

- A Review of Allergy and Flu disorders
- Euphorbium officinarum
- Homoeopathic Anti allergics
- HEADACHE-A Review of Clinical Assessment

HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 16, No. 01, April 2020, Total No. of Pages 16

Dear Readers,

“A season of loneliness and isolation is when the caterpillar gets its wings.”-Mandy Hale

Yes even to see the light of this world each one of us spends nine months in complete isolation in our mother’s womb. New strength, new hope, a new day comes out of darkness, and this is the power of Life.

In context to the world scenario today, these words state the most important thing for us, i.e. HOPE. We all need to come together, pray for each other and stand in solidarity against the devastating force of pandemic, hitting the world today. The world has witnessed devastations from nature’s fury in past too and we have conquered and survived through the worst of disasters. These circumstances are testing our patience, intelligence and nerves to fight the fear within us. It’s my firm belief that howsoever difficult the situation be, we will come out of it, just as the caterpillar comes out of its confinements with beautiful wings to fly. We will see the light of life and activity, but my dear friends till the right time comes, we need to patiently wait and confine ourselves into our own spaces. This is an opportunity for all to look more into the mirror and reflect upon oneself, and think what will make us better as humans. What we always have wished to do for ourselves, can be done, in this window of time given as an opportunity to us. With Discipline, Prayers, Creativity and Positivity, this opportunity can be utilized for the best outcomes.

My dear fellow Indians, do not panic, just believe that our HOPES will drive us through difficulties. In the meanwhile just Stay In and Stay Safe....

Kuldeep Jain
Chief Editor

Dear Doctors,

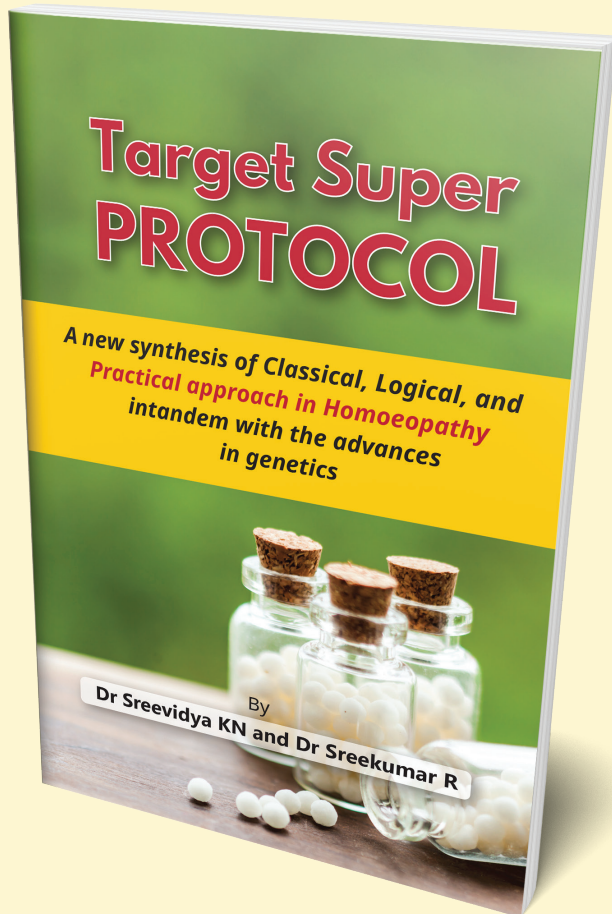
Today the world is on a biological strife, where the enemy is new and strange. Our fight is with a novel Corona virus which isn’t a single virus strain in attack, rather it’s a cluster of multiple strains of virus, hitting humans and spreading like a wild fire. Coronavirus or Covid-19 is a cluster of 229E, NL63, OC43, and HKU1 strains, which affects the air passages of their targets. The factor which aids Covid in its virulence is that it affects lower respiratory tract affecting the lung parenchyma and developing in a very subtle way. The symptomatology appears more clearly in severe cases which are 15-20% of the total population affected with the virus. The rest of the population doesn’t advance to severe category and hence either don’t develop any symptoms or are mildly symptomatic, but they still remain potent carriers of the virus.

