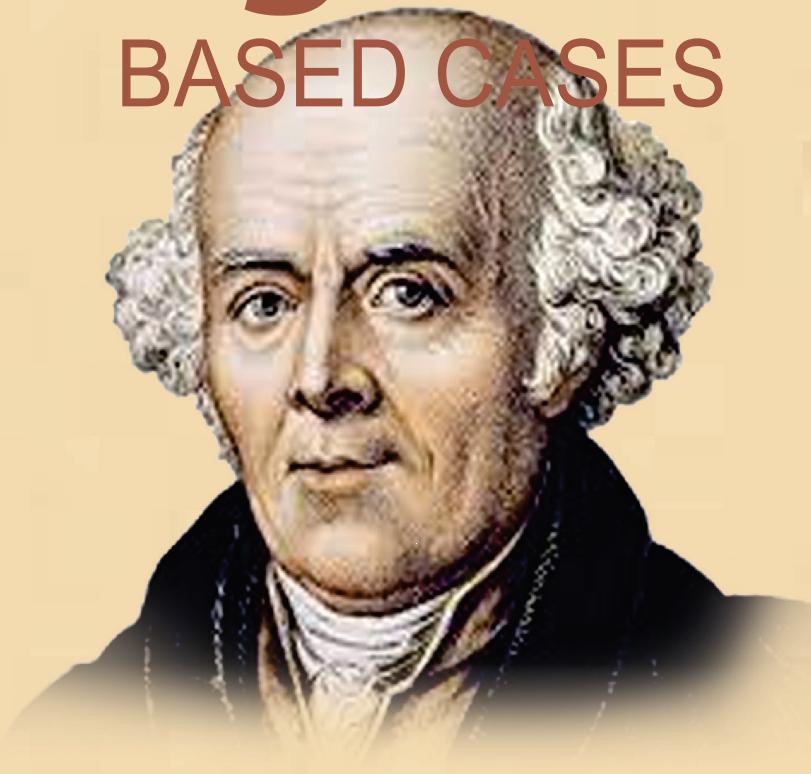
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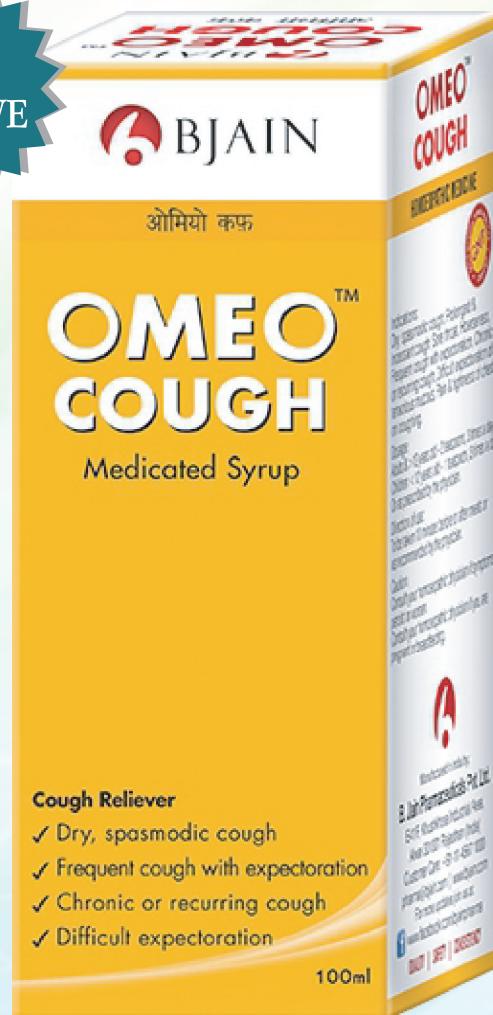
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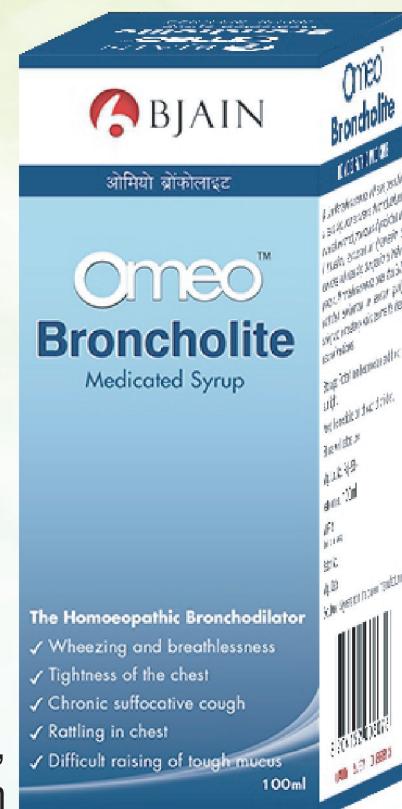
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Homoeopathic approach in the treatment of gout: a case report

By Dr Bajrangi Kumar Chauhan, Dr Arti

Abstract: Rheumatic pains are diverse in nature. Most of them seem to be induced by repetitive motion or sustained muscle contraction which causes inflammation of an enthesis. Gout is a metabolic disorder that can progress to a chronic, inflammatory, destructive condition of joints. There is enriched scope of homoeopathy in the treatment of rheumatism. A case of gout was treated with the constitutional homoeopathic medicine, *Pulsatilla nigricans* 200CH, which proved its efficacy in resolving case significantly.

Keywords: homoeopathy, constitutional medicine, gout, *Pulsatilla nigricans*.

Abbreviations: BD - twice a day, Sl. No. - serial number, BP - Blood pressure, amel - amelioration, > - amelioration, < - aggravation, MSU- mono sodium urate.

Introduction

The term 'rheumatism' is a wide one and covers several different forms of the joint disorders. Among them, gout is a common crystal-induced arthritis and is associated with worse functional outcomes with poorer quality of life when compared with a range of other chronic conditions.^[1,2] In today's scenario, where physical activity is very much compromised irrespective of diet, it becomes one of the leading rheumatic condition due to purine metabolism defect. It is a painful and disabling condition, caused by hyperuricaemia induced deposition of MSU monohydrate crystals in and around synovial joints. Over 50% of cases, it affects the first metatarsophalangeal joint. Other common sites are ankle, midfoot, knee, small joints of hands, wrist and elbow. Typically, gout is a monoarthritis but with prolonged and insufficiently treated it may develop into polyarticular disease.^[1,3]

Typical features of gout include:^[1]

Rapid onset, reaching maximum severity in 2-6 hours, and often walking the patient in early morning.

Severe pain, often described as the 'worst pain ever'.

Extreme tenderness, such that the patient is unable to wear a sock or to let bedding rest on the joint.

Marked swelling with overlying red, shiny skin.

Clinically, gout is divided into asymptomatic hyperuricaemia, acute gouty arthritis, intercritical period, and chronic tophaceous gout.^[4]

HOMOEOPATHIC APPROACH:

The fact to get firmly into one's mind is that one cannot cure gout by treating gout. In each case, the great rule applies as -treat the patient, not the disease.^[5] A remedy may even cure gout that has never before been used which reflects the beauty of constitutional remedy. The constitutional homoeopathic remedy selected after totality of the symptoms along with the miasmatic background after repertorisation must show the optimum efficacy. Homoeopathic remedies can relieve the patient's pain, stiffness of joints and swelling effectively in addition to slowing down the worsening of

condition.^[5]

Different rubrics with 1st grade medicines which are related to gout in synthesis repertory:^[6]

MIND – FEAR – touched; of being – gout; in : ARN.

GENERALS – PAIN – gouty
AGN. ARG-MET. BELL.
BRY. COLCH
. KALI-C. LED. MERC. RHUS-T.
SABIN. SPONG. STAPH.

EXTREMITIES–PAIN–Joints–gouty
AGN. ARG-MET. ARN. BELL.
BRY. CALC. CALC-P. CALC-S.
CAUST. COLCH. KALI-C.
LED.LYC. MAG-C.
MERC. NUX-V. PSOR. RHUS-T.
SABIN. SEP. SPONG.
STAPH. SULPH.

EXTREMITIES – SWELLING – Knee – gouty

B E N Z - A C
. CALC. KALI-I. LED. LYC. PLB.

EXTREMITIES – SWELLING – Fingers – Joints – gouty: LYC.

EXTREMITIES – STIFFNESS – Fingers – gouty: AGAR.

CASE STUDY

EXTREMITIES – PAIN – Toes – First – Joints – gouty: **LED. LYC.**

EXTREMITIES – PAIN – Ankle – gouty: **LED.**

EXTREMITIES – PAIN – Knee – gouty: **BENZ-AC. CALC.**

EXTREMITIES – PAIN – Fingers – Joints – gouty: **LYC.**

HEAD – PAIN – gouty: **NUX-V.**

EYE – INFLAMMATION – arthritic:

ANT-T. CALC. FORM. LYC. PHYT. RHUS-T. SEP.

STOMACH – gouty metastasis: **ANT-C.**

CASE REPORT:

A 28 years old, unmarried female had complaints of pain with stiffness, redness and swelling in 2nd metacarpophalangeal joint of right hand for 3 months but more severe since 1 week. The movement of joint was restricted. Pain became worse after heat and holding things but better by cold application.

History of the present complaints

Joint pain started 3 months ago but it subsided on its own. Pain

reappeared for last 1 week. She took allopathic medicines (aspirin) for pain and advised for serum uric acid. In the report, it came out to be elevated and the value was 6.4 mg/dl (Reference range @ 2.4-5.7).

Family history

Maternal side: Mother Hypertension and Gout.

Menstrual history

Last menstrual period: 14/01/2022

Irregular period at puberty. Now, her cycle is regular with 3-4 days duration.

Life space investigations

Patient belonged to middle class family. Since childhood, she was calm and polite but now she hated people. She loved to meet and converse only with those people who were good in her opinion. Her education and professional life were good. She was unmarried.

Mental generals

While stating her problems, she started crying. She calmed herself down with sensible advice and kind gesture. Naturally, she was kind,

gentle but once she got angry, she became rigid. She was fearful in crowd.

Physical generals

She had good appetite but less thirst. She loved to eat cheese. Her stool was changeable, sometimes normal and sometimes loose. Due to changeable stools, she felt irritated. There was frequent urging of urination. She felt tired due to constant desire for urination. Her sleep was disturbed specially when anxious. Thermally, she was hot.

Provisional diagnosis – Researches on hyperuricaemia and gout showed that the maximum value of uric acid would be 6 mg/dl specially in females.^[7] Few researches also stated that aspirin (a pain killer) promoted gout.^[8] The mentioned patient report before treatment was 6.4 mg/dl (where the maximum range was 5.7 mg/dl). Patient had also taken painkiller on regular basis to relief pain. Patient had a family history of gout as well. Clinical symptoms of gout were also present. So, provisionally, this case was considered as **GOUT** (ICD-10@**M10.4**).

Analysis and evaluation of symptoms (Table-1)

Sl. No.	Classification of symptoms	Symptoms	Intensity	Miasmatic analysis ⁽⁹⁾⁽¹⁰⁾
1.	Mental generals	Fear in crowd	++	Psoric
	Mental generals	Consolation relief	+++	Psoric
	Mental generals	Weeping mood while stating her complaints	+++	Psoric
	Mental generals	Anger with rigidness	+	Psoric
2.	Physical generals	Thirstlessness	++	Psoric
	Physical generals	Desire for cheese	++	Sycotic
	Physical generals	Sleeplessness when anxious	++	Psoric
	Physical generals	Changeable stool	++	Psoric
3.	Particulars	Increased urging for urination.	++	Psoric
	Particulars	Pain in joint of right hand.	+++	Sycotic

Totality of symptoms

Weeping tendency while stating her complaints.

Consolation relieved her complaints. fearful in crowd.

Desire for cheese.

Marked thirstlessness.

Sleeplessness especially when anxious.

Changeable stool.

Frequent urging for urination.

Pain in 2nd metacarpophalangeal joint of right hand < heat > cold

Conversion of symptoms into rubrics (Table-2)

Sl. No.	Symptoms	Rubrics with chapter
1.	Weeping tendency while stating her complaints.	Mind – Weeping-telling-sickness; when telling of her
2.	Consolation relieved her complaints	Mind – Consolation-amel.
3.	fear in crowd.	Mind – Fear-crowd, in a
4.	Desire for cheese	Generals- Food and Drinks-cheese-desire
5.	She had no desire to drink water, feeling thirstlessness.	Stomach – thirstless
6.	Sleeplessness especially when anxious	Sleep - sleeplessness, anxiety from
7.	Changeable stool	Stool – changeable
8.	Increased desire for urination	Bladder – Urination- frequent
9.	Pain in 2 nd metacarpophalangeal joint of right hand	Extremities – Pain-Hand-Joints of

Repertorial analysis

Repertorization was done by *Synthesis Repertory* using RADAR 10.0 Homoeopathic software.⁽¹¹⁾

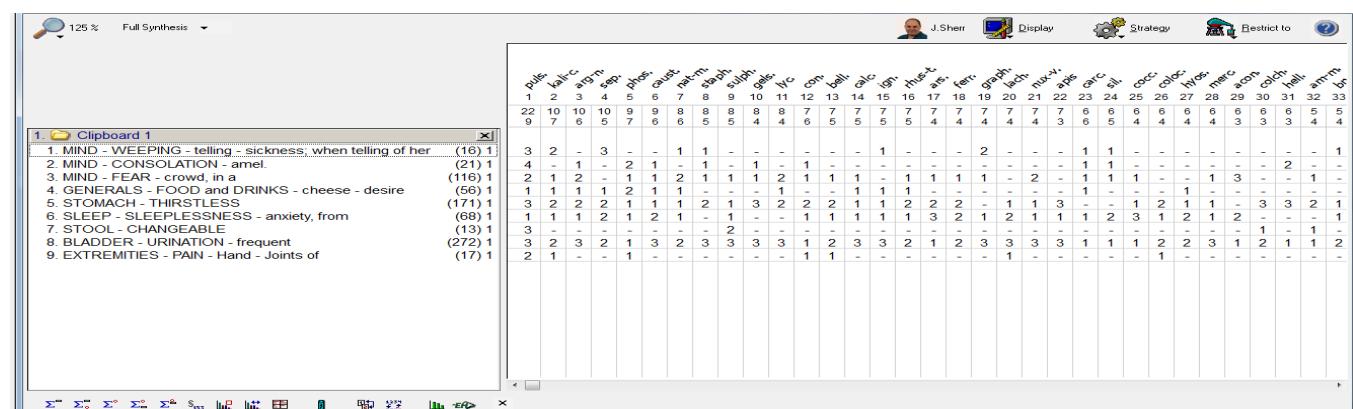


Fig.-1 : Repertorial sheet

Selection of remedy and potency with justification

Repertorial result showed that the *Pulsatilla nigricans* was covering all and maximum high graded rubrics with highest marks. *Kalium carbonicum* and *Argentum nitricum* were next to *Pulsatilla nigricans* but with less number of marks and rubrics. finally, after consulting our

materia medica,^[12] *Pulsatilla nigricans* was found to be the simillimum for this case as the constitution and strong mental symptoms of the patient along with the psoro-sycotic miasm also indicated the same remedy.

Therefore, single dose of *Pulsatilla nigricans* 200CH was prescribed considering to susceptibility of

the patient. A case of dynamic pathology which denoted the stage from the very beginning of the disease. During that period, only functional changes were reflected and in that case susceptibility of the patient is higher, the case must be treated with higher potency, in a single dose.⁽¹³⁾

Prescription (22/01/2022)

CASE STUDY

Pulsatilla nigricans 200CH, single dose.

Followed by Rubrum, BD for next seven days.

Management

Foods to be avoided:⁽¹⁴⁾

excess intake of purine enrich diets such as red meat, sea food, beer and grain liquors, cereals, paneer.

High fructose products like soda, fruit juices, ice-cream, vinegar, candy, and fast food.

Foods must be included in diet:⁽¹⁴⁾

Vitamin C - rich fruits such as oranges, cherries, peaches and kiwi.

Drinks lots of water.

Take fibre-rich food.

Whole grains like bread, pasta.

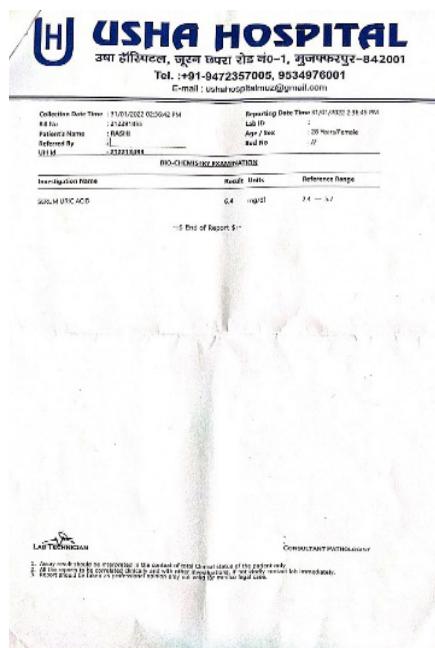
Nuts and seeds.

Follow up (Table 3)

Dates	Response	Prescription
31/01/2022	Pain felt 25% better, redness started to reduce.	Placebo for next 7 days
09/02/2022	Redness and swelling subsided.	Placebo for next 7 days
18/02/2022	Felt pain only when after applying pressure.	Placebo for next 7 days
27/02/2022	She started to do her daily work.	Placebo for next 7 days
07/03/2022	She was happy and felt no complaint. Uric acid level- within normal limit	Placebo for next 10 days

Pictorial evidence of serum uric acid estimation reports:

Before treatment



After treatment



Fig.- 2

Fig.-3

Discussion

Homoeopathic system of medicine follows a holistic approach in the treatment of sick. In homoeopathy, after detailed case taking, a single remedy is selected as per totality of symptom. This case enlightened the efficacy of homoeopathic medicines in cases of musculoskeletal disorders. In this case, the acute exacerbation of gout was treated with the constitutional medicine *Pulsatilla nigricans* as simillimum. Patient got relief from the beginning of the case with single dose. First pain abated followed by reducing swelling and redness. There was progressive improvement of the suffering without requiring any repetition of the medicine. The patient started her normal household activity without any adverse effect as the medicine improved the patient as well as lowered the serum uric acid level too.

Conclusion

Clinically, rheumatism having a broad spectrum from trivial or expected discomfort to serious, disabling, and life-threatening disease. Patients seek medical attention but without any side-effects as modern medicines relieves one but damages others. This case showed the efficacy of homoeopathic constitutional remedy especially selected on the basis of accurately sketched picture of the case. Such cases shows that homoeopathic simillimum are an effective alternative in the treatment of gout. The patient is still under our observation.

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None declared.

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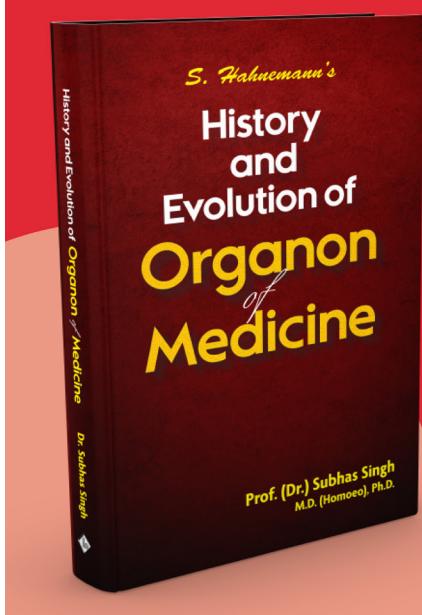
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A review of gout and its homoeopathic management

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

Abstract: Rheumatism is among the most common conditions that cause disability among all age groups. We frequently encounter cases of rheumatic disorders in our day to day practice. Gout is one of the commonest rheumatic diseases that mostly affects middle aged men to elderly men and post-menopausal women. Pain of gout is described as “worst pain ever”, and thus, handling such cases requires proper knowledge of the disease, its general management and homoeopathic treatment. This article provides a review of gout and its management through homoeopathic medicines.

Keywords: gout, rheumatism, homoeopathy, hyperuricaemia, tophi, uric acid.

Abbreviations: mg/dl – milligram/decilitre.

Introduction

Rheumatic diseases are among the most common and oldest disease that are responsible for causing pain and disability in all age groups.^[1] It is rare to find an adult who has never suffered from any form of rheumatic disease.^[2] These diseases arise from processes affecting joints, bones, muscles or connective tissues such as skin and tendon.^[1] Pain is the most common presenting complaint in such cases. A systematic approach is essential for accurate diagnosis.^[3]

The most important single source of diagnostic information is history of patient, which is followed by careful physical examination and supplementary role is played by investigations.^[2]

Rheumatic disease may occur as a result of interplay of number of factors such as constitution of the patient and his family history, physical and mental strains, environmental or occupational origin. For a homoeopath, a proper diagnosis of disease and its probable causes are important as it aids in selection of a suitable remedy.^[4]

Gout is an inflammatory disease which is caused by deposition of

monosodium urate monohydrate crystals in and around joints.^[1] It is typically characterised by episodic acute arthritis or chronic arthritis and connective tissue tophi and the risk for deposition in kidney interstitium or uric acid nephrolithiasis. It mostly affects middle aged men to elderly men and post-menopausal women.^[5] There is about fourfold rise in prevalence of gout in the past half century and thus it has become a matter of concern.^[6] Previous studies have shown the effectiveness of homoeopathic medicines in the management of pain as well as hyperuricaemia in cases of gout.^[7]

Gout

Gout has been called the “the king of diseases” and “disease of the kings”. The term gout is used to represent a heterogeneous group of diseases that include the following characteristics:

Elevated serum urate concentration (hyperuricaemia: uric acid greater than 7.0 mg/dl in males and 6.0 mg/dl in females.)

Recurrent attacks of acute arthritis in which monosodium urate monohydrate crystals are demonstrable in synovial fluid

leucocytes.

Aggregates of sodium urate monohydrate crystals (tophi) deposited chiefly in and around joints, which sometimes lead to deformity and crippling.

Renal disease involving glomerular, tubular, and interstitial tissues or blood vessels.

