

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Homoeopathy in female disorders

- Clinical case series of prospective study to evaluate the utility of homoeopathic medicine in polycystic ovarian syndrome using the concomitant symptoms during menstruation
- Long way from conception to completion-a case report of endometriosis
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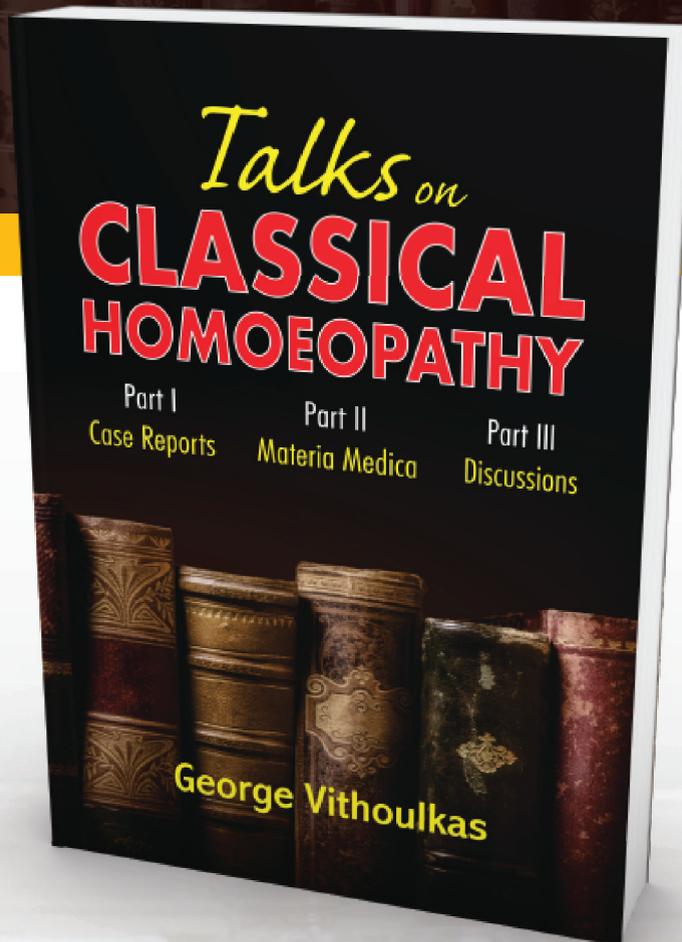
ANA KLIKOVAC



- The book contains many examples and overviews of similar remedies, with a clear differentiation between them
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Talks on CLASSICAL HOMOEOPATHY

GEORGE VITHOULKAS



- This book has been compiled from the transcripts of the recordings of the Esalen Homeopathic Conference held in California, USA, 1980.
- This book is written in a conversation style and is divided into three parts: Part I- Case Reports Part II- Materia Medica Part III- Discussions
 - Part I - This section presents 33 carefully selected clinical conditions (cases) for discussion out of collection of 60,000 cases. Each chapter has been devoted to particular remedy and theme of the remedy on which prescription is based.
 - Part II - Different subject on homeopathy have been covered under this section.
 - Part III - The last part has a question answer session on miscellaneous topics which answer many queries which practitioners face in their practice. This part also has glimpse from George Vithoulkas' life from the period when he was first introduced to homeopathy
- It is an intended work for physicians to enjoy, appreciate, experience, and admire a great healing art.

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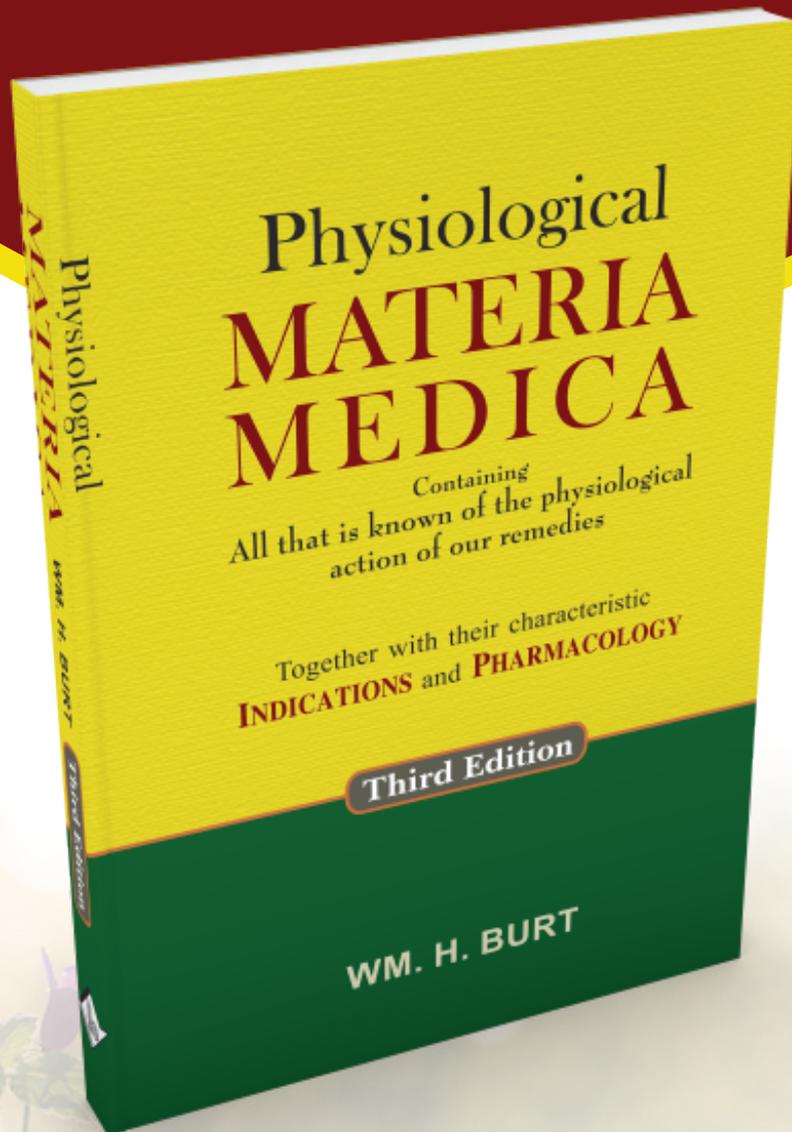
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PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT



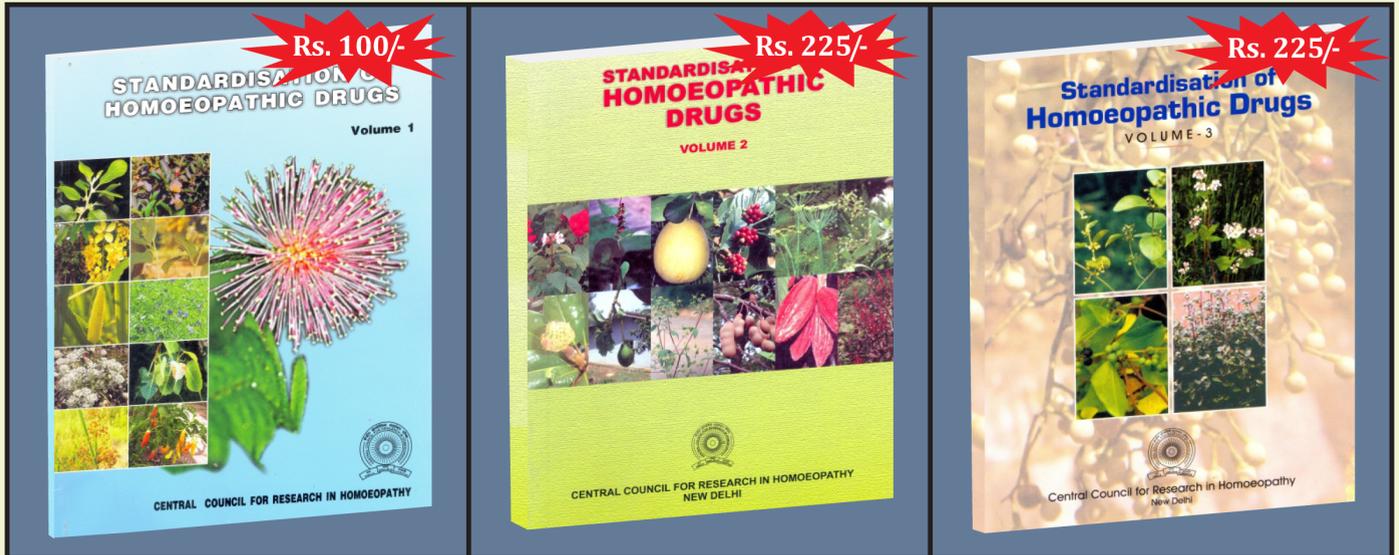
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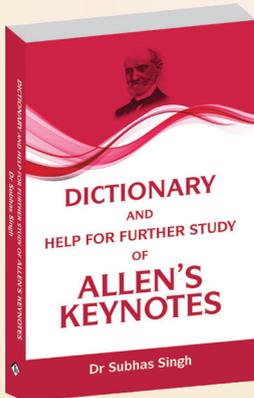
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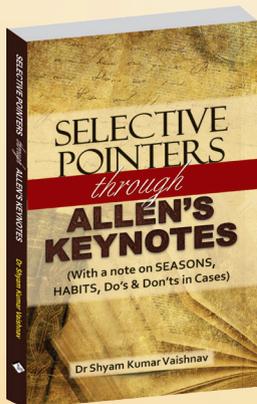
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- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
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- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
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- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

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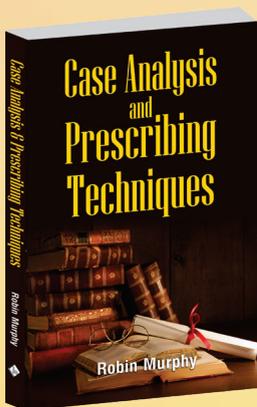
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- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
- The book is divided into 2 sections in which, the most important symptoms are arranged under 11 subsections, based on different phases of life, addictions, seasons along with the Do's and Don'ts.
- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

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Case Analysis & Prescribing Techniques By Robin Murphy



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

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

Dear Readers,

Brigham Young has mentioned, “you educate a man; you educate a man. You educate a woman; you educate a generation.” When a woman reaches the limits of modern medical expertise and experiences some of the harsh side effects of modern medical practise, it is certainly understandable that they seek out alternative health methods such as homoeopathy. Eliza Flagg Young, MD, a 19th century physician, once said, “every woman is born a doctor, men have to study to become one.” A woman is the primary health care provider in most of the families and is responsible for watching over the health needs of the children, and by their shopping and cooking, they are responsible for fulfilling the nutritional needs of the family.

Talking about American women and their interest in homoeopathy during nineteenth century, there were feminists who considered both women’s rights and homoeopathic medicine to be important ways to create a healthier society. Even many wives of conventional physicians in the 19th century sought the care of homoeopaths. At an 1883 meeting of the American Medical Association, a physician complained, “too many wives of conventional physicians are going to homoeopathic physicians. And to make matters worse, they are taking their children to homoeopaths too!” Michael Carlston, MD, a homoeopath and Assistant Clinical Professor at the University of California at San Francisco School of Medicine, asserted that homoeopathic medicines can be very helpful at the early and middle stages of endometriosis, though because of severe scarring during advanced stages of the disease, they are not very effective later on.

Life for a woman today is definitely challenging! The demands are many – a mother, a sister, a daughter and a lover. Finding the time and energy to fulfill all

these roles and cope with one’s own needs can be difficult which may eventually take its toll on a women’s health. Homoeopathy offers endless possibilities for women’s health and that’s one of the reasons I just love it and sharing my knowledge with others. Homoeopathy is beneficial for the full range of emotional, mental and physical problems that a woman is likely to experience throughout her life.

A female hormonal system, when become out of balance, the symptoms can cause great distress both emotionally and physically. A homoeopathic physician completely understands that menstruation in females does not induce uncontrollable emotions, but simply lowers a woman’s ability to repress genuine, often difficult emotions, which are already present. Homoeopathy helps to regulate the dramatic fluctuations and associated premenstrual symptoms, as well as heavy or absent periods, or difficulties in conceiving.

A Quick Word on Issue Content:

This issue of “The Homoeopathic Heritage” is an attempt to describe the scope of homoeopathy in genital diseases through different case studies and research papers.

The peer reviewed articles of this issue include long way from conception to completion-a case report of endometriosis by Dr T. Aarathi Reddy, dermoid cyst of ovary treated with homoeopathy: a case report by Dr Purnima Suri, Dr Kundan Kant Chandra, and a clinical case series of prospective study to evaluate the utility of homoeopathic medicine in polycystic ovarian syndrome using the concomitant symptoms during menstruation by Dr Fathima Shahunaj, Dr Winston Vargheese, Dr Santhi Serene Sylum. The clinical case studies include a case of endometrial polyp cured with homoeopathy by Dr Shweta Singh, and chronic anal fissures with

sentinel pile – a case report by Dr Shweta B. Nanjannavar, Dr Susmi S. Kunju. A wonderful research paper on a clinical study on effectiveness of homoeopathic management in primary dysmenorrhoea among young women is authored by Dr Laxmi Mahto. The feather in cap of this issue is an excellent article on a comparative study of the A.T.E.C. (autism treatment evaluation checklist) score in ASD children under a placebo-controlled study by Dr Rukshin Master. A special article for COVID-19 section was given by Dr Lubna Kamal, Dr Mohan Singh, Dr Vandana Mishra on homoeopathy helps CRF patient suffering from COVID-19. Subjective articles include homoeopathic solution to the problem of lactation in mothers during breastfeeding by Dr Neha Sahu, *Conium maculatum* in female disorders: multitasker friend for women by Dr Jaimin R. Chotaliya, and lifestyle diseases and homoeopathy by Dr Mahakas Mandal, Dr Samit Dey.

Homoeopathy has proved to be helpful to cope up with the hormonal changes of puberty and the emotional upheavals which frequently occur as they make the transition to womanhood. Homoeopathy offers a safe alternative to both mother and child through pregnancy, into childbirth and breastfeeding, infertility, and menopausal problems.

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

Dr Yashika Arora Malhotra

hheditor@bjain.com

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

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Homoeopathy in female disorders



Editor's desk

Introduction

Women may experience a number of unique health issues and conditions, from puberty, from menarche to pregnancy and menopause, and thereafter, resulting in various gynaecological conditions, such as uterine fibroids and pelvic floor disorders.

Gynaecological disorders affecting women include menstrual irregularities, urinary incontinence, pelvic floor disorders, bacterial vaginosis, vaginitis, uterine fibroids, vulvodynia, etc.

Pregnancy issues include pre-pregnancy care and prenatal care, pregnancy loss (miscarriage and stillbirth), preterm labour and premature birth, sudden infant death syndrome (SIDS), breastfeeding, congenital disabilities, etc.

Disorders related to infertility include uterine fibroids, polycystic ovary syndrome, endometriosis, primary ovarian insufficiency, etc.

Other disorders and conditions that affect only women include Turner's syndrome, Rett's syndrome, ovarian and cervical cancers, etc.

Also, numerous issues related to women's overall health and wellness include violence against women, women with disabilities and their unique challenges, osteoporosis, bone health, and menopause.

Case study

A woman aged 45 years came diagnosed with acute depressive disorder (ADD) for the last 5 years.

Chief complaints

Her main complaint was excessive weeping with a feeling of sadness. She also suffered from bouts of anxiety in different parts of her body, suddenly accompanied with coldness of her body with increased perspiration.

She used to feel that no one loved her, as her husband abandoned her forever, and left her all alone. She had a feeling of being discarded from his life like garbage.

Many a times, in depression, she had suicidal thoughts. She used to sit still always looking in one direction for hours together. She became very indifferent to her surroundings, and didn't find pleasure in anything.

She has learned not to express her anger towards her husband, because it was of no use. She used to keep everything inside.

Treatment history

She was on selective serotonin reuptake inhibitors (SSRIs), such as escitalopram oxalate (Lexapro) and tricyclic antidepressant amitriptyline, since the beginning of

her illness without any substantial relief.

Gynaecological history

She used to suffer from constipation during menses; she also had white leucorrhoea with no modalities.

Physical generals

She loved chocolate and coffee. She was also suffering from piles, hence her stools were hard to expel. Her sleep was very disturbing because of frightful dreams; and she usually used to wake up after midnight.

Life space investigations

She was a mother of a sixteen-year-old girl; her husband (aged 55 years) left her six years back for a young girl aged 22 years and was staying in a live-in relationship. He did not take divorce from the patient yet stating the reason that he used to love her as well, but ever since this incidence, she has started falling sick. The husband came to meet her daily and looked after her daily domestic needs and financially as well, but all she wanted from him was true love and companionship, which he refused to give.

Rubrics

MIND - AILMENTS FROM - anger - suppressed

MIND - AILMENTS FROM - grief - prolonged and unresolved

MIND - AILMENTS FROM - love; disappointed

MIND - ANXIETY - sudden

MIND - DELUSIONS - alone, being

MIND - DELUSIONS - alone, being - stiff, quite
 - world; alone in the
 MIND - FORSAKEN feeling
 MIND - INDIFFERENCE - surroundings, to the
 MIND - SITTING - inclination to sit
 MIND - SITTING - inclination to sit
 MIND - SITTING - inclination to sit - stiff, quite
 MIND - SITTING - inclination to sit - still
 MIND - SUICIDAL disposition
 MIND - SUICIDAL disposition - sadness, from
 RECTUM - CONSTIPATION - menses - during - agg.
 RECTUM - HEMORRHOIDS
 FEMALE GENITALIA/SEX - LEUCORRHEA - white
 DREAMS - FRIGHTFUL
 CHILL - ANXIETY, caused by
 PERSPIRATION - ANXIETY, during

Repertorial analysis

	puls.	sep.	phos.	aur-s.	nat-m.	aur.	calc.	plat.	stram.	ign.	sulph.	merc.	caust.	alum
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Prescription

Aurum metallicum, *Natrum muriaticum*, *Aurum muriaticum natronatum* were used without much success, because of which she was about to give up the treatment after six months. Therefore, the case was taken again and she was prescribed *Aurum sulphuricum* 30c/ three times

a day for four days, followed by placebo for 30 days. She was also asked to reduce the anti-depressants slowly and gradually.

Follow up

The result was good, and her feeling of forsaken and indifference was

much better. She was continued same medicine in the same way for the next 9 months, which resulted in complete reduction of her allopathic medicines.



Lifestyle diseases and homoeopathy

By Dr Mahakas Mandal, Dr Samit Dey

Abstract: Lifestyle diseases refers to diseases associated with modifiable risks from adjustment management, behavioural changes, inactivity to non-modifiable factors like age, gender, genetic and environmental influences. Lifestyle diseases are emerging concept in medicine and about 62% of total population affected by its fatal effect. Children, adult, elderly person all are vulnerable to the risk factors related to lifestyle leading to non communicable disease burden that has impact on DALYs and physical quality life index. The incidence of these diseases is rapidly increasing due to rapid unplanned urbanisation, globalisation and unhealthy lifestyle of the population. Homoeopathy can be a unique mode of treatment in the management of lifestyle diseases as it involves perceiving of each individual case of disease with a thorough consideration of obvious causes, accessory circumstances, constitution, temperament, and underlying miasm.

Keywords: Lifestyle. Homoeopathy. Metabolic risk factors. Non communicable diseases.

ABBREVIATIONS: Disability adjusted life years(DALYs). Physical quality life index (PQLI). Diabetes mellitus(DM). Chronic obstructive pulmonary disease (COPD). Polycystic ovary syndrome(PCOS), International Classification of Diseases (ICD), ventricular septal defect (VSD), atrial septal defect(ASD), diabetes mellitus(DM), polycystic ovarian syndrome(PCOS), chronic obstructive pulmonary disease(COPD), systemic lupus erythematosus (SLE).

Introduction

The lifestyle of a particular person or group of people is the living conditions, behaviour, and habits that are typical of them or are chosen by them. Basically, a particular lifestyle of person is a cumulative product of his/her physical capacity co-ordinated with psychological functioning, displayed in the form of habits, behaviour, dietary and living pattern based on his own training sought from childhood, and mimicries he gained from his immediate companions including parents, siblings, peers, etc^{1,2,3}.

In the era of evidence based medicine, the dictum of cause behind the cause is also included in the classification of diseases. From the life in womb to the late phase, a man becomes the victim of improperly managed lifestyle. In this growing world each and everyone is in a hurry to ride the train of urbanisation,

modernisation, and social changes. The non communicable diseases accounts for 62% of total burden of DALYs and 53% of total deaths^{4,5}. The physical quality life index (PQLI) reflects the well-being of a person, that measure the basic literacy rate, infant mortality rate, and life expectancy but not the disease burden of the person.

Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Previously, the major non communicable diseases, i.e. coronary heart diseases, hypertension, COPD, obesity, diabetes mellitus, dyslipidaemia, and cancer were only regarded as life style disorders⁶. Recent decades have revealed a transform and massive increase in the incidence of lifestyle disorders.

Causes of lifestyle disorders can be divided into three broad categories:

A. Modifiable behavioural risk factors,

B. Non-modifiable risk factors, and

C. Metabolic risk factors.

A. MODIFIABLE BEHAVIOURAL RISK FACTORS: Behavioural risk factors such as excessive use of alcohol, bad food habits, eating and smoking tobacco, physical inactivity, wrong body posture and disturbed biological clock increase the likelihood of lifestyle disorders. The modern occupational setting (desk jobs) and the stress related to work is also being seen as a potent risk factor for lifestyle disorders. As per International Classification of Diseases, (ICD 10) problems related to lifestyle (Z72) includes tobacco use, lack of physical exercise, in appropriate diet and eating habits, high risk sexual behaviour, gambling and betting, anti-social behaviour, sleep deprivation, etc⁷.

As per Z73 of ICD 10, there are disease conditions where persons are affected by the difficulty in life management such burn out (state of vital exhaustion), behaviour pattern changes, lack of relaxation, stress, inadequate social skills, social role conflict, limitation of activities leading to disability, dual sensory impairments, etc⁷.

Eating disorders in children and teen can develop anorexia, bulimia, binge eating, etc. most of the causes are witnessed among children of low self esteem and deprivation of parental care. If these conditions are not corrected in time it develops anxiety disorders, depression, and substance abuse in young adult life.

Study reveals, incidence of PCOS is on a rise among 18 to 25 years girls due to faulty lifestyle. Sometimes teenagers and young adults develop life management problems without any definitive causes resulting in neuropsychoneuroendocrinal disease such as migraine, inflammatory bowel disease, ankylosing spondylitis, irritable bowel diseases, allergic rhinitis, rheumatoid arthritis, SLE, scleroderma, etc. These disease condition leads to low productivity, financial burden and the patient becomes more depressed resulting in cluster of psychological, behavioural and cognitive phenomena, and sometimes indulges in various antisocial activities, addictions or substance abuse thus adding fuel to the fire.

Now-a-days the selfie wrist and cervical spondylitis, hardness of hearing from over using earphone, low back pain, high refractive errors all are the gifts of lifestyle that one can't ignore.

Bargain counter medication and iatrogenic disease

Nowadays, it has become a routine of

taking over the counter medication, such as medicines for headache, gastrointestinal upset, constipation, sleeplessness, etc. Their injudicious use increases the burden of diseases among the people. It is witnessed that some medicine taken during the pregnancy directly relates to the increased risk of childhood asthma, childhood epilepsy, childhood obesity, major congenital malformations, musculoskeletal system malformation, VSD, ASD, etc. and thus making the foetus or new born child a victim of lifestyle disorder⁸.

B. NON-MODIFIABLE RISK FACTORS: Risk factors that cannot be controlled or modified by the application of an intervention can be called non-modifiable risk factors and include:

- Age
- Race
- Gender
- Genetics

C. METABOLIC RISK FACTORS: Metabolic risk factors lead to four major changes in the metabolic system that increase the possibility of lifestyle disorders:

i. Increased blood pressure (hypertension): chronic elevation of blood pressure above the normal range. Hypertension is the major contributor to cardiovascular diseases and complications. 13% of total global death is due to raised blood pressure. Blood pressure of 130/90 mm of Hg as per American college of cardiology and American heart association defined as hypertension.

Major risk factors: diabetes, unhealthy diet, physical

inactivity, obesity, too much alcohol, tobacco uses, family and genetic predisposition

ii. Obesity - It is a man-made disorder of modern era and responsible for majority of health hazards. Body mass index of more than 30 is regarded as obesity. Increased mortality from obesity is primarily due to cardiovascular diseases, hypertension, gallbladder diseases, diabetes mellitus, polycystic ovary syndrome, several types of cancer such as cancer of oesophagus, colon, gallbladder, bile duct, rectum pancreas, prostate, breast, endometrium, cervix, ovaries, etc. obesity also associated with sleep apnoea, steatohepatitis, gastro-esophageal reflux diseases, osteoarthritis, gout, low back pain, skin infections, depression, hypogonadism etc.

Major risk factors: Obesity can result from increased calorie intake, decreased energy expenditure or a combination of two. Excess accumulation of body fat is also associated with environmental, genetic, social factors and economic condition.

iii. Increased blood glucose levels or hyperglycaemia- Diabetes mellitus comprises of a group of metabolic disorders that shows the common features of hyperglycaemia.

Major risk factors: overweight, obesity, physical inactivity, saturated fat consumption, stress, PCOS, alcohol, tobacco uses, family history of DM and risk factors for cardiovascular diseases comprises the risk factors for DM.

iv. Increased levels of fat in the blood or hyperlipidaemia resulting in coronary heart diseases.

Coronary heart diseases or ischaemic heart diseases is the impairment of the heart function due to inadequate flow to the heart as compared to its need, caused by the obstructive changes in coronary circulation. It expresses itself as angina with exertion or emotional upset, exertional dyspnoea. It may complicate as myocardial infarction, irregularities of heart, cardiac failure, sudden death.

Major risk factors: cigarette smoking, hypertension, hypercholesterolaemia, diabetes mellitus, obesity and family history of coronary artery diseases before age of 55.

Homoeopathic management of lifestyle disorders:

In this era, “a healthy person is one who has not yet been thoroughly examined”. All persons around us are affected by some or other sort of silent killer but not everyone is not suffering from the same fate. If we consider the basic nature of psora, the patients are very anxious about their little ailments and takes medicines for everything. From the early 30s the man, his lifestyle and the internal miasm of the person paves the way to the giant non communicable diseases. The psoric will be the victim of artificial chronic disease. The syco-syphilitic persons will indulge the debauchery, night watching, faulty sexual behaviour, etc. and that will lead to the complications of the diseases. Susceptibility of an individual, mental, physical, social environment (accessory circumstances), constitution, temperament, diathesis and the predominant miasm play a major role in the production of disease. Thus, a comprehensive approach is essential that involves all sectors including health, finance, education, planning and others,

to minimise the impact of lifestyle diseases (inappropriately named chronic diseases) on individuals and society. Weight reduction, regular exercise and yoga, behavioural changes, stress reduction, smoking cessation, cholesterol lowering, nutritious balanced diet, stopping the injudicious use of drugs and other substances are the commonly recommended lifestyle modification along with required treatment.

The treatment of lifestyle disorder starts with a meticulous case taking or perceiving the case of disease. A proper investigation of the risk factors, obvious causes, accessory circumstances, constitution, temperament, and underlying miasm is essential for the management of these cases. Medicines should be prescribed only after the removal of the *causa occasionalis* (where it exists) and as per the totality of each individual case of disease. All these conditions if managed properly not only stop the progress of disease but also cure it¹⁰.

Medicines like *Aurum metallicum*, *Calcarea phosphoricum*, *Staphysagria*, *Natrum muriaticum*, *Sepia*, *Fluoricum acidum*, *Nitricum acidum*, *Thuja occidentalis*, *Medorrhinum*, etc. all having their own developmental phase and related to the different phases of life and their sufferings.

From *J.T. Kent's Repertory of Homoeopathic Materia Medica*, we can consider some rubrics from “Generalities” chapter as: cancerous affection, narcotics, obesity, onanism from, tobacco, tumors, wine, etc¹¹.

In *O.E. Boericke's Repertory* in “Generalities” chapter: abuse of different substances and their effects as: abuse of alcohol, coffee, drugs in general, narcotics, tobacco, etc¹².

Some useful rubrics from Robin *Murphy's Repertory*¹³:

HYPERTENSION: *Amyl nitrosum*, *Aurum metallicum*, *Crataegus oxyacantha*, *Glonoinum*, *Lachesis mutus*, *Natrum muriaticum*, *Nux vomica*, *Veratrum album*, etc.

CORONARY INSUFFICIENCY: *Aurum metallicum*, *Digitalis purpurea*, *Crataegus oxyacantha*, *Viscum album*, etc.

CANCER: *Arsenicum album*, *Asterias rubens*, *Bromium*, *Bufo rana*, *Cadmium sulphuricum*, *Carbo animalis*, *Conium maculatum*, *Cundurango*, *Hydrastis canadensis*, *Lapis alba*, *Lycopodium clavatum*, etc.

OBESITY: *Calcarea carbonicum*, *Capsicum annum*, *Ferrum metallicum*, *Graphites*, *Phytolacca decandra*, *Kali carbonicum*, *Aurum metallicum*, etc.

CHOLESTEROL INCREASED: *Calcarea carbonicum*, *Cholesterinum*, *Cortison*, *Sulphur*, *Insulin*, *Lycopodium clavatum*, etc.

ACID REFLUX, OESOPHAGUS: *Arum triphyllum*, *Carbo vegetabilis*, *China officinalis*, *Lac caninum*, *Lycopodium clavatum*, etc.

In *Synthesis Repertory*, some mental rubrics may be helpful in regarding causes to development of lifestyle and adjustment disorders¹⁴:

Mind- AILMENTS FROM: abused; after being: children / physically / sexually. Affection; lack of. Alcohol. Anxiety. Business failure. Contradiction. Debauchery. Embarrassment- poor job performance of. Father absence. Financial loss. Homesickness. Honour; wounded. Job having lost his. Mental shock from. Money; from losing. Rejected; from being. Responsibility- unusual. Sexual abused. Sexual excess. Sexual humiliation. Unhappiness.

Conclusion

Homoeopathy, the holistic medicine, may be a unique and effective mode of treatment in the management of the lifestyle diseases in its primordial, primary, secondary, and tertiary level.

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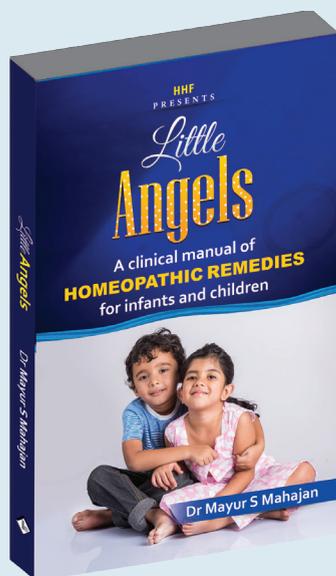
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DR MAYUR S MAHAJAN



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- The condition of each child is given in as much detail as possible, making it very easy for readers to understand and apply this knowledge in their clinical practice.
- All the rubrics are taken from Synthesis Repertory and Complete Repertory.

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A clinical case series of prospective study to evaluate the utility of homoeopathic medicine in polycystic ovarian syndrome using the concomitant symptoms during menstruation

By Dr Fathima Shahunaj, Dr Winston Vargheese, Dr Santhi Serene Sylum

Abstract: Polycystic ovary syndrome (PCOS) is a common heterogeneous endocrine disorder characterized by irregular menses, hyperandrogenism, and polycystic ovaries. Lifestyle modification is a first-line intervention. Existing information indicates a positive role of homoeopathy but more rigorous studies are desirable. This prospective study shows that importance of homoeopathic medicine in PCOS using the concomitant symptoms during menses. Boenninghausen was the first to realise the importance of the concomitants in prescribing and constructed his repertory. Concomitant symptoms are based on the inherent constitutional differences and tend to remain constant with a patient, irrespective of the nature of the disease. A sample of ten cases of PCOS has been treated with concomitant symptoms covering constitutional homoeopathic medicine for a year with regular follow up. Cases are collected from the OPD of Sarada Krishna Homoeopathic Medical College, Kulasekharam. This study is further focused on psychological burden of individuals and how they evolved as psychosomatisation and personality adaptation in the development of PCOS. The data is collected by the art of case taking.

Keywords: PCOS, concomitant, constitution, psychosomatisation, personality adaptation, and case taking.

Abbreviations: PCOS: polycystic ovarian syndrome; CVD: cardiovascular disease; C-S: co-ordinate systems; OPD – outpatient department

Introduction

Polycystic ovary syndrome (PCOS) was first reported in modern medical literature by Stein and Leventhal who, in 1935⁽¹⁾. The disorder can be morphological (polycystic ovaries) or predominantly biochemical (hyperandrogenemia). Hyperandrogenism, a clinical hallmark of PCOS, can cause inhibition of follicular development, micro cysts in the ovaries, anovulation, and menstrual changes⁽²⁾ It is now recognised as a common, heterogeneous, in heritable disorder affecting women throughout their lifetime⁽¹⁾. They may be at increased risk of multiple morbidities, including obesity, insulin resistance, type II diabetes mellitus, cardiovascular disease (CVD), infertility, and psychological

disorders⁽³⁾. Previous studies in Euro-American populations have shown that women with polycystic ovarian syndrome (PCOS) have increased levels of “psychological burden”⁽⁴⁾. The diagnosis of PCOS is based on Rotterdam criteria.

As a part of homoeopathic management, this study is given importance to concomitant covering the constitution remedies. This study is given more importance to concomitant symptoms as proposed by Boenninghausen. Concomitant symptoms are based on the inherent constitutional differences and tend to remain constant with a patient, irrespective of the nature of the disease. (5) Among that, concomitant symptoms of MENSTRUATION are given more importance such as

- Before menstruation

- At the beginning of menstruation.
- During menstruation.
- After menstruation.⁽⁶⁾

This study is to define the importance of concomitant symptoms during menstruation and their role in psychosomatisation, personality adaptation, and covering the constitutional remedies.

OBJECTIVES

The main aim of the study was to understand the importance of concomitants during menstruation, psychosomatisation and personality adaptation

MATERIALS AND METHODS

Ten cases of PCOS have been treated with homoeopathic medicines had taken up for the study. Cases are

collected from the OPD from our Sarada Krishna Homoeopathic Medical College. Female of 11-40 years of age are included in this study. The remedies have been prescribed on the basis of symptom similarity and on the basis of concomitant and constitutional totality. Collection of standardised case record data of 10 cured cases in which acute, chronic, and intercurrent remedies has been used for the treatment of PCOS. The case has been studied on the basis of case concept form. The problem of the patient has been defined by interview technique and the data's have been recorded in clinical record. The collected data's have been organised, processed and connected each other through:

- Symptomatic classification and evaluation
- Clinico-pathological
- Psychological
- Hahnemannian miasmatic pathology – current interpretation

After that the data's have been analysed and synthesised through acute totalities, chronic totalities and intercurrent totalities. Totalities have been obtained through repertorial and non – repertorial techniques. All these obtained concepts are presented totally as problem structuralisation; here several concepts will come into play. The structuralised concepts help to resolve the problem of a patient through remedial as well as non – remedial such as general- individual, general- environmental, mechanical measures and ancillary measures. These total definition of the case helps to treat the patient through specific homoeopathic planning and programming. Concept of posology, remedy response, and subsequent actions are taken into consideration. The

improvement is assessed through the concepts of palliation, cure, suppression and the prognosis of the case has been obtained.

RESULTS

- In this study age group between 11 to 40 years of female are considered among that, study showed 11 to 30 years of age women had PCOS. Most of them are students, working women and house wives. Among this, study showed the clinical features such as amenorrhoea, hirsutism, acanthosis nigricans, back pain, leucorrhoea, menorrhagia, itching and burning in genital, lump in breast, irregular menses. All of them had mental emotional state as well as disposition. Most of the females had particular, mental, as well as both mental and physical as concomitants respectively. Most of the cases developed psychosomatisation gradually from childhood. Study reveals that, more intrapersonal conflict and interpersonal conflicts contributes to the development of PCOS. Constitutional remedies such as NATRUM MURIATICUM, LACHESIS MUTUS, KALIUM CARBONICUM, PLATINUM METALLICUM, TUBERCULINUM, SEPIA and SILICEA TERRA was useful to treat PCOS constitutionally and most of the case had given counselling to maintain proper healing.

Discussion

In this study, all the ten cases are selected randomly from the OPD of Sarada Krishna Homoeopathic Medical College, Kulasekharam. The females of age group between

11-40 years were selected. The high prevalence of PCOS is commonly seen in young females who follow modern lifestyle. In PCOS, stress plays the major role and effects of stress producing the psychosomatisation, considering this the topic was selected and also to find out the importance of concomitant during menstruation.

Usually age of 15 to 32 years female started to play various phases in their life like responsible daughter, friend, and wife. The peak age of reproductive life too begins here. When they have emotional and behaviour disturbance, their hormones show mild to maximum variation, as it is one of the triggering or main causes of PCOS.

In the western life style, students undergoing many phases as mentioned in age, mechanical aided games, school, college, and disappointment are some of the reason for increasing the stress. Some of house wives had PCOS, because they were not engaged on any other works other than household work. Housewives are mostly alone in home at daytime so they think about the previous bitter events. But according to modern lifestyle it has been changed.

In this study, Rotterdam criteria: include oligo-ovulation and/or anovulation, Excess androgen activity, polycystic ovaries (by gynaecologic ultrasound)⁽⁷⁾ which noted the disorder as having 1. This study suggests that most of the patient presented with irregular menses with minimal functional level symptomatology and pathology.

In homoeopathic disease evolution that Dr M.L. Dhawale has discussed, psora, the sympathetic, became overactive due that ovarian imbalance leads to functional menstrual disorder. Acrid non-

infective leucorrhoea with emotional background is a psoric expression. When reduce sympathetic activity and over stimulation with resultant slowing down of activity, processes, faculties and functions, accelerated by increasing activity of the para sympathetic. The system goes into a state of exhaustion. The psoric patient slips into sycosis⁽⁸⁾.

From this study, emotional symptom become more prominent, emotion plays major role for the development of psychosomatisation from suppressed and repressed emotion. Mental symptoms are classified into mental emotion, intelligent and behaviour emotion, and intelligent.

Dr M.L. Dhawale explained about classification of mental symptoms, emotion plays a significant part in the lives of most of the individuals, hence the mental state open with this section. The primary emotions of anger-sadness, love-hate and fear-anxiety are given prominence. The secondary emotion like suspicious, jealousy, etc. gets attached to those dominant emotions where they arise as an offshoot. Intellectual state comprises of the complex of primary faculties (consciousness, thinking, memory), the derivations (perception and decision making) and the resultants of the emotional and the intellectual functioning (judgement, confidence, person, etc.), action (speech and behaviour) and functioning (autonomic functions, sleep and systems functioning). There is also a final conclusion as to the nature of the total result in terms of the balance achieved⁽⁹⁾.

Dr M. L. Dhawale has also mentioned about time -dimension concept and expression among that included time-change, periodicity, evolution, causation, concomitance, velocity, direction, and eternity.

Any phenomenon in nature evolves in a field and expresses itself in various co-ordinate systems (C-S). It is possible for an external observer to single out any one of the many C-S as the main one and analyse it from the sequential point of view (causation). The other C-S evolve concomitantly with the main C-S but we are unable to detect a sequential relationship between these. These therefore fall outside our concept of causality. All the same, these can be utilised by the external observer of the phenomenon as essential identifying (as well as differential) characteristics of the phenomenon in question. Concomitant co-ordinate series thus give us another equally important dimension of the expression of time⁽¹⁰⁾.

The concomitant bear no other relationship to the chief complaint than this time association. The study suggests that concomitant symptom present in three forms mental, physical and particular.

Psychosomatisation happens where the person emotion becomes imbalance and their inner core fails to express. Thus, the body express it in the form of psychosomatisation. From this reveals PCOS is the psychosomatic disorder rather than mentioning it as disease.

This was explained by Dr Dhawale, in "Evolution and Expression of mental symptoms" he mentioned that, the mental symptoms which forms the most important core of homoeopathic prescribing always are an expression of the continued conflict: the conflict that is between higher and lower animal instincts; between the higher values and the blind consummation of our desires; between the spirit that guides the substance towards higher values, images and ideas and infantile egoism and egotism that erode as well as corrode all values, finally

dragging the organism downward to self-destruction. The transcendence of the soul is thus prevented by the substance, and the conflict produced leads to anguish which is expressed peripherally as mental symptoms⁽¹¹⁾.

For the peaceful life, person knows to follow the balance inter and intra personal relation, when in the inner core arises the conflict, the person has to suffer from the personality adaptation. It was expressed as physical or body level in physical it expressed as craving and aversion, sexual sphere and in body level it was expressed as symptoms. PCOS is one of the psychosomatic disorders with relation to inter and intra personal relation.

