



“BRIEF STUDY AND RESEARCH IN RAUWOLFIA SERPENTINA IN HYPERTENSION”

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Abstract:

Hypertension is abnormal elevation in blood pressure, it may occur in as many as 10% of the general population, and is important because it is not diagnosed by routine medical examinations, but carries an adverse prognosis, both in terms of increased target organ damage and cardiovascular events. Because of modernization, lack of exercise, faulty lifestyle etc. hypertension become one of the condition which has various causes right from altered Lifestyle, hereditary and various other acquired causes like stressful life situations, use of tobacco and many other co morbid conditions obesity, Diabetes, hyperlipidemia etc.

There are various modalities for the treatment of Hypertension in market including diuretics and anti-hypertensive drug. Homeopathic understanding of hypertension is as it is diseases of psora-sycosis predominance miasmatically, but travel through all three miasms. It is chronic reversible disease with acute condition over the chronic state. It has fundamental, maintaining, exciting causes. Rauwolfia serpentina is the ever first remedy for hypertension and cover all symptoms of hypertension.

Keywords: Homoeopathy, hypertension, Rauwolfia serpentina, diet & regimen.

Introduction:

Due to growing population day by day most of them are still facing the problem of unemployment which leads to lack of fulfillment of the basic needs of the common man which rather leads to the stress, tension etc. these have become the main cause for hypertension to occur.

Hypertension (HTN) or high blood pressure is a chronic medical condition in which the blood pressure in the arteries is elevated. It is the opposite of hypotension. It is classified as either primary (essential) or secondary. About 90-95% of cases are termed "primary hypertension", which refers to high blood pressure for which no medical cause can be found. The remaining 5-10% of cases (Secondary hypertension) are caused by other conditions that affect the kidneys, arteries, heart, or endocrine system.

Persistent hypertension is one of the risk factors for strokes, heart attacks, heart failure and arterial aneurysm, and is a leading cause of chronic kidney failure. Moderate elevation of arterial blood pressure leads to shortened



life expectancy. Both dietary and lifestyle changes as well as medicines can improve blood pressure control and decrease the risk of associated health complications. Treating Hypertension with antihypertensive & sedatives appeals to the logic of the common-medical practitioner, the allopaths use hypotensives & sedatives drugs with discretion in case of hypertension to save the patient from a possible, probable or rather certain catastrophe, that would take place if he were left alone. These hypotensive drugs in the long run prove unhelpful if not actually harmful. Hypertension can overcome by treating the sick individual as a whole according to the laws of homoeopathy, not by treating him in parts.

Rauwolfia Serpentina has come to the fore only very recently & has started snatching laurels in cases of high BP in its various degrees of intensity & acuteness. It has been credited with quickly softening the action of the heart, thereby normalizing the circulation, dissipating the violent congestion of head & heart, thus tends to bring the BP down.

“Hence it is an attempt to see the effects of Rauwolfia Serpentina treating hypertension

Objectives of study:

1. To study the efficacy of homoeopathic medicines Rauwolfia serpentina in management & treatment of hypertension.
2. To evolve at the group of symptoms of Rauwolfia serpentina in treatment of hypertension.
3. To minimize the complication of hypertension.

Hypothesis of Study:

Null hypothesis

H0: There is no significant drop in the blood pressure of hypertension patient after Rauwolfia serpentina treatment.

Alternative hypothesis

H1: There is no significant drop in the blood pressure of hypertension patient after Rauwolfia serpentina treatment.

Review of literature:

Hypertension (HTN) or high blood pressure is a chronic medical condition in which the blood pressure in the arteries is elevated. Hypertension with no cause (primary, formerly, essential) is the most common, hypertension with an identified cause (secondary hypertension) is usually due to renal disorders.

Epidemiology:

In the year 2000 it is estimated that nearly one billion people or ~26% of the adult population have hypertension worldwide. It was common in both developed (333 million) and underdeveloped (639 million)



countries. However rates vary markedly in different regions with rates as low as 3.4% (men) and 6.8% (women) in rural India. It is more common in blacks and less in whites, rates increase with age. Hypertension is more prevalent in men and those of low socioeconomic status.

History:

Some cite the writings of Sushruta in the 6th century BC as being the first mention of symptoms like those of hypertension. Our modern understanding of hypertension began with the work of physician William Harvey (1578–1657). Initial descriptions of hypertension as a disease came among others from Thomas Young in 1808 and specially Richard Bright in 1836. The first chemical for hypertension, Sodium thiocyanate, was used in 1900 but had many secondary effects. Surgical and chemical sypathectomies were also used all over the 20th century. Nevertheless the major advance was the appearance of effective diuretics after 1957 and other symptomatic medications in following years.

Classification:

Classification	Systolic pressure		Diastolic pressure	
	mmHg	kPa	mmHg	kPa
Normal	90–119	12–15.9	60–79	8.0–10.5
Prehypertension	120–139	16.0–18.5	80–89	10.7–11.9
Stage 1	140–159	18.7–21.2	90–99	12.0–13.2
Stage 2	≥160	≥21.3	≥100	≥13.3
Isolated systolic hypertension	≥140	≥18.7	<90	<12.0
Source: American Heart Association (2003).				

Hypertension has several sub-classifications including, hypertension stage I, hypertension stage II, and isolated systolic hypertension. Isolated systolic hypertension refers to elevated systolic pressure with normal diastolic pressure and is common in the elderly.

Causes:

According to National Institutes of Health, the causes for high blood pressure may include narrowing of the arteries, a greater than normal volume of blood, or the heart beating faster or more forcefully than it should.

Diet

Many dietary factors have been shown to correlate with blood pressure, including sodium to potassium ratio, percentage of polyunsaturated fatty acids, fiber and magnesium content, and levels of simple carbohydrates, total fats and cholesterol.



Weight

Many clinical studies have repeatedly shown that obesity is a major factor in hypertension.

Lifestyle

Lifestyle factors like coffee consumption, alcohol intake, lack of exercise and smoking are all things that are very significant causes of hypertension.

Alcohol

Chronic alcohol consumption is one of the strongest predictors of hypertension.

Smoking

Smoking is also associated with increased sugar, alcohol and caffeine consumption. Nicotine stimulates the adrenaline secretion.

Stress

Relaxation techniques such as biofeedback, autogenics, transcendental meditation, yoga, progressive muscle relaxation and stress relief hypnosis have all been shown to have some value in lowering blood pressure.

Exercise

Exercise reduces both stress levels and blood pressure.

Heavy metals

Chronic exposure to lead from environmental sources, including drinking water, is associated with increased cardiovascular mortality.

Symptoms of Hypertension

Most people with **primary hypertension** don't have any obvious symptoms at all, also the possible symptoms of hypertension vary quite a lot from person to person. These symptoms could also be symptoms of other health problems, however here are a few of the more common symptoms of hypertension to look out for.

- Chronic headaches.
- Dizziness or vertigo
- Blurry or double vision
- Drowsiness
- Nausea
- Shortness of breath
- Heart palpitations
- A flushed face
- Fatigue



- Nosebleeds
- A strong need to urinate often
- Tinnitus

INVESTIGATIONS:

Tests typically performed are classified as follows:

System	Tests
Renal	Microscopic urinalysis, proteinuria, serum BUN (blood urea nitrogen) and/or creatinine
Endocrine	Serum sodium, potassium, calcium, TSH (thyroid-stimulating hormone).
Metabolic	Fasting blood glucose, total cholesterol, HDL and LDL cholesterol, triglycerides
Other	Hematocrit, electrocardiogram, and Chest X-ray
Sources: <i>Harrison's principles of internal medicine others</i>	

Diagnosis

Hypertension is generally diagnosed on the basis of a persistently high blood pressure. Usually this requires three separate sphygmomanometer (see figure) measurements at least one week apart. Initial assessment of the hypertensive patient should include a complete history and physical examination. Exceptionally, if the elevation is extreme, or if symptoms of organ damage are present then the diagnosis may be given and treatment started immediately.

RAUWOLFIA SERPENTINA

Sarpagandha (*Rauwolfia serpentina*) is a species of flowering plant in the family Apocynaceae. About 80 alkaloids are isolated from *Rauwolfia* species among them reserpine is most important principal active constituent. Reserpine is most important principal active constituent.

Therapeutic uses - The drug Sarpagandha is cardiodepressant, hypnotic and sedative. It is used in hypertension, insomnia, sexual aggression and vertigo.

ANTI HYPERTENSIVE DRUG.



Phytochemical Constituents

Rauwolfia serpentina include alkaloids, phenols, tannins and flavonoids. The various phytochemical compounds or secondary metabolites present in *R. serpentina*

***R. serpentina* in Pharmacology**

R. serpentina holds an important position in the pharmaceutical world due to the presence of various alkaloids in the oleoresin fraction of the roots. Alkaloids of this plant have a great medicinal importance to treat cardiovascular diseases, high blood pressure, hypertension, arrhythmia,

***R. Serpentina* as a Therapeutic Herb and Medicinal Agent**

R. serpentina has an extensive spectrum of valuable therapeutic actions, mainly effective in the treatment of hypertension and psychotic disorders like schizophrenia, anxiety, epilepsy, insomnia, insanity, and also used as a sedative, a hypnotic drug.

Rauwolfia was first mentioned in literature in 1940 for its value in hypertension. Two years later, Bhatia reported that Rauwolfia is well-tolerated and useful medicine for treating high blood pressure. Wilkins and Judson have administered Rauwolfia to over 100 patients for periods of a month to a year.

Rauwolfia appears to be a safe and effective treatment for hypertension when used in appropriate low doses.

Rauwolfia mostly used in the Treatment of Hypertension.

R. serpentina Used in insanity, hypertension, high blood pressure, and certain neuropsychiatric disorders etc. it has been used in cardiac arrhythmias.

Rauwolfia Serpentina in the Treatment of High Blood Pressure A Review of the Literature

R. serpentina has an extensive spectrum of valuable therapeutic actions, mainly effective in the treatment of hypertension

MODE OF PREPARATION-

1. Mother Tincture (Drug Strength 1/10)

Rauwolfia serpentina in coarse powder 100g

Purified water 200ml

Strong Alcohol 824ml

To make 1000ml of tincture

2. Trituration 2x

Drug strength 1/100 Reserpine wt. – 10g

Saccharum lactis 990g

To make 1000g of trituration



Researches on Rauwolfia serpentine

In 1949, Vakil reported on a study of 50 patients with essential hypertension who were treated with *Rauwolfia*. In that study, 85% of patients experienced a drop in systolic blood pressure, and 81% of patients experienced a drop in diastolic blood pressure.

In 1952, Vida in Germany and Austria reported a blood pressure drop in 25 patients with hypertension.

In 1953, Meissner reported *Rauwolfia* to be effective in 90% of a study's participants, with a lowering of systolic blood pressure between 15 and 40 mm Hg.

In 1953, Loffler in Switzerland reported a lowering of blood pressure in 51 Swiss workers with hypertension. In 1954, Goto in Japan reported lower blood pressure in 12 of 15 patients with

Research Design:

Study design: Case Study (descriptive study design)

Study setting: OPD/IPD, Attached to PG college

Study Population: Cases of Hypertension attending OPD/IPD IV

Sample Size: 30 cases

Sampling technique: Simple Random sampling method was adopted

Method of selection of study subject:

Inclusion Criteria:

The patient of age group between 20- 60 yrs.

Both gender and all socioeconomic groups.

Patient diagnosed both essential and non-essential hypertension.

Exclusion Criteria:

Acute hypertensive crises Hypertension with paralysis.

Hypertension with congestive heart failure and renal failure.

Pregnancy induced Hypertension.

Withdrawal criteria:

Cases that do not follow follow-up till end of study.

Cases who get worse or who required acute life support.



Method of data collection:

Primary method:

Observation, Interview, Questioner, Case study

Secondary method :

Literature form standard text book, reference book, journals and research articles, History form relationship persons.

Data analysis Plan and methods :-

Collected data was analyzed by paired test. Data will presented in the form of Mean, Standard deviation, Frequency, Percentage and Diagrams and student T test was applied.

Data Analysis:

Table no 1. AGE GROUP IN CASE STUDY

Sr No.	Age group	No. Of patients	Percentage
1	More than 30 to 40 Years	1	6
2	More than 40 to 50 Years	14	82
3	Less more than 50 Years	2	12

(Source: Primary Data)

Here we have sampled total 30 cases where 9 patients were from age group 30 -40, 13 from 41– 50 and 8 patients were from age group 51 – 60.

Table no 2. MIASM IN CASE STUDY

Sr no	Miasm	No of cases	Percentage
1	Psora-Sycosis	11	36
2	Sycosis	11	37
3	Psora-Syphilis	2	7
4	Sycosis-Syphilis	1	3
5	Tubercular	3	10
6	Psora	2	7

(Source: Primary Data)

As per as miasm is concerned 11 cases were sycotic, 11 cases were Psoro-sycotic, 2 were psoro syphilitic,



3 from tubercular miasms and one case was syco-syphilitic.

Table no 3. GENDER IN CASE STUDY

sr. No.	Remedy prescribed	No of patient	Percentage
1	Female	16	53
2	Male	14	37

(Source: Primary Data)

Male patients were 14 and 16 were female.

Table No. 4. SOCIO ECONOMIC STATUS IN CASE STUDY

Sr no	Socio-economical class	No of cases	Percentage
1	Upper class	22	55%
2	Middle class	12	30%
3	Lower class	6	15%

(Source: Primary Data)

From the table we get 22 cases are from Upper class, 12 cases are from Middle class and 6 are from Lower class.

Table no 5. CASE STUDY RESULT

Sr. No	Result of study	No of patient	Percentage
1	Improved	21	70%
2	Not improved	5	17%
3	Partially improved	4	13%

(Source: Primary Data)

From the 30 cases 21 patients have shown the favorable result 5 have referred and 4 have discontinued the treatment as it is considered not improved. Hence the success rate is 71%.

Table no 6. RELIGION WISE INCIDENCE IN CASE STUDY

Sr No	Religion	No of cases	Percentage
1	Hindu	28	70%
2	Muslim	12	30%



(Source: Primary Data)

From the table we have 28 cases are Hindu and 12 cases are Muslim. 70% are Hindu and 30% are Muslim.

Table no 7. OCCUPATION DISTRIBUTION IN CASE STUDY

Sr no	Occupation	No of cases	Percentage
1	Businessman	8	27%
2	Housewife	12	40%
3	Service	4	13%
4	Labor/ Farmer	6	20%

(Source: Primary Data)

In relation of occupation 8 were related to business, 12 were housewife, 4 were service men and 6 were from working class.

Discussion:

Hypertension is a very common disease occurring in the society and it affects a large number of the population in every year. The treatment provided by the modern school is not only costly but at the same time full with the side effects.

In this occasion we have taken care of more than 100 cases from which 30 cases have included in this thesis as sample. The study was case study and we have observed the result of Homoeopathic medicines in cases of Hypertension with the help of Kent's repertory.

Here we have sampled total 30 cases where 9 patients were from age group 30 -40, 13 from 41 – 50 and 8 patients were from age group 51 – 60. Male patients were 14 and 16 were female. In relation of occupation 8 were related to business, 12 were housewife, 4 were service men and 6 were from working class. This proves that hypertension attacks any socioeconomic sector. Here we have considered only the cases of essential / primary hypertension. Diseases found to be associated with it was 10 which include 4 cases of APD, 2 cases of depression, 1 case of skin disease and 2 cases of anxiety neurosis. As per as miasm is concerned 11 cases were sycotic, 11 cases were Psoro-sycotic, 2 were psoro syphilitic, 3 from tubercular miasms and one case was sycosyphilitic.

From the 30 cases 21 patients have shown the favorable result 5 have referred and 4 have discontinued the treatment as it is considered not improved. Hence the success rate is 71%.

Our observation is homoeopathic treatment the sufferings of the patient become not only less but it goes faster to the way of recovery. In many of the cases the result achieved faster as reported by the patient by the patient. There were few cases where allopathic drugs were failed to show any good result. In many of those occasion the homoeopathic drugs have shown beautiful result.



Conclusion:

1. Homoeopathic remedy Rauw-s can control hypertension when prescribed for hypertension
2. Diet and regimen plays important role in management of hypertension, hence along with constitutional remedy diet and regiment give speedy recover in Hypertension.
3. The group of symptoms of Rauwolfia serpentine in treatment of hypertension are as follows.
 - Palpitation
 - Everything unreal feeling Restlessness especially night
 - Anxiety with depression and sadness Non friendly behavior
 - High blood pressure Nervous symptoms
 - High blood pressure without marked athermanous changes in the vessels Addison's disease, Colitis
 - Insanity and panic depression violent maniacal symptoms

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Kallium Sulph:-

Effects of Ivy poisoning. Copious peeling off of epithelium, leaving the base moist and sticky, discharge often decidedly yellow, slimy, sometimes sticky or watery matter, burning, itching, popular eruption, exuding the same pus like moisture¹.

Lappa Major:-

Moist badly smelling, grayish-white crusts; most of hair gone and eruption extending to face¹.

Oxalic Acid:-

Exceedingly sensitive skin with vesicular eruptions; suffers from use of sugar and sweets¹.

Rhus Ven:-

Intense itching <by scratching and by application of water, either hot or cold during winter dry eruptin on back of hands disappearing in spring¹.

Scrofularia nod:-

Eczema of ear, hot, stinging, itching, penetrating into the meatus with pustules springing up on the side of the face¹.

Sumbul:-

Eczema on left side of scalp in infants¹.

Terebinthina:-

Infantile eczema in front of ear, tending to affect the eye often alternating with otitis¹.

Thuja :- After Vaccination the eczema is worse. Dry skin with brown, thick spots. Eruptions on scratching mainly on covered parts. Very sensitive to touch¹.

Ustilago:-

Eczema impetiginosum whole scalp one filthy mass of inflammation; pustular ulceration of skin; whole skin dry hot, congested¹.

Viola Tric:-

Humid military eruption on scalp itching at night, breeding vermis, discharging yellow water or pus; urine smells like cat's urine, swelling of cervical glands, milk-crusts of children.¹

Conclusion:-

Atopic eczema is very common in children. In this article authors has emphasised on proper diagnosis of Eczema to avoid confusion with other skin conditions. In eczematous condition the quality of life of children is affected. Homoeopathic medicines being gentle in its action help to reduce itching, burning and eruptions this gives relief on mental plane and lessens their irritability and crankiness. It helps in reduction in the scaling, crusting and blisters at physical plane and because of which the child can enjoy life in a better way.

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To Study the Action of Homoeopathy in Symptomatic expression of Migraine.

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Abstract:

Headache is ordinary pain and is not always a sign of anything serious, more than 90 per cent of individuals over the year have headache. Irregular severe headaches, generally restricted to one part

of the head, linked with nausea and vomiting, blurred vision, and other visual trouble, intolerance to light and rarely numbness and irritation in the arms. Migraine pain is severe pulsing starting deep inside your head. This pain can last for days.

The headache drastically confines your ability to take out your day to day routine. In this paper we have discussed about the headache or migraine and their homeopathy remedies.

It was often said that "Homoeopathy treats the patient and not the disease" but the relevance of the statement was only limited to olden days when disease diagnosis was not much developed. The statement only highlighted the fact that a homoeopathic practitioner could treat/provide relief to a patient base don't have available symptomatology barring the nosological labelling which wasn't that well developed. Knowledge about diagnosis in earlier times was limited and was primarily done for prognosis of the case. With advances in sophisticated techniques, medical diagnosis has come a long way, from empirical diagnosis to clinical and laboratory diagnosis which has widened its scope in management of the patient. This advancement in medical field has been of paramount importance for a homoeopathic practitioner as well who is faced with the challenge of treating various diseases. A homoeopathic physician has a dual task of establishing a disease diagnosis as well as a patient diagnosis as per the individualistic holistic approach of the system of medicine. Both are vital in identification of the indicated remedy for the management/treatment of the patient. Casual observation, as well as more systematic study of prescribing practices, frequently reveals a pattern of tremendous diversity among prescribers in the treatment of even the most common conditions. A Standard Treatment Guideline(STG)which provides standardized guidance of diagnosis and therapeutic management of a diseased condition can be a solution to this therapeutic anarchy. Also, a simplification of treatment can facilitate the objective appraisal of value of homoeopathic system of medicine.

Keywords: Migraine, Homoeopathy

Introduction:

Migraine is a common Clinical Condition in Adults & Children. Migraine headaches are recurrent attacks of moderate to severe pain that is throbbing or pulsing and often strikes one side of the head. Untreated attacks last from 4 to 72 hours. Other common symptoms are increased

sensitivity to light, noise, and odor, as well as nausea and vomiting. Routine physical activity, movement, or even coughing or sneezing can worsen migraine pain.

Among the most common reasons that patients seek medical attention; can be either primary or secondary. First step—Distinguish serious from Benign etiologies. Symptoms that raise suspicion for a serious cause. Intensity of head pain rarely has diagnostic value; most pts who present with worst headache of their lives have migraine. Headache location can suggest involvement of local structures (temporal pain in giant cell arteritis, facial pain in sinusitis). Ruptured aneurysm (instant onset), cluster headache (peak over 3–5 min), and migraine (pain increases over minutes to hours) differ in time to peak intensity. Provocation by environmental factors suggests a benign cause. Complete neurologic examination is important in evaluation of headache. If examination is abnormal or if serious underlying cause is suspected, an imaging study (CT or MRI) is indicated as a first step. Lumbar puncture (LP) is required when meningitis (stiffneck, fever) or subarachnoid hemorrhage (following negative imaging) is a possibility. The psychological state of the patient should also be evaluated because a relationship exists between pain and depression.

Objectives:

1. To have detail study of Migraine.
2. To understand the action of indicated homoeopathic medicines at symptomatological expression of Migraine.
3. To study the dominant miasm.

Objectives:

Migraine comprises a composite collection of symptoms, disturbing the nervous system, the gastrointestinal tract and the vascular system. Although has to a large extent to suggest and well-tolerated, it seems meaningless to advise long-lasting straight prophylactic approaches that need day by day adherence in irregular migraine attacks. The occurrence of migraine in youth rises with age; under 12 years, it is more frequent in boys. Compared with adult migraine, attacks are shorter, pain is seldom one-sided, and aura is less frequent. Headache is a frequent pain and is not regularly a sign of anything severe. They can be a symptom of anxiety, stress,

mental tension, not have proper sleep, in excess use of caffeine in tea or coffee or abruptly cutting down caffeine ingestion, food allergy, eyestrain, fever, hypoglycaemia, migraine, drug side effects, sinusitis, cervical spondylosis and other spinal trouble, premenstrual pressure, post herpetic neuralgia following shingles, malocclusion or sepsis after dental treatment, and high blood pressure. Very general form of headache, the hangover, is primarily caused by dehydration. Temporal arthritis is caused by tenderness of the arteries which provide the scalp. Headaches occasionally occur as a result of an allergic effect. The pain from these headaches is frequently determined in sinus area and in the front of head. Migraine headaches are generally misdiagnosed as sinus headaches. Actually up to 90 percent of "sinus headaches" are in fact migraine. People who have continual seasonal allergies or sinusitis are vulnerable to these types of headaches. Migraine is more frequent in women, the sex difference starts at teenage years.

Menstruation triggers migraine for about 20 to 30% of women's with migraine. This is often hyped by the patient: true menstrual migraine can be diagnosed only after investigating a few months of the headache and menstrual diary. The oestrogen-containing contraceptive pill (OCP) may lead to an improvement, but this ameliorating outcome is then lost during the pill-free week.

Migraine headaches are recurrent attacks of moderate to severe pain that is throbbing or pulsing and often strikes one side of the head. Untreated attacks last from 4 to 72 hours. Other common symptoms are increased sensitivity to light, noise, and odor, as well as nausea and vomiting. Routine physical activity, movement, or even coughing or sneezing can worsen migraine pain. 7 Migraines occur most frequently in the morning, especially upon waking. Some people have migraines at predictable times, such as before menstruation or on weekends following a stressful week of work. Many people feel exhausted or weak following a migraine but are usually symptom-free between attacks.

A number of factors can increase the risk of having a migraine and trigger the headache process. Although migraine triggers vary from person to person, they include sudden changes in weather or environment, too much or not enough sleep, strong odors or fumes, emotion, stress,

overexertion, loud or sudden noises, motion sickness, low blood sugar, skipped meals, tobacco, depression, anxiety, head trauma, hangover, some medications, hormonal changes, and bright or flashing lights.

Overusing analgesic medication or missing doses of preventive medications may also cause headaches. In some 50 percent of migraine sufferers, foods or ingredients can induce headaches. These include aspartame, caffeine (or caffeine withdrawal), wine and other types of alcohol, chocolate, aged cheeses, monosodium glutamate, some fruits and nuts, fermented or pickled goods, yeast, and cured or processed meats. Keeping a diet journal can help identify food triggers.

Who Gets Migraine?

Migraines occur in both children and adults, but affect adult women three times more often than men (perhaps due to hormonal triggers). There is evidence that migraines are genetic, 8 with most migraine sufferers having a family history of the disorder. They also frequently occur in people who have other medical conditions. Depression, anxiety, bipolar disorder, sleep disorders, and epilepsy are more common in individuals with migraine than in the general population.

Migraine in women often relates to changes in hormones. The headaches may begin at the start of the first menstrual cycle or during pregnancy. Most women see improvement after menopause, although surgical removal of the ovaries usually worsens migraines. Women with migraine who take oral contraceptives may experience changes in the frequency and severity of attacks, while women who do not suffer from headaches may develop migraines as a side effect of oral contraceptives.

Phases of Migraine.

A migraine is divided into four phases, all of which may or may not be present during the attack:

- **Premonitory symptoms** occur up to 48 hours prior to developing a migraine. These include food cravings, unexplained mood changes (depression or euphoria), uncontrollable yawning, fluid retention, or increased urination.

- **Aura.** Some people will see flashing or bright lights or what looks like heat waves 10-12 minutes prior to or during the migraine, while others may experience muscle weakness or the sensation of being touched or grabbed.

- **Headache.** Headache pain usually starts gradually and builds in intensity. It is associated with increased sensitivity to light and/or noise. It is possible, however, to have migraine without a headache.

- **Postdrome**(following the headache). Individuals are often exhausted or confused following a migraine. The postdrome period may last up to a day before people feel healthy.

Types of Migraine.

The two major types of migraine are:

Migraine with aura, previously called classic migraine, includes visual disturbances and other neurological symptoms that appear about 10 to 60 minutes before the actual headache and usually last no more than an hour. Individuals may temporarily lose part or all of their vision. Other classic symptoms include trouble speaking; an abnormal sensation, numbness, or muscle weakness on one side of the body; a tingling sensation in the hands or face, and confusion. Nausea, vertigo, loss of appetite, and increased sensitivity to light, sound, or noise may precede the headache.

Migraine without aura, or common migraine, is the more frequent form of migraine. Symptoms include headache pain that occurs without warning and is usually felt on one side of the head, along with fatigue and associated symptoms seeming classic migraine.

Other types of migraine include:

- **Abdominal migraine** mostly affects young children and involves moderate to severe pain in the middle of the abdomen lasting 1 to 72 hours with little or no headache. Children with CVS have attacks of vomiting that last hours to days.

- **Basilar-type migraine** mainly affects older children and adolescents. Symptoms include partial or total loss of vision or double vision, dizziness and loss of balance, poor muscle coordination, slurred speech, a ringing in the ears, and fainting.

- **Hemiplegic migraine** is a rare but severe form of migraine that causes temporary paralysis—sometimes lasting several days—on one side of the body prior to or during a headache. Symptoms such as vertigo, a pricking or stabbing sensation, and problems seeing, speaking, or swallowing may begin prior to the headache pain and usually stop shortly thereafter. When it runs in families the disorder is called Familial Hemiplegic Migraine (FHM).

- **Menstrually-related migraine** affects women around the time of their period, although most women with menstrually-related migraine also have migraines at other times of the month. Symptoms may include migraine without aura (which is much more common during menses than migraine with aura), pulsing pain on one side of the head, nausea, vomiting, and increased sensitivity to sound and light.

- **Migraine aura without headache** is characterized by visual problems or other aura symptoms, nausea, vomiting, and constipation, but without head pain. Headache specialists have suggested that fever, dizziness, and/or unexplained pain in a particular part of the body could also be possible types of headache-free migraine.

- **Retinal migraine** is a condition characterized by attacks of visual loss or disturbances in one eye plus the pain phase of a migraine attack. The attacks are very similar in either eye. These attacks, like the more common visual auras, are usually associated with migraine headaches.

- **Status migrainosus** is a rare and severe type of acute migraine in which disabling pain and nausea can last 72 hours or longer. The pain and nausea may be so intense that sufferers need to be hospitalized.

Signs and symptoms:

- A benign, episodic syndrome of headache associated with other symptoms of neurologic dysfunction in varying admixtures.
- Second to tension-type as most common cause of headache; afflicts ~15% of women and 6% of men annually.
- Onset usually in childhood, adolescence, or early adulthood; however, initial attack may occur at any age.

- Family history is often present. Women may have increased sensitivity to attacks during menstrual cycle.
- Classic triad: premonitory visual (scotoma or scintillations), sensory, or motor symptoms; unilateral throbbing headache; and nausea and vomiting. Most patients do not have visual aura or other premonitory symptoms. Photo- and phonophobia common. Vertigo may occur.
- Focal neurologic disturbances without headache or vomiting (migraine equivalents) may also occur. An attack lasting 4–72 h is typical, as is relief after sleep.
- Attacks may be triggered by glare, bright lights, sounds, hunger, stress, physical exertion, hormonal fluctuations, lack of sleep, alcohol, or other chemical stimulation.

Etiology:

The Gross Etiology Of Migraines are Numerous Hypothetical Explanations But Specific Etiology is not Known. But Based On Observational Studies Migraines Can Be Classified Acc. to their Triggering Factors. Some Of Them Are Mentioned Below:

- Acidity Induced/Predisposition to Certain Food Stuffs.
 - Pre Menstrual/Hormonal.
 - Triggered By Light/Sound/Sunlight.
 - Mental Stress or Emotional Setback.
- Genetic Pre Disposotion /Hereditary

Diagnosis:

SIMPLIFIED DIAGNOSTIC CRITERIA FOR MIGRAINE

Repeated attacks of headache lasting 4–72 h in patients with a normal physical examination, no other reasonable cause for the headache, and:

At Least Two of the Following Features:

- Unilateral pain
 - Throbbing pain
 - Aggravation by movement
 - Moderate or severe intensity
- Plus at Least One of the Following Features:
- Nausea/vomiting
 - Photophobia
 - Phonophobia

Pre Existing Migraine Treatment.

Migraine treatment is aimed at relieving symptoms and preventing additional attacks. Quick steps to ease symptoms may include napping or resting with eyes closed in a quiet, darkened room; placing a cool cloth or ice pack on the forehead, and drinking lots of fluid, particularly if the migraine is accompanied by vomiting. Small amounts of caffeine may help relieve symptoms during a migraine's early stages. **Drug therapy** for migraine is divided into acute and preventive treatment.

Acute or “abortive” medications can relieve pain and restore function when taken as soon as symptoms occur. Preventive treatment involves taking medicines daily to reduce the severity of future attacks or occurrence. The U.S. Food and Drug Administration (FDA) has approved a variety of drugs for these treatment methods. Headache drug use should be monitored by a physician, since some drugs may cause side effects.

Preventive medications should be considered if migraines are frequent (occur two or more times weekly) or if migraines are disabling, regardless of frequency. Preventive medicines are also recommended for individuals who take symptomatic headache treatment more than three times a week. The doctor and patient will work together to find what type of preventive medicine works best (which means testing each medication for 2–3 months, unless intolerable side effects occur).

Natural treatments for migraine include riboflavin (vitamin B2), magnesium, and coenzyme Q10. 15 Non-drug therapy for migraine also includes biofeedback and relaxation training, both of which help individual cope with or control the development of pain and the body's response to stress. In March 2014 the FDA approved the Cefaly device—a battery-powered plastic headband worn across the forehead that uses a self-adhesive electrode to deliver a low electric current through the skin—for migraine prevention. The currents stimulate the trigeminal nerves.

Lifestyle changes that reduce or prevent migraine attacks in some individuals include exercising, avoiding food and beverages that trigger headaches, eating regularly scheduled meals with adequate hydration, stopping certain medications, and establishing a consistent sleep schedule.

Obesity increases the risk of developing chronic daily headache, so a weight loss program is recommended for obese individuals.

According To Harrison's Manual Of Medicine-19th EDITION-

Among the most common reasons that patient seek medical attention can be either:

Primary Headache	%	Secondary Headache	%
Tension Type	69%	Systemic Infection	63%
Migraine	16%	Head Injury	4%
Idiopathic Stabbing	2%	Vascular Disorders	1%
Exertional	1%	Subarachnoid Haemorrhage	<1%
Cluster Headache	0.1%	Brain Tumor	0.1%

Homeopathic Management of Migraine/Headache:

Homeopathy is a natural and mild scheme of medicines that utilizes minute doses of well-researched remedies to improve the body's natural curing procedure. Homeopathy is the most proficient treatment which provides a tender approach in treating bed wetting. Homeopathic do not take care of just the disease, but is prescribed on the base of physical, emotional and genetic condition of a person. The homeopathic medicines act on both the mental and physical levels of a child. Regular diet habits & sleep should be sound. Drink plenty of water.