Uric acid nephrolithiasis.^[6]

Epidemiology :

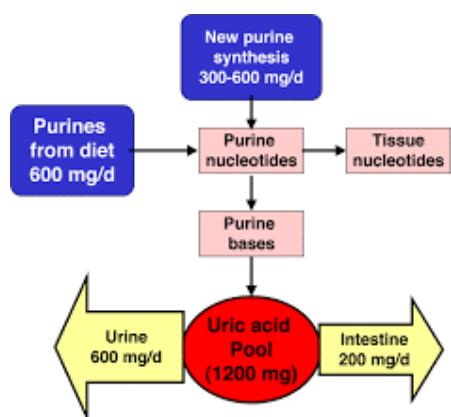
The prevalence of gout is ranged 1–4% worldwide and incidence is ranged 0.1–0.3%. Gout is more common in men as compared to women by 3:1 to 10:1. Gout incidence and prevalence increased by each decade of life, with prevalence increasing to 11–13% and incidence increasing to 0.4% in people older than 80 years. Higher prevalence is seen in racial minorities in the U.S., New Zealand Māori, Han Chinese and some ethnic groups in Asia. Studies have shown that alcohol intake (especially beer which contains guanosine) increased the risk of developing incident or prevalent gout and is also associated with a higher risk of recurrent gout flares. High-fructose sugar-sweetened drink and increasing daily servings

of meat and seafood increases the risk of gout and hyperuricaemia. The risk of developing gout increases with age and with increased serum uric acid levels but only a minority of patients of hyperuricaemia develop gout.^[1,8]

Aetiopathogenesis:

About two-third of body uric acid pool is derived from endogenous purine metabolism and one third is derived from dietary sources^[1] (Figure1)^[9]

Figure 1: The uric acid pool



Uric acid concentration in body fluids is dependent on the balance between the endogenous synthesis and elimination by the kidneys. A network of enzyme pathways is responsible for purine nucleotide synthesis and degradation. Xanthine oxidase catalyses the end conversion of hypoxanthine to xanthine and then xanthine to uric acid. In over 90% patients, the cause of hyperuricaemia is reduced uric acid excretion by renal tubules which is caused by increased renal tubular reabsorption, renal failure, lead toxicity, lactic acidosis and alcohol. It impairs the body's ability to respond to purine overload. SLC2A9 gene which regulates the urate excretion by the kidney is also associated with gout. Lesch – Nyhan syndrome is an X-linked recessive form of gout that is also associated with mental retardation, self-mutilation and choreoathetosis.^[1]

Clinical features:

Gout can occur in four phases:

Asymptomatic hyperuricaemia: This stage is characterised by increase in serum urate levels but gout in the form of arthritis or uric acid nephrolithiasis has not yet manifested. Most people will remain asymptomatic throughout their lifetimes, although the tendency towards acute gout increases with the serum urate concentration.^[6]

Acute gouty arthritis: The first attack occurs after the age of 60 years in women and between the age of 40 and 60 years in men. If the onset is before the 25 years of age, it usually points towards a specific enzymatic defect that cause purine overproduction, an inherited renal disorder, or the use of certain medications mainly cyclosporine. In about 80-90% of first attacks, single joint is involved.^[6] Most commonly affected site is the first metatarsophalangeal joint. Other common sites of involvement include the ankle, midfoot, knee, small joints of hand, wrist and elbow. Sites which are rarely involved are axial skeleton and large proximal joints. Onset is rapid which reaches maximum severity in often 2-6 hours, which awakens the patient early morning. Patient experiences severe pain which may be described as worst pain ever.^[1] The joint and surrounding tissues are swollen, hot, red, shiny and extremely tender such that a patient is unable to wear a sock, or to let bedding rest on joint. During the attack, there is marked swelling, erythema and synovitis around the joint. If large joint like knee is involved then fever, malaise and even confusion maybe present. It is self-limiting over 5-14 days with complete resolution.^[1,3]

Intercritical gout: It refers to the periods between the gouty attacks. Although a few people never have a second attack but most experience a second attack within 6 months to 2 years.^[6]

Chronic gout (tophaceous gout): Uncontrolled hyperuricaemia for long duration usually more than 10 years leads to development of chronic tophaceous gout. But it may occur as early as three years or as late as 40 years after first attack.^[3] The deposits of monosodium urate is found in the skin around the joints, particularly those of the hands and feet (Figure2)^[10] Additional sites include the helix of the ear and the olecranon and prepatellar bursae. The lesions are firm, yellow to yellow-white in color. Ulcerative tophi occasionally discharge a chalky material. Their size varies from 1 mm to 7 cm.^[5]

Figure 2 : Tophi



Physical examination :

Inspection: Patient should be instructed to remove his shoes and socks and roll up his sleeves to allow examination for evidence of tophi.^[11] Inspect the helix of ear and finger pulps for tophi. Joint involvement is assymetrical.^[12]

Palpation: Grade 4 tenderness present. Skin over the affected joint is dry.^[12]

RESEARCH REVIEW

Investigations:

Synovial fluid analysis: Urate crystals are found in the aspirate from a joint, bursa or tophus. In acute gout, synovial fluid shows increased turbidity due to elevated neutrophil count. In chronic gout, the fluid occasionally appears white due to high crystal load. Between the attacks, aspiration of asymptomatic first metatarsophalangeal joint or

knee may reveal crystals.

Serum uric acid : Hyperuricaemia is usually present. During acute phase, serum urate level falls.

Erythrocyte sedimentation rate and C- reactive protein: They are elevated during acute phase, but return to normal when attack subsides. Chronic elevation is seen in tophaceous gout.

Biochemical screening: Renal function test, glucose and lipid profile should be performed.^[1]

X-ray: Capsular swelling leading to gross destruction of joint which most commonly involves distal interphalangeal joint. Small, well defined, punched out areas without a rim of sclerotic bone near articular ends of bone. Tophi seen within soft tissues.^[13]

Differential diagnosis:^[6]

Acute gouty arthritis	Chronic gouty arthritis
Septic arthritis	Rheumatoid arthritis
Trauma	Osteoarthritis
Cellulitis	Lyme disease
Lyme arthritis	Indolent infections, including myeloma
Reactive arthritis	
Psoriatic arthritis	
Sarcoidosis	

Management:

Avoid alcohol, smoking, high fructose syrup, sweetened beverages or foods, organ meats

Limit beef, pork, lamb, sweet fruit juices, seafood with high purine content, table sugar and table salt.

Encourage the use of low fat on non-fatty dairy products and vegetables

Advice weight loss for obese patient^[6]

Local ice packs can provide symptomatic relief.^[1]

Homoeopathic management:

Abrotanum: This medicine is indicated in chronic arthritis. Gouty deposits about fingers-joints. There is aggravation of complaints during

cold and stormy weather.^[14] Gout metastasis to heart^[15]

Actaea spicata: There is gouty swelling of small joints like hands and feet. Aggravation after slight exertion and walking.^[16]

Ammonium phosphoricum: A remedy for chronic gout patients. Patient has uric acid diathesis. There are nodes and concretions around the joints. It is indicated in cough with gout.^[17]

Antimonium crudum: This medicine is important in case of acute and chronic gout. Joints are inflamed and swollen. There is deposit in joints.^[16] There is always gastric symptoms present as concomitant.^[17] Gouty symptoms are worse from wine.^[15] Gout metastasis from extremities to stomach. Tongue is white coated.^[16]

Complaints become worse in cold damp weather, stimulant of any kind and better from hot bath.^[15]

Arnica montana - In case of gout, there is great fear of being touched or approached.^[17, 18] Pains are unbearable mainly at night time. Sensation as if the foot were compressed by a hard body.^[14] Great toe joint red, feels as if sprained. Limbs ache as if they had beaten.^[16] Severe stitching pain in big toe, pain as if dislocation of the joint. There is shooting pain on inferior surface of big toe.^[18] Aggravation from touch, motion and walking.

Belladonna: Most common indicated remedy for an acute attack of gout. The affected joint is red, painful, and tender to touch. All signs of acute inflammation. There is pain with burning of joints. Most

problems are aggravation at night time and touch. Patients become violent during pain.

Benzoicum acidum: It produces and cure symptom of uric acid diathesis. Gouty\concretions. Nodes on joints. Urine have offensive odor, like that of horse.^[15] Pain wandering. Gout at night going from left to right great toe. Gouty concretion in both wrists with welling of fingers and tearing pain. It is useful in gout after the failure of colchicum.^[16]

Bryonia alba: Joints swollen, tense, not very red, < motion or touch, > complete rest and lying on painful side. Gouty and rheumatic pains in all joints, aggravation from\slight motion or contact. Joints hot, red swollen, stinging and stiff.^[16]

Causticum: Nodes, joints stiff, toes or finger contracted. Severe pressive pain in ball of great toe. Gouty pains in limbs. Gout in hands. Pains relieved by warmth. Complaints are aggravated in clear weather and ameliorated in dark weather.^[16, 17]

Colchicum autumnale: This is one of the oldest medicines for gout. Dr Kent has mentioned, "if it is gout, try Colchicum".^[15] Swelling of joints with extreme tenderness on touch, joint red in appearance, pain shifting from one joint to another is the chief indication^[15,16] Gout associated with gastric symptoms. Patient is very restless during pain. Uric acid diathesis. It is suited to person of person of vigorous constitution. Aggravation from external impression, touch, noise, odour and bright light. There is inflammation of great toe. Urine is scanty and dark in color. Ailment from suppressed sweat.^[16]

Guaiacum: Gouty inflammation of knee. There is stiffness of the joints. Joints are Immovable. Pains aggravated by slightest motion and accompanies by heat of the affected part. Most symptoms appear in the morning.^[15, 16]

Kaliun carbonicum: Tearing pain big toe and in small joints. Patient is irritable due to pain. Kali carb prevents relapse of gout.^[14] Back and legs give out. Tearing pain in limbs with swelling. Joints are very sensitive to pressure. Joints swollen and puffy red.^[16]

Ledum palustre: There is lancinating and tearing pain in affected joints. Joints feel too hot that patient throw off his covering. Oedematous swelling of joints, which may feel cold to touch. Affects mainly left shoulder and right hip-joint. Gout in joints of hands and feet. Ball of great toe swollen and painful, soles very sensitive to touch. Gouty nodosities of joints. Gout begins in lower limb and ascends. Gouty pains ameliorated by application of cold. Ailments after alcoholic drinks.^[14-17]

Lithium carbonicum: Chronic rheumatism associated with heart complaints. Uric acid diathesis, whole body is sore. TOPHI. Gout in knee, sides of feet and soles. There is pain in ankle joint on walking. Urine is profuse with uric acid deposit. Swelling and tenderness of fingers and toe joints, better by warm water. There is swelling, tenderness and redness, mainly last joints of fingers. There is intense itching of feet and hands at night from no apparent cause.^[14-17]

Lycopodium clavatum: Tophi, night pains which is ameliorated by heat. Stiffness in muscle and joints, joints

painful with numbness, finger joints inflamed. There is arthritic nodosities. Sour eructation, frequent belching but without relief. Lithic acid diathesis. Aggravation between 4 PM-8 PM is characteristic.^[14-17]

Nux vomica: Patient awakens in morning with severe pain in great toe, gout in people who lives a sedentary life.^[14, 15] Arms and hands go to sleep. Gout of knees following an acute fever.^[16] Old gouty subject with gouty ophthalmia.

Rhododendron chrysanthum: Arthritic nodes. There is paralytic weakness of limbs. Pain in joints aggravated before thunderstorm. Rheumatism in hot season. There is swelling of joints. Gouty inflammation of great toe. Right side is most affected. Patient cannot sleep unless legs are crossed. Amelioration by warmth.^[14,15,16]

Sabina: Rheumatism of metatarsophalangeal joints of great toe with much swelling. Very red bright shining swelling of parts with excessive pain is the chief indication. Gout which is worse in heated room. Pains are excessive which is aggravated by least touch or slightest motion. Wandering pains in joints which is relieved by cold application. Restless, patient changes her position often to get some relief.^[16]

Sepia officinalis: Uric acid diathesis. Gouty pains in joints with offensive urine. Lower extremities lame and stiff. Tendency to have recurrent abortion. Gouty pains, boring in character, causing patient to scream, accompanied by vomiting.^[14-15]

Staphysagria: It is one of the chief

remedies in chronic gout where there are many nodes on parts.^[16] Arthritic nodes from deposition of urates of soda. Chronic gout of men advanced in life. Skin affections alternate with pains in joints. Extremities feel beaten and painful. Stiffness of joints.^[14, 16]

Sulphur: Tendency to have habitual gout. Gout especially of drunkards and those who indulge in rich food and take no exercise. Urine rich in uric acid. There is pressive pain in joints. Pain in affected joint during sleep and patient wake up due to pain. Rheumatic gout with itching. Cannot walk erect, stoop shoulder. Gout with or without swelling.^[14, 16]

Thuja occidentalis: This medicine is king of all sycotic manifestation. There are sycotic pains, tearing pain in muscles and joints. Complaints better during rest and aggravated humid weather. Patient with hydrogenoid constitution. Patient has a strong belief that his body is made up of wood or glass and would break easily. There is pain in heels and tendo-achilles.^[14, 15, 16]

Conclusion

Gout is an inflammatory disorder which is responsible for acute or chronic arthritis and is a potential risk factor for the development of uric acid nephrolithiasis. Patients suffers with intense pain and it's a challenging task for physicians to handle such cases. A detailed case taking along with physical examination and investigations plays an important role for the diagnosis of the case. Such cases require lifestyle modifications along with medicines. Homoeopathic literature consists of numerous medicines which can play an

effective role in the management of gout. A well selected remedy on the basis of totality of symptoms can aid in reducing the sufferings if the patient.

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Effectiveness of homoeopathy in psoriasis: a case study

By Dr Ajay Vishwakarma

Abstract: Psoriasis is a chronic autoimmune papulosquamous disease of skin with variable morphology, distribution, severity and course. Its estimated prevalence in India is 0.44 to 2.8% of population in India. A case of 9 years old boy suffering from psoriasis reported here was treated successfully by a single individualised homoeopathic medicine, *Tuberculinum* 7 200 with repetition as per requirement. The improvement is evident from decreased skin plaques and decreased intensity of itching.

Keywords: psoriasis⁵, homoeopathy, *Tuberculinum*⁷, individualisation

Abbreviations: World Health Organization (WHO), outpatient department (OPD), erythrocyte sedimentation rate (ESR)

Introduction

Psoriasis is a skin disease that causes red, itchy, scaly patches, most commonly on the knees, elbows, trunk and scalp. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission. According to conventional medicines, treatments are only available to manage the symptoms.¹

Psoriasis is a genetically determined immune-mediated inflammatory disease mediated by T-helper1 / Th17 T cells. It has been reported that males are affected twice more than females. Psoriasis significantly impairs the quality of life of the patients and their families resulting in great physical, emotional and social burden.

There are many types of psoriasis, out of which plaque psoriasis is the commonest type. Its symptoms include raised, inflamed patches of skin which appear red or brown with whitish-silver scales or plaques on the red or brown patches. Skin is dry with marked burning and itching. It may be associated with thick, pitted nails or painful, swollen joints. These symptoms vary in different people.²

The exact cause of psoriasis is not known. According to recent studies, it is an autoimmune disease which causes inflammation, triggering new skin cells to form every 3 to 4 days. The buildup of old cells being replaced by new ones creates those silver scales.³

It has been pointed out in the WHO's recent global report on psoriasis that there are many unmet research gaps in psoriasis addressing various aspects such as epidemiology, aetiology, association with comorbidities, treatment and ways to improve healthcare services.⁴

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Following is a case of psoriasis treated successfully with homoeopathy. Informed consent of his parents was taken as the patient is a minor.

Case summary:

A 9 years old boy of height 4 feet and weight 40 kgs with a clinical history of psoriasis reported to the

outpatient department (OPD) of Chandola Homoeopathic Medical College & Hospital, Rudrapur on 14/01/2022. He was complaining of dry, rough skin along with raised scaly patches on whole body which gradually increased in size for 5 years. The patient was diagnosed with Plaque Psoriasis 4 years ago. Reddish skin plaques along with silvery white scales and marked itching were present which gets aggravated by heat, at night and gets ameliorated by cold. Apart from this complaint, he also complained of irregular bowel movements along with hard and scanty stool. He took allopathic medicines for 4 years but he didn't experience any improvement.

On examination, plaque psoriasis was confirmed with positive Auspitz sign.

Investigations revealed blood haemoglobin level was 11.8 gm% with an elevated ESR level - 26 mm/hour.

Past history - History of incontinence of urine in 2017. He took allopathic treatment.

Family history-

Family history revealed that his

SUBJECTIVE

paternal grandfather suffered from psoriasis as well as asthma. His mother suffered from pulmonary tuberculosis for which she took allopathic treatment.

Physical generals-

The patient was of normal stature and lean body. He was vegetarian, his thermal reaction was chilly and had a tendency to suffer from recurrent cold and coryza since

childhood. His appetite was good and had desire for cold milk and sweets. He had intolerance for cold drinks which caused coryza. He had thirst for large quantity at a time. Bowel movements were irregular and he passed stool every alternate day. The character of stool was scanty and hard. He also reported that his sweat was scanty and offensive. His sleep was disturbed and unrefreshing due to itching in

whole body. Further, he was found to be lethargic and expressive on irritation.

Mental generals

1. Slow to act, does not want to do any physical activity
2. Desires company
3. Gets angry on trifles
4. Very irritable

Table 1: Analysis and evaluation

Physical Generals ^{Intensity}	Desire of cold milk ⁺⁺	Desire for sweets [*]	Thirst for large quantities of water at a time ⁺⁺	Unsatisfactory stool at every alternate day ⁺⁺	Scanty and Hard stools ⁺⁺	Sleep disturbed due to itching in whole body ⁺⁺
Mental Generals ^{Intensity}	Does not want to do any physical activity ⁺⁺	Gets angry on trifles [*]	Irritable ⁺⁺⁺			
Particulars ^{Intensity}	Dry scaly reddish patches on whole body ^{***}	Intense itching all over the body ^{***}				

Provisional diagnosis

Psoriasis⁵

Totality of symptoms

- Dry, scaly, reddish patches on whole body.
- Dry, scaly patches with intense itching all over the body.
- Anger on trifles.
- Very irritable.
- Itching, ameliorated by heat.
- Itching, aggravated at night.
- Itching gets aggravated by cold.
- Desire for sweets.
- Unsatisfactory stools, hard and scanty in character

Analysis of the case

After the analysis and evaluation of the case the totality of symptoms was made according to the characteristic symptoms of the patient. "Very irritable, angry at trifles were important mental generals, desire for sweets, unsatisfactory hard and scanty stools were some of the important physical generals, dry scaly, reddish patches on whole body with intense itching and which aggravated by heat and at night were some important particulars of the case. The case was repertorised with the help of Radar software 10.5 using synthesis repertory 2009⁶. On the basis of repertorial analysis and consultation of Boericke's *Materia Medica*⁷ and Hering's *Guiding Symptoms*,⁸ *Tuberculinum*⁷ was found to be the most similar medicine to the case having the highest score and

covering the almost all the rubrics.

Rubrics Selected⁶

- Mind – Anger, children in
- Mind – Irritability
- Skin – Itching
- Skin – Itching, Heat amelioration
- Skin – Itching, Cold aggravation
- Skin – Itching, night aggravation
- Rectum – Constipation
- Generals – Food and Drinks – milk, cold desire

Repertorial Sheet⁶

Prescription

*Tuberculinum*⁷ 200/ BD/ 2 days

Basis of prescription

Repertorisation was done of the following symptoms.

Chilly patient, irritable, itching in body ameliorated by heat, itching in whole body aggravated by cold and at night, constipation, desire for cold milk. (*Synthesis repertory*⁶).

After repertorisation, *Tuberculinum*⁷ scored the highest rank.

Potency

Tuberculin needs more frequent repetition in children's complaints than nearly every other chronic remedy (H. Fergie Woods). Thirtieth and much higher, in infrequent doses. When *Tuberculinum* fails, *Syphilinum* often follows advantageously, producing a reaction.⁷

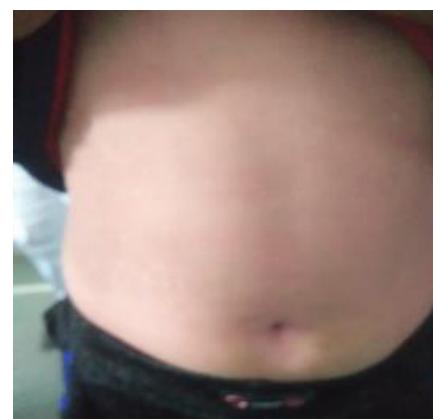
First prescription (14th January, 2022)

*Tuberculinum*⁷ 200, BD - 2 days + placebo for 20 days and advised for application of only coconut oil externally. He was instructed to eat well balanced diet and drink plenty of water. He was also asked to maintain hygiene. This case is followed up to 5/3/2022 and the treatment is still continuing.

Before treatment



After treatment



Follow up:

Date	Symptoms	Medicine, potency and doses
14/01/2022	First prescription	<i>Tuberculinum</i> ⁷ 200/BD/ 2days ("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) ⁹

SUBJECTIVE

24/01/2022	Raised scaly patches on body with dry and rough skin – slight relief Size of skin plaque – decreased Itching decreased Bowel-unsatisfactory Stool scanty and hard.	Placebo 30/ BD for 10 days
31/01/2022	Dry, rough skin along with raised scaly patches on body – slight relief Itching – decreased Bowel –unsatisfactory Scanty but soft stool	Placebo 30/BD for 10 days
11/02/2022	Dry and rough skin with reddish patches – slight relief Scales – absent Itching- decreased Bowel –satisfactory	Placebo 30/ BD for 10 days
21/02/2022	Dry and rough skin with reddish patches – slight relief Itching- decreased Bowel- Unsatisfactory Stool scanty but soft.	Placebo 30/ BD for 15 days
05/03/2022	Dry and rough skin along with red patches – Relief. Itching – relieved	Placebo 30/ BD for 15 days (Treatment is under observation)

Discussion and Conclusion

Psoriasis is considered as an autoimmune disease where treatments are often needed throughout life. The quality of life of patients is often affected and comorbidities are common.