This was explained by Dr Dhawale, in evolution and expression of mental symptoms, He says that a patient needs to examine the patient's interpersonal relationships from childhood onwards with reference to his wishes, ambitions and vocations. He can then know the affections, hatreds, resentments, vexation, humiliation, indignation, fear, conscience, disillusion, etc. which the patient experienced. His emotional nature must be understood from the stand of point of externalism, not only for the diagnosis of the simillimum, but also for the re-education which is to simillimum. This remedial action helps to restore the internal governance and balance of the system and aids it in realising the "higher purpose of existence" (Hahnemann) under the superior guidance of the physician who regards his life as a mission to restore the sick to health⁽¹¹⁾.

In modern life style, stress plays a major role, for that counselling was needed and it plays important management along with medicine.

Conclusion

As per study, homoeopathic treatment is effective in treating PCOS cases. The totality covering concomitant and constitutional remedy are more effective in treating PCOS. Incidence of PCOS was highly prevalent among the students, working women's and house wife under the age group 15-25 years. This is the age, where females have more chances for psychosomatisation from their suppressed and repressed emotion due to the value system they hold. From their value system, they have to maintain healthy and balanced environment, when there is any imbalance occurred between intra- and inter-personal relation leads to personality adaptation.

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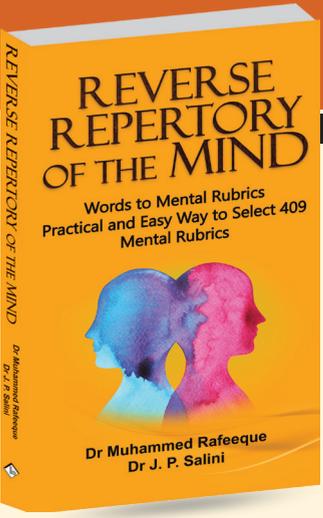
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A clinical study on effectiveness of homoeopathic management in primary dysmenorrhoea among young women

By Dr Laxmi Mahto

Abstract:

Introduction: Primary dysmenorrhoea is a type of cyclical chronic pelvic pain among adolescent and young women which is due to excessive prostaglandin, leukotriene, and vasopressin production, as well as myometrial ischaemia or due to uterine malformation.

Material and methods: a prospective, observational, open-labelled study having 30 diagnosed cases of primary dysmenorrhoea, selected according to inclusion and exclusion criteria, case taking was done on the basis of the principles of homoeopathy, prescription was based on totality of symptoms, repertorial totality and analysis and finally referring to materia medica. Follow up was evaluated by changes in clinical presentation, changes in score of WaLIDD monthly and lastly statistical analysis of data was done using MS-excel.

Results: This study result shows significant reduction in the disease intensity scores after the homoeopathic treatment.

Conclusion: This study result suggests a positive role of homoeopathic treatment as an alternative medicine in cases of primary dysmenorrhoea.

Keywords: gynaecology, homoeopathy, individualisation, primary dysmenorrhoea, WaLIDD.

Abbreviations: working ability, location, intensity, days of pain, dysmenorrhoea score (WaLIDD), prostaglandin factor (PGF), non-steroidal anti-inflammatory drugs (NSAIDs), outpatient department (OPD), in-patient department (IPD).

Introduction

Pain, in itself, speaks a language which if it cannot be shared, becomes more insurmountable from the rest. Menstrual pain or dysmenorrhoea is most prevalent yet most neglected disorder faced by a woman thinking it to be a normal physiological process, for at least once while attaining their womanhood. It is chronic, cyclical, lower abdominal or pelvic pain which may radiate to the back or to the thighs, occurring during menstruation.¹ of sufficient magnitude making incapacitate the patient in day-to-day activities² where they may experience associated physical and emotional symptoms,³ interrupting their educational and social life⁴. The

true incidence and prevalence are not clearly established in India.^{1,3} due to cultural reasons menstrual problems often get unreported⁵ but some studies has mentioned it in range of 50% to 87.8%.³ and found to be the leading cause of school/work absenteeism.⁶ It is been broadly categorised into two types: primary due to absence of any underlying uterine condition and secondary where pelvic pathology is present.² Aetiology can be summarised in psychosomatic factors, abnormal anatomical and functional aspect of myometrium like irregular thickening, dysperistalsis, etc, imbalance in the autonomic nervous control of uterine muscle, role of prostaglandins especially PGF_{2α}, vasopressin, endothelins, leukotrienes and platelet activating factors. The pain mostly starts

with or few hours before the onset of menses. The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours.² Further investigations are rarely warranted if the history and examination findings are suggestive of primary dysmenorrhoea.⁷ Women usually seek medical advice when self-help measures such as heat and over the counter drugs fail to relieve. The mainstays of conventional therapies are NSAIDs, contraceptive pills⁸ and in cases where formers don't help invasive and surgical intervention is opted. But several times, these conventional therapies are not better tolerated by some females⁹ and have also been seen to have adverse effects associated with it.¹⁰ So many women prefer to seek complementary and alternative therapies to cope with

the conditions.¹¹ Homoeopathy is seen to be an effective and safe alternative to synthetic hormones without placing the patient at risk.¹² Disease severity and quality of life demonstrated marked and sustained improvements following homoeopathic treatment period.¹³ The best part of the homoeopathic medicine is that it not only relieves pain, but also cures the tendency to have menstrual cramps. This means that after some time of treatment, the problem is completely cured and one is able to get rid of the problem permanently.¹⁴ The treatment should be continued until the patient menstruates normally or nearly so. Prescriptions made during the intermenstrual period are seen to be most efficacious, as latent expression is shown more clearly and the acute expression has quieted down, so it is better to base prescription upon this symptomatology.¹⁵

Methodology

Sources of data – OPD and IPD of Govt. Homoeopathic Medical College & Hospital, Bhopal,

- **Number of cases** – 30 cases excluding dropouts
- **Definitions used for study purpose** -
 - **Selection of medicine** – was based on individualisation after proper analysis, evaluation and miasmatic analysis of the case as per homoeopathic principles.
 - **Follow up** - cases were followed up properly on one month interval and results was assessed on the basis of clinical symptoms and changes in WaLIDD scores
- **Methods of tests/procedures** - Detailed and thorough case taking of each and

every case having primary dysmenorrhoea.

- a. Relevant clinical examinations and laboratory investigations, if required.
- b. Evaluation of symptoms as per homoeopathic principles and framing the totality.
- c. Analysis, evaluation and repertorisation of the totality of symptoms taking help of Computer-aided (digital) RADAR repertory.
- d. Final selection of medicine by miasmatic inference and consulting homoeopathic materia medica.
- e. On the basis of susceptibility, potency, dose and repetition was decided following strict homoeopathic principles.
- f. General management includes proper diet and regimen, hygiene and rest.
- g. Timely review of homoeopathic prescription on the basis of patient's response.

• Statistical methods

Assessments of cases were done with the help of WaLIDD Score and changes in values at the baseline visit and last follow up visit. Final calculation was done to find out the *p-value* with the help of *paired t- test* for two variables in *Microsoft Office Excel 2007*.

Observation and result: In total no. of cases (**n=30**) the critical ratio, paired-t follows a distribution on with n-1 degree of freedom. The 0.1% level is 3.659, 1% level is 2.756 and 5% level is 2.045 for 29 degree of freedom. WaLIDD score table which is the summation of the entire variables, on analysing the "t" value through microsoft excel, $P(T \leq t)$

two-tail value is 2.93 which is greater than the table at 5% ($p < 0.05$). This study provides evidence to say that, this is significant reduction in the disease intensity scores after the Homoeopathic treatment.

Discussion

In this study, 35 cases of Primary Dysmenorrhoea of age group 11 to 25 years were enrolled from general screening of patients out of which 5 cases were dropped out rest 30 cases completed the study with regular follow ups ($n = 30$). Before enrolling in the study population, every patient was evaluated and diagnosed on the basis of clinical history, clinical examination and WaLIDD scoring which is dedicatedly used for diagnosis of primary dysmenorrhoea. Proper case taking is been done with proper evaluation and analysis of case making totality of symptoms to prescribe. The patients are been prescribed indicated medicine and doses as per the totality of symptoms and requirement in every individual case. The analysis of the sample size of the 30 cases depicted highest preponderance of the primary dysmenorrhoea disorder in age group 14 to 16 years. The age incidence depicts the disease start and reporting in clinic or to physician by the patients. Among the sample size population it is been noted that the majority of cases are which are affected had the onset of menstrual period or menarche before or at the age of 13 years comprising the data as suggesting the relation of early menarche. The study expresses that the role of family history is more or less related to the disorder. The miasm is an important aspect to be taken into account while prescribing in homoeopathic system of medicine. The effect of miasm cannot be overlooked while treating any case.

In study's sample size, population depicted that the disorder covered more of pseudo-psora miasm and sycotic miasm. Homoeopathy is a science of individualisation in which each and every case is different and it should be dealt differently on basis of symptom similarity and totality of symptoms. The medicine should be based on strict homoeopathic principle then only it would bring out the true miraculous results. In this study all patients were prescribed on the basis of individualisation and totality of symptom following homoeopathic principles. It was seen that the remedy, *Pulsatilla nigricans*, relieved and brought about positive changes in majority of cases. Other medicines seen emerging in such cases were from *Natrum* group, *Silicea terra*, *Phosphorus*, *Calcarea phosphoricum*, *Lachesis mutus*, etc. To analyse and evaluate the effect of prescribed medicine, the WaLIDD score itself is been used.¹⁶ Analysis of WaLIDD score which is the integrated tool having the entire variable showed marked changes suggesting the positive effect of homoeopathic remedies on Primary dysmenorrhoea disorder. The period of this clinical study was too short to assess the curability for primary dysmenorrhoea. Although there was good improvement in

majority of cases, but continuous improvement cannot be assured, and to see the curability of the disease it demands more time.

Conclusion

The statistical demonstration of the study implicates the effectiveness of homoeopathic treatment in cases of primary dysmenorrhoea as it reduces the severity of complaints with other associated complaints as well.

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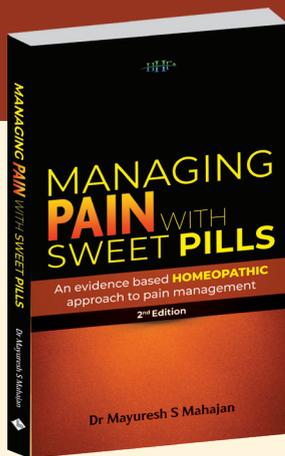
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MANAGING PAIN WITH SWEET PILLS

Dr Mayuresh S Mahajan



- The author has compiled his experience and knowledge with reference to the pain of the patients in context with their psyche or the emotional understanding.
- The book is meant to help with recognizing pain in its diversity and the process of reaching the similimum based on the symptom of pain.
- In this book, the author has tried to decipher and direct prescribing remedies based on differentiation of pain among the different remedies stated in Materia Medica.
- The author has explained the various types of pain, be it physical or mental along with its causative factors which gives a better insight to the physician about the patient and further helps with the prescription.

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A comparative study of the A.T.E.C. (autism treatment evaluation checklist) score in ASD children under a placebo-controlled study

By Dr Rukshin Master, MD (Hom), Dr Tarkeshwar Jain, MD (Hom)

Abstract: The study was conducted at Bai Jerbai Wadia Hospital for Children, Acharya Donde Marg, Parel East, Parel, Mumbai. Prior ethical clearance was taken from the Ethics Committee of the hospital to undertake the trial. The protocol adhered to Good Clinical Practices of India.

Cases were enrolled from 2018 to 2019 and were observed every month for a period of 1 year.

Study design: prospective randomised placebo control single blind clinical trial – parallel design.

Patients who visit the neurology OPD at Bai Jerbai Wadia Hospital who have been diagnosed as purely autistic (without any co morbidity) by the Neurological team were enrolled for the study. The cases were then screened using the inclusion exclusion criteria. The psychologist diagnosed all the patients based on childhood autism rating scale 2(CARS).

92 patients were taken for this study of which after a few dropouts we had 84 children who were studied in detail. In this study, patients were randomly selected based on the randomisation table to receive placebo or homoeopathic medicines.

Half of the study group received homoeopathic medicines along with occupational therapy and the other half received placebo along with O.T.

Occupational therapy was on for a minimum period of 6 months before the start of the study to understand any effects it had had on the child.

If any allopathic medication were on during the period of study, we waited for 3 months before we enroll the patient for the study and introduce homoeopathic medicines to allow the allopathic medicines to elicit their effect.

All the allopathic medicines will be unaltered through the course of the therapy.

Keywords: Autism, developmental disorders.

Inclusion criteria:

- Child should be diagnosed by a neurologist as having autism using standardised diagnostic criteria like childhood autism rating scale (C.A.R.S.)
- Age – 2- 10 years
- Both gender

Exclusion Criteria:

- Child should not have any other co-morbidity like tumors, cerebral palsy, hormonal disorders, chronic infective pathologies like tuberculosis, etc., or any organic disease.
- Individual who cannot adhere to the follow up schedule

Homoeopathic group

Selection of medicine:

In this group, as mentioned above, after case taking, the case was repertorised using *Synthesis Repertory* by Dr Frederick Schroyens as per homoeopathic principles, and the physician identified a group of similar medicines, however final selection of medicine was done after referring the homoeopathic materia medica.

Selection of dose and potency:

Only a single drug was used at a time. Potency was selected according to the nature of the case,

i.e. susceptibility. The potency of the same drug was enhanced when no further improvement was noticed and there was no change in prescribing totality. Any change (improvement/deterioration) triggered administration of placebo or change in potency (from 30C to 200C or 1M) or change in remedy following the guidelines in homoeopathy. There was no change in prescribing totality if the patient developed any acute problem like cold, fever, etc.

The medicine was administered using the 5 cup method. The method consisted of 1 large sized pill being stirred in a cup and the spoon used is stirred again through 4 more

cups of equal quantity of water. Finally the patient is asked to take the medicine from this 5th cup as 1 tsp as many times a day as advised.

Analysis of the cases:

Cases were analysed based on the A.T.E.C. score at 0 weeks, 12 weeks, 36 weeks & 52 weeks

The changes were observed in the following areas:

- Social relationship will be measured using ATEC (Score II)
- Sensory and motor skills will be measured using ATEC (Score III, IV)
- Communication skills will be measured using ATEC (Score I)
- Progress in schooling

Control group

Selection of medicine:

In this group as mentioned above, patients were prescribed identical placebo which was dispensed by us.

Follow up:

Follow up was done every month.

OBSERVATION AND RESULTS

A total of 92 autistic patients were screened and 84 were enrolled after fulfilling the inclusion criteria. These patients were randomised to either receive homoeopathy (n=42) or placebo (n=42).

The data of the 84 autistic children were analyzed using the SPSS version 24.0

A Shapiro – Wilk’s test ($p \leq 0.05$) and a visual inspection of their

histograms, normal Q – Q plots and box plot showed that the ATEC scores were distributed with the skewness of 0.227 (SE = 0.263) and a kurtosis of -1.363 (SE = 0.520).

This inference that the data is non parametric. Hence the non – parametric statistics was used to analyse the data:

1. Within the study group and placebo group: ATEC score were having repeated measurements hence Friedman test was used as inferential statistics. The post Hoc analysis was done using the Wilcoxon signed rank test.
2. Between the study group and placebo group: ATEC score was analysed using the Krushkal Wall’s test.

Table 1: Table representing the ATEC score in the study group:

	Mean	Standard deviation	Percentiles		
			25 th	50th (Median)	75 th
ATEC 0	83.17	33.988	54.00	81.50	113.50
ATEC 3	81.07	33.348	53.00	80.50	110.50
ATEC 6	78.79	32.738	51.50	79.00	107.75
ATEC 9	74.83	32.458	48.75	75.00	103.00
ATEC 12	71.52	31.915	44.50	71.50	99.25

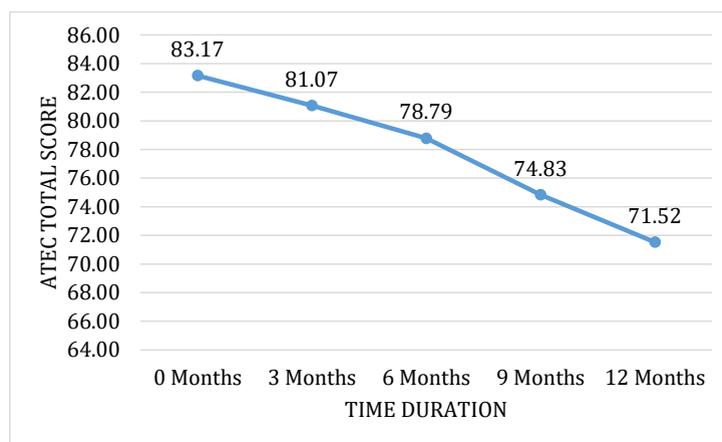


Figure 1: Graph - line diagram representing the ATEC score improvement after the homoeopathic treatment

Table 2: Tabular representation of the inferential statistics and clinical effect statistics in the study group of ATEC score:

	N	42
Statistical Result	Chi-Square	121.749 ^a
	Df	4
	Asymptomatic Sig.	0.000
Clinical Effect Size result	Cohen’s Delta	0.37 (Small Effect)
	NNT	4.845
a. Friedman Test		

Post – Hoc Test:

Table 3: Tabular representation of the Post Hoc statistical analysis:

	ATEC 3 - ATEC 0	ATEC 6 - ATEC 0	ATEC 9 - ATEC 0	ATEC 12 - ATEC 0	ATEC 6 - ATEC 3	ATEC 9 - ATEC 3	ATEC 12 - ATEC 3	ATEC 9 - ATEC 6	ATEC 12 - ATEC 6	ATEC 12 - ATEC 9
Z	-4.812 ^b	-4.855 ^b	-4.998 ^b	-5.132 ^b	-4.509 ^b	-4.894 ^b	-5.170 ^b	-4.882 ^b	-5.305 ^b	-5.181 ^b
Asymp. Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
a. Wilcoxon Signed Ranks Test										
b. Based on positive ranks.										

Statistical interpretation:

There was a statistically significant difference in the autism evaluation checklist after the homoeopathic and occupational therapies, $\chi^2(4) = 121.75$, $p = 0.000$. Post Hoc analysis with Wilcoxon signed – rank test was conducted with a Bonferroni correction applied, resulting in a significance level set at $p < 0.017$.

Median (IQR) at the beginning of the treatment was 81.50, at the end of 3 months 80.50, at the end of 6 months 79.00, at the end of 9 months 75.00 and at the end of one year 71.50. There was statistically significant reduction observed between and within the groups.

Clinical effect interpretation: The

Cohen’s delta elicits the small effect which is consistent and reliable effect after the homoeopathic treatment along with the occupational therapy. The number needed to treat is 4.854; which means 100 autistic patients take the homoeopathic treatment along with the occupational therapy for one year, 21% will have the favorable outcome on ATEC scale.

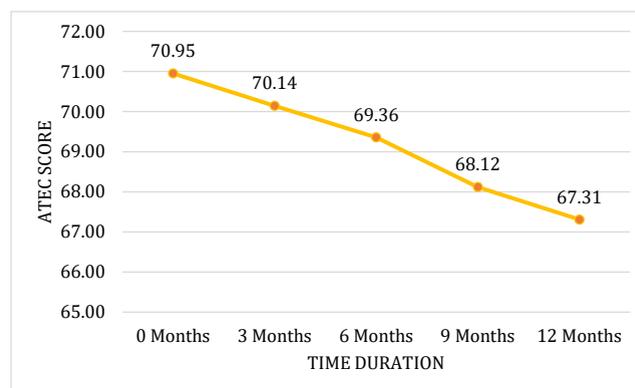


Figure 2: Graph - line diagram representing the ATEC score improvement after the placebo and occupational therapy:

Table 3: Tabular representation of the inferential statistics and clinical effect statistics in the placebo group of ATEC score:

	N	42
Statistical Result	Chi-Square	38.034 ^a
	Df	4
	Asymptomatic Sig.	0.000
Clinical Effect Size result	Cohen’s Delta	0.117 (No Effect)
	NNT	15.16
a. Friedman Test		

Post – Hoc Test:

Table 4: Tabular representation of the Post Hoc statistical analysis:

	ATEC 3 - ATEC 0	ATEC 6 - ATEC 0	ATEC 9 - ATEC 0	ATEC 12 - ATEC 0	ATEC 6 - ATEC 3	ATEC 9 - ATEC 3	ATEC 12 - ATEC 3	ATEC 9 - ATEC 6	ATEC 12 - ATEC 6	ATEC 12 - ATEC 9
Z	-3.450 ^b	-2.777 ^b	-3.317 ^b	-3.083 ^b	-1.710 ^b	-2.928 ^b	-2.744 ^b	-2.974 ^b	-2.708 ^b	-1.909 ^b
Asymp. Sig. (2-tailed)	0.001	0.005	0.001	0.002	0.087	0.003	0.006	0.003	0.007	0.056
a. Wilcoxon Signed Ranks Test										
b. Based on positive ranks.										

