

Case-Based Evidence for Pathological Entities Beyond Allopathy

George Bernard Shaw stated, "The minority is always correct," while Ralph Waldo Emerson observed, "Nature keeps her ways secret." These statements resonate profoundly when

Homoeopathy is the idea of the pathological entity. Allopathy classifies entities such as diabetes, typhoid, Parkinson's disease, and Menière's syndrome. When symptoms fall outside such classifications, allopathic treatment becomes ineffective.

Revisiting the foundations of classical homoeopathy

examining the current global practice of Homoeopathy and Dr. Bach Flower Remedies. A disturbing reality emerges: the overwhelming majority of practitioners-nearly 99%-use Homoeopathy and Dr. Bach Remedies systems incorrectly.

Through three documented cases, this paper demonstrates how true classical Homoeopathy, when applied through accurate recognition of pathological entities and with single-dose precision, achieves rapid and permanent cures. The study underscores the indispensable role of original reference works such as Knerr's Repertory, Lilienthal's Therapeutics, Boericke's Materia Medica, and Hering's Guiding Symptoms.

Introduction

Bernard Shaw's assertion that "The minority is always correct" and Emerson's axiom that "Nature keeps her ways secret" are strikingly validated in the context of Homoeopathy. Despite its long history and robust literature, contemporary practice is largely misguided.

Homoeopathy is commonly summarised with phrases such as:

- Similia similibus curentur
- Likes cure likes
- Totality of symptoms
- Miasmatic treatment

Although classical in appearance, these formulations often divert modern practitioners from the true principles laid down by Dr. Samuel Hahnemann. Hahnemann, originally a leading allopathic physician in Germany, authored the Organon and Materia Medica in German. Upon their translation into English, several allopathic M.D.s in the United States adopted Homoeopathy and produced authoritative reference works.

A key conceptual bridge between allopathy and

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Homoeopathy, however, identified thousands of pathological entities long before allopathy formalised its own categories. The following cases illustrate this distinction.

Case 1: Periodic Morning Syndrome in a Ten-Year-Old Boy
For two months, the patient presented the following sequence every morning:

- 8:30 a.m.: sudden abdominal pain with restless running
- 8:40 a.m.: abrupt cessation of pain
- Immediate watery stools
- A 20-minute nap
- Full normalcy for the rest of the day

Allopathic treatment for diarrhoea was ineffective

A single dose of Cuprum metallicum 1000 cured the case permanently.

Boericke's Materia Medica (pp. 246-247) notes for Cuprum metallicum:

"Symptoms disposed to appear periodically and in groups."

The child's condition aligned precisely with this homoeopathic pathological entity, unrecognised by allopathy.

Case 2 : A Tri-Daily Symptom Pattern in a 33-Year-Old Woman

The patient reported:

- Morning headache
- Diarrhoea at 2 p.m.
- Evening feverishness with itching

Multiple allopathic medications produced no improvement.

A single dose of Ammonium muriaticum 10M resulted in overnight cure.

Boericke's Materia Medica (p. 44) describes the remedy's unique aggravation pattern:

"Head and chest symptoms in the morning; abdominal symptoms in

the afternoon; pains in limbs, skin and febrile symptoms in the evening."

This constitutes a distinct pathological entity known only to Homoeopathy.

Case 3 : Cardiac Complaints Following Shock in a Patient with Alcoholic History

A repertorial search for the terms shock, cardiac, and heart yielded eight remedies.

Digitalis stood out due to Boericke's references to:

- "High living; sexual abuse; alcoholism" as causative factors
- Its usefulness in "shock with collapse in heart conditions"

On further inquiry, a decade-long history of alcoholism was

classical homoeopathic literature:

- Knerr's Repertory
- Lilienthal's Homeopathic Therapeutics
- Boericke's Materia Medica
- Hering's Guiding Symptoms (10 volumes-I took only the useful paras in the 10 volumes and got it in a book form)

Approximately 99% of modern practitioners neither possess nor consult these essential works. Without access to original sources, accurate identification of pathological entities becomes impossible, leading to widespread misuse of Homoeopathy and Bach Remedies.

confirmed.