The conventional treatment for psoriasis aims to stop skin cells from growing so quickly and to remove scales. Options include topical therapy (creams and ointments), phototherapy and oral or injected medication. There is no cure of Psoriasis as per the conventional treatment. They provide only symptomatic management via corticosteroids, vitamin D analogues, retinoids, salicylic acid, coal tar and anthralin. These treatment options have side effects such as skin irritation. Some of them are even contraindicated during pregnancy or while breastfeeding.¹⁰

Homoeopathic treatment have no side effects and holistically treat individuals. Homoeopathy provides constitutional treatment by focusing on the individuality of the patient along with the totality of the symptoms. Each patient may

experience different symptoms, even if they are diagnosed with the same disease. Therefore, treatment of such a range of symptoms cannot be done with a single medicinal regimen which is given to everyone irrespective of their complaints. Rather, they require the constitutional treatment provided by Homoeopathy. Moreover, Homoeopathic medicines give safe and effective treatment in a cost-efficient way.

In this case, the diagnosis of plaque psoriasis was confirmed. The symptoms of psoriasis negatively affected the quality of life of the patient. *Tuberculinum*⁷ ultimately proved to be the indicated medicine as the first prescription, going by the result of repertorisation. The potency selected was 200. The patient came on regular follow-ups with marked improvements in his complaints. The size of the skin plaques reduced and later disappeared along with reduced itching in body. The bowel movements became regular. This case has been successfully treated as the patient has been coming on regular follow-ups. The treatment is still continuing and the patient is under observation period with

marked improvement in patient's condition.

Declaration of patient

The authors certify that they have obtained appropriate patient consent form, the patient's father has given his consent on behalf of the patient (who is a minor) for his images and other clinical information to be reported in the journal. The patient understand that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

None declared.

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[understanding-psoriasis-treatment](#)

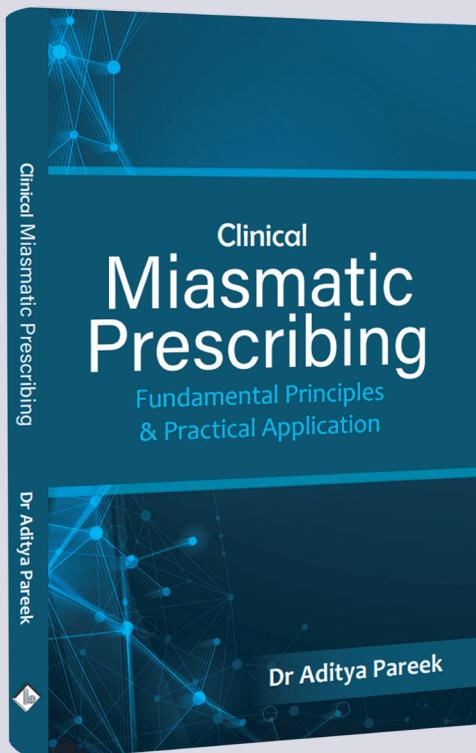
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Clinical Miasmatic Prescribing

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 2nd considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
- The 3rd aims to show the applicability and practical utility of miasms through various case discussions.

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The rheumatic remedies

By Dr Das Torsa, Dr Bhowmick Sayantan

Abstract: Rheumatism is not a specific, well distinguished, disease diagnosis; it only infers a wide-ranging symptomatology of pain that is similar in certain characteristics. Rheumatic remedies are generally indicating range of well proven, potentized and sometimes deep acting polychrest remedies, that has an affinity towards the bones, joints, tendons and its surrounding areas.

Keywords: *Bryonia alba, Pulsatilla nigricans, Rhus toxicodendron, Causticum*

Introduction

Rheumatism is group of inflammatory musculoskeletal diseases, distinguished by following characteristics i.e., pain and discomfort in one or more big, small or moderate size joints, spinal Column and its surrounding areas, felt specially during motion. Affected parts are usually tender, sore, sometimes hyperemic and stiff specially while immobile; all symptoms are improved during mild exercise but worsen after vigorous exercise, weather changes and also profoundly influenced by series of other factors. There is a vast number of remedies, that acts on human musculoskeletal system, which are documented from arrays of research trials^[1-6], among them most commonly used remedies include *Arnica montana*, *Bryonia alba*, *Causticum*, *Calcarea carbonicum*, *Calcarea phosphoricum*, *Cimicifuga racemosa*, *Ledum palustre*, *Medorrhinum*, *Manganum aceticum*, *Phytolacca decandra*, *Natrum muriaticum*, *Pulsatilla nigricans*, *Radium bromatum*, *Rhus toxicodendron*, *Sulphur*, etc.

Rheumatic remedies in vision of various stalwarts-

According to Dr Douglas Ross^[7], "whatever the cause homoeopathy has a great deal to offer the cure, in fact the number of remedies listed as capable of causing and hence curing

pain is very great. We can deal with only a few of the more common ones here but the permanent cure from rheumatism may require careful study of the individual by an expert and a remedy based on the entire constitution." He also mentioned *Rhus toxicodendron* as "**favorite of all**", *Sepia officinalis* and *Sulphur* as "**excellent remedy**". He found remarkable cure in rheumatism by using *Lycopodium clavatum*, *Natrum muriaticum*, *Nux vomica*, *Phosphorus*, *Pulsatilla nigricans*. For the "**deep seated troubles**," he used *Tuberculinum*, *Zincum metallicum*.

In an article, by Dr Roger A. Schmidt^[8], *Lycopodium clavatum*, *Lachnanthes tinctoria*, *Niccolum metallicum*, *Rhus toxicodendron*, *Bryonia alba*, *Berberis vulgaris*, *Bellis perennis*, *Hypericum perforatum*, *Aesculus hippocastanum*, *Agaricus muscarius*, *Pulsatilla nigricans*, *Tellurium*, *Chelidonium majus*, *Variolinum*, *Kalium carbonicum*, are mentioned and elaborated with their indicating symptoms for rheumatism.

Dr E. B Nash^[9] says in one of his writings that "I have preferred to annex the necessary hints to the end of the chapter on the different forms of rheumatism, because it is not the pathological form that indicates the special remedy; but it is peculiarity of the individual case which points out the corresponding remedy" and he described number

of common well proved drugs with its therapeutic points of view, which includes *Aconitum napellus*, *Bryonia alba*, *Rhus toxicodendron*, *Dulcamara*, *Pulsatilla nigricans*, *Nux moschata*, *Rhododendron chrysanthum*, *Veratrum album*, *Calcarea carbonicum*, *Calcarea phosphoricum*, *Berberis vulgaris*, *Chamomilla*, *Colchicum autumnale*, *China officinalis*.

Dr Phyllis Speight advised^[10], after taking full case history of the patients, appropriately chosen remedies will be administrated, 2 pills of the appropriate remedy in the 6th potency should be taken every 3 hours, until there is relief and then stop. He discussed *Guaiacum*, *Rhus tox*, *Phytolacca*, *Aconite*, *Bryonia*, *Nux vomica*, *Natrum muriaticum*, *Pulsatilla* with their indication in the article.

Dr A. H Grimmer^[11] has precisely and elaborately discussed *Gnaphalium polycephalum*, in an article, where he also done a comparative study with other rheumatic remedies like *Colocynthis*, *Chamomilla*, *Magnesium phosphoricum*, *Rhus toxicodendron*.

From a lecture of Dr H. Ferge Woods^[12], on "*Homoeopathy and Rheumatism*", he has mentioned, "the great truth to get firmly into one's mind that you cannot cure rheumatism by treating rheumatism. The great rule applies here as in all cases- "treat the patient, not the disease". One must not think in terms of remedies for rheumatism.

There are as many possible remedies for rheumatism as there are remedies in *materia medica*. A remedy may even cure rheumatism that has never before known to have been used in rheumatism." On basis of symptomatology, he emphasised, *Arnica montana*, *Bryonia alba*, *Causticum*, *Calcarea carbonicum*, *Chelidonium majus*, *Dulcamara*, *Hepar sulphuricum*, *Lycopodium clavatum*, *Phosphorus*, *Nux vomica*, *Pulsatilla nigricans*, *Rhus toxicodendron*, *Ruta graveolens*, as chief drugs to remember.

In a lecture, David Russell [13] addressed, "the assessment of these patients should be careful and detailed. A general homoeopathic history should be taken, followed by a physical examination. From the patient's point of view the onset of symptoms in rheumatoid arthritis can often be quite sudden. Osteoarthritis can occur earlier in life than usually realized. The location, type of pain should be elicited and their relation to the factors such as time of day, movement, heat, cold, damp, pressure, food, winds and menses should be recorded. With regard to mobility, it is useful in assessing the patient's progress to record any degree of loss at each joint." He suggested *Rhus toxicodendron*, *Bryonia alba*, *Causticum*, *Calcarea carbonica*, *Sulphur*, *Sepia officinalis*, *Pulsatilla nigricans*, *Ledum palustre*, *Apis mellifica*, as the most commonly used rheumatic remedies. Medicines for arthritis of small joints are *Caulophyllum thalictroides* and *Actaea spicata*. Consideration should be given to the use of nosodes in any patients with a chronic condition, e.g., *Medorrhinum*, *Tuberculinum* and *Syphilinum*." He also mentioned, "Dr Richard Savage has commended on the use of *Aurum met.* in the treatment of rheumatoid arthritis. This remedy in homoeopathic dosage is often

useful. The patients have tearing pains in the joints associated with oedema, bones are sore specially in night, cold weather. These patients are often very depressed."

Most common repertories that come into daily practise, containing huge number of rheumatic remedies under well-defined rubrics and sub-rubrics. Here some examples are given-

1. In *Phatak repertory*,^[14] rubric **RHEUMATISM** contains 27 remedies and range of sub-rubrics are containing with array of drugs.
2. Rubric **JOINTS** is another huge rubric, under which vast number of sub-rubrics and remedies according to them are mentioned.
3. A regional repertory, "*Repertory to The Rheumatic remedies*" by Dr H.A Roberts^[15] consists of 25 chapters, containing 206 medicines which have different affinity to rheumatism, which can be used to workout cases with prominent modalities and having complete symptoms. This book not only deals with remedies having empathy towards rheumatic affection but also other rubrics related to general and particular symptoms.
4. *Dr J.T Kent's Repertory of homoeopathic materia medica*,^[16] the entire rubric "PAIN" in chapter "EXTREMITIES", is concerning with 168 common and uncommon remedies that not only have an affinity towards joints, Musculo-skeletal system, but also each part of body affected.
5. In the 2nd part, i.e., repertory part of Boericke's *Materia*

Medica^[17], under the chapter **LOCOMOTOR SYSTEM**, rubric **RHEUMATISM** is mentioned, that contains 75 drugs and there are vast ranges of sub-rubrics which also comprises of numbers of rheumatic drugs.

On the basis of several previous studies^[18-22] on joint and musculo-skeletal disease and also from above discussion, one can say that *Rhus toxicodendron*, *Pulsatilla nigricans*, *Bryonia alba*, *Causticum*, *Ruta graveolens* are most frequently used as rheumatic remedies, and here these drugs are briefly discussed from Boericke's *Materia Medica*^[17].

Rhus toxicodendron- It affects fibrous tissue, markedly joints, tendons, sheaths aponeurosis, etc., producing pains and stiffness. Tearing asunder pains. Motion always "limbers up" the *Rhus* patient and hence he feels better for a time from a change of position. Ailments from strains, over-lifting, getting wet while perspiring. Rheumatism in the cold season. Hot, painful swelling of joints. Pains tearing in tendons, ligaments and fasciae. Rheumatic pains spread over a large surface at nape of neck, loins and extremities; better by motion. Soreness of condyles of bones. Limbs stiff, paralyzed. Better by lying on back or right side, warm dry weather, motion, walking, rubbing, warm application, from stretching out limbs.

Pulsatilla nigricans- The disposition and mental state are chief guiding symptoms to the selection of *Pulsatilla nigricans*. It is pre-eminently a female remedy, especially for mild gentle, yielding disposition. Changeable contradictory. The patient seeks the open air, always feels better there, even though patient is chilly. Shooting pain in the

nape and back, between shoulders; in sacrum after sitting. Drawing tensile pain in thighs and legs, with restlessness, sleeplessness and chilliness. Pain in limbs, shifting rapidly; tensile pain, letting up with a snap. Numbness around elbow. Hip-joint painful. Knees are swollen, with tearing, drawing pains. Boring pain in heels towards evening; suffering worse from letting the affected limb hang down. Feet red, inflamed, swollen. Legs feel heavy and weary. Complaints are worse from heat, warm room, towards evening, lying on left or painless side, better by open air, motion, cold applications.

Bryonia alba- This remedy acts on all serous membranes and the viscera they contain. Aching in every muscle. The general character of pain is stitching, tearing. These characteristics stitching pain aggravated by any motion, especially in chest; every spot is painful on pressure. Dropsical effusion into synovial and serous membranes. Knees are stiff and painful. Joints are red swollen, hot with stitches and tearing. Painful stiffness in nape of neck. Stitches and stiffness in small of back. Better by lying on painful side, rest, pressure, cold things. Worse in warmth, morning, exertion, touch, prefers right side, evening, open air, warm weather.

Causticum- Its action mainly in chronic rheumatic, paralytic, affections, indicated by the tearing drawing pains in the muscular and fibrous tissues, with deformities about the joints. Progressive loss of muscular strength, tendinous contractures. Pain in joints and bones with faint like sinking of strength. This weakness progress until gradual paralysis appeared. Left sided sciatica with numbness. Paralysis of single part. Dull tearing pain in hands and arms. Heaviness and weakness. Unsteadiness of

muscles of forearm and hand. Numbness, loss of sensation in hands. Contracted tendons. Weak ankles, cannot walk without suffering. Rheumatic tearing in limbs, better by warmth, heat of the bed. Burning in joints. Restless legs at night. Cracking and tension in knees; stiffness in the hollow of knee, between shoulders. Dull pain in nape of neck.

Ruta graveolens- The remedy acts upon the periosteum, cartilages, eyes and uterus. Complaints starting from straining flexor tendons specially. Tendency to formation of deposits in periosteum, tendons and joints, especially wrist. Whole body is painful, as if bruised. Lameness after sprains. Spine and limbs feel bruised. Legs give out rising from a chair, hips and thighs are weak. Contraction of fingers. Pain and stiffness in wrist and hands. Sciatica worse lying down at night; pain from back down hips and thighs. Backache better by lying on back; worse in morning, before rising. Hamstrings feels shortened; tendons sore. Thigh pain when stretching the limbs. Aching pain in bones of feet, ankles and tendo-achilles, great restlessness.

Gaultheria procumbens, Formica rufa, Manganum aceticum, Salol, Salicylic acid, Radium bromide, are some remedies that are calls for acute rheumatic remedies, which are coated here from Boericke's *Materia Medica*^[17].

Gaultheria procumbens- Inflammatory rheumatism, sciatica and other neuralgias come within the sphere of this remedy. Skin smarting and burning, intense erythema, worse in cold bathing; better by cool air blowing on the part. Tincture and lower potencies are used.

Formica rufa - It is an arthritic medicine. Right side most affected. Acute outbursts of gouty poisons, especially when assuming the neuralgic forms. Rheumatic pains, chronic gout, stiff and contracted joints. Muscle feels strained and torn from their attachment. weakness of lower extremity, rheumatism comes on with suddenness and restlessness. Symptoms relief after midnight and from rubbing. Skin red itching and burning. Nodes around joints. Profuse sweat without relief. Worse in motion, cold and cold washing, dampness, before a snowstorm. Better by warmth, pressure, rubbing, combing hair.

Manganum aceticum- It acts in subacute stage; promotes suppuration, hastens regeneration. Inflammation of bones, joints, periosteum with nightly digging pains. General soreness and aching, every part of body feels sore when touched. Syphilitic and chlorotic patients with general anemia and paralytic symptoms. Cramp in claves, stiffness in muscles of legs, muscular twitching. Tending to fall forward, walks stoop forward. Rheumatism of feet, legs feel numb. Peculiar slapping gait. Ankles painful. Shiny red swelling of joints. Intolerable pain in skin in lower limb. Burning spots about joints. Suppuration of skin around joints. Worse in cold wet weather, change of weather. Better by lying down.

Salol- It is primarily used as an anti-rheumatic drug, especially in the treatment of acute cases. Rheumatic pain in joints with soreness and stiffness in the buttocks, knees and wrists. – J.H Clarke

Salicylic acid- The symptoms points to its use in rheumatism, dyspepsia and meniere's disease. Prostration after influenza. Also, for tinnitus aurium and deafness.

Radium bromide – This remedy is found effective in the treatment of rheumatism, gout and skin affection generally, acne rosacea, naevi, moles, ulcers and cancers. Chronic rheumatic arthritis, better by moving about. Severe pain in all limbs, joints, especially in knees and ankles, sharp pain in shoulder, arms, hands and fingers, toes, clavicles, hip joint, popliteal spaces, neck feels hard and brittle, as they would break on moving, arms feel heavy. Cracking in shoulder. Muscles of legs and hips are sore. Arthritis, aching pain worse at night. Dermatitis in fingers. Trophic changes in the finger nails. Itching all over body, burning of skin as if fire. Erythema and dermatitis with itching, burning, swelling and redness.

Discussion

Rheumatism is not an exact disease diagnosis, it indicates groups of varieties of disease related to bones, joints, tendons, and all-over musculoskeletal system, the term "arthritis" is now used to define it. From analysing the results of previous studies or clinical trials^[18-22], it was found that homoeopathic medicines are beneficial in managing rheumatism. *Rhus toxicodendron* is found to be most efficacious, commonly used remedy, revealed in most of the studies^[7-10, 12, 13, 19], other drugs like *Arnica montana*, *Bryonia alba*, *Causticum*, *Calcarea carbonicum*, *Calcarea phosphorica*, *Cimicifuga racemosa*, *Ledum palustre*, *Medorrhinum*, *Manganum aceticum*, *Phytolacca decandra*, *Natrum muriaticum*, *Pulsatilla nigricans*, *Radium bromatum*, *Rhus toxicodendron*, *Sulphur*, etc., are also well documented in the earlier studies^[1-13, 18-22].

Conclusion

According to Dr Ortega, "the natural

healing force is inside the human body, in its integral wholeness, represent the universe acting on one point with the inherent purpose of preserving what has been created i.e., of enabling it to continue the specific objective which the human intellect can deduct from all that exist". Homoeopathy is a method of treatment for stimulating the living body to heal itself. Homoeopathy has an unfailing guide in law of similia, the therapeutic law of nature, with this principles and rules of application, it constitutes a science that conforms every detail with the classical definition of science. The holistic approach of homoeopathy involves a person as a whole i.e., considering the body mind spirit within the context of his environment. There is a range of well proven rheumatic remedies in hand and with the help of proper choice, evaluation, doses and repetition of drugs, homoeopathy offers a new gradient on the value of certain diseases and prevent their sequelae, also has an opportunity of palliation without sedation in incurable cases, in other hand homoeopathy offers pure fruitful field for research with the help of individualised therapeutic approach.

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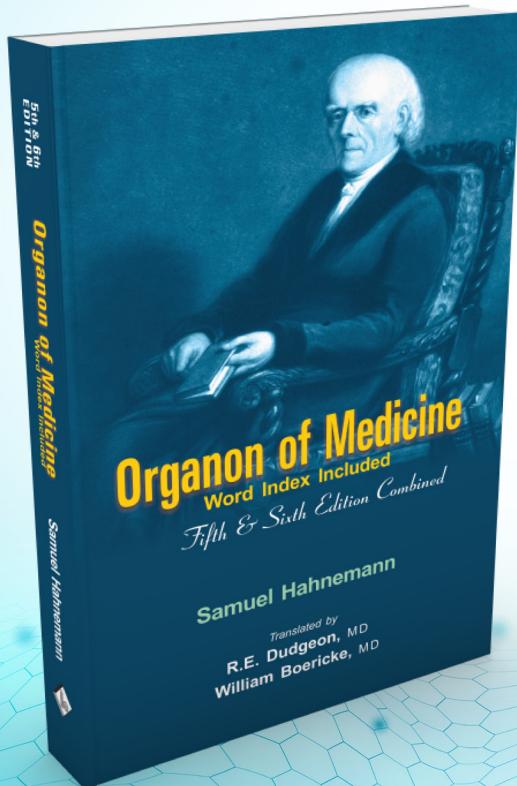


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Homoeopathic remedies in rheumatic diseases

By Dr Archana V. Kulkarni, Dr Pavan Kumar Tawani, Dr Swati Bikkannavar

Abstract: Conventional management of rheumatic diseases includes administration of non-steroidal anti inflammatory drugs (NSAID'S), disease modifying anti rheumatic drugs (DMARDs)like methotrexate and anti-tumour necrosis, alpha monoclonal antibodies (anti-TNF alpha), gastric ulcer, bleeding and perforation are common known adverse reaction found associated with excessive consumption of NSAID's. The homoeopathic system of medicine improve the general well being that is the quality of life (QoL)in addition to reducing the pain, inflammation, swelling and disability.

Rheumatic diseases often seek alternative therapies, with homoeopathy being one of the most frequent.

The remedies in homoeopathy moderate the overactive immune system and thus help in reducing inflammation in the bones.

Homoeopathy shows remarkable results in mild to moderate cases of rheumatic diseases.

Keywords: Rheumatic disease, Homoeopathic remedies, etc.

Abbreviations – quality of life (QoL), non-steroidal anti-inflammatory drugs (NSAID'S), disease modifying anti rheumatic drugs (DMARDs), alpha monoclonal antibodies (anti-TNF alpha), World Health Organization (WHO)

Introduction

The rheumatic diseases are a major cause of disability throughout the world. They are autoimmune and inflammatory disease that cause the immune system to attack joints, muscles, bones and organs. Chronic rheumatic conditions place a considerable social and economic burden on all societies, and not only on those with a high life expectancy¹.