Shavashan & Shirodhara is recommended. Since Homeopathy treatment is patient-oriented, in comparison to disease oriented allopathic, it gives significance to every feeling of the patient and annoying factors.

Research Design:

Selection of samples:

30 cases were selected by simple randomized sampling method from college hospital OPD and IPD & Pvt. Clinic.

Inclusive Criteria:

1. Age group from 3 years to 65 years will be considered.
2. Patient of both sexes.

Exclusive Criteria:

1. Patient with gross structural and pathological changes are excluded.
2. Patient with Complications are excluded.

Study design:

1. Retrospective study
2. Before and after comparison

Data collection:

Data collection of cases will be obtained from patient parent, school, attendants, observation & examination findings & investigation reports.

Study techniques:

1. Standardized case taking format used.
2. Evaluation by comparative statistical method.

Data analysis:

Various findings of study were discussed in correction aim & objectives.

Observation and Result:

Study variable	Sr No.	Variable	No. of Patients	Percentage
Age group	1	3 to 17 Years	11	36.67%
	2	18-36 Years	9	30.00%
	3	37-51 Years	6	20.00%
	4	52-65 Years	4	13.33%
Gender	1	Male	12	40.00%
	2	Female	18	60.00%
Prognosis	1	Cured	20	66.67%
	2	Partially Cured	6	20.00%
	3	Not Cured	4	13.33%

Discussion:

Here observed good results in the number of cases where the follow up was maintained for six months to one year where no recurrence of Migraine in almost 60% of cases was there. After starting with constitutional homeopathic remedies & Key Note Homeopathic Remedies on repertorisation, got

tremendous result in the cases of Migraine, but still it must be followed for maximum period to see the exact role of homoeopathic remedies in preventing the tendency of recurrence of Migraine.

Accordingly, it was found that now a days patients of Migraine are found in Abundance. The Main Reason for this was Overcrowding of Cities, Compelling them to become Noisy and Chaotic. Lack Of Peace, Sleep Deprivation, Loud Noises, Bright Flashy Lights, Specific Odours, Allergic Rhinitis, Emotional State of Mind etc.

Indicated Homeopathy Remedy was easy to prescribe on Basis of Side Affinity, Intensity & Type of Pain, Duration, Concomitants, Congestion, Hyperacidity, Hypertension, and Modalities.

It is the homoeopathic remedies which covers all the three miasms. Remedy from the different sources of material medica. The fact is that it possesses immense inherent curative power in latent and dormant state in its crude form, for patients in extremes of life, could only be found out by the deep penetrating intelligence of Hahnemann. When this power is dynamically aroused, it finds its respectable place in the hands of every Homoeopath, bringing in immense relief to thousands of patients suffering from Migraine.

Conclusion:

Homoeopathic remedies are effective in treating Migraine in Teenage Kids and Adultage group, along with appropriate dietary measures, lifestyle modification therapies and cases where there is limited scope, homoeopathy acts as Primary Treatment.

In this study effort is made to show homoeopathic predominance in treating Migraine cases.

- My study concludes that Belladonna, Iris V., Nat Mur, Glonine, Gelsemium, China, Aconite are more beneficial remedies in Migraine disease.

- Constitutional homoeopathic remedies have tremendous result in the cases of Migraine Disease on the basis of symptom similarity and patient individualization
- So, in the study concluded that homoeopathic remedies have effectively managed Migraine Disease cases.

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A Case Report of Diabetes Mellitus Type-2 Managed with Homoeopathy

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Abstract:

Diabetes mellitus type-2 is previously referred to as adult-onset diabetes accounts 90-95% of all diabetes. At least initially and often throughout lifetime, these

individuals may not need insulin treatment to survive. In Homoeopathy DM Type 2 does not only treated by symptomatic relief but also corrects the vital force of the person disturbed at deeper level. This is achieved through principle of individualization. However this

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HOMOEOPATHIC APPROACH IN PRIMARY NOCTURNAL ENURESIS IN CHILDREN

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ABSTRACT

- Bedwetting is one of the commonest complaints everyone has faced in childhood at one time or other. For infants and children below age 3, involuntary wetting is quite normal. The age at which the bladder gains control varies with every child. Normally children stop urinating at night around 4 years in girls and 5 years in case of boys. Bedwetting affects up to 50 - 55% of 5 - 6 years old children, 25 - 30 % of 7 - 8 years old children, and 15 - 20 % of 9 - 12 years old children, 1 - 2 % of teenagers and rarely adults.

INTRODUCTION

- Bedwetting means "passing of the urine during sleep, involuntarily and unknowingly i.e., wetting the bed and clothing". It is also termed as nocturnal enuresis (night time urination) in medical terminology. Bedwetting disturbs the patients psychologically more than with its symptoms. The kidney is the body's main drainage system rather than bowels since it eliminates the toxins, chemicals and salts through urine to purify our blood. Kidney dribbles urine into bladder day and night, without any

rest or interruption.

DEFINITION

- Bedwetting (Enuresis) is the inability to maintain urinary control during sleep. Involuntary urination at night referred to as nocturnal enuresis (NE) also called as bedwetting.

CLASSIFICATION

Nocturnal enuresis can be divided into Primary nocturnal enuresis (PNE) and Secondary nocturnal enuresis (SNE).

PRIMARY NOCTURNAL ENURESIS

:-

Refers to inability to maintain urinary control from infancy. It is most common form of bedwetting in childhood

SECONDARY NOCTURNAL ENURESIS

Appears in children after some period of normal control, due to any cause noticed or related.

AETIOLOGY

IN CHILDREN:-

- Familial
- Sex
- Physical constitution
- Growth
- Habits
- Sleep disorder
- Psychological
- Nervous disorder
- Infection
- Environmental

ADDITIONAL FACTORS WHICH CAN

INFLUENCE BEDWETTING ARE:-

- Increased intake of fluid, which increase

the urine output.

- Using diaper.
- Constipation.
- Poor nutrition.

PATHOPHYSIOLOGY

• The bladder acts as a reservoir and maintains continence till a situation favors passing of the urine.

The bladder is situated between the pubic bone and uterus in the case of women and between the pubic

bone and seminal glands and rectum in the case of man. Its capacity varies from 250ml to 700 ml with age difference.

The brain takes control and inhibits auto emptying, according to situation, place and timing. Daytime control is

first attained followed by nighttime control. After gaining brain control, we can advance or postpone it.

Urination is a complex process, with the correlation of two sphincters (valves). Action of the sympathetic and parasympathetic nerves is necessary, to correlate this urination process. For example, sympathetic nerves

contract sphincters and relax the bladder for storage of urine, whereas the parasympathetic nerves relax the sphincters and contract the bladder for emptying. The main nerve supply for the bladder is from sacrum, so any injury to the sacrum, by a fall or surgery, will interfere or reflect in the process of urination. In case of

children, if the bladder gets filled up, pressure over the stretch receptors, on the walls of the bladder, will induce parasympathetic fiber empty the bladder automatically, as a reflex action.

CLINICAL FEATURES

- Urination in sleep.

- Screaming.
- Rolling in bed.
- Grinding the teeth.
- Urgency for urination.
- Worms's infestation.
- Urinary Tract infection.
- Adenoids.
- Nose block.
- Bronchitis.
- Sleep disorders.
- Hyperactivity and constipation.

LABORATORY INVESTIGATIONS

- Urine analysis.
- Ultrasonography.
- Voiding cystourethrography and plain radiography.
- Magnetic resonance imaging.
- Urodynamic studies and cystoscopy.

AIMS AND OBJECTIVES

- To determine the efficacy and significance of Dr.J.T.Kent Repertory in the management of Primary Nocturnal Enuresis.
- To determine the medicines indicated in the management of Primary Nocturnal Enuresis.
- To establish a definitive and positive role of homoeopathy in Primary Nocturnal Enuresis.
- To evaluate and investigate the etiological features of Primary nocturnal enuresis.
- To assess the benefit of Homoeopathic treatment in Primary Nocturnal Enuresis.
- To evaluate scope and limitations of Homoeopathic treatment in Primary Nocturnal Enuresis.
- To understand the diagnosis of case and to make good prognosis.

HOMEOPATHIC MANAGEMENT

Kreosote- Enuresis in the first part of night. Great Difficulty to wake the child out of his sleep. Wets the bed when he dreams that he is urinating in a decent manner. Offensive. Can urinate only when lying, cannot get out of bed quick enough during first sleep. Must hurry when desire comes to urinate.

Pulsatilla :- Involuntary micturation at night, while coughing or passing flatus. Increased desire, worse when lying down. Burning in orifice of urethra during and after urination. Spasmodic pain in bladder after urinating.

Rhus aromatica - Enuresis due to vesical atony. Severe pain at beginning or before urination. Constant dribbling.

Silicea - Nocturnal enuresis in children with worms. Bloody involuntary with red or yellow sediment.

Equisetum hyemale - Incontinence in children, with dreams or nightmares when passing urine. Frequent urging with severe pain at the close of urination. Severe, dull pain and feeling of fullness in bladder not relieved by urinating. Urine flows only drop by drop. Sharp, burning, cutting pain in urethra while urinating.

Lycopodium :- Precocious weakly children suffering from enuresis.

Child cries before urinating. Polyuria during night. Heavy red sediments in urine. Pain in back before urinating, ceases after flow; slow in coming, must strain.

Causticum :- Involuntary micruration when coughing, sneezing, blowing nose. At night when asleep during first sleep, slightest excitement in cold weather during day and night. Loss of sensibility on passing urine. Sweat on genitals. Burning in Urethra while urinating stiches in orifice of urethra.

Sulphur - Enuresis in scrofulous untidy children. Mucus and pus in urine. Parts sore over which it passes. Must hurry, sudden call to urinate. Great quantity of colorless urine.

Thyroidinum - Enuresis in weakly children who are nervous and irritable. Urine smells of violets, burning along urethra, increase of uric acid.

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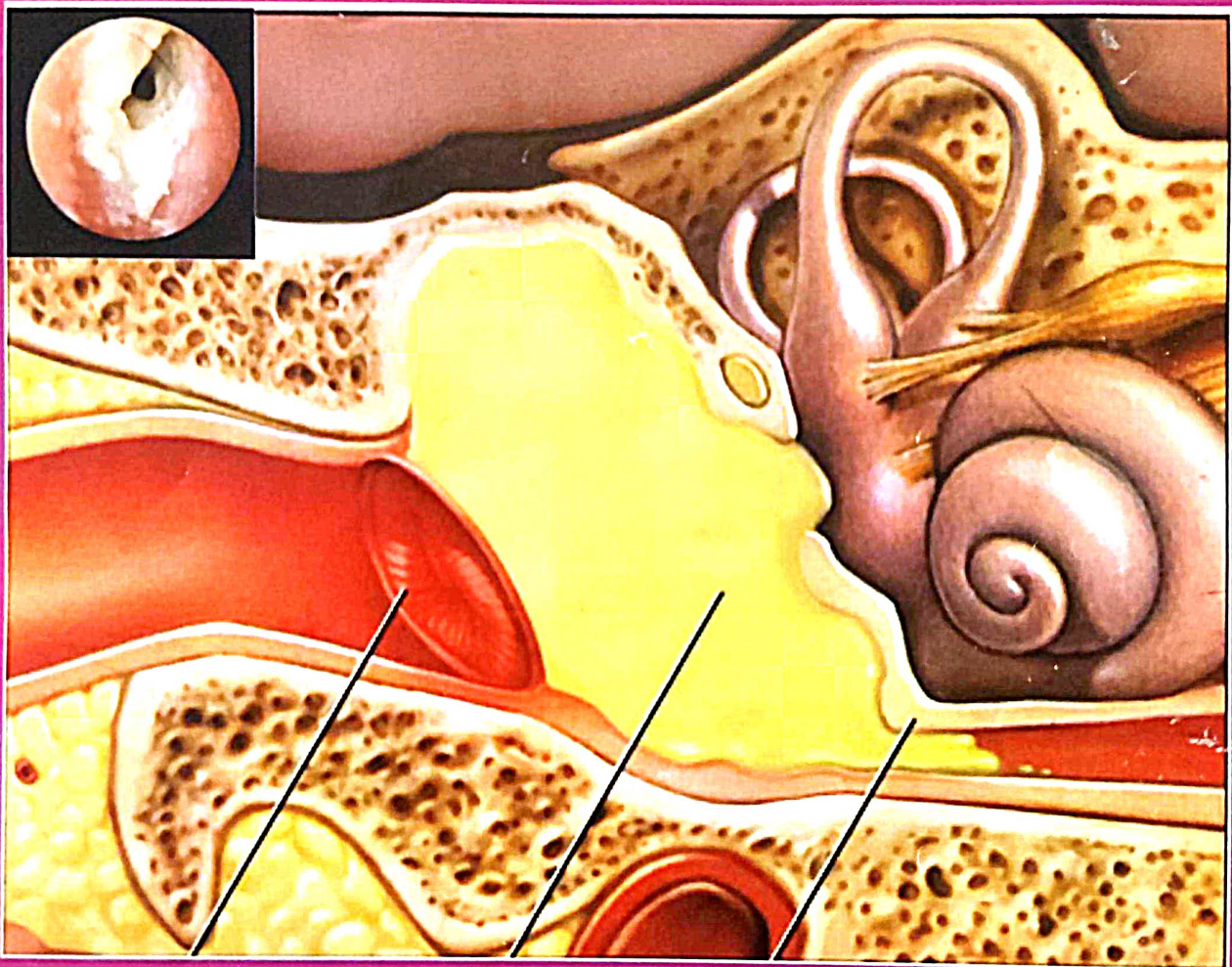
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STUDY OF HOMOEOPATHIC APPROACH MANAGEMENT OF KELOID

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ABSTRACT

Keloids are a fibro proliferative disorder of unknown etiology developing in the skin after injury or spontaneously. The aim of this thesis to gain deeper insight into the role of TGF- β , pathogenesis of Keloids and describe the gene expression profile in different Keloids site in the search for potential target gene for future treatment.

Further aim is to develop and instrument to describe the quality of life of patient with Keloids. In study, it has been concluded that, patient with scar often face aesthetic, physical, psychological and social consequences, that result in substantial, emotional and financial cost.

Keloids are debilitating skin lesions that develop often as a result of minor skin lesion. Unlike hypertrophic scars, there main clinical features is the tendency to extend beyond the initial limits of the wound. They can be responsible for pain and itching and may appear several months after trauma.

There pathophysiology remains unknown but various mechanisms same to be involve. There management includes invasive and noninvasive approaches. At present there is no satisfactory method or consensus on

their management.

Since the risk of recurrence after treatment is particularly high, a combination of different method is proposed in this article, we present the therapeutic strategy used in our institution concerning in this problematic lesion.

KEYWORDS: Scar, Cicatric, Cheloid, Cicatrix

INTRODUCTION

• DEFINITION:

A keloid is a progressive fibrous overgrowth in response to cutaneous injury such as burns, incision, insect bites, vaccinations and others.

It is also characterized by proliferation of immature fibroblast and also immature blood vessels.

• EPIDEMIOLOGY:

Person of any age can develop a keloid. Children under 10 ages are less likely to develop keloids, even from ear-piercing. Clinical observations show that the disorder is more common among Sub-Sahara Africans, African Americans and Asians, with unreliable and very wide estimated prevalence rate ranging from 4.5-16 %.

• ETIOLOGY:

- i. Colored races are particularly liable to keloid formation. Negroes are commonly affected.
- ii. It is a familial condition.
- iii. It is more common in women.
- iv. Tuberculosis plays a role in etiology.

Patients with tuberculosis often suffer from keloid formation.

- v. Local factors e.g. if the incision crosses the Langer's line keloid formation is more common.
- vi. Dislocation of hair follicles is also a factor which is more often seen in burns.

- **PATHOGENESIS:**

Grossly: - The keloid is a firm, smooth, pink, raised patch from which extend claw-like processes(keloid-claw)

Histologically: - It is composed of thick, homogenous eosinophilic hyalinized bands of collagen admixed with thin collagenous fibers and large active fibroblasts. The adnexal structures are atrophic or destroyed

- **CLINICAL FEATURES:**

- i. Keloid has claw-like processes.
- ii. Looks smooth, pink and raised patch.
- iii. Keloid is unsightly, often tender to touch and always itch.
- iv. Have capability to hurt with a needle-like pain, the degree of sensation varying from person to person.
- v. Keloid are dome shaped raised and shiny appearance.
- vi. Most characteristics feature of keloid is that it recurs even when it is excised.

- **INVESTIGATIONS:**

Skin biopsy – It may be required to differentiate with other skin tumors.

To confirm the diagnosis:

- By clinical examination.
- -Diagnosis is made by just looking at the lesion and enquiring

about the history of skin injuries.

- **OTHER MODE OF TREATMENT:**

Conservative treatment –

- a. Intrakeloidal injection of steroids is helpful and should be considered as the best treatment. Injection kenacort seems to be quite good in this regard.
- b. Deep X-ray therapy
- c. Intrakeloidal injection of vitamin A has given better result.

Surgery-

- a. Excision and resuturing.
- b. Pre-operative and post-operative radiotherapy prevent recurrence.
- c. Shaving away excess scar tissue and then resurfacing the area by a thin skin graft.

HOMOEOPATHIC MANAGEMENT:

Most commonly used remedies for keloid are:-

i. **FLUORICUM ACIDUM-**

Useful in syphilitic affection. Profuse sour offensive perspiration. Itching especially of orifices.

ii. **GRAPHITES-**

Indicated in early stage of keloid. Skin is rough, hard, persistent dryness of portion. Unhealthy skin. Burning and stinging pain. Every little injury suppurates.

iii. **NITRICUM ACIDUM –**

Sensitive sharp splinter like pain. Ulcers bleed easily. Zigzag irregular edges, jagged appearance. Base looks like raw flesh.

- iv. **RADIUM BROMATUM** –
Keloid with itching and burning. Swelling and redness of part. Itching over body, burning of skin as if a fire.
- v. **SILICEA** –
Indicated for painful keloid. Delicate, pale, waxy skin. Keloid growth. Every little injury suppurates. Promotes expulsion of foreign bodies from tissues.
- vi. **THIOSINAMINUM** –
Excellent use externally and internally for dissolving scar tissue, tumors, enlarged glands, lupus.
- vii. **THUJA** –
Main action of thuja is on the skin. Chief manifestation is formation of wart-like excrescences upon mucous and cutaneous surface-fig-wart. Sycotic pain.
- viii. **CAUSTICUM** –
Soreness in folds of skin. Wart large, jagged, bleeding easily. Pain of burns.
- ix. **ANTIMONIUM CRUDUM** –
Thick, hard honey colored scars. Warts. Scaly pustular eruption with burning and itching.

MATERIALS AND METHODS

- **STUDY SETTING:**
 - Data collection: for the present study the patient of Keloids who visited to hospital and Rural OPD were selected on inclusion and exclusion criteria.
 - Informed consent : patient who approved the consent are considered under inclusion criteria . patient of Keloids who does not approved the consent are considered under exclusion criteria
 - Right of privacy , anonymity and confidentiality

- **SELECTION OF SAMPLES:**
Patients are selected from OPD and IPD of hospital.
Clinical cases of Keloids.
- **INCLUSION/ EXCLUSION:**
 - Inclusion criteria –
Patients 12 years and above with keloid will be included in the study.
Patient who have given consent.
 - Exclusion criteria-
Patients below 12 years.
Patients with renal or liver diseases.
Patient taking treatment for the keloids in the last 3 months.
Pregnant women.
Patient who have carcinoma.
Patient who have not given consent.
- **INTERVENTION:**
Intervention strategies will vary according to samples selected.

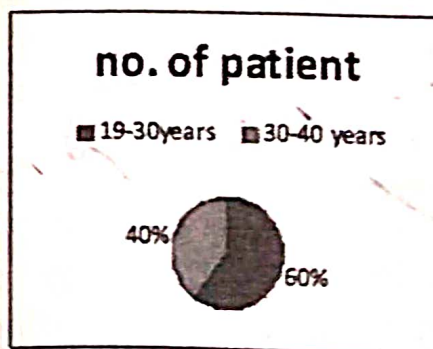
OBSERVATION AND RESULT

The study includes 10 cases of Keloids of various age groups.

AGE INCIDENCE:

In 10 patients all age groups were divided into subgroups for the purpose of analytic study.

Sr.no	Age group	No. of patient	percentage
1	19-30	6	60%
2	31-40	4	40%



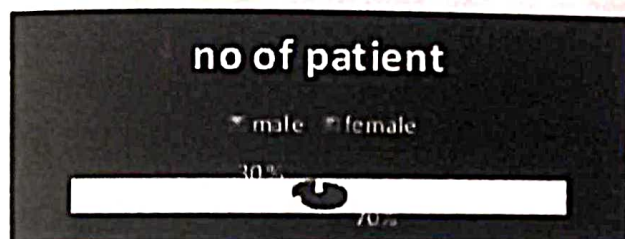
DISCUSSION:

As shown in table, the maximum incidence was between the age group 20 -40 accounting 100% in 10 cases

INCIDENCE OF SEX:

Both males and females were taken for the study. The statistical analysis is done based on the data obtained from these groups of patients.

Sr. no.	No. of patient	Percentage
Male patients	07	70%
Female patients	03	30%



DISCUSSION:

In the analytic study no. of male patients are more than female patients.

CONSTITUTIONAL REMEDIES:

Based on the constitutional approach statistical data is given.

SR NO.	REMEDIES	NO. OF CASES	PERCENTAGE %
1	Calendula	3	30
2	Graphites	2	20
3	Thuja occidentalis	3	30
4	Silicea	2	20



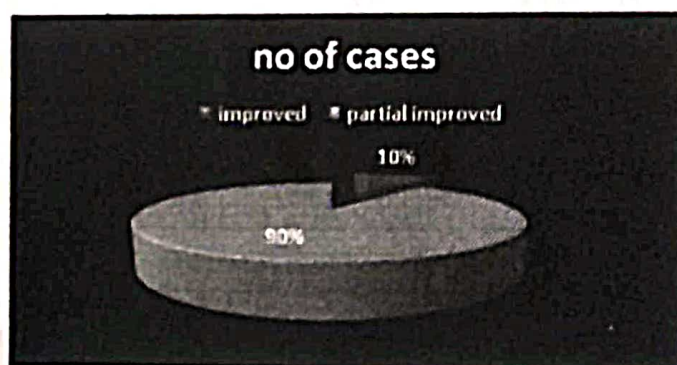
DISCUSSION:

As per the above shown table, frequently used constitutional remedy was Thuja and calendula. During study section calendula was seen to be mostly indicated remedy in most of the cases of keloids. Next to that mostly indicated remedy in maximum repertorial totalities was found to be Thuja occidentalis

RESULT OF STUDY

Statistical analysis of 10 cases after treating with constitutional remedies.

SrNO	RESULT	NO OF CASES	PERCENTAGE
1	Improved	1	10%
2	Partial improved	9	90%



Discussion:- After the constitutional approach 10 % of cases showed marked improvement i.e. 1 individual.

-90 % of cases accounting in 9 individuals resulted mild improvement.

-0% individual shows no improvement.

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ROLE OF BERBERIS VULGARIS MOTHER TINCTURE IN RENAL CALCULI

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ABSTRACT:

Berberis vulgaris well known in Iran various parts of this plants including its roots, bark, leaf, fruits have been as folk medicine. It helps us establish the role of homoeopathy in surgical diseases like renal stones. The stone is not root cause of problem but it is off shoot derangement of vital force but in homoeopathic treatment the stone is not only reduced from the body but its reformation changes are also greatly reduced due to proper homoeopathic treatment.

INTRODUCTION:

- Renal stone or calculi is one of the most common disease of urinary tract.
- 12% people of total population are suffered from kidney stones. It occurs frequently in men than women, rare in children's.
- In the mechanical life wrong diet, congenital defects found with some problem all kinds of alcoholic beverages drinks, eating more meal and cabbage, tomatoes, cauliflower, cucumber and not drinking lot of water during and after strenuous exercise, frequent infections that occurs in urinary bladder, hypercalcemia level in blood and urine, not urinating even after getting feel to urinate are some reason of kidney stones.
- Homoeopathy treatment depends upon the location of stones and shape of the

stone. medicine varies from person to person depending upon place of stone and pain and also mental status of patient.

- The stone dissolves and excreted by medicine.

DEFINITION:

Renal stones or calculus is stone like body composed of urinary salts bound together by a colloid matrix of organic material. OR

It is solid piece of material which is formed in kidney from minerals in urine typically leave a body in urine stream.

ETIOLOGY:

Dietary factor

- Diet rich in calcium milk, spinach, rhubarb etc. produce calcium oxalate stones.
- Diet rich in red meat, fish, eggs can give rise to aciduria.

Renal infection

Organism staphylococci, proteus, pseudomonas, klebsiella and E coli produce recurrent urinary tract infection, producing urea. Cause stasis of urine, precipitates calcium formation.

Metabolic causes

Hyperparathyroidism - increase in calcium level resulting hypercalciuria producing calcium stones. Gout - increase in uric acid levels and causes multiple uric acid stones.

Altered urinary solutes and colloids - Dehydration leads to increased concentration of urinary solutes and tends to cause precipitate.

Inadequate Urinary Drainage - In horseshoe kidney, undescended kidneys, stones develop due to stasis.

Decreased urinary citrates - When citrate level decreases it precipitates the urinary calcium

Randall's plaque - Randall suggested a small

erosion or ulcer on tip of renal papilla on which minor concretions or minor calcium particles gets deposited and give rise to stone formation.

Types:

- Cystine calculus

Appear in urinary tract patient's with congenital error of metabolism that leads to cystinuria or due to reabsorption of cystine in renal tubules. They are hexagonal, pink or yellow. Occur in acidic urine. They are radio opaque due to sulphur content.

- Oxalates calculus (calcium oxalate)

Called as mulberry calculi. Irregular in shape, covered sharp projection causes bleeding produce hematuria early.

- Uric acid calculus

Multiple, small, hexagonal, multifaceted colour yellow to reddish brown. Pure urate stones are radiolucent unless contaminated with calcium salts.

- Phosphate calculus-

Smooth, round, dirty white to yellow colour commonly occurs in renal pelvis, and tends to grow in alkaline urine especially proteus organisms are present. It enlarges in the pelvis, grows and fills major & minor calyces and slowly form stag horn calculus.

- Xanthine calculus

Extremely rare. Smooth and round, brick red in colour and show lamellation on cross section.

PATHOPHYSIOLOGY

Stone growth starts with formation of crystals in supersaturated urine which adhere to urothelium thus creating nidus for subsequent stone growth. The biological processes that anchor crystals to urothelium are incompletely understood. Many but not all calcium oxalate stones develop on Randall's plaques, composed of calcium phosphate crystals. These grow to erode the urothelium, forming a nucleus for calcium oxalate deposition.

CLINICAL FEATURE

SYMPTOMS

- Quiescent calculus
- Pain – fixed renal pain. Dull aching or boring pain at renal angle hypochondrium anteriorly.
- Ureteric calculi: radiating pain from loin to groin. patient rolls about drawing up his knee towards chest tossing in bed.
- Colicky pain persists for 6- 8hrs & passes suddenly.
- Referred Pain – rare pain felt all over abdomen. sometimes pain referred to opposite kidney.
- Occasionally hematuria, urine dirty or smoky during or after attack of pain
- Hydronephrosis : complaint of lump in loin and dull ache pain

SIGNS

- Tenderness at Renal angle
post : low border of 12 th rib and lat. border of erector spinae muscle.
ant: inch below and medial to tip of 9th costal cartilage known as renal point.
- Muscle Rigidity – rebound tenderness.
- Swelling : when hydronephrosis or pyonephrosis associated with renal calculus, a swelling may be felt at flank.

INVESTIGATION

- Blood examination
Increased WBC count : suggest infection.
Renal function test : blood urea
Serum protein level decreased or normal.
Serum ionized calcium level if increase will cause hypercalcaemia.
- Urinalysis
- Physical examination : may show smoky urine due to slight hematuria or opalescent due to presence of pus.
- Chemical Examination : contain protein due to hematuria . If pH is higher indicates presence of urea splitting organ.
- Microscopic : RBC, pus cells and cast.

- Bacteriological examination : culture sensitivity.
- Radiology : straight X- ray (KUB) 90 % of stones are radio opaque and easily visible.
- Ultrasonography: helps to distinguish between opaque and non -opaque stones.
- (Computerized tomography) Ct scan : it is particularly diagnosed for non-opaque stones.
- Instrumental examination: cystoscopy rarely required.
- Examination of stone – if stone passed previously or stalography examination is required.

COMPLICATION

The different kinds of treatment for larger stones causes some complications

- Sepsis: an infection that has spread through the blood causing symptoms throughout the whole body.
- Steinstrasse : is the medical name for a blockage caused by fragments of stones in the ureter.
- injury to the ureter
- Urinary tract infection (UTI)
- Bleeding during surgery
- Pain

HOMOEOPATHIC MANAGEMENT

Botanical name – Berberis vulgaris

Family – Berberidaceae

- Berberries vulgaris mother tincture , as well as in potentised form (dilution) can be used for the treatment of kidney stones.
- Berberries vulgaris tincture made up from bark of the root.
- Its action on the urinary organs results in irritation and subsequent inflammation and formation of renal stones .
- It acts on left side , if kidney stone is on

the side of body , starting from left kidney to ureter then urinary bladder and coming down to urethra.

- Most characteristics feature is burning and soreness in kidney region. Pain in thighs and loins on urinating.
- Numbness and bubbling sensation in kidney region
- Stiffness and lameness on kidney region , painful pressure in kidney region.
- Stitching, cutting pain from left kidney following course of ureter, bladder and

ACUTE CONDITION –

- Haematuria and soreness in urethra.
- Character of urine bloody greenish with thick slimy mucus and jelly like sediment.

CHRONIC CONDITION-

- Urine dark, turbid , copious sedimentation . Urine is slow to flow, constant urging to urinate.
- Symptoms are worse by jar or motion.
- Berberis vulgaris is not only specific to kidney but also help many problems associated with the bladder including weak sphincter, muscle bladder infection and pain in urethra.

DOSE-- In all ailments give berberis mother tincture 5 drops every hour or oftener according to severity of the case

- In mild form give berberis mother tincture 5 drops thrice a daily.

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- Textbook of medical physiology – Guyton
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COPD

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Abstract:

GOLD defines COPD as a disease state characterized by progressive development of chronic airflow limitation that is not fully reversible and it includes chronic bronchitis and emphysema. Acute exacerbation of COPD means acute worsening of respiratory symptoms including increased dyspnoea, cough, wheezing &/or change in the amount & character of sputum. Therapeutic Materia Medica is one of the types of materia medica. There is scarcity of the study which entirely focuses on the use of homoeopathic remedies in management of acute exacerbation of COPD and evolving homoeopathic therapeutics. This study fulfills this purpose and with the help of this study one can prescribe remedies in treatment of acute exacerbation of COPD.

Keyword: Homoeopathic Therapeutics, Acute Exacerbation Of Copd, Clinical Expression, Characteristic Expression, Pathology

Introduction:

WHO defines COPD as a long disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The airflow obstruction is due to damage to the lung structure and destruction of lung. COPD diagnosis confirmed by a simple test called spirometry which measures how deeply a person can breathe and how fast air can move into and out of the lungs. There are two main types: Chronic Bronchitis and Emphysema. The main cause of COPD is cigarette smoke. Air pollution, chemical fumes, biomass fuels can also cause it. In India, COPD is the second most common lung disorder after pulmonary tuberculosis. It is equally prevalent in rural and urban areas. Current estimates suggest that 80 million people worldwide suffer from moderate to severe disease. In 2005, COPD contributed to more than 3 million deaths. Acute exacerbation of COPD means acute worsening of respiratory symptoms including increased dyspnoea, cough, wheezing &/or change in the amount & character of sputum. It is an emergency & life threatening condition.

In acute exacerbation, modern medicine use bronchodilators & corticosteroids. Modern medicine provides symptomatic line of treatment. Inhaled steroids reduce exacerbations a little but fail to reduce disease progress. Certain number of COPD patients are resistant to the corticosteroid treatment & their symptoms worsen.

Homoeopathic medicines are associated with less number of adverse events as compared to conventional therapies. Homoeopathy has already showed positive response in treatment of COPD. Our homeopathic Materia Medica is full of remedies which has specific action on specific conditions. There are specific remedies which has specific action on specific respiratory diseases and also in specific respiratory symptoms.

Therapeutics are the indications of the remedies for a specific condition. There is scarcity of the study which entirely focuses on the use of homoeopathic remedies in management of acute exacerbation of COPD. So a study focusing on the central theme of evolving alternative therapeutic system for managing the cases of AECOPD. Here in this study, cases with acute exacerbation of COPD were studied where homoeopathic medicine was prescribed on the basis of clinical presentation & characteristic expressions. Therapeutics were evolved by assessing effect & improvement in cases of acute exacerbation of COPD at the level of altered structure, dominant miasm, pathology, clinical & characteristic expressions, physical & mental concomitant. This way evolved therapeutic indications of the remedy will help in quick selection of similimum on the basis of pathogenesis & stage of disease and also it will be handy for homoeopathic physicians who are treating acute exacerbations at IPD or OPD level.