This factor has led SARS-CoV or Covid-19 to suddenly outbreak in 203 countries of the world today with 861,306 confirmed cases and a death toll of 42,387 cases. Though the Corona Pandemic originated from China but has badly hit US, Italy and Spain, even outnumbering the cases in China. Wuhan where the disease started off has now overcome the spread by desperately following complete Lock down for almost two months. The Covid-19 is an emergency and the cost that all of us need to pay to overcome it is our FREEDOM.

As an AYUSH practitioner I had to compromise my freedom more than others as I am aware that AYUSH can be a huge support in controlling this epidemic, but we are not given this chance to intervene. Thus like all others I am staying in too...only giving online consultations and suggesting preventive measures. I regret on this but as I love my country, I will abide by the emergency guidelines and keep inspiring those around me as a technically aware medico.

Dr. Vasundhara
Editor

Learn The Different Protocols By Masters In An Easily Comprehensible Way



- A reference book describing a protocol, i.e. a set of guidelines to be followed by homoeopathic practitioners while dealing with any of the case to target 100% successful results in their practise.
- The book is a synthesis of classical, logical, and practical approach in homoeopathy in tandem with the advances in genetic field and the modern medicine.
- Being a homoeopath, one has to face so many hurdles while resolving cases in hand, this book is a solution for the same as it constitutes a blend of information compiled from different schools of homoeopathy and one can easily find the way to reach the simillimum remedy by using the methodology of any of the school of homoeopathy.
- This book acts as a guide to enhance therapeutic success in homoeopathic practise by addressing various challenges in therapeutic field as well as provides a clinician the key to crack each case using its respective school of thought.

ISBN: 978-81-319-61402-6 | ₹ 299 | 244 pp

ABOUT THE AUTHORS

Late Dr Sreekumar R, held a medical degree in Homoeopathy from Mahatma Gandhi University, Kerala and was awarded the Gold Medal. He completed his Master's degree in Psychology from Madras University, Tamil Nadu. He was a Medical Officer under Directorate of Homoeopathy, Government of Kerala. He was in the limelight for his role as the Project Officer of Janivijaya, a programme under Government of Kerala, to make Vijayapuram Panchayath free of disabilities through Homoeopathy. He worked closely with community groups and government agencies, and helped in producing evidence-based results in patients through Homoeopathy. He formulated Target SUPER Protocol so that budding homoeopaths could easily implement classic homoeopathy. He was conducting training program for homoeopaths on classic homoeopathy in Kerala, Tamil Nadu and Karnataka. His wife, Dr. Sreevidya runs a homoeopathy clinic in Kottayam. The couple have two children Abhiroop Sree Madhav & Dhanwin Sree Madhav.

Dr Sreevidya Narayanan Nair holds a Medical Degree in Homoeopathy from MG University, Kerala. She was the first co-ordinator of Dyuthi, the finishing school of Indian Homoeopathic Association which arranges training programmes for Homoeopaths to enhance therapeutic success rate. She has made a rich contribution towards designing healthy genetic profile in Target Super Protocol. Also, she worked hard for the evolution of Target Super Protocol and invented various provisions in the protocol to overcome the challenges ahead in therapeutics.

A REVIEW OF ALLERGY AND FLU DISORDERS

ALLERGY and FLU- The Upper Respiratory tract Complaints

The respiratory system of our body consists of nose, sinuses, mouth, throat, larynx, trachea, bronchi and lungs. As the system is connected with openings of the body, it is continuously exposed to invading and harmful agents and is vulnerable to Respiratory diseases. The most common respiratory ailments include upper respiratory tract disorders such as Allergies, common cold, mild flu, tonsillitis, laryngitis, and sinusitis. The lower respiratory tract ailments include viral and bacterial infections, inflammatory and allergic diseases like Tuberculosis, Pneumonia, Bronchitis and Asthma.

The upper respiratory tract ailments are very common during the changing seasons like spring and autumn, in the form of allergies and flu. Allergic rhinitis and flu have some overlapping symptoms like sneezing, stuffed up sensation in nose, watery running nasal discharge and headache, but there are distinguishing features also like typical itching in nose, throat and eyes in allergies and presence of fever and malaise in Flu. We will look into detail pictures of both these ailments in this article.