Much research is taking place into the causes and treatment of rheumatic disease. Significant advances that will result in more effective prophylaxis and treatment have been made in the areas of genetics, immunology, pharmacology and connective tissue biochemistry. In other areas, however, such as epidemiology, rehabilitation, risk-factor identification, education, and the social consequences of rheumatic diseases, there is an urgent need for more research. This need is all the greater owing to the changing morbidity and mortality patterns in both developed and developing countries as a result of increasing life expectancy, the rapid growth

of urban populations, changes in lifestyle, and other factors.

In order to meet these new challenges, effective rheumatological community control programmes are needed. These would encompass the education of professional staff and patients, community participation, early disease detection, and effective treatment and rehabilitation, and should be integrated into the existing primary health care system².

There are well over 100 rheumatic diseases, and it was not feasible to consider all of them. The group therefore decided to consider in detail ten of the most important diseases².

Methodology:

The data related to the article was begin collected from the source books of the authors like Dr William Boericke, Dr JH Clarke, Dr Robin Murphy, as well as guidelines of rheumatism by WHO, etc.

Risk Factors:

- Genes and family history.
- Environmental triggers.
- Lifestyle choices.
- Infection.
- Trauma.
- Metabolic problems.
- Wear and tear or stress on a joint or joints.
- Genetic are thought to play a role in the development of ankylosing spondylitis, fibromyalgia, lupus and rheumatoid arthritis³.

Symptoms:

- Joint pain.
- Swelling of a joint or joints.
- Joint stiffness that lasts for at least one hour in the early morning.
- Chronic pain or tenderness in a joint or joints.

SUBJECTIVE

- Warmth or redness in the joint area.
- Limited movements in an affected joints or joint.
- Fatigue³.

Complications:

- Osteoporosis.
- Rheumatoid nodules.
- Lymphoma³.

Prevention:

- Stop smoking.
- Limit alcohol.
- Minimize bone loss.
- Improve oral health.
- Increase fish intake.
- Maintain a healthy weight.
- Stay active.
- Reduce exposure environmental pollutants³.

to

or movement. pains of this kind running from decayed tooth to temples.

Modality: Aggravation- At night, motion and change of weather, fatigue.^{5,6}

Amelioration: Warmth.

2)Actaea racemosa (cimicifuga racemosa)

Rheumatism : Being one of the good remedies for muscular rheumatism, it especially affects the belly of muscles of neck and back. The joint commonly affected are those of lumbo sacral region and big joints.

Sensation: Excessive muscular soreness is felt. There is uneasiness, restlessness, aching in the limbs with pain in lumbar and sacral region down thigh. There is stiffness, lameness, contracted feeling with stitching and cramping pain.

Modality: Aggravation: From using arms in sewing, type writing, piano-playing, from cold, damp weather and during menses.^{5,6}

3)Benzoicum acidum:

It acts especially upon the joints and produce and cures symptoms of a uric acid diathesis, with urine highly coloured and very offensive and gouty symptoms.

Causation: suppressed gonorrhoea and syphilis.

Location: All joints are affected but especially knee symptoms may go from left to right.

Character of pain: Pains tearing, stitching in large joints especially of big toe. Pains suddenly change their locality. Gouty concretions. Nodosities in joints, due to

deposition of uric acid, cracking sound in joints.

Modality: Aggravation: open air, uncovering at night, motion.

Amelioration: by heat.^{5,6}

4)SANGUINARIA CANADENSIS:

Rheumatism: Causation: After exposure to cold the patient cannot rise the arm. It hangs by his side.

Location: Rheumatism of right arm, shoulder and deltoid.

Character of Pain: Drawing, tearing, pain in places which are least covered by flesh, e.g: tibia, back of hands, etc.

Modalities: Aggravation: from cold, at night, and from motion.

Amelioration: rest.^{5,6}

5) Rhododendron chrysanthum:

It acts as an irritant and produce excessive secretion from the synovial membrane in the joints and causing all the signs and symptoms of inflammation. Fibrous tissues get inflamed producing rheumatic and gouty changes.

Causation: from cold, damp and WINDY WEATHER.

Location: Right side is affected.

Sensation: Sore and bruised feeling.

Character of Pain: It is very useful to gouty patient, who suffer rheumatic pains.

Acute inflammatory swelling of the joints. There is drawing, tearing pains in all the limbs. The pain, sometimes, WANDER FROM ONE JOINT TO ANOTHER. There is tearing, shooting pain, sore bruised pain, with stiffness of joints, neck

Location: wrist joint.

Character of Pain: The joint start aching and swelling after a slight exercise. Affected joints are swollen and in affected limb great weakness is felt as if paralysed. There is extreme tenderness to touch, weakness and tingling. The right arm and right wrist are specially affected.

Pains are of violent ,tearing, drawing character and are worse by touch

and back.

Pain in dorsal region. Extending to arms, pain in bones and periosteum, pain drives him out of bed. Pain in the shoulder joint is so severe that the arm cannot be moved. The patient cannot sleep unless the legs are crossed.

Gout with fibrous deposits in great toe joint.

Modality: Aggravation: During rest, before and during a storm.

Amelioration: By warmth, wrapping up, moving or walking about.^{5,6}

6) SYPHILINUM:

Causation: Syphilitic affection.

Location: especially in long bones upper and lower extremities.

Character of Pain: Inflammation of all joints, rheumatism. Pain and swelling in limbs with stiffness. Severe pain in long bones, particularly extremities preventing sleep. Caries of cervical and dorsal vertebrae.

Severe lacerating pain from SUNSET TO SUNRISE. PAIN COMES GRADUALLY AND GOES AWAY SLOWLY.

Modalities: Aggravation: From hot application, warmth of bed, at night and extremes of heat and cold.

Amelioration: From pouring cold water on affected parts, from walking and at daybreak.^{5,6}

7) PHYTOLACCA DECANDRA:

Causation: Syphilitic or mercurial in origin.

Location: Especially right shoulder.

Sensation: Stiffness in arms with inability to raise the arm.

Character of pain: Pain flying like electric shocks, shooting, lacerating from one place to another. There is also pain under the side of thighs. Sharp cutting pains in the hips, legs drawn up. Cannot touch the floor, syphilitic and gonorrhoeal background.

Modality: Aggravation: From motion, at night, from warmth of bed and warm applications.

Amelioration: rest.^{5,6}

8) LAC CANINUM

LOCATION : Extremities and back especially of left side.

SENSATION : Pain in right limbs as if beaten with rheumatic swelling of joints.

Shifting type of pain from one joint to another, flying from one part to another, changing from side to side.

Modalities: Aggravation from motion and heat and **amelioration** from cold.^{5,6}

9) MEDORRHINUM

In gout and rheumatism, caused by maltreated or suppressed gonorrhea, this is great remedy can be thought of.

LOCATION: Rheumatism of both the shoulders and arms. Pains extend to fingers. Painful stiffness of every joint in body. Along with this, there is deformity of finger joints.

Modalities: Aggravation during days before a thunderstorm and when thinking of pain.

Amelioration at sea shore and during damp weather.^{5,6}

10) STICTA PUMMONARIA

LOCATION: Specifically right shoulder, knee joints and neck.

SENSATION: Drawing and shooting pains in joints. Joints are red and painful.

The presence of spot of inflammation and redness over affected joints. House maids knee.^{5,6}

11) RADIUM BROMATUM

CAUSE: Bad effects of x-ray or radium therapy.

LOCATION: Almost all joints of the body.

SENSATION: Aching and tired feeling, legs, arms and neck feel hard and brittle as though they would break on moving.

Sharp electriclike or lightening-like pain in the joints. Nephritis with rheumatism.^{5,6}

12) LITHIUM CARBONICUM

Rheumatic and gouty distress. This is invaluable remedy in chronic rheumatism when accompanied with heart disease or eye symptoms and recurring attacks of acute inflammation of small joints. There is great tenderness and redness of the joints.

MODALITIES: Worse at night or in morning.

Better by rising or moving about, hot weather.^{5,6}

Conclusion

Homoeopathy is such precise system of medicine which considers the person as a whole by taking into consideration his physical and mental sphere.

SUBJECTIVE

Homoeopathic medicines give great results in cases of rheumatic diseases. Homoeopathic constitutional similimum improves the quality of life of the patient by reducing intensity of pain and limiting disability and reduces the disease activity.

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• An indispensable source of teachings of Dr. Hahnemann which forms the basis of homeopathy.

• The best translation of the 6th edition of the Organon der Heilkunst. A translation that is as comprehensible & accessible as possible. It conveys more of Hahnemann's meaning than ever before, preserving the primary sense of his words.

• The comprehensive text is divided into chapters and sections along with marginal headings and editorial footnotes which provide focus for our thoughts.

• The glossary has definitions of medical terms used in the Organon as well as translation notes on specific words which will enable readers to understand what Hahnemann meant instead of guessing the exact English word for the German word.

• This translation and adaptation of the Organon has been prepared with care and precision and it throws light on our high mission of restoring the sick to health.

Study of rheumatic remedies – clinical utility

By Dr Santosh Kumar, Dr Priyanka

Abstract: Rheumatic diseases are the most common chronic diseases as RMD complaints are frequently encountered in clinical practise. Burden of illness from musculoskeletal condition is high in both developed world and developing countries alike, particularly with ever - increasing elderly population worldwide. They impact health related quality of life, physical function and lead to anxiety and depression and need for increasing RMDs awareness. Rheumatology is an already well-established speciality branch in modern medicine. In spite of development as a speciality, scope of the treatment in conventional medicine has their own limitations in the management and outcome and are very much costly. The community deserves much more attention from the medical profession which goes beyond the routine prescription of a plethora of drugs. In homoeopathy, there are many drugs for various rheumatoid disorders. Homoeopathic intervention has got its own therapeutic potentials in the management of various rheumatoid disorders.

Keywords: rheumatic diseases, arthritis, early diagnosis, quality of life, severity, homoeopathic therapeutics.

Abbreviations : ANA - antinuclear antibodies, ANCA- antineutrophil cytoplasmic antibodies, CK - creatine kinase, CRP - C reactive protein, CT- computed tomography, ESR- erythrocyte sedimentation rate, MRI - magnetic resonance imaging, RA - rheumatoid arthritis, RF-rheumatoid factor, RMD- rheumatic diseases, SF - synovial fluid.

Introduction

In rheumatic diseases, abnormalities have been observed in the supporting structures of the body – the ligaments, tendons, joints, muscles and bones – the tough parts of body. There are about 50 different groups of rheumatic disorders that are clubbed together under 2 main labels- arthritis and rheumatism. Arthritis means the inflammation of a joint is given to number of diseases process that result in aching and pain in and around joints as a result of infection, metabolic and/ or constitutional causes. Rheumatism that results pain, inflammation and stiffness in muscles and the connective tissues.^[1]

The three key points that need address are origin of pain, nature of disease, for example, inflammatory or non-inflammatory, and pattern recognition.^[2]

Homoeopathic literature has got very good number of drugs for

various rheumatic diseases and the unique constitutional approach of homoeopathy is very much relevant in the treatment of the rheumatic diseases which are having constitutional impact on the individuals like auto-immune rheumatologic disordersrheumatoid arthritis, arthropathies, etc. The ultrahigh diluted homoeopathic medicines are absolutely free from the side effects and are very much cost effective.

Aetiology

The aetiology of most of the rheumatic diseases still remains obscure. RMD may arise as a result of interplay of a number of factors some of which are determined by constitution of patient and his family history while other result from physical and mental strains and hormonal deficiencies, metabolic disturbances still other are of environmental or occupational origin.

Investigations

Joint aspiration with examination of synovial fluid (SF), plain radiography, radionuclide bone scan, MRI, CT, ESR, serum levels of uric acid, levels of CRP, serum CK, rheumatoid factor, auto-antibody tests, tissue biopsy, electromyography.^[3,4]

Management

- Educate the patient
- Control pain
- Optimise function
- Modify the disease process where this is possible
- Identify and treat related comorbidity.^[5]

Homoeopathic viewpoint

Successful management requires **careful assessment of the person as a whole**, as well as his or her

SUBJECTIVE

musculoskeletal system.

Abrotanum, Aconitum napellus, Agaricus muscarius, Antimonium tartaricum, Apis mellifica, Argentum metallicum, Arnica montana, Arsenicum album, Arsenicum iodatum, Aurum metallicum, Aurum muriaticum natronatum, Badiaga, Belladonna, Benzoicum acidum, Bryonia alba, Cactus grandiflorus, Calcarea carbonica, Calcarea phosphoricum, Capsicum annum, Chamomilla, China officinalis, Colocynthis, Causticum, Caulophyllum thalictroides, Cimicifuga racemosa, Chelidonium majus, Colchicum autumnale, Dulcamara, Kalium iodatum, Kalmia latifolia, Kalium bichromicum, Kalium carbonicum, Lac caninum, Lachesis mutus, Lycopodium clavatum, Medorrhinum, Mercurius solubilis, Natrum arsenicosum, Nitricum acidum, Phosphorus, Phytolacca decandra, Pulsatilla nigricans, Rhododendron chrysanthum, Rhus toxicodendron, Ruta graveolens, Sanguinaria canadensis, Saraspilla, Sepia officinalis, Sulphur, Syphilinum, Valeriana officinalis.^[6]

Abrotanum - Rheumatism, inflammatory type with high fever. Follows suddenly checked diarrhoea or other secretions. It acts on fibrous tissue producing rheumatic diseases and on the vegetative sphere producing disturbed digestion and marasmus. Rheumatism alternates with diarrhoea; haemorrhoids starts when rheumatism improves.

Valeriana officinalis - Rheumatic pain in limbs, Constant jerking, heaviness. Pain worse standing and resting on floor; pain in the heels when sitting. Has prominent intellectual faculties; changeable disposition; hallucinations.^[7]

Aconitum napellus - Sudden onset of acute rheumatism, in the beginning of rheumatic fever in acute arthritis.

Suitable for young, nervy, full blooded, robust persons who have sedentary life and who cannot tolerate pain. Its Characteristic are Suddenness, intensity, anxiety, restlessness, fear causation, intense dry cold or heat, dry hot skin.

Causticum - Chronic arthritic and rheumatic affections with pains of cramping, tearing, paralytic, drawing nature esp. affecting shoulder and knee joints. Pains are severe, likely to remain in one place for long time. Occasionally accompanied by swelling of a joint, ending in its shrivelling and tightening up so that it becomes ankylosed and painfully stiff. Better in damp warm weather, worse in cold dry weather. Feels comfortable when it rains. Patient is generally dark complexioned, with rigid fibres and broken-down constitution, dyspeptic or consumptive, sickly yellow. Has melancholy moods, fearful fancies, sad, hopeless, and depressed by worldly worries, grief or sorrow.

Lac caninum - Rheumatism with swelling of the lower extremities, especially when it affects the limbs alternately; aggravated by motion and heat, better by cold. Pains in the limbs as if beaten.

Medorrhinum - Obstinate cases of rheumatism. Losing flesh. Walks stooped, becoming clumsy. Stumbles. Chronic rheumatic pains in limbs in cold damp weather. The limbs are lame and stiff. Stitching pains all over the body, and in limbs. Sharp pains. The patient is extremely sensitive to pain. Some of the pains come on during motion and some are better from continued motion. Swelling and stiffness of ankles which turn easily while walking. Sycotic constitution, craves fresh air,

skin cold yet throws off covers.

Rhus toxicodendron - Tearing and bruised pains accompanied by extreme restlessness, stiffness, weakness and formication, worse at rest and better by change of position. Also worse on beginning to move but relieved by continued motion till exhausted. The pains caused by damp weather, damp climate, lying on damp ground or on getting drenched in rain particularly when perspiring. Pain tearing in tendons, ligaments and fasciae. Cold fresh air is not tolerated; it makes the skin painful whereas warmth relives.

Ruta graveolens - *Ruta graveolens* resembles *Rhus toxicodendron* in many symptoms but pain of *Ruta graveolens* is deeper, radiating to the branches of the nerve inwardly rather than outwardly. There is a bruised pain all over, as after a fall, worse in limbs and joints. Patient suffers from a feeling of intense lassitude, weakness and despair.

Syphilinum - Inflammation of joints. Rheumatism, muscles caked up in hard knots or lumps. Pain in limbs ameliorated by heat, aggravated from sunset to sunrise. Shifting pains, requiring frequent change of position; pains increase and decrease gradually. Great rigidity of all joints; flexors seem contracted. Loss of memory, apathy and indifference; feels as if going insane or being paralysed. Despairs of recovery.^[8]

Arnica montana - Rheumatic affections of muscles with bruised feeling, sharp pains, and great loss of power or even paralysis. Gouty inflammation of joints with great fear of being approached.

Benzoicum acidum - Persons with uric acid diathesis; in rheumatic complaints when the urine is

scanty, of a dark brown colour with offensive odour as that of horse. Its pain have elective affinity for knee, wrist, toes, fingers, tendo-achilles. Rheumatism and gout alternate with heart trouble with pain in cardiac region or asthma follows inflammatory rheumatism.

Cimicifuga racemosa- Rheumatic pains in muscle of neck and back, feels stiff, lame, contracted; Spine sensitive, from using arms in sewing, type writing, and piano playing. Rheumatism of small joints of hands and feet. Rheumatic dysmenorrhoea. Excessive muscular soreness of whole body.

Colchicum autumnale - Gouty diathesis, soreness of the flesh, of joints, extremely irritability, intolerance of touch with gastric symptoms. Shifting rheumatism, pains aggravate towards at night, the patient is very irritable etc. Affected joints feverish and stiff worse on extremes of wet and cold or warm and dry.

Kalium bichromicum - Persons with gonorrhoeal, scrofulous or syphilitic taint. Apt to recur at the same time every year, generally in spring. Rheumatism alternating with gastric troubles such as diarrhoea, dysentery or other catarrhal discharges. Pain in coccyx when sitting. Sometimes the pain is confined to small spots which can be covered by tip of finger.

Ledum palustre - Rheumatism or gout begins in the feet and travels upwards and may even affect the heart. Patient is of robust constitution, mottled face with puffiness, irritable, desires to be alone; lacks vital heat. The parts affected are cold to touch but not felt cold by the patient. Feels better by cold applications or by uncovering

parts. Rheumatic complaints are better if there is copious urine with red or pale deposits and are worse when flow is diminished and with a low specific gravity and pale.

Lycopodium clavatum- Pains come and go suddenly, chronic gout with chalky deposits in joints with urinary troubles, red sand and clear urine. Profuse sweat in feet. Swelling of feet, worse right side. Patient is thin, withered, flatulent, wrinkled and prematurely old, intellectual keen but of weak muscular power, lack of vital heat, has poor circulation and cold extremities.

Mercurius solubilis - Patient is mistrustful, sometimes hasty and impulsive; has weekend will and memory, depressed spirit with inexpressible sick feeling of body and mind obliging him to lie down, nightly aggravations particularly from warmth of bed when the pains increase and he has to throw off his clothes.

Phytolacca decandra - Sub acute rheumatism, pains affecting especially the long bones or tendinous attachment of muscles; the pains sometimes seem to be in periosteum, they are generally burning, shooting always worse at night and in damp weather. Pains fly from one part to another, the patient is pale, puffy, syphilitic pains, shifting. Syphilitic or gonorrhoea rheumatism, joints swollen, red, glands swollen aggravated by damp weather. Patient is indifferent to life with disgust for his daily work; loses personal delicacy; completely disregards surrounding objects.

Rhododendron chrysanthum- It has an elective affinity for small joints, Drawing and tearing pain in all the limbs, especially right side, with numbness and formication;

worse at rest and better from motion. Rheumatic pain especially in periosteum of the bones in spot, worse cold weather, unsettled weather, better moving. There are remissions in pains in indefinite periods; they leave spontaneously and reappear capriciously. Patient is gloomy; forgetful of what he is talking about, with sudden disappearance of thought; afraid of thunderstorm, indifferent to everything.

Sanguinaria canadensis- Rheumatism in right arm and shoulder worse at night in bed; cannot raise the arm. Rheumatism of right shoulder, left hip joint and nape of neck.

Sulphur- Rheumatic gout, especially beginning in the feet and extending upward with burning heat in feet at night. Painful stiffness with or without effusion. Sharp drawing shooting and stiches here and there. Worse in mid- summer heat on clear and cloudless days and better mild warm weather, at rest, when standing, at night, warmth of bed. Better lying on right side, from drawing up affected limbs. Persons who are thin and weak, stoop shouldered, irritable, depressed, quick tempered, who speculate on religious and philosophical subjects, who are selfish with no regard for others, are forgetful and peevish, have aversion to washing or bathing. [9]

Pulsatilla - Drawing, tearing pains which shifts rapidly from place to place, worse evening and the hours thereafter till midnight. The pains appear suddenly in a part, increase to climax and then disappear suddenly from the part. Chilliness accompanies pains: the severer the pain, the worse is chill. Patient

SUBJECTIVE

is mild, timid, gentle, yielding disposition, changeable, peevish, chilly and easily moved to tears both in joy and sorrow.