Objectives:

1. To study therapeutic indications of remedies which are frequently indicated in cases of AECOPD.
2. To study therapeutics at the level of altered structure, pathology, clinical presentation, characteristic expressions, physical & mental concomitant.
3. To study the dominant miasm of evolved remedies in cases of AECOPD.

Review of literature:

Chronic Obstructive Pulmonary Disease:-

GOLD defines COPD as a disease state characterized by progressive development of chronic airflow limitation that is not fully reversible and it includes chronic bronchitis and

emphysema.

Chronic bronchitis is defined by the presence of a persistent productive cough for at least 3 consecutive months in at least 2 consecutive years. Emphysema is characterized by permanent enlargement of airspaces distal to terminal bronchioles, accompanied by destruction of their walls & without obvious fibrosis.

Acute Exacerbation of Chronic Obstructive Pulmonary Disease:-

An exacerbation of Chronic Obstructive Pulmonary Disease is defined as an event in the natural course of the disease characterized by a change in the patient's baseline dyspnoea, cough, and/or sputum and beyond normal day-to-day variations, that is acute in onset may warrant a change in regular medication in a patient with underlying COPD.

Acute exacerbation of COPD means acute worsening of respiratory symptoms including increased dyspnoea, cough, wheezing &/or change in the amount & character of sputum.

Epidemiology

COPD is the third leading cause of death worldwide, causing 3.23 million deaths in 2019.

Over 80% of these deaths occurred in low & middle income countries. A systematic review and meta-analysis, including studies carried out in 28 countries

Between 1990 and 2004, provided evidence that the prevalence of COPD is appreciably higher in smokers and ex-smokers compared to non-smokers, in those ≥ 40 years of age compared to those < 40 and in men compared to women. Over last few years, several studies indicating a growing health burden of COPD among women & non-smokers.

Women often exposed to other polluting sources such as biomass fuel & are more susceptible to developing to COPD. The Latin American Project for the Investigation of Obstructive Lung Disease (PLATINO) examined the prevalence of post-bronchodilator airflow limitation among persons > 40 years in one major city from each of five Latin American countries – Brazil, Chile, Mexico, Uruguay, and Venezuela. In each country, the prevalence of COPD increased steeply with age, with the highest prevalence among those > 60 years.

Ethology:

- Cigarette smoking:

The primary cause of COPD is exposure to tobacco smoke. Overall, tobacco smoking accounts for as much as 90% of COPD risk.

- Environmental Pollution:

Episodes of exacerbation of COPD correlate with periods of heavy pollution with sulphur dioxide & particular matter. Long-term exposure to traffic-related air pollution may be a factor in COPD.

- Occupation:

Exposure to agricultural dusts (from poultry, animal & arable farming products); dust from silica, rubber, cotton, wood, iron/steel, coalmine, cadmium, isocyanates & other chemicals.

- Airway hyper-responsiveness:

Airway hyper-responsiveness (i.e. Dutch hypothesis) stipulates that patients who have nonspecific airway hyper-reactivity and who smoke are at increased risk of developing COPD with an accelerated decline in lung function.

- Alpha1-antitrypsin deficiency:

Alpha1-antitrypsin (AAT) is a glycoprotein member of the serine protease inhibitor family that is synthesized in the liver and is secreted into the bloodstream. The purpose is to neutralize neutrophil elastase in the lung interstitium and to protect the lung parenchyma from elastolytic breakdown. Severe AAT deficiency predisposes to unopposed elastolysis with the clinical sequela of an early onset of panacinar emphysema.

- Intravenous drug use:

Emphysema occurs in approximately 2% of persons who use intravenous (IV) drugs. This is attributed to pulmonary vascular damage that results from the insoluble filler (e.g. cornstarch, cotton fibers, cellulose, talc) contained in methadone or methylphenidate.

- Immunodeficiency syndromes:

Human immunodeficiency virus (HIV) infection has been found to be an independent risk factor for COPD, even after controlling for confounding variables such as smoking, IV drug use, race, and age.

- Connective tissue disorders:

Cutis laxa is a disorder of elastin that is characterized most prominently by the appearance of premature aging.

- Marfan syndrome:

It is an autosomal dominant inherited disease of type I collagen characterized by abnormal length of the extremities, subluxation of the lenses, and cardiovascular abnormality. Pulmonary abnormalities, including emphysema, have been described in approximately 10% of patients.

Pathology:

Pathological changes of COPD are found in the airways, lung parenchyma and pulmonary vasculature. The pathological changes observed in COPD include chronic inflammation, with increased numbers of specific inflammatory cell types in different parts of the lung and structural changes resulting from repeated injury and repair. In general, the inflammatory and structural changes in the airways increase with disease severity and persist on smoking cessation. Systemic inflammation may be present and could play a role in the multiple comorbid conditions found in patients with COPD.

Pathophysiology:

Chronic Bronchitis:

- Mucous gland hyperplasia is the histological hallmark of chronic bronchitis.
- Airway structural changes include atrophy, focal squamous hyperplasia, ciliary abnormalities, and variable amounts of airway smooth muscle hyperplasia, inflammation & bronchial wall thickening.
- Damage to the endothelium impairs the mucociliary response that clears bacteria and mucus. Inflammation and secretions provide the obstructive component of chronic bronchitis. Neutrophilia develops in the airway lumen and neutrophilic infiltrates accumulate in the submucosa.
- The respiratory bronchioles display a mononuclear inflammatory process, lumen occlusion by mucus plugging, goblet cell metaplasia, smooth muscle hyperplasia, and distortion due to fibrosis. These changes, combined with loss of supporting alveolar attachments, cause airflow limitation by allowing airway walls to deform and narrow the

airway lumen.

Emphysema has 3 morphologic patterns:

- Centriacinar
- Panacinar
- Distal acinar or paraseptal

Signs and symptoms:

- Cough:
- Dyspnoea
- Fatigue & decreased exercise tolerance
- Expiratory Wheezing
- Systemic manifestations

Grades of dyspnea by MMRC dyspnea Scale: ⁽²⁾

Grade 0 = No breathlessness, except with strenuous exercise

Grade 1 = Breathlessness when hurrying on the level or walking up slight hill

Grade 2 = Walks slower than contemporaries on level ground because of breathlessness or has to stop for breath when walking at own space

Grade 3 = Stops for breath after walking about 100m or after a few minutes on level ground

Grade 4 = Too breathless to leave the house or breathless when dressing or undressing

HOMOEOPATHIC THERAPEUTICS: -

Word meaning of Therapeutics

Merriam Webster - a) First Known use of *therapeutic* in 1646 in the meaning- of or relating to the treatment of disease or disorders by remedial agents or methods, CURATIVE, MEDICINAL

b) Producing a useful or favourable result or effect.

Encyclopedia Britannica- Therapeutics is treatment & care of a patient for the purpose of both, preventing and combating disease or alleviating pain injury. The term comes from the

Greek therapeutikos, which means inclined to serve. (Rakel RE. Encyclopedia Britannica, <https://www.britannica.com/science/therapeutics>)

HOMOEOPATHIC LITERATURE AND COPD:-

There is lot of research going on in Homoeopathic field. The current focus of Homoeopathic research is on the evidence based practice. There are certain journals and research papers published which show the efficacy of Homoeopathy in management of COPD. Few published research on COPD are as follows.

a) A case series study conducted by Jain. B, Tamboli. P, Modak. A. with 30 cases was carried out from the period of February 2010 to July 2011 to evaluate efficacy of Homoeopathic medicines. Results were analysed at the end of 1 ½ year. Out of 30 cases, 14 cases showed improvement in spirometry readings, while 16 cases were analysed at the level of subjective and objective findings.

b) An open clinical trial conducted by Raju Kolli , Gupta Jaya, Singh Vikram , Nayak C on 56 patient from period Oct 2005 to May 2009 to find the usefulness of Homoeopathy in management of simple and muco purulent Chronic Bronchitis. Result were analysed- 42 patients got much improvement out of 56.

c) In National Journal of homoeopathy 'COPD' February 2017, miasmatic overview through cases, A 60yrs/f patient was suffering from COPD chronically since 5 yrs. Her main complaints are chronic cough with expectoration & dyspnoea. Usually she has acute exacerbation once in 2 months cough with sticky, stringy expectoration along with breathlessness, occasionally fever with chilliness. These are indicative of sycotic miasmatic process. This study plays role in clinical presentation of COPD, guides in selection of similimum as well as plays important role in therapeutic indications.

(e) In national Journal of Homoeopathy 'COPD' February 2017, an article, Homoeopathy helps in chronic bronchitis, presented a case 55yrs/male, k/c/o of COPD, HTN & DM came with acute exacerbation having c/o severe **barking cough** with breathlessness, expectoration is difficult, thick, green. Rattling with heaviness. **Ailment from change of weather. <lying, talking, laughing, midnight. > rest, sitting erect. Stitching pain in chest while coughing. Hoarseness of voice.**

(f) In an article, Oscillococcinum for upper respiratory tract infections & exacerbations in COPD, The use of Oscillococcinum in patients with COPD led to a significant decrease in incidence & a delay in the appearance of URTI symptoms during the influenza- exposure

period. The result of this study confirms the impact of this homoeopathic medication on URTIs in patients with COPD.

Research Design:

1. Type of Research Design: Retrospective case series study

2. Duration of study: 18 Months

3. Sample size: 60 acute episodes of exacerbation of COPD

4. Sampling technique: Purposive sampling technique

5. Method of selection:

- Inclusion Criteria:

1) Diagnosed cases of COPD with acute exacerbation defined as per the standard clinical examination & homoeopathic concept of Acute disease.

2) Age above 45 years

3) Both sexes

4) Cases showing improvement within stipulated time

5) Patients with or without bronchodilator; without any modification of existing dosage.

- Exclusion Criteria:

1) Cases having poor documentation of clinical & homoeopathic data

2) Cases where more than one homoeopathic medicine was given.

Methods of data collection:

The cases were selected on the basis of inclusion and exclusion criteria.

- Each case which was recorded as per standard case record with detailed Location, Sensation, Modality and concomitant.
- According to clinical presentation, symptoms were classified as per symptom classification form.
- The totality of acute exacerbation & the remedy which was prescribed that was studied at the level of sphere of action, pathogenesis, characteristic particular & concomitant.
- Symptoms which had shown improvement within stipulated period were considered as therapeutic indication of that particular remedy.

Data analysis plan and methods:

Data generated was of qualitative type so frequency distribution table was made. Appropriate graphs and diagrams were made to represent the conclusions and results.

Analysis:

Table no.1: Prevalence according to age in acute exacerbation of COPD:

AGE GROUP (IN YEARS)	NO. OF CASES	PERCENTAGE
41-50	10	17
51-60	19	32
61-70	15	25
71-80	8	13
81-90	7	11
91-100	1	2
TOTAL	60	100

Table no.2: Age of onset of COPD:

AGE GROUP (IN YEARS)	NO. OF CASES	PERCENTAGE
31-40	6	10
41-50	29	48
51-60	13	22
61-70	9	15
71-80	3	5
TOTAL	60	100

Table no.3: Prevalence according to gender in acute exacerbation of COPD:

GENDER	NO. OF CASES	PERCENTAGE
MALE	25	42
FEMALE	35	58
TOTAL	60	100

Table no.4: various remedies prescribed in AECOPD:

REMEDIES	NO. OF CASES	PERCENTAGE
ARSENIC ALBUM	13	21.66
KALI MUR	8	13.33
KALI BICH	7	11.66
KALI CARB	6	10
PULSATILLA	6	10
STANNUM MET	4	6.66
ANTIMONIUM TARTARICUM	3	5
PHOSPHORUS	2	3.33
SQUILLA M.	2	3.33
ARSENICUM IOD	1	1.66
BRYONIA ALBA	1	1.66
CHINA	1	1.66
LACHESIS	1	1.66
SENEGA	1	1.66
COCCUS CACTI	1	1.66
DROSERA	1	1.66
LYCOPODIUM	1	1.66
STICTA	1	1.66
TOTAL	60	100

Table no.5: Dominant miasm in AECOPD cases:

MIASM	NO. OF CASES	PERCENTAGE
SYCOSIS	3	5
SYCO-TUBERCULAR	30	50
TUBERCULAR	27	45
TOTAL	60	100

Table no. 6: Involvement of altered structure of evolved remedies incases of AECOPD:

Altered Structure	Antimonium Tart	Ars.Alb	Kali Bich	KaliCarb	KaliMur	Pulsatilla	Stannum Met
Bronchi	3/3	13/13	7/7	6/6	8/8	6/6	4/4
Alveoli	3/3	10/13	4/7	2/6	3/8	3/6	3/4

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. In 3 cases, Antimonium Tart was prescribed. Out of 3 cases, in all the cases bronchi & alveoli were involved. In 13 cases arsenic Album was prescribed. Out of 13 cases, in 10 cases alveoli were involved whereas in all the cases there was involvement of bronchi. In 7 cases, Kali Bich was prescribed. Out of 7 cases, in 4 cases, alveoli were involved whereas in all the cases, bronchi were involved. In 6 cases, Kali Carb was prescribed. Out of 6 cases, in 2 cases alveoli were involved whereas in all cases bronchi were involved. In 8 cases, Kali Mur was prescribed. Out of 8 cases, in 3 cases alveoli were involved whereas in all the cases bronchi were involved. In 6 cases, Pulsatilla was prescribed. Out of 6 cases, in 3 cases alveoli were involved whereas in all cases bronchi were involved. In 4 cases, Stannum Met was prescribed. Out of 4 cases, in 3 cases alveoli were involved whereas in all the cases bronchi were involved.

Table no.7: involvement of pathologies in various remedies:-

a. pathologies of arsenic album in cases of AECOPD:-

Remedy: Arsenic Album	Hypersecretion of mucus	Mucus trapping	Air trapping	Airway fibrosis
No of cases/out of cases	13/13	13/13	9/13	7/13
Percentage	100%	100%	69.23%	53.85%

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed.

b. Pathologies of kali mur in AECOPD:-

Remedy: Kali Mur	Hypersecretion of mucus	Mucus trapping	Air trapping	Airway fibrosis
No of cases/out of cases	8/8	8/8	1/8	2/8
Percentage	100%	100%	12.5	25

Out of 60 cases, in 8 cases Kali Mur was prescribed. All the 8 cases (100%) had shown pathology of hypersecretion of mucus & mucus trapping, 1 case (12.5%) had shown pathology of air trapping whereas 2 cases (25%) had shown pathology of airway fibrosis.

c. Pathologies of kali bichromicum in cases of AECOPD:-

Remedy: Kali Bichromicum	Hypersecretion of mucus	Mucus trapping	Air trapping	Airway fibrosis
No of cases/out of cases	7/7	7/7	1/7	1/7
Percentage	100%	100%	14.29	14.29

Out of 60 cases, in 7 cases Kali Bichromicum was prescribed. All the 7 cases (100%) had shown pathology of hypersecretion of mucus & mucus trapping, 1 case (14.29%) had shown pathology of air trapping & airway fibrosis.

d. Pathologies of kali carb in cases of AECOPD:-

Remedy: Kali Carb	Hypersecretion of mucus	Mucus trapping	Air trapping	Airwayfibrosis
No of cases/out of cases	6/6	6/6	2/6	0/6
Percentage	100%	100%	33.33	

Out of 60 cases, in 6 cases Kali Bichromicum was prescribed. All the 6 cases (100%) had shown pathology of hypersecretion of mucus & mucus trapping, 2 cases (33.33%) had shown pathology of air trapping.

e. Pathologies in pulsatilla in cases of AECOPD:-

Remedy: Pulsatilla	Hypersecretion of mucus	Mucus trapping	Air trapping	Airwayfibrosis
No of cases/out of cases	6/6	6/6	1/6	1/6
Percentage	100%	100%	16.67	16.67

Out of 60 cases, in 6 cases Pulsatilla was prescribed. All the 6 cases (100%) had shown pathology of hypersecretion of mucus & mucus trapping, only one case (16.67%) had shown pathology of air trapping & airway fibrosis.

f. Pathologies of stannum metallicum in cases of AECOPD:-

Remedy: Stannum Met	Hypersecretion of mucus	Mucus trapping	Air trapping	Airwayfibrosis
No of cases/out of cases	4/4	4/4	1/4	2/4
Percentage	100	100	25	50

Out of 60 cases, in 4 cases Stannum Metallicum was prescribed. All the 4 cases (100%) had shown pathology of hypersecretion of mucus & mucus trapping, one case (25%) had shown pathology of air trapping & 2 cases (50%) had shown pathology of airway fibrosis.

g. Pathologies of antimonium tartaricum in cases of AECOPD:-

Remedy: Antimonium Tart	Hypersecretion of mucus	Mucus trapping	Air trapping	Airwayfibrosis
No of cases/out of cases	2/3	2/3	3/3	2/3
Percentage	66.67	66.67	100	66.67

Out of 60 cases, in 3 cases Antimonium Tartaricum was prescribed. 2 out of 3 cases (66.67%) had shown pathology of hypersecretion of mucus, mucus trapping & airway fibrosis whereas 3 cases (100%) had shown pathology of air trapping.

Table no.8: Evolved characteristic expectoration of various remedies in AECOPD:-

Expectoration	Antimonium Tart	Ars Alb	Kali Bich	Kali Carb	Kali Mur	Pulsatilla	Stannum Met
White	2/3	9/13	3/7	3/6	8/8	3/6	1/4
Thick		2/13	4/7	2/6		1/6	1/4
Sticky	2/3	3/13	4/7	4/6	6/8		
Difficult to expectorate	2/3	7/13	7/7	2/6	3/8	3/6	3/4
Scanty	2/3	3/13		1/6			2/4
Greenish		1/13	2/7	1/6			
Thin		2/13					
Yellow			3/7	1/6	1/8	2/6	3/4
Yellow expectoration <morning			1/7				
Offensive				1/6			
Stringy					3/8		
Ropy					1/8		
Easy to expectorate	1/3					2/6	
Frothy						1/6	1/4
Brownish						1	

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. Out of 60 cases, in 3 cases Antimonium Tartaricum was prescribed. Out of 3 cases, in 2 cases (66.67%) expectoration was white, sticky, difficult to expectorate & scanty. In 1 case (16.67%) expectoration was easy to expectorate. In 13 cases, Arsenic Album was prescribed. Out of 13 cases, in 9 cases (69.23%) expectoration was white; in 2 cases (15.39%) expectoration was thick & thin; in 3 cases (23.07%) expectoration was sticky & scanty; in 7 cases (53.85%) expectoration was difficult to expectorate. In 6 cases, Kali Carb was prescribed. Out of 6 cases, in 3 cases (50%) expectoration was white; in 2 cases (33.33%) expectoration was thick & difficult to expectorate; in 4 cases (66.67%) expectoration was sticky; in 1 case (16.67%) expectoration was scanty, yellow, green & offensive. In 8 cases, Kali Mur was prescribed. Out of 8 cases, all cases (100%) had white expectoration; in 6 cases (75%) expectoration was sticky; in 3 cases (37.5%) expectoration was difficult to expectorate & stringy; in 1 case (12.5%) expectoration was yellow & ropy. In 6 cases, Pulsatilla was prescribed. Out of 6 cases, in 3 cases (50%) expectoration was white & difficult to expectorate; in 1 case (16.67%) expectoration was sticky, frothy & brownish; in 2 cases (33.33%) expectoration was yellow & easy to expectorate.

Table no.9: Evolved characteristic expressions of cough of various remedies in AECOPD:-

Characteristic of cough	AntTart	Ars Alb	Kali Carb	Kali Bich.	KaliMur	Pulsatilla	Stannum met
Cough with expectoration	2/3	12/13	6/6	7/7	8/8	6/6	2/4
Cough without expectoration	1/3	1/13					1/4
<night		2/13	2/6	1/7			
<talking	2/3	2/13			1/8		2/4
<walking	2/3	1/13	1/6				2/4
<lying		1/13	3/6			1/6	2/4
>expectoration		1/13	1/6	2/7		1/6	
>warm drink	2/3	6/13		1/7			2/4
>warm application	2/3	1/13					2/4
>sitting		3/13				1/6	
<lying on back		3/13					
>sitting erect		3/13					
<cold	2/3				1/8		2/4
<daytime		1/13	1/6				
<midnight		2/13			1/8		
<morning		1/13				1/6	
<climbing	2/3						2/4
<sitting	2/3				1/8		2/4
<physicalexertion			1/6	1/7			
<cold air			2/6				
<every winter			1/6				
<during sleep			1/6				
<cold weather				1/7			
>warm				1/7	1/8		
<waking				3/7	1/8		
>evening						1/6	
>rest						1/6	
>lying					1/8		
<3am					1/8		

9-A) time modalities of cough of evolved remedies in cases of AECOPD:-

Time modalities	Ant. Tart	Ars. Alb	Kali Bich	Kali Carb	Kali Mur	Pulsatilla	Stannum Met
<night		2/13	1/7	2/6			
<midnight		2/13			1/8		
<3am					1/8		
<morning		1/13				1/6	
<daytime		1/13		1/6			
>evening						1/6	

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. Out of 13 cases of Arsenic Album 2 cases (15.38%) had cough <night & <midnight whereas 1 case (1.69%) had cough <morning & <daytime. Out of 7 cases of Kali Bich only 1 (14.28%) case had cough <night. Out of 6 cases of Kali Carb 2 cases (33.33%) had <night & 1 case (16.67%) had <daytime. Out of 8 cases of Kali Mur 1 case (12.5%) had <midnight & <3am.

9B) positional modalities of cough of evolved remedies incases of AECOPD:-

Positional modalities	Ant Tart	Ars. Alb	Kali Bich	Kali Carb	Kali Mur	Pulsatilla	Stannum Met
<lying		1		3		1	2
<lying on back		3					
>sitting erect		3					
>lying					1		
>sitting						1	
<sitting	2				1		2

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. Out of 13 cases of Arsenic Album 1 case (7.69%) had cough <lying & 3 cases (23.07%) had <lying on back & >sitting erect. Out of 3 cases of Ant Tart 2 cases (66.67%) had cough <sitting. Out of 6 cases of Kali Carb 3 cases (50%) had <lying. Out of 8 cases of Kali Mur 1 case (12.5%) had >lying & <sitting. Out of 6 cases of Pulsatilla 1 case (16.67%) had <lying & >sitting. Out of 4 cases of Stannum Met 2 cases (50%) had <lying & <sitting.

Table no.10: Evolved chracteristic expression of breathlessness of various remedies in AECOPD:

10A) positional modalities of breathlessness of evolved remedies in cases of AECOPD:-

Positional modalities	Ant Tart	Ars Alb	KaliBich	KaliCarb	KaliMur	Pulsatilla	Stannum Met
<sitting	2/3						
<lying down	2/3	5/13		4/6	1/8		1/4
>lying		1/13			2/8		
>sitting	1/3	4/13		3/6	1/8		1/4
>bending forward	1/3			1/6			
>sitting erect					1/8		

Evolved characteristic clinical expressions of various remedies in AECOPD:-

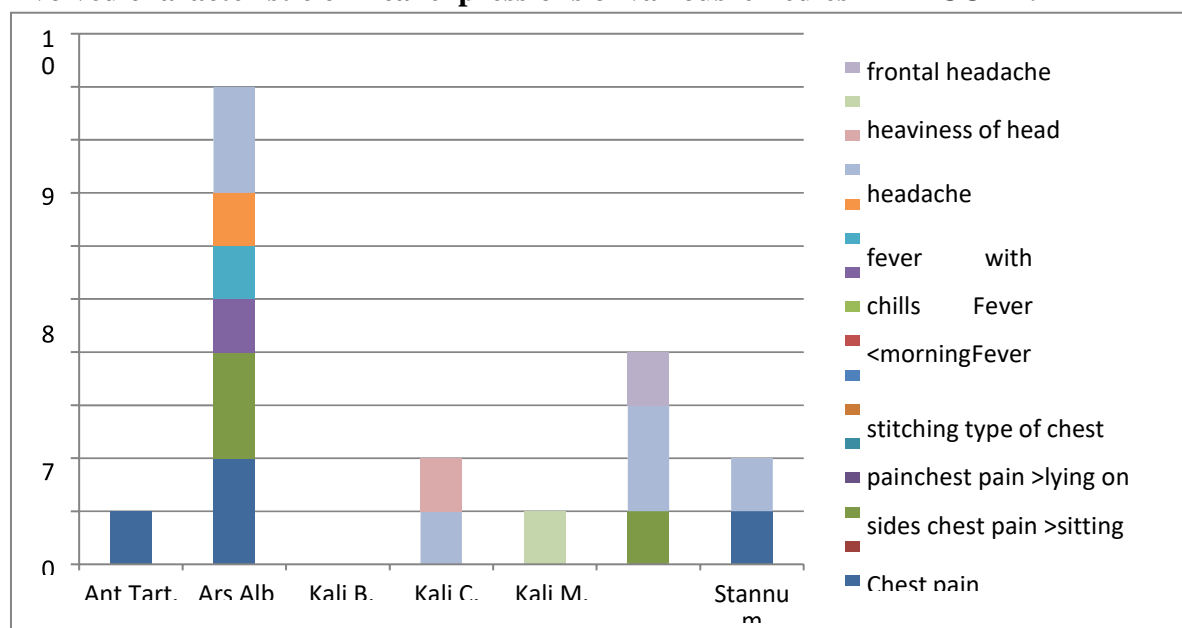


Table no.12: Evolved physical concomitant of various remedies in AECOPD:-

Physical concomitant	Ant.Tart	Ars Alb	KaliBich	KaliCarb	KaliMur	Pulsatilla	Stannum Met
Thirst for small quantity of water		3/13					
Appetite reduced	3/3	9/13	2/7	4/6	3/8	4/6	3/4
Thirst reduced	3/3				2/8		
Generalised weakness	2/3	4/13			1/8	1/6	3/4
Thirstlessness			1/7	1/6		4/6	
Hard stool		1/13					
Disturbed sleep	1/3	5/13		3/6			1/4
Physical restlessness	1/3	2/13					
Increased thirst for warm water		1/13					
Sleeplessness							1/4
Giddiness	1/3			1/6			
Heaviness of abdomen					1/8		
Increased thirst		3/13	1/7				1/4
Back pain			3/7				

Earache						1/6	
Desire for sweets					1/8		
Dryness of mouth		2/13					

Table no.13: Evolved mental concomitant of various remedies in AECOPD:-

Mental Concomitant	Ant Tart	Ars Alb	Kali Bich	Kali Carb	Kali Mur	Pulsatilla	Stannum Met
Moaning		1/13					
Talkative		1/13					
Anxious about health		2/13				1/6	1/4
Fear of dark						1/6	
Fear of death						1/6	
Palpitations due to fear						1/6	

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. Out of 18 remedies, Mental Concomitants were found in 3 remedies. In 13 cases, Arsenic Album was prescribed. Out of 13 cases, in 1 case (7.70%) there was moaning & talkative whereas in 2 cases (15.39%) there was anxiety about health. In 6 cases, Pulsatilla was prescribed. Out of 6 cases, in 1 case (16.67%) there was anxiety about health, fear of dark, fear of death & palpitations due to fear. In 4 cases, Stannum Met was prescribed. Out of 4 cases, in 1 case (25%) there was anxiety about health.

Table no.14: Evolved dominant miasm of various remedies in AECOPD:

Miasm	Antimonium Tart	Ars Alb	Kali Bich	Kali Carb	Kali Mur	Pulsatilla	Stannum Met
Tubercular	2/3	7/13	2/7	3/6	1/8	2/6	2/4
Syco-Tubercular	1/3	3/13	5/7	3/6	7/8	4/6	2/4
Sycosis		3/13					

In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. In 3 cases, Antimonium Tart was prescribed. Out of 3 cases, in 2 cases (66.67%) dominant miasm was Tubercular & in 1 case (33.33%) dominant miasm was Sycosis. In 13 cases, Arsenic Album was prescribed. Out of 13 cases, in 7 cases (53.84%) dominant miasm was Tubercular & in 3 cases (23.07%) dominant miasm was Tubercular & Sycosis. In 7 cases, Kali Bich was prescribed. Out of 7 cases, in 5 cases (71.42%) dominant miasm was Syco-Tubercular & in 2 cases (28.58%) dominant miasm was Tubercular miasm. In 6 cases, Kali Carb was prescribed. Out of 6 cases, in 3 cases (50%) dominant miasm was Tubercular & Syco-Tubercular. In 8 cases, Kali Mur was prescribed. Out of 8 cases, in 7 cases (87.5%) dominant miasm was Syco-Tubercular & in 1 case (12.5%)

dominant miasm was Tubercular. In 6 cases, Pulsatilla was prescribed. Out of 6 cases, in 4 cases (66.67%) dominant miasm was Syco-Tubercular & in 2 cases (33.33%) dominant miasm was Tubercular. In 4 cases, Stannum Met was prescribed. Out of 4 cases, 2 cases (50%) had Tubercular & Syco-Tubercular miasm.

DISCUSSION

AECOPD & Age-wise prevalence:

They denote about the prevalence of AECOPD according to age which indicate that AECOPD is more commonly seen in the middle aged adults & old aged adults i.e. >40 years of age compared to those < 40. There is growing evidence of higher prevalence of COPD in the elderly. The lungs of people who are younger may recover from potential irritants faster than those of people who are older.

AECOPD & Gender-wise prevalence:

COPD affects male more frequently than female. . BOLD (The Burden of Obstructive Lung Diseases) reported worse lung function than earlier studies with a prevalence of COPD grade 2 or higher of 10.1% (SE 4.8) overall, 11.8% (SE 7.9) for men and 8.5% (SE 5.8) for women.

Pathologies of various remedies in AECOPD:-

Hypersecretion of mucus as there is inflammation of lungs due to various causes so there is increased in oxidative stress, inflammatory cytokine & protease function. This results in continued repeated injury to bronchial tree & causes proliferation of goblet cells. It is also given in the book of Pathology by Robbins & Physiological Materia Medica by W.H. Burt. Thus there is cough with expectoration.

Mucus trapping as there is a decreased in no. epithelial ciliated cells to clear airway so mucus gets trapped in airways & causes airway obstruction which results in Breathlessness & wheezing.

Air trapping as there is increased proteolytic destruction of lung parenchyma due to chronic inflammation which decreased the elasticity of airway & structural supports of airway patency so air gets trapped in the airway. So there is decreased ventilation of alveoli Hence breathlessness, involvement of accessory muscle is more prominent symptom.

Airway fibrosis as due to chronic inflammation of lung, there is increased in oxidative stress & inflammatory cytokines which produces continued repeated injury to the bronchial tree. So

there infiltration of inflammatory cells especially neutrophils which causes airway fibrosis.

Characteristic of Expectoration of various remedies in AECOPD:-

Difficulty to expectorate as there is mucus trapping & death of epithelial ciliated cells so there is difficulty to clear the airway. White expectoration as in COPD due to chronic inflammation there is proliferation of goblet cells which results in hypersecretion of mucus. Yellow, greenish, sticky & thick expectoration indicates that there is an infection. Because of infection immune cells, germs, debris, WBCs gets build up in the phlegm which produces change in color & character of expectoration. Majority of the cases of Arsenic Album, Kali Bich, Kali Carb, Kali Mur, Pulsatilla, Stannum Met & Ant Tart had change in color & consistency of expectoration. (Refer Table-8 & Figure-8)

1) Characteristic of breathlessness of various remedies in AECOPD:-

Stannum Met has an action on mucous membrane of the lungs especially bronchioles producing catarrhal inflammation & profuse mucopurulent expectoration with dilatation of the bronchi & exhaustion of nerves of the lungs which causes breathlessness & severe weakness. It is given in the book of Physiological Materia Medica by W.H. Burt. This study shows that, in Ant Tart breathlessness is prominent due to the air trapping where as in other remedies breathlessness is due to the mucus trapping. In Arsenic album both air trapping & mucus trapping is seen.

Physical & Mental concomitant of various remedies in AECOPD:

Symptoms that accompany the chief complaint are known as concomitants. The concomitants bear no other relationship to the chief complaint than this time-association. Boenninghausen was the first to realise the importance of the concomitants in prescribing. Mental concomitants are of immense value in physical ailment.

Mental concomitant- In this study of 60 cases, total 18 remedies were prescribed. Out of 18 remedies, 7 remedies were most frequently prescribed. Out of 13 cases of Arsenic Album, total 4 cases (30.77%) had mental concomitants such talkative, moaning & anxious about health. Moaning & anxious about health was also found in the book of “Lectures on Homoeopathic Materia Medica by Kent”. Out of 6 cases of Pulsatilla total 4cases (66.67%) had mental concomitants such as anxiety about health, fear of dark, fear of death & palpitations due to fear. Fear of dark also found in the book of Materia Medica of Homoeopathic by S.R. Phatak. Fear of death & palpitations due to fear was also found in

book of Materia Medica by J.H. Clarke.

Physical Concomitant:-Reduced appetite was found in majority of the cases of Ars Alb, Ant Tart, Kali Carb, Pulsatilla & Stannum Met. Very few cases of Kali Bich & Kali Mur had reduced appetite. Increased thirst was found in majority of the cases of Arsenic Album. Very few cases of Kali Bich & Stannum Met had increased thirst. Generalised weakness was found in majority of the cases.