Statistical Interpretations:

There was a statistically significant difference in the autism evaluation checklist after the placebo and occupational therapies, $\chi^2 (4) = 121.75$, $p = 0.000$. Post Hoc analysis with Wilcoxon signed – rank test was conducted with a Bonferroni correction applied, resulting in a significance level set at $p < 0.017$. Median (IQR) at the beginning of the treatment was 70.95, at the end of 3 months 70.14, at the end of 6 months 69.36, at the end of 9 months 68.12 and at the end of one year 67.31. There was statistically significant reduction observed overall. However, there is no statistically significant difference observed between 3 months to 6 months. Rest within the groups have shown the statistically significant difference.

Clinical effect interpretation: The

Cohen’s delta elicits the no effect. after the occupational therapy. The number needed to treat is 15.16; which means 100 Autistic patients

take the homoeopathic treatment along with the occupational therapy for one year, 7% will have the favorable outcome on ATEC scale.

DIFFERENCE BETWEEN THE STUDY AND PLACEBO GROUP:

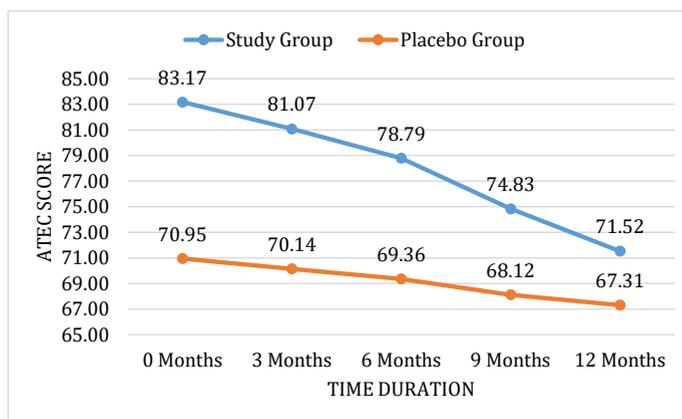


Figure 3: Graph - Comparative line graph representing the ATEC scores between the study and placebo group

*Leven’s test was applied; p value is 0.103 representing that both the groups are drawn from the same population.

Table 5: Tabular representation of the statistical results between the study group and placebo group on ATEC score:

	ATEC 0	ATEC 3	ATEC 6	ATEC 9	ATEC 12
Chi-Square	2.844	2.180	1.838	0.883	0.288
df	1	1	1	1	1
Asymp. Sig.	0.092	0.140	0.175	0.347	0.591
a. Kruskal Wallis Test					
b. Grouping Variable: GROUPS					

Statistical interpretation: Kruskal – Wallis H test showed that there is no statistically significant difference observed at the end of 3 months, 6 months, 9 months and 12 months.

REMEDIES PRESCRIBED:

In the homoeopathy group, amongst 42 patients, the following remedies were used.

1. *Carcinosinum* was prescribed in 8 patients of which 3 showed marked improvement, 4 showed, mild improvement and 1 showed no improvement.
2. *Tuberculinum bovinum* was prescribed in 8 patients in which 6 showed marked improvement and 2 patients showed mild improvement
3. *Medorrhinum* was prescribed to 7 patients of which 5 showed marked improvement, 1 showed mild improvement and 1 showed no improvement.
4. *Natrum muriaticum* was prescribed to 7 patients of which 4 patients showed marked improvement, 2 patients showed mild improvement and 1 patient showed and no improvement.
5. *Phosphorus* was prescribed to 5 patients of which 2 patients showed marked improvement and 3 patients showed mild improvement.
6. *Cuprum metallicum* was prescribed to 3 patients of which 1 showed exceptional

improvement and 2 showed mild improvement

7. *Baryta carbonicum* was prescribed to 2 patients who showed marked improvement.
8. *Pulsatilla nigricans* was prescribed to 1 patient who showed mild improvement
9. *Sulphur* was prescribed to 1 patient who showed marked improvement

Discussion

The entire experience demonstrated a significant reduction in the autistic features of the children.

Mean change in ATEC 15.12 and ATEC mean percent change 19.72, p value<0.05) was observed.

Homeopathic intervention brought about modification in the behaviour quite rapidly followed by changes in other aspects. Children who were gradually regressing and showing a trend towards deterioration showed marked reversal in the autistic features.

There was sharp decrease in the ATEC score after starting homeopathic treatment. When we examine mean scores, there also we can see that almost 34% improvement take place in the first quarter, and 60% by six months.

Conclusion

Even though the study was a small done, done with a few children over a short period of time, we were able to show that with homoeopathy, we could bring the mean ATEC score from 83.17 to 71.52 within just 12 months (whereas in the placebo group it went from 70.95 to 67.31 in 12 months).

The study had quite a few limitations but it serves as a sample for future studies to take place in this field of autism that has a tremendous scope to be treated using homoeopathy.

Further a multicenter trial enrolling larger number of participants, from different homoeopathic research centers, shall increase the generalisability of the results.

We also hope for a double-blind clinical study with the option of switching remedies through the study with a long term follow up period of at least 5 years to be able to verify the results of this study.

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Long way from conception to completion-a case report of endometriosis

By Dr T. Aarathi Reddy

Abstract: A female came with the complaint of pain in right lower limb during her periods. Pain is severe in nature due to which there is no sleep. Heavy bleeding associated with severe pain in abdomen, backache, and she was diagnosed with endometriosis. Patient was eager to conceive. After analysing the totality of symptoms and by considering the mental symptoms, *Sepia officinalis* 200C was prescribed, which proved to be effective in treating the endometriosis and most fortunately she conceived.

Keywords: endometriosis, right lower limb pain, totality of symptoms, *Sepia officinalis*.

Abbreviations: AUS- abdominal ultrasound, MRI- magnetic resonance of imaging, CA 125 cancer antigen, Rt-right, LL-lower limb, HPT – home pregnancy test, LMP – last menstrual period.

Introduction

Presence of functioning endometrium in sites other than uterine mucosa is called endometriosis. Ectopic endometrial tissues are found at sites other than uterus and are called endometriosis externa. Endometriosis is an aggressive, progressive and invasive disease. Prevalence is about 10-15%. Sites of endometriosis: abdominal, extra abdominal, remote.

Risk factors

1. Low parity
2. Delayed child bearing
3. Family history of endometriosis
4. Genital tract obstruction
5. Environmental toxins
6. Peritoneal fluid abnormalities.¹

Many theories have been proposed to explain the occurrence of endometriosis but genetic predisposition is now evolving and focus has been given on alterations or genetic mutations that may start in-utero or in adolescents and young adults.² Immune system is postulated by many to have a role in determining who can develop endometriosis, as well as the extent and clinical manifestation of the

disease.³

Adolescents with the disease are more likely to experience a variety of symptoms which can be safely improved or alleviated by appropriate menstrual management or suppression.⁴ However; sometimes cycle pains respond poorly to anti prostaglandins and contraceptive pills and this may be attributed to internal scarring, adhesions, pelvic cysts, chocolate ovarian cysts, bowel obstruction and peritonitis.⁵

The diagnosis of adolescents' endometriosis is sometimes enigmatic; however, history and clinical examination usually lead the physician to suspect it.⁶ The use of AUS and MRI remain an important addition to the non-invasive diagnosis and should be performed before treatment, especially surgical one.⁷ On the other hand some biological markers may be used for prediction and treatment follow up in endometriosis, commonly CA125.⁸ It goes without saying that laparoscopy with biopsy of the suspicious lesions remains the gold standard for diagnosis as well as management intervention in severe cases.⁹

Adolescent endometriosis is an underestimated health problem particularly in developing countries. Many reasons contribute to this undeniable difficulty in diagnosis. Of these; difficult visiting of gynaecologists by young girls, the infeasibility of local examinations, trans-vaginal ultrasound and diagnostic surgical procedures. This study aimed to investigate the prevalence of adolescence endometriosis among school girls with severe dysmenorrhea.⁶

Clinical features

1. dysmenorrhoea
2. abnormal uterine bleeding
3. Infertility
4. Dyspareunia
5. Chronic pelvic pain
6. Abdominal pain

Case study

A 25 years old, hindu lady reported on 12.10.20 with a complaint of pain in right lower limb during menses since menarche was eager to conceive. History of married life with a duration of 3 years.

History of presenting complaints and treatment history

Patient has a history of pain in right lower limb during menses since menarche. She took analgesics for her temporary relief, while the symptoms started reappearing. In view of eager to conceive, the patient approached a gynaecologist which accidentally revealed Endometriosis.

Past history: Known case of hypothyroidism since 2 years on treatment

Family history All members in the family are healthy and alive with no significant medical history.

Obstetrical and gynaecological history: Gravida - 1.

Menstrual history

28 days cycle with 3-4days duration, normal flow. Married life of 3 years duration.

Physical generals: There was pain in right lower limb during menses, severe in nature associated with pain in right thigh extending from hip to thigh only during menses. Aggravation by slight exertion. Ameliorated by pressure and drawing of limbs. Decreased sleep, pain during intercourse. Dryness of vagina. Decreased sexual desire, hot flushes, desire for eating all the time. She had craving for spicy food.

Mental generals: Patient is sad, difficulty in concentration. She

is a teacher by profession, where she is unable to remember and concentrate due to the fear that she will never have child for the reason of her endometriosis. She used to spend 10000 rupees for a weekdays medicine which was increasing her anxiety, stress regarding the financial crisis. She became very irritable since she had been diagnosed with endometriosis. She weeps without any cause. She dislikes consolation. Quarrelling tendency, feels better by crying. Palpitation for thunderstorm, sudden noises.

Provisional diagnosis: endometriosis with primary infertility¹

Analysis and evaluation of symptoms ¹²:

S. No	Category	Symptoms	Common/uncommon	Intensity
1	mental generals	weeping-causeless	Uncommon	++
2	mental generals	weeping- ameliorating condition	Common	++
3	mental generals	concentration difficulty	Uncommon	++
4	mental generals	fear thunderstorm	Uncommon	++
5	mental generals	sensitive to slight noise	Uncommon	++
6	physical generals	heat flushes of	Common	+
7	physical generals	desires spicy food	Uncommon	++
8	physical generals	sleep restless	Common	+
9	physical particulars	pain in right thigh during menses <slight exertion>pressure, drawing limbs	Uncommon	+++

Totality of symptoms

1. Weeps without any reason
2. Feels better by crying
3. Difficulty in thinking and concentration
4. Fear of thunderstorm
5. Sensitive to slight noise
6. Hot flushes all over the body.
7. Desire for spicy food
8. Pain in right thigh during menses
9. Pain during intercourse
10. Decreased sexual desire
11. Aggravation by slight exertion, amelioration by pressure and drawing of limbs.
12. Decreased sleep.



Figure 1: Repertorisation ¹⁰

Remedy Name	Lyc	Sep	Phos	Sulph
Totally / Symptom Covered	29 / 11	25 / 11	24 / 11	24 / 10
[Kent] [Mind]Weeping,tearful mood,etc.:Causeless: (20)	2			3
[Kent] [Mind]Weeping,tearful mood,etc.:Causeless:Without knowin... (162)	3	3	3	2
[Kent] [Mind]Fear (see anxiety): (143)	3	3	3	2
[Kent] [Mind]Sensitive,oversensitive (see offended):Noise,to: (90)	2	3	2	2
[Kent] [Generalities]Heat,flushes of: (117)	3	3	3	3
[Kent] [Generalities]Food:Spices :Agg: (1)			1	
[Kent] [Extremities pain]Pain: (168)	3	1	2	3
[Kent] [Genitalia female]Pain: (28)	2	1	2	1
[Kent] [Mind]Aversion:Approached to being: (9)	3			1
[Kent] [Generalities]Exertion physical :Agg: (125)	2	3	2	3
[Kent] [Sleep]Restless: (215)	3	2	1	3

of pain < slight exertion, weak memory, uterine disorders with menstrual irregularities, aversion to sex, heat flushes. *Sepia officinalis* is having more efficacy in treating the infertility with endometriosis. The remedy was chosen according to the principles and practices of homoeopathy and given on the basis of constitutional totality after detailed case taking, recording, interpretation, and evaluation of symptoms, and repertorisation, whenever required. Hence, *Sepia officinalis* was chosen as the prescribing remedy.

Justification of remedy:

Profound melancholy, weeping without cause, difficulty in

concentration, fear of thunderstorm, sensitive to noise¹³, depressed mood, pain in right¹⁴, drawing type

First prescription: *Sepia officinalis* 200* was prescribed, three doses was advised, for 3 consecutive mornings, and placebo 15 days.

Table 1: Follow up with prescription

Date	Symptoms	Prescription
(1st visit) 12/10/20	Pain in right lower limb during menses since menarche. She took analgesics for her temporary relief, while the symptoms started reappearing. In view of eager to conceive, the patient approached a gynaecologist which accidentally revealed endometriosis in ultrasonography of abdomen and pelvis. Hence, she was under the treatment for endometriosis, but there was no improvement with allopathic treatment, hence approached with the complaints of eager to conceive. Detailed history was obtained.	1. <i>Sepia officinalis</i> 200 potency of water dose for 3 consecutive days 2. Placebo once a day before going to bed for 15 days duration
05/11/20	Eager to conceive. History of pain in right thigh during menses - much better for the last menstrual cycle. Intensity of pain - much better when compared to previous analgesics. History of sleep improved. LMP:1/11/20.	Placebo 4 pills daily once to night
17/12/20	Had not yet attained menses, advised HPT ,which revealed HPT=+ve, ultrasonography (abdomen and pelvis) showed single intrauterine gestational sac at 5 weeks and 3 days.	Placebo 4 pills 1 month

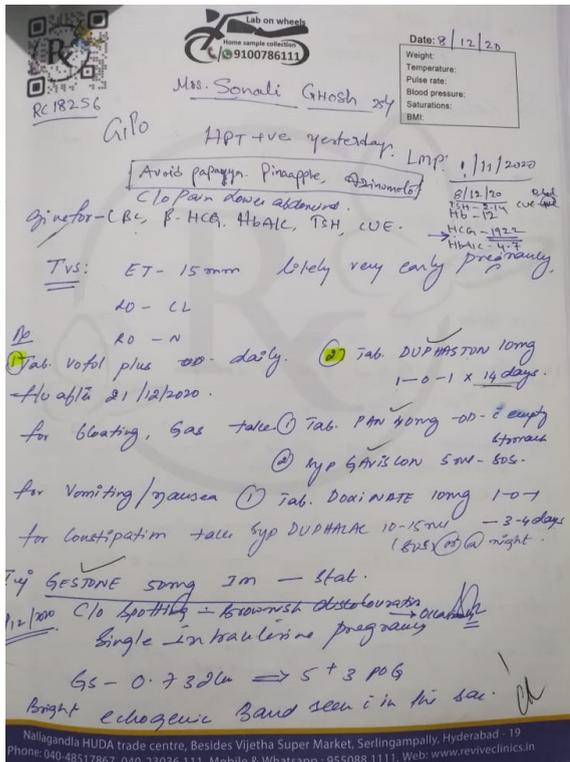


Figure 2

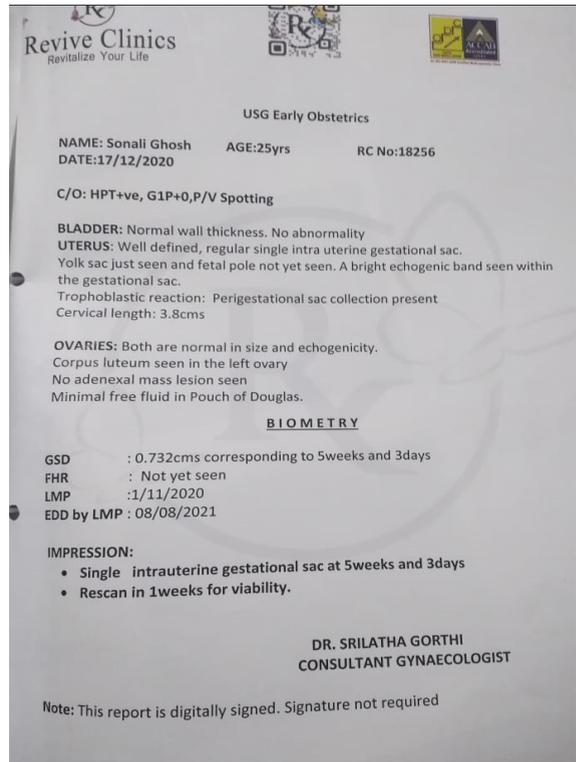


Figure 3

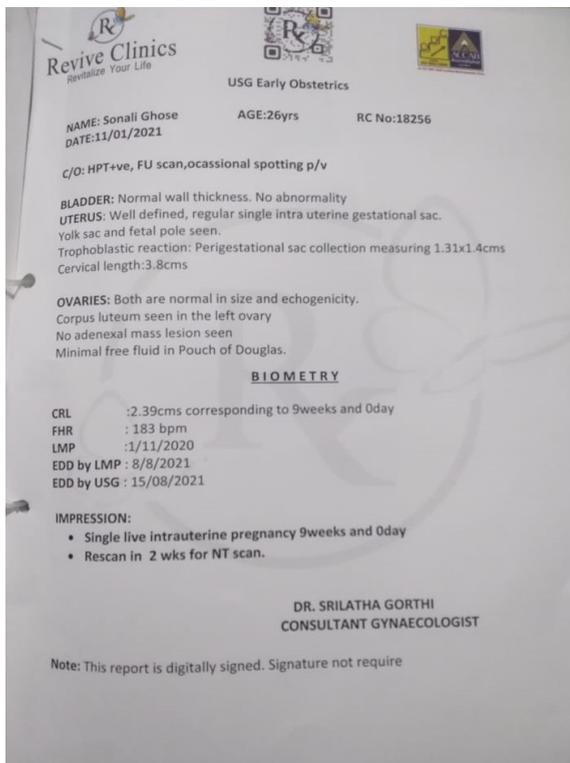


Figure 4

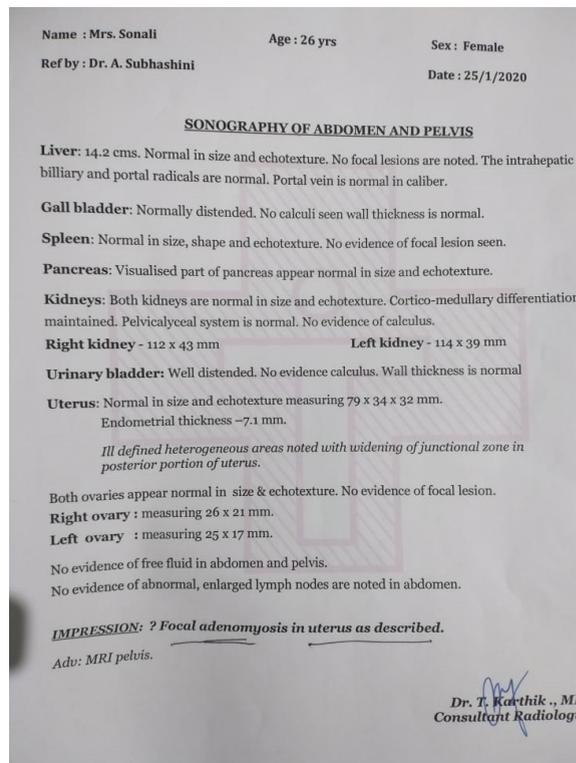


Figure 5



Conclusion

Thus, it is the responsibility of the homoeopathic fraternity to make people aware about the scope of homoeopathy for infertility. The dynamic homoeopathic remedies are not only effective but can do wonders in treating infertility with the most efficient and gentle form.

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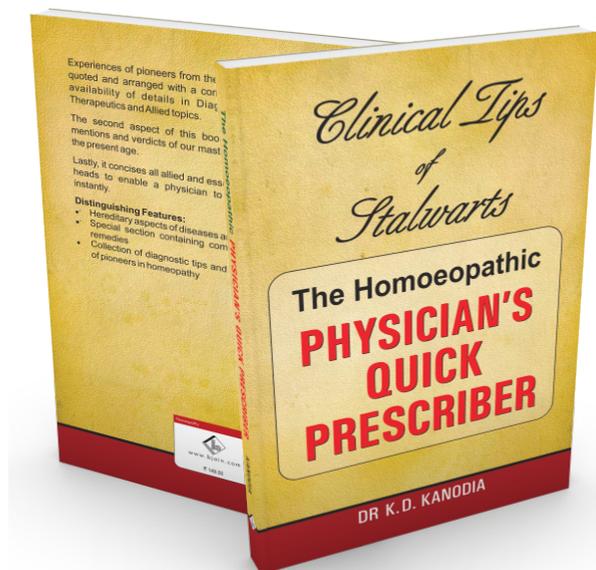
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A case of endometrial polyp cured with homoeopathy

By Dr Shweta Singh

Abstract: Endometrial polyps or uterine polyps are abnormal growths of endometrial glands which typically protrudes into the uterine cavity. Endometrial polyps are relatively common and usually benign in nature, may affect women of reproductive age groups as well as post-menopausal women. In modern medicine, surgical intervention is the only treatment but as per my little experience, most of the female gynaecological diseases can be cured effectively by a well selected homoeopathic simillimum. The constitutional approach always yields wonderful results.