Sarsaparilla officinalis- Rheumatism, bone pains after mercury or checked gonorrhoea; pains worse at night, damp weather or after taking cold water. [10]

Caulophyllum thalictroides- Its rheumatism has special affinity for small joints whether acute or chronic is often accompanied by uterine disorders. Wandering pains. Pain in muscles alternates with pain in the joints. Great sense of weakness and internal trembling. [11]

Bryonia alba - Pains stitching, tearing worse at night, aggravated by motion relieved by absolute rest and lying on painful side. [12]

Calcarea carbonicum - Cold, clammy hands; cold knees, Hands numb when grasping. Want of mobility of fingers, Tired from short walk, Swelling of joints esp. Knee. Weakness and trembling of limbs. Arthritic nodosities, deforms. Pains are better by continued walking and aggravated by lying or by rest. [13]

Kalium carbonicum - Much stiffness in nape of neck, bruised pain in back during rest. Drawing pains in small of the back. Drawing, tearing pain in limbs; chronic rheumatism. Especially adapted broken down, aged people who are anaemic or have dropsical or paretic tendencies. Also, fat people with lax fibre or those who become weak through loss of vital fluids or through loss of vitality. Sweat, backache and weakness in combination with giving out sensation in legs and back. Intolerance of cold weather and sensitive to every atmospheric change. [14]

Kalmia latifolia- Acute rheumatism, gouty complaints, rheumatism alternates between heart and extremities. The rheumatic pains are severe, change their location quickly from one point to another. The pains worse from motion and are sticking, darting and shooting in character. They extend from center to periphery and are accomplished by numbness of affected parts. [15]

Conclusion

This article is an attempt to highlight the fact, that homoeopathic treatment of diseases has been found most suited to all socio-economic status as the drugs are cheap and produced no adverse side effects. A Homoeopath treats patient as whole mental and physical symptoms, Factors such as intensity, pace of symptoms, concomitants are very important in finding right medicine for patient. In finding a solution to rheumatic disease knowledge of miasms affecting patient becomes very important to cure. It would thus be possible to prevent disability or crippling. Homoeopathy deals with characteristic symptoms of patient. Diagnostic symptoms are least important for remedy selection. During employment of medicine in chronic disease consists of removal of obstacle to recovery, in supplying where necessary the reverse, innocent morals, intellectual recreation, active exercise in open air, suitable nutrition, unmedicinal food and drinks, etc. [16]

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Scope of homoeopathic treatment in post-traumatic stress disorder (PTSD)

By Dr Sunita Singh

Abstract: Post traumatic stress disorder or PTSD is an anxiety disorder in which patient presents with the mental and behavioural disorder after a frightening or distressing event so that it causes impairment in his /her social, occupational or other important functioning areas. Allopathic treatment does relieve to some extent but its side effects are well known too. Homoeopathic medicines can be an alternative to treat PTSD in the most natural and easy way without side effects. Homoeopathy needs to be explored as an alternative mode of treatment in PTSD.

Keywords: PTSD, post-traumatic stress disorder, psychotherapy, homoeopathy, miasm, *Organon of medicine*, aphorism

Abbreviations: Post-traumatic stress disorder (PTSD), International Classification of Diseases-10th revision (ICD-10), World Mental Health survey (WMH), Diagnostic and Statistical manual of mental disorders (DSM-IV-TR), American Psychiatric Association (APA), World Health Organisation (WHO), eye movement desensitisation and reprocessing (EMDR), narrative exposure therapy (NET).

Introduction

Post-traumatic stress syndrome (PTSD) (ICD code 43.1) is estimated to affect a large number of populations in the world. According to the WHO World Mental Health survey (WMH) for PTSD, about 70.4% respondents experienced life time traumas, physical or mental, with exposure averaging 3.2 per capita. Burden of PTSD, determined by multiplying prevalence by trauma specific PTSD risk and persistence, was 77.7 person-year /100 respondents as per survey conducted by R.C. Kessler et al^{1,2}. National mental health survey of India³, 2015-2016, which reported a weighted prevalence of depressive disorders and PTSD in India to be 2.7% and 0.2%, respectively, its prevalence become much higher 14.1% and 28.2% during coronavirus pandemic lockdown as reported by Dr SP Singh et al⁴.

PTSD and its causes

Traumatic events include sexual

assault, physical violence, motor vehicle incident, natural calamity, a medical emergency or any sudden disruptive events. It results in a characteristic restriction or numbing of emotional responses, which becomes disruptive to interpersonal relationship. It is said acute when symptoms persist more than a month and chronic if more than 3 months.

American Psychiatric Association (APA), 2000, in its Diagnostic and Statistical manual of Mental disorders DSM-IV-TR, (4th edition) specified criteria for PTSD diagnosis:

1) **Stressor:** After distressing or frightening incident that involved physical harm or threat of physical harm, harm can be to the person or may have happened to a loved one, or witnessed the event that was harmful to the loved one or a stranger in which he feels, fear, helplessness or horror.

2) **Intrusive recollection:** It is said when the person experiences recurrent and intrusive distressing

recollection of the incident through images, thoughts or perception or as nightmares, and have flashback episodes including that occurs on awakening or when intoxicated.

3) **Avoidance or numbing:** Avoidance of anything that reminds the trauma, conversation, activities people, places feeling of detachment and sense of foreshortened future.

4) **Hyper arousal:** Exaggerated startle response, hyper vigilant, disturbed sleep, irritability or outbursts of anger. In children like bed wetting when they have learned how to use the toilet before, forgetting how or being unable to talk.

Treatment: cognitive-behavioural therapy, cognitive processing therapy, cognitive therapy, and prolonged exposure therapy, psychotherapy, eye movement desensitisation and reprocessing (EMDR), and narrative exposure therapy (NET) and medications like fluoxetine, paroxetine, sertraline, and venlafaxine.⁴

Discussion

Homoeopathy and mental diseases

Our Master Dr Hahnemann, described such mental diseases more than 200 years back:

ORGANON APHORISM §225(5)

There are, however, as has just been stated, certainly a few emotional diseases which have not merely been developed INTO that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright.

Scope of homoeopathic medicines in post-traumatic stress disorder (PTSD)

As a homoeopathic physician, when we start the treatment, we give prime importance to the causative factors and miasmatic predisposition especially in mental diseases and get wonderful results. Reason why only some people suffer with PTSD and not all which have suffered traumatic incidents, it is explained by the miasmatic predisposition (psora, pseudo-psora, sycosis and syphilis) or genetic constitution as per modern allopathic system which makes him or her prone to develop this disorder.

ORGANON APHORISM §230(5)

If the antipsoric remedies selected for each particular case of mental or emotional disease (there are incredibly numerous varieties of them) be quite homoeopathically suited for the faithfully traced picture of the morbid state, which, if there be a sufficient number of this kind of medicines known in respect of their pure effects, is ascertained by an indefatigable search for..... triumphant light than in mental and emotional diseases of long

standing, which originally sprang from corporeal maladies or were developed simultaneously with them.

ORGANON APHORISM §80⁵

Incalculably greater and more important than the two chronic miasms just named, however, is the chronic miasma of psora, which, whilst those two reveal their specific internal dyscrasias, the one by the venereal chancre, the other by the cauliflower-like growths, does also, after the completion of the internal infection of the whole organism, announce by a peculiar cutaneous eruption, sometimes consisting only of a few vesiclesthe monstrous internal chronic miasma—the psora, the only real FUNDAMENTAL CAUSE and producer of all the Dther numerous, I may say innumerable, forms of disease, ²²¹ which, under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, defects of the senses and pains of thousands of kinds, etc., figure in systematic works on pathology as peculiar, independent diseases.

Homoeopathic medicines ⁶: ptsd

Some of the homoeopathic medicines which can be prescribed in PTSD after a proper case taking are ...

Arsenicum album--Great anguish and restlessness. Changes place continually. Fears, of death, of being left alone. Great fear, with cold sweat. Thinks it useless to take medicine. Suicidal. Hallucinations of smell and sight. Despair drives him from place to place. Miserly, malicious, selfish, lacks courage. General sensibility increased (*Hepar sulphuricum*). Sensitive to disorder and confusion.

Hyoscyamus niger: It acts well when a person talks to imaginary characters and also imagines he is in the wrong place.

Aurum metallicum--Feeling of self-condemnation and utter worthlessness. Profound despondency, with increased blood pressure, with thorough disgust of life, and thoughts of suicide. Talks of committing suicide. Great fear of death. Peevish and vehement at least contradiction. Anthropophobia. Mental derangements. Constant rapid questioning without waiting for reply. Cannot do things fast enough. Over sensitiveness; (*Staphysagria*) to noise, excitement, confusion. Acts well while dealing with patients who have lost love.

Natrum muriaticum -- Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. Consolation aggravates. Irritable; gets into a passion about trifles. Awkward, hasty. Wants to be alone to cry. Tears with laughter.

Nitricum acidum-Irritable, hateful, vindictive, headstrong. Hopeless despair. Sensitive to noise, pain, touch, jar. Violent anger and hatred for the people who have offended.

Ignatia amara: Changeable mood; introspective; silently brooding. Melancholic, sad, tearful. Not communicative. Sighing and sobbing. After shocks, grief, disappointment. Feminine sexual frigidity. Suppression from grief.

Chamomilla: The chief guiding symptoms belong to the mental and emotion group, which lead to this remedy in many forms of disease. Whining restlessness. Child wants many things which he refuses again. Piteous moaning because he cannot have what he wants. Child can only be quieted when carried about and petted constantly. Impatient, intolerant of being spoken to or interrupted; extremely sensitive to every pain; always complaining. Spiteful, snappish. Complaints from anger and vexation. Mental calmness contraindicates.

Nux vomica--Very irritable: sensitive to all impressions. Ugly, malicious. Cannot bear noises, odour, light, etc. Does not want to be touched. Time passes too slowly. Even the least ailment affects her greatly. Disposed to reproach others. Sullen, fault-finding, gets involved in disputes and quarrels without a valid reason. The patient also tends to dwell on past disagreeable occurrences and keeps on moaning.

Sepia officinalis. Indifferent to those loved best. Averse to occupation, to family. Irritable; easily offended. Dreads to be alone. Very sad. Weeps when telling symptoms. Miserly. Anxious toward evening; indolent.

Staphysagria --Nervous affections with marked irritability, diseases of the genito-urinary tract and skin, most frequently give symptoms calling for this drug. Acts on teeth and alveolar periosteum. Ill effects of anger and insults. Sexual sins and excesses. Very sensitive. Lacerated tissues. Pain and nervousness after extraction of teeth. Sphincters lacerated or stretched. Impetuous, violent outbursts of passion, hypochondriacal, sad. Very sensitive as to what others say about her. Dwells on sexual matters; prefers solitude. Peevish. Child cries for many things, and refuses them when offered.

Arnica montana: Traumatism of grief, remorse or sudden realization of financial loss. Fears touch, or the approach of anyone. Unconscious; when spoken to answers correctly, but relapses. Indifference; inability to perform continuous active work; morose, delirious. Nervous; cannot bear pain; whole body oversensitive. Says there is nothing the matter with him. Wants to be let alone. Agoraphobia (fear of space). After mental strain or shock.

Anacardium orientale: Fixed ideas. Hallucinations; thinks he

is possessed of two persons or wills. Anxiety when walking, as if pursued. Profound melancholy and hypochondriasis, with tendency to use violent language. Brain-fag. Impaired memory. Absent mindedness. Very easily offended. Malicious; seems bent on wickedness. Lack of confidence in himself or others. Suspicious (Hyos). Clairaudient, hears voices far away or of the dead. Senile dementia.

Kaliwm phosphoricum -Anxiety, nervous dread, lethargy. Indisposition to meet people. Extreme lassitude and depression. Very nervous, starts easily, irritable. Brain-fag; hysteria; night terrors. Somnambulance. Loss of memory. Slightest labour seems a heavy task. Great despondency about business. Shyness; disinclined to converse, difficulty in concentration and memory.

Ambra grisea: Suitable to excitable, nervous children and thin, nervous patients. Extreme nervous hypersensitivity. Dread of people, and desire to be alone. Cannot do anything in presence of others. Intensely shy, blushes easily. Music causes weeping. Despair, loathing of life. Fantastic illusions. Bashful. Loss of love of life. Restless, excited, very loquacious. Time passes slowly. Thinking, difficult in the morning with old people. Dwells upon unpleasant things.

Opium: Diseases that originate from fright. Patient wants nothing. Complete loss of consciousness; apoplectic state. Frightful fancies, daring, gay, bright. Unable to understand or appreciate his sufferings. Thinks he is not at home. Delirious talking, with wide open eyes.

Conclusion: PTSD or post-traumatic stress disorder can be treated with homoeopathic medicines in the most sophisticated and natural way

along with psychotherapy. With homoeopathic medicines and its holistic approach, we can avoid the side effects of allopathic medicines and can help in giving a happy life to the victims of post- traumatic stress disorder.

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Rheumatology and homoeopathy

By Dr Nethravathi.B

Abstract: Evaluation of musculoskeletal (MSK) complaints is by determining the chronology, nature of pathological process, extent of involvement, anatomic localisation of complaint, diagnostic testing and differential diagnosis. MSK conditions are also biggest contributor to years lived with disability (YLDs) worldwide.

Keywords: Musculoskeletal conditions, articular, non-articular, inflammatory, non-inflammatory, deformity, acute, chronic, localised, widespread, homoeopathy, miasm, biochemics, therapeutics.

Abbreviations: **MSK**-musculoskeletal, **YLD**-years lived with disability, **GBD**-Global Burden of Disease, **MCP**-metacarpo phalangeal joint, **MTP**-metatarso phalangeal joint, **PIP**-proximal phalangeal joint, **DIP**-distal interphalangeal joint, **RA**-rheumatoid arthritis, **OA**-osteoarthritis, **AS**-ankylosing spondylosis, **SLE**- systemic lupus erythematosus, **RF**-rheumatic fever, **TB**-tuberculosis, **IBD**-inflammatory bowel disease.

Introduction

There are more than 150 conditions that affect locomotor system of individuals. MSK conditions may affect joints, bones, muscles, spine, multiple body areas or systems. GBD showed a recent analysis that approximately 1.71 billion people globally have MSK conditions, prevalence varies by age

and diagnosis. Prevalence increases with age, younger people are also affected, often during their peak income-earning years^[1]

Individualisation of patient as person and disease is concept of homoeopathy. Systematic approach is necessary for diagnosis through history, careful physical examination and investigations. Evaluation should ascertain if complaint is^[2]—

- I. Articular or non-articular in origin.
- II. Inflammatory or non-inflammatory in nature.
- III. Acute or chronic in duration.
- IV. Localised (monoarticular) or widespread (polyarticular).

Table 1: Differentiation based on origin^[3]

Articular (Joint) (Synovium, cartilage, surrounding bones joint capsule)	Non articular (Periarticular structures – ligaments, tendons, muscles, fascia)
<ul style="list-style-type: none"> Pain /restriction of range of movement of both active and passive movements Crepitus, instability, deformity Joint swelling, warmth Early morning joint stiffness 	<ul style="list-style-type: none"> Painful on active movements, no pain on passive movements No crepitus, instability or deformity Tenderness in region distinct from articular structures

Table 2: Simplified approach to arthritis^[3]

Mono arthritis	Poly arthritis
ACUTE -Trauma, septic, RA, gout, pseudo gout	DEFORMING - Symmetrical -RA, OA, psoriatic -Asymmetrical-AS, OA, IBD, Reactive, psoriatic
CHRONIC -OA (secondary), TB, RA(rare), Psoriatic	NON-DEFORMING -Migrating -RF -Non migrating-SLE, Reactive arthritis

Table 3: Pattern of joint involvement in rheumatic diseases [3]

Inflammatory	Non inflammatory
Polyarticular <ul style="list-style-type: none"> PIP, MCP, MTP-RA, SLE DIP, MCP, MTP-Psoriatic, OA Girdle joint-polymyalgia rheumatic, RA Asymmetrical large joints-Seronegative spondyloarthropathy (AS), reactive arthritis/ reiter's syndrome, psoriatic arthritis Axial, sacroiliac, girdle joints-AS 	Degenerative diseases (spondylosis, OA) <ul style="list-style-type: none"> Monoarticular-OA Polyarticular-nodal OA (DIP, PIP) Axial-lumbar and cervical spondylosis
Monoarticular <ul style="list-style-type: none"> Acute-gout, pseudo gout, septic, psoriatic Chronic-TB, RA, psoriatic arthritis 	

Table 4: Miasmatic diagnosis of rheumatism [4]

Psoric extremities	Sycotic extremities	Syphilitic extremities	Tubercular extremities
<i>Functional and Inflammatory nature.</i>	<i>Joints and connective tissues.</i>	<i>Bone pains, delayed ossification, fragility, caries and necrosis.</i>	<i>Nodular growths.</i>
<i>Initial stage without bone destruction.</i>	<i>Rheumatism, OA and gout. Small and large joints affection.</i>	<i>Malignant conditions, ulcers, gangrene, paralysis with muscle wasting and degenerative changes, marasmus.</i>	<i>Loss of power and weakness-tendons, ligaments-sprain easily.</i>
<i>Leg cramps.</i>		<i>Irregular development, long bones affection.</i>	<i>Lack of bone strength.</i>
<i>Neuralgic, sore, bruised</i>	<i>Arthritic deformans; tophi and deposits.</i>		<i>Offensive profuse sweaty palms and soles.</i>
<i>tingling, numbness.</i>	<i>Oedematous swelling of joint seen.</i>		<i>Cramps in lower limbs.</i>
<i>Constant chilliness.</i>		<i>Burning, bursting, tearing.</i>	<i><Night, thunderstorm, milk, fruits, oily food,</i>
<i><Winter, sunrise And sunset, standing</i>	<i>Incoordination, paralysis, numbness, rheumatism.</i>	<i><Night, seaside,</i>	<i>motion, closed room.</i>
<i>>Warmth, natural discharges, suppressed skin eruptions.</i>	<i>Tearing, wandering, stitching, pulsating, stiffness, sprains.</i>	<i>thunderstorm, extremes of temperature, perspiration, warmth of bed, motion.</i>	<i>>Quiet, rest, warmth, day, open air, dry climate, sweat, nosebleed.</i>
	<i><Thunderstorm, damp weather, rainy weather, rest, meat, beginning of motion.</i>	<i>>Changes in position, sunrise to sunset, abnormal discharges, break open of old ulcers.</i>	
	<i>>Moving, stretching, rubbing, pressure, slow motion, unnatural discharges, return of suppressed gonorrhoea.</i>		
	<i>Fish brine odour of discharges.</i>		

SUBJECTIVE

TRIOS OF HOMOEOPATHY [5]

Bed feels hard: *Arnica montana*, *Baptisia tinctoria*, *Pyrogenium*.

Chronic rheumatism: *Causticum*, *Rhus toxicodendron*, *Sulphur*.

Pain: *Aconitum napellus*, *Coffea cruda*, *Chamomilla*.

Hyperaesthesia: *Plumbum metallicum*, *China officinalis*, *Capsicum annum*.

Spinal disorders: *Coccus indicus*, *Nux vomica*, *Phosphorus*.

Wandering pains extremities: *Kalium bichromicum*, *Lac caninum*, *Pulsatilla nigricans*.

Burning in general: *Arsenicum album*, *Phosphorus*, *Sulphur*.

Warm application > in general: *Arsenicum album*, *Kalium phosphoricum*, *Magnesium phosphoricum*.

Damp weather, ailments from: *Dulcamara*, *Natrum sulphuricum*, *Nux moschata*.

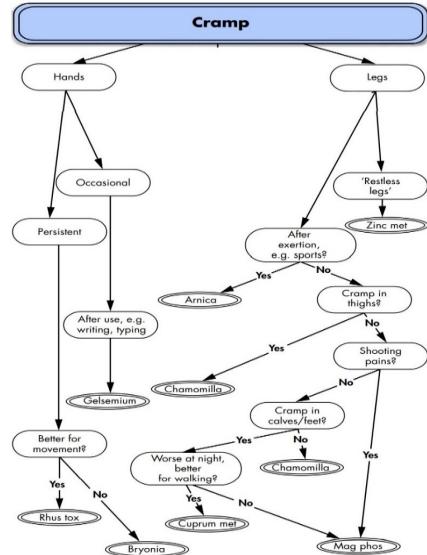


Figure 1: Flowchart of cramp remedies [6]

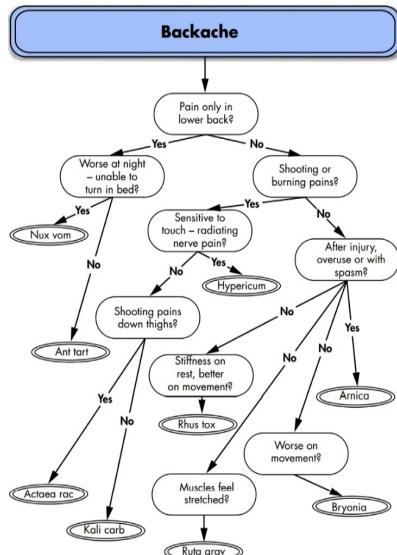


Figure 2: Flowchart of backache remedies [6]

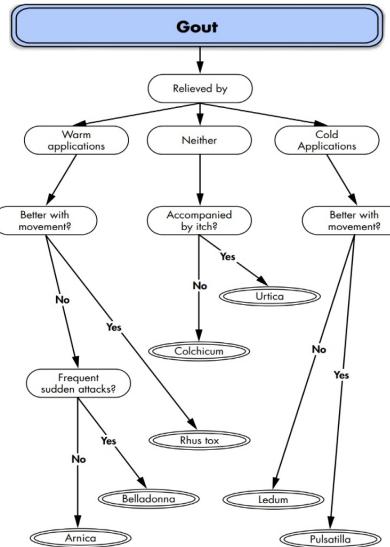


Figure 3: Flowchart of gout remedies [6]

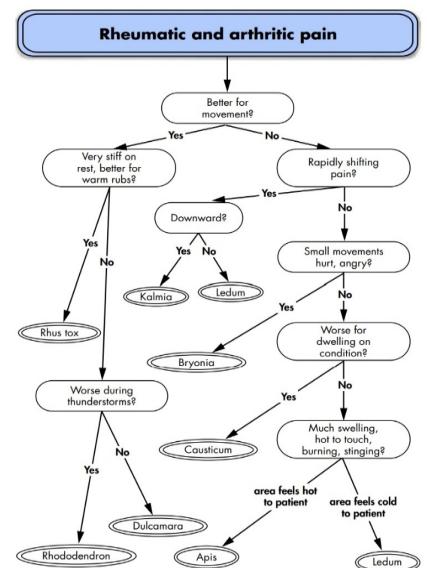


Figure 4: Flowchart of rheumatic and arthritic remedies [6]

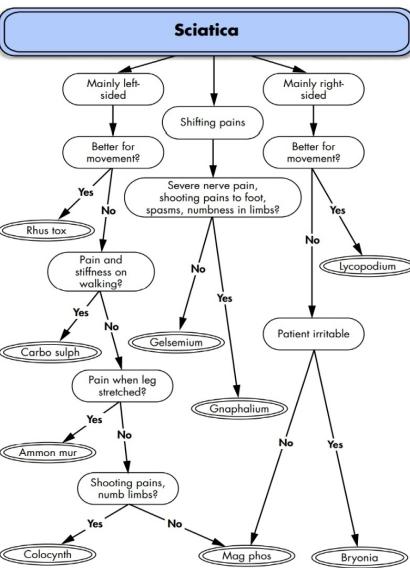


Figure 5: Flowchart of sciatica remedies [6]

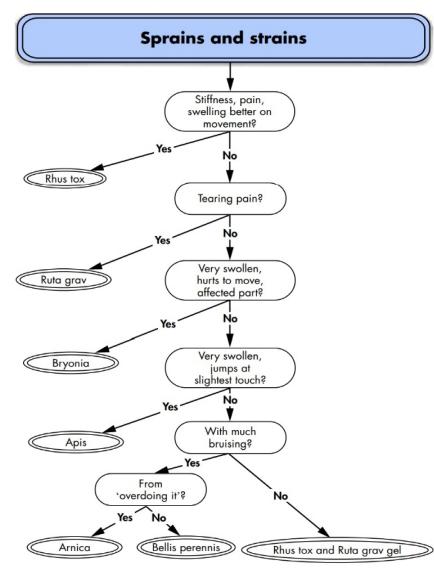


Figure 6: Flowchart of sprains and strains remedies [6]

Treating pains with BIOCHEMICS
[7]

Joint pains: With excessive dryness/
increased watery secretions:
NATRUM MURIATICUM.