Thirstlessness was found in majority of the cases of Pulsatilla. It is also given in the book of “Lectures on Homoeopathic Materia Medica” by Kent. Very few cases of Kali Bich & Kali Carb had thirstlessness. (Refer Figure-12 & Table-11).

2) Dominant miasm in cases of AECOPD:-

Dominant miasm is derived from chief complaints, onset, duration, pace, progress, intensity of the complaint, pathology of disease & characteristic available at level of mind & body. In this study of 60 cases, 30 cases (50%) had Syco-Tubercular as dominant miasm in background; 27 cases (45%) had Tubercular miasm whereas in only 3 cases (5%) had Sycosis in background as a dominant miasm. (Refer Figure-5 & Table-5)

The commonly identified Tubercular expressions on the level of **pathological generals** in this study were as follows, infective pathology, fibrosis of airway, mucopurulent discharges, expansive power of lungs is limited & amount of residual air lessened.

Sycotic expressions are: Hypersecretion of mucus, mucus trapping, narrowing of airway, decreased airway elasticity & air trapping.

At the level of physical generals: Tubercular expressions are severe breathlessness; productive cough, loss of appetite; generalised weakness; fever with chills, restlessness & sleeplessness whereas Sycotic expressions are discharges are sticky, thick, difficult to expectorate, & offensive; breathing is not full.

At the level of examination & investigation findings: Tachypnoea, tachycardia, low oxygen saturation level, fibrotic changes & calcification, prominent bronchovascular marking, reduced FEV1/FVC ratio s/o obstructive pathology, leucocytosis, raised ESR, crepts & rhonchi. From all these findings, it was suggested that in majority of remedies which were prescribed in cases of AECOPD had Tubercular & Syco-Tubercular as a dominant miasm.

In the cases where Syco-Tubercular miasm is prominent; Gradual onset, duration is continuous, gradually progressive & then sudden erratic change in breathlessness, character &

amount of cough, external oxygen requirement & tachypnoea.

In the cases, where Tubercular miasm is prominent; there was sudden onset of symptoms, pace is fast, intensity of symptoms is severe & recovery also takes time.

Dominant Miasm of various remedies in cases of AECOPD:-

Tubercular:-In this study of 60 cases, majority of the cases of (66.67%) Ant Tart, (53.84%) of Arsenic Album, (50%) of Kali Carb, (50%) of Stannum Met had Tubercular miasm as a dominant miasm. There was sudden onset of symptom, pace is rapid & progressive in nature, fibrosis of airway, mucus trapping & air trapping, dyspnoea grade-3, tachypnoea, tachycardia, there is requirement of external oxygen support & leucocytosis which is S/O Tubercular miasm. Very few (28.57%) of Kali Bich, (12.5%) of Kali Mur, (33.33%) of Pulsatilla had Tubercular as a dominant miasm.

Syco-Tubercular: In this study of 60 cases, majority of the cases of (71.42%) Kali Bich, (50%) of Kali Carb, (87.5%) of Kali Mur, (66.67%) of Pulsatilla, (50%) of Stannum Methad Syco-Tubercular as a dominant miasm. There was gradual onset of symptom, gradually progressive, duration is continuous, hypersecretion of mucus, mucus trapping, narrowing of airway, fibrosis of airway, decreased airway elasticity & air trapping, coughwith expectoration which is S/O Syco-Tubercular miasm. Very few i.e., (33.33%) of AntTart & (23%) of Ars Album had Syco-Tubercular as a dominant miasm. (Refer Table-9 & Figure-9)

CONCLUSIONS:

- 1) In this study more number of Females were found to have AECOPD than Males.
- 2) Majority of were from age group 51-60years followed by 61-70years. This disease involves patients majorly of middle aged adults & old aged adults.
- 3) Majority of the cases had Moderate susceptibility followed by low & low to moderate susceptibility. Very few had moderate to high susceptibility.
- 4) Majority of the cases had Physical Concomitant symptoms, very few cases had Mental Concomitant symptom.
- 5) All cases presented with Cough & Breathlessness. Majority of the cases hadcough with expectoration. Few cases had coryza, fever & throat pain.
- 6) In majority of cases, Arsenic album, Kali Mur, Kali Bichromaticum, Kali Carb, Pulsatilla, Stannum Metallicum & Antimonium Tartaricum were prescribed. In very few cases Squilla M., Phosphorus , Arsenicum Iod., Bryonia Alba, China, Lachesis, Senega, Coccus Cacti,

Drosera, Lycopodium & Sticta were prescribed.

7) Majority of the cases had shown pathology of hypersecretion of mucus & mucustrapping followed by air trapping & airway fibrosis.

8) Majority of the cases had Syco-Tubercular & Tubercular miasm as a Dominant miasm. Very few had Sycotic miasm in background as a dominant miasm.

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MALNUTRITION

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Abstract:

Melasma is a common disorder of acquired hyperpigmentation characterized by tan or brown macules and patches localized to photoexposed areas of the face. Even in modern medicine they don't have curative drug for Melasma and they just suppress lesion by applying topical depigmenting agent and gradual and strict avoidance of sunlight. Dr Hahnemann in his book Organon of medicine 6th edition wrote about the harmful effect of suppression and external application. Homoeopathy is science based on law of similar and permanent cure, and for proper selection of similimum. Hence, this study was carried out to explore the role of homoeopathic medicines in reducing hyperpigmented patches.

Keyword: Melasma, Chloasma, Macules, Homoeopathy, Repertory, Similimum, Organon

Introduction:

Melasma is an acquired pigmentary Disorder characteristic by symmetrical hyperpigmented macules on the face. The Hindustani name is 'Chhaia'. Its pathogenesis is complex and involves interplay of various factors such as genetic predisposition, ultraviolet radiation, hormonal factors and drugs. An insight in the pathogenesis is important to devise treatment modalities that accurately target the disease process and prevent relapse.

Prevalence of Melasma varies in between 1.5% and 33.3% depending on the population. Its prevalence in pregnancy is around 50-70%. Melasma can also occur in men, though less common. Sarkar et al conducted an etiological and histological study in Indian males with Melasma and found that men represent 20.5- 25.83% of the cases. In men, the malar pattern is more common than centrofacial and mandibular patterns. Average age of presentation is 14-40 years.

Melasma (a term derived from the Greek word 'melas' meaning black) is a common acquired. Hypermelanosis that occurs in sun exposed areas, most on the face, occasionally on

the neck, and rarely on the forearms. The term 'chloasma' (from the Greek word 'chloazein' meaning 'to be green') is often used to describe developing during pregnancy; the pigmentation never appears to be green therefore the term 'Melasma' is preferred. The edges of Chloasma (liver spot) are always convex.

Homoeopathic remedy cannot select on the basis of name of the disease. The condition of disease in patient caused due to disharmony. For the selection of single similar remedy, disharmony with in the patient to be consider. It is also the cases that suffering from hyperpigmented patches due to sun exposure, uv radiation, history of contraceptive pills or HRT impresses a distinct enough stampon the Melasma.

Homoeopathic treatment focuses on the patient as a person,as well as pathological condition. Homoeopathy treats the person as a whole. After detail casetaking, according to totality of symptom which includes the medical history, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors, analysis and indivisualisation take in to consideration for selection of proper similimum.

In homoeopathy diagnosis is not made on the basis of bacteria and viruses but other factors like ,mental, emotional, and physical stress that could predisposea person to illness are also looked for, because large number of diseases are psychosomatic, now a days even modern medicine also consider.

Symtoms listed in hom. Materia medica under each homoeopathic remedy are not directly related to the disease. For the selection of correct similimum general symptoms and constitutional indications are also taken into consideration which tries to correct disease predisposition.

In case of incurable diseases and advance pathology the quality of life canbe greatly improved due to proper similimum.

HAHNEMANN'S IDEA

“As long as humanity has existed, people have been exposed, individually or collectively, to illnesses from physical or moral causes.”

Hahnemann defined totality of the symptom as the outwardly reflected picture of the essence of the disease, that is, of the affection of the vital force. Totality of symptoms must be the principal or the sole means, whereby the disease can makeknown what remedy it requires the only things that can determine the choice of the most appropriate remedy and thus in a

word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art - in order that it shall be cured and transformed into health. He states that besides the totality of symptoms, nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniable that the sum of all the symptoms and conditions in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a remedy.

Objectives:

1. To study the effectiveness of homoeopathic medicines in the treatment of Melasma in 14 to 40 years of age group.
2. To study the different clinical presentations of Melasma.

Review of literature:

Melasma

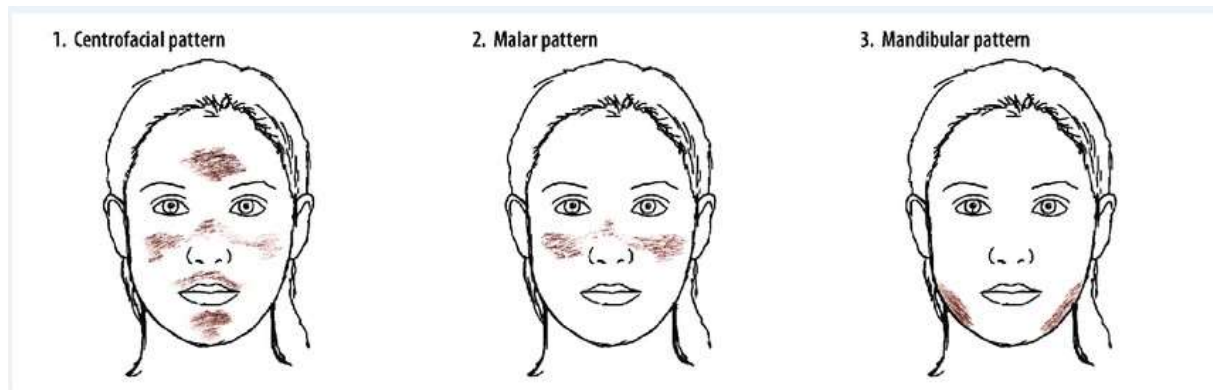
Melasma is a skin condition that causes certain areas of your skin to become more pigmented than the surrounding skin. It tends to affect the face, also possible to develop on neck, arms and elsewhere on the body and sun exposed parts. However, its visible symptom is symmetrical, with matching patches of discolored darkened skin appearing on both sides of the face.

Melasma (also known as chloasma facies, or the mask of pregnancy when present in a pregnant woman)⁽⁸⁾. Is a tan or dark skin discoloration. Although it can affect anyone, Melasma is particularly common in women, especially pregnant women and those who are taking oral or patch contraceptives or hormone replacement therapy (HRT) medications⁽⁹⁾.

Types:-

- 1) Epidermal: brown colour, light brown colour, appears more obvious under black light, respond well to treatment.
- 2) Dermal: blue gray colour, dark brown colour, unchanged under black light, responds poorly to treatments.
- 3) Mixed- combination of light and brown patches partial improvements.

Distribution of Melasma :



1. Central facial pattern (63%): cheek, forehead, nose, chin.
2. Malar pattern (21%): cheek, nose.
3. Mandibular Pattern (16%): chin.⁽¹⁰⁾

Epidemiology:

Melasma is very common, affecting over 5 million people in the United States. Prevalence rates range from 8.8% among females of Latino descent living in the Southern United States to up to 40% in some females of Southeast Asian populations.

Race:

Person of any race can be affected by Melasma. However, Melasma is much more common in the constitutionally darker skin types than in lighter skin types, and it may be more common in lights brown skin types, especially Latinos and Asian, from areas of the world with intense sun exposure.

Sex:

Melasma is a much more common in women than in men. Women are affected in 90% of cases, when men are affected, the clinical and histologic picture is identical.

Age:

Melasma is rare before puberty and most commonly occurs in women during their reproductive years. Melasma is present in 15 - 50% of pregnant patients. Facial pigmentation can occur at any age, but is most prominently seen between 20 to 40 years of age (young-

adult).

Causes

Cause of Melasma exact unknown. Light UVA, UVB, visible light cause peroxidation of lipids in cellular membranes, leading to generation of free radicals, which stimulate melanogenesis. Elevated levels of estrogen and progesterone pregnancy, contraceptive pill, HRT, Thyroid disease Drugs Dilantin, anti-malarial drugs, tetracycline, minocycline, cosmetic perfume, colour, genetic more than 30% have family history of Melasma. Malnutrition liver dysfunction, B12 deficiency. Melasma is thought to be the stimulation of melanocytes (cells in the epidermal layer of skin that produce a pigment called melanin) by female sex hormones estrogen and progesterone to produce more melanin pigments on her the skin is exposed to sun⁽¹³⁾. Woman with a light brown skin type who are living in regions with intense sun exposure are particularly susceptible to developing this condition. Genetic predisposition is also a major factor in determining whether someone will develop Melasma. The incidence of Melasma also increases in patient with thyroid disease. It is thought that the overproduction of melanocyte stimulating hormone (MSH) brought on by stress can cause outbreaks of this condition. Other rare causes of Melasma include allergic reaction to medication and cosmetics.

Sign and symptoms:

The symptoms of Melasma are dark, irregular well demarcated hyperpigmented macules to patches commonly found on the upper cheek, bridge of the nose, lips, upper lips and forehead⁽¹⁴⁾. These patches often develop gradually over time. Melasma does any other symptoms beyond the cosmetic discoloration. Melasma is also common in pre-menopausal women it is thought to be enhanced by surges in certain hormones [15].

On examination

Muddy brown to gray hyperpigmentation in a typical distribution (i.e., centrofacial, malar, mandibular) suggests a diagnosis of Melasma. It can sometimes affect different areas such as the forearms and neck.

Risk Factors Female sex UV radiation

Oral contraceptive pill Pregnancy Photosensitizing drugs

Diagnosis:

Melasma is usually diagnosed with assistance of a Wood's lamp (342-400 wave

length). Under Wood's lamp excess melanin in the epidermis can be distinguished from that of the dermis. Skin biopsy shows golden-yellow to brown deposition of pigment in the dermis.

Differential diagnosis

Melasma should be differentiated from other cutaneous manifestations ie oestrogen inflammatory hyperpigmentation or hyperpigmentation due to drugs, Riehl melanosis exogenous ochronosis, etc.

Prognosis

Melasma has no associated mortality or morbidity. There have been no reported cases of malignant transformation and it has not been associated with an increased risk of melanoma or other malignancies. Strict sun avoidance is essential for resolution and to prevent recurrence of Melasma⁽¹⁶⁾.

Treatment-

The discolouration usually disappears spontaneously over a period of several months after giving birth or stopping of oral contraceptive or hormone replacement therapy. Treatments are often ineffective as it comes back with a continued exposure to the sun. Assessment by dermatologist will help guide treatment. This may include the use of Wood's lamp to determine depth of the Melasma pigment. Treatments to hasten the fading of the discoloured patches include- topical depigmenting agent.

PREVENTION

In all of these treatments the effects are gradual and strict avoidance of sunlight is required. Patient should avoid other precipitants including hormonal triggers⁽¹⁷⁾.

Homoeopathic approach –

In homoeopathy, the diseases are classified into four major groups. These are-

- 1] Indisposition**
- 2] Diseases due to mechanical or external sources [surgical conditions]**
- 3] Acute diseases**
- 4] Chronic diseases**

Diseases due to mechanical or external sources:

These include fractures, strains, poisoning, and exposure to extremes of heat or cold like

frostbite and sunstroke. These diseases may be caused by some mechanical means or external sources. They are mainly self-curative, or can be set right by regulating environmental or by precipitating cause. Medicines can be used to assist or hasten the process of recovery. Removal of the causative factor, if still persists, is the first procedure to be followed for cure. It may involve surgical procedure or rectifying the diet or removal of irritating substance.

MIASMATIC APPROCHE IN MELASMA

Melasma- [acquired symmetrical hyperpigmented macules] belongs to sycotic miasm

Dermatological Symptoms of the Miasms

Psoric Miasm- dirty, dry, itching without pus or discharge, fever with rash, burning, scaly eruptions, eczema, cracks in hands and feet, sweat profuse during sleep offensive

Sycotic Miasm- papules, vesical, Warty, moles, unnatural thickening skin, herpes, scars, nails are thick and irregular---corrugated, oily skin with oozing, disturbed pigment in patches after chickenpox. **Hyperpigmentation [Melasma]** .

Syphilitic Miasm- Ulcers, boils, discharge of fluids and pus offensive, slow to heal, copper colored eruptions by heat of bed, spoon shape thin nails that tear easily, gangrene putrid.

Tubercular Miasm- skin infection, eczema, urticaria, herpes, re-occurring boils with pus and fever. Does not heal fast. Leprosy by cold nails white spots.

Sycosis

In sycosis, we find **disturbed pigment metabolism**, resulting in **hyper- pigmentation** in patches or diffused in different parts. Hypertrophied conditions of the skin are sycotic.

Homoeopathic Management -

Homoeopathy is one of the most popular holistic system of medicine. The selection of remedy is based upon the theory of individualization and symptoms similarity by using holistic approach⁽¹⁹⁾. 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. The aim of homoeopathy is not only to treat a Melasma but to address its underlying cause an individual susceptibility⁽¹⁹⁾.

Homoeopathy therapeutics -

Sulphur, Lycopodium clavatum, Sepia officinalis, Thuja occidentalis, Argentum nitricum, Cadmium sulphuratum, Capsicum officinalis, Guarana, Coulophyllum Thalictrifolium, Plumbum metallicum, Curare⁽²⁴⁾. Am – c, ant- c, ant-t, arn, ars, aur, bry, calc, canth, carb-v, caust, chel, con, cur, dros, dulc, ferr, graph, hyos, iod, kali-bi, kali-c, kreos, laur, led, merc, mez, nat-c, nat-m, nit-ac, nux-v, petr, phos, plb, puls, ruta, sabad, , sil, stann, Constitutional medicine when administered according to the principles of homoeopathy it may eradicate the tendency in the patient to produce Melasma.

Research Design:

Selection of samples:

Minimum 30 (Thirty) cases will be selected by random sampling method.

Inclusion / Exclusion Criteria:

Inclusion Criteria:

- 1) The patients with melisma.
- 2) The patients of 14 to 40 years of age group only.
- 3) Both sexes

Exclusion Criteria:

- 1) Patients having other skin diseases other than Melasma.
- 2) Patients with complicated systemic diseases.
- 3) Age group other than the 14 to 40 years

Study design (Type of Study): Observational study

Selection of tools:

A comprehensive case taking proforma which will lead us towards the individualization of patient as a person, diagnosis of miasm and repertorisation will be helpful to prescribe Homoeopathic medicine.

Brief of procedures:

Cases will be taken by simple random sampling method according to standard case taking proforma of Homoeopathic Medical College. Regular follow-up of cases will be taken. Selection of similimum, potency, repetition will be done according to the cardinal principles

of homoeopathy. Data will be collected from references.

Data will be arranged by using standard methods of statistics and finally discussion and conclusion will be made.

Data collection: -

The data for study will be collected by taking cases of patients according to comprehensive case taking proforma from Homoeopathic Medical College and P.G. Institute & Hospital, with relevant investigation if required.

Statistical techniques and Data analysis: Statistical techniques:

According to standard statistical techniques.

Data analysis: -

Data analysis will be done with standard statistical techniques.

Observation and Results:

Study variable	Sr No.	Variable	No. of Patients	Percentage
Age group	1	14 - 20	4	13.33%
	2	21 - 25	7	23.33%
	3	26 – 30	6	20.00%
	4	31 – 35	3	10.00%
	5	36 - 40	10	33.33%
Gender	1	Male	12	40.00%
	2	Female	18	60.00%
Name of Drug	1	THUJA	2	6.67%
	2	SABADILLA	1	3.33%
	3	SEPIA	6	20.00%
	4	CAULOPHYLLUM	2	6.67%
	5	SULPHUR	2	6.67%
	6	PHOSPHORUS	2	6.67%

	7	ARSENIC ALB	2	6.67%
	8	NAT MUR	3	10.00%
	9	LYCO	1	3.33%
	10	CARBO VEG	3	10.00%
	11	MERC	1	3.33%
	12	PULS	3	10.00%
	13	ARG NIT	1	3.33%
	14	Nat carb	1	3.33%
Result	1	Improved	26	86.67%
	2	Not-Improved	3	10.00%
	3	Recurrency	1	3.33%

The study was observational study & we have observed the result of homoeopathic medicines in various cases. Out of 30 cases 26 patient have shows the favorable result i.e. recovered & 03 patient have shown unfavorable result i.e. not recovered from the treatment given and 1 patient has recurrence of Melasma. Hence the successrate is 85.66 %.

Our observation is that there is effect in resolving to Melasma by homoeopathic medicines by which the suffering of the patient becomes not only less but it goes faster to the way of recovery. In many of the cases the result achieved faster as reported by the patient.

Discussion:

Melasma is self-limiting and does not require medicine unless it is severe and extensive. Pigmentation usually fades after pregnancy or stopping combined oral contraceptive pill and strictly avoidance of sun exposure and uv radiation.

Homeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualization and symptoms similarity by using holistic approach.

The homeopathic medicines most frequently associated with positive outcome were calc c, sepia, coulophyllum, cadmium sulph, sulphur, arg nit, lycopodium clav plumbum met, thuja, causticum, which shows their effectivity in treatment of Melasma.

During studying the utility of homoeopathic medicines in the treatment of Melasma in 14 --40 years of age group it is observed that homoeopathic medicine has positive effect of resolving Melasma when it is prescribed on the basis of individualization and law of similia.

It was observed that homoeopathic medicines play an important role in treatment of Melasma and patient not shown any recurrence of lesion in future that is confirmed in follow up studies.

Homoeopathic approach in Melasma to achieve cure is painless, non-scarring, faster, without producing any side effect and ideal way to treat Melasma by homoeopathic medicine.

Remedies calc carb, thuja, causticum, sepia, coulophyllum, cadmium sulph, sulphur, arg nit, lycopodium clav, plumbum met, has shown their positive and favourable effect frequently for treatment of Melasma.

Conclusion:

Skin diseases are increasing day by day. More than millions of people in India alone suffer from the various skin diseases from which Melasma is very common.

In modern science the treatment of Melasma consists of suppressions of the lesions by local application and sometimes surgical intervention is taken like laser. The treatment is essentially only a palliation, not a cure, only there is disappearance of blackish spot.

The study shows that homoeopathic medicines play a very important role in the treatment of Melasma. It can be said that homoeopathic medicines are positively effective in the treatment of Melasma provided exact medicine, exact potency & precautions are maintained by physician & patients both.

For a proper homoeopathic similimum it is very important to find similimum through repertorisation.

During study throughout the topic I went through number of renowned books of homoeopathic materia medica, repertory and studied different opinion. I also took help of

journals and web browsers. The literature available on Melasma was explored and study was carried out by case perceiving and result subsequently analyzed.

The cases are collected from homoeopathic medical college and hospital. The cases were taken in detailed as given in case taking proforma. Medicine was prescribed based on totality of symptoms.

In this occasion, we have provided the data of 30 patients where male: female ratio was 12:18. Patients came from age of 14-40 years.

From the 30 cases 26 patients have been improved, 3 patient has not-improved and 01 has recurrence after giving homoeopathic treatment. Hence the success rate is 86 %.

From interpretation of statistical data derived from total 30 cases selected by random sampling method we can conclude that homoeopathic medicines has effective role for the treatment of Melasma when prescribed on basis homoeopathic principles.

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Migraine

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Abstract:

Headache is ordinary pain and is not always a sign of anything serious, more than 90 per cent of individuals over the year have headache. Irregular severe headaches, generally restricted to one part of the head, linked with nausea and vomiting, blurred vision, and other visual trouble, intolerance to light and rarely numbness and irritation in the arms. Migraine pain is severe pulsing starting deep inside your head. This pain can last for days. The headache drastically confines your ability to take out your day to day routine. In this paper we have discussed about the headache or migraine and their homeopathy remedies.

It was often said that “Homoeopathy treats the patient and not the disease” but the relevance of the statement was only limited to olden days when disease diagnosis was not much developed. The statement only highlighted the fact that a homoeopathic practitioner could treat/ provide relief to a patient based on the available symptomatology barring the nosological labelling which wasn't that well developed. Knowledge about diagnosis in earlier times was limited and was primarily done for prognosis of the case. With advances in sophisticated techniques, medical diagnosis has come a long way, from empirical diagnosis to clinical and laboratory diagnosis which has widened its scope in management of the patient. This advancement in medical field has been of paramount importance for a homoeopathic practitioner as well who is faced with the challenge of treating various diseases. A homoeopathic physician has a dual task of establishing a disease diagnosis as well as a patient diagnosis as per the individualistic holistic approach of the system of medicine. Both are vital in identification of the indicated remedy for the management/treatment of the patient. Casual observation, as well as more systematic study of prescribing practices, frequently reveals a pattern of tremendous diversity among prescribers in the treatment of even the most common

conditions. A Standard Treatment Guideline (STG) which provides standardized guidance of diagnosis and therapeutic management of a diseased condition can be a solution to this therapeutic anarchy. Also, a simplification of treatment can facilitate the objective appraisal of value of homoeopathic system of medicine.

Keyword:

Introduction:

Migraine is a common Clinical Condition in Adults & Children. Migraine headaches are recurrent attacks of moderate to severe pain that is throbbing or pulsing and often strikes one side of the head. Untreated attacks last from 4 to 72 hours. Other common symptoms are increased sensitivity to light, noise, and odor, as well as nausea and vomiting. Routine physical activity, movement, or even coughing or sneezing can worsen migraine pain.

Among the most common reasons that patients seek medical attention; can be either primary or secondary. First step—Distinguish serious from Benign etiologies. Symptoms that raise suspicion for a serious cause. Intensity of head pain rarely has diagnostic value; most pts who present with worst headache of their lives have migraine. Headache location can suggest involvement of local structures (temporal pain in giant cell arteritis, facial pain in sinusitis). Ruptured aneurysm (instant onset), cluster headache (peak over 3–5 min), and migraine (pain increases over minutes to hours) differ in time to peak intensity.

Provocation by environmental factors suggests a benign cause. Complete neurologic examination is important in evaluation of headache. If examination is abnormal or if serious underlying cause is suspected, an imaging study (CT or MRI) is indicated as a first step. Lumbar puncture (LP) is required when meningitis (stiff neck, fever) or subarachnoid hemorrhage (following negative imaging) is a possibility. The psychological state of the patient should also be evaluated because a relationship exists between pain and depression.

Objectives:

1. To have detail study of Migraine.
2. To understand the action of indicated homoeopathic medicines at symptomatological expression of Migraine.

3. To study the dominant miasm.

Review of literature:

Migraine

Migraine comprises a composite collection of symptoms, disturbing the nervous system, the gastro-intestinal tract and the vascular system. Although has to a large extent to suggest and well-tolerated, it seems meaningless to advise long-lasting straight prophylactic approaches that need day by day adherence in irregular migraine attacks. The occurrence of migraine in youth rises with age; under 12 years, it is more frequent in boys. Compared with adult migraine, attacks are shorter, pain is seldom one-sided, and aura is less frequent. Headache is a frequent pain and is not regularly a sign of anything severe. They can be a symptom of anxiety, stress, mental tension, not have proper sleep, in excess use of caffeine in tea or coffee or abruptly cutting down caffeine ingestion, food allergy, eyestrain, fever, hypoglycaemia, migraine, drug side effects, sinusitis, cervical spondylosis and other spinal trouble, premenstrual pressure, postherpetic neuralgia following shingles, malocclusion or sepsis after dental treatment, and high blood pressure. Very general form of headache, the hangover, is primarily caused by dehydration. Temporal arthritis is caused by tenderness of the arteries which provide the scalp. Headaches occasionally occur as a result of an allergic effect. The pain from these headaches is frequently determined in sinus area and in the front of head. Migraine headaches are generally misdiagnosed as sinus headaches. Actually up to 90 percent of “sinus headaches” are in fact migraine. People who have continual seasonal allergies or sinusitis are vulnerable to these types of headaches. Migraine is more frequent in women, the sex difference start at teenage years.

Menstruation triggers migraine for about 20 to 30% of women's with migraine. This is often hyped by the patient: true menstrual migraine can be diagnosed only after investigating a few months of the headache and menstrual diary. The oestrogen-containing contraceptive pill (OCP) may lead to an improvement, but this ameliorating outcome is then lost during the pill-free week.

Migraine headaches are recurrent attacks of moderate to severe pain that is throbbing or pulsing and often strikes one side of the head. Untreated attacks last from 4 to 72 hours. Other common symptoms are increased sensitivity to light, noise, and odor, as well as nausea and vomiting. Routine physical activity, movement, or even coughing or sneezing can worsen

migraine pain. 7 Migraines occur most frequently in the morning, especially upon waking. Some people have migraines at predictable times, such as before menstruation or on weekends following a stressful week of work. Many people feel exhausted or weak following a migraine but are usually symptom-free between attacks.

A number of factors can increase the risk of having a migraine and trigger the headache process. Although migraine triggers vary from person to person, they include sudden changes in weather or environment, too much or not enough sleep, strong odors or fumes, emotion, stress, overexertion, loud or sudden noises, motion sickness, low blood sugar, skipped meals, tobacco, depression, anxiety, head trauma, hangover, some medications, hormonal changes, and bright or flashing lights.

Overusing analgesic medication or missing doses of preventive medications may also cause headaches. In some 50 percent of migraine sufferers, foods or ingredients can induce headaches. These include aspartame, caffeine (or caffeine withdrawal), wine and other types of alcohol, chocolate, aged cheeses, monosodium glutamate, some fruits and nuts, fermented or pickled goods, yeast, and cured or processed meats. Keeping a diet journal can help identify food triggers.

Who Gets Migraine?

Migraines occur in both children and adults, but affect adult women three times more often than men (perhaps due to hormonal triggers). There is evidence that migraines are genetic, 8 with most migraine sufferers having a family history of the disorder. They also frequently occur in people who have other medical conditions. Depression, anxiety, bipolar disorder, sleep disorders, and epilepsy are more common in individuals with migraine than in the general population.

Migraine in women often relates to changes in hormones. The headaches may begin at the start of the first menstrual cycle or during pregnancy. Most women see improvement after menopause, although surgical removal of the ovaries usually worsens migraines. Women with migraine who take oral contraceptives may experience changes in the frequency and severity of attacks, while women who do not suffer from headaches may develop migraines as a side effect of oral contraceptives.

Phases of Migraine.

A migraine is divided into four phases, all of which may or may not be present during the attack:

- **Premonitory symptoms** occur up to 48 hours prior to developing a migraine. These include food cravings, unexplained mood changes (depression or euphoria), uncontrollable yawning, fluid retention, or increased urination.
- **Aura.** Some people will see flashing or bright lights or what looks like heat waves 10-12 minutes prior to or during the migraine, while others may experience muscle weakness or the sensation of being touched or grabbed.
- **Headache.** Headache pain usually starts gradually and builds in intensity. It is associated with increased sensitivity to light and/or noise. It is possible, however, to have migraine without a headache.
- **Postdrome** (following the headache). Individuals are often exhausted or confused following a migraine. The postdrome period may last up to a day before people feel healthy.

Types of Migraine.

The two major types of migraine are:

Migraine with aura, previously called classic migraine, includes visual disturbances and other neurological symptoms that appear about 10 to 60 minutes before the actual headache and usually last no more than an hour. Individuals may temporarily lose part or all of their vision. Other classic symptoms include trouble speaking; an abnormal sensation, numbness, or muscle weakness on one side of the body; a tingling sensation in the hands or face, and confusion. Nausea, vertigo, loss of appetite, and increased sensitivity to light, sound, or noise may precede the headache.

Migraine without aura, or common migraine, is the more frequent form of migraine. Symptoms include headache pain that occurs without warning and is usually felt on one side of the head, along with fatigue and associated symptoms seen in classic migraine.

Other types of migraine include:

- **Abdominal migraine** mostly affects young children and involves moderate to severe pain in the middle of the abdomen lasting 1 to 72 hours with little or no headache. Children with CVS have attacks of vomiting that last hours to days.

- **Basilar-type migraine** mainly affects older children and adolescents. Symptoms include partial or total loss of vision or double vision, dizziness and loss of balance, poor muscle coordination, slurred speech, a ringing in the ears, and fainting.

- **Hemiplegic migraine** is a rare but severe form of migraine that causes temporary paralysis— sometimes lasting several days—on one side of the body prior to or during a headache. Symptoms such as vertigo, a pricking or stabbing sensation, and problems seeing, speaking, or swallowing may begin prior to the headache pain and usually stop shortly thereafter. When it runs in families the disorder is called Familial Hemiplegic Migraine (FHM)

- **Menstrually-related migraine** affects women around the time of their period, although most women with menstrually-related migraine also have migraines at other times of the month. Symptoms may include migraine without aura (which is much more common during menses than migraine with aura), pulsing pain on one side of the head, nausea, vomiting, and increased sensitivity to sound and light.

- **Migraine aura without headache** is characterized by visual problems or other aura symptoms, nausea, vomiting, and constipation, but without head pain. Headache specialists have suggested that fever, dizziness, and/or unexplained pain in a particular part of the body could also be possible types of headache-free migraine.

- **Retinal migraine** is a condition characterized by attacks of visual loss or disturbances in one eye plus the pain phase of a migraine attack. The attacks are very similar in either eye. These attacks, like the more common visual auras, are usually associated with migraine headaches.