ALLERGY

- Allergic diseases are a common and increasing cause of illness, affecting between 15% and 20% of the population at some time.
- Atopy is the tendency to produce an exaggerated IgE immune response to otherwise harmless environmental substances, while an allergic disease can be defined as the clinical manifestation of this inappropriate IgE immune response.¹
- Allergy is a type of acquired immune response.

Pathophysiology

- An exposure of activated B cells to the exogenous allergen, triggers release of IgE.
- The IgE gets attached to high affinity receptors on the surface of mast cells.
- On re-exposure, the allergen binds to IgE, thus activating mast cells. The activated mast cells release vasoactive mediators (in the early phase response), thus producing allergic symptoms which can range from a simple paroxysmal rhinorrhoea to life threatening anaphylaxis.
- Recurrent allergic reactions may trigger chronic inflammatory response and once this happens, antihistamines become ineffective in controlling the immune reaction.
- A positive family history is a common finding in allergic patients. According to Dr. Allison Ramsay, the risk of developing allergies is genetic. It is related to ones family history of allergy. If neither parent is allergic, the chance for allergies is about 15%. If one parent is allergic, the risk increases to 30% and if both are allergic, the risk is greater than 60%.²

"HYGEINE HYPOTHESIS": It proposes that infections in early life are critically important in maturation of immune response, and bias the immune system against the development of allergies; the high prevalence of allergic disease is the penalty for the decreased exposure to infection that has resulted from improvements in sanitation and health care.¹#

Clinical features

- A wide range of allergic symptoms can appear depending upon the target areas and the constitution of patients. The presentation of allergy can be:

Dermatological

- Urticaria (Nettle rash) or hives.
- Allergic contact eczema

- Atopic eczema
- Angiodema

Respiratory

- Asthma
- Atopic Rhinitis

Ophthalmological

- Allergic conjunctivitis

Gastrointestinal

- Food allergy: It causes itching and swelling of the oropharyngeal mucous lining, abdominal cramps, vomiting, diarrhoea, appearance of hives, tightening sensation in throat and a fall in Blood Pressure.

Anaphylaxis is a severe allergic reaction which is potentially fatal and occurs within seconds of exposure to allergen.

Respiratory allergies in India

Allergic rhinitis, allergic pharyngitis, bronchial asthma are the major respiratory allergic ailments prevailing amongst Indian population. A study conducted by D.Chandrika shows that 20-30% of Indian population suffers from allergic rhinitis and other allergic diseases.³ The prevalence of allergic disorders is seen to be on a constant rise over the past few decades.

Allergic rhinitis most commonly presents with paroxysmal sneezing, running nose, otorhinolaryngeal itching and /or nasal obstruction. Common notorious Allergens are pollens, house dust mites, pets and molds. Co morbidities associated with Allergic rhinitis are asthma, sinusitis, otitis media, atopic dermatitis, conjunctivitis and nasal polyps.³

Bronchial asthma is the most common respiratory allergy after allergic rhinitis and usually found as a co morbidity of each other.

Diagnosis

The nature of the symptoms should be established and specific triggers identified, along with the predictability of a reaction, and the time lag between exposure to a potential allergen and onset of symptoms. An allergic reaction usually occurs within minutes of exposure and provokes predictable, reproducible symptoms such as angioedema, urticaria and wheezing¹. A detailed drug history can prove helpful from diagnostic perspective.

Investigations

The identification of allergens can be done through:

- Skin Prick Test: It is the key investigative procedure done to identify allergens. A droplet of standardized diluted allergen suspected to be the cause of allergy is placed on the skin surface and a minor prick is done through that droplet with a sterile lancet. Positive and negative control substances are used to analyze the reaction. A positive reaction appears after 15 minutes as a local wheal and flare 2mm or more larger than the negative control.



- Specific IgE Test

This test quantitates serum IgE against suspected specific allergens. Specific IgE test helps in post mortem identification of the allergens responsible for death from anaphylaxis.¹

Other tests include Supervised exposure to allergen, Mast cell tryptase, Serum total IgE and Eosinophilia which are done according to the type of allergy.

Management

Avoidance of the allergens is mandatory for all cases of allergy. Conventional allopathic treatment involves prescribing antihistamines, glucocorticoids, Antigen specific immunotherapy and adrenaline injections for emergency anaphylactic cases.