Due to weakness in cartilage/
connective tissue: CALCAREA
FLUORICA/SILICEA TERRA.

Due to weakness in bone:
CALCAREA PHOSPHORICUM.

Pains due to swelling: KALIUM
MURIATICUM.

Shifting pains: KALIUM
SULPHURICUM.

Pains due to stiffness: NATRUM
PHOSPHORICUM.

Muscular pains: MAGNESIUM
PHOSPHORICUM.

Pain due to nerve trouble: KALIUM
PHOSPHORICUM.

Conclusion

The development of disease from *predisposition, disposition, diathesis* and to *disease* is to be understood individually on the *homeopathic principles* and treated accordingly. It is to be practised with *diet changes, yoga, exercises, rest, good posture, weight management, physiotherapy* for better prognosis.

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Scope of homoeopathy in the management of a rare genetic dermatological disorder: a case study on acrogeria

By Dr Yogesh Dhondiraj Niturkar

Abstract: A 3-year old boy presented with the complaints of thin, exfoliated, and fragile skin having premature ageing since birth. The boy was suffering from a rare dermatological disease which was often misdiagnosed by the health care professionals. Later on, the condition was diagnosed by a dermatologist as Acrogeria. The boy was simultaneously seen by the pediatrician and dermatologist. Allopathic local application is painful; hence this case was referred by the pediatrician for homoeopathic management. The objective of study is to evaluate the scope of homoeopathy in the management of a rare genetic dermatological disease. This case of Acrogeria is reported in view of its rarity.

Keywords: acrogeria, HOM CASE CARE guidelines, MONARCH inventory, *Silicea terra*

Abbreviations: ICD: International classification of disease, NORD: National organization for rare disorders, GPs: general physicians, ADL - activities of daily living, *Lyc* – *Lycopodium clavatum*, *Sil.* – *Silicea terra*, *Petr.* – *Petroleum*, *O/E* – on examination, *HS* – *Horasomni* (at bedtime), *Fig* - figure

Introduction

A rare disease is defined as any life-limiting or chronically debilitating disease affecting <1 person in 2000, with many rare diseases affecting <1 person per 100000. There are approximately 8000 rare diseases, with recent analysis suggesting a conservative prevalence of 3.5–5.9%.^[1] Over the last decade, tremendous advances have been made in rare disease identification, treatment, and support.^[2] Any type of rare disease is having major unmet medical needs. Healthcare professionals often hear tragic stories of patients with rare life-threatening diseases where responsible doctors have been unable to help as they have never heard of the condition, nor seen a similar case presentation, nor found relevant knowledge and expertise online. More than 80% of individuals report difficulty in accessing relevant information and >70% of GPs struggle to identify or

manage rare diseases. Exhaustive investigations for diagnosing the medical condition are common, with patients often feeling misunderstood, isolated, vulnerable, receiving incorrect diagnosis, and feeling marginalised in decision making. The average time to receive an accurate rare disease diagnosis is 5 years, with half of patients with rare disease receiving at least one misdiagnosis. Even with a diagnosis, more than half of rare diseases do not have a dedicated support group. As a result, rare disease patients and families often feel self-advocacy is essential so they become experts in their own conditions, conducting extensive research and travelling worldwide for dealing with the medical condition.^[3]

Acrogeria is an extremely rare genetic syndrome which begins at birth or soon afterwards characterised by mild, non-progressive form of skin atrophy involving mainly the distal parts of the extremities. Most cases are

sporadic; however, both autosomal recessive and autosomal dominant inheritance have been reported with a female predominance.^[4] It is one of the classic congenital premature ageing syndromes which include Werner's syndrome, progeria and acrogeria. These are rare genetic diseases associated with accelerated ageing of the skin and other tissues.^[5]

Objectives

- To learn the importance of observations for arriving at a diagnosis.
- To demonstrate the demands on the part of physician for case taking and case processing with special reference to document evaluation, building up totality, repertorisation, *materia medica* differentiation and selecting the *simillimum*.
- To demonstrate scope of homoeopathy in a rare

dermatological disease.

Preliminary data

- ◆ Date of case taking: 19/05/2020
- ◆ Informant: Father ◆ Referred by: Paediatrician Dr G

◆ Name: Ma. TK ◆ Age- 3 years
 ◆ Gender: Male ◆ Siblings: No. Single child ◆ Attendant: Father ◆ Fa and Mo: Illiterate and working on daily wages ◆ Address: Ahmadpur, Dist. Latur

Chief complaints

- Complaints are since birth

- Thin, fragile and sensitive skin
- Slight touch/scratching leads to injury → exfoliation, bleeding → starts as a boil
- Slow healing → 1 and $\frac{1}{2}$ -2 months to get it normal
- Costly allopathic treatment is required during this continuous phase → Local application → Painful³, screams, cries → After 2-3 hours settles to normal
- Frequency → 4-5 times in a year (Fig. 1, 2,3)

Mother's Obstetrics H/O

Full term normal delivery (FTND) at PHC ◆ Antenatal and postnatal period: Uneventful

Birth and Developmental H/O

- ◆ Birth weight: 2.7 kg ◆ Baby cried immediately after birth (BCIAB) ◆ Immunisation: Done as per the schedule
- ◆ Milestones: - Normal



Fig. 1: Before homoeopathic Intervention



Fig. 2: Before homoeopathic Intervention



Fig. 3: Before homoeopathic Intervention

Patient as a person (inputs from father)

Ma TK was shy and calm by nature. He was timid in front of other than family members. He followed what parents/doctors instructed him. He took his own care while playing or doing ADL (activities of daily living). He behaved like elder than his age. He was having desires sweets. He was having profuse perspiration in general. For passing

motions, he took too much of time (30-40 minutes) on daily basis. Thermally, he was chilly.

Observations by physician

- Fair complexion, large head
- Reluctant to show his hand and unclothing

Comfortable with his suffering (Didn't show any sign of discomfort though the condition is painful)

On examination findings

General examination: vitals normal

Local examination: -

- Skin: general; premature ageing, fragile, wrinkled, exfoliation

Epidermis: right hand: fragile⁺⁺, exfoliation⁺⁺, bleeding⁺, clots⁺, oedema, tenderness⁺⁺

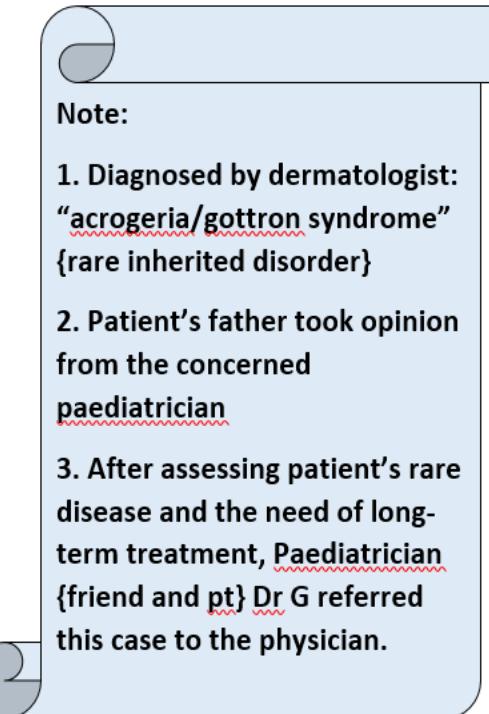
Left great toe: exfoliation, clot⁺

CLINICAL

Fig. 4: Prescription



Fig. 5: Structuralisation



Physical

- Desires Sweets
- Perspiration Profuse
- Constipation
- Thermal State: Chilly

Skin

- Sensitive
- Fragile
- Delicate
- Premature Ageing
- Slow healing
- O/E: Skin:-
 - Fragile
 - Clots
 - Bleeding
 - Exfoliation
 - Oedema
 - Tenderness

P A T H O L O G Y

- Hereditary
 - Genetic
 - Rare Disorder
- ↓
- Structural
 - Reversible
 - Recurring Type
 - Incurable



Mental

- Timid
- Precocious

Eliminating Symptoms

- Old premature skin
- Painlessness of complaints usually painful
- Thermal state: Chilly

Miasm

- Psora+
- Sycosis +
- Syphilis ++

ADAPTATION PATTERN

- Ability to withstand pain in painful conditions
- Takes his own care while playing and doing activities of daily living
- Behaves like elder than his age

- • Painlessness of complaints usually painful
- • Responsible behavior towards self care
- • Precocious

Table 1: Therapeutic problem definition and resolution

Therapeutic problem definition and Resolution (objective: symptomatic and supportive)	
• Diagnosis criteria	NORD:- Clinical examination → Initial exclusion of other common skin conditions.
• Disease diagnosis ^[6]	Acrogeria (Gottron Syndrome)
• ICD ^[7] (International Classification of Disease)	L90.8
• Classification of disease ^[8]	chronic disease:- local- one sided disease- physical symptoms
• Pathology	autosomal recessive and autosomal dominant inheritance pattern inheritance of a non-working gene from parent structural→ reversible→incurable→ recurring type
• Seat and pace of disease	Congenital, rare, genetic, deep-seated and non-progressive disease
• Totality	Pathological general + physical general + mental general
• Miasm	Syphilis
• Anti-miasmatic Remedy	<i>Syphilinum</i>
• Correspondence	Total
• Prognosis	Good
• General vitality	Good
• Susceptibility	Low
• Sensitivity	Moderate
• Potency and repetition	Low potency and infrequent repetition

Table 2: Totality of symptoms its conversion into rubrics and classification of symptoms

Totality of Symptoms	Rubric	Classification
Shy, timid in front of other than family members	mind, timid (see bashful, yielding): public about appearing in (24)	characteristic, mental general, behavioural symptom
Takes own care and behaves like elder than his age	mind, precocity, children: (35)	characteristic, mental general, behavioural symptom
Desire for sweets	food sweets, general (see sugar) desires: (147)	characteristic, physical general
Profuse perspiration in general	perspiration, profuse: (222)	characteristic, physical general
For motions takes too much of time (30-40 mins) on daily basis.	rectum, constipation, general, (see inactivity): (220)	characteristic, physical general
Comfortable with his suffering and didn't show any sign of discomfort though the condition is painful	clinical, diseases general, complaints and symptoms: painlessness, of complaints, usually painful (15)	characteristic, particular, pathognomic, subjective and objective symptom

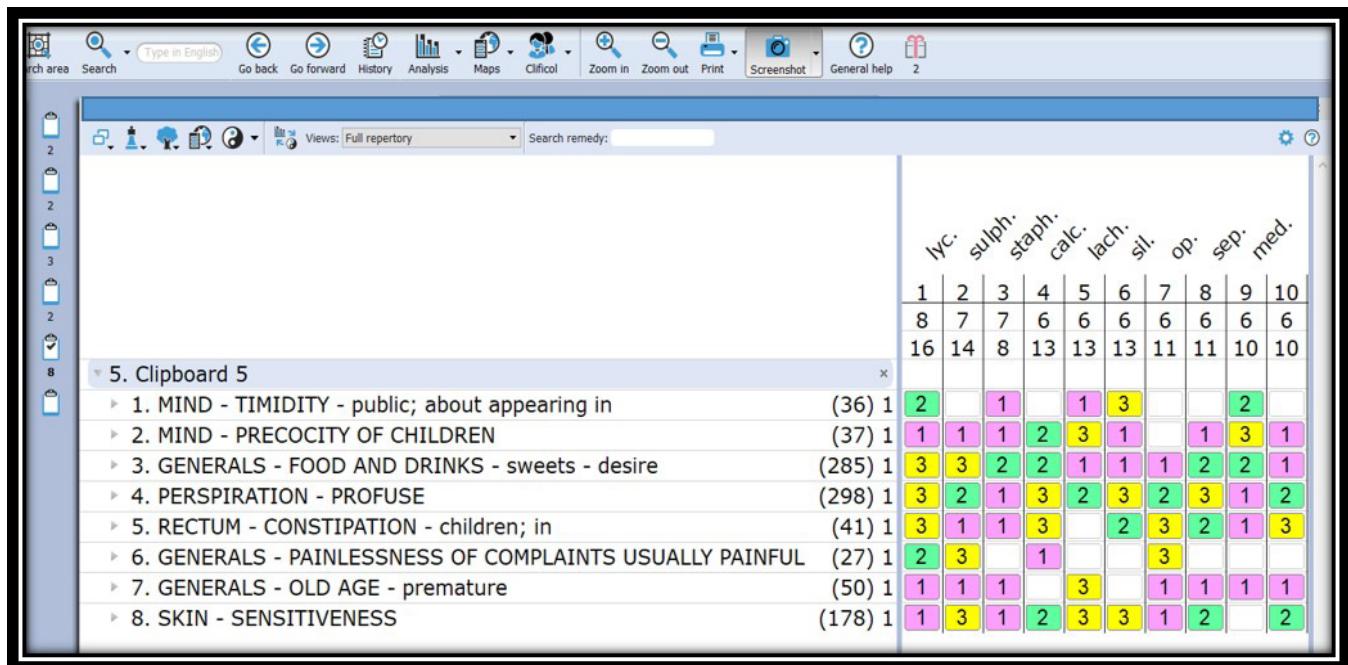
CLINICAL

Premature ageing	clinical old age, premature (30)	characteristic, particular, pathognomonic, eliminating symptom
Sensitive skin	skin, sensitive, skin (145)	characteristic, particular, pathognomonic symptom
Fragile skin	skin fragile (2)	characteristic, particular, pathognomonic, eliminating symptom

Totality	17	15	14	13	12	12
Symptoms Covered	7	7	6	6	6	6
[Murphy] [Mind]Timid, (see Bashful, Mild, Yielding):Public, about appearing in:	3	3	0	1	2	0
[Murphy] [Mind]Precocity, children:	1	1	2	3	0	1
[Murphy] [Food]Sweets, general, (see Sugar):Desires:	3	1	3	1	0	2
[Murphy] [Perspiration]PROFUSE:	3	3	2	2	3	3
[Murphy] [Rectum]Constipation, general, (see Inactivity):	3	3	3	3	1	3
[Murphy] [Clinical]Diseases, general, complaints, and symptoms:Painlessness, of complaints, usually painful:	0	0	0	0	1	0
[Murphy] [Clinical]Old, age, premature:	3	0	1	0	2	1
[Murphy] [Skin]FRAGILE, skin:	0	1	0	0	0	0
[Murphy] [Skin]Sensitive, skin:	1	3	3	3	3	2

Repertorial result: *Lycopodium clavatum* (17/7), *Silicea terra* (15/7), *Sulphur* (14/6), *Lachesis mutus* 13/6, *Phosphoricum acidum* (12/6), *Sepia officinalis* (12/6).

Fig. 7: Repertorisation sheet as per Synthesis Repertory [10]



Repertorial result: *Lycopodium clavatum* (16/8) *Sulphur* (14/7) *Calcarea carbonicum* (13/6), *Lachesis mutus* (13/6) *Silicea terra* 13/6 *Staphysagria* (8/7).

Fig. 8: Eliminating symptom from Complete Repertory

	Record	Clear	Symptoms:	2	Remedies:	203
<u>Remedy Name</u>	Sil	Sumb	Bapt	Calc-s	Cocc	Kali-i
<u>Totality</u>	4	4	4	4	4	4
<u>Symptoms Covered</u>	2	2	1	1	1	1
<u>Kingdom</u>						
[Complete] [Generalities]Old age, premature: (74)	1	3				
[Complete] [Generalities]Painlessness of complaints usually painful: ...	3	1	4	4	4	4

24/08/21/NJH/DRYDNITURKAR yogeshdn@gmail.com M.9890821793

Fig. 9: Ortega miasmatic analysis

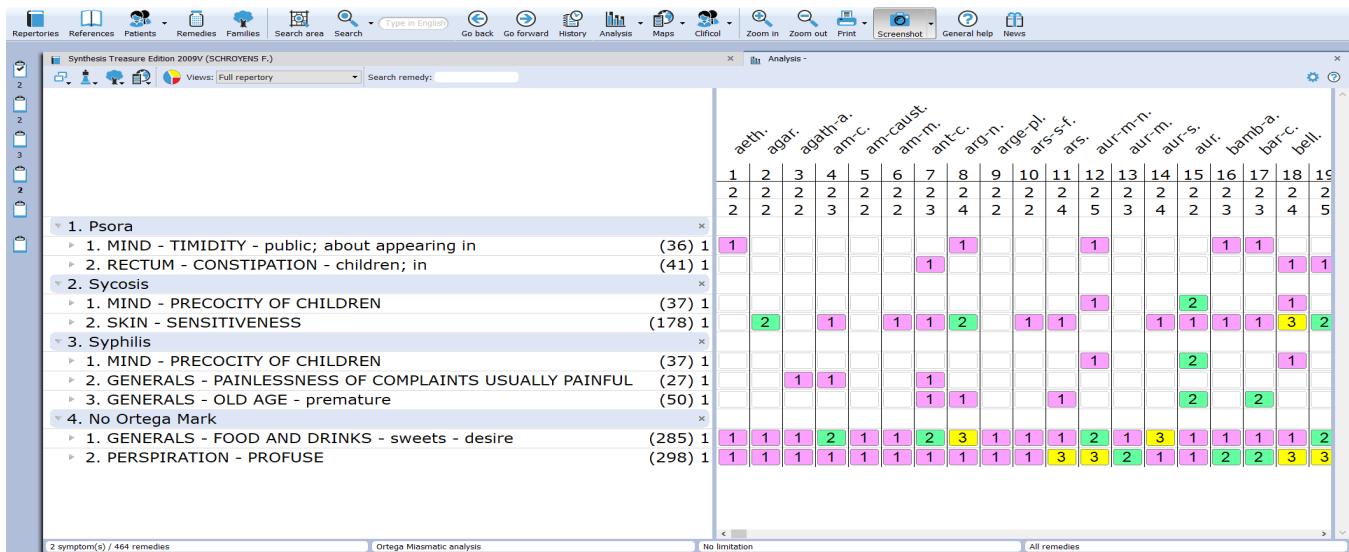


Table 3: Comparative study of repertorial totality of symptoms by using 2 softwares and 4 repertoires

S.N.	Rubrics	Zomeo (Hompath)				RADAR
		Kent	Complete	Murphy	Synthesis	
1	Mind, timid (see bashful, yielding): public about appearing in	✓	✓	✓	✓	✓
2	Mind, precocity, children	✓	✓	✓	✓	✓
3	Food sweets, general (see sugar) desires	✓	✓	✓	✓	✓
4	Perspiration, profuse	✓	✓	✓	✓	✓
5	Rectum, constipation, general, (see inactivity)	✓	✓	✓	✓	✓
6	Clinical, Diseases general, complaints and symptoms: painlessness, of complaints, usually painful	✓ Lyc, Sil: Not covering	✓ Lyc, Sil: Covers	✓ Lyc, Sil: Not covering	✓ Sil: Not covered	✓
7	Clinical old age, premature	✓ Sil: Covers	✓ Sil: Not covering	✓	✓	✓
8	Skin, Sensitive, skin	✓	✓	✓	✓	✓
9	Skin fragile	x	✓ Sil and Petr	✓ Petr	X	

Fig. 10: Materia medica study [11]

SILICA

The action of Silica is slow. In the proving, it takes a long time to develop the symptoms. It is, therefore, suited to complaints that develop slowly. At certain times of the year and under certain circumstances peculiar symptoms will come out. They may stay with the prover the balance of his life. Such are the long-acting, deep-acting remedies; they are capable of going so thoroughly into the vital order that hereditary disturbances are rooted out. The Silica patient is chilly; his symptoms are developed in cold, damp weather, though often better in cold, dry weather; symptoms come out after a bath.