A single dose of the homoeo remedy Digitalis-10,000 cured the patient.

Three subsequent similar cases responded to the same remedy. This demonstrates another pathological entity:

Heart complaints following shock, especially in individuals with a history of alcoholism.

Discussion

These cures were possible only through meticulous use of

Conclusion

If homoeopathic practitioners worldwide return to the foundational texts and adopt precise single-dose prescribing based on recognisable pathological entities, the therapeutic success rate would increase dramatically. Such mastery would reduce dependence on allopathic hospitals, as patients would experience rapid and permanent cures.

(Cont'd on page 21)



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World Famous Specialities R1 to 89

<p>R1 Inflammation, fever & tonsils R2 Gold Drops R3 Heart Drops R4 Diarrhoea Drops R5 Stomach drops R6 Influenza drops R7 Liver & Gallbladder Drops R8 Cough Syrup R9 Cough Drops R10 Climacteric drops R11 Rheuma Drops R12 Calcification Drops R13 Hemorrhoidal Drops R14 Nerve and Sleep Drops Vita-C15 Nerve Tonic (Anxiety, Tension) Vita-C15Forte Nerve Tonic (Fatigue Syndrome) R16 Migraine & neuralgia Drops R17 Tumor Drops R18 Kidney and Bladder Drops R19 Glandular Drops for men R20 Glandular Drops for women R21 Reconstitution drops (affections of blood & skin) R22 Drops for nervous disorders (anginous condition of the heart) R23 Eczema Drops R24 Pleurisy, intercostal neuralgia R25 Prostatitis R26 Draining & stimulating Drops R27 Renal calculi Drops R28 Dysmenorhea, amenorhea R29 Vertigo, Syncope R30 Universal Ointment R31 Energizes the appetite, increases blood supply, strengthens the liver R32 Hyperthyrosis of varying genesis R33 Constitutional treatment in epilepsy R34 Recalcifying Drops R35 Teething Aches Drops</p>	<p>R36 Diseases of the nerves, chorea, St. Vitus' dance R37 Intestinal colic Drops R38 Infections of the abdomen, right side R39 Infections of the abdomen, left side R40 Treatment of Diabetes R41 Sexual neurasthenia drops R42 Venous stasis, varicosis, inflammation of the veins R43 Against asthma - asthmatic constitution R44 Disorders of the blood, hypotony R45 Illness of the larynx & upper breathing apparatus R46 In rheumatism of fore-arms and hands R47 All hysterical complaints R48 Pulmonary Diseases R49 Acute and chronic catarrh, sinustis R50 Gynaecological Sacroiliac complaints, pains in sacral region (women) R51 Thyroid intoxication R52 Vomiting, Nausea, Travel Sickness R53 Acne vulgaris, rash at puberty R54 Funtional disturbances of the brain R55 All kinds of injuries, healing, effect on wounds R56 Against Worms R57 Pulmonary tonic</p>	<p>R58 Against hydras, stimulates the renal function R59 Against obesity, slimming effect R60 Blood Purifier R62 Measles Drops R63 Drops for impaired circulation R64 Albuminuria drops R65 Psoriasis Drops R66 Cardiac arrhythmia Drops R67 Drops for circulatory debility R68 Shingles Drops R69 Drops for pain between the ribs R70 Neuralgia drops R71 Sciatica Drops R72 Pancreas Drops R73 Drops for Joints R74 Bed-Wetting Drops R75 Dysmenorrhoea Drops R76 Asthma forte Drops R77 Anti-smoking Drops R78 Eye care-drops for oral administration R81 Maldol-analgesic R82 Mycox-anti-fungal Drops R83 Food allergy Drops R84 Inhalent-allergy drops R85 High Blood Pressure Drops R86 Hypoglycemia Drops R87 Anti-bacterial Drops R88 Anti-viral Drops R89 Hair drops (oral use)</p>
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No. 1 German Homoeopathic brand in India

Homoeopathic management of a lower extremity abscess with secondary cellulitis : A case report

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ABSTRACT : Abscess is a localized collection of pus (necrotic debris, neutrophils, bacteria) formed within a tissue cavity due to a pyogenic bacterial infection, walled off by a fibrous pyogenic membrane. Clinical signs include a painful, fluctuant, swollen mass. **Cellulitis** is an acute bacterial infection of the deep dermis and subcutaneous tissues, lacking well-defined borders. It results from bacteria (often *S. aureus* or *Streptococci*) entering through a break in the skin. Enzymes cause the infection to spread rapidly along fascial planes. Diagnosis is clinical, presenting with spreading erythema, warmth, edema, and tenderness, typically being unilateral on the lower extremities.