A REVIEW OF ALLERGY AND FLU DISORDERS

Modern Allergy Desensitisation is done nowadays which is conceptually linked with homoeopathic treatment. Both utilize small doses of substances that might cause symptoms in order to treat hypersensitivity in patients.⁵

Interestingly, a Scottish Homeopathic Physician, C.M. Blackley, in 1871 first identified pollen as the cause of Hay Fever.^{5,6} Homoeopathic treatment successfully helps in reducing acute phase reactions in allergy as well as bringing upon reduction in the frequency of the episodes. Homoeopathic drugs like Apis, Dulcamara, Iodum, Natrum carb etc. help a great deal in allergic constitution.

FLU

Flu or influenza is a viral disease that affects the upper respiratory tract, but in severe cases it affects the lower airways and lungs causing viral pneumonia. It is an acute systemic viral infection that primarily affects the respiratory tract and carries a significant mortality. It is caused by influenza A virus or, in milder form, influenza B virus. It is a seasonal infection which shows variation in glycoproteins attached on its surface, leading to circulation of a new influenza strain within a community. The glycoproteins attached on the surface of virus are Haemagglutinin(H) and Neuraminidase(N) and the nomenclature of any strain of virus is based on these glycoprotein. For eg.: H1N1, H3N2 etc. Genetic shift of viral structure results in the circulation of a new strain within a community where only few people are immune, potentially initiating an influenza epidemic or pandemic in which there is high attack rate and there maybe increased disease severity and mortality.¹

Clinical features

The incubation period may vary according to the strain of virus, community resistance and immunity. Fever, malaise and cough are primary symptoms. Viral pneumonia may occur, although pulmonary complications are most often due to superinfection with Strep. pneumoniae, Staph. aureus or other bacteria. Rare extrapulmonary manifestations include myositis, myocarditis, pericarditis and neurological complications (Reye's syndrome in children, encephalitis or transverse myelitis). Mortality is greatest in the elderly, those with medical co-morbidities and pregnant women.¹

Diagnosis

Acute infection is diagnosed by viral antigen or RNA detection in a nasopharyngeal sample. The disease may also be diagnosed retrospectively by serology.¹

Management

Early identification of causative strain/microbe along with strict emphasis on hand hygiene, and cough etiquettes has proved to be effective in containing the viral spread. Often resistance develops against conventional antiviral drugs, hence updated local advice should be followed in conditions of an outbreak.¹

Homoeopathic management has been propagated since years. *Hahnemann relates in his preface to Camphor that a very small dose often removes an attack of influenza in a few hours. Rhus toxicodendron is another important remedy in epidemic influenza which often corresponds to the whole character of the disease. Phosphorus is of all other remedies most positively indicated in influenza by distinct and fixed symptomatic manifestations.⁷

*Any Medicine Should be taken only on the advice of a Qualified Homoeopathic Doctor.

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EUPHORBBIUM OFFICINARUM



Natural Order : Euphorbiaceae

A gum resin from Euphorbia resinifera

Habitat : Morocco

Indications:

- ✦ **CLINICAL-** Rhinitis, chronic cough, burns, cancer pains.
- ✦ **Physiological action** -
 - ✦ There is congestion of the respiratory mucous membranes.¹
 - ✦ It also acts upon the skin, producing eczematous and erysipelalous inflammation.⁴
- ✦ **Chronic cough** - A chronic cough that comes on as soon as the patient touches the bed, coming in two violent attacks and continued as long as she remained lying down; cough was accompanied by pain in right temple; cold feet and a pain in the heel. After failure of many remedies Euph. drop doses of tincture in a glass of water, to be sipped occasionally gave instant relief, but the patient had to continue the remedy or the cough returned.²
- ✦ **Burns** - Valuable external application in Burns, with serious lesions of the integuments and subjacent tissues; a weak alcoholic tincture may prove a suitable application to arrest inflammation and prevent sloughing.³
- ✦ **Rhinitis** - An open study of a low-dilution complex homeopathic preparation, Euphorbium compositum, used as a nasal spray in patients with acute or chronic rhinitis. The physician's judgment of the therapy was good in 83% of cases, whereas tolerability was excellent in 55.4% of cases and good in 44.6%.⁵
- ✦ **Cancer pains** - The burning pains that attend cancer.¹ Burning pains in the bones is an indication, and along with Euphorb. heterodoxa it is a remedy for the pains of cancer. (In a desperate case of sarcoma of the pelvic bones under my care nothing gave greater relief to the pains than repeated doses of Euphorb. 6.)⁷