Keywords: Endometrial uterine polyp, homoeopathy, intermenstrual bleeding, *Natrum muriaticum*, *Sepia officinalis*.

Abbreviations: Ultrasonography (USG), hormonal replacement therapy (HRT), last menstrual period (LMP), aggravation (>), amelioration (<)

Introduction

Endometrial polyps, also called uterine polyps, are discrete outgrowths of endometrium that contain a variable amount of gland stroma and blood vessels, attached by a pedicle, which moves with the flow of the distension medium. They may be pedunculated or sessile^(1,2), single or multiple. They may vary in size from as small as a sesame seed to as big as a golf ball (0.5 – 4 cm). It is probable that they are present in 25% of women with abnormal vaginal bleeding although at least 10% of asymptomatic women are also likely to have polyps.⁽²⁾

In most cases, the uterine polyps are benign but removal is necessary to exclude the remote possibility of infertility & malignancy.

Causes

The cause is unknown. It may be linked to changes in oestrogen levels. Endometrial polyps are more common in reproductive age group especially in 40s or 50s. It may be due to the changes in oestrogen levels that happen just before and during menopause.⁽³⁾

It would appear that these endometrial polyps are relatively insensitive to cyclical hormonal changes and so are not shed at the time of menstruation. In addition they may contain hyperplastic foci, particularly in those that are symptomatic.⁽²⁾

The other risk factors may include:

Obesity

Hypertension

Diabetes

Women experiencing abnormal bleeding while taking HRT

Tamoxifen - a drug used for breast cancer (found in upto 30% of such cases)⁽⁴⁾

Clinical presentation

- Asymptomatic, especially in case of solitary/ small sized polyp
- Unscheduled vaginal bleeding or spotting is the commonest symptom. The persistent intermenstrual bleeding for at least 3 months or more is significant.

c. Heavy bleeding

d. Vaginal bleeding after menopause

e. Trouble getting pregnant

Complications of uterine polyps

Malignant change is rare but it may coexist with endometrial carcinoma.

The predictors of malignancy are: (a) Size more than 10 mm; (b) Postmenopausal status; (c) Abnormal uterine bleeding⁽⁴⁾

Polyps also interferes with fertility because they can keep a fertilized egg from attaching to your uterus or block your fallopian tubes or cervix.

Miscarriages are more common in females having polyps.

Diagnosis^(2,3)

- Ultrasound (USG)
- Transvaginal ultrasound (TVS)
- Hysterosonography
- Hysteroscopy
- Endometrial biopsy

Case report

Introduction

Miss Pink, aged 27 years, unmarried



female came to me on 14th September 2020 with the complaint of irregular vaginal bleeding with weakness and trembling of legs. She was working as a beautician but stopped due to lockdown imposed during Covid-19. She was fair in complexion, with blue circles around the eyes.

Presenting complaints

The chief complaints of the patient was intermenstrual vaginal spotting since 5-6 days. Along with that, she also complains of much weakness with trembling of legs.

History of presenting complaints

The patient was apparently well 5-6 days back then she started complaining of intermenstrual spotting when she urinates. She looked very depressed and sad. On further enquiry, it was found that some family disputes were going on for the last 15- 20 days since then she

became silent and irritable; anger was quite visible but suppressed, otherwise she was a sincere happy girl but emotional too.

Menstrual history:

LMP: 29th August 2020

Duration 2-3 days

Character of the bleeding: Dark red in colour with few clots

Past history: she had acne in the past for which she had undergone homoeopathic treatment (6-7 months back)

Family history: Nothing specific was found

Physicals generals

The patient’s appetite was quite decreased, doesn’t want to eat anything. She is thirstless. She had

desire for salty things. She is a hot patient.

Mental generals

She was irritable in nature, jealous, contradiction aggravated her. She became angry on slightest triggers but didn’t express herself. Suppressed anger, used to weep only when alone, fastidious.

On examination

The patient was found to be hypotensive, measured blood pressure was 100/60mm Hg. The appearance of tongue was found to be clean and moist.

Investigations: Ultrasound revealed that the endometrial lining was mildly thickened and heterogenous in ecopattern. The endometrial thickness is 13mm.

Endometrial polyp sized 11* 7.8mm.

Analysis and evaluation of symptoms

Mental generals	Physical generals	Particulars
Irritability++	Thirstless ++	Intermenstrual bleeding while urination
Jealousy+++	Desire salty things	Hypotension
Weeps when alone++	Hot patient	Weakness with trembling of legs
Contradiction aggravates++		

Miasmatic analysis⁽⁶⁾

S. No.	Presenting symptoms	Psora	Syphilis	Sycosis	Tubercular	Predominant miasm
1	Irritability	√		√		Tuberculo-psoric
2	Jealous	√		√		
3	Desire salty				√	
4	Weakness	√				
5	Hypotension	√				
6	Eyes – around blue rings	√			√	
7	Menses- too frequent				√	
8	Polyps- bleeding, uterine				√	

Following symptoms were considered for repertorisation using Hompath⁽⁶⁾:

1. Mind – irritability
2. Mind – jealousy

3. Mind – weeping, tearful mood: alone, being agg
4. Mind – contradiction: ailments from; agg
5. Stomach - thirstlessness
6. Generalities - food & drinks:

- salt or salty food desires
7. Clinical - hypotension
8. Extremities – trembling; legs
9. Female genitalia–haemorrhage; uterine, metrorrhagia

Repertorial result

Remedy Name	Nat-m	lyc	Phos	Lach	Sep	Plat	Ign	Puls	Verat	Con	Gels	Plb
Totally	28	26	26	23	23	22	21	21	20	20	20	20
Symptoms Covered	9	9	8	7	7	6	7	7	8	7	7	7
Kingdom												
[Complete] [Mind]Irritability: (818)	4	4	4	4	4	4	4	4	4	4	4	3
[Complete] [Mind]Jealousy: (133)	1	3	3	4	1	4	3	4	1	1	1	
[Complete] [Mind]Weeping, tearful mood:Alone, being Agg.: (29)	3	3					1			3		
[Complete] [Mind]Contradiction:Ailments from, agg.: (176)	3	4	1	3	4	3	4	1	3	3	1	3
[Complete] [Stomach]Thirstlessness: (383)	3	4	4	4	4	4	4	4	3	3	4	3
[Complete] [Generalities]Food and drinks:Salt or salty food:Desires: (...)	4	1	4	1	3			1	4	3		3
[Complete] [Clinical]Hypotension: (110)	3	2	3	3	3				1		3	1
[Complete] [Extremities]Trembling:Legs: (77)	3	1	3			3	1	3	1		3	3
[Complete] [Female Genitalia]Hemorrhage, uterine, metrorrhagia: (387)	4	4	4	4	4	4	4	4	3	3	4	4

Selection of remedy with justification

The repertorial result of the case showed that the highest ranked remedy which covers most of the symptoms of the patient was *Natrum muriaticum*. After considering materia medica, *Natrum muriaticum* was found to be a useful remedy for menstrual irregularities, depression. The general constitution and mental picture of the patient was also similar to *Natrum muriaticum* as described in materia medica⁽⁷⁾. This remedy was also covering the predominant miasm, i.e. tuberculo-psoric miasm.⁽⁵⁾

Thus, according to the totality of the symptoms and miasmatic predominance, SINGLE DOSE of *Natrum muriaticum* 200CH was prescribed according to the susceptibility of the patient.

Prescription

Natrum muriaticum 200CH, single dose

Followed by *Placebo* 30, thrice a day for one month.

Management

Along with the homoeopathic medicines, the patient was advised

to exercise regularly for atleast 30 minutes. She was suggested few disease specific yoga exercises to be followed regularly like butterfly pose, cobra pose (bhujangasana), standing forward bend, hare pose, etc.

Diet should include variety of healthy foods like whole grains, green leafy vegetables, low fat dairy products, seasonal fruits. Drink atleast 3-4 litres of water in a day. Restrict excessive salt or sweets intake. A diet rich in transfat should be avoided.

Follow up

Date	Symptoms	Prescription	Justification
8 th Oct 2020	No intermenstrual spotting Patient feels better Menstrual history LMP: 27 th September 2020	Placebo 30	Return of old symptom indicates good response. It indicates that the path of recovery is following the right direction according to the Hering’s law of cure.



	<p>Duration : 7 days</p> <p>Flow: Profuse, dark red in colour with clots</p> <p>Leucorrhoea – white, thick, acrid, little offensive</p> <p><i>Pustular eruptions appear over genitals- old symptom</i></p> <p>She looks little better mentally too.</p>		<p>Prognosis : good</p> <p>Next step should be “Wait & watch”</p>
4 th Nov 2020	<p>No intermenstrual bleeding</p> <p>Patient is better in general</p> <p>Menstrual history</p> <p>LMP: 29th October 2020</p> <p>Duration : 6 days</p> <p>Flow : Normal</p> <p>Multiple joint pains appeared but relieved without medicines</p> <p>Aggravation: Morning</p> <p>Painful eruption appear over tip of left index finger with Cracked & chapped finger tips</p> <p>< winters</p> <p>Eruptions over genitalia appeared on & off.</p>	<p>Placebo 30</p> <p>Advise :</p> <p>Apply petroleum jelly over the cracked and chapped fingers</p>	<p>Patient is still improving in general.</p> <p>No intermenstrual bleeding occurs.</p> <p>There was coming and going of symptoms. One should not interfere with the ongoing action of remedy</p> <p>Next step should be “wait & watch”</p> <p>Advised for another USG</p>
10 th Dec 2020	<p>No intermenstrual bleeding occur</p> <p>Painful eruption over tip of left index finger and cracked chapped hands better.</p> <p>Pustular eruptions over genitalia was still there.</p> <p>Acidity++</p> <p>Eructations after eating</p> <p>Back pain (lumbo-sacral region) with stiffness</p>	<p><i>Natrum muriaticum</i> 1M/ single dose</p> <p>Followed by Placebo 30</p>	<p>Patient was better.</p> <p>But ultrasound revealed increase of the size of polyp, i.e. 13.3 * 9.4mm.</p> <p>But good point was the endometrial thickness was normal this time and heterogenous ecopattern turns homogenous.</p> <p>Pustular eruptions are still there. Therefore, higher potency of same remedy was used in spite of change of remedy.</p>



<p>7th Jan 2021</p>	<p>No intermenstrual bleeding occur Backache still same Acidity - same with pain in epigastrium Hyperpigmentation over cheeks Menstrual history LMP - 25 December 2020 Duration: 5-6 days Flow: normal Leucorrhoea – white, thick and offensive Mentally, the patient was indifferent to her family members especially to her mother whom she loved the most.</p>	<p><i>Sepia officinalis</i> 1M</p>	<p>Due to the marked and peculiar symptom of the patient, i.e. <i>“indifference with loved ones”</i>, <i>Sepia officinalis</i> was chosen as it is the remedy which complements and follows <i>Natrum muriaticum</i> well.⁽⁷⁾</p>
<p>5th Feb 2021</p>	<p>No intermenstrual bleeding occurred Acidity better Back pain slightly better stiffness in the morning Menstrual history LMP - 21st Jan 2021 Duration: 6 days Flow: normal Leucorrhoea better Pustular eruptions reappeared but in less intensity.</p>	<p>Placebo 30</p>	<p>Placebo was given as the patient was improving.</p>
<p>5th Mar 2021</p>	<p>Patient much better No intermenstrual bleeding occur Menstrual history LMP 15th Feb 2021 Duration 7 days Flow normal</p>	<p>Placebo 30</p>	<p>Patient much improved Advised for another USG after next menstrual cycle.</p>



	<p>Acidity better</p> <p>Back pain with stiffness better.</p> <p>Pustular eruptions completely disappeared.</p>		
--	---	--	--

Conclusion

In modern era, the menstrual problems are increasing more likely due to sedentary life styles, improper diet and mental stress which disturbs the hormonal levels. Homoeopathy have promising results in such gynaeco-surgical cases and saves the patients from getting under the surgical knife. Homoeopathy treats the patient as a whole, not just the disease. Individualisation plays the major role in the selection of most similar remedy. Patients may respond well to the constitutional remedy than to a specific or therapeutic remedy.

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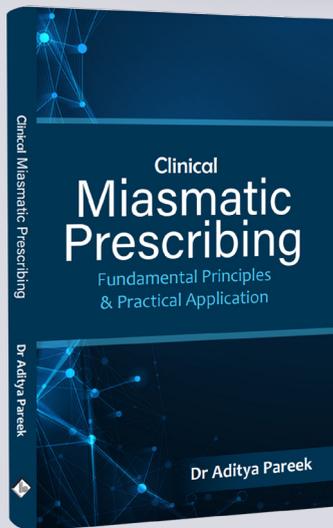
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Clinical Miasmatic Prescribing

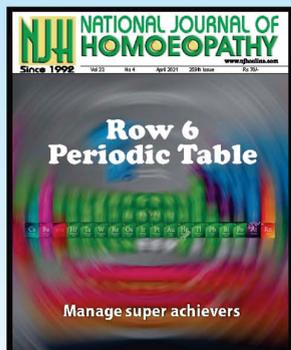
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- In the 2nd considering the importance of clear clinical differentiation, comparative tabulations have been provided. Remedy discussion has been made for most of the symptoms mentioned.
- The 3rd aims to show the applicability and practical utility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

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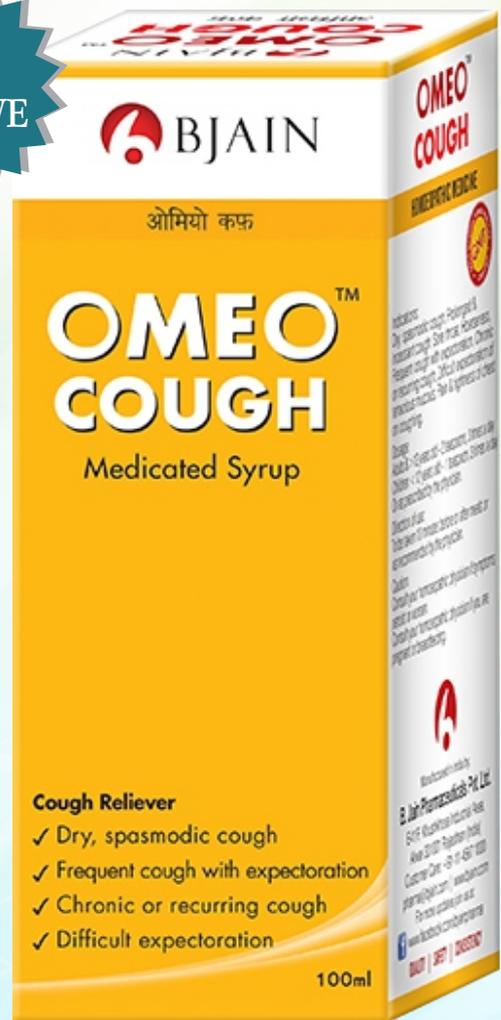
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- Sore throat & Hoarseness
- Frequent cough with expectoration
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Lobelia inflata	∅	1.6% v/v
Ipecacuanha	∅	1.6% v/v
Grindelia robusta	∅	1.6% v/v
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Conium maculatum in female disorders: multitasker friend for women

By Dr Jaimin R. Chotaliya

Abstract:

Background: Women are symbolised for gentleness and sensitivity, hence diseases related to women must treat with gentle methods. Homoeopathy is known for its gentle treatment and providing relief in many female disorders. Homoeopathic medicines prove their efficacy in management of female disorders, and among these medicines, *Conium maculatum* occupies its unique place in management of various female disorders from dysmenorrhoea to carcinoma related to female genital organ. So, it is imperative to understand the role of this multitasker in depth.

Materials and methods: A literature search was conducted using various data sources like PubMed, web of science, google search engine, Encyclopedia Homoeopathica and other printed sources like different materia medica to explore its action regarding female disorders.

Result and Conclusion: This study not only explores the role of conium in female disorders but also explores its action at cellular level.

Key words: *Conium maculatum*, female disorders, homoeopathy.

Abbreviations: DNA - deoxyribonucleic acid, ROS-reactive oxygen species, MMP- mitochondrial membrane potential, CD-Spectroscopy- circular dichroism spectroscopy

Introduction

Homoeopathic materia medica contains many symptoms related to female genital organs which are collected during drug proving, toxicological data and clinical experiences from various pioneers. Homoeopathic medicines give huge contribution to Gynaecology and Obstetrics department of medical science with their dynamic action in management of female disorders. *Conium maculatum* (from Apiaceae family) is one of the medicines known for its action in female disorders. Due to its action in various female disorders its action is one of the curious matters for every physician. Study of *Conium maculatum* medicine in context to its role in various cases with some data regarding cellular and bio-chemical action explores its multitasker role in management of female disorders.

Objective of study:

Primary objective of study was, “to

explore the role of *Conium maculatum* in various female disorders through various literatures in medical field”, and secondary objective was “to understand its utility from various data related to its action on cellular and biological level.

Materials and methods:

A literature search was conducted using various data sources like PubMed, web of science, google search engine, Encyclopedia Homoeopathica and other printed sources.

Inclusion criteria: 1) All the literature sources from homoeopathy (computerised and printed) were examined to collect information regarding the role of *Conium maculatum* in female disorders. 2) While various data regarding action of *Conium maculatum* on cellular level were collected from various data sources with time period of 10 years (2011-2020).

Exclusion criteria: Any research

study related to *Conium maculatum* or its action before 2011 were excluded.

OBSERVATIONS AND RESULTS

Conium maculatum as poisonous substance:⁽¹⁾

Conium maculatum is an erect annual or biennial, virtually glabrous, with a foetid, mousy odour when crushed. *Conium maculatum*, commonly known as poison hemlock, is one of the most toxic members of the plant kingdom. The concentrations and relative ratio of different *Conium maculatum* alkaloids appear to depend on different factors such as temperature, moisture, time and age of the plant. It contains piperidine alkaloids (coniine and cyanapine). The consumption of varying parts of the plants can cause different degrees of clinical effects. The leaves are more dangerous in spring, and the fruit (mature fruits) are in fall.

Conium at cellular level (active principles):⁽²⁾ *Conium maculatum*

contains a poisonous piperidine alkaloid, coniine and related alkaloids, N- methyl-coniine, conhydrine, pseudoconhydrine and gamma-coniceine. *Conium maculatum* is teratogenic where its active principles, coniine and gamma coniceine are considered the teratogenic agents for cattle, pigs and sheep.

***Conium maculatum* as medicine:**
As a medicine, it is a sedative and antispasmodic. It is directly antagonist to strychnine and therefore used as antidote in strychnine poisoning and also in tetanus and hydrophobia. It may prescribe in undue nervous motor excitability (dentition, early stage of paralysis agitans, spasms of

gullet and larynx) and as inhalation to relieve coughing in bronchitis, whooping cough and asthma. In china, it may be used medicinally to relieve pain and reputedly as a cancer cure.⁽¹⁾

Some articles (short summary) related recent research studies about conium are worthy to understand.