KEYWORDS : abscess, cellulitis, 3-legged stool method, apis, silicea, calendula, homoeopathy.

INTRODUCTION

ABSCESS-An Introductory Overview : An abscess is a localized collection of pus (neutrophils, necrotic debris, and bacteria) that forms in a cavity created by the disintegration of tissue, typically resulting from a pyogenic bacterial infection. They represent a fundamental component of the body's defensive response to infection, aiming to wall off the invading microorganisms from spreading into surrounding tissues.¹

Pathophysiology and Aetiology : Abscess formation is initiated when an inflammatory response fails to eliminate an invading pathogen, most commonly *Staphylococcus aureus*, or, less frequently, Gram-negative bacilli or anaerobes, depending on the anatomical site.²The body's immune system attempts to contain the infection by flooding the area with neutrophils. The ensuing battle, which involves enzymatic breakdown of host tissue and bacterial lysis, leads to the formation of a viscous, opaque fluid known as pus. The

characteristic encapsulation of the pus by a fibrous pyogenic membrane is a hallmark of an abscess, serving to prevent systemic dissemination but simultaneously hindering the effective penetration of systemic antibiotics, necessitating intervention.³

Clinical Presentation and Management : Clinically, an abscess presents as a painful, fluctuant, swollen mass, often accompanied by surrounding erythema and warmth. Systemic symptoms like fever and elevated inflammatory markers (e.g., leucocytosis and C-reactive protein) may also be present¹. The definitive treatment for nearly all mature, localized abscesses is Incision and Drainage (I&D) to physically remove the purulent material, relieve pressure, and break the pyogenic membrane barrier. Adjuvant therapy with systemic antibiotics is usually reserved for cases with surrounding cellulitis, large size, underlying comorbidities, or signs of systemic toxicity.³

CELLULITIS

An Introductory Overview : Cellulitis is an acute, localized bacterial infection involving the deep dermis and subcutaneous tissues. Unlike superficial skin infections, it lacks the well-defined, raised borders of erysipelas and represents a common clinical problem leading to significant morbidity, including systemic sepsis if not managed promptly.⁵

Aetiology and Pathophysiology : The infection typically results from the introduction of bacteria through a break in the skin barrier, such as abrasions, insect bites, injection sites, or underlying dermatoses like tinea pedis.⁴ The most frequent causative organisms are Group A beta-haemolytic *Streptococci* and *Staphylococcus aureus*.⁴ Once introduced, the bacteria release enzymes (like hyaluronidase and streptokinase) that degrade the cellular matrix, allowing the infection to spread rapidly along the fascial planes rather than localizing, which accounts for its characteristic diffuse presentation.⁵

Clinical Features and Diagnosis : Cellulitis is primarily a clinical diagnosis characterized by the rapid onset of spreading erythema, warmth, edema, and tenderness.⁴ It most commonly affects the lower extremities and is nearly always unilateral.

Associated findings may include fever, malaise, regional lymphadenopathy, and, in severe cases, the formation of vesicles, bullae, or peau d'orange skin texture due to lymphatic obstruction.² Differentiating simple cellulitis from deeper or more severe soft-tissue infections, such as necrotizing fasciitis, is crucial for determining management.

CASE

This is a case of 65yr/M complaining of stinging pain³⁺ and oedematous swelling³⁺ in right lower limb extending from the mid-thigh to the ankle since 1 month. The patient had a history of blunt trauma 1 week ago. Currently he complains of stinging pain 3+ which is aggravated by touch in the right leg with swelling for 5 days. Then the injury didn't heal from the conventional line of treatment, so the patient approached OPD. Ailments from INJURY³⁺, < TOUCH³⁺. He is K/C/O DM II and is on Rx. Patient is thermally hot. Case was taken on 12/8/24.