*A research has shown Resiniferatoxin, an ultrapotent capsaicin analog present in the latex of Euphorbia resinifera, interacts at a specific membrane recognition site, expressed by primary sensory neurons mediating pain perception as well as neurogenic inflammation. Mitigate neuropathic pain and other pathological conditions in which sensory neuropeptides released from capsaicin-sensitive neurons.*⁶

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- Irritation of the nose
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- Loss of smell
- Itching and burning in the eyes
- Associated headache

Composition

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Ferrum phosphoricum	3X
Natrum muriaticum	6X
Kali sulphuricum	3X
Kali muriaticum	3X
Baptisia tinctoria	4X
Bryonia alba	4X
Causticum	6X
Eucalyptus globulus	3X
Gelsemium sempervirens	6X
Sabadilla	6X
Eupatorium perfoliatum	3X
Excipients	q.s.

Dosage : Adults &>12years old - 2 tablets, 4 times a day
Children <12years old - 2 tablets, 2 times a day or as prescribed by the physician.



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Flu Tablets

Sneezing



Nasal Discharge



Burning Eyes

Indications:

- Fever, Chills
- Bodyache, Headache
- Nose blockage
- Watery discharge from the nose & eyes

Composition:

Each tablet of 250mg contains:

Aconitum napellus	3X	25mg
Bryonia alba	3X	25mg
Eupatorium perfoliatum	1X	25mg
Gelsemium sempervirens	3X	25mg
Ipecacuanha	3X	25mg
Phosphorus	6X	25mg
Eucalyptus globulus	2X	10mg
Excipients		q.s.

Dosage : Adults & > 12 years old - 2 tablets, 4times a day.
Children < 12 years old - 2 tablets, 2 times a day or as prescribed by the physician



Pack sizes available:
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Information for registered medical practitioner only

Therapeutics of Seasonal Respiratory Troubles

1. *Aspidospermium*

- Digitalis of lungs. Removes temporary obstruction to oxidation of blood by stimulating respiratory centres increasing oxidation and excretion of carbonic acid.¹
- “Want of breath during exertion.” Is the cardinal symptom of this drug.¹
- It is an effective remedy in many cases of asthma; increases oxygen in the blood; Cardiac Asthma.¹

2. *Aralia racemosa*

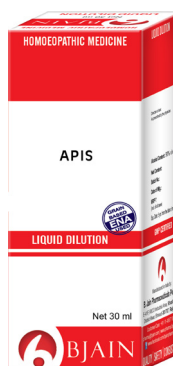
- This is a remedy for asthmatic conditions, with cough aggravated on lying down.²
- Constriction of chest; feels as if a foreign body were in throat.²
- Hay-fever; frequent sneezing. The least current of air causes sneezing, with copious watery, excoriating nasal discharge, of salty acid taste.²
- Dose: Tincture, to third potency.²

3. *Arsenicum album*

- Violent sneezing. Fluent coryza; with stopped nose, burning in the nostrils, and secretion of serous and corrosive mucus.³
- Arrest of breathing with cough. Cough excited by a sensation of constriction and suffocation in the larynx, as if by the vapour of sulphur.³
- Dry cough, sometimes deep, fatiguing, and shaking, principally in the evening after lying down, or at night, obliging the patient to assume an erect posture.³
- Burning in eyes, with acid lachrymation.²
- Itching, burning, swellings; oedema, eruption, papular, dry, rough, scaly; worse cold and scratching.²
- Dose - Third to thirtieth potency. But if only surface conditions call for it, give the lowest potencies, 2x to 3x trit.²

4. *Apis*

- Swelling or puffing up of various parts, oedema, red rosy hue, stinging pains, soreness, intolerance of heat, and slightest touch, and afternoon aggravation.²
- Lids swollen, red, oedematous, everted, inflamed; burn and sting. Conjunctiva bright red, puffy.²
- Oedema of larynx. Feels as if he could not draw another breath.²
- Swellings after bites; sore, sensitive. Sudden puffing up of whole body.²
- Dose - Tincture to thirtieth potency. In oedematous conditions the lower potencies.²