- **Status migrainosus** is a rare and severe type of acute migraine in which disabling pain and nausea can last 72 hours or longer. The pain and nausea may be so intense that sufferers need to be hospitalized.

SIGNS AND SYMPTOMS:

- A benign, episodic syndrome of headache associated with other symptoms of neurologic dysfunction in varying admixtures.

- Second to tension-type as most common cause of headache; afflicts ~15% of women and 6% of men annually.
- Onset usually in childhood, adolescence, or early adulthood; however, initial attack may occur at any age.
- Family history is often present. Women may have increased sensitivity to attacks during menstrual cycle.
- Classic triad: premonitory visual (scotoma or scintillations), sensory, or motor symptoms; unilateral throbbing headache; and nausea and vomiting. Most pts do not have visual aura or other premonitory symptoms. Photo- and phonophobia common. Vertigo may occur.
- Focal neurologic disturbances without headache or vomiting (migraine equivalents) may also occur. An attack lasting 4–72 h is typical, as is relief after sleep.
- Attacks may be triggered by glare, bright lights, sounds, hunger, stress, physical exertion, hormonal fluctuations, lack of sleep, alcohol, or other chemical stimulation.

ETIOLOGY :

The Gross Etiology Of Migraines are Numerous Hypothetical Explanations But Specific Etiology is not Known. But Based On Observational Studies Migraines Can Be Classified Acc. to their Triggering Factors. Some Of Them Are Mentioned Below:

- Acidity Induced / Predisposition to Certain Food Stuffs.
- Pre Menstrual / Hormonal.
- Triggered By Light / Sound / Sunlight.
- Mental Stress or Emotional Setback.
- Genetic Pre Disposition / Hereditary.

: DIAGNOSIS :

SIMPLIFIED DIAGNOSTIC CRITERIA FOR MIGRAINE

Repeated attacks of headache lasting 4–72 h in patients with a normal physical examination, no other reasonable cause for the headache, and:

At Least Two of the Following Features:

- Unilateral pain
- Throbbing pain
- Aggravation by movement
- Moderate or severe intensity

Plus at Least One of the Following Features:

- Nausea/vomiting
- Photophobia
- Phonophobia

Pre Existing Migraine Treatment.

Migraine treatment is aimed at relieving symptoms and preventing additional attacks. Quick steps to ease symptoms may include napping or resting with eyes closed in a quiet, darkened room; placing a cool cloth or ice pack on the forehead, and drinking lots of fluid, particularly if the migraine is accompanied by vomiting. Small amounts of caffeine may help relieve symptoms during a migraine's early stages.

Drug therapy for migraine is divided into acute and preventive treatment.

Acute or “abortive” medications can relieve pain and restore function when taken as soon as symptoms occur. Preventive treatment involves taking medicines daily to reduce the severity of future attacks or occurrence. The U.S. Food and Drug Administration (FDA) has approved a variety of drugs for these treatment methods. Headache drug use should be monitored by a physician, since some drugs may cause side effects.

Preventive medications should be considered if migraines are frequent (occur two or more times weekly) or if migraines are disabling, regardless of frequency. Preventive medicines are also recommended for individuals who take symptomatic headache treatment more than three times a week. The doctor and patient will work together to find what type of preventive medicine works best (which means testing each medication for 2-3 months, unless intolerable side effects occur).

Natural treatments for migraine include riboflavin (vitamin B2), magnesium, and coenzyme

Q10. 15 Non-drug therapy for migraine also includes biofeedback and relaxation training, both of which help individuals cope with or control the development of pain and the body's response to stress. In March 2014 the FDA approved the Cefaly device— a battery- powered plastic headband worn across the forehead that uses a self-adhesive electrode to deliver a low electric current through the skin—for migraine prevention. The current stimulates the trigeminal nerves.

Lifestyle changes that reduce or prevent migraine attacks in some individuals include exercising, avoiding food and beverages that trigger headaches, eating regularly scheduled meals with adequate hydration, stopping certain medications, and establishing a consistent sleep schedule.

Obesity increases the risk of developing chronic daily headache, so a weight loss program is recommended for obese individuals.

ACCORDING TO HARRISON'S MANUAL OF MEDICINE – 19TH EDITION –Among the most common reasons that patient seek medical attention can be either :

Primary Headache	%	Secondary Headache	%
Tension Type	69%	Systemic Infection	63%
Migraine	16%	Head Injury	4%
Idiopathic Stabbing	2%	Vascular Disorders	1%
Exertional	1%	Subarachnoid Haemorrhage	<1%
Cluster Headache	0.1%	Brain Tumor	0.1%

Homeopathic management of Migraine/ Headache:

Homeopathy is a natural and mild scheme of medicines that utilizes minute doses of well-researched remedies to improve the body's natural curing procedure.

Homeopathy is the most proficient treatment which provides a tender approach in treating bed wetting. Homeopathic do not take care of just the disease, but is prescribed on the base of physical, emotional and genetic condition of a person.

The homeopathic medicines act on both the mental and physical levels of a child. Y

Regular diet habits & sleep should be sound Drink plenty of water

Shavashan & Shirodhara is recommended Since Homeopathy treatment is patient-oriented, in compression to disease oriented allopathic, it gives significance to every feeling of the patient and annoying factors.

Research Design:

Selection of samples:

30 cases were selected by simple randomized sampling method from college hospital OPD and IPD & Pvt. Clinic.

Inclusive criteria:

1. Age group from 3 years to 65 years will be considered.
2. Patient of both sexes.

Exclusive criteria:

1. Patient with gross structural and pathological changes are excluded.
2. Patient with Complications are excluded.

Study design:

1. Retrospective study
2. Before and after comparison

Data collection:

Data collection of cases will be obtained from patient parent, school, attendants, observation & examination findings & investigation reports.

Study techniques:

1. Standardized case taking format used.
2. Evaluation by comparative statistical method.

Data analysis:

Various findings of study were discussed in correction aim & objectives.

Observation and Result:

Study variable	Sr No.	Variable	No. of Patients	Percentage
Age group	1	3 to 17 Years	11	36.67%
	2	18-36 Years	9	30.00%
	3	37-51 Years	6	20.00%
	4	52-65 Years	4	13.33%
Gender	1	Male	12	40.00%
	2	Female	18	60.00%
Prognosis	1	Cured	20	66.67%
	2	Partially Cured	6	20.00%
	3	Not Cured	4	13.33%

Discussion:

Here I observed good results in the number of cases where the follow up was maintain for six months to one year where no recurrence of Migraine in almost 60% of Cases was there. After starting with constitutional homeopathic remedies & KeyNote Homeopathic Remedies on repertorisation, I got tremendous result in the cases of Migraine, but still it must be followed for maximum period to see the exact role of homeopathic remedies in preventing the tendency of recurrence of Migraine.

Accordingly, I found that now a days patients of Migraine are found in Abundance. The Main Reason for this was Overcrowding of Cities, Compelling them to become Noisy and Chaotic. Lack Of Peace, Sleep Deprivation , Loud Noises, Bright Flashy Lights, Specific Odours, Allergic Rhinitis, Emotional State of Mind etc.

Indicated Homeopathy Remedy was easy to prescribe on Basis of Side Affinity, Intensity & Type of Pain, Duration, Concommitants, Congestion, Hyperacidity, Hypertension, and

Modalities.

It is the homoeopathic remedies which covers all the three miasms. Remedy from the different sources of material medica. The fact is that it possesses immense inherent curative power in latent and dormant state in its crude form, for patients in extremes of life, could only be found out by the deep penetrating intelligence of Hahnemann. When this power is dynamically aroused, it finds its respectable place in the hands of every Homoeopath, bringing in immense relief to thousands of patients suffering from Migraine.

CONCLUSION:

Homoeopathic remedies are effective in treating Migraine in Teenage Kids and Adult age group, along with appropriate dietary measures, lifestyle modification therapies and cases where there is limited scope, homoeopathy acts as Primary Treatment.

In this study effort is made to show homoeopathic predominance in treating Migraine cases.

- My study concludes that Belladonna, Iris V., Nat Mur., Glonine, Gelsemium, China, Aconite are more beneficial remedies in Migraine disease.
- Constitutional homoeopathic remedies have tremendous result in the cases of Migraine Disease on the basis of symptom similarity and patient individualization
- So, my study concluded that homoeopathic remedies have effectively manage Migraine Disease cases.

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Pilot Study of Exploration of Misinformation, Disinformation and Malinformation of Information Causes Disorder in the Society

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1. Introduction

The information dissemination and consumption processes have undergone a huge change with the advancement of technologies and invention of social media platforms. Common citizens became not only content consumers disseminated by established media houses but also content producers by creating their own content and forming their own opinions to influence others. This change in information consumption behavior made common people vulnerable and exposed to “misinformation, disinformation and malinformation responsible for information disorder in the society”.

Misinformation^[1] is “false information that is spread, regardless of intent to mislead.” Put a flag in the second half of this definition; it will be important later.

The spread of *misinformation* happens often in our everyday lives. We human beings—news flash—are not perfect. We can all make mistakes. We all forget things. We mishear or misremember details. We tell our friends something we heard on TV or saw on social media that wasn’t really true. If you are spreading around information that is wrong but you don’t know it is wrong, then you are, well, technically, spreading misinformation.

Disinformation means “false information, as about a country’s military strength or plans, disseminated by a government or intelligence agency in a hostile act of tactical political subversion.” It is also used more generally to mean “deliberately misleading or biased information; manipulated narrative or facts; propaganda.”

So, disinformation^[2] is misinformation that is knowingly (intentionally) spread. Our first definition of this word gives one major reason why a person or group might want to spread wrong information, but there are many other nefarious motivations lurking behind the creation of *disinformation*.



Malinformation is information that is true and factual, but it is intentionally conveyed in order to inflict actual harm or cause the imminent threat of actual harm on a person, organisation or country, Examples of malinformation include phishing or doxing. Malinformation should refer to true and factual information that is intentionally conveyed by the disseminator in a way that causes actual harm or imminent threat of actual harm against another person.

One well-known study from Stanford University in 2016 demonstrated that youth are easily fooled by misinformation, especially when it comes through social media channels. This weakness is not found only in youth, however. Research from New York University found that people over 65 shared seven times as much misinformation on Facebook as their younger counterparts ”(p.11).

“There is a new, radically different mode of information and attention flow: the chaotic world of the digitally networked public sphere (or spheres) where ordinary citizens or activists can generate ideas, document and spread news of events, and respond to mass media.” (p. 29).

Tufekci (2017) describes Everybody wanted to give a new meaning of truth which gave birth to fake news. Editors of *Fighting Misinformation Digital Media Literacy* (2019) have opined, “People spend much of their time interacting with media, but that does not mean that people have the critical skills to analyze and understand it.

Sharing misinformation, half-truth and hate speeches are creating turbulence in our society and posing serious threats to the democracy of our country.

Review of Literature:

Zimdars, M., & McLeod, K. (2020), have defined three components of information disorder as “misinformation as false information shared by someone who believes it to be true. Disinformation, by contrast, is false information shared with knowledge of its falsity and thus intention to deceive or otherwise do harm. It is a deliberate, intentional lie. We also defined a third category, malinformation, which is information based in reality that is shared to do harm to a person, organization, or country. This term can refer to instances where private information is made public (e.g., revenge porn) or genuine imagery is reshared in the wrong context. Finally, we chose information disorder as an umbrella term encompassing all forms of disinformation, misinformation, and malinformation.” (p. 77).



Ivanović (2014) said, “The goal of media literacy is to give young people theoretical knowledge about mass communication media, their cultural, social and political implications; to account possible misuses, to enable them to read and analyse messages the media gives them, but also to create their own (Kelner, 2004). Young people need to learn how to participate in media life society. Participating in various aspects of media culture comprises the ability of understanding and a critical relationship towards messages and meanings which lie at their basis. They need to be thought how to use the media as an instrument of social change, to master criteria for selecting, and evaluate information the media is placing; and also to familiarize themselves with alternative forms of media culture. Media literacy originated as an answer to media culture (Masterman, 1993)” (p. 440).

Objectives of the study:

1. To conduct a survey to understand awareness of media ethics and laws and exposure to fake news
2. To judge reactions of population on fake news
3. To derive conclusion on implementation of check-points to prevent spreading of fake news

Hypothesis of the study:

Null Hypothesis: There is no association between the opinion ‘Fake news is published in media to promote specific agenda’ and its demographic factors

Alternative Hypothesis: There is association between the opinion ‘Fake news is published in media to promote specific agenda’ and its demographic factors .

Research Methodology

Study Design:

The proposed pilot study research would be empirical research with the aims to accurately and systematically describe a population and to study the reaction of the population on the same information shown in different digital media platforms. During the research, wide variety of research methods could be used to investigate one or more variables. For the research purpose, a questionnaire would be used either in online or offline and would be shared with the population to generate data to derive a conclusion.



Sampling Technique:

Simple random sampling technique is used for pilot study

Data Collection:

Primary data collected through the questionnaire which was collected from different respondents on social media platforms and related to media people. while like books, journals, previous research papers, literature, news articles, website content, social media platforms, YouTube channels would be considered for source of secondary data collection. Interviews would also be conducted in order to be able to determine trends and tendencies in the answers of the respondents and also to enrich the pilot research work.

Research Area: District Ahmadabad

Sample Size : Total 132 respondents have given the questionnaire to collect the data which was selected through population size of 200 respondents at 95% confidence interval and 5 % Error of Margin from sample size calculation table .

Data Analysis:

For data analysis, researcher used technique of measuring association with measure of the relative (strength) Cramer's V Coefficient value of an association between two variables. The coefficient ranges from 0 to 1 (perfect association). 0 as poor association and 1 as perfect association.

Table no 1:

Demographic Distribution of Awareness of Fake News								
Parameters	Scale	scale		Total	Awareness of fake news		Specific Agenda	
		No	Yes		Cramer's V Coefficient value	Decision	Cramer's V Coefficient value	Decision
Gender	Male	29	37	66	0.15	Not significant	0.03	Not significant
	Female	30	36	66				
Age	18-25	11	16	27	0.125	Not	0.18	Not



Group	26-35	18	28	46		significant		significant
	36-45	22	20	42				
	46-60	7	7	14				
	60 and above	1	2	3				
Income	0	23	16	39	0.24	Not significant	0.217	Not significant
	Rs 0 - Rs 10,000	6	8	14				
	Rs 10,001 - Rs 25,000	4	10	14				
	Rs 25001 - Rs 50,000	7	16	23				
	Rs 50,001 - Rs 75,000	7	5	12				
	Rs 75,000 - Rs 1,00,000	6	7	13				
	Rs 1,00,001 and above	6	11	17				
Profession	Pooled	9	4	13	0.278	Not significant	0.156	Not significant
	Professional	16	27	43				
	Self-employed	4	11	15				
	Service	24	17	41				
	Student	6	14	20				

(Source:Primary Data)

Interpretation:

From the above table no 1, it was seen that the gender and awareness of fake news Cramer's V Coefficient value = 0.15 which is quite low hence There is no association between Awareness of fake news and Gender. Cramer's V Coefficient value = 0.125 which is quite low hence There is no association between Awareness of fake news and Age. Cramer's V Coefficient



value = 0.24 which is quite low. This indicates, there is no association between Awareness of fake news and Income. Awareness that people are reading or consuming fake news depends on their profession. Moreover, Cramer's V Coefficient value = 0.334. This indicates, there is a moderate association between awareness of fake news and profession. The Cramer's V Coefficient value = 0.278. This indicates, there is a weak association between awareness of fake news and profession. Cramer's V Coefficient value = 0.03 which is very low. hence it is seen that There is no association between the opinion 'Fake news is published in media to promote specific agenda' and gender.

The Cramer's V Coefficient value = 0.18 which is quite low. There is no association between the opinion 'Fake news is published in media to promote specific agenda' and age. Cramer's V Coefficient value = 0.217 which is quite low. There is very weak association between the opinion 'Fake news is published in media to promote specific agenda' and income which is not significant. The opinion of people 'Fake news is published in media to promote specific agenda' does not depend on their profession Cramer's V Coefficient value = 0.281. This indicates, There is a weak association between the opinion 'Fake news is published in media to promote specific agenda' and profession which is not significant. Cramer's V Coefficient value = 0.156 which is quite low. This indicates, there is no association between the opinion 'Fake news is published in media to promote specific agenda' and profession.

Table no 2: Distribution of respondents about fake news checking

Fake news Checking		Number of votes	Percentage
Ways to check fake news	I cross-check fact using Search Engines (e.g., google.com)	108	81.82
	I refer government data and authentic source	61	46.21
	I use fact checking tools (e.g. Google Fact Check)	56	42.42
	I ask knowledgeable person or domain expert	55	41.67
	I ask member of my family	23	17.42



	I ask my friends	23	17.42
	Others	3	2.27
Verification of authenticity	I rely on the person who shared it	36	27.27
	I rely on the social media account from where I have received it	29	21.97
	I rely on the TV News channel	49	37.12
	I rely on the Newspaper / Magazine	65	49.24
	I rely on the political party spokesperson	1	0.76
	Others	36	27.27

(Source:Primary Data)

Interpretation:

The fake news checking distribution interprets that the ways of checking fake news the most used search engine is google.com 81.82% people used to check fact using google.com. The 46.61% people prefer the government data and authentic source to check fake news. The 42.42% people uses google fact check to check fake news. And remaining people take other sources to check the fake news.

The verification of authenticity interprets that the 49.24% people choose newspaper or magazine. After that the 37.12% people use to check authenticity TV News channel and 27.27 people use other resources to check the verification of authenticity.

Table no 3: **Percentage Distribution of Fake News**

Distribution of Fake News

Parameter	Scale	Frequency	Percent	Confidence level of significance		decision
				lower	upper	
Fake news	No	13	9.80%	0.837	0.947	83 % to 94%
	Yes	119	90.20%			



Awareness of fake news	No	59	44.70%	0.464	0.64	46% to 64%
	Yes	73	55.30%			
Authenticity of fake news	No, I don't verify authenticity	3	2.30%	0.05	0.065	5% to 7%
	Sometimes, I verify authenticity	57	43.20%	0.346	0.521	35% to 52%
	Always, I verify authenticity	72	54.50%	0.457	0.632	46% to 63%
Forward Fake News	No, I don't forward fake news	119	90.20%	0.837	0.947	84% to 95%
	Sometimes, I forward fake news	13	9.80%	0.053	0.163	5% to 16%
Purpose of fake news to harm	I don't know	18	13.60%	0.793	0.917	79% to 92%
	Yes	114	86.40%			
Stringent Laws	No	2	1.50%	0.479	0.654	48% to 65%
	Yes	75	56.80%			
	Laws are already there, Government should implement existing laws	49	37.10%			
	I don't know	6	4.50%			
Monitoring by Government	No	50	37.90%	0.434	0.61	43% to 61%
	Yes	69	52.30%			
	I don't know	13	9.80%			

(Source: Primary Data)

Interpretation:

The 83% to 94% person know about the fake news and it is significant. 46% to 64% people are aware about the fake news. Around 46% to 63% of people always verify authenticity of fake news and around 5% to 7% of people never verify authenticity whereas 35% to 52%



verifies authenticity sometimes. 84% to 95% of people never forward fake news whereas around 5% to 16% of people forward fake news sometimes. 79% to 92% of people feel fake news are being spread to cause harm, harass or hate. 48% to 65% of people are of the opinion that stringent laws are required to curb creation and spreading of fake news. 43% to 61% of people are of the opinion that social media content should be regulated by Government.

Conclusion

Abundance of information or news all across platforms accessible from anytime, anywhere allows humans to access not only accurate and factual news but also expose to vulnerability of being fed with deliberate false political narratives or hateful way to mislead. There is no association between the opinion Fake news is published in media to promote specific agenda and its demographic factors .This converts to Misinformation is which false information that is spread, regardless of intent to mislead.

The fake news checking distribution interprets that the ways of checking fake news the most used search engine is google.com 81.82% people used to check fact using google.com. The 46.61% people prefer the government data and authentic source to check fake news. The verification of authenticity interprets that the 49.24% people choose newspaper or magazine. After that the 37.12% people use to check authenticity TV News channel and 27.27 people use other resources to check the verification of authenticity.

When researcher served about percentage of distribution of fake news as per table no 3 ,it was concluded that the 83% to 94% person know about the fake news and it is significant. 79% to 92% of people feel fake news are being spread to cause harm, harass or hate. 48% to 65% of people are of the opinion that stringent laws are required to curb creation and spreading of fake news. 43% to 61% of people are of the opinion that social media content should be regulated by Government.

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<https://www.dictionary.com/browse/misinformation>

Tinea

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Abstract:

Skin disease is very common. However 'healthy' we think our skin is, it is likely that we will have suffered from some degree of various skin ailments at some point of our life ranging from acne, eczema, dermatitis to severe skin ailments like psoriasis, vitiligo etc. Skin disease is the second commonest cause of loss of work. Skin disorders are not often dramatic, but cause considerable discomfort and much disability. Fungal infections of the skin are an important category of cutaneous disease i.e. dermatophytes, which produce countless millions of skin infections each year. Tinea Corporis refers to all dermatophytoses of glabrous skin except the palms, soles, and groin. Although any dermatophyte can cause tinea corporis. In conventional system of medicine such type of fungal infections are usually managed with the help of Anti-fungal local applications, but didn't have permanent cure in such type of cases can be easily managed with the help of homoeopathic medicines. In this study an attempt has made to study the effectiveness of homoeopathic medicines in the cases of Tinea Corporis cases.

Keyword:

Introduction:

Skin is an extraordinary structure. We are absolutely dependent on this outer barrier separating the potentially harmful environment from the body's vulnerable interior. It is a composite of several types of tissue that have evolved to work in harmony one with the other, each of which is modified regionally to serve a different function. The large number of cell types and functions of the skin and its proximity to the numerous potentially damaging stimuli in the environment result in two important considerations. The first is that the skin is frequently damaged because it is right in the 'firing line' and the second is that each of the various cell types that it contains can 'go wrong' and develop its own degenerative and

neoplastic disorders. This last point is compounded by the ready visibility of skin, so that minor deviations from normal give rise to a particular set of signs. The net effect is that there seems to be a large number of skin diseases.

The skin (stratum corneum) is an excellent barrier to pathogenic micro-organisms to affect the skin or interior of human body, but is itself sometimes the target of attack. The skin surface and its adnexal structures harbour a stable microflora, which lives in symbiosis with skin and may indeed be beneficial. Gram-positive cocci (*Staphylococcus epidermidis*), Gram-positive lipophilic microaerophilic rods (*Propionibacterium acnes*) and a Gram-positive yeast-like organism (*Pityrosporum ovale* or *Malassezia furfur*) live in the follicular lumina without normally causing much in the way of harm. However, under special conditions, e.g. excess sebum secretion, depressed immunity and compromised stratum corneum barrier protection, they can produce different skin diseases. Infection of the skin only occurs when the skin encounters a pathogen that its defences cannot eliminate or control. According to the origin of disease superficial & deep fungal lesions are occurring. Keratinomycoses, Ring worm infections & Candidial infections are coming under superficial variety. Deep fungal diseases with involvement of the skin, mucous membrane and internal organs form the group of deep (systemic) mycoses. Among these fungal lesions ring worm (Tinea) infections are more prevalent in the present era.

Three different types of fungi can cause this infection. They are called trichophyton, microsporum, and epidermophyton. It's possible that these fungi may live for an extended period as spores in soil. Humans and animals can contract ringworm after direct contact with this soil. The infection can also spread through contact with infected animals or humans. The infection is commonly spread among children and by sharing items that are unhygienic. They are contagious and widely spread in nature. Ringworm infection can affect both humans and animals. The infection initially presents itself with red patches on affected areas of the skin and later spreads to other parts of the body. The infection may affect the skin of the scalp, feet, groin, beard, or other areas. Symptoms vary depending on site where it is infected. Main features are as follows:-

- ❖ Red, itchy, scaly, or raised patches
- ❖ Patches that develop blisters or begin to ooze
- ❖ Patches that may be redder on the outside edges or resemble a ring

❖ Patches with edges that are defined and raised

Usually human ringworm causes dry scaling patches with a slightly nodular edge and a tendency to heal in the centre of the lesion. It is common in hot/ humid weather. Patches of ringworm may mimic eczema and in doubtful cases scrapings should be taken from the edge of the lesion. These are designated as Tinea followed by affected body part.

✚. Cruris ('jock itch') - Groins, thighs, buttocks, scrotum

✚. Corporis - Trunk, extremities (non-hairy surfaces – face, arms, legs, trunk)

✚. Manuum – Palm

✚. Pedis - (*Athlete's Foot*)—Feet

✚. Capitis – Scalp

✚. Barbae – beard

✚ T. Unguium - Nails (Finger & toe nails affected).

Therefore Tinea Corporis refers to all dermatophytoses of glabrous skin except the palms, soles, and groin. Although any dermatophyte can cause tinea corporis, but the most common causes are T. mentagrophytes,

T. rubrum, and M. canis, T. rubrum and T. verrucosum are the most likely causative in cases with additional follicular involvement.

The present research work is undertaken to validate the effectiveness of Homoeopathic medicines in cases of Tinea Corporis.

Objectives:

- To study the effectiveness of homeopathic medicines in treatment of tinea corporis.
- To Individualize & study the case of tinea corporis.
- To review and compile the data in treatment of tinea corporis from different sources

Review of literature:

Tvak – skin – as it is termed in Sanskrit is a protective covering of the body. It with all its specialized derivatives makes up what is called Integument. The skin is composed of a superficial epithelial layer- the epidermis, and an underlying connective tissue layer, the dermis or corium.

EMBRYOLOGY-

Skin is derived from three diverse components

- a. The epidermis is derived from the surface ectoderm. This is, at first, single layered. By proliferation it gives rise to typical stratified squamous epithelium. Many of the superficial layers are shed off. These get mixed up with secretions of sebaceous glands to form a whitish sticky substance (vernix caseosa), which covers the skin of the new born.
- b. The melanoblasts of the epidermis are derived from the neuralcrest.
- c. The dermis is formed by condensation and differentiation of mesenchyme underlying the surface ectoderm.⁴

DERMATOPHYTES:

Dermatophytes are the most common agents of superficial fungal infections worldwide and widespread in the developing countries. The comparative study of fungal species like *Trichophyton rubrum* in the different region of Chennai and Rajasthan, this species isolate *Tinea corporis* and *cruris* which are most common species in related region. However, the research studies in Lucknow and New Delhi, the most frequent isolates of fungal species were *Trichophyton mentagrophytes*¹¹ and *Microsporum audouinii*.

On the basis of the genera the dermatophytes are classified into three different groups i.e. *Trichophyton*, *Epidermophyton* and *Microsporum*. *Trichophyton* causes infection on skin, hairs and nails. *Epidermophyton* causes infection on skin and nails and *Microsporum* causes infections on skin and hair. Dermatophytes are the most common agents of superficial fungal infections on global scale and widespread in the growing countries. This fungal infection spread especially in the tropical and subtropical countries like India, where the humidity and environmental temperature are high i.e. favorable conditions for fungal infections.¹²

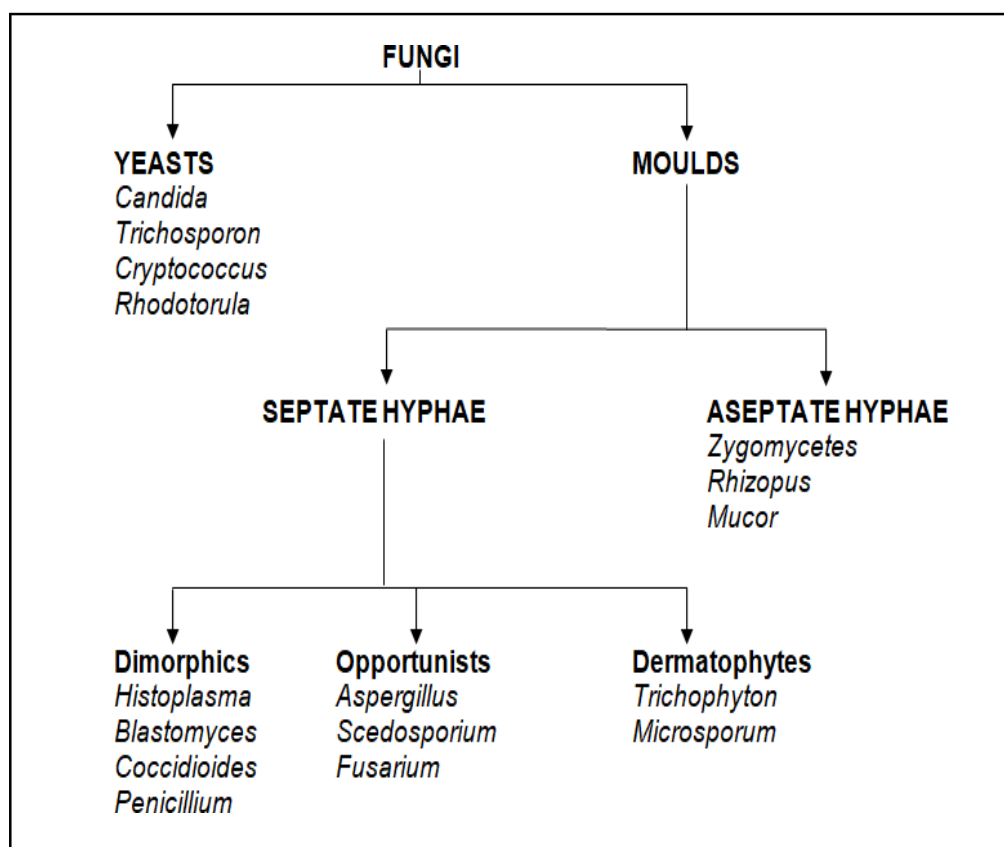
MYCOLOGY:

Fungi represent a separate kingdom for determination of classification and their arrangements. They are significant eukaryotic organisms; they have a nucleus surrounded by a membrane.

The any type of fungal infection that involves in the skin is referred by dermatomycosis. A fungal infection which spreads to engage more than one deep or specific organ and the skin is known as the term disseminated mycosis. Dermatomycosis in people caused by dermatophytes i.e. ringworm which is named according to the location of lesion

part of the body. The naming of the lesion location part with unique word after added the Latin word *Tinea*. *Tinea capitis* characterizes head covered with hair. Changes could be subclinical with erythema or severe folliculitis, alopecia, sometimes with lymphadenopathia as well. It is caused by *Microsporum* and *Trichophyton*. *Tinea corporis* dermatomycosis appears on body, shoulders and legs, and may also appear on face. Clinical signs could be severe with clearly limited erythematous vesicular spots.

Classification and phylogeny of pathogenic fungi are traditionally classified by the clinical isolates which are based on morphology. About 300 fungi are recognized to be pathogenic to humans. The study of fungi pathogenic to humans termed medical mycology. A schematic and simplified classification of the most relevant pathogenic fungi showed in the following flow diagram.



TINEA CORPORIS:

This affects the stratum corneum of the glabrous skin. The palms, soles and groin are spared. Tinea corporis is one of the superficial dermatophyte infection caused by either noninflammatory or inflammatory on the skin. Patients who are immune-compromized or infected with the human immunodeficiency virus (HIV) often have atypical presentations, including deep abscesses or a disseminated skin infection. Tinea corporis is generally caused

by *Trichophyton* species, it digests keratin in the cells. *Trichophyton tonsurans* and *Trichophyton rubrum* are the most common infection agents in the world and are the source of 47% of the *Tinea corporis* cases.

Tinea corporis refers to a fungal infection that appears on the scalp, between toes, in the groin, in a man's beard and other places on the body often seen in typically hot, humid climates. Out of total *Tinea corporis* infections in the world 47% are caused by the infection of *T. rubrum*. *Tinea corporis* are more likely found in people with an anthropophilic infection. Therefore, the prevalence of *Tinea corporis* caused by *Trichophyton tonsurans* is increasing. *Microsporum canis* is the third most common causative organism and associated with 14% of *Tinea corporis* infections.

EPIDEMIOLOGY:-

Tinea corporis may be transmitted directly from infected humans or animals, via fomites or via autoinoculation from reservoirs such as *T. rubrum* colonization of the feet.⁵⁴ Children are more likely to contact zoophilic pathogens, especially *M. canis* from dogs or cats. Occlusive clothing and a warm, humid climate are associated with more frequent and severe eruptions.⁵⁵ The occlusive clothing, frequent skin-to-skin contact, and minor trauma (mat burns) of competitive wrestling create an environment in which dermatophytes flourish. Numerous outbreaks of *tinea corporis gladiatorum* have resulted, mostly caused by *T. tonsurans*.⁵⁶ Preliminary evidence suggests a high prevalence of disease even in the absence of an epidemic. *Tinea imbricata*, caused by *T. concentricum*, is largely limited to areas of the Far East, South Pacific, and South and Central America and is more prevalent in natives than resident nonnatives. Explanations for this observation include the necessity to acquire chronic infection in early childhood and genetic susceptibility.⁵⁷

- **Age of Onset:** All ages
- **Occupation:** Animal (large and small) workers
- **Transmission:** Autoinoculation from other parts of the body, i.e., from *tinea pedis* and *tinea capitis*, Contact with animals or contaminated soil.
- **Geography:** More common in tropical and subtropical regions
- **Predisposing Factors:** Most commonly, infection is spread from dermatophytic infection of the feet (*T. rubrum*, *T. mentagrophytes*).