No.	Title	Citation	Measurable outcome and result	Authors conclusion
1	Anticancer potential of conium maculatum extract against cancer cells in vitro: Drug DNA interaction and its ability to induce apoptosis through ROS generation ⁽³⁾	Mondal J., Panigrahi AK, Khuda-Bukhs AR. Anticancer potential of conium maculatum extract against cancer cells in vitro: Drug DNA interaction and its ability to induce apoptosis through ROS generation; Pharmacogn.Mag.2014 Aug; 10 (suppl 3): S524-S533. doi: 10.4103/0973-1296.139792 Journal article. PMID-25298670	Its effect on cell cycle measured through the cytometry where conium treatment reduced cell viability a colony formation at 48h and inhibited cell Proliferation, arresting cell cycle at sub-G stage. There is increased generation of reactive oxygen species at 24 h, increase in MMP depolarization, morphological changes and DNA damage in HeLa cells along with externalization of Phosphatidyl serine at 48 hrs. CD-Spectroscopy revealed that conium interacted with DNA molecule.	Overall results validate anti-cancer potential of conium and provide support for its use in traditional systems of medicine.
2	Highly diluted medication reduces tissue parasitism and inflammation in mice infected with Trypanosoma Cruzi. ⁽⁴⁾	Lopes CR, Falkowski GJ, Brustolin CF, Massini PF, Ferreira EC, Moreira NM, Aleixo DL, Kaneshima EN, de Araujo SM. Highly diluted medication reduces tissue parasitism and inflammation in mice infected with Trypanosoma Cruzi.; Homoeopathy 2016 may; 105(2): 186-93, Journal Article PMID-27211326	In a blind,controlled, randomized study, 102 male swiss mice, 8 weeks old were inoculated with 1400 trypomastigotes of the Y strain of T. Cruzi and Distributed into groups; Cl (with 7% hydroalcoholic solution), Ca (treated with kali causticum), Co(treated with Conium), Ly (treated with lycopodium clavatum), all treatments performed 48h before and 48,96 and 144 h after infection. All homoeopathic medication was 13cH potency with Brazilian Homoeopathic Pharmacopoeia. In this study if we observe specifically for Conium- total parasitemia was significantly lower in Ca,Co and Ly groups than Cl group. In	Here Ly with 13ch potency had significantly more benefits in the treatment of mice infected with T. cruzi. (for conium (Co group) –decreased the formation of inflammatory foci compared to Cl group.

			skeletal muscle, Co and Ly decreased the formation of inflammatory foci compared with Cl. Ly afforded grater animal survival than others. The animals in Co group died prematurely compared to Cl group.	
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Conium maculatum as homoeopathic medicine:

Action and symptoms of conium were mentioned by many homoeopaths in different materia medica but some are very useful data regarding the role of *Conium maculatum* in homoeopathy. Dr Burt mentioned about atrophic condition at glands related to genital organs. Let's explore the role of *Conium maculatum* in female disorders except its popular use in vertigo and neurological disorders.

Menstrual irregularities:

Amenorrhoea: Dr Hughes mentioned about role of *Conium maculatum* in amenorrhoea where it is part of a general depression of sexual activity.⁽⁵⁾

Dysmenorrhoea: Guernsey mentioned *Conium maculatum* for dysmenorrhoea.⁽⁶⁾ Dr Jahr consider it as second-class remedy for dysmenorrhoea.⁽⁷⁾ Dysmenorrhoea, with drawing-down thighs.⁽⁸⁾

Meno-metrorrhagia: Dr Boger mentioned about irregular menses under conium.⁽⁹⁾ Menses delayed and scanty; parts sensitive. Rash before menses. Itching around pudenda.⁽⁸⁾

Inflammatory condition of female genital organs:

Ovaritis: In a case of acute ovaritis supervening during chronic inflammation of this organ, and where the face had already become hippocratic and the pulse filliform,

Conium maculatum brought about a cure.⁽⁷⁾ Ovaritis; ovary enlarged, indurated; lancinating pain.⁽⁸⁾ *Pulsatilla nigricans* is often serviceable also in more frequent chronic form of the disease; but it has rival in conium, which is strongly recommended by Dr Drury.⁽⁵⁾

Vaginitis: Dr Jahr mentioned about utility of *Conium maculatum* in chronic vaginitis and also for vaginal fistula.⁽⁷⁾ Leucorrhoea after micturition.⁽⁸⁾

Vulvitis: Dr Jahr recommended this medicine if the inflammation had been caused by mechanical influences.⁽⁷⁾

Mastitis: suitable for induration after inflammation. Mammæ lax and shrunken, hard, painful to touch. Stitches in nipples. Wants to press breast hard with hand. Breasts enlarge and become painful before and during menses.⁽⁸⁾

Tumour (fibroadenoma, fibroid, polyps and other benign tumours)

Dr Dunham mentioned that Pliny and Avicenna recommended poultices of *Conium maculatum* and corn-plaster to remove tumours of the breasts and testes, and to repress the secretion of milk.⁽¹⁰⁾ Dr Burnett mentioned about usefulness of *Conium maculatum* in case of tumour where cause is mechanical one(traumatic injury, fall or blow) and he also mentioned about role of *Conium maculatum* in relieving neuralgic pain.⁽¹¹⁾ Dr Nash mentioned about some indication of conium with remedy differentiation which are as follow, Many cases of lumps or swellings in the breasts, *Conium maculatum* and *Silicea terra* both have hardness of mam-

mae, *Conium maculatum* right, *Silicea terra* left nodules.⁽¹²⁾ "Acting, as *Conium* does, upon the glandular system, we naturally expect it to be a great antiscrofulous and anti-cancerous remedy. We use it for swelling and induration of glands after contusions and bruises; tumour of various kinds, especially scirrhous, coming on after injury, are also helped by this remedy. These indurations are quite common in the mammæ, in the testicles, and in the uterus".⁽¹³⁾

Prolapse of uterus: Dr Guernsey mentioned in following way, Principally with *Conium*, fifteen years ago, I cured permanently a case of prolapsus of six years' standing, in which all pessaries and abdominal supporters, even that of the celebrated Mrs. Betts but failed to keep the uterus within the vulva. The prolapsus was complicated with induration, ulceration and profuse leucorrhoea. This lady has since borne several children, and has never experienced a return of the malady. All cases of prolapsus can be cured by the use of the indicated homoeopathic remedy.⁽¹⁴⁾ The prolapsus was complicated with induration, ulceration and profuse leucorrhoea- these indications were mentioned under the heading of cancer.⁽¹⁵⁾ Induration and enlargement of ovaries and womb, prolapsus uteri complicated with induration and ulceration of the cervix, with profuse leucorrhoea, have been repeatedly cured with *Conium maculatum* on the indication of these complaints having been the result of suppressed sexual desire.⁽¹³⁾

Pregnancy, labour and parturition:

Unready conception.⁽⁸⁾ *Conium maculatum* is useful for symptoms like anorexia, disgust to bread,

craving for coffee and salt things, pyrosis /acidity are seen during pregnancy. ⁽¹⁴⁾ *Conium maculatum* is indicated where fetal movement disturbs mother's sleep. ⁽¹⁶⁾ *conium* also mentioned for nosebleed during pregnancy and cough that excite the vomiting. Induration of cervix after delivery where stinging pain is indication for *Conium maculatum*. ⁽¹⁷⁾

Neuralgia: The natural enlargement of the breasts at this period causes undue pain and tension. *Conium maculatum* and *Pulsatilla nigricans* are suitable here when neuralgia predominates. ⁽¹⁴⁾ According to Cowperthwaite, swelling, soreness and pain in the breasts preceding the menses, either with or without tumor is useful clinical indication for *Conium maculatum*. ⁽¹⁸⁾

Sterility: Borax and *Conium* are the medicines most in repute: the former is said to be indicated by the co-existence of an acrid leucorrhoea, the latter is suitable to depressed ovarian activity. ⁽⁵⁾

Cancer: Some of the apparently scirrhus formations are developed in consequence of a blow upon the breast; many of these, whether they might have finally resulted in open cancer or not, are readily cured and caused to disappear entirely by the exhibition of *Conium maculatum*. ⁽¹⁴⁾ Grimmer mentioned about *conium* as drainage and canalized remedy for breast carcinoma. Dr Cowperwaite mentioned about indurations, scirrhus where sharp, lancinating pain was present. ⁽¹⁹⁾ In all the scirrhus affections of the breast, womb or other parts the pains of *Conium maculatum* are burning, stinging, or darting, and may make one think of *Apis mellifica*, other symptoms must then decide between them. ⁽¹²⁾

Discussion

It was small literature review regarding *Conium maculatum* but many indications and clinical verification are there in the homoeopathic literature. Here co-

relation of anti-inflammatory action of *Conium maculatum* in research study and its curative role for various types of inflammation in homoeopathic literature provide a sound scientific basis for the action of *Conium maculatum*. Similar thing was observed in case of research study about role of cancer in *Conium maculatum* and its corresponding homoeopathic use of cancer by various Pioneers like Guernsey and Grimmer. So, it is helpful to study the medicine in context with recent research to understand the logical reasoning regarding the action of medicine.

Conclusion

The above mentioned homoeopathic data and research studies support the role of *conium* in female disorders. Its well-known use in tumour as well as lesser-known utility in prolapse of genital organ provide useful information regarding the action of *conium* as well as open the door for further clinical verification of this multitasker drug named *Conium maculatum*.

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Homoeopathy helps CRF patient suffering from COVID-19

By Dr Lubna Kamal, Dr Mohan Singh, Dr Vandana Mishra

Abstract:

Background: COVID 19 is presently a global threat with over 169,268,157 confirmed cases and over 3,515,697 deaths worldwide as reported by WHO. Since no country, economy or healthcare delivery system was prepared to face calamity of this magnitude, there is still acute shortage of hospital beds and emergency services and here is where homoeopathy offers to help.

Material and Methods

Randomised controlled single blind study. Pre-diagnosed case of COVID 19 was taken up. The inclusion criteria for the study were COVID-19 RT-PCR, Rapid Antigen Test kit, HRCT-Thorax.

Results

The SpO₂ level, symptoms and investigations of patient improved after Homoeopathic treatment.

Conclusion

Homoeopathy can be extremely effective in managing COVID 19 epidemic and serves as the first line of treatment.

Keywords: COVID-19, homoeopathy.

Abbreviations: Corona virus disease 2019 - COVID 19, reverse transcription polymerase chain reaction - RT-PCR, high resolution computed tomography scan - HRCT scan, saturation of peripheral oxygen - SpO₂, World Health Organisation - WHO, creatinine - creat., serum uric acid - SUA, sodium - Na, potassium - K, chloride - Cl, serum glutamic oxaloacetic transaminase- SGOT, serum glutamic pyruvic transaminase - SGPT, lactate dehydrogenase - LDH, interleukin - IL, c-reactive protein - CRP.

Introduction

Since last 14-16 months, COVID 19 has kept the whole world on its toes. A pandemic of this magnitude in 21st century was far from being imaginable.

All the 219 countries and territories have followed different trajectories regarding number of cases and deaths. India, facing the second wave, stands next to USA and Brazil in maximum number of COVID cases.

India has to cater to a population of over 135 crores, there is approximately 1 doctor for 1445 Indians. For patients, such as this

one, suffering from life threatening comorbidities, lack of hospital beds, poses additional challenge.

Therefore, in a country like India, homoeopathy has a larger role to play in prevention, treatment and management of COVID-19.

Case history

Patient's name: Mr. M.A.

Age: 68 years.

Sex: Male.

Marital status: Married.

Socio-economic group: Middle.

Religion: Muslim.

Occupation: Retired from job

Weight: 77 kg.

Height: 5'10"

Presenting complaints

- Breathlessness < slightest exertion since 2 days. Initially slight breathlessness since last 6 days
- Cough with whitish expectoration since 4 days
- Swelling over both feet since 4 days
- Moderate fever since 7 days

- Excessive weakness
- Sensation of tightness in chest

History of presenting complaints

Few days back his daughter in law was tested positive for COVID. He was extremely worried for her. He himself developed moderate fever in next 2 days. He got himself checked with rapid antigen test kit for COVID which detected as positive. He started with the usual prescribed government protocol for COVID. On 5th day of taking Azithromycin tablets he started having breathlessness and his SpO2 started to drop gradually. His cough and congestion too worsened. He was advised oxygen intubation and hospital admission but since no beds were available his attendants decided to try homoeopathic treatment along with intermittent oxygen intubation at home.

Physical generals

Appetite: Poor since onset of COVID. Otherwise he was eating normally. Craving: great desire for salty and spicy food ever since childhood.

Thirst: Intense and for large quantities.

Tongue: coated.
 Urine: diminished in quantity, non-foamy, non-offensive.
 Bowel: once, formed, unsatisfactory.
 Sleep: disturbed due to breathlessness and cough.
 Dreams: of future events (frequent in past)
 Perspiration: mild on face and scalp.
 Non-offensive and non-staining

Palms and soles: dry and warm (no heat, burning or sweating).
 Thermal: chilly

Habits: non-vegetarian.
 Addiction: Nil.

Physical constitution

The patient was tall and slightly obese with pot belly. The skin was dry and smooth.

Past history

- Hypertension since 20 years, controlled with medication
- Diabetes mellitus since 20 years. Taking medicines with poor control.
- Chronic renal failure since 5 years.

Physical examination

- **Temperature** : 100.4
- **Blood pressure** : 160/90
- **Pulse rate** : 98/min
- **SpO₂** : 86
- **Random blood sugar** : 287
- **Respiratory rate**: 28/minute
- Bilateral mild pitting pedal oedema
- No organomegaly was found.
- Rest of systemic examination was normal.

Family history

Mother - Diabetes mellitus

Father - Hypertension

Description of patient and life space investigations:

The patient was born and brought up under normal circumstances in a joint family which is why he always wanted to be surrounded by people and had anxiety on being

Case analysis

Miasmatic analysis (Table 1)

	Symptom	Psora	Sycosis	Syphilis
1.	Anxiety alone	✓		
2.	Anxiety others	✓		
3.	Hypertension			✓

alone. He was in a government job where he worked with honesty and dedication. He was mild and never quarrelled with anyone. But he is very faint hearted and cannot see anyone suffering and keeps on thinking about them.

The patient had been suffering from hypertension which was fairly controlled but his blood sugar remained uncontrolled despite taking medicines. 5 years back, he developed swelling over feet and on investigation it was found that his creatinine was 1.7 with moderate albuminuria.

Diagnosis

This was the case of pre-diagnosed case of COVID19 J12.82 and pre-existing chronic renal failure N18.9, confirmed through investigations attached.^[9]

Investigations

HRCT THORAX (21-04-21): Viral aetiology likely COVID with CO RAD 5 highly suspicious for COVID 19. Extension of disease 35%. Severity index moderate 8/25.

BLOOD (21-04-21): Creat - 3.0, Urea-79.2, SUA-9.8, Na-149, K-4.17, Cl-109.6, SGOT-89.9, SGPT-78.4, LDH-728.4, D-Dimer-11,320, IL-6- 48.2, CRP-24.2.

BLOOD (06-05-21): Creat-2.0, Urea-59, Na-139, K-4.0, SUA-5.3

RT-PCR SARS CoV-2RNA (06-05-21): Negative

4.	Diabetes			✓
5.	Renal failure		✓	✓
6.	COVID	✓	✓	

Analysis and evaluation of symptoms (table 2)

	Chapter	Rubrics selected	Symptom
1.	Mind	Anxiety others	Mental general
2.	Mind	Anxiety alone	Mental general
3.	Mind	Sympathetic	Mental general
4.	Mind	Mild	Mental general
5.	Sleep	Prophetic dreams	Mental general
6.	Generalities	Food and drink, salt desire	Physical general
7.	Generalities	Food and drink, spices desire	Physical general
8.	Stomach	Thirst, unquenchable	Particular
9.	Urine	Albuminous	Particular

Repertorial analysis

9 symptoms were selected for repertorial analysis and the medicines with maximum coverage were *Phosphorus* 9/22, *Arsenicum album* 6/16, *Sulphur* 7/14, *Natrum muriaticum* 6/13, *Acidum nitricum* 5/10. Out of these, *Phosphorus* was selected.

Justification for first prescription

Phosphorus was selected as simillimum as it scores the maximum marks compared to all other medicines. The patient lacked the fastidiousness of *Arsenicum album* though he was fond of bathing, unlike *Sulphur*. He had no liking for fats ruling out *Acidum*

nitricum and *Sulphur*, further. The patient also lacked the irritability of *Natrum muriaticum* and had been calm and composed throughout life under almost all circumstances. Therefore, there could not have been a simillimum better suited to the patient than *Phosphorus*.^[4] (repertory chart attached)

Date of follow up	Symptoms	Additional comments	Prescription
19-04-21	First Prescription		<i>Phosphorus</i> Q1.5 drops once every hour.
22-04-21	The patients SpO ₂ rose from 86 to 90 with intermittent intubation, which was their main concern. His breathing was also better. Mild grade fever still persisted from 99 to 99.4F. Cough, expectoration, Tightness of chest were also better.	Since Dr Hahnemann said about 50 millesimal potency (Footnote 155 Aphorism 270) that unlike centesimal, while using 50 millesimal scale, the simillimum may be given for months, if necessary. (Aphorism 246). Since the patient was showing signs of improvement, the same medicine and potency was continued.[5]	<i>Phosphorus</i> Q1. Continued 5 drops once every hour.
27-04-21	All symptoms were better. There was no fever. SpO ₂ rose to a maximum of 92 without oxygen intubation. Same prescription was continued.	Since the patient showed signs of further improvement, the same medicine and potency was continued.[5]	<i>Phosphorus</i> Q1. Continued 5 drops once every hour.

06-05-21	The patient reported much improvement. SpO2 was now stable at 95. Since appetite returned to normal and weakness was also better, <i>China officinalis</i> 30 was stopped. It was assumed the Phosphorus might also bring down the liver enzymes further. The following prescription was continued.	BLOOD (06-05-21): Creat-2.0, Urea-59, Na-139, K-4.0, SUA-5.3 RT-PCR SARS CoV-2RNA (06-05-21): Negative The blood reports of the patient showed improvement and it was necessary to bring down the creatinine even further. The patient had already taken 0/1 potency for 17 days, it was decided to continue with next potency. Therefore, <i>Phosphorus</i> 0/2 was given. ^[5]	<i>Phosphorus</i> Q2. Continued 5 drops once every hour.
16-05-21	All symptoms were nearly normal. SpO2 now was 96 but reached 98 at times.	Since the patient showed signs of further improvement, the same medicine and potency was continued. ^[5]	<i>Phosphorus</i> Q2. Continued 5 drops once every hour.
22-05-21	The patient reported on phone that all his COVID symptoms were normal and his SpO2 was around 98 – 99 throughout the day	Since he wanted to continue treatment for albuminuria, raised creatinine, <i>Phosphorus</i> was continued and patient was advised to get his liver enzymes rechecked. He was advised to get creatinine and urinary albumin rechecked time to time. ^[5]	<i>Phosphorus</i> Q1. Continued 5 drops once every hour.



0522- 3582071, 8318462292
 B-12, Sector- E, Puraniya, Aliganj, Lucknow-226024
 helixdiagnosticlabs@gmail.com

Patient Name Mr. Anil Kumar Singh	Reg.No. 2104190006
Ref. By SELF	Registered. 19/04/2021 19:38:19
Age/Sex 65 Yrs. Male	Reported. 21/04/2021 02:59:30

SEROLOGY

Test Name	Result	Unit	Normal Value
CRP (QUANTITATIVE) Immunoturbidimetry	24.2 H	mg/l	0 - 10

Interpretation:
C-Reactive protein is useful in rheumatic fever Rheumatoid Arthritis CRP supports Differential Diagnosis of Appendicitis and acute pelvic inflammatory agents. CRP is helpful in evaluation of extension or reinfracture after myocardial infarction. CRP is high in Crohn's Disease.



0522- 3582071, 8318462292
 B-12, Sector- E, Puraniya, Aliganj, Lucknow-22602
 helixdiagnosticlabs@gmail.com

Patient Name ~~XXXXXXXXXXXX~~
 Ref. By SELF
 Age/Sex 65 Yrs. Male

Reg.No. 2104190006
 Registered. 19/04/202119:38:19
 Reported. 21/04/202102:59:30

BIOCHEMISTRY

Test Name	Result	Unit	Normal Value
<u>KFT 2 (KIDNEY FUNCTION TEST 2)</u>			
SERUM UREA <small>UV-GLDH KINETIC</small>	79.2	H mg/dl	10 - 45
SERUM CREATININE <small>MODIFIED JAFFES</small>	3.0	H mg/dl	0.7 - 1.2
SERUM URIC ACID <small>Uricase</small>	9.8	H mg/dl	3.2 - 7.0
SODIUM <small>ISE</small>	149.0	H m mol/L	135 - 148
POTASSIUM <small>ISE</small>	4.17	m mol/L	3.5 - 5.3
CHLORIDE <small>MTC</small>	109.6	H MEq/L	98 - 109

**** End Of Report ****



0522- 3582071, 8318462292
 B-12, Sector- E, Puraniya, Aliganj, Lucknow-22602
 helixdiagnosticlabs@gmail.com

Patient Name ~~XXXXXXXXXXXX~~
 Ref. By SELF
 Age/Sex 65 Yrs. Male

Reg.No. 2104190006
 Registered. 19/04/202119:38:19
 Reported. 21/04/202102:59:30

LFT 2 (LIVER FUNCTION TEST 2)

Test Name	Result	Unit	Normal Value
BILIRUBIN TOTAL <small>Jendrassik & Grof</small>	0.58	mg/dl	0 - 1.0
BILIRUBIN (DIRECT) <small>Jendrassik & Grof</small>	0.20	mg/dl	0 - 0.30
BILIRUBIN (INDIRECT) <small>Jendrassik & Grof</small>	0.38	mg/dl	0 - 0.7
SGOT/Aspartate Aminotransferase <small>IFCC Method</small>	89.9	H IU/L	0 - 55
SGPT / Alanine Aminotransferase <small>IFCC Without P5P</small>	78.4	H IU/L	0 - 49
ALKALINE PHOSPHATASE <small>p-NPP Method</small>	217.2	IU/L	100-3/6 250-770 Children (3-15 Yrs)
TOTAL PROTEIN <small>Biruet</small>	6.5	gm/dl	6.2 - 8.5
ALBUMIN <small>B.C.G</small>	3.4	gm/dl	3.2 - 5.5
LDH (Lactate Dehydrogenase) <small>Kinetic</small>	728.4	H U/L	230 - 460

**** End Of Report ****

Phone : 0522-3582071, 8318462292

NHIRW FON
1 minute ago

Satyam Diagnostic Centre
292/11, Tuls Das Marg, Opp. Netaji Subhash Chandra Bose Complex
Chowk, Lucknow-226 003, Uttar Pradesh, India

Patient Name	MP. ASHOK KUMAR	Patient ID	24211054
Sex / Age	M/65Y	Report Date/Time	21-04-2021 11:47:11
Modality	CT	Ref. Phys.	DR. R.A KHAN(KALU)

HRCT THORAX

TECHNIQUE: Plain HRCT of lungs was done.