HOMOEOPATHIC ANTI ALLERGICS

5. Bromium

- First the right nostril is stopped and then the left. Fluent coryza, dull frontal headache, especially the right side, brain feels as if being forced through the nose.⁴
- Dry hacking cough with difficulty of breathing and shortness of breath, but it is hurried.⁴
- Coryza of sailors when they touch the shores. They complain of tickling smarting, as from cobwebs, corrosive soreness of nose. Pressure at root of nose.⁴
- Most marked effects are seen in the respiratory symptoms, especially in larynx and trachea.²
- Asthma; difficulty in getting air into lung. Bronchial tubes feel filled with smoke.²
- Dose - First to third attenuation.²

6. Dulcamara

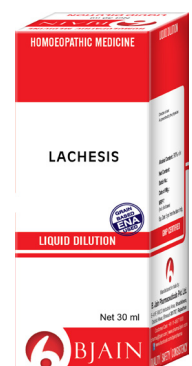
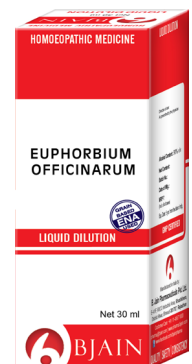
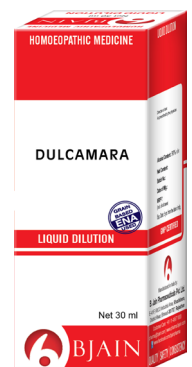
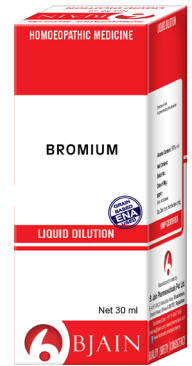
- Profuse coryza. Wants nose kept warm, least cold air stops the nose.²
- Eyes: Hay-fever; profuse, watery discharge, worse in open air.²
- Asthma with dyspnoea. Cough after physical exertion.²
- Red spots, urticaria, brought on by exposure, or sour stomach.²
- Pruritus, always worse in cold, wet weather.²
- Dose - Second to thirtieth potency.²

7. Euphorbium officinarum

- An irritant to the skin and mucous membranes.²
- Erysipelas; yellow blisters.²
- Eyes inflamed and agglutinated in morning; Red swelling of cheeks. Nasal pruritus with mucous secretions from naso-pharynx.²
- Spasmodic, dry cough, day and night, with asthma.²
- Dose - Third to sixth potency.²

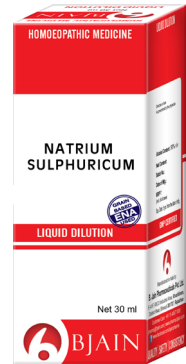
8. Lachesis

- Nostrils sensitive. Stopped up coryza. Coryza, preceded by headache. Hay asthma, paroxysms of sneezing.⁵
- Sensation of suffocation and strangulation on lying down, particularly when anything is around throat, compels patient to spring from bed and rush for open window.⁵
- Breathing almost stops on falling asleep.⁵
- Dose - Eighth to 200th potency. Doses ought not be repeated too frequently.²

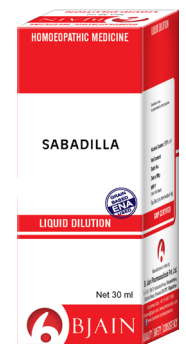


9. Natrium sulphuricum

- They are worse in rainy weather, water in any form. Every spring, return of skin affections.²
- Dyspnoea, during damp weather. Asthma in children, as a constitutional remedy.²
- Humid asthma; rattling in chest, at 4 and 5 a.m.²
- Itching while undressing.²
- Eyes: Rough, dry, red and burning. Lachrymation, running, burning water. Itching, crawling as of a bug.⁶
- Dose - First to twelfth trituration.²