The mental state is peculiar. The patient lacks stamina. What Silica is to the stalk of grain in the field, it is to the human mind. Take the glossy, stiff, outer covering of a stalk of grain and examine it, and you will realize

Follow Up:

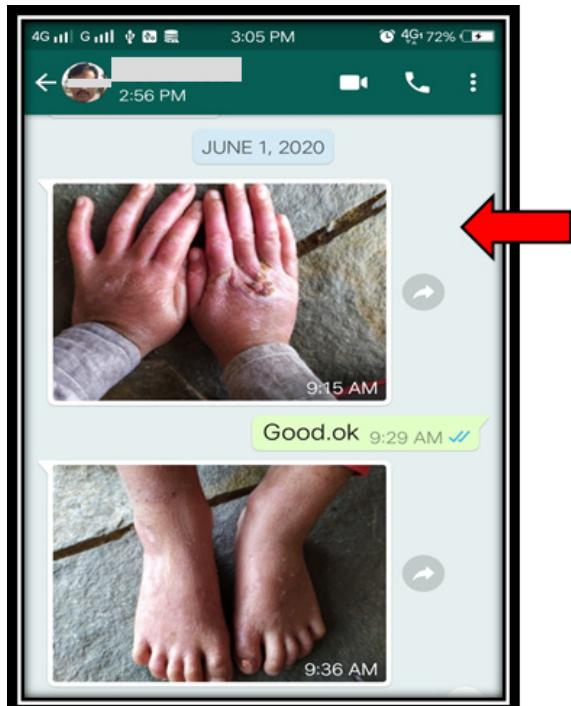


Fig: 11 After 12 days of Homoeopathic Intervention

Case taking

19/05/20



After 12 days

1/06/20

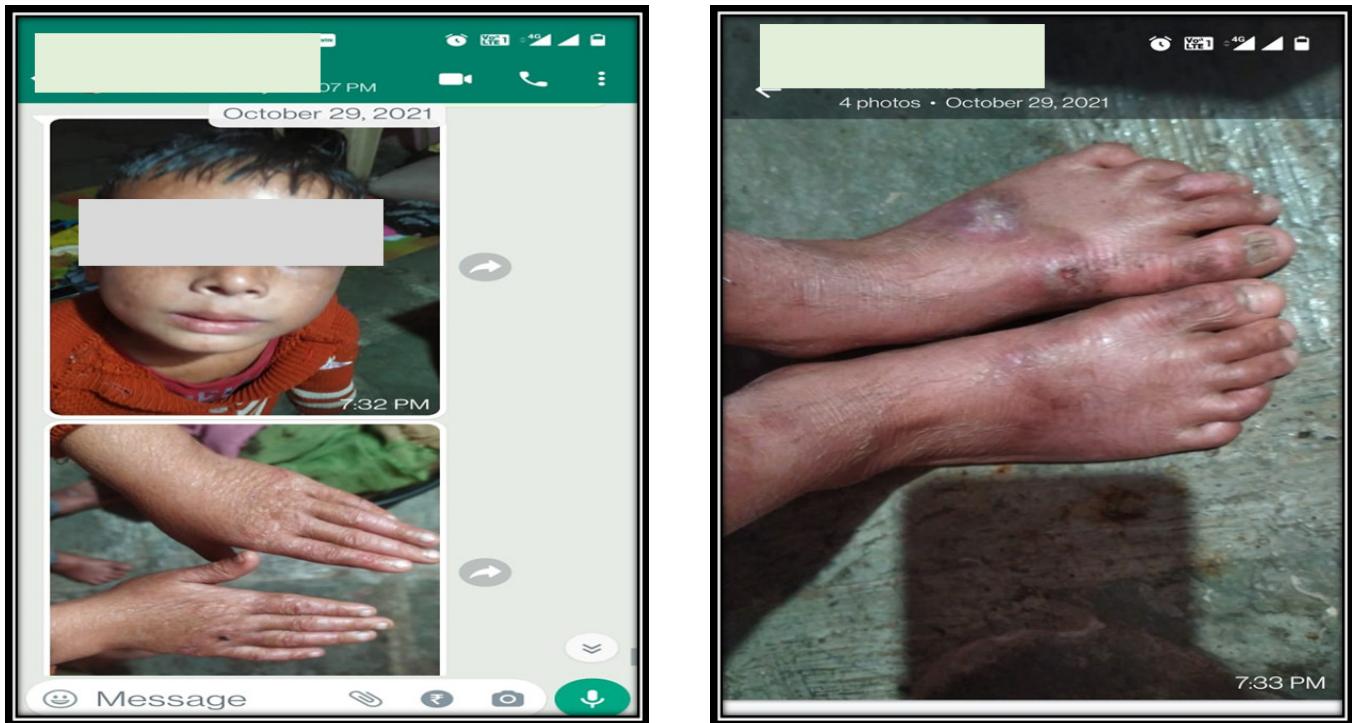


After 28 Days

16/05/20



Fig: 12 After 28 days of Homoeopathic Intervention

**Table 4:** Follow up sheet

Date	Follow up analysis		Interpretation		Action	Expectations	Reasons for deviations
	Subjective distress + Generals	New symptoms	Susceptibility Reaction Sensitivity	Clinical Thinking/ Disease Direction			
<u>Baseline</u> 19/05/20	Case definition and processing done Ancillary measures: Avoid soap and activities that might cause injury				Silicea terra 30 1Pkt HS x 4 weeks	Decrease in the intensity of pain due to forceful touch/friction and promotion of healing process	-----
<u>First F/U: 01/06/2020</u> 2 weeks after Homoeopathic Intervention F/U: Through Telemedicine: Explicit consent.	>++	No					-----
<u>II F/U: 16/05/20</u>	>+++	No	Same Saccharum lactis Silicea terra 30 1Pkt HS x 4 weeks			Amelioration of complaints Deep and long duration of action Wait and watch To avoid unnecessary stimulation of vital force	
<u>III F/U</u> <u>28/10/20</u>	Last week injured while playing and it started again O/E: Right hand: Mild exfoliation + Clot+	No	Low To wards Moderate	Saccharum lactis SL Silicea terra 30 1Pkt HS x 4 weeks	Full time amelioration in the absence of exciting factors	Recurrence of complaints due to exciting factor Ailments from injury Needs repetition of medicine	
<u>IV F/U</u> <u>7/12/21</u>	>++	No			Amelioration	Same as mentioned in II follow-up	
<u>V F/U</u> <u>19/03/21</u>	Regular check up No complaints	No					
<u>VI F/U</u> <u>1/05/21</u>	Moderate Itching at bilateral hands O/E: Bil Hands:- Erythema++, Exfoliation +	No			> Of complaints Arresting progression of disease	Recurrence of complaints Demands repetition of medicine	
<u>VII F/U</u> <u>29/10/21</u>	No complaints	No				Same as mentioned in II follow-up To report SOS	

Table 5: Assessment by MONARCH inventory (improved version of the Modified Naranjo Criteria for Homoeopathy [9]

Sr. No.	Items	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2	--	
3	Was there a homoeopathic aggravation of symptoms?	-	0	-
4	Did the effect encompass more than the main symptom or conditions, i.e. were other symptoms, not related to the main presenting complaint, improved or changed?	-	0	-
5	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioral elements)	+1	-	-
6	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
	Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:			
	from organs of less importance to those of less importance	-	0	-
7	from deeper to more superficial aspects of the individual			
	from the top downwards			
	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8	Are there alternative causes (i.e. other than the medicine) that with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-	0	-
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	+2	--	
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		0

Score of 08 clearly shows causal attribution between homoeopathic intervention and the clinical outcome

Discussion

A retrospective observational case study was conducted on a chronic rare genetic dermatological disease named as acrogeria. Case was assessed as per the narration from patient's father, symptoms, and signs. (**Fig. 1,2 and 3**) Case was a pre-diagnosed (**Fig 4**) and was confirmed as per the NORD after clinical examination and initial exclusion

of other common skin conditions. As per the ICD-10 CM code is L90.8 mentioned under diseases of the skin and subcutaneous tissue and other atrophic disorders of the skin. Clinical classification of disease is chronic disease having local one-sided diseases with predominant physical symptoms (**Table 1**). Case processing was done by doing structuralisation of the case where all components of the case were

evaluated for individualisation of patient as a person (**Fig 5**). Totality of symptoms was built as per the analysis and evaluation of symptoms where two mental symptoms were considered on the basis of interpretation of the behavior pattern of the patient (**Table 2**). Repertorisation was done by using murphy repertory (**Fig 6**) which showed repertorial result as *Lycopodium clavatum* (17/7),

Silicea terra (15/7), *Sulphur* (14/6), *Lachesis mutus* 13/6, *Phosphoricum acidum* (12/6) *Sepia officinalis* (12/6). The first two remedies *Lycopodium clavatum* and *Silicea terra* were not covering rubric diseases, general, complaints and symptoms, painlessness of complaints usually painful. *Lycopodium clavatum* was not covering rubric skin, fragile skin whereas *Silicea terra* was having one-mark coverage. Therefore, cross repertorisation was done by using synthesis repertory (**Fig 7**) and the repertorial result was *Lycopodium clavatum* (16/8) *Sulphur* (14/7) *Calcarea carbonicum* (13/6), *Lachesis mutus* (13/6) *Silicea terra* 13/6) *Staphysagria* (8/7). Both the repertoires showed *Lycopodium* having the maximum coverage, i.e. murphy 17/7 and synthesis 16/8. Whereas *Silicea terra* had second and fifth position in totality coverage in murphy and synthesis. The rubric fragile skin is not mentioned in synthesis repertory. *Lycopodium clavatum* is having one-mark coverage under painlessness of complaints usually painful in synthesis which is not there in murphy repertory. Based upon thermal modality as chilly, *Lycopodium clavatum* was eliminated. Further differentiation was done by considering rubric old age premature and painlessness of complaints usually painful as eliminating symptoms. (**Fig 8**). Eliminating symptoms were repertorised by using complete repertory which covers *Silicea terra* both the rubrics (4/2). Comparative study was done for understanding rubric coverage, remedy differentiation and the final selection of the simillimum (**Table 3**).

Dominant miasm was diagnosed as syphilis by using the totality of symptoms in Ortega miasmatic analysis (**Fig 9**). Susceptibility was judged as low in view of painlessness and slow healing hence 30th potency was selected with

infrequent repetition strategy.^[13] Materia medica study of *Silicea terra* was done (**Fig 10**) and it was found that *Silicea terra* is long and deep acting remedy being capable of going so thoroughly in to the vital order that the hereditary disturbances are routed out (defeated).

Silicea terra 30 single weekly dose was administered. Painful local application was stopped. Follow up analysis was done in view of the status of subjective distress and generals, appearance of new symptoms. Further interpretation was made in terms of susceptibility, reaction, sensitivity and the clinical thinking, i.e. disease direction. Action plan was made with expectations from the remedy and any reasons for the deviation from the therapeutic plan. Follow up was noted once in a month. Assessment was done on the basis of objective findings and the photographic evidences were recorded (**Fig 11, 12 and 13**). Homoeopathic treatment with *Silicea terra* 30 single weekly doses there was decrease in the intensity of pain due to forceful touch/friction and there was promotion of healing process. Sac lac was administered in between when there was full time amelioration in the absence of exciting factors, to avoid unnecessary stimulation of vital force and in view of deep and long duration of action of *Silicea*.^[14] (**Table 4**). CARE and HOM Case guidelines were followed for the effectiveness of clinical practice guidelines (**Table 5**). Ancillary measures like avoiding use of soap and activities that might cause injury were advised.

Results:

- The duration of episode which was **45-60 days** was reduced to **28 days**. In follow up on an average the duration was 28- 35

days depending upon regularity in Rx and exciting causes.

- There was decrease in the intensity of pain due to forceful touch/friction and there was promotion of healing process.
- There recurrence of complaints due to exciting factor which was managed with repetition of silicea 30 single dose
- Assessment by MONARCH inventory (improved version of the Modified Naranjo criteria) for homoeopathy had a score of 08; it clearly shows causal attribution between homoeopathic intervention and the clinical outcome.

Conclusion:

- Retrospective observational study on acrogeria managed with homoeopathic medicine, *Silicea terra* showed marked improvement in clinical features, reduction in the duration and intensity of disease.
- Controlled studies are needed to investigate the effectiveness and efficacy of homoeopathic medicines in rare diseases.

Patient's consent:

- Not required as patient's identity is concealed.

Financial support and sponsorship:

- Nil

Conflict of interest:

- There are no conflicts of interest.

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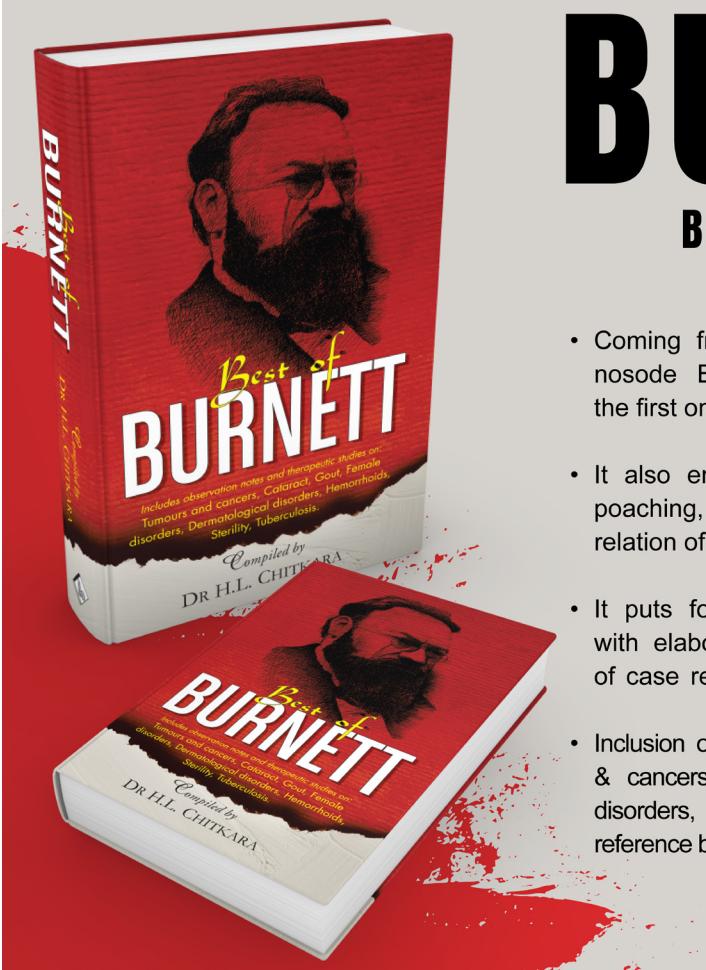
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Individualised homoeopathic approach of Sulphur for a topic dermatitis in children – a case report

By Dr Sonia Tuteja, Dr Isha Thakur, Dr Aditi Bhinda, Dr Komal Yadav

Abstract: Atopic dermatitis (AD) is one of the most common skin disorders in young children with a prevalence of 10% to 20% in the first decade of life. AD is the cutaneous expression of the atopic state, which runs in families. A child of 12 years age reported with skin eruptions since 2 years. Clinical assessment was done on Hanifin and Rajka's criteria; and diagnosis came out to be atopic dermatitis. Individualised homoeopathic treatment with medicine Sulphur 200C single dose was given with placebo for 3 months and patient reported improvement in skin eruptions along with other complaints. The improvement was evident from disappearance of skin eruptions as well as also from reduction in levels of total serum IgE. The case concluded that individualised homoeopathic treatment can abolish the genetically predisposed diseases, and for treatment of external malady, internal medicine is required and not external applications.

Keywords: individualised homoeopathy, Sulphur, atopic dermatitis, children, case report.

Abbreviations: AD (atopic dermatitis), children's dermatology life quality index (CDLQI), immunoglobulin E (IgE), thrice a day (TDS).

Introduction

Atopic dermatitis (AD) is a chronic, highly pruritic (itchy) inflammatory skin disease, and is one of the most common skin disorders in children with a prevalence of 10% to 20% in the first decade of life.[1] AD is not always easily manageable and every physician should be familiar with the fundamental aspects of treatment.[2] The disorder results in significant morbidity and adversely affects quality of life.[3] AD is the cutaneous expression of the atopic state, characterized by a family history of asthma, eczema or allergic rhinitis. A characteristic defect in AD that contributes to the pathophysiology is an impaired epidermal barrier. In many patients, a mutation in the gene encoding filaggrin, a structural protein in the stratum corneum, is responsible for this. Patients with AD may display a variety of immunoregulatory abnormalities, including increased IgE synthesis; increased serum IgE levels; and impaired, delayed-type hypersensitivity reactions. Clinical features of atopic dermatitis

include are :

- 1.) pruritus and scratching
- 2.) course marked by exacerbations and remissions
- 3.) typical lesions of eczematous dermatitis
- 4.) personal or family history of atopy (asthma, food allergies, allergic rhinitis or eczema)
- 5.) clinical course lasting >6 weeks
- 6.) presence of dry skin.
- 7.) lichenification of skin.[4]

The children's dermatology life quality index (CDLQI) is a questionnaire which measures the impact of any skin disease on the lives of children. It consists of 10 questions which are based on the experiences of children with skin disease. The CDLQI score is calculated by summing the scores of the 10 questions, giving a maximum of 30 and a minimum of 0. The results can be expressed as this simple sum

or as a percentage of 30. The higher the score, the greater the degree of handicap. [5]

Case study

A male child of 12 years age belonging to a vegetarian Hindu family, a student in 6th standard in school, reported in out patient department (OPD) of Dr. Girendra Pal Homoeopathic Hospital and Research Centre, Saipura, Jaipur; with skin lesions consisting of vesicles, plaques of erythema, scaling, serous crusts, lichenification, sticky serous discharge and pruritus affecting mainly flexor and extensor sides of upper extremities, extensor sides of lower extremities, dorsum of bilateral feet and bilateral pinnae of ears; from almost 2 years. Dried patches were there in folds of skin. Itching was much at night from heat of the bed. Child had remained constipated since childhood and went to pass stool after 2 to 3 days.

In the past, the skin eruptions started when he was 1 1/2 years old and topical steroids were used for

CLINICAL

that. He suffered from pneumonia at the age of 21/2 years. He was given allopathic treatment for that. At the age of 6 years, skin eruptions again flared up with much intensity, at this time injections were given to him along with topical steroids. With these treatments, symptoms had remained in obscurity but child was not healthy ever. In family, father had history of skin eruptions, mother had suffered from eczema for long time and had taken injections for that. His aunt (father's sister) also had skin eruptions.

The child was having hot thermal reaction (does not like to cover up much even in winters). He was

having poor appetite, took only one meal in a day and that also without relish. He ate cloth strips sometimes. He drank only 2 to 3 glasses of water in a day. Bowel movements were irregular. He usually had constipation, passed hard stools and frequency was once after 2 to 3 days. He passed 3 to 4 times yellowish watery urine in a day. Perspiration was usually yellowish staining. Sleep was very disturbed because of continuous itching and he had to scratch. He was abrupt in answering. His mother told that he had a habit of biting nails, he did not like other children at his home. He was having fear of snakes.

Clinical findings

On physical examination, skin lesions consisting of vesicles, plaques, crusts, lichenification and serous oozing eruptions found. He was having itching, aggravated from heat of bed and covering. Other systemic examinations were normal.

Diagnostic assessment

For confirmation of diagnosis, Hanifin and Rajka's criteria[6] (figure no.-1) for atopic dermatitis was used in which the major and minor criteria needs to score 3 or more points, and in this case, it fulfilled this condition.

Hanifin and Rajka Diagnostic Criteria for Atopic Dermatitis (AD)

Major criteria: Must have three or more of:

1. Pruritus
2. Typical morphology and distribution
 - Flexural lichenification or linearity in adults
 - Facial and extensor involvement in infants and children
1. Chronic or chronically-relapsing dermatitis
2. Personal or family history of atopy (asthma, allergic rhinitis, atopic dermatitis)

Minor criteria: Should have three or more of:

1. Xerosis
2. Ichthyosis, palmar hyperlinearity, or keratosis pilaris
3. Immediate (type 1) skin-test reactivity
4. Raised serum IgE
5. Early age of onset
6. Tendency toward cutaneous infections (especially *S aureus* and *herpes simplex*) or impaired cell-mediated immunity
7. Tendency toward non-specific hand or foot dermatitis
8. Nipple eczema
9. Cheilitis
10. Recurrent conjunctivitis
11. Dennie-Morgan infraorbital fold
12. Keratoconus
13. Anterior subcapsular cataracts
14. Orbital darkening
15. Facial pallor or facial erythema
16. Pityriasis alba
17. Anterior neck folds
18. Itch when sweating
19. Intolerance to wool and lipid solvents
20. Perifollicular accentuation
21. Food intolerance
22. Course influenced by environmental or emotional factors
23. White dermographism or delayed blanch

Figure 1 – Hanifin and Rajka's criteria for AD

Normal value of total serum IgE is 200 IU/ml.[7] In laboratory testing, serum IgE levels were found to be

raised, i.e. 709.28 IU/ml (figure 10(b)). Analysis of symptoms

Kentian method was used for symptom analysis.

Table no.-1

Mental generals	Physical generals	Particulars
1.) Abrupt in answering	1.) Hot in thermal reaction	1.) Skin eruptions suppressed
2.) Habit of biting nails	2.) He ate cloth strips	2.) Itching, when got heated up in bed.
3.) Did not like other children at home	3.) Bowels were constipated	
4.) Fear of snakes		

Miasmatic analysis

The presenting symptoms showed the presence of latent psora in the

background.^[8]

Repertorial totality

Synthesis Repertory 9.0 by Frederik Schroyens from Radar 10.5 was used.^[9]

Table no.-2

Symptoms	Chapters – rubrics
1.) Abrupt in answering	Mind- answering-abruptly
2.) Habit of biting nails	Mind - biting-nails-children in
3.) Did not like other children at home	Mind- jealousy-children-between
4.) Fear of snakes	Mind-fear-snakes of
5.) He ate cloth strips	Generals-food and drinks-indigestible things-desire
6.) Bowels were constipated	Rectum-constipation-children in
7.) Skin eruptions suppressed	Skin-eruptions-suppressed
8.) Itching when got heated up in bed	Skin-itching-warm-bed-on becoming warm in

Repertorial sheet

Clipboard 1	
1.	GENERALS - FOOD and DRINKS - indigestible things - desire
2.	MIND - ANSWERING - abruptly
3.	MIND - JEALOUSY - children - between
4.	MIND - BITING - nails - children; in
5.	MIND - FEAR - snakes, of
6.	RECTUM - CONSTIPATION - children, in
7.	SKIN - ERUPTIONS - suppressed
8.	SKIN - ITCHING - warm - bed; on becoming warm in

sulph	mus-v	natm	calc	sep	sil	tyc	psor	alum	puls	parent	ant-c	arts	phos	plb	carc	verat	carb-v	graph	lach	phac	bry	caust	cham	gels	hep	rhust	zinc	hyos	nit-ac	bar-c	calc	mag-c	kal-bi	clcr	dulc	kali-s	lac-c	mei	petr	stram	anac	urt-c	apis	calc-p	dem	cupr													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50										
8	6	6	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2												
13	11	7	9	8	8	8	8	6	6	6	5	5	5	5	4	4	6	6	6	6	5	5	5	5	5	5	4	4	4	3	3	3	5	4	4	4	4	4	4	4	3	3	3	3	3	3													
1.	1	1	1	2	-	3	-	1	2	-	2	-	-	-	-	-	-	-	3	-	1	-	-	1	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-																	
2.	2	2	-	-	-	-	-	-	-	2	-	1	1	1	-	-	-	-	-	2	-	-	1	2	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
3.	1	1	1	-	1	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-															
4.	1	-	1	-	-	1	1	1	-	1	1	1	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																
5.	1	-	1	1	1	-	-	-	1	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-															
6.	1	3	1	3	2	2	3	1	1	-	1	1	-	-	2	-	1	-	2	-	1	-	2	-	1	-	1	-	1	-	3	-	-	-	-	-	-	-	-	-	-	-																	
7.	3	3	-	1	2	1	2	3	1	2	-	1	2	1	1	1	2	2	1	3	3	2	2	2	2	3	2	1	1	1	-	3	2	-	2	1	3	3	2	1	1	-	1	2															
8.	3	1	2	2	2	1	2	3	2	2	-	2	-	-	2	2	-	1	-	1	-	-	2	-	2	1	-	-	1	1	1	2	2	1	-	2	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Figure 2

CLINICAL

Homoeopathic medicine *Sulphur* covered all eight symptoms constituting repertorial totality, with highest 13marks.