Infection can also be acquired from an active lesion of an animal (*T. verrucosum*, *M. canis*) or rarely, from soil (*M. gypseum*).⁵⁸

- **Incubation Period:** Days to months

- **Duration:** Weeks to months to years.⁵⁸

ETIOLOGY:

Although any dermatophyte can cause tinea corporis, the most common causes are *T. mentagrophytes*, *T. rubrum*, and *M. canis*. *T. rubrum* and *T. verrucosum* are the most likely candidates in cases with additional follicular involvement.⁵⁹

PATHOLOGY:

PAS stains of typical tinea circinata reveal red hyphae within the stratum corneum. Hyphae are basophilic with hematoxylin & eosin, and stain black with methenamine silver. If organisms are absent, the histopathology is nonspecific and resembles an acute or chronic dermatitis with or without spongiotic vesiculation. The nodular perifolliculitis variant caused by *T. rubrum*, displays a perifollicular granulomatous reaction commonly accompanied by central necrosis and suppuration. Organisms are present in the hairs & dermis, and large spores (6 µm) may be found within multinucleated giant cells.⁶⁰

INVESTIGATION:

The Diagnosis of Tinea Corporis can be confirmed by following investigations:

- (i) KOH Preparation.
- (ii) Cello phone tape Examination and staining with periodic acid-schiff's (PAS) reagent.
- (iii) Wood's Lamp Examination.
- (iv) Culture on Sabouraud's medium.⁶¹

Research Design:

I) STUDY POPULATION:

For the study topic I have taken approximately more than 60 patients from those total 30 patients were taken and research was carried out.

II) SAMPLE SIZE:

Total 30 Cases were recorded from study setting.

III) SAMPLING TECHNIQUE:

Simple random sampling.

IV) DURATION OF STUDY:

18 months.

V) METHOD OF SELECTION OF STUDY SUBJECTS

(ELIGIBILITY CRITERIA):

I) Appropriate Inclusion criteria-

- Patient of any age group and both sexes.
- Patient irrespective of ethnic group socio-economic status and occupation were considered.
- Patient suffering from Tinea Corporis on the basis of clinical history and finding.

II) Appropriate Exclusion criteria-

- Immuno-compromised patients.
- Cases with complication of Tinea Corporis.
- Pregnant women.
- Lactating women are excluded from the study.

III) Appropriate Subject withdrawal criteria:

- Through the study period, if death of patient occur.
- Cases with irregular follow up.
- Patients who did not given consent.

Data Analysis and plan:

After the completion of study, observation & result are represented statistically by means of tables, graphs & charts. Data analysis by statistical Techniques and reportorial totality of cases was done.

Study variable	Sr No.	Variable	No. Of cases	Percentage
Age group	1	0 – 15	1	3.33%
	2	16 – 30	14	46.67%
	3	31 – 45	9	30.00%
	4	46 – 60	5	16.67%
	5	Above 60	1	3.33%
Gender	1	Male	22	73.33%
	2	Female	8	26.67%
Fundamental Miasm	1	Psora	10	33.33%
	2	Sycosis	3	10.00%
	3	Psoro-Sycosis	12	40.00%

	4	Psoro-Syphilis	5	16.67%
Dominant Miasm	1	Psora	18	60.00%
	2	Sycosis	5	16.67%
	3	Psoro-Sycosis	4	13.33%
	4	Psoro-Syphilis	3	10.00%
Medicine Prescribed	1	Natrum Mur	6	20.00%
	2	Sulphur	6	20.00%
	3	Phosphorus	5	16.67%
	4	Arsenicum Album	4	13.33%
	5	Calcarea Carb	4	13.33%
	6	Argentum Album	1	3.33%
	7	Graphites	1	3.33%
	8	Ignatia	1	3.33%
	9	Lycopodium	1	3.33%
	10	Pulsatilla	1	3.33%
Result	1	Recovered	7	23.33%
	2	Improved	20	66.67%
	3	Not improved	3	10.00%

In this study the majority of cases were between 16yrs to 30yrs i.e. 14 patients (46.67%). The next incidence was between 31yrs to 45 years of age i.e. 9 patients (30.00%). Followed by the age group 46yrs to 60yrs has 5 patients (16.67%). In this study the youngest patient was 13 years old and the oldest 62 years old accounting 3.33% each.

According to the sex, males were affected more 22 (73.33%) when compared to females 8 (26.67%).

As majority of cases shows, psoro-Sycotic miasm as fundamental miasm in 12 cases (40.00%), 10 cases were of Psoric miasm (33.33%). 5 cases showed Psoro-Syphilitic miasmatic predominance as Fundamental miasm (16.67%). Sycosis was observed in 3 cases accounting 10.00%.

In the study of Dominant miasm, Psora was found in total 18 cases (60.00%) as the dominant miasm. Sycosis was observed in 5 cases (16.67%); Psoro-Sycosis in 4 cases (13.33%) & Psoro-Syphilis in 3 cases (10.00%).

Out of the 30 cases included in the study, constitutional medicines were prescribed in all the cases. In the study Natrum Mur and Sulphur were prescribed in majority of cases i.e. 6 cases each accounting 20.00% respectively. Phosphorus was prescribed in 5 cases (16.67%), Arsenicum Album & Calcarea Carb were prescribed in 4 cases each accounting 13.33%. Argentum Nitricum, Graphites, Ignatia, Lycopodium and Pulsatilla were prescribed in one case each accounting 3.33%.

Regarding the final outcome of this study, out of 30 cases, 7 cases (23.33%) showed complete recovery, 20 cases (66.67%) showed improvement and 3 (10.00%) cases were not improved.

Discussion:

Tinea corporis includes all superficial dermatophyte infections of the skin other than those involving the scalp, beard, face, dorsum of hands and feet and groin. Total 30 patients suffering from Tinea Corporis were selected for the present study and the results have been discussed below:

Case taking forms the most important aspect in clinical practice. The cases taken for study were taken in detail. To get the complete picture of the patient, the search was made for knowing the life space of the patient which gives the idea of true picture of his disposition and mental state. This understanding helps for defining the patient, mental state of the patient, i.e. individual constitution of the patients. It also helps to know if any emotions are playing any role in the development of disease.

The past and family history were carefully recorded to know the miasmatic influence and for selection of the similimum.

The cases were repertorized from computer repertory software. The doses were selected according to the susceptibility and miasm at the mental, physical and pathological levels.

The treatment was given strictly according to homoeopathic doctrines by constitutional approach. The doses were selected according to the susceptibility and miasm at the mental, physical and pathological levels. During follow up along with the presenting complaints, physical generals like appetite, sleep and activity were interrogated to know the general well-being of the patient.

Conclusion:

From the study taken up to know the efficacy of Homoeopathic medicines in the treatment of Tinea Corporis, I conclude with the following findings.

- ❖ Prevalence of Tinea Corporis is more common in males (73.33%) than in Females (26.67%).
- ❖ Prevalence of Tinea Corporis is found more in the age group of 16-30 years of age (46.67%).
- ❖ Psoric miasmatic and Sycotic miasmatic dominance was noted in majority of the cases.
- ❖ The remedies most useful to treat the Tinea are Natrum Mur, Sulphur, Phosphorus, Ars. Album & Calcarea Carb, etc.
- ❖ Study showed that out of the 30 cases 7 cases were recovered completely, 20 cases were markedly improved while 3 cases didn't show any improvement.
- ❖ From the study it is clear that Homoeopathic medicines if prescribed on the basis of constitutional approach are most effective in management of Tinea Corporis infection.

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List of Publications

Number of research papers per teacher in the Journals notified on UGC website during the last five years (8)

Sr. No.	Title of paper	Name of the author/s	Department of the teacher	Name of journal	Year of publication	ISBN/IS SN number
1	Clinical Case of Hypertension Treated with Rauwolfia Serpentina Mother Tincture	Dr. Ashish A. Bhagat	Surgery	Aphorismi Vol. 7, Issue No. 03	Feb.-April, 2023	2456-6047
2	Scabies in Children with Homoeopathic Approach	Dr. Swapna S. Shinde	Medicine	The Classical Science, Vol. 17, Issue No. 04	April, 2023	2278-8646
3	Clinical Utility of Mind Rubrics in Synthetic Repertory	Dr. Sonali A. Naik	Repertory	The Classical Science, Vol. 17, Issue No. 05	May, 2023	2278-8646
4	Efficacy of Homoeopathic Medicine in a Patient of Stroke with a History of Systemic Hypertension	Dr. Ashish A. Bhagat	Surgery	The Classical Science, Vol. 17, Issue No. 05	May, 2023	2278-8646
5	Utility of Homoeopathy in treatment of Influenza	Dr. Aarti A. Gambhir	Pharmacy	The Classical Science, Vol. 17, Issue No. 05	May, 2023	2278-8646
6	Vaccinosis Especially BCG and its Homoeopathic Treatment	Dr. Suraj V. Patil	Comm. Medicine	The Classical Science, Vol. 17, Issue No. 05	May, 2023	2278-8646
7	Brief study & Research in Rauwolfia serpentina in Hypertension	Dr. Ashish A. Bhagat	Surgery	Shodhsamhita Vol. XI, Issue No. 01	Jan.-June, 2024	2277-7067
8	To study the action of Homoeopathy in symptomatological Expression of Migraine	Dr. Ashish A. Bhagat	Surgery	Aphorismi	Feb.-April, 2024	2456-6047
9	COPD	Dr. Vajjesh C. Patil	Anatomy	The Journal of Oriental Research Madras Vol. XCV-III	March, 2024	0022-3301
10	COPD	Dr. Swati R. Virkud	Pathology	The Journal of Oriental Research Madras Vol. XCV-III	March, 2024	0022-3301
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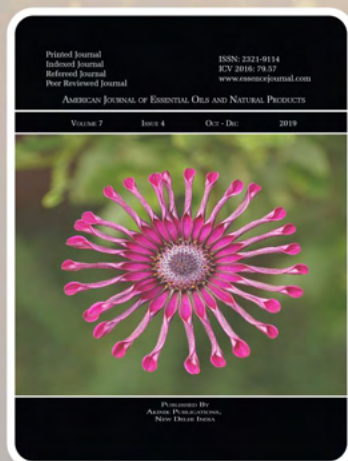
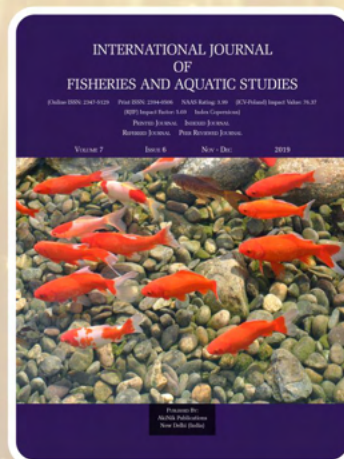
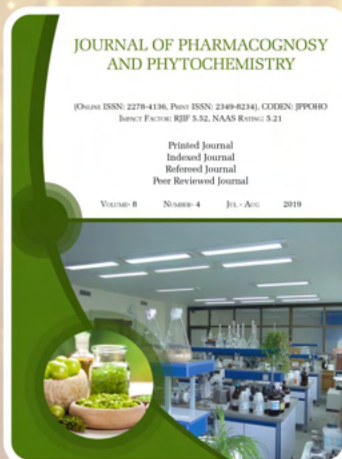
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4	()	Journal of Plant Bioinformatics and Biotechnology	Half yearly	2	3,500	120
5	()	Nepal Journal of Biotechnology	Half yearly	2	2,500	80
6	()	International Journal of Advanced Biological and Biomedical Research	Quarterly	4	3,500	120
7	()	Journal of Advances in Microbiology Research	Half yearly	2	2,500	80
8	()	International Journal of Biotechnology and Microbiology	Half yearly	2	3,000	100
9	()	International Journal of Advanced Science and Research	Half yearly	2	3,000	100
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3	()	Eurasian Chemical Communications (Scopus) (Thomson Reuters)	Monthly	12	11,500	450
4	()	Chemical Methodologies (Thomson Reuters-Iranian Journal)	Quarterly	4	4,000	180
5	()	International Journal of Chemical Studies	Bimonthly	6	3,000	100
6	()	Journal of Research in Chemistry	Half yearly	2	3,000	100
7	()	International Journal of Advanced Chemistry Research	Half yearly	2	3,000	100
8	()	Asian Journal of Green Chemistry	Quarterly	4	4,000	160
9	()	Journal of Chemical Reviews	Quarterly	4	3,500	120
10	()	Advanced Journal of Chemistry, Section A	Quarterly	4	3,500	120
11	()	Advanced Journal of Chemistry, Section B	Quarterly	4	3,500	120
12	()	Asian Journal of Nanoscience and Materials	Quarterly	4	3,500	120
13	()	Progress in Chemical and Biochemical Research	Half yearly	2	3,000	100
14	()	International Journal of Chemical Research and Development	Annually	1	2,500	80
15	()	International Journal of Chemical and Biological Sciences	Annually	1	2,500	80
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7	()	Acta Entomology and Zoology	Half yearly	2	2,500	80
8	()	Zoological and Entomological Letters	Half yearly	2	2,500	80
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15	()	Poeciliid Research	Annually	1	2,500	80
Mathematics						
1	()	Applied Mathematics & Information Sciences (Scopus)	Bimonthly	6	6,500	400
2	()	Progress in Fractional Differentiation and Applications (Scopus)	Quarterly	4	5,500	360
3	()	Journal of Statistics Applications & Probability (Scopus)	Triannually	3	5,500	360
4	()	International Journal of Statistics and Applied Mathematics	Bimonthly	6	3,000	100
5	()	Journal of Mathematical Problems, Equations and Statistics	Half yearly	2	2,500	80
Physics						
1	()	International Journal of Scientific Research in Physics and Applied Sciences	Bimonthly	6	3,500	120
2	()	Letters in High Energy Physics	Annually	1	5,000	NA
3	()	International Journal of Physics and Applications	Half yearly	2	3,000	100
4	()	International Journal of Physics and Mathematics	Half yearly	2	3,000	100
Computer Science (CS) / Information Technology (IT)						
1	()	International Journal of Computer Science and Mobile Computing	Monthly	12	5,500	300
2	()	International Journal of Scientific Research in Computer Sciences and Engineering	Bimonthly	6	3,000	100
3	()	International Journal of Engineering in Computer Science	Half yearly	2	2,500	80
4	()	International Journal of Computing and Artificial Intelligence	Half yearly	2	2,500	80
5	()	International Journal of Computing, Programming and Database Management	Half yearly	2	2,500	80
6	()	International Journal of Cloud Computing and Database Management	Half yearly	2	2,500	80

7	()	International Journal of Communication and Information Technology	Half yearly	2	2,500	80
8	()	International Journal of Circuit, Computing and Networking	Half yearly	2	2,500	80
Engineering, Science and Technology						
1	()	International Journal of Online and Biomedical Engineering (SCOPUS-Austria)	Monthly	12	13,500	500
2	()	International Journal of Emerging Technologies in Learning (SCOPUS-Austria)	Semimonthly	24	27,500	720
3	()	International Journal of Interactive Mobile Technologies (SCOPUS-Austria)	Semimonthly	24	27,500	720
4	()	International Journal of Engineering Pedagogy (SCOPUS-Austria)	Bimonthly	6	6,500	400
5	()	Information Sciences Letters (Scopus)	Triannually	3	5,500	350
6	()	International Journal of Intellectual Advancements and Research in Engineering Computations	Quarterly	4	3,500	120
7	()	International Journal of Research in Advanced Engineering and Technology	Half yearly	2	3,000	100
8	()	International Journal of Advanced Engineering and Technology	Half yearly	2	3,000	100
9	()	International Journal of Research in Engineering	Annually	1	2,500	80
10	()	International Journal of Engineering Sciences & Research Technology	Half yearly	2	4,500	300
11	()	International Engineering Journal For Research & Development	Annually	1	2,000	40
12	()	Budapest International Research in Exact Sciences (BirEx) Journal	Quarterly	4	3,500	120
13	()	Britain International of Exact Sciences Journal	Triannually	3	3,500	120
14	()	World Academics Journal of Engineering Sciences	Quarterly	4	3,500	120
15	()	Asian Journal of Applied Science and Technology	Quarterly	4	4,500	180
16	()	Irish Interdisciplinary Journal of Science & Research	Quarterly	4	4,500	180
17	()	Mediterranean Journal of Basic and Applied Sciences	Quarterly	4	4,500	180
18	()	Middle East Journal of Applied Science & Technology	Quarterly	4	4,500	180
19	()	Asian Journal of Basic Science & Research	Quarterly	4	4,500	180
20	()	International Journal of Research in Engineering and Innovation	Quarterly	4	4,500	180
21	()	Journal of Engineering in Industrial Research	Quarterly	4	4,000	160
22	()	Journal of Science and Technology Research	Quarterly	4	4,000	160
Electrical and Electronics Engineering						
1	()	International Journal of Electronics and Microcircuits	Half yearly	2	2,500	80
2	()	International Journal of Research in Circuits, Devices and Systems	Half yearly	2	2,500	80
3	()	International Journal of Electronic Devices and Networking	Half yearly	2	2,500	80
4	()	International Journal of Electrical and Data Communication	Half yearly	2	2,500	80
5	()	International Journal of Research in Advanced Electronics Engineering	Half yearly	2	2,500	80
6	()	International Journal of Advances in Electrical Engineering	Half yearly	2	2,500	80
7	()	International journal of inventions in Electronics & Electrical Engineering	Annually	1	3,000	100
Civil Engineering / Architecture						
1	()	International Journal of Research in Civil Engineering and Technology	Half yearly	2	2,500	80
2	()	International Journal of Civil Engineering and Architecture Engineering	Half yearly	2	2,500	80
3	()	International Journal of Structural Design and Engineering	Half yearly	2	2,500	80
4	()	Journal of Civil Engineering and Applications	Half yearly	2	2,500	80
5	()	International Journal of Hydropower and Civil Engineering	Half yearly	2	2,500	80
6	()	International Journal of Surveying and Structural Engineering	Half yearly	2	2,500	80
7	()	International Journal of Civil Engineering and Construction	Half yearly	2	2,500	80
Mechanical Engineering						
1	()	International Journal of Mechanical and Thermal Engineering	Half yearly	2	2,500	80
2	()	International Journal of Materials Science	Half yearly	2	2,500	80
3	()	International Journal of Mechanics of Solids	Half yearly	2	2,500	80
4	()	International Journal for Mechanics and Thermodynamics	Half yearly	2	2,500	80
5	()	International Journal of Automobile Engineering	Half yearly	2	2,500	80
6	()	International Journal of Machine Tools and Maintenance Engineering	Half yearly	2	2,500	80
Commerce and Management						
1	()	International Journal of Research in Finance and Management	Half yearly	2	2,500	80
2	()	International Journal of Financial Management and Economics	Half yearly	2	2,500	80
3	()	International Journal of Research in Human Resource Management	Half yearly	2	2,500	80
4	()	International Journal of Foreign Trade and International Business	Half yearly	2	2,500	80
5	()	International Journal of Tourism and Hotel Management	Half yearly	2	2,500	80
6	()	International Journal of Research in Marketing Management and Sales	Half yearly	2	2,500	80

7	()	International Journal of Commerce and Management Research	Bimonthly	6	4,500	180
8	()	International Journal of Commerce and Economics	Half yearly	2	2,500	80
9	()	Asian Journal of Management and Commerce	Half yearly	2	2,500	80
10	()	International Journal of Management and Commerce	Half yearly	2	2,500	80
11	()	International Journal of Research Science and Management	Half yearly	2	3,000	350
12	()	International Journal of Research in Management	Half yearly	2	3,000	120
13	()	International Journal of Business, Economics & Management	Annually	1	2,500	80
14	()	World Academics Journal of Management	Quarterly	4	3,500	120
15	()	International Journal of Transformations in Business Management	Half yearly	2	3,500	120
16	()	International Journal of Professional Studies	Half yearly	2	3,000	120
Tourism and Hotel Management						
1	()	International Journal of Tourism and Hotel Management	Half yearly	2	2,500	80
Agriculture						
1	()	International Journal of Agriculture Extension and Social Development	Half yearly	2	2,500	80
2	()	Agri Articles (एग्री आर्टिकल्स : कृषि लेखों के लिए अंतर्राष्ट्रीय पत्रिका)	Bimonthly	6	3,500	120
3	()	Scientific Journal of Flowers and Ornamental Plants (Egypt)	Quarterly	4	4,500	180
4	()	International Journal of Research in Agronomy	Half yearly	2	2,500	80
5	()	International Journal of Horticulture and Food Science	Half yearly	2	2,500	80
6	()	International Journal of Agriculture and Plant Science	Quarterly	4	3,000	100
7	()	International Journal of Agriculture and Food Science	Half yearly	2	2,500	80
8	()	International Journal of Agriculture and Nutrition	Half yearly	2	2,500	80
9	()	Journal of Research in Weed Science	Half yearly	2	3,500	100
10	()	South Asian Journal of Agricultural Sciences	Half yearly	2	2,500	80
12	()	International Journal of Plant Pathology and Microbiology	Half yearly	2	2,500	80
13	()	Advances in Agriculture & Botany	Annually	1	3,500	120
Animal Husbandry and Veterinary Sciences						
1	()	International Journal of Veterinary Sciences and Animal Husbandry	Bimonthly	6	3,000	100
Language						
1	()	International Journal of Sanskrit Research	Bimonthly	6	3,000	100
2	()	International Journal of Kannada Research	Quarterly	4	2,000	80
3	()	International Journal of Jyotish Research	Half yearly	2	1,500	80
4	()	International Journal of English Research	Half yearly	2	3,000	100
5	()	International Journal of Research in English	Annually	1	2,500	80
6	()	International Journal of Hindi Research	Bimonthly	6	3,000	100
7	()	International Journal of Research in Hindi	Half yearly	2	3,000	80
8	()	National Journal of Hindi & Sanskrit Research	Bimonthly	6	3,000	100
9	()	Budapest International Research and Critics in Linguistics and Education (BirLE) Journal (Indonesia)	Quarterly	4	3,500	120
10	()	Britain International of Linguistics, Arts and Education Journal (Indonesia)	Triannually	3	3,500	120
Multidisciplinary						
1	()	International Journal of Applied Research	Monthly	12	5,000	300
2	()	International Journal of Advanced Academic Studies	Quarterly	4	3,000	100
3	()	International Journal of Multidisciplinary Research and Development	Monthly	12	5,000	300
4	()	National Journal of Advanced Research	Half Yearly	2	2,500	80
5	()	National Journal of Multidisciplinary Research and Development	Half Yearly	2	2,500	80
6	()	International Journal of Academic Research and Development	Quarterly	4	3,000	100
7	()	International Journal of Advanced Research and Development	Quarterly	4	3,000	100
8	()	Universe International Journal of Interdisciplinary Research	Monthly	12	5,000	300
9	()	International Journal of Multidisciplinary Trends	Half Yearly	2	3,000	100
10	()	European Scientific e-Journal	Bimonthly	6	4,000	180
11	()	Tuculart Student Scientific	Quarterly	4	3,500	120
Education						
1	()	International Journal of Multidisciplinary Education and Research	Half yearly	2	3,000	100
2	()	International Journal of Advanced Educational Research	Half yearly	2	3,000	100
3	()	International Journal of Advanced Education and Research	Quarterly	4	3,000	100

4	()	International Journal of Educational Research and Development	Quarterly	4	3,500	120
5	()	International Journal of Educational Research and Studies	Half yearly	2	3,500	120
6	()	International Journal of Literacy and Education	Half yearly	2	2,500	80
7	()	International Journal of Linguistics, Literature and Culture	Bimonthly	6	3,000	100
8	()	International Journal of Teacher Education and Teaching	Half yearly	2	6,500	400
9	()	Veritas	Half yearly	2	3,500	120
Law						
1	()	International Journal of Law	Bimonthly	6	3,000	100
2	()	International Journal of Civil Law and Legal Research	Half yearly	2	2,500	80
3	()	International Journal of Criminal, Common and Statutory Law	Half yearly	2	2,500	80
4	()	International Journal of Law, Policy and Social Review	Quarterly	4	4,000	160
5	()	International Journal of Law, Justice and Jurisprudence	Half yearly	2	2,500	80
Journalism and Mass communication						
1	()	International Journal of Advanced Mass Communication and Journalism	Half yearly	2	2,500	80
Arts and Humanities						
1	()	International Journal of Home Science	Triannually	3	2,000	80
2	()	International Journal of Political Science and Governance	Half yearly	2	2,000	80
3	()	International Journal of Sociology and Political Science	Half yearly	2	2,000	80
4	()	International Journal of History	Half yearly	2	2,500	80
5	()	International Journal of Humanities and Social Science Research	Bimonthly	6	3,500	120
6	()	Sanskritik aur Samajik Anusandhan	Half yearly	2	2,500	80
7	()	International Journal of Humanities and Education Research	Annually	1	2,500	80
8	()	International Journal of Reflective Research in Social Sciences	Annually	1	2,500	80
9	()	International Journal of Sociology and Humanities	Annually	1	2,500	80
10	()	Tuculart Global Review	Half yearly	2	3,500	120
11	()	National Research Journal of Social Sciences	Half yearly	2	2,500	80
12	()	International Journal of Social Science and Education Research	Half yearly	2	3,000	80
13	()	International Journal of Advanced Studies in Humanities and Social Science	Quarterly	4	2,500	80
14	()	Klironomy Journal	Bimonthly	6	4,000	180
15	()	Britain International of Humanities and Social Sciences Journal (Indonesia)	Triannually	3	3,000	100
16	()	International Journal of Humanities, Literature & Arts	Annually	1	2,500	80
17	()	International Journal of Humanities and Arts	Annually	1	2,500	80
18	()	International Journal of Arts, Humanities and Social Studies	Half yearly	2	3,000	80
19	()	SIASAT Journal: Journal for religious, social, cultural and political studies (Indonesia)	Quarterly	4	3,500	120
20	()	Konfrontasi: Journal of Cultural, Economic and Social Change (Indonesia)	Quarterly	4	3,500	120
21	()	Budapest International Research and Critics Institute (BIRCI-Journal) : Humanities and Social Sciences (Indonesia)	Quarterly	4	3,500	120
22	()	Agrarian History (Russia)	Quarterly	4	4,500	180
23	()	Bulletin Social-Economic and Humanitarian Research (Russia)	Quarterly	4	4,500	180
Food and Nutrition						
1	()	International Journal of Food Science and Nutrition	Quarterly	4	3,000	120
2	()	Journal of Current Research in Food Science	Half yearly	2	2,500	80
Geology, Environment and Earth Science						
1	()	International Journal of Geography, Geology and Environment	Half yearly	2	2,500	80
2	()	International Journal of Environmental and Ecology Research	Quarterly	4	4,000	160
3	()	Advances in Environmental Sciences	Annually	1	3,500	350
4	()	International Journal of Life sciences & Earth sciences	Annually	1	2,500	80
Sports and Physical Education						
1	()	International Journal of Physical Education, Sports and Health	Bimonthly	6	3,000	100
2	()	International Journal of Sports, Health and Physical Education	Annually	1	2,500	80
3	()	International Journal of Sports, Exercise and Physical Education	Annually	1	2,500	80
4	()	International Journal of Physiology, Nutrition and Physical Education	Half yearly	2	3,000	100

5	()	International Journal of Physiology, Exercise and Physical Education	Annually	1	2,500	80
6	()	International Journal of Physiology, Sports and Physical Education	Annually	1	2,500	80
7	()	International Journal of Physiology, Health and Physical Education	Annually	1	2,500	80
8	()	International Journal of Yogic, Human Movement and Sports Sciences	Half yearly	2	3,000	100
9	()	International Journal of Yoga Physiotherapy and Physical Education	Bimonthly	6	3,000	100
10	()	Journal of Sports Science and Nutrition	Half yearly	2	2,500	80
Rehabilitation						
1	()	International Journal of Speech and Audiology	Half yearly	2	1,200	80
2	()	International Journal of Research in Special Education	Half yearly	2	1,200	80
3	()	International Journal of Intellectual Disability	Half yearly	2	1,200	80
4	()	International Journal of Autism	Half yearly	2	1,200	80
5	()	International Journal of Childhood and Development Disorders	Half yearly	2	1,200	80
6	()	International Journal of Psychology Sciences	Annually	1	1,500	80
Journals in Other Languages						
1	()	Bulletin of Economic Theory (Language: Russian)	Annually	1	3,000	100
2	()	Giesserei-Praxis Science (Language: German)	Annually	1	2,500	80
3	()	Fernseh-und Kinotechnik (Language: German)	Annually	1	2,500	80

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HOMOEOPATHIC APPROACH IN PRIMARY NOCTURNAL ENURESIS IN CHILDREN

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ABSTRACT

- Bedwetting is one of the commonest complaints everyone has faced in childhood at one time or other. For infants and children below age 3, involuntary wetting is quite normal. The age at which the bladder gains control varies with every child. Normally children stop urinating at night around 4 years in girls and 5 years in case of boys. Bedwetting affects up to 50 - 55% of 5 - 6 years old children, 25 - 30 % of 7 - 8 years old children, and 15 - 20 % of 9 - 12 years old children, 1 - 2 % of teenagers and rarely adults.

INTRODUCTION

- Bedwetting means "passing of the urine during sleep, involuntarily and unknowingly i.e., wetting the bed and clothing". It is also termed as nocturnal enuresis (night time urination) in medical terminology. Bedwetting disturbs the patients psychologically more than with its symptoms. The kidney is the body's main drainage system rather than bowels since it eliminates the toxins, chemicals and salts through urine to purify our blood. Kidney dribbles urine into bladder day and night, without any

rest or interruption.

DEFINITION

- Bedwetting (Enuresis) is the inability to maintain urinary control during sleep. Involuntary urination at night referred to as nocturnal enuresis (NE) also called as bedwetting.

CLASSIFICATION

Nocturnal enuresis can be divided into Primary nocturnal enuresis (PNE) and Secondary nocturnal enuresis (SNE).

PRIMARY NOCTURNAL ENURESIS

:-

Refers to inability to maintain urinary control from infancy. It is most common form of bedwetting in childhood

SECONDARY NOCTURNAL ENURESIS

Appears in children after some period of normal control, due to any cause noticed or related.

AETIOLOGY

IN CHILDREN:-

- Familial
- Sex
- Physical constitution
- Growth
- Habits
- Sleep disorder
- Psychological
- Nervous disorder
- Infection
- Environmental

ADDITIONAL FACTORS WHICH CAN INFLUENCE BEDWETTING ARE:-

- Increased intake of fluid, which increase

the urine output.

- Using diaper.
- Constipation.
- Poor nutrition.

PATHOPHYSIOLOGY

- The bladder acts as a reservoir and maintains continence till a situation favors passing of the urine.

The bladder is situated between the pubic bone and uterus in the case of women and between the pubic

bone and seminal glands and rectum in the case of man. Its capacity varies from 250ml to 700 ml with age difference.

The brain takes control and inhibits auto emptying, according to situation, place and timing. Daytime control is first attained followed by nighttime control. After gaining brain control, we can advance or postpone it.

Urination is a complex process, with the correlation of two sphincters (valves). Action of the sympathetic and parasympathetic nerves is necessary, to correlate this urination process. For example, sympathetic nerves

contract sphincters and relax the bladder for storage of urine, whereas the parasympathetic nerves relax the sphincters and contract the bladder for emptying. The main nerve supply for the bladder is from sacrum, so any

injury to the sacrum, by a fall or surgery, will interfere or reflect in the process of urination. In case of

children, if the bladder gets filled up, pressure over the stretch receptors, on the walls of the bladder, will

induce parasympathetic fiber empty the bladder automatically, as a reflex action.

CLINICAL FEATURES

- Urination in sleep.

- Screaming.
- Rolling in bed.
- Grinding the teeth.
- Urgency for urination.
- Worms's infestation.
- Urinary Tract infection.
- Adenoids.
- Nose block.
- Bronchitis.
- Sleep disorders.
- Hyperactivity and constipation.

LABORATORY INVESTIGATIONS

- Urine analysis.
- Ultrasonography.
- Voiding cystourethrography and plain radiography.
- Magnetic resonance imaging.
- Urodynamic studies and cystoscopy.

AIMS AND OBJECTIVES

- To determine the efficacy and significance of Dr.J.T.Kent Repertory in the management of Primary Nocturnal Enuresis.
- To determine the medicines indicated in the management of Primary Nocturnal Enuresis.
- To establish a definitive and positive role of homoeopathy in Primary Nocturnal Enuresis.
- To evaluate and investigate the etiological features of Primary nocturnal enuresis.
- To assess the benefit of Homoeopathic treatment in Primary Nocturnal Enuresis.
- To evaluate scope and limitations of Homoeopathic treatment in Primary Nocturnal Enuresis.
- To understand the diagnosis of case and to make good prognosis.

HOMEOPATHIC MANAGEMENT

Kreosote- Enuresis in the first part of night. Great Difficulty to wake the child out of his sleep. Wets the bed when he dreams that he is urinating in a decent manner. Offensive. Can urinate only when lying, cannot get out of bed quick enough during first sleep. Must hurry when desire comes to urinate.

Pulsatilla :- Involuntary micturation at night, while coughing or passing flatus.