ON LOCAL EXAMINATION : Edema in the right lower limb extending from the mid-thigh to the ankle with reddish appearance and abscess over ankle. Warm to the touch and tenderness at localized area with sensitive to touch

RIGHT FOOT PHOTO INVESTIGATION (done on 10/8/24)

COLOUR DOPPLER OF RIGHT LOWER LIMB- VENOUS SYSTEM



• Extensive subcutaneous edema in the right lower limb extending from the mid-thigh to the ankle (more pronounced in the ankle and foot).

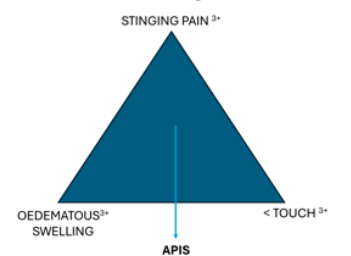
- Soft tissue inflammatory changes noted in the right leg.
- Multiple right inguinal lymph node with maintained fatty hilum.
- To consider changes of cellulitis.
- Features are suggesting possibility of early changes of chronic venous insufficiency.
- No evidence of deep vein thrombosis.
- Sapheno-popliteal junction is competent.

BLOOD REPORTS

- BSL(R): 117 mg/dL (70-140 mg/dL)
- CREATININE: 0.97 mg/dL (0.5-1.5 mg/dL)
- BLOOD UREA: 30.6 mg/dL (10-50 mg/dL)
- HbA1C: 6.1 gm%

DIAGNOSIS : INJURY ABSCESS PRESENTED WITH SECONDARY CELLULITIS

SELECTION OF REMEDY BASED ON 3-LEGGED STOOL METHOD



APIS MEL: Swelling or puffing up of various parts, *Edema*, red rosy hue, stinging pains, soreness, intolerance of heat, and slightest touch, and afternoon aggravation are some of the general guiding symptoms.^{6,7}

PRESCRIPTION: APIS MEL 1M x tds x 3 days

REASON WAS SELECTED POTENCY: Higher potency is selected as it is an acute case, pathological changes are present and susceptibility is higher.^{8,9}

OVERVIEW OF CASE

Date-CASE-Stinging pain-Oedematous swelling-Scab formation-Granulation tissue formation-

12-08-2024-Case taken- +++
+++ ---
16-08-2024-Follow-up- ++ ++

23-08-2024-Follow-up-No pain-
+Present-
30-08-2024-Follow-up-No pain-
No swelling-Reduced-Present
20-09-2024-Follow-up-No pain-
No swelling-No scab formation-
Completed

1ST FOLLOW UP

DATE: 16-08-2024

SYMPTOMS AMEL : Redness and pain reduced

NEW SYMPTOMS : Burst open of wound and drainage of yellow coloured pus

ACTION : SILICEA 30 x tds x 1 week

REASON : Silicea- Suppurative processes. Every little injury suppurates. Has wonderful control over the suppurative process- soft tissue, periosteum or bone-maturing abscesses when desired or reducing excessive suppuration.^{6,7}

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Nanoscience and homoeopathy: Unveiling the mystery of potencies

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Abstract

Homoeopathy, a system of medicine founded by Dr. Samuel Hahnemann, has long been debated due to its principle of infinitesimal doses. Critics often argue that remedies diluted beyond Avogadro's limit lack active molecules, thus raising questions about their efficacy. Recent advances in nanoscience and analytical techniques, however, have provided evidence that even ultra-diluted solutions contain nanoparticles of the original substance. This article explores how nanoscience provides a plausible explanation for homoeopathic potencies, bridging traditional principles with modern scientific validation.

Introduction

Homoeopathy is based on three cardinal principles: the law of similars, individualization, and potentization. The process of potentization, involving serial dilution and succussion, has been most controversial, as it suggests that dilution increases potency even beyond the molecular presence of the substance.