**8. Sabadilla**

- Burning smarting in eyes. Redness of margins of eyelids.³
- Nose: Itching tingling in nose and contractive smarting. Great sensibility to smell of garlic.³
- Violent spasmodic sneezing; Obstruction of nostrils, alternately.³
- Fluent coryza with altered features and bewildered head.³
- Sensation of a skin hanging loosely in throat, must swallow over it; as if uvula were down.³
- Roughness and scraping in throat. Respiration obstructed, as if there were a stone in the chest.³
- Dose - Third to thirtieth potency.²

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Compiled by:
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HEADACHE-A REVIEW OF CLINICAL ASSESSMENT

HEADACHE-A Review of Clinical Assessment

Headache is one of the most common and annoying complaints that people suffer from. Though, in very rare circumstances there is a sinister cause behind it, almost half of the adult population have had an episode of headache atleast once within last year, according to a 2016 WHO article.¹ This article also states that Headache has most frequently been underestimated, under-recognized and under-treated throughout the world. The prevalence of current Headache disorder among adults according to this article, has been estimated to be 50%, globally. 30% of all headache cases are attributed to migraine as per this report.

Based on their etiology, headaches are categorized into primary and secondary headaches. As the frequency of headaches with a serious underlying pathology is very less, it is imperative, that the history and clinical examination of headache cases be done scrupulously, so as not to miss upon serious ones. Key features of the history include the temporal evolution of a headache; a headache that reached maximal intensity immediately or within 5 minutes of onset requires rapid assessment for possible subarachnoid haemorrhage.

It is important to know whether the headache comes and goes, with periods of no headache in between (usually migraine), or whether it is present all or almost all of the time. Headache associated with preceding visual symptoms, nausea/vomiting or photophobia/phonophobia, may indicate migraine but presence of progressive focal symptoms or constitutional disturbance like weight loss, may suggest a more sinister cause. A cerebral venous thrombosis may present with a 'throbbing' headache or

'band-like' sensation associated with nausea, vomiting or hemiparesis. Raised intracranial pressure (ICP) headache tends to be worse in the morning and when lying flat or coughing, and associated with nausea and/or vomiting. A description of neck stiffness along with headache and photophobia should raise the suspicion of meningitis although this may present in atypical ways in immunosuppressed, alcoholic or pregnant patients. The behaviour of the patient during headache is often instructive; migraine patients typically retire to bed to sleep in a dark room, whereas cluster headache often induces agitated and restless behaviour. The pain of a subarachnoid haemorrhage frequently causes significant distress.²



Headache duration is also important to elicit; headaches that have been present for months or years are almost never sinister, whereas new-onset headache, especially in the elderly, is more of a concern.²

Clinical assessment

- An assessment of conscious level (using the Glasgow Coma Scale (GCS) should be performed early and constantly reassessed. A decreased conscious level suggests raised ICP and urgent CT scanning (with airway protection if necessary) is indicated.²
- A full neurological examination may reveal the pathology involved; for example, brainstem signs in the context of acute-onset occipital headache may indicate vertebrobasilar dissection. Neurological signs may, however, be 'falsely localising', as in large subarachnoid haemorrhage or bacterial meningitis.²
- Care should be taken to examine for other evidence of meningitis such as a rash (not always petechial), fever or signs of shock.²
- Unilateral headache with agitation, ipsilateral lacrimation, facial sweating and conjunctival injection is typical of cluster headache. Conjunctival injection may also be seen in acute glaucoma, accompanied by peri- or retro-orbital pain, clouding of the cornea, decreased visual acuity and, often, systemic upset.²
- Temporal headaches in patients over 60 should prompt examination for enlarged or tender temporal arteries and palpation of temporal pulses (often absent in temporal arteritis). Visual acuity should be assessed promptly, as visual loss is an important complication of temporal arteritis.²

Initial investigations

If there is any alteration of conscious level, focal neurological signs, new-onset seizures or a history of head injury, then CT scanning of the head is indicated. A CSF (Cerebrospinal Fluid) analysis is required in cases suspected for meningitis. Neurosurgical intervention can be required immediately in intracranial haemorrhage or Space occupying lesion. In cases of thunderclap headache (peak intensity within 5 minutes and lasting over an hour), a normal CT scan should be followed by an LP performed more than 12 hours after headache onset, to look for evidence of xanthochromia.

Many headaches require prompt involvement of specialists such as those associated with Acute Glaucoma, Temporal Arteritis and idiopathic Intracranial Hypertension.²

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