OBSERVATION:
Multiple focal patchy Consolidation with surrounding ground glass density extending in sub pleural spaces involving bilateral upper ,right middle ,left lingual and bilateral lower lobe
CT severity score is 8/25

Right upper lobe – 2/5	Left Upper Lobe – 2/5
Right middle lobe – 2/5	Left Lower Lobe – 1/5
Right lower lobe – 1/5	

There is no definite evidence of architectural distortion seen in both lung fields.
There is no evidence of interlobular septal thickening seen in both lungs.
No evidence of bronchiectasis seen.
Trachea and both main bronchi appear normal. No mural or luminal lesion seen.
Mediastinal fat planes are well maintained. No mass or lymphnode enlargement is seen.
Unenhanced aorta, SVC and other major mediastinal vessels appear normal.
Unenhanced cardiac shadow is well visualised.

IMPRESSION:
FINDINGS ARE IN FAVOR OF VIRAL ETIOLOGY LIKELY COVID WITH CO RAD 5 HIGHLY SUSPICIOUS FOR COVID (EXTENSION OF DISEASE 35%, SEVERITY INDEX MODERATE).

CO-RADS*		
	CHANCE OF COVID-19	CT FINDINGS
CO-RADS 1	Highly unlikely	Normal or non-infectious abnormalities
CO-RADS 2	Unlikely	Abnormalities consistent with infections other than COVID-19
CO-RADS 3	Equivocal	Unclear whether COVID-19 is present
CO-RADS 4	Probable	Abnormalities suspicious for COVID-19
CO-RADS 5	Highly likely	Typical COVID-19
CO-RADS 6	PCR proven	

AD:- Kindly Review with clinical findings.

Rattan Paul
Dr. RATTAN PAUL
MD (Radio diagnosis)

0522- 3582071, 8318462292

B-12, Sector- E, Puraniya, Aliganj, Lucknow-226

helixdiagnosticlabs@gmail.com

Patient Name	Reg.No. 2104190006
Ref. By SELF	Registered. 19/04/202119:38:19
Age/Sex 65 Yrs. Male	Reported. 21/04/202102:59:30

IMMUNOLOGY

Test Name	Result	Unit	Normal Value
D-DIMER Enzyme Linked Fluorescence Assay	11,320	ng/ml	Age < 50 yrs : < 500 Age > 50 yrs : Age X 10
IL-6(INTELEUKIN-6)	48.2	pg/ml	< 7.0

Interpretation
D-Dimer is a quantitative test for determination of fibrin degradation products (FbDP) in human plasma (sodium citrate). D-Dimer is indicated for use in conjunction with a clinical pretest probability assessment model to **exclude deep vein thrombosis (DVT) and pulmonary embolism (PE)** disease in outpatients suspected of DVT or PE. **Age adjusted D-dimer cut off increases exclusion while maintaining safety.**

Interpretation:



ACCU PATH

BECAUSE WE CARE

FOR HOME COLLECTION
 + 91 - 9506391980, 9140702638, 902

(TEST REPORT)

Patient Name : ████████████████████ Ref. By : ████████████████████ Age/Sex : 68 YEARS/MALE Sample No : 10007885	UID : 012105060006 Registered : 06/05/2021 05:42PM Collection : 06/05/2021 05:44PM Reported : 07/05/2021 12:06PM
--	---

TEST NAME	RESULTS	UNITS	BIO.REF. RANGE
BIOCHEMISTRY			
Primary Sample Type: Serum			
KIDNEY FUNCTION TEST (KFT)			
Serum Creatinine <small>(Method: Enzymatic)</small>	H 2.00	mg/dL	0.6 - 1.4
Serum Urea <small>(GLDH UV-Kinetic at 37 C)</small>	H 59.0	mg/dL	20 - 40
Blood Urea Nitrogen <small>(Method:GLDH UV-Kinetic at 37C)</small>	H 28	mg/dL	7-21
Serum Uric Acid <small>(Method: Uricase-Pod)</small>	5.3	mg /dl	3.4 - 7
Serum Sodium <small>(Method: Ion Selective Electrode)</small>	139	mEq/L	136-145
Serum Potassium <small>(Method: Ion Selective Electrode)</small>	4.00	mEq/L	3.50 - 5.00
Serum Chloride <small>(Method: ISE Direct)</small>	97	m Eq/L	96 - 106



DR. DIVYA SINGH
 MD MICROBIOLOGY
(Gold Medalist, KGMU)

DR. VIJAY SOREN
 (M.D PATHOLOGY, KGMU)



Patient Name : ████████████████████ Ref. By : Self Age/Sex : 68 YEARS/MALE Sample No : 10017093	UID : 012105060173 Registered : 06/05/2021 06:23PM Collection : 06/05/2021 06:35PM Reported : 06/05/2021 11:55PM
--	---

TEST NAME	RESULTS	UNITS	BIO.REF. RANGE
MOLECULAR PATHOLOGY(PCR LAB)			
Primary Sample Type: Naso-otopharyngeal Swab			
RT-PCR SARS CoV-2 RNA			
COVID -19 RNA	NEGATIVE		
Gene (CT Value)			
E	UNDETERMINED		
RdRp + N	UNDETERMINED		

Interpretation

Observation

General management

The patients was advised breathing exercises and to lie in prone position. He was asked to take light but nutritious food. All cold food, cold drinks, sour, oily and spicy food were restricted. Zinc and vitamic C tablets were asked to be continued. He was advised intermittent oxygen intubation whenever SpO₂ level dropped below 92 or patient had any difficulty.

He was asked to continue his previous medication he was taking for hypertension and diabetes.

He was regularly counselled on phone to maintain positivity as many of his friends of his age group had died.

Conclusion

The global death rate of COVID is 3.9% but the pandemic has assumed Frankenstein proportions as no country in the world was prepared to accommodate so many patients at the same time.

Just as this case, homoeopathy offers ray of hope to almost all stages of patients of COVID-19. It has been found to be extremely useful in prevention of COVID, in the initial

stages of disease where there are mild symptoms, in the later stages where there are breathing troubles such as this one, in cases which are critical and hospitalized and those having post-covid illnesses.

We need more cases being treated by homoeopaths to be documented and published so that homoeopathy can be established as first line of treatment rather than alternate or complementary. The burden of healthcare on the hospitals of modern medicine, especially in these times, can definitely be reduced by timely intervention of homoeopathy.

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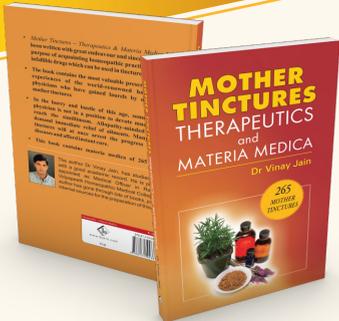
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MOTHER TINCTURES

THERAPEUTICS AND MATERIA MEDICA

BY DR. VINAY JAIN



- In the hurry and bustle of this age, sometimes the physician is not in a position to devote much time to reach the similimum. Allopathy-minded patients demand immediate relief of ailments and in those conditions mother tincture will save the day. Many mother tinctures will at once arrest the progress of many diseases and afford instant cure.
- This book has been written with great endeavor and sincerity to acquaint homeopathic practitioners with infallible drugs which can be used in tincture form.
- It contains materia medica of 265 mother tinctures.
- It also offers the most valuable prescriptions and experiences of the world-renowned homeopathic physicians who have gained laurels by dint of using these mother tinctures.
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Homoeopathic solution to the problem of lactation in mothers during breastfeeding

By Dr Neha Sahu

Abstract: Breastfeeding is the one of the most important step for the developmental of new born.^[1] It not only provides initial immunity to the new born but also prevents mother from serious health issues. Nowadays, many mothers faces problems related to decrease in milk secretion. Introducing homoeopathy to these mothers can help in many to overcome these problems which comes during breastfeeding.

Keywords: Lactation, breastfeeding, homoeopathy, immunoglobulin (IgA), white blood cells.

Abbreviations: immunoglobulin (Ig).

Introduction

Lactation describes the secretion of milk from the mammary glands and the period of time that a mother lactates to feed her young. The process naturally occurs with all post-pregnancy female mammals. In humans the process of feeding milk is also called breastfeeding or nursing.^[2]

Breast milk is thought to be the best form of nutrition for neonates and infants.^[1] Breast milk provides ideal nutrition for infants with vitamins, proteins, and fats that are more easily digested than formula. This dynamic fluid provides a diverse array of bioactive substances to the developing infant during critical periods of brain, immune, and gut development.^[2]

It contains antibodies that help babies to fight off viruses and bacteria. It provides immunoglobulin (IgA), white blood cells, whey protein (lysozyme and lactoferritin), and oligosaccharides. Breastfeeding helps to minimise the risk of asthma, allergies, ear infections, respiratory illness, bouts of diarrhea, and the risk of diabetes and obesity to baby.^[3]

Milk production is regulated by the maternal hypothalamus and pituitary gland-derived hormones. Oxytocin and prolactin are the main

hormones that play the role of milk production and the resulting letting down reflex.^[3]

WHO recommends breast feeding for the first 2 years and exclusive breast feeding for first six months.^[4]

Even though breast feeding is a natural process, many mothers feel different difficulties during breastfeeding like low milk supply, too much supply and other issues with lactation^[1].

Probable causes

One of the causes of difficulty during lactation is decreased formation of milk due to the failure of mammary glands to develop fully.^[2]

Another cause is inhibition in milk let down reflex due to the hormonal or psychological cause such as first-time pregnancies in young women, produce anxiety or nervousness which may restrict the mother from being relaxed enough during the process of breastfeeding and phases difficulty in allowing newborn to suckle. In such highly stressed female, adrenalin is secreted which interferes with the hormone oxytocin, which enhances milk let-down.^[2]

Homoeopathic remedies can be particularly helpful for the most common breastfeeding problems arising

due to any psychological or hormonal causes as homoeopathy treats the patient as a whole. The homoeopathic medicines are fast acting and completely safe for the baby and mother without any adverse effects.

Diagnosis

- Breast examination should be done to note any discolouration, swelling or pain or cracks in the nipples.
- A proper case taking should be done.

Homoeopathic remedies

Here are the following few important homoeopathic remedies which are helpful in solving the problems during lactation and breastfeeding .

1. *Agnus castus* - *Agalactia*, with sadness. Deficient secretion of milk in lying-in women. Deficient or suppression of milk in nursing women.^[5]
2. *Asafoetida* - *Mammae turgid* with milk in the unimpregnated. *Deficient milk*, with oversensitiveness.^{[7][6]}
3. *Calcarea carbonica* - Deficient lactation, with distended breasts in lymphatic women^[5].
4. *Lac caninum* - Helps to

dry up milk. Sinking at epigastrium. Galactorrhoea. Loss of milk while nursing, without any known cause. Palpitation violent when lying on left side > turning on right. Dries up the milk when nursing.^{[6][7]}

5. *Lac vaccinum defloratum* - Has never failed to bring back the milk in from twelve to twenty four hours. Diminished secretion of milk.^[7]
6. *Lecithinum* - Excellent galactagogue, it renders milk more nourishing and increases quantity of milk . It increases the number of red corpuscles and amount of hemoglobin.^[7]
7. *Phytolacca decandra* - Can be used in mastitis for sore, cracked nipples, which hurt when the baby nurses. Nipples cracked and excoriated; intense suffering on putting child to breast; pains radiate from nipple all over body. It is also useful for breast infections (mastitis) where there are painful lumps in the breast.^{[5][7]}
8. *Pulsatilla nigricans* - She is depressed and tearful. She may weep while breastfeeding and needs a lot of support and company. Used if you are over producing milk. Also used for a milk supply that is erratic, meaning that is good, then it is low, then it is adequate again. Often the mother feels very weepy, wants to have lots of reassurance and company. Swelling of breasts, with tensive pain as if the milk rushed into them and caused pressure, while nursing. Scanty supply of milk. Affections of nipples. Weeps every time child is put to breast; pain extends into chest, neck, or down back, changes from place to place. Milk suddenly suppressed,

lochia becomes milky white. Galactorrhoea esp. in women who do not nurse their children. After weaning, breasts swell.^{[5][7]}

9. *Ricinus communis*(Castor oil) –it is useful in cases of non-appearance of milk or to increase quantity of breast milk. It also increases the flow in nursing women . Castor oil should never be given to prepare a woman for labor, nor for constipation in pregnancy at any time. Brings milk in breasts of virgins and women who have not suckled for years.^{[5][7]}
10. *Secale cornutum* – It is very beneficial in cases of suppression of milk; and also when breasts do not fill properly.^[7]
11. *Urtica urens* - Diminished secretion of milk. Arrests flow of milk after weaning. Excessive swelling of breasts.^{[5][7]}
12. *Zincum metallicum* - Suppressed secretion of milk.^[7]

Conclusion

In the present modern life style, lactation problems often encountered by doctors in women after delivery, so by finding simillimum with the above mentioned remedies in materia medica based on the totality of symptoms , homoeopathy can help women in a natural way and without any side-effects to mother and the newborn .

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Chronic anal fissures with sentinel pile – a case report

By Dr Shweta B. Nanjannavar, Dr Susmi S. Kunju

Abstract:

Aim: Anal fissure is most painful and dreadful feeling of agony which adversely affects the quality of life of people of any age group with stressful life style, with relapses in conventional treatment strategies. It was intended to evaluate role of individualised homoeopathic treatment in anal fissures.

Methods: Present case is a female patient presenting with intense pain and bleeding from the anus from last one month. She was diagnosed as anal fissure with sentinel pile based on history and physical examinations. Constitutional treatment was given following proper homoeopathic principles and regular follow ups done in suitable intervals.

Result: A marked improvement was observed during various visits with progressive change in the condition assessed by the presentation and changes in VAS scale during the course of treatment.

Conclusion: This case report suggested that homoeopathy can provide an effective, safe and non-surgical treatment for Anal fissures without any relapse improving the quality of life of the patient.

Keywords: anal fissures, constipation, sentinel pile.

Abbreviations: quality of life [QOL], visual analogue scale[VAS], patient [pt], placebo [pl].

Introduction

“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds”. Anal fissure is an elongated ulcer in the long axis of the lower anal region.^[1] It is one of the very common annoying condition seen, which heals off easily and remains unnoticed in most of the cases, yet require a serious intervention due to the immense pain it causes during defecation, which also alters the emotional balance of the person affecting the QOL. It also poses a great difficulty in carrying out day today activities, hence being one of the major causes of perianal pains.

Constipation, which is an unsaid neglected reality in majority of the people is one of the major causes which remains as an accessory symptom throughout their life. Constipation has different concepts in various mind. For some, it simply

means undesirable passage of stools whereas in some people, it is one of the most dreadful feeling of agony due to straining. It has been proved that constipation is the primary and sole cause of initiation of anal fissure.

Other causes are:

- Passage of hard stool
- Faulty bowel habits and lack of local hygiene
- In females, it is usually triggered during pregnancy followed by childbirth.
- Inflammatory bowel disease- colitis or crohn’s disease, venereal infections^{[1][2]}

The annual incidence of anal fissures based on a recent study was 0.11%.^[3] On the basis of another study conducted in south India (Bangalore) in a hospital setting, showed the prevalence between the age group of 15-40years as 15.14%. The prevalence is higher in Females than in males.^[4]

ICD classification of anal fissure-2020 ICD-10-CM diagnosis code K60.2^[5]

The pathophysiology of anal fissures is not entirely clear. It is probable that an acute injury leads to local pain and spasm of the internal anal sphincter. This spasm and the resulting high resting anal sphincter pressure leads to reduced blood flow and ischemia, which results in poor healing. Unless this cycle is broken, the fissure will continue to persist.^[6]

Clinical presentation

The primary symptom of anal fissures is burning pain during and following the bowel movements with great spasm of the anal sphincter muscle. The pain can be so severe that patient might be unwilling to have a bowel movement, resulting in constipation and even faecal impaction. Bleeding in small amounts which consists of blood streaks in the stools and a slight discharge may also occur

in fully established cases.^{[1][2]} Bleeding per rectum where in stools are Slimy, bloody with musty, mouldy smell. Nausea and gagging before stools with prostration.^[7]

Diagnosis

Wide, raised edges, Skin-tags (sentinel pile) at the distal end of the fissure. Hypertrophied anal papillae at the fissure's proximal end.

Digital rectal examination is done in case if the diagnosis is uncertain or to exclude a suspected underlying pathology. Because of the intense pain it causes, digital examination of the anal canal is not advised unless:

- The fissure cannot be seen
- The clinical findings are not clear or if the symptoms persist even after adequate treatment

In early cases, the edges of the fissures are impalpable, but in fully established cases a characteristic crater which feels like a vertical button-hole can be palpated.^{[1][6]}

Conservative Management

- Increased dietary fibre intake
- Drink plenty of fluids.
- Warm bathing of the perineum (sitz bath)^{[1][6]}

Case history

A 60 yr old female patient attended outpatient department of A.M

Shaikh Homoeopathic medical college, Belagavi with complaints of pain and tenderness in the anal region along with bleeding per rectum since a month. Pt has a frank dark red bleeding of few drops after stools with streaks of blood along with the stools. Burning sensation in the anus for 2-3 hours after stools. Pain in anus aggravated after passing stools and ameliorated by cold application. Pt gives a past history of chronic constipation with unsatisfactory stools since her second pregnancy and would on and off complain of anal fissure for which she was under conventional mode of treatment for the same with advice for sphincterectomy. She had the history of complaints started since her second pregnancy and since then on and off complaints of constipation with burning per anus.

Mental sphere: Pt was working as Headmaster at a Primary Govt School and now retired. she always preferred the surroundings to be very neat and tidy at school as well as at home. Would burst in anger if things are not in place. She wanted everyone to follow her orders at school as well as at home, if disobedient, she would burst in anger and shout on students at school and her children at home.

General features

Functional:

- Appetite-good
- Thirst-normal

- Desire-sweets
- Sleep-good

Elimination:

- Stool-unsatisfactory once/day
- Urine-no burning, normal
- Sweat-normal, generalised

Thermal reaction-ambithermal

Physical findings and general examination:

- Anaemia-No pallor
- Jaundice-Non-icteric
- Pulse-76/minute
- Blood pressure-120/70mm Hg

On examination findings: on inspection, hypertrophied raised edges, Skin-tag (sentinel pile) was seen in anal mucosa with fissures

Digital examination was not done as she had intense pain.