With the rise of nanoscience, researchers are now able to detect nanoparticles at extremely low concentrations using high-resolution techniques such as Transmission Electron Microscopy (TEM), Atomic Force Microscopy (AFM), and Dynamic Light Scattering (DLS). These findings suggest that potentized homoeopathic medicines may work through nano-scale mechanisms, offering a fresh perspective on their mode of action.

Key words: Homoeopathy, nanoparticles, potentization, nanomedicine

Nanoscience : A Brief Overview

Nanoscience deals with particles ranging from 1 to 100 nanometers, exhibiting unique physicochemical properties distinct from bulk material. Nanoparticles have high surface area-to-volume ratio. They show quantum effects, altered solubility, and enhanced bioavailability. Medicine already utilizes

nanotechnology in drug delivery, imaging, and cancer therapy. This provides a framework to explore homoeopathy at the nano-level.

Development of Nanotechnology

Richard Feynman, a renowned physicist, played a pivotal role in the advancement of nano-technology and nanoscience as early as 1959. The ongoing revolution spurred by nanoscience is still in its infancy.

We can understand the essence and importance of nanotechnology by the following examples: Both diamond and graphite consist of pure carbon, their properties differ significantly. While diamond is renowned as the hardest mineral, graphite is known for its softness. Similarly, gold, a noble metal prized for its luster and resistance to tarnishing, melts at 1,948 degrees Fahrenheit and is non-magnetic. However, when reduced to nanoscale sizes, approximately 10 nm, gold particles exhibit unexpected characteristics. They absorb green light, giving them a red appearance, experience a significant decrease in melting temperature, and display. The key takeaway from the before mentioned facts is that the properties and impacts of a substance are not solely magnetic properties, challenging the conventional understanding of their noble nature

Evidence of Nanoparticles in Homoeopathic Remedies

Several modern studies have confirmed the presence of nanoparticles in high dilutions:

ICMR & IIT-Bombay (2010s): Detected nanoparticles of metals like gold, copper, and zinc in dilutions up to 200C using TEM and spectroscopy.

Chikramane et al. (2010, 2012): Demonstrated that potentized medicines contain nanostructures of the starting material even beyond Avogadro's limit.

Bell et al. (2015, USA): Suggested that nano-bubbles and silica structures in dilutions may act as carriers of medicinal information.

A sum of 36 articles linking nanotechnology to provide scientific evidence for homoeopathy through experimental studies was

identified. Some articles were inaccessible, and a few were not in English. Based on the gathered documents and information, certain articles emerged as pioneers, contributing to advancements in research for the years to come.

These findings support the hypothesis that potentized remedies are not "empty solutions" but contain nanostructures with biological activity.

(a) Transmission electron microscopy (TEM) image of a low potency sample. Red Square indicates presence of medicinal Au NPs in low potency. (b) High-resolution TEM (HRTEM) image of the sample. (c) HRTEM image of gold nanoparticles (Au NPs). (d) TEM image of high potency sample. (e) Single Au NPs with a thin layer at high potency. Red Square indicates presence of thin layer on the surface of Au NPs in high potency. (f) The enlarged portion of Figure e. Red Square indicates enlarged version of 6e and presence of reactive surface edges in high potency. (g) Reactive surface edge of Au nanoparticle. Schematic representation of (h) low potency and (i) high potency samples. (j) Raman spectra of both samples.

Possible Mechanisms of Action

1. Nanoparticle-Cell Interaction
 - Nanoparticles can cross cell membranes, blood-brain barrier, and interact with receptors.
 - They may stimulate cellular pathways at very low concentrations.
2. Epigenetic and Hormetic Effects
 - Ultra-low doses can regulate gene expression (epigenetic modulation).
 - Homoeopathy may work through hormesis, where low doses stimulate healing while higher doses inhibit.
3. Water Memory and Nanostructures
 - Succussion may imprint nanoparticles and structural changes in water clusters.
 - These structured water domains may carry medicinal "information."

Implications for Homoeopathy

Provides scientific validation for the concept of potentization.