Increased desire, worse when lying down. Burning in orifice of urethra during and after urination. Spasmodic pain in bladder after urinating.

Rhus aromatica - Enuresis due to vesical atony. Severe pain at beginning or before urination. Constant dribbling.

Silicea - Nocturnal enuresis in children with worms. Bloody involuntary with red or yellow sediment.

Equisetum hyemale - Incontinence in children, with dreams or nightmares when passing urine. Frequent urging with severe pain at the close of urination. Severe, dull pain and feeling of fullness in bladder not relieved by urinating. Urine flows only drop by drop. Sharp, burning, cutting pain in urethra while urinating.

Lycopodium :- Precocious weakly children suffering from enuresis.

Child cries before urinating. Polyuria during night. Heavy red sediments in urine. Pain in back before urinating, ceases after flow; slow in coming, must strain.

Causticum :- Involuntary micturation when coughing, sneezing, blowing nose. At night when asleep during first sleep, slightest excitement in cold

weather during day and night. Loss of sensibility on passing urine. Sweat on genitals. Burning in Urethra while urinating stiches in orifice of urethra.

Sulphur - Enuresis in scrofulous untidy children. Mucus and pus in urine. Parts sore over which it passes. Must hurry, sudden call to urinate. Great quantity of colorless urine.

Thyroidinum - Enuresis in weakly children who are nervous and irritable. Urine smells of violets, burning along urethra, increase of uric acid.

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AN EXPLORATORY STUDY IN ANAEMIA AND ITS HOMOEOPATHIC APPROACH

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ABSTRACT

Anemia is a grave problem in ladies in developing countries like india.

Evidence of anemia goes back more than 4000 yrs. A moderate degree of iron deficiency anemia affected approximately 610 million people worldwide or 8.8% of population. It is slightly more common in females (9.9%) than in males (7.8%). Mild iron deficiency anemia affects another 375 million.

Pregnant women and children are particularly vulnerable.

There are three main cause of anemia:

- Increased RBC destruction
- Impaired RBC production
- Blood loss

Several of these may interplay to cause anemia eventually

Most of conditions are manageable and does not produce any major complex disease, but due to poverty the mortality rate due to anemia is very high in India.

INTRODUCTION:

Anemia is from the ancient Greek word "anaimia" which means "without blood"

Hemoglobin is the molecule found inside the RBC's. Hemoglobin normally carries oxygen from lungs to tissues.

Anemia leads to hypoxia (lack of oxygen) in organs. Hence form clinical consequences.

DEFINITION:

Anemia is defined as a decrease oxygen

carring capacity of the blood due to less amount of hb and less rbc's below the lower limit of that age and sex. hemoglobin in blood 130 g/l in males and 120 g/l in females.

Anemia that comes on slowly, the symptoms are often vague and may include feeling tired, weakness, shortness of breath or poor ability to exercise, that is the reason people neglect it and its treatment.

Anemia that comes on quickly often has a greater symptom, which may include confusion, feeling like one is going to pass out, loss of consciousness or increased thirst. Anemia must be significant before a person become noticeably pale. Additional symptoms may occur depending on the underlying cause.

AETIOLOGY:

I- IMPAIRED PRODUCTION:

A- DISTURBANCE OF PROLIFERATION AND DIFFERENTIATION OF STEM CELLS.

1- Pure red cell aplasia

2- Aplastic anemia affects all kind of blood cells. Fanconi anemia is a hereditary disorder or defect featuring aplastic anemia and various other abnormalities.

3- Anemia of renal failure by insufficiency erythropoietin production.

4- Anemia of endocrine disorders.

5- Idiopathic cause.

6- Irradiation e.g. frequent exposure to x-rays.

7- Use of drugs e. g. anti- malignant drugs, chloramphenicol (chloromycitin/chloro).

B- DISTURBANCE OF PROLIFERATION AND MATURATION OF ERYTHROBLASTS

1- Megaloblastic anemia due to Vit B₁₂

deficiency dependent on impaired absorption of Vit B₁₂, lack of dietary B₁₂ is rare but also causes non-pernicious megaloblastic anemia

- 2- Anemia of folic acid deficiency which is particularly common during pregnancy, as with Vit B₁₂, causes megaloblastic anemia.
- 3- Anemia of prematurity, by diminished erythropoietin response to declining hematocrit level, combined with blood loss from laboratory testing, generally occurs in premature infants at 2-6 weeks of age.
- 4- Iron deficiency anemia, resulting in deficient heme synthesis.
- 5- Thalassemia, in which there is due to genetic defect either suppression of α -chain or β -chain β thalas.. is more common.
- 6- Congenital diserythropoietic anemia causing ineffective erythropoiesis.
- 7- Anemia of renal failure (also causing stem cell dysfunction).

C- OTHER MECHANISM OF IMPAIRED RBC PRODUCTION:

- 1- Myelophthisic anemia or myelophthisis is a severe type of anemia resulting from replacement of the bone marrow by other materials such as malignant tumors or granulomas.

II- INCREASED DESTRUCTION:

Anemias of increased RBC destruction are generally classified as hemolytic anemia these are general featuring jaundice and elevated lactate dehydrogenase levels

- A- Intrinsic (intracorpuseular) abnormalities cause premature destruction all of these except paroxysmal nocturnal hemoglobinuria, are hereditary genetic disorder.

1- Hereditary spherocytosis is a defect that results in defect in the RBC cell membrane causing the erythrocytes to be sequestered and destroyed by the spleen.

2- Hereditary elliptocytosis another defect in membrane skeleton proteins. Abetalipoproteinemia, causing defect in membrane lipids

3 Hemoglobinopathies

- Sickle cell anemia.
- Hemoglobinopathies causing unstable hemoglobin's.
- Paroxysmal nocturnal hemoglobinuria.

A- E x t r i n s i c (e x t r a corpuseular) abnormalities:

- 1- Antibody mediated.
 - 2- Warm autoimmune hemolytic anemia is caused by the autoimmune attack between the RBC, primarily by IgG. It is the most of the common of the autoimmune hemolytic disease. It can be idiopathic that is without any known cause drug associated or secondary to any other disease such as systemic lupus erythemetosis, or malignancy like chronic lymphocytic leukemia.
 - 3- Cold agglutinin hemolytic anemia is primarily, mediated by IgM. It can be idiopathic or from an underlying condition but cold agglutinin act when body temperature is between 5-20 deg/C., at which human being not survive.
 - 4- Rh disease, one of the causes of hemolytic disease of the newborn.
 - 5- ABO incompatibility during blood transfusion.
- B- Mechanical trauma to red cells
- 1- Microangiopathic hemolytic anemia, including thrombotic thrombocytopenic purpura and disseminated intravascular

coagulation.

2- Infections, including malaria.

3- Heart surgery

4- Hemodialysis

I- BLOOD LOSS

A- Anemia of prematurity from frequent blood sampling for laboratory testing combined with insufficient RBC production.

A- Anemia of prematurity from frequent blood sampling for laboratory testing combined with insufficient RBC production.

B- Trauma or surgery, causing acute blood loss.

C- Gastro intestinal tract lesions causing either acute bleeds(e.g. variceal lesions, peptic ulcers, piles) or chronic blood loss(angiodysplasia).

D- Gynecological disturbances, also generally causing chronic blood loss from menstruation, mostly among women's who have fibroids.

E- Infection by intestinal nematodes feeding on blood, such as hookworm, and the whipworms, T. trichuria.

I- FLUID OVERLOAD:

A general cause of hypervolemia includes excessive sodium and fluid intake, sodium or water retention and fluid shift in to the intravascular space.

CLASSIFICATION OF ANEMIA

• *Morphological classification:*

1- Normocytic normochromic anemia

MCV (n) MCHC (n)

E.g. immediately after blood loss.

2- Microcytic hypochromic anemia

MCV ↓ MCHC ↓

E.g. Iron deficiency anemia

3- Macrocytic normochromic anemia

MCV ↑ MCHC (n)

E.g. Vit B₁₂, folic acid deficiency anemia.

• *Aetiological classification:*

1. Anemia due to blood loss

a) Acute blood loss.

e.g. trauma or accident.

b) Chronic blood loss.

e.g. worm infestation

peptic ulcer, bleeding piles.

Menstrual disorder

1- Anemia due to decrease red cell production

a) Deficiency of nutrients

Vit deficiency, e.g. Vit B₁₂, folic acid, Vit C.

Mineral deficiency e.g. Iron, Copper, Cobalt, manganese.

a) Endocrine disorders

e.g. hypothyroidism (myxedema)

Addison's disease (glucocorticoid deficiency)

Hypopituitarism, hypogonadism.

b) Chronic disease

e.g. chronic liver disorder.

Chronic renal disorder

Chronic infection like tuberculosis

c) Aplastic anemia: hypo functioning of bone marrow lead to decrease in all blood count cells.

1- Hemolytic anemia:

A- Intracorporeal defects:

a) Membrane defects

e.g. hereditary spherocytosis.

a) Enzyme defects

e.g. deficiency of glucose-6-phosphate dehydrogenase.

b) Hemoglobinopathies.

e.g. sickle cell anemia

Thalassemia.

B- Extracorporeal defects:

Destruction of RBC by external factor also called as autoimmune hemolytic anemia.

Degree of anemia:

1- Mild anemia:

Hb between 10-12.5g/dl and RBC between

3.5-4.5 mil/cumm

2- Moderate anemia:

Hb bet 7-10g/dl and RBC betb 2.5-3.5 mil/cumm.

3- Severe anemia:

Hb <7g/dl and RBC <1.5 mill/cumm.

CLINICAL FEATURES:

1. SKIN AND MUCOUS MEMBRANE:

- Color of skin and mucous membrane become pale.
- paleness is more constant and prominent in buccal and pharyngeal M.M., conjunctiva, lips, earlobes, nail bed.
- Skin loses elasticity and becomes thin and dry.
- Thinning, loosening and early grayness of hairs occur.
- The nails become brittle and easily breakable

1. CARDIOVASCULAR SYSTEM:

- There is an increase in heart rate (tachycardia) and cardiac output.
- Cardiac murmur.
- Heart is dilated
- Velocity of blood is increased.

2. RESPIRATORY SYSTEM:

- There is an increase rate and force of respiration.
- Sometimes breathlessness and dyspnoea.
- Oxygen hemoglobin dissociation curve is shifted to right

3. DIGESTIVE SYSTEM:

Anorexia, nausea, vomiting, abdominal discomfort and constipation are common. In pernicious anemia, there is atrophy of papillae in tongue.

In Aplastic anemia, necrotic lesion appears in mouth and pharynx.

4. Metabolism:

Basal metabolic rate increased in severe anemia

5. Kidney:

Renal function is disturbed. Albuminuria is common.

6. Menstrual disorders:

In female, the m.c. is there may be menorrhagia, metrorrhagia.

LABORATORY INVESTIGATION:

- 1) Hemoglobin test.
- 2) PCV.
- 3) MCHV, MCV.
- 4) Red cell indices.

COMPLICATION:

As mentioned earlier, Hb has the important role of delivering oxygen to all parts of the body for consumption and carries back carbon dioxide to the lungs.

If Hb level decrease result in low level of oxygen in the body. (hypoxia).

- High output heart failure.
- Angina
- Heart damage
- Heart failure
- Heart attack
- Skin discoloration

Breathlessness

- Flow murmur
- Roth spot
- PALLOR.
- Chest pain
- Menorrhagia
- Headache

GENERAL MANGEMENT:

Depends on cause and severity. Vitamin supplements given orally (folic acid or Vit B₁₂) or I.M. Vit B₁₂ will replace specific deficiencies.

- Nutritional deficiency anemia is common in developing nation. Advice for proper diet and oral iron supplementation with ferrous sulphate, ferrous fumarate or ferrous gluconate.
- Vit C aids in the body's ability to absorb iron so oral taking with orange juice in of benefit

- **Injectable irons:** When absorption is impeded. e.g. in case of inflammation parent oral iron can be used. In many cases the patient has a deficit of over 1000 mg of iron which will require several months to replace.

Blood transfusion: It is not recommended until the Hb is below 60-80 gm/l. in those with coronary artery disease who are not actively bleeding transfusion is only recommended when the Hb is below 70-80 gm/l.

HOMOEOPATHIC MANAGEMENT

Natrum Mur – Anaemic headache of school girls, nervous discouraged broken down, < sunrise to sunset. Great weakness of weariness. Malarious and cachexia. Blood impoverished, anaemia from loss of fluids.

Phosphorus - Disorganizes the blood, causing fatty degeneration of blood vessels and every tissue and organ of body and thus gives rise to haemorrhages. Polycythaemia. Blood extravasations.

Ferrum phosphoricum – In pale, anaemic, subjects with violent local congestion.

Anaemia with false plethora and easy flushing. Prostration marked. Pulse soft and flowing. Grauvogel's oxygenoid constitution. Ferrum phos 3x increases Hb

Ferrum Metallicum - Anaemic and chlorotic with pseudo plethora. Flush easily.

Weakness from mere speaking or walking though looking strong. Pallor of skin, mucous membranes face, alternating with flushes. Irregular distribution of blood.

Alumina – Anaemia in young girls at puberty. Profuse albuminous leucorrhoea which flows only during daytime with weakness. Restless sleep, awakening with palpitation of heart.

China – Debility from exhausting discharge

from loss of vital fluids. Night blindness in anaemic retina. Aversion to exercise. Palpitation with rush of blood to head pulsation of carotids. Pale face with blue margins around the eyes.

Graphites – Anaemia with redness of face. Tendency to obesity. Anti-psoric remedy.

Picricum acidum – Progressive pernicious anemia from suboxidation. Sallow complexion.

Arsenicum album – Pernicious anemia. Disintegration of blood corpuscles; rapid, excessive prostration with sinking of vital forces; oedema, violent and irregular palpitations with marked appetite for acids and brandy, emaciation

AIMS AND OBJECTIVES

- Main aim is to treat it at mild avoid unnecessary complication.
- Treatment of anemia in pregnancy is very much necessary to avoid fetal abnormalities.
- To avoid MI, brain infarct and kidney infarct.

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UTILITY OF HOMOEOPATHY IN ACUTE TONSILLITIS

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ABSTRACT:

Tonsillitis is most commonly caused by a viral infection with about 5% to 40% of cases caused by a bacterial infection. Acute infection of palatine tonsils predominantly occur in school aged children, but patient of any age may be affected. Tonsillitis of viral origin is usually treated with supportive care.

INTRODUCTION:

Tonsils are masses of lymphoid tissue. There are 2 pairs of tonsils namely:-

- Pharyngeal tonsils
- Tubal tonsils
- Palatine tonsils
- Lingual tonsils

The tonsils normally help to prevent infections. They act like filters to trap bacteria and viruses entering the body through mouth and sinuses.

Anyone of any age can have tonsillitis.

ANATOMY:

The tonsils are pair of soft tissue masses located at the rear of throat (pharynx). Each tonsil is composed of tissue similar to lymph nodes, covered by pink mucosa. Running through the mucosa of each tonsil are pits, called crypts. The tonsils are part of the

lymphatic system, which helps to fight infections.

However, removal of the tonsils does not seem to increase susceptibility to infection.

ANATOMIC RELATIONS:

Anteriorly and posteriorly related to the palatoglossus and palatopharyngeus muscles. Superiorly, the tonsil extends into edge of soft palate. Inferiorly, the tonsillar capsule is firmly attached to the side of tongue.

DEVELOPMENT:

Tonsils tend to reach their largest size near puberty, and they gradually undergo atrophy thereafter. However, they are largest relative to diameter of the throat in young children.

STRUCTURE:

The tonsils are non encapsulated lymphoid tissue.

They have crypts lined with stratified squamous epithelium which are infiltrated with lymphocytes.

- A. Pharyngeal (Adenoids)-They are located on the pharyngeal septum in the nasopharynx.
- B. Palatine (Tonsils)-Located dorsally in the oropharynx.
- C. Soft palate-Tonsils located at ventral aspect of soft palate.
- D. Tubal-They are located in lateral wall of nasopharynx and provides protection to entrance of auditory tubes.
- E. Lingual-Found on floor of

oropharynx.

- F. Paraepiglottic-Found on epiglottic base.

NERVE SUPPLY:

Maxillary Nerve, Glossopharyngeal Nerve

VASCULAR SUPPLY:

Tonsillar Artery, Ascending pharyngeal Artery, Tonsillar branch of Facial Artery, Venous blood drains through peritonsillar plexus.

LYMPHATIC SUPPLY:

Jugulodigastric nodes, Upper deep cervical lymph nodes

DEFINITION:

Tonsillitis- Inflammation of tonsils, typically of rapid onset.

AETIOLOGY:

Age - upto age of 15yrs.

Sex - Both the sexes are equally affected.

Predisposing factors-

- Pre existing upper respiratory tract infection
- Pre existing chronic tonsillitis
- Post nasal discharge due to sinusitis
- Residual tonsillar tissue after tonsillectomy
- Blood dyscrasias
- Ingestion of cold drinks and cold food
- Pollution and crowded ill-ventilated environment

Causative organisms-

- Streptococcus
- Staphylococcus
- Pneumococcus

- Diptheroid organisms

PATHOLOGY:

Inflammatory infection of tonsils usually occurs due to invasion of mucus membrane by microorganism usually streptococci. Inflammation and enlargement of tonsils especially palatine tonsils. A polymicrobial flora consisting of both aerobic and anaerobic bacteria which has been observed in core tonsillar culture in cases of recurrent tonsillitis. Microbiology of recurrent tonsillitis shows more bacterial isolates with higher recovery rate of Prevotella species.

CLINICAL FEATURES:

A. SYMPTOMS

- Sore throat and tender to touch
- Area surrounding tonsils looks red and inflamed
- Swollen tonsils and lymph nodes in neck
- Difficulty while swallowing
- Loss or change of voice.
- Bad breath
- Ear pain
- Cold and cough
- Fever with chills, headache, malaise

B. SIGNS

- Tonsils are hypertrophied and congested. Usually occurs in children.
- Yellowish, cheesy, exudate of tonsils. Occurs in adults and appears normal.
- Squeezing-Pus may ooze out.
- Retention cyst-Seen on surface of tonsils.

- Nodes-Persistent enlargement of nodes.

LAB INVESTIGATION:

- Throat swab
- Rapid strep test
- Complete blood cellcount
- Routine haemogram
- Radiograph of chest
- Blood sugar

COMPLICATIONS-

- Difficulty in breathing
- Obstructive sleep apnea
- Tonsillar cellulitis
- Peritonsillar abscess
- Chronic tonsillitis with recurrent acute attacks
- Acute otitis media
- Rheumatic fever

HOMOEOPATHIC MANAGEMENT:

Belladonna – Tonsils become inflamed after riding in a cold wind. Tonsils enlarged, throat feels constricted difficult deglutition, worse liquids. Spasms in throat. Sensation of lump. Worse on right side.

Hepar Sulph - When swallowing sensation as if a plug or a splinter in throat. Pressive and constrictive sensation in throat. Stitches in the throat which extend to ear. Hawking up of mucus. Hypersensitiveness to touch, pain and cold air.

Calcarea iodota – Enlarged tonsils filled with little crypts.

Mercurius sol – Bluish-red swelling, putrid sore throat- worse right side. Ulcers and inflammation appearing at every change in weather. Complete loss of voice. Stiches

into ear on swallowing.

Baryta carb - Tonsils inflamed with engorged veins. Tonsils enlarged and prone to suppurate, especially on right side. Stitching and smarting pain, worse empty swallowing. Suppurating tonsil from every cold.

Phytolacca – Tonsils swollen especially right side, dark red appearance. Shooting pain into ears on swallowing.

Lachesis – Tonsils purplish, pain into ear. Sore throat, worse left side, swallowing liquids feeling as if something was swollen which must be swallowed.

OBJECTIVES:

- The objective of synopsis to establish a definitive and positive role of homoeopathy in acute tonsillitis.
- The aim of this study is to investigate the difference in follicle size and number in tonsils for patient with tonsillar hypertrophy in acute tonsillitis.

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MIASMATIC STUDY OF PSORIASIS AND HOMOEOPATHIC APPROACH

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Abstract:-

Psoriasis is a common chronic recurrent immune mediated disease of skin and joint. It can have negative impact on the physical, emotional and psychological wellbeing of affected person.

Psoriasis is found worldwide but the prevalence varies among different ethnic group. It has strong genetic component.

There are several clinical cutaneous manifestation of psoriasis but most commonly the disease present as chronic symmetrical, erythematous scaling papule and plaque.

PSORIASIS

Definition:-

Psoriasis is a non-infectious, chronic inflammatory disease of skin characterized by well define erythematous plaque with silvery scale with predilection for the external surface and scalp with chronic fluctuating course.

Exacerbating factor for psoriasis:-

1. Trauma
2. Infection
3. Sunlight
4. Drug like antimalarial, β -adrenoreceptor agonist

5. Emotion

Pathophysiology:-

Two key pathological feature in psoriasis:-

- Keratinocytes hyperproliferate with increase mitotic index and abnormal pattern of differentiation leading to retention of nuclei in stratum corneum.
- There is large inflammatory cells infiltrate.

Clinical feature:-

There are several form of psoriasis

- 1) Stable plaque psoriasis:-
 - Most common
 - Red with dry silvery-white scale
 - Elbow, knee and lower back involved
 - 2) Guttate psoriasis:-
 - Commonly present in children and adolescent and follow a streptococcal throat
 - Rash appear rapidly
 - Lesion are droplet shape, diameter over 1 cm and scaly
 - 3) Erythrodermic psoriasis:-
 - Skin become universally red or scaly
 - More rarely just red with very little scale
 - 4) Pustular psoriasis:-

There are two varieties

 - Generalized form – sudden onset with large number of small sterile pustules erupting on red base
 - Localized form – primarily affect palm and soles. this chronic and comprise small sterile pustules which lie on red base and resolve to leave brown macules or scaling
- #### **Investigation:-**
- 1) Biopsy
 - 2) Throat swabbing
 - 3) Rheumatology assessment

4) HIV testing should be consider in severe cases

Complication:-

- 1) Folate deficiency
- 2) Cancer
- 3) Heart disease
- 4) Diabetes
- 5) Emotional and psychological disturbunce

Miasmatic evaluation:-

Miasms are noxious disease producing agent which are dynamic in nature and are capable of affecting the dynamic vital force.

Psoric manifestation of psoriasis:-

Skin is

- Dry, rough ditry or unhealthy appearance
- Persistent itching
- Dry skin with thin scale
- Agg.in open air ,evening
- Amel. By scratching
- Disturbance developed in psoric patient by grief, sorrow and suppressed emotion.
- In mental condition psora in its latent state.
- Patient are easily fatigue both mentally and physicallprofound prostration follow.

Syphilitic manifestation of psoriasis:-

- Characteristics of syphilitic eruption is that they do not itch.
- Little soreness
- Skin affection with glandular involvement are common.
- N a i l s a r e s p o o n shaped,irregular,brittle,break and split easily.
- Eruption are pustular which suppurate and occur about joints and flexor of body.

➤ Mentally patient is dull, stupid, morose and suspicious.

➤ Always depressed and having fix ideas.

Sycotic manifestation in psoriasis:-

- Sycotic skin manifestation tend towards overgrowth or extra deposits.
- Skin eruption occur in circumscribed spot and exfoliating eczemas.
- Nails are ridged,thick and heavy.
- Sycotic patient is suspicious, jealous, cross and irritable.
- Absent minded,forgot recent event but remember past event.

General management:-

Avoid alcohol.

Avoid acidic fruits such as citrus, pineapple
Vit.B12 is essential.

Homoeopathic management:-

Psorinum - Dry, inactive, rarely sweats, dirty look as if never washed,coarse, greasy as if bathed in oil. Itching with dry eruptions on arms bend of elbows and armpits. Psoriasis is disappearing during summer, but reappearing when the cold weather comes on. Worse from warmth of bed.

Arsenicum album - Patches are brownish or blackish in colour, roughness of skin. Burning, itching, sensation of burn like fire. Swelling with dry, patchy eruptions. Agg - Cold bathing, cold wind, after midnight and miday. Amel-rest, from heat.

Sulphur - Itching and burning throughout the day, skin is dry unhealthy, dirty looking and covered in scales. Psoriasis that have been suppressed with external applications. There is much soreness in folds of skin and a tendency to pustular psoriasis. Agg-Evening, at night, damp weather, warmth, washing, bathing. Amel-Open air.

Petroleum - Psoriasis set off during winter, skin is dry, hard, rough and very thick, cracks on skin. Especially used for psoriasis of hands and psoriasis arising in skin folds. Agg – winter, dampness. Amel – summer, warm air and dry weather.

Graphitis - Psoriasis of scalp, scalp is covered in excessive scales. Intense itching, scalp may emit foul odour and hair may get matted together. Burning sensation in hot weather. Nail deformed, crumbled, thick and painful. Agg – cold draft, bathing, uncovering. Amel – open air, wrapping up.

Ant Crud. - For nail psoriasis, brittle nails, nails grow out of shape, nails discoloration, pain under the skin of nail. Agg – evening, from heat, extremes of cold or heat. Amel – Rest, open air or after warm bath

Borax - Psoriasis with itching on back of finger joints. Psoriasis of scalp, ends of hair become tangled. Trade eruption on finger and itching and stinging.

Agg – Downward motion, warm weather, after menses. Amel – Cold weather.

Rhus tox - Psoriasis Arthropathy, Joint pain in psoriasis. Highly inflamed and painful joints. Joint stiffness. Eruptions with incessant itching, burning and tingling. Agg – Exposure to cold air, During rest, of night. Amel – warm application.

Ars. Iod - Psoriasis with exfoliation of skin in large scales. Living a raw exuding surface beneath. Agg- washing

Thyroidinum - Psoriasis associated with adiposity (not in developing stage). Skin dry impoverished, cold hands and feet. Itching without eruption, worse night.

Manganum aceticum – Suppuration of skin around joints. Red, elevated spots. Itching better scratching. Deep cracks in bends of elbows, aggravated by change of weather,

cold wet weather.

Aims and objective:-

- To find out the efficacy of homoeopathic medicine in psoriasis
- To reduce the episode and frequency of complication and aggravation in all season
- Palliation in chronic and advanced pathological psoriatic condition
- To try reduce mental trauma
- To give mental peace
- To increase symptom free period

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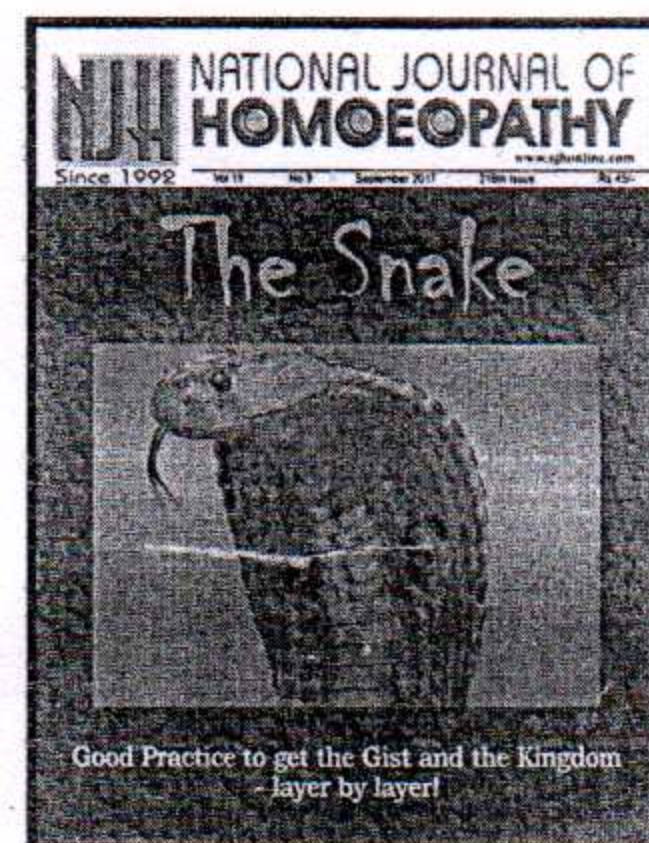
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Understanding *Naja-tripudians*



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ABSTRACT: Exploring understanding of *Naja* with help of Repertory.

KEYWORDS: *Naja*, Delusion

N*aja* is prepared from the poison of the deadly Cobra of India. Cobra poison has always found an important place in the therapeutics of ancient India. In the Ayurvedic system, even now, this drug is extensively used. It was introduced into homoeopathy by Russell and Stokes. *Naja* has got strong affinity for the heart. All its complaints have tendency to settle about the heart. Other than heart it also affects Nervous system, such as medulla oblongata, cerebellum, respiratory nerves, pneumogastric and gloss pharyngeal nerves.

Like other ophidians it does not have action over the blood but unlike them it strongly affects nervous system and thereby produces bulbar paralysis and feelings of intoxication, followed by loss of power over the lower limbs, aphasia, and loss of control over swallowing and movement of lips, loss of sense of constriction, gradual loss of respiratory power and its ultimate cessation.

There is only a shadow of the septic in *Naja*, but it is extensive in *Lachesis* and extremely marked in *Crotalus*. *Naja* is not as subject to hemorrhage as either *Lachesis* or *Crotalus*. *Naja* has more nervous, *Lach* more septic symptoms. *Naja* marked agitation

without sepsis, *Lachesis* all the nervousness with a tendency to hemorrhage and sepsis; black blood, like charred straw; dark clotted blood.

There is trembling of the muscles, rheumatic diathesis and tendency of the complaints to settle about the heart. It is used in valvular troubles of the heart, in young persons who grow up with cardiac valvular diseases. The whole trouble settled about the heart. This suggests *Naja*, and *Naja* has often cured. If the valvular trouble is congenital it cannot be cured; but if not, it shows that all the disturbing forces have settled about the heart; *Naja* has this. In school boys and girls who have no symptoms this is the generic remedy for this kind of complaint. Always prescribe *Naja* unless guided away from it by some specific symptom.

Unlike other ophidians it has strong affinity for the cardiac region, often *Naja* patients have affections of the heart valve, it produces all sorts of pathological conditions as Angina pectoris, Simple hypertrophy of heart and valvular diseases of heart, Cardiac asthma. For restoration a heart damaged by acute inflammation or from relief of suffering of Chronic hypertrophy and valvular lesions. According to book 'You Can Heal Your Life' by Louise Hay, Heart

represents the centre of love and security and heart problem represents long standing emotional problems. Lack of joy. Hardening of heart. Belief in strain and stress. *Naja* is emotional vulnerable.

RUBRICS

- Mind - sentimental
- Mind – sensitive
- Mind – morose
- Mind – grief
- Mind - ailments from – grief
- Mind-emotions- suppressed

Naja has some qualities uncommon to other snake remedies. – Its unique feature is its feeling of duty consciousness. *Naja* people have a certain quality of nobility, morality and a sense of responsibility.

RUBRICS

- Mind - benevolence
- Mind - duty - too much sense of duty - children; in

Naja lack negative emotions like:

- Anger
- Hatred
- Jealousy
- Revengefulness
- Malicious
- Cruelty
- But has persecution Mania (very strong)

He thinks deeply and become irritable but lacks in courage to retaliate.

RUBRICS

- Mind - irritability
- Mind - timidity - children; in
- Mind – timidity
- Mind - mildness
- Mind - confidence - want of self-confidence - children; in
- Mind - confidence - want of self-confidence
- Mind - helplessness; feeling of
- Mind- anguish

Naja has long history of excessive domination by–

parents. Excessive parental control since childhood so there life become like barren land. They become such vulnerable that anyone can come and bully *Naja*.

RUBRICS

- Mind - Ailments From - domination - children; in - parental control; long history of excessive
- Mind - Ailments From - domination - children; in
- Mind - Delusions - superhuman; is - control; is under superhuman

RUBRICS

- Mind-Delusions-starve- being starved
- They feel starved because they are not getting warmth of love. They starve for love.
- Mind - Delusions - wasting away.
- Wasting is general reduction in vitality and strength of body and mind resulting from a debilitating chronic disease. Wasting due to lack of nutrition, in case of *Naja* nutrition of love from family. For *Naja* his/her family itself becomes a bullying factor.

RUBRIC

- Mind-Delusions, neglected he or she is neglected
- A patient said, "I have a feeling that as a child I did not get the support of my parents who remained busy in their own life and I did not get their love, affection, and attention I needed from them as a child and even after 12 years nothing has changed."

RUBRIC

- Mind –Ailments from –abused ; after being-marriage in.
- What is marriage? Marriage is when two people (husband and wife) join together through a legal contract, and a religious ceremony, this life time commitment relationship based on mutual rights and obligations among the spouses. *Naja* doesn't cross her/ his marital limits but when his partner crosses it, he or she doesn't even defend.

RUBRIC

- Mind - Kill; desire to - husband; impulse to kill her beloved
- *Naja* is placed with one of the angriest remedies like *Merc!* *Nux!!!* *Plat!!!!*. On general level *Naja* gets anger, normally how we get angry even *Naja* gets angry but not to a heightened level of morbidity; like how *Nux* gets angry. But *Naja* feels she should divorce her husband and never marry again thus "killing" the relationship
- Because of all this, coldness increases in their life so they want to warm up.

RUBRIC

- Mind - Fire - near the fire; desire to be.
- For them occupation brings about the warmth they need. To get rid of all those torturing, tormenting thoughts they involve themselves in occupation to forget all injuries and wrong sufferings. He wishes to remain occupied and do some activities to keep him away from these thoughts.