Prescriptive totality

- Burning pain in the anal region after stools
- Burning pain in the anal region ameliorated by cold application
- Constipation with unsatisfactory stools
- Bleeding per anus after stools with constipation
- Constipation during pregnancy
- Fissures during pregnancy
- Domineering
- Fastidious
- Desire for sweets

Analysis and evaluation of symptoms

CHARACTERISTIC MENTAL GENERALS	<ul style="list-style-type: none"> • Fastidious • Domineering
CHARACTERISTIC PHYSICAL GENERALS	<ul style="list-style-type: none"> • Desire for sweets
CHARACTERISTIC PARTICULARS	<ul style="list-style-type: none"> • Burning pain in the anal region after stools • Constipation with unsatisfactory stools. Bleeding per anus with stools • Fissures with intense pain

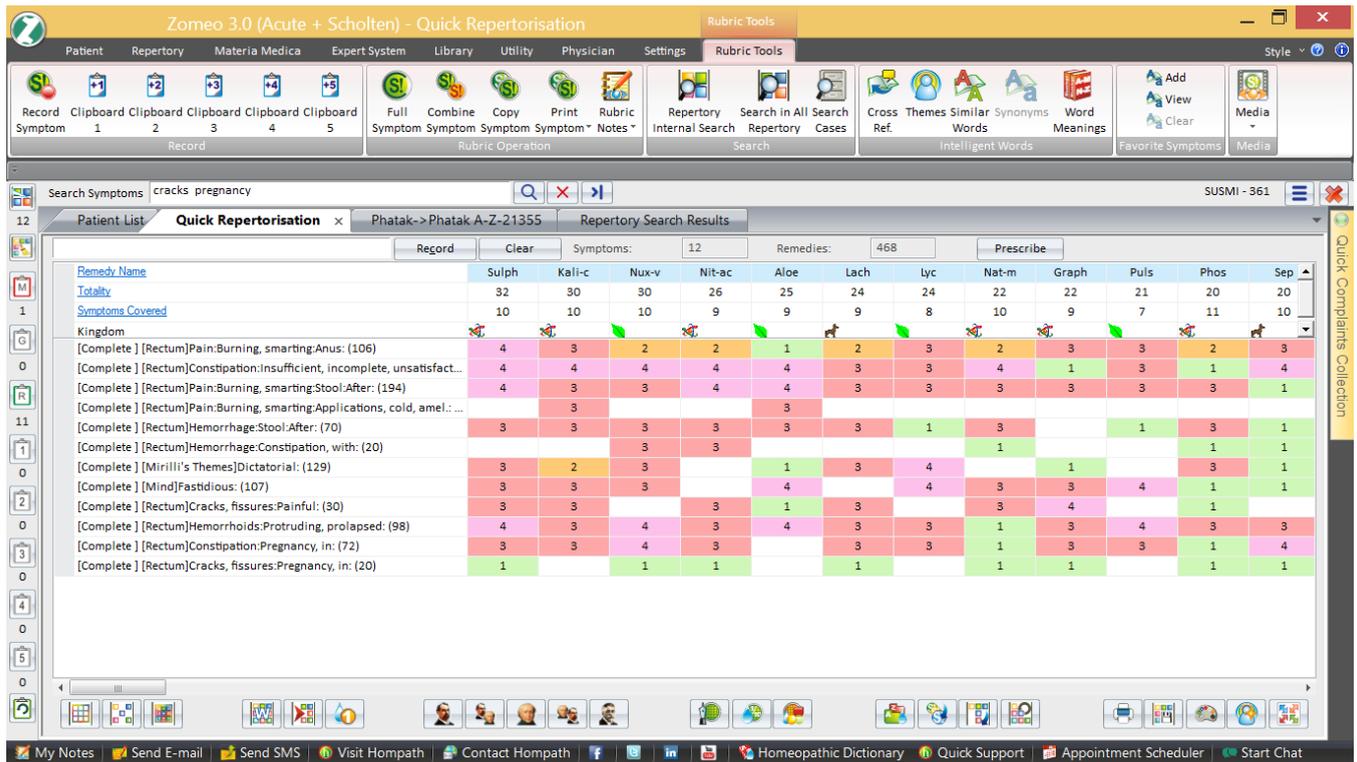
MIASMATIC ANALYSIS OF THE CASE

Miasmatic analysis of the case was done with the help of *Miasmatic Repertory* by Dr R P Patel.

Psora is the predominant miasm in this case justifying changes at the functional area with syphilis being the next miasm with bleeding diathesis.^{[8][9]}

Remedy justification and differential remedial analysis

Homopath Zomoeo 3.0 was used in repertorising the case.^[10]The



remedies *Sulphur* and *Kalium carbonicum* covered the maximum symptoms with mental, physical and qualifying particular symptoms of the case. **Anal fissures that started during pregnancy was the key indicator of the case.** *Kalium carbonicum* was justified with *Knerr's repertory* under section **Pregnancy, Parturition, lactation-Postpartum Haemorrhoids, fissures-** *Kalium carbonicum* (3)^[11], which was later confirmed with *Hering's Materia Medica*.^[12]Though *Sulphur* was in close scoring with *Kalium carbonicum*

under repertorisation but was not covering the key indicating feature of the case.

Prescription

The patient was prescribed *Kalium carbonicum* 200 3 doses once a day, with placebo for 2 weeks. She was advised to stay hydrated and have a good fibre diet. Since the patient had a severe pain in the anus with bleeding, she was asked to review back within a week if she had any aggravation. She belonged

to sedentary lifestyle with only functional changes, no deep-seated pathology was appreciated in the history and on examination, hence 200 moderate potency was selected at an interval of 15 days. The repetition of doses was done considering the acute state of the disease as explained in aphorism 248. Pain in anus was so severe and sensitive that it was hindering the QOL of the patient. But after the third repetition, the patient was totally free from pain.^[13]

Treatment

Follow up with applicability of VAS scale

Date	Observations	VAS score	Remedy
2/11/2020	Frank dark bleeding during and after stools with streaks of blood with stools. Pain and burning present	8	<i>Kalium carbonicum</i> 200

	Pain< sitting, doing yoga and eating sweets On examination-swelling and redness of the anal mucosa with Sentinel pile. Constipated bowel with bleeding		
17/11/2020	Burning and pain during stools-60 % better Pt says bleeding was better but only since past 2 days again started as she had change food-spicy Fissures in the anal mucosa are better Stools-Regular and normal	4	<i>Kalium carbonicum</i> 200 (4-0-0)/4days PI for 1 week (4-0-4)
25/11/2020	Burning sensation and pain after defecation is relieved. No bleeding even in streaks while passing stools. On examination-Sentinel pile persisted but swelling at the anal mucosa reduced. Stools- Regular and normal Pt. says her complaints are better by 85%	2	<i>Kalium carbonicum</i> 200 PI for 1 month (4-0-4)

Discussion

The mode of treatment adopted by the conventional medicine for anal fissures with sentinel pile according to the recent studies is surgical sphincterectomy, which is effective in healing anal fissures but later develops fecal incontinence in the patient. Various other methods like glyceryl trinitrate ointment, botulinum injection, anal dilatation, cauterisation are also used but they lead to further problems like headaches, flatus and fecal incontinence and also relapse of the complaints^[14]. The current case justifies the efficacy of homoeopathy by considering man as a whole, with a blend of both mental and physical generals considered under the prescriptive totality. Here VAS scale is used to assess the improvement in the patient at every follow-up.^[15] Photographs for assessment of improvement of fissures with sentinel pile were not taken due to patient modesty and denial. The key feature of the case was complaints of anal fissures started since pregnancy which disturbed QOL of patient since many years and was always palliated by conventional therapy. As homoeopaths we believe that our tenets are based upon the law of

nature and that we are the possessors of the only positive system of cure in existence.^[16]

Conclusion

The present case study reviews the most common anorectal disorder, anal fissure with sentinel pile using VAS scale for outcome assessment which is the optimal tool for describing pain severity or intensity. Anal fissure is one of the very frequent and painful proctologic diseases. Even though anal fissure is not a major life-threatening disease, yet the unbearable pain in anus, affects the QOL, hence homoeopathy offers the safe, rigour, effective and permanent treatment, for such cases.

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Dermoid cyst of ovary treated with homoeopathy: a case report

By Dr Purnima Suri, Dr Kundan Kant Chandra

Abstract: Dermoid cyst of ovary is a benign mature teratoma and a common primary neoplasm of ovary. Although, it is a slow-growing tumor and most of the patients are asymptomatic, it needs active attention because torsion, rupture and spillage of contents or malignant transformation may occur. Surgical modalities are the standard line of treatment in such cases. Homoeopathy provides a safe, prompt and effective management strictly based on individualization. A case of dermoid cyst of ovary sized 5.4x4.7 cm of a 37 years old female patient has been mentioned below which was treated successfully with homoeopathy. After thorough case taking and repertorization, an individualised homoeopathic medicine brought a rapid and significant improvement. Ultrasonography report was taken as standard document to compare the efficacy of treatment.

Keywords: dermoid cyst of ovary, homoeopathy, *Sulphur*, case report

Abbreviations: bd – twice daily (bis a die), outdoor patient department (OPD), ultrasonography (USG)

Introduction

Dermoid cyst develops anywhere in the mid line of the body where embryonic fusion take place like at outer angle of the orbit, behind the pinna, below the tongue, ovary etc.^[1] Dermoid cysts of ovary are usually unilocular and generally grows about 15 cm in diameter. They are benign cyst teratoma or mature cyst which is a type of germ cell tumors. It may contain sebaceous material and hair.^[2] They are also termed as benign mature teratomas, the most common primary ovarian neoplasm. It is more prevalent in 20 to 40 years of age group. Most patients with dermoids are asymptomatic and these are very slow growing cysts, but chance of torsion of ovary, rupture and peritonitis, spillage of contents, bowel obstruction or malignant changes scare.^[3] Ultrasound is frequently used and highly effective modality for the diagnosis of a dermoid cyst.^[4] The laparoscopic approach is considered to be the gold standard for the management.^[5]

Homoeopathic aspect: There are plenty of articles mention successful treatments of ovarian cyst by homoeopathy, but rarely any article is available on treatment of dermoid cyst particularly.

Case study

A 37 year-old married hindu female attended outdoor patient department (OPD) with the following complaints:

- Scanty menstruation which was persisting for 2 days only since 6 months.
- Backache especially of lower part which were constant but increases during menses

History of present complaints: She was taking treatment by an allopathic (private) practitioner since two months for her menstrual abnormalities and backache. Ultrasound of whole abdomen on 22.08.2020 revealed that there was “a dermoid cyst in left ovary measuring 5.4x4.7 cm in size”. (USG1). Although patient felt some symptomatic improvement in her backache by allopathic medicines

but she was afraid of surgery. She approached Homoeopathic OPD in order to get a second opinion and in hope of painless recovery by homoeopathy.

Past history: Nothing specific

Family history: Father was suffering with hypertension, Mother had gastritis.

Personal history: Patient was a home-maker and mother of two children. Her appetite was good and has strong desire for sweets; thirst was adequate; bowel movement was regular and but has urgency for stool in morning since few months. Stool is of thick consistency. Urine was normal, there was no burning or pain; scanty sweat mainly in axilla without any strong smell or stain. Her sleep was sound and refreshing. Thermal reaction of patient was hot. She was very religious lady and less interested to talk with anyone and anxious about her health.

Mental generals: Religious, don't want to talk with anyone

Physical generals: Low back pain which < menses during

Menstrual history: Scanty flow and



short duration only for two days since 6 months but regular.

Analysis of the case: The case was thoroughly analysed and the characteristic mental generals and physical

generals were assembled for evaluation and finally totality was framed for repertorisation.

Table 1: Contains evaluation of symptoms, totality of symptoms, and miasmatic analysis of symptoms

Evaluation of symptoms:	Totality of symptoms:	Miasmatic analysis of symptoms: ^[6]
Mental general	religious	religious – psora
Religious	taciturn	taciturn – syphilitic
Taciturn	scanty menses	scanty menses - psora
Anxiety for health	short duration	short duration of menses - psora
Physical general	low back pain < menses during	desire sweets - psora
Scanty menses	desire sweets	low back pain < menses during pseudo – psora
Short duration of menses	morning urgency for closet	morning urgency for closet – psora
Desire sweets		
Low back pain < menses during		
Urgency for closet		
Thermal reaction- hot		

Repertorial analysis: Case was repertorised by *Synthesis Repertory*^[7] using RADAR 10.0 software.^[8] Medicine which came out with highest mark was *Sulphur* followed by *Pulsatilla nigricans*, *Lycopodium clavatum*, *Graphites* and *Lachesis mutus*. After proper consultation from materia medica book^[9], and miasmatic analysis; *Sulphur* was prescribed. (Appendix)

Timeline and follow-up. (Table-2)

Discussion: Patient responded well to the homoeopathic treatment and very soon sign of improvement was marked. Morning urgency for stool improved first followed by some relief in backache. Medicine was given in high potency as it distinctly covered many symptoms (both mental and physical) and seemed to be simillimum. After a considerable period of wait and watch, potency of medicine was raised because low back pain during menses was still persisting. When patient felt complete relief in her problems for

which she had approached to OPD first time, i.e, scanty menses, backache and morning urgency, it was decided to review the case from specialist at higher centre for proper guidance in further treatment because medical literature mentions that dermoid cyst of ovary may be asymptomatic. So, patient consulted at Dr. RML Hospital where ultrasonologist found “no significant abnormality”. Thus, homoeopathic treatment provided her an economical and painless cure not only for dermoid cyst but other problems with a single medicine. This case of dermoid cyst of ovary is considered to report because a decisive role of homoeopathy is seen here for effective, painless and rapid management of case.

Conclusion

- This case shows that dermoid cyst of ovary can be treated successfully by homoeopathic treatment.

- It reconfirms the homoeopathic principle of cure on the basis of individualisation and holistic approach.

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Conflict of interest:

None declared.

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Table 2

Follow-up date	Indications for prescription	Medicine with doses
September 7, 2020	First prescription (USG 1)	Sulphur 1000/1 dose (on tongue) followed by placebo for 15 days x bd
September 23, 2020	Morning urgency was better, patient had no more hurry for closet in morning and back pain was slight better.	Placebo for 15 days x bd
October 10, 2020	Back pain before menses was much relieved this time, menses stayed for 3 days and flow was better than before (LMP on 28 th September) and morning urgency was completely gone.	Placebo for 15 days x bd
October 27, 2020	No more improvement than last time in back pain, (LMP on 24 th October, stayed for 3 days)	Placebo for 15 days x bd
November 27, 2020	Conditions seemed stand-still.	Sulphur 10M/1 dose (on tongue) followed by placebo for 15 days x bd
December 14, 2020	Back pain was much better this time. No new symptom was marked.	Placebo for 15 days x bd
January 4, 2021	Patient was much better. No morning urgency now, no more back pain which was regular earlier and back pain was much improved before menses.	Placebo for 30 days x bd
February 9, 2021	Patient was completely alright symptomatically and she was advised to consult to a specialist at higher centre then report.	Placebo for 30 days x bd
March 5, 2021	Patient was good in every aspect. Her USG report done at Dr. RML Hospital shows “no significant abnormality” (USG 2)	Placebo for 15 days x bd

About the author

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NCT of Delhi



Reports before



DR. MADHU MRI PATH LAB.

HELP LINE NO.: 011-4759 0000, 2741 9460, 92051 99071, 98110 84727

Reg. Date/Time: 27/08/2020 11:33:12

Patient ID : 102010100	Husband/ Fathers Name :
Patient Name : Mrs. USHA	Reported On : 22/08/2020 13:19:27
Age / Sex : 37 Yrs Female	
Ref. By : PUBLIC PATH LAB	

USG ABDOMEN

Liver is normal in size and shows normal echotexture. Hepatic vasculature and intrahepatic biliary radicles are normal.

Gall bladder is normal in size and with normal wall thickness. No calculus is seen in GB. No pericholecystic collection is seen.

Common Bile Duct and Portal Vein are normal.
Pancreas is normal in size and echotexture.
Para-aortic region is normal.

Right kidney is normal in size, shape, outline and parenchymal echotexture. Right pelvicalyceal system appears normal. No calculus or space occupying lesion seen in right kidney.

Left kidney is normal in size, shape, outline and parenchymal echotexture. Left pelvicalyceal system appears normal. No calculus or space occupying lesion seen in left kidney.

Spleen is normal in size and echotexture.

Urinary bladder is normal in shape, outline and volume. No calculus is seen.
Uterus is anteverted normal in size and shows normal echotexture.
Endometrial Thickness : 8.4mm.

→ **Dermoid cyst seen in left ovary measuring ~5.4x4.7cm in size.**
Both ovaries are normal in size and normal echotexture. No mass lesion is seen.
Right ovary measures 10.8x4.6cm.
Left ovary measures 11.2x5.5cm.
No free fluid seen in Pouch of Douglas.

Please correlate clinically.


DR. MADHU AGARWAL
 MD Radiology
 Consultant Radiologist

DR. DIVYA GOEL
 MBBS, MD (Radiodiagnosis)
 Consultant Radiologist

DR. DEEPAK TOMAR
 MBBS, MD (Radiodiagnosis)
 Consultant Radiologist

Reports after

डॉ० राम मनोहर लोहिया अस्पताल
(चिकित्सा विभाग)

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्सरे/अल्ट्रासाउंड की जांच के लिए मांग-पत्र
X-RAY/ULTRASOUND REQUISITION

युनिट का नाम Name of Unit	मरीज Date	नाम Name
मरीज का नाम Name of Patient	आयु/लिंग Age/Sex	भेजे वाले डॉ० का नाम Referred by
के.एस.सी. कार्ड नं. C.G.H.S. Card No.	वार्ड/पी.डी. Ward/P.D.	रिपोर्ट नं. Report No.
ब्रीफ क्लिनिकल नोट्स Brief Clinical Notes	बिस्तर नं. Bed No.	दिनांक Date

अभिलेखित जांच
Examination Required

अस्थायी निदान
Provisional Diagnosis

Signature of Clinicians

03/08/24 US & W/A

एक्सरे/अल्ट्रासाउंड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Liver → (N) in size, shape & echotexture. No SOL/HTBKD.

GB - distended, lumen echogenic.

CB/PU → (N) calcified.

Spleen → (N) in size, shape & echotexture.

RT - distended, lumen echogenic.

UTERUS - 7.4 x 5.4 cm (N) in size, shape & echotexture.

LT - 5mm, no BLN.

RT ovary - 3.5x2 cm.

LT ovary - 1.8x0.9 cm.

No free fluid in POD.

→ No significant Abnormality.

Signature of Radiologist
Dr. Divya Goel (MD)
Dr. Deepak Tomar (MD)

Warm in Stomach -
USG (W/A)
Dr. Divya Goel

Appendix

me (201)

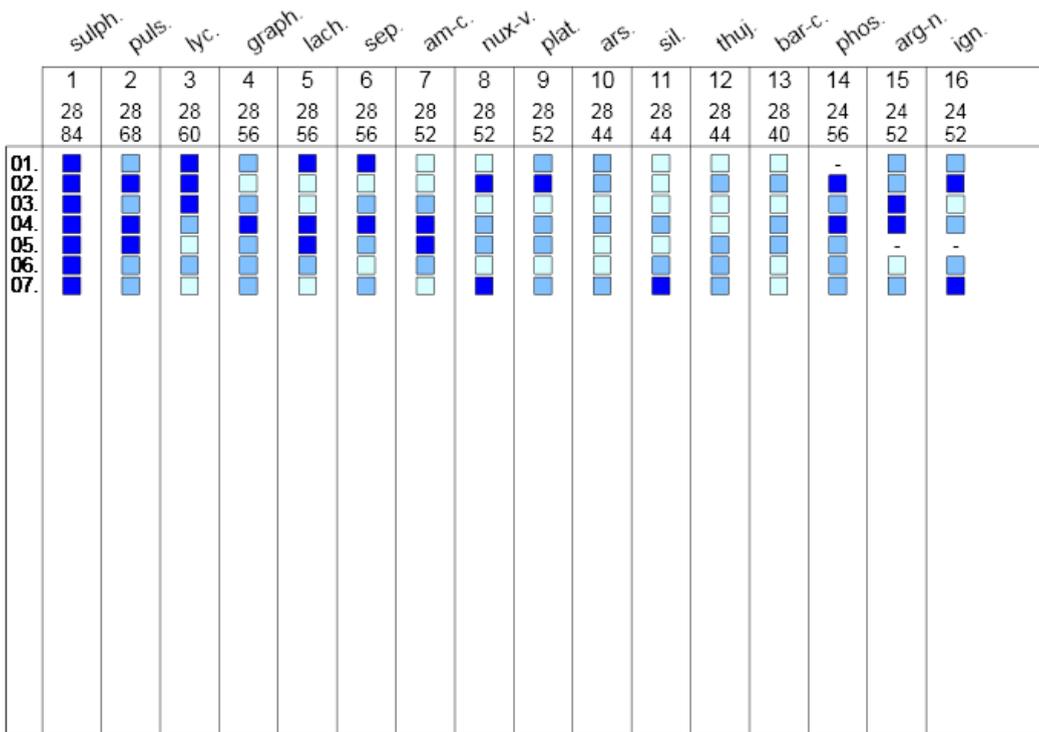
MRS USHA, (Age 37 Y) - USHA

This analysis contains 537 remedies and 7 symptoms.

Intensity is considered

Sum of symptoms (sort:deg)

01. MIND - RELIGIOUS AFFECTIONS - too occupied with religion	4	72
02. MIND - TACITURN	4	292
03. GENERALS - FOOD and DRINKS - sweets - desire	4	198
04. FEMALE GENITALIA/SEX - MENSES - scanty	4	224
05. FEMALE GENITALIA/SEX - MENSES - short, too	4	105
06. BACK - PAIN - menses - during	4	99
07. RECTUM - URGING	4	249



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