Therapeutic intervention

Individualised homoeopathic medicine *Sulphur* 200C was given.

Sulphur 200C single dose was given along with placebo 30C TDS for 14days firstly. On dated 12th-Oct.-2021 the CDLQI score was 27/30(figure 8(a) and 8(b)), which means grave effect on child's life. After treatment, CDLQI score was 3/30(figure 9(a) and 9(b)), which means child's life is very

mildly affected with disease after homoeopathic treatment.

Follow-up and outcomes

For assessing the outcomes, children's dermatology life quality index (CDLQI) was used.

Follow-up and outcomes

For assessing the outcomes, children's dermatology life quality index (CDLQI) was used.

S.No.	Follow up dates	Symptoms	Prescription	Justification
1.)	26 th - Oct.- 2021	Skin lesions present over bilateral ears, arms and legs were drying than before. Itching improved much. Patient was going for stools regularly. Appetite was not much improved. Had fever upto 99°F consecutively for last 5 days in evening but everytime disappeared with rest only.	Phytum 200C single dose Placebo 30C TDS for 14days	Skin lesions had started healing and bowels were regular now. For fever of mild grade, no medication was given.
2.)	9 th - Nov.- 2021	Skin lesions were drying up and getting healed. Itching improved. Bowels habits were regular but there was still no improvement in appetite.	Phytum 200C single dose Placebo 30C TDS for 14days	Skin lesions were healing but appetite was still not much improved.
3.)	23 rd - Nov.- 2021	Skin lesions were healing up. Itching was much improved. Bowel habits were regular. Appetite had improved this time.	Phytum 200C single dose Placebo 30C TDS for 14days	Skin lesions were healing and this time appetite was also improved.
4.)	8 th - Dec.- 2021	Skin lesions much healed. No itching was there. Bowel habits were regular. Appetite was improved.	Phytum 200C single dose Placebo 30C TDS for 14days	Improvement were progressing.
5.)	28 th - Dec.- 2021	Skin lesions healed up to 98% and only healed scars were there. No itching was there. Appetite improved and bowel habits were regular.	Phytum 200C single dose Placebo 30C TDS for 14days	98% improvement in skin lesions was there.
6.)	19 th -Jan. -2022	Only scars of healed lesions were left. No itching was there. Appetite much improved and bowel habits were regular.	Phytum 200C single dose Placebo 30C TDS for 14days	No skin lesion left, expect scars. Patient had achieved health.

Objective evidences, Images On 12th-Oct.-2021



Figure 3: showing crusts, lichenification and vesicles over skin On 23rd – Nov. -2021



Figure 4: showing healing lesions over B/L ear pinna, feet and lower extremities on 8th - Dec.-2021



Figure 5: showing almost healed patches on 28th – Dec. – 2021



Figure 6: healed patches, only scars left on 19th - Jan.-2021



Figure 7: scars left over skin

CLINICAL

CDLQI Scale Score

Before taking medicine on 12th – Oct. -2021

Figure 8 (a)

7. पिछले सालाह अंतर्वार्षिक अधिकारी तथा जारी हो, तो आपकी तथा की समाज में आपकी विद्या को बिना उपलब्ध ठिकाना?

बहुत उत्तमा	<input checked="" type="checkbox"/>	शोध	<input type="checkbox"/>
उत्तमा	<input type="checkbox"/>	बिल्कुल नहीं	<input type="checkbox"/>

प्रौढ़ीतः अगर अपना सालाह पर है, तो आपकी तथा की समाज में आपकी समस्त विद्या को बिना उपलब्ध ठिकाना दो। उत्तमान की।

बहुत उत्तमा	<input checked="" type="checkbox"/>	शोध	<input type="checkbox"/>
उत्तमा	<input type="checkbox"/>	बिल्कुल नहीं	<input type="checkbox"/>

8. पिछले सालाह अंतर्वार्षिक तथा के कारण दूसरे विद्यार्थियों में आपके प्रश्न प्रबल, विद्यार्थी अदृष्टावाक्य, और आपके लिए अप्रयोगजनक बहुत को पोछा करने का आपको बिना विद्या की नहीं ठिकाना?

बहुत उत्तमा	<input checked="" type="checkbox"/>	शोध	<input type="checkbox"/>
उत्तमा	<input type="checkbox"/>	बिल्कुल नहीं	<input type="checkbox"/>

9. पिछले सालाह अंतर्वार्षिक तीसरी के इतने जैसे आपकी नई विद्या की विद्या विद्यालय ठिकाना करी?

बहुत उत्तमा	<input type="checkbox"/>	शोध	<input type="checkbox"/>
उत्तमा	<input type="checkbox"/>	बिल्कुल नहीं	<input type="checkbox"/>

10. पिछले सालाह अंतर्वार्षिक बासानी के हस्ताने ने आपको बिना विद्या विद्यालय ठिकाना?

बहुत उत्तमा	<input type="checkbox"/>	शोध	<input type="checkbox"/>
उत्तमा	<input type="checkbox"/>	बिल्कुल नहीं	<input type="checkbox"/>

कृपया जीवं दे की आपने सभी बासानी के उत्तर दिया है। |
प्रधानमंत्री

(H.S.)

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Figure 8 (b)

CDLQI Scale Score

After treatment on 19th - Jan. -2022

लघु रोग के कारण विषू की जीवन स्तर या अवस्था	विषू की जीवन स्तर या अवस्था		
विषू का नाम : Die Gruendung des Homöopathischen Hospital & Research Center			
विषू की उम्र : 35 Years			
विषू की वयस्सा : 12 Years			
विषू का जन्मनाट्टमा : Mukundan दिनांक : 19/Jan/2022 उम्र : 31/30			
<p>पूछने वाले का उपनाम या गान्धीजी का नाम विषू के बारे में जानकारी प्राप्त करने के लिए विषू की जीवन स्तर या अवस्था के बारे में जानकारी प्राप्त करने के लिए विषू का जन्मनाट्टमा का नाम दिया गया है।</p>			
<p>1. विषू के जीवन स्तर या अवस्था आपकी व्याधि परिवर्तनी, जर्म, और इस अवस्था का कारण</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>
<p>2. विषू के जीवन स्तर या अवस्था आपकी व्याधि के कारण विषू की जीवन स्तर, जर्म, और इस अवस्था का कारण</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>
<p>3. विषू के जीवन स्तर या अवस्था आपकी व्याधि के कारण आपकी दौरान पर विषू का जीवन स्तर या अवस्था?</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>
<p>4. विषू के जीवन स्तर या अवस्था आपकी व्याधि के कारण वहा आपको विषू पर ले जाते हैं। काफी ज़्यादा या कुछ कम प्रभाव का कारण?</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>
<p>5. विषू के जीवन स्तर या अवस्था आपकी व्याधि के कारण वहा आते हैं, जैसे कि, और आपके जीवन स्तर को बदल देते हैं कि?</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>
<p>6. विषू के जीवन स्तर या अवस्था आपकी व्याधि के कारण तोड़े और अच्छे लोगों से भाग लेते हैं कोहे दाना अनुप्रयुक्ति?</p>			
बहुत अच्छा	<input type="checkbox"/>	मध्यम	<input type="checkbox"/>
उच्चाता	<input type="checkbox"/>	मिल नहीं	<input checked="" type="checkbox"/>

Figure 9 (a)

7. विंचेस्टर सामग्री
हिन्दूनगर कंगन आणि दिवानगर या जो एे, तो आपली तथा की समस्या मे अभ्युक्त विळाका को विळाक प्रभावित किला?

बहुत उत्तमादा	<input type="checkbox"/>	शोधा	<input type="checkbox"/>
उत्तमादा	<input type="checkbox"/>	विळळन नहीं	<input checked="" type="checkbox"/>

प्र॒त्येकी आणि अपारंग घर ए, तो आपली तथा की समस्या मे आपले गोडारिचाल मे विळाकी बढा उत्तमादा की?

बहुत उत्तमादा	<input type="checkbox"/>	शोधा	<input type="checkbox"/>
उत्तमादा	<input type="checkbox"/>	विळळन नहीं	<input checked="" type="checkbox"/>

8. विंचेस्टर सामग्री आपली तथा के कारण दूर्दृश्य यांत्रिकी ने अपारंग प्लॉयटर, आपलो अंदारेकर, और आपले विंच अंदारेकर बाब्डो के प्रीया बर्के आपाले विळाका गंगाधर किला?

बहुत उत्तमादा	<input type="checkbox"/>	शोधा	<input type="checkbox"/>
उत्तमादा	<input type="checkbox"/>	विळळन नहीं	<input checked="" type="checkbox"/>

9. विंचेस्टर सामग्री आपली वीगारी के इमारत मे आपली मीट विळाका गंगाधर की?

बहुत उत्तमादा	<input type="checkbox"/>	शोधा	<input type="checkbox"/>
उत्तमादा	<input type="checkbox"/>	विळळन नहीं	<input checked="" type="checkbox"/>

10. विंचेस्टर सामग्री आपली वीगारी के इमारत ने आपले विळाका गंगाधर किला?

बहुत उत्तमादा	<input checked="" type="checkbox"/>	शोधा	<input type="checkbox"/>
उत्तमादा	<input type="checkbox"/>	विळळन नहीं	<input type="checkbox"/>

Figure 9 (b)

Haematological Reports before Homoeopathic treatment

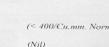
 CHOICE X-RAY & DIAGNOSTIC CENTRE		 DIGITAL X-RAY	 CALCULATOR <i>PRINTS TO YOUR COMPUTER</i>
 MR. SHUBHAM SHARMA Date: 04-08-2021			
DATED : 04-08-2021 PAT. NAME : MR. SHUBHAM SHARMA REFD. BY : DR. S.M.S.H		No. : 097 AGE : 12 YEARS SEX : MALE	
Hematology Examination			
Test	Result	Units	Normal Range
Total WBC (fLc):	7,300	/Cu. mm.	(Total W.B.C. INTERPRETATION) (A.Y.)
		Adults:	4,200 - 10,000
Differential Count: Neutrophils (Stab): Neutrophils (Seg): Eosinophils: Lymphocytes: Monocytes:			
	Result	%	Normal Range
	00	#	00 - 05
	41	%	50 - 70
	00	#	00 - 5
	52	%	40 - 45
	02	#	02 - 07
T.E.C.	350 /Cu. mm.	<i>(< 400/Cu. mm. Normal)</i>	
V.E.C.	Nil %	<i>(Nil)</i>	
			
DR. (MDR) AACHAN SINGH (M.D.) Reg no. 24470/32048 Consultant Pathologist & Cytologist			
This is just a professional opinion Please consult your doctor before taking any decision with lab. findings Not for Medical Practice			
Timing : 8:00 A.M. to 5:00 P.M. Home Collection Facility Available			

Figure 10 (a)

 CHOICE X-RAY & DIAGNOSTIC CENTRE 8-X-88-A, Opp. 22B Plaza, New 30B Road, Wazirpur, Delhi - 110059, INDIA Tel: 011-41555555, 011-41555556, 011-41555557, 011-41555558 E-mail : choice@choicehospital.com		   DIGITAL X-RAY COMPUTERIZED LABORATORY MOBILE CLINIC UNIT	
DATED : 04.08.2021 PT'S NAME : MR. SHUBHAM SHARMA REFD.BY : DR. S.M.S.H.		No. : 097 AGE : 12 YEARS SEX : MALE	
<h2>IMMUNOLOGY</h2>			
TEST	RESULT	UNITS	REF. RANGE
Immunoglobulin E (IgE)	709.28	IU/ml	
Suggested normal ranges for Immunoglobulin E			
Age Group	Normal Range	Units	
0 – 3 Years	: 0-460	IU/ml	
3-16 Years	: 0-280	IU/ml	
Adult	: 0-200	IU/ml	
Summary and Diagnostic:			
<ul style="list-style-type: none"> Serum IgE concentration is dependent upon a multiplicity of factors including if the patient is sensitized, how many times. The patient has been exposed to a specific allergen etc. Total IgE concentration alone is not sufficient to assess the clinical status. All the clinical histories especially specific atopy testing should be taken into consideration while interpreting the results of the patient. Since all allergic reactions are not IgE mediated all relevant clinical information should be taken into consideration before. Making any determination for patients who may be in the normal range. 			
<i>Sample Taken</i> <i>method and enhanced rate Chomoluminescence Assay.</i> <i>End of Report</i>			
		<i>Rehman Singh</i> Dr. (MS) REHMAN SINGH Deputy Director	
		This is just a preliminary report. Please consult your physician for final diagnosis and treatment.	
		Date: 04.08.2021 Page No.: 20079 Time: 10:00 A.M. To: 03:00 PM Printed By: Dr. (MS) REHMAN SINGH Reviewed By: Dr. (MS) REHMAN SINGH	

Figure 10 (b)

Discussion and conclusion

Atopic dermatitis appears to affect all races, with Asians perhaps having increased susceptibility. Presumably, psychologic stress or environmental factors combine to exacerbate a subclinical tendency in these individuals. Stress can result from a variety of dynamics in the child's environment. Parental conflicts and taunting by siblings can directly exacerbate itching in these patients.[10] An already done case study shows that Homoeopathic treatment is effective in the treatment

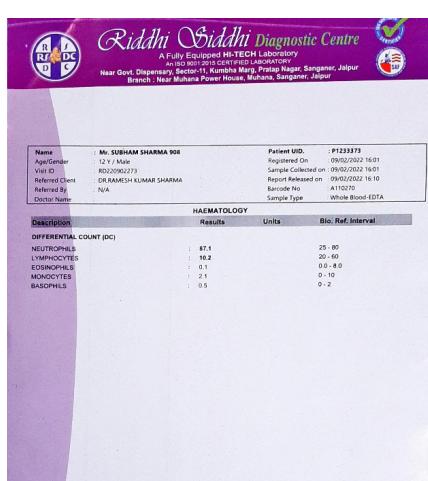


Figure 11(a)

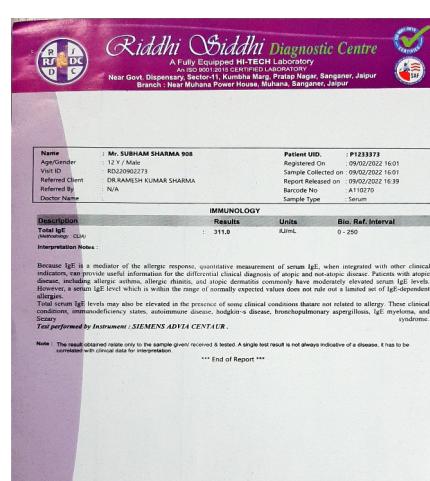


Figure 11(b)

of atopic dermatitis and depressive disorder through individualised approach.[11] According

to homoeopathic concept, the above case is a case of suppressed skin eruptions, which keeps on appearing again and again which have been explained in aphorism (§) 39 of Organon of Medicine. According to aphorism (§)193, local affection depended solely on a disease of the rest of the body, and should only be regarded as an inseparable part of the whole organism. Only single dose of *Sulphur* 200C was sufficient for establishing health in this case, as mentioned in aphorism (§) 245.[12] This whole case shows us that, no external malady can arise, persist or even grow worse without the co-operation of the whole organism and for its cure also internal medicine is required and not external applications.

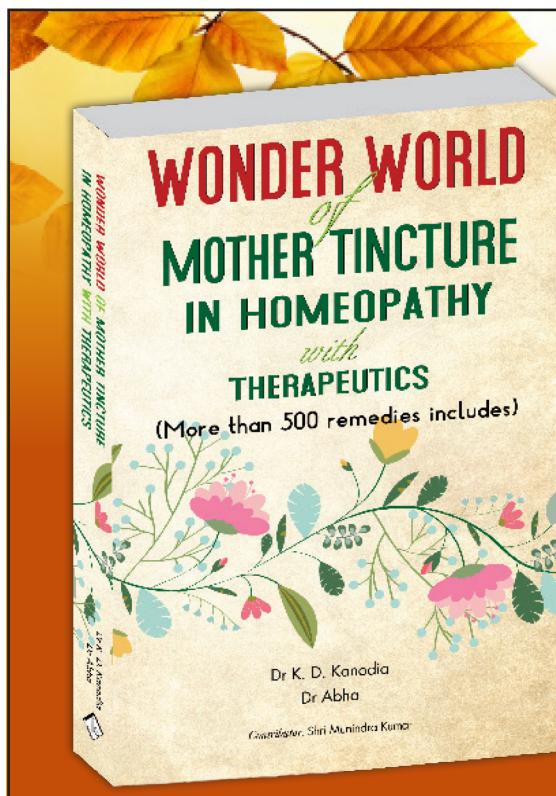
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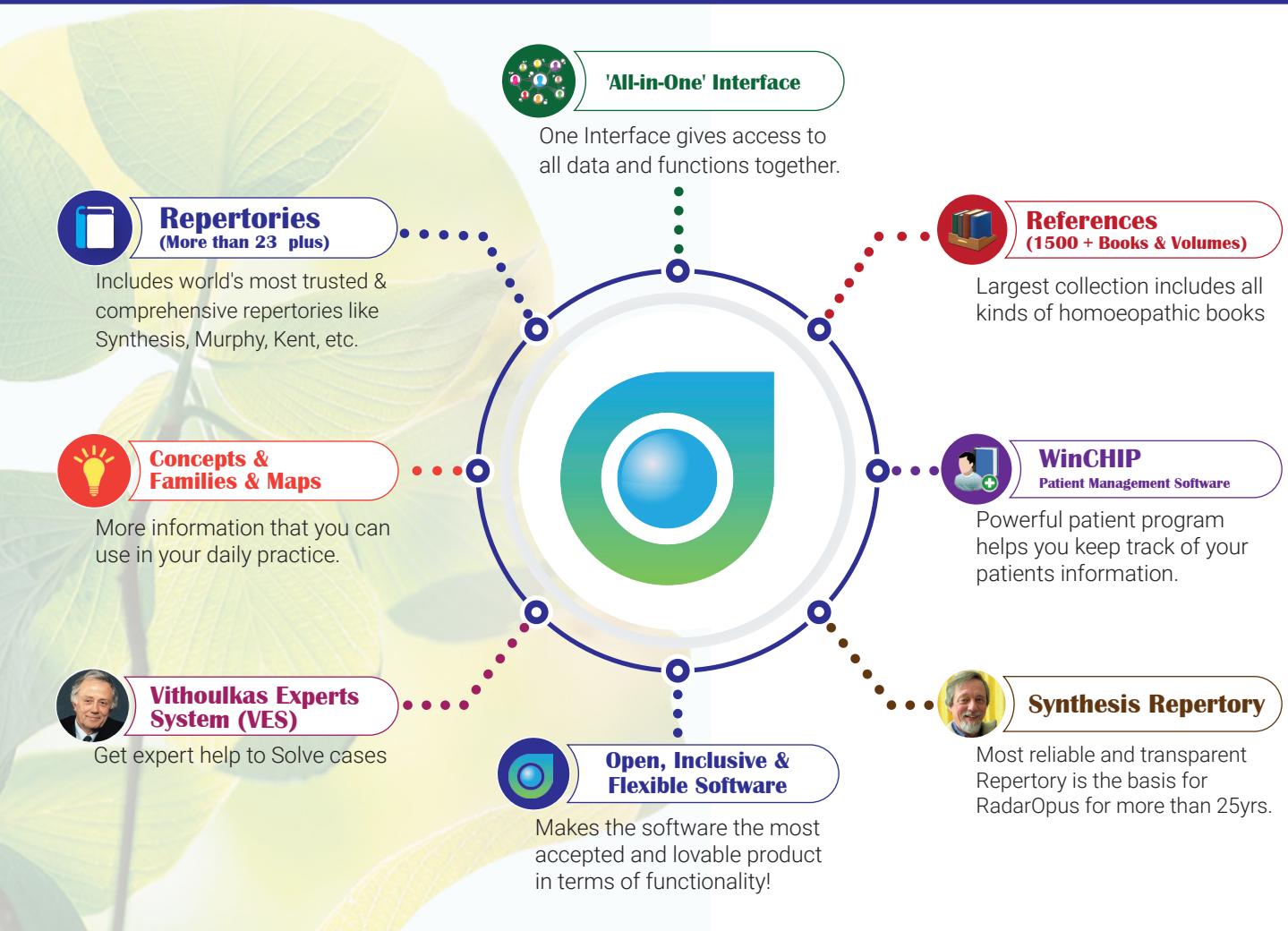


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