RUBRIC

- Mind - Occupation - desire to.
- But people around *Naja* do not stop here, they continue provoking her, as *Naja* personalities are so mild they try to tolerate beyond the capacity without retaliating.

They get abused. Because *Naja* is in following Rubrics:

- Mind – Self Deprecation (Complete Repertory)
- Mind - Confidence - want of self-confidence - self-depreciation - children; in (single *Naja*)
- Mind - Confidence - want of self-confidence - self-depreciation
- Mind - Confidence - want of self-confidence – failure, feels himself a.

What is self depreciation? Self depreciation is to consider yourself less than others. How one can say I am less than other, either directly by comparing other who is really good or else talk about the other people who are doing good in their life. Eg parents,

brother, sister how good they are and *Naja* keep on talking about them, where physician will feel that where you are in all this. *Naja* don't think that they did for other people even though they did by his responsible nature. *Naja* himself feel that they are good for nothing. So these people become a household property for the family who cannot decide for their own. It is not easy to self depreciate; it doesn't happen in a day, it takes long years of domination and when people keeps on telling you ,that you are good for nothing people around *Naja* make aware of how bad and incompetent he/she is. Here *Naja* feels he is a failure, and one day *Naja* actually starts believing it. But if you believe in yourself you will not go into self-depreciation. These peoples are timid and get easily dominated by others. Only rains of love can bring them back to life, but they fear rain.

RUBRIC

- Mind - delusions - noise - hearing noise
- Mind - delusions - people - behind him; someone is
- Mind - delusions - rainstorm; she is in a
- Mind - delusions - rain - it is raining

When *Naja* gets dominated by parents, get abused by others, they feel it is not only raining but this situation is rainstorm for *Naja*.

The cobra in India is revered and respected as a God, as well as feared and killed as a poisonous snake. *Naja* people often threaten to strike, but don't do it unless provoked to the extreme. This is rather like the behavior of a Cobra who raises its hood when approached, but doesn't do anything if only passed by, without being disturbed.

Another feature in *Naja* people is a brooding and suicide state, a feeling as if everything had been done wrong and could not be rectified. This could happen in many situations, where there is a split between the feeling of duty and the feeling of having suffered wrong. An example of such a situation could be that of a daughter-in-law and a tyrannical

mother-in-law, or even of a woman whose husband is having an extra martial affair. In both situations the feeling is often one of being neglected and wronged, with much irritable and malice, but at the same time she may feel dutiful and responsible, and there is a constant conflict about this.

RUBRIC

- Mind - delusions - identity - errors of personal identity.
- Mind - irresolution

Strongest and weakest part of Cobra is his head. *Naja* is not egoistic but, he fears injured in the head.

RUBRIC

- Mind - delusions - injury - being injured; is - surroundings; by his
- Mind - delusions - injury - being injured; is - head; at
- Mind - delusions - injury - being injured; is.

People are targeting his head so he thinks, 'I will put axe on my head and I will split head in to two with an axe. He will not want to give that chance to others. He wants to end his life by committing suicide with an axe.

RUBRIC

- Mind - suicidal disposition - axe, with an.
- Mind - insanity - suicidal disposition, with
- Mind - insanity - split his head in two with an axe; suddenly wants to

Such sadness, depression rolling in his mind. They go in such depression, grief and sadness which are equal to brooding. They become completely aloof from the world. They are now completely convinced that they can't do anything. Now no confidence left. Lots of confusion, duality sense of identity. There state is like completely given up or no movement at all but they are conscious about what is happening around.

RUBRIC

- Mind- consciousness - paralysis; with
- They conserve there energy by keeping still but they are conscious about what is happening around.

RUBRIC:

- Mind - sadness - wrong way, as if having done everything in (single *Naja*)

That's why when *Naja* feels if I does anything it always results in wrong. Here *Naja* goes in contradiction, that his own consciences tell that you should not do this but people around him compel him to do it. This is domination. He will do it because of sense of responsibility and duty. He starts doing for people as he is benevolent. He keeps on giving it even if it comes on his life; to prove other side of his mind wrong. He thinks that he cannot do anything proper even though he did it well. Suicidal state by thinking that they go wrong and never succeed.

RUBRICS

- Mind - delusions - wrong - everything goes wrong
- Mind - delusions - wrong - done wrong; he has
- Mind - delusions - succeed, he does everything wrong; he cannot
- Mind - will - two wills; sensation as if he had
- Mind - delusions - neglected - duty; he has neglected his - headache, during
- Mind - delusions - neglected - duty; he has neglected his

So he broods and goes in sadness.

RUBRICS

- Mind - sadness - wrong way, as if having done everything in
- Mind - wrong, everything seems
- *Naja* thinks, whatever he is doing, is going in wrong way. Here *Naja* starts reproaching oneself and himself. He criticizes oneself for not being successful and not doing what is expected.

RUBRIC:

- Mind - reproaching oneself

So when new things are coming up there is lots of anticipation. They get aware, that their simple mistakes are going be fined on them in the form of punishments so anticipation sets in with people who

have that kind of abusive history.

RUBRIC

- Mind - ailments from – anticipation.

RUBRIC

- Mind - sadness - superfluous, feeling- single
Naja

What is superfluous-

- More than is need, desired, or required.
- Serving no useful purpose, having no excuse for being.

Naja feels sadness because he thinks that he is serving no useful purpose. Whatever I am doing is not useful for others.

RUBRIC

- Mind - anxiety - others, for

Often this feeling is in conflict with the feeling of having suffered wrong and neglect.

RUBRICS

- Mind - delusions - wrong - suffered wrong; he has
- Mind - delusions - wrong - suffered wrong; he has - children; in

A patient gets a feeling or starts believing that he has:

- Under gone an unpleasant and painful experience
- Endured injury

Or

- He is at disadvantage due to improper or in accurate handling of things in his life.

WHAT WRONG CAN OCCUR

- Treatment
- Given bad food, direction, advice, diagnosis, medicine, or judgment etc.
- Not being properly taken care of. Neglected by others.
- There could be so many other things or reasons, which can leave its bad effects on a person. A patient's feeling is that those factors responsible for his sickness were all due to other's fault. He will clarify that in his life he himself has done

nothing wrong which could lead to such a bad effect on his body. What he or she has suffered is only due to the wrong done by others for example:

- He remains on the bed for so many days because of the operation which was not done properly. Due to this he could not look after his business and he has suffered a great loss.
- He was forced to accept what his father mother wanted him to do which has caused a lot of damage to his future.
- Because the doctor lied about my problem. He prescribed me strong antibiotics telling me that my problem is very serious and I have to take such drugs. After taking the medicine I could not eat or sleep for a few days.
- My parents did not bother to take me to the specialist instead they took me to a local doctor who could not diagnose my problem and gave me medicine for something I did not have. After consuming medicine I had rashes all over my body.

It leaves a bitter feeling inside the person who has to suffer due to another's fault. The feeling is that he has to pay penalty for the other's fault. Possible reasons in the mind of a patient due to which he has suffered wrong could be any of the following:

- Negligence
- Bad intention
- Poor circumstances
- Improper knowledge
- Carelessness of parents or others
- Bad decision or choice
- Unskilled / Unprofessional handling
- Medicine, food or stress etc
- Not getting due respect

Medicines: *Adam, Bac, Bar-c, Carc, Chin, Hyos, Lach, Lyss, Naja, Positr, Sal-fr.*

They all share the same feeling but react differently. A person who has suffered wrong:

- How he will react?
- What he will do?
- What he will say?

What could be the initial feeling/action a person will show/do?

- Anger

Degree or level of anger varies from medicine like:

- <i>Naja</i>	0 (Not angry at all)
- <i>Hyoscyamus</i>	1 (Little angry)
- <i>Lachesis</i>	2 (Much angry)
- <i>Lyssin</i>	3 (Highly angry)

What are the other feelings?

Feeling of:

- Curse
- Hate

Or

- Revenge

Next possible action is to show rage, becoming abusive and violent

If we match delusion wrong suffered has with:

Cursing + hatred + hatred, revenge and + rage fury + violence + abusive

- *Naja* = 0
- *Lyssin* = 4 (cursing + hatred + rage + abusive)
- *Hyoscyamus* = 4 (cursing + rage + violence + abusive)
- *Lachesis* = 5 (hatred + hatred, revenge + rage + violent + abusive)

Due to this he puts himself into a great trouble. In his impression the fault is in him due to which he did not get what he needed.

RUBRICS

- Mind - sadness - brooding; with
- Mind - brooding
- Mind - brooding - troubles - imaginary troubles; over

RUBRIC

- Mind - weary of life - unworthy of the gift of life
Such a depressed sad state *Naja* feels and goes in. This can eventually lead her into a depressive

state with suicidal thoughts and impulses.

RUBRICS

- Mind - sadness - wrong way, as if having done everything in
- Mind - will - loss of will power
- Mind - despair
- Mind - delusions - wrong - everything goes wrong
- Mind - sadness - suicidal disposition, with
- Mind - suicidal disposition - axe, with an
- Mind - suicidal disposition - sadness, from
- Mind - suicidal disposition
- Mind - brooding - suicidal disposition; with

Role played by Bollywood actress Sridevi of Anju in film 'Chalbaz' is good example to study rubrics of Naja. Anju lives in her big Mansion with her an evil uncle Tribhuvan and Aunt Amba, who killed her parents in a car accident and took over all their her property and bank balance. They dominated Anju so much so she is dependent on them all the time. Anju is forced to do all the housework and they treat her as like a slave. They start using her for their own good. Anju is constantly terrorized and bullied by them. They abuse Anju physically and verbally. This is happening with Anju routinely every day since many years and often ends in tears. But she lacks in courage to retaliate.

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Uncommon Remedies and Successful Cases

- Effect of Myristica Seeder
- Case Studies: Urtica, Adiantum, Argemone
- A Case of Rheumatism - "Once my Family got Destroyed..."



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A Case of *Rhus glabra* – Since my Family got Betrayed.....

Dr Kalika Adhikrao Devakate

Abstract: The excellence of homoeopathic method lies in the fact that its therapeutics does not depend upon the pathological and common symptoms of the disease. but prospect of cure depends upon the individualizing, characteristic symptoms of the patients suffering from any disease.

Keywords: case, fibroid, betrayed, *Rhus glabra*, journey, polycystic ovary

Case Study

A female patient aged 29 yrs residing at Dombiwali came with her husband. She complained of pain in left side of abdomen from iliac region extending to umbilicus since 3 yrs. She had continuous pain even after taking regular treatment from gynaecologist.

She had appeared for third year BA again after 4 yrs. gap. She has completed web designing and graphics designing course. She got married 2 months back and was a housewife. Resides in a Joint family having mother-in-law, father-in-law, brother-in-law, his wife and 2 children. Maternal side she had a younger sister, mother and father.

The Conversation with the Patient

Patient: Doctor I want to be free from this pain. When there is pain, I want to be massaged. Feels better by bending leg upto abdomen. Pain increases by lying on painful side. Can't tolerate antibiotics and allopathic medicines. So wanted to start homoeopathic medicines. Can't sit or stand in one position because of pain. I weep a lot due to unbearable pain. *Gynaecologist diagnosed my problem*

as Fibroid uterus and Polycystic ovaries.

Me: What else?

Patient: Recurrent constipation with bleeding during stool since 1 yr. I am sleepless due to thoughts. I always have pain, whether I will be cured or not? I fear darkness, has to keep light on during sleep.

Me: Tell me about your nature.

Patient: I am very nervous and quite natured person. I get anger but can't express it. Weeps alone when I feel bad. I don't have interest in any work. In company can't share my feelings. I like to be alone and sit quietly.

Me: Any stress, tension or any worry?

Patient: No, as such.

Me: How is your relation with husband?

Patient: Good. It is a love marriage. Both families accepted this relation. So no problem.

Me: How is your sexual life?

Patient: Somewhat disturbed due to constant pain. I also have pain at inner left side of genitalia as if a needle is piercing inside.

Menstrual History

Menses regular, 30-35 days' cycle. Painful on second and third day of menses more on left side, the whole of abdomen and thighs, black stringy thread like flow. Has to take Tablet Combiflam during every period. Heaviness in breasts before menses. Blackish discharge from vagina about one week after menses.

During conversation patient was very mild, timid and taciturn. Expression was very sad. I observed the face of patient where I didn't find any glow which we find generally in a newly married female. Dull, sad, dark circles around eyes etc. And she was not telling anything except her pain and suffering of pain and she just wanted to be out from this pain.

So, I called her husband in and asked directly what I observed on her face. **Tell me why she is so depressed, sad and dull. No glow on face in a newly married girl.** There is something which has affected her very gravely. Was she like this when you fell in love with her?

Husband replied: No, she was not like this. She was a very enthusiastic, lively, loving girl. She enjoyed everything with us as friend very



frankly with laughter and fun. But since they (before marriage) started living in rented room she became like this.

Me: Do you feel below social position staying in a rented room?

Patient: Yes, I didn't expect such thing would happen in our life.

Me: What happened with your family that you started staying in a rented accommodation?

Husband: Her uncle and her papa were business partners. But, her uncle cheated her papa very badly and he lost everything. That was the biggest disappointment in her life. Papa lost all their savings in business. They were homeless and on road in one night. She felt neglected by the relatives as well as by the friends. She felt everyone neglected us since our situation degraded. Financially, they were under stress. Their condition was piteous.

Since that incidence she was very sad, there is no peace and no sleep in her life. She started having fear of being alone, fear of dark. *Even she had doubt on me, whether I will marry her or not?* She was thinking that I will also cheat her like her uncle. Also, because of that she started avoiding friends and avoided speaking with them. She lost faith in the world and started dwelling in herself.

Past History

- Recurrent fever and Asthma in childhood taken allopathic treatment.
- History of fungal infection at inguinal region, applied ointment and taken treatment

from dermatologist one year back.

- History of car accident of the whole family 2 years back. From that, she recovered from the blunt trauma of right hand and right leg.

Personal History

Appetite: Reduced since 3 yrs. Heaviness in abdomen after food.

Thirst: Reduced, takes water only after food.

Desires: Spicy food but can't tolerate it, increases burning pain in chest and abdomen.

Bowel: Constipated, unsatisfied and hard. Bleeding during stool since about an year.

Sleep: Disturbed due to thoughts. Talking during sleep.

Perspiration: Only during exertion.

Bath: Warm bath always.

Thermals: Chilly. Can't tolerate fast fanning and uncovering during sleep.

Season: Every change of weather causes coryza.

Weight: 49 Kg

Height: 5 feet 2 inch.

On Examination: Abdominal tenderness was present++.

Disease Diagnosis: Fibroid Uterus and Polycystic ovaries.

Investigations

USG shows Polycystic ovaries. Uterus is Anteverted, normal in size with a small, intramural fibroid size- 1.2 × 1.1 cms. in posterior wall. Endometrial

thickness is 4.6 mm.

Repertorial totality and Evaluation of Symptoms

All the complaints started since 3 yrs. and the cheating incidence to their family also happened around 3yrs back. Since that incidence, the patient changed totally with regards to her personality. So rubric taken were:

MIND - AILMENTS FROM - betrayed; from being

MIND - QUIET; wants to be

MIND - DWELLS - past disagreeable occurrences, on

MIND - DWELLS - recalls - old grievances
MIND - DELUSIONS - cheated; being

MIND - DELUSIONS - betrayed; that she is

MIND - DELUSIONS - danger, impression of - world is dangerous

MIND - DULLNESS

MIND - DELUSIONS - injury - being injured; is-

STOMACH - APPETITE - diminished

STOOL - HARD

FEMALE GENITALIA/SEX - LEUKORRHEA - black

FEMALE GENITALIA/SEX - PAIN - Vagina - left - stitching pain

Summary of this case

Since being betrayed, the injury at level of trust made a loving person lose faith in the world.

According to a book 'You can heal your life' by Louise Hay- Cause of problem for Cyst is-Running the

[illegible]



SUBODH

Dr. Subodh B. Daptardar

PATIENT NAME: **MS. KRYANIE SHIV**
 SEX: **F**
 EXAMINATION: **USG ABDOMEN & PELVIS**
 DATE: **21.06.2016**

ULTRASONIC REPORT

LIVER: Normal size. The echotexture is normal. No focal lesions. The intra-hepatic bile ducts are normal in size. The portal vein and common bile duct are normal in size.

GALLBLADDER: Well distended. No gall stones. No cholelithiasis. No sludge in CBD. CBD is patent. No dilatation of the biliary tree.

PANCREAS: Normal size & echotexture. The main pancreatic duct is not dilated. No mass in head, body or tail of pancreas is noted in the region of concern.

SPLEEN: Normal in size. The echotexture is normal. Spleen vein is not dilated.

KIDNEYS: Rt kidney: 10.4 x 5.0 cm. Lt kidney: 9.8 x 4.0 cm. Both show normal size, position & echotexture. No evidence of stone or hydronephrosis is seen on both sides. Ureters are not dilated. No perinephric fluid collection. No stone in ureter-vesical junction.

URINARY BLADDER: Well distended. No stone or growth is seen. Vessels are not thickened. No significant post-void residual is present.

UTERUS: Anteverted & normal in size. Size = 7.0 x 4.5 x 3.4 cm. A small, intramural fibroid is seen in posterior wall near fundus, measuring 1.2 x 1.1 cm in size. Rest of the Myometrium is normal. Endometrial thickness is normal (4.5 mm).

OVARIES: Rt ovary: 3.8 x 3.1 x 1.8 cm. Volume = 5.7 cc. Lt ovary: 3.2 x 3.1 x 1.8 cm. Volume = 4.4 cc. Multiple small follicles (3-5 mm dia) in both ovaries are Polycystic ovaries (PCO). No adnexal mass.

No free fluid in abdomen & pelvis. No para-aortic lymphadenopathy. No evidence of bowel wall thickening. No mass or fluid collection in MP.

IMPRESSION: POLYCYSTIC OVARIES (PCO).
 UTERUS IS ANTEVERTED, NORMAL IN SIZE WITH A SMALL INTRAMURAL FIBROID (Size = 1.2 x 1.1 cm) IN POSTERIOR WALL. ET = 4.5 mm.
 NO ABNORMALITY IN UPPER ABDOMEN.
 NO STONE IN KIDNEY.
 NO BACK-PRESSURE CHANGES IN KIDNEYS.

Report with findings and reports. **DR. SUBODH B. DAPTARDAR**
 B.H.S. (B.Sc. in Radiology)

Figure 1

NIDDAAN DIAGNOSTIC CENTRE
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3XY, 3XZ, 3YA, 3YB, 3YC, 3YD, 3YE, 3YF, 3YG, 3YH, 3YI, 3YJ, 3YK, 3YL, 3YM, 3YN, 3YO, 3YP, 3YQ, 3YR, 3YS, 3YT, 3YU, 3YV, 3YW, 3YX, 3YY, 3YZ, 3ZA, 3ZB, 3ZC, 3ZD, 3ZE, 3ZF, 3ZG, 3ZH, 3ZI, 3ZJ, 3ZK, 3ZL, 3ZM, 3ZN, 3ZO, 3ZP, 3ZQ, 3ZR, 3ZS, 3ZT, 3ZU, 3ZV, 3ZW, 3ZX, 3ZY, 3ZZ, 4AA, 4AB, 4AC, 4AD, 4AE, 4AF, 4AG, 4AH, 4AI, 4AJ, 4AK, 4AL, 4AM, 4AN, 4AO, 4AP, 4AQ, 4AR, 4AS, 4AT, 4AU, 4AV, 4AW, 4AX, 4AY, 4AZ, 4BA, 4BB, 4BC, 4BD, 4BE, 4BF, 4BG, 4BH, 4BI, 4BJ, 4BK, 4BL, 4BM, 4BN, 4BO, 4BP, 4BQ, 4BR, 4BS, 4BT, 4BU, 4BV, 4BW, 4BX, 4BY, 4BZ, 4CA, 4CB, 4CC, 4CD, 4CE, 4CF, 4CG, 4CH, 4CI, 4CJ, 4CK, 4CL, 4CM, 4CN, 4CO, 4CP, 4CQ, 4CR, 4CS, 4CT, 4CU, 4CV, 4CW, 4CX, 4CY, 4CZ, 4DA, 4DB, 4DC, 4DD, 4DE, 4DF, 4DG, 4DH, 4DI, 4DJ, 4DK, 4DL, 4DM, 4DN, 4DO, 4DP, 4DQ, 4DR, 4DS, 4DT, 4DU, 4DV, 4DW, 4DX, 4DY, 4DZ, 4EA, 4EB, 4EC, 4ED, 4EE, 4EF, 4EG, 4EH, 4EI, 4EJ, 4EK, 4EL, 4EM, 4EN, 4EO, 4EP, 4EQ, 4ER, 4ES, 4ET, 4EU, 4EV, 4EW, 4EX, 4EY, 4EZ, 4FA, 4FB, 4FC, 4FD, 4FE, 4FF, 4FG, 4FH, 4FI, 4FJ, 4FK, 4FL, 4FM, 4FN, 4FO, 4FP, 4FQ, 4FR, 4FS, 4FT, 4FU, 4FV, 4FW, 4FX, 4FY, 4FZ, 4GA, 4GB, 4GC, 4GD, 4GE, 4GF, 4GG, 4GH, 4GI, 4GJ, 4GK, 4GL, 4GM, 4GN, 4GO, 4GP, 4GQ, 4GR, 4GS, 4GT, 4GU, 4GV, 4GW, 4GX, 4GY, 4GZ, 4HA, 4HB, 4HC, 4HD, 4HE, 4HF, 4HG, 4HH, 4HI, 4HJ, 4HK, 4HL, 4HM, 4HN, 4HO, 4HP, 4HQ, 4HR, 4HS, 4HT, 4HU, 4HV, 4HW, 4HX, 4HY, 4HZ, 4IA, 4IB, 4IC, 4ID, 4IE, 4IF, 4IG, 4IH, 4II, 4IJ, 4IK, 4IL, 4IM, 4IN, 4IO, 4IP, 4IQ, 4IR, 4IS, 4IT, 4IU, 4IV, 4IW, 4IX, 4IY, 4IZ, 4JA, 4JB, 4JC, 4JD, 4JE, 4JF, 4JG, 4JH, 4JI, 4JJ, 4JK, 4JL, 4JM, 4JN, 4JO, 4JP, 4JQ, 4JR, 4JS, 4JT, 4JU, 4JV, 4JW, 4JX, 4JY, 4JZ, 4KA, 4KB, 4KC, 4KD, 4KE, 4KF, 4KG, 4KH, 4KI, 4KJ, 4KL, 4KM, 4KN, 4KO, 4KP, 4KQ, 4KR, 4KS, 4KT, 4KU, 4KV, 4KW, 4KX, 4KY, 4KZ, 4LA, 4LB, 4LC, 4LD, 4LE, 4LF, 4LG, 4LH, 4LI, 4LJ, 4LK, 4LL, 4LM, 4LN, 4LO, 4LP, 4LQ, 4LR, 4LS, 4LT, 4LU, 4LV, 4LW, 4LX, 4LY, 4LZ, 4MA, 4MB, 4MC, 4MD, 4ME, 4MF, 4MG, 4MH, 4MI, 4MJ, 4MK, 4ML, 4MM, 4MN, 4MO, 4MP, 4MQ, 4MR, 4MS, 4MT, 4MU, 4MV, 4MW, 4MX, 4MY, 4MZ, 4NA, 4NB, 4NC, 4ND, 4NE, 4NF, 4NG, 4NH, 4NI, 4NJ, 4NK, 4NL, 4NM, 4NN, 4NO, 4NP, 4NQ, 4NR, 4NS, 4NT, 4NU, 4NV, 4NW, 4NX, 4NY, 4NZ, 4OA, 4OB, 4OC, 4OD, 4OE, 4OF, 4OG, 4OH, 4OI, 4OJ, 4OK, 4OL, 4OM, 4ON, 4OO, 4OP, 4OQ, 4OR, 4OS, 4OT, 4OU, 4OV, 4OW, 4OX, 4OY, 4OZ, 4PA, 4PB, 4PC, 4PD, 4PE, 4PF, 4PG, 4PH, 4PI, 4PJ, 4PK, 4PL, 4PM, 4PN, 4PO, 4PP, 4PQ, 4PR, 4PS, 4PT, 4PU, 4PV, 4PW, 4PX, 4PY, 4PZ, 4QA, 4QB, 4QC, 4QD, 4QE, 4QF, 4QG, 4QH, 4QI, 4QJ, 4QK, 4QL, 4QM, 4QN, 4QO, 4QP, 4QQ, 4QR, 4QS, 4QT, 4QU, 4QV, 4QW, 4QX, 4QY, 4QZ, 4RA, 4RB, 4RC, 4RD, 4RE, 4RF, 4RG, 4RH, 4RI, 4RJ, 4RK, 4RL, 4RM, 4RN, 4RO, 4RP, 4RQ, 4RR, 4RS, 4RT, 4RU, 4RV, 4RW, 4RX, 4RY, 4RZ, 4SA, 4SB, 4SC, 4SD, 4SE, 4SF, 4SG, 4SH, 4SI, 4SJ, 4SK, 4SL, 4SM, 4SN, 4SO, 4SP, 4SQ, 4SR, 4SS, 4ST, 4SU, 4SV, 4SW, 4SX, 4SY, 4SZ, 4TA, 4TB, 4TC, 4TD, 4TE, 4TF, 4TG, 4TH, 4TI, 4TJ, 4TK, 4TL, 4TM, 4TN, 4TO, 4TP, 4TQ, 4TR, 4TS, 4TT, 4TU, 4TV, 4TW, 4TX, 4TY, 4TZ, 4UA, 4UB, 4UC, 4UD, 4UE, 4UF, 4UG, 4UH, 4UI, 4UJ, 4UK, 4UL, 4UM, 4UN, 4UO, 4UP, 4UQ, 4UR, 4US, 4UT, 4UU, 4UV, 4UW, 4UX, 4UY, 4UZ, 4VA, 4VB, 4VC, 4VD, 4VE, 4VF, 4VG, 4VH, 4VI, 4VJ, 4VK, 4VL, 4VM, 4VN, 4VO, 4VP, 4VQ, 4VR, 4VS, 4VT, 4VU, 4VV, 4VW, 4VX, 4VY, 4VZ, 4WA, 4WB, 4WC, 4WD, 4WE, 4WF, 4WG, 4WH, 4WI, 4WJ, 4WK, 4WL, 4WM, 4WN, 4WO, 4WP, 4WQ, 4WR, 4WS, 4WT, 4WU, 4WV, 4WW, 4WX, 4WY, 4WZ, 4XA, 4XB, 4XC, 4XD, 4XE, 4XF, 4XG, 4XH, 4XI, 4XJ, 4XK, 4XL, 4XM, 4XN, 4XO, 4XP, 4XQ, 4XR, 4XS, 4XT, 4XU, 4XV, 4XW, 4XX, 4XY, 4XZ, 4YA, 4YB, 4YC, 4YD, 4YE, 4YF, 4YG, 4YH, 4YI, 4YJ, 4YK, 4YL, 4YM, 4YN, 4YO, 4YP, 4Y



MIND - INJUSTICE, cannot support

MIND - DELUSIONS - war - inside her (single Rhus-Glabra)

They are angry over them who has done wrong with them. Even she is angry on herself too. Doesn't want even to speak with them.

MIND - ABUSIVE

MIND - ANGER - himself; with

MIND - ANGER - past events; about

MIND - ANGER - night - midnight - after - 1-2 h (single Rhus-Glabra)

MIND - ANGER - afternoon - 15-16 h (single Rhus-Glabra)

MIND - IRRITABILITY - conversation, from

MIND - IRRITABILITY - evening - sunset; after (single Rhus-Glabra)

MIND - IRRITABILITY - afternoon

MIND - IRRITABILITY - morning

MIND - IRRITABILITY

MIND - IRRITABILITY - talk of others; from

MIND - IRRITABILITY - noise, from

MIND - IRRITABILITY - flippancy of others; from (single Rhus-Glabra)

MIND - AVERSION - telephone calls - making (single Rhus-Glabra)

Now this person gradually develops hatred and feels revengeful towards this betrayal. Desire to kill them.

MIND - MALICIOUS - hurting other people's feelings

MIND - KILL; desire to

MIND - KILL; desire to - offended him; those who (single Rhus-Glabra)

MIND - HATRED - revengeful; hatred and

MIND - HATRED - persons - offended him; hatred of persons who

MIND - HATRED - persons - abusing him (single Rhus-Glabra)

MIND - STRIKING - desire - strike; to - betrayed him; those who (single Rhus-Glabra)

MIND - STRIKING - desire - strike; to

MIND - POWER - sensation of

Now she emerged in the world of hatred, anger and revenge to the extent that she even in dreams wants to take revenge and abuse others. Her sleep also gets disturbed by dreams.

SLEEP - DISTURBED - dreams, by

DREAMS - ABUSING - betrayed him; those who (single Rhus-Glabra)

DREAMS - COCOON - propelled from (single Rhus-Glabra)

Cocoon- a silky case spun by the larvae of many insects for protection of pupae. She was safe inside but now she is propelled into world which is dangerous.

DREAMS - DARKNESS

DREAMS - INJURIES

DREAMS - FIGHTS

DREAMS - SNEAKING - house; about the (single Rhus-Glabra)

DREAMS - STRIKING - betrayed him; those who (single Rhus-Glabra)

DREAMS - VIOLENCE - betrayed him; toward those who (single Rhus-Glabra)

The Rhus glabra patient has no trust on anybody, become so despaired from the society that she hates even his/her mother or mother like personality too. In layman language if one compares someone with her/his genitalia is simply expresses a hatred feeling.

DREAMS - MOTHER - penis; has a (single Rhus-Glabra)

This dream indicates the extent of injury and faith lost even toward a godly figure like mother. Here, mother is not only biological mother, but a person who is like mother, as mother is everything for child and mother always thinks positive for her child, she never betrays her child.

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feels is at the level of trust. She feels betrayed, cheated, abused, tricked.

MIND - DELUSIONS - injury - being injured; is

MIND - DELUSIONS - hole - chest; in his - extending through - back; to (single Rhus-Glabra)

MIND - DELUSIONS - cheated; being (single Rhus-Glabra)

MIND - DELUSIONS - betrayed; that she is

MIND - DELUSIONS - abused, being

MIND - DELUSIONS - tricked; being (single Rhus-Glabra)

MIND - DELUSIONS - hole - chest; in his (single Rhus-Glabra)

MIND - DELUSIONS - stabbed - back; in the (single Rhus-Glabra)

When you will have such a penetrating piercing wound which will pierce you from chest and through to your back. "Aar paar scene kepaar waar" Who can do this? Someone who is very close to you and attack you with knife or shoot you near your chest through bullet which pierces the chest and makes a hole through the back. An attack made from a close distance will injure you like that.

MIND - DELUSIONS - snakes - in and around her - cobra - stomach; in his (single Rhus-Glabra)

Here, she feels she has cobra in her stomach. Why stomach? Its deriving nourishment from you but you never know you are nourishing a deadly person who is so poisonous that it will bite you one day. Here snake metaphorically connect as enemies. She thinks she has enemies surrounding her and may be within herself.

Here, she become suspicious of everything and everybody around her and feels as if the world is a dangerous place.

MIND - DELUSIONS - danger, impression of - world is dangerous

MIND - DELUSIONS - robbed, is going to be

Now they are afraid of many things in their life, as they have been betrayed and cheated. They have fear from people, fear of failure, get afraid of talking, fear of something negative outcome or getting injured.

MIND - FEAR - people; of

MIND - FEAR - failure, of - examinations; in

MIND - FEAR - talking - say something wrong; lest he should

MIND - FEAR - injury - being injured; of

Now due to these, they create negative emotions. They feel themselves despised, discouraged, detached, and despair from the society.

MIND - DELUSIONS - despised; is

MIND - DESPAIR - pains, with the

MIND - DETACHED

MIND - DISCOURAGED

After these unexpected incidences like betrayal she gets confused, losses confidence, loses courage, sometimes gives up and wants death. She comes under the state of dullness. Always dwelling on past grievances. She can't bear the shock and goes into depression.

MIND - CONFUSION of mind

MIND - CONFIDENCE - want of self-confidence

MIND - COWARDICE

MIND - DEATH - desires

MIND - FRIENDSHIP - end his; desire to - anger; to avoid (single Rhus-Glabra)

MIND - DULLNESS

MIND - DULLNESS - intoxicated; as if

MIND - DULLNESS - thinking - long; unable to think

MIND - DWELLS - recalls - old grievances

MIND - DWELLS - past disagreeable occurrences, on

MIND - DWELLS - grief from past offenses

Further, when she goes in depression she desires company but of specific people who can make her forget betrayal.

MIND - EMBRACES - desire to be embraced (single Rhus-Glabra)

Embrace - a close affectionate and protective acceptance, the act of clasping another person in the arms as in greeting or affection.

MIND - SADNESS - conversation - amel.

MIND - SADNESS - company - amel.

MIND - SYMPATHY from others - desire for

MIND - TALKING - desire to talk to someone

MIND - COMPANY - desire for - relax; of those she can (single Rhus-Glabra)

Here she cannot bear life's injustice towards her and a storm of emotions is created inside her.