Opens avenues for integrative medicine, where homoeopathy

is studied alongside nanomedicine.

Encourages standardization and quality control of homoeopathic medicines using nanotechnology tools.

Strengthens credibility of homoeopathy in research and healthcare policy.

Challenges & Criticism

Reproducibility of experiments remains a concern.

Skeptics argue nanoparticles may arise from contamination (e.g., glass vials, silica).

More multi-centric, peer-reviewed studies are needed to establish universal acceptance.

Conclusion

Nanoscience offers a promising framework to unravel the mystery of homoeopathic potencies. The discovery of nanoparticles in ultra-diluted remedies bridges the gap between traditional philosophy and modern science. While further research is essential, the convergence of nanoscience and homoeopathy paves the way for a deeper understanding and wider acceptance of this holistic system of medicine in the 21st century.

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treatment of tinea corporis infection with an individualized homoeopathic remedy

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Abstract

This is a case report of treatment of Tinea Corporis infection with individualized Homoeopathic medicine through constitutional approach. Dermatophytosis is the most common and highly contagious fungal infection of the skin and is known in common language as "ringworm" or "daad" due to its ring-like appearance. Dermatophytes are fungi that are capable of causing superficial skin infections called ringworm or tinea. Mainly 3 types of genera named Trichophyton, Microsporum, and Epidermophyton cause tinea infections, having been classified according to their site of affection like Tinea Cruris, Tinea Corporis, Tinea Pedis, Tinea fasciae, Tinea Barbae, Tinea Capitis.

Key Words : Tinea Corporis, Individualized Homoeopathic medicine

Introductions

Superficial dermatophytosis affects 20-25% of the world population and is a common infective dermatosis in clinical practice. What was once considered an innocuous, easy-to-treat infection of tropical and subtropical countries, mainly seen during the summer and rainy seasons, has now become a perennial and difficult to treat entity in India. According to recent studies, there has been an increase in the incidence of dermatophytosis across the country in the past decade and especially so over the past 5-6 years. (1)

Ringworm of the glabrous skin can occur anywhere on the body. It is caused most often by Trichophyton species. The lesion starts as a papule which spreads ringlike peripherally with central clearing. The lesions are usually circinate with an active border consisting of vesicles and scaling. Distribution-Waistline, axillae, buttocks, other parts of the trunk and extremities but not palms, soles and groins. (2)

Typical infections consist of

erythematous, scaly plaques, with an annular appearance that accounts for the common name "ringworm." Deep inflammatory nodules or granulomas occur in some infections, most often those inappropriately treated with mid- to high-potency topical glucocorticoids. (3)

Case Report

A 24-year male patient having complain of circular reddish, ring like eruption with central clearing over right thigh since 3 weeks. Severe itching++ which aggravated at night++ and ameliorated by antifungal ointment. Sometimes bleeding after scratching and associated with blackish discoloration.

Personal history

APPETITE-3 times/ day; regular-THIRST-½ to 1 liter/ day; pot water

DESIRE-not specific-
AVERSION-not specific
URINE-normal; pale yellow-
STOOL-regular bowel habit; sometimes constipated
SLEEP- 8-9 hours; refreshing-
DREAMS -dreams of daily life sometimes
PERSPIRATION-moderate; on forehead-THERMAL-hot
DIET-non veg-ADDICATION - no any history

Past History/Operative History

Malaria (4-5 years ago)
Jaundice (10 years ago)
Same eruption over abdomen before 1 year treated with antifungal ointment.

H/O Milestone/Allergy/ Vaccination

all milestones were developed at proper age. All vaccination is done

Family History: Father-alive / healthy Mother-death

Menstrual History : not applicable

Physical Examination:

Vitals:

- 1.BLOOD PRESSURE -120/78 mmHg
- 2.PULSE-74/min
- 3.RESPIRATORY RATE-18/min
- 4.TEMPARETURE-98.6 F
- 5.SPO2- 99% on RA

Systemic Examination

1. **Respiratory Examination-** B/L Airway Entry Clear
2. **Cardiovascular Examination-** S1 S2 Heard
3. **Central Nervous Examination-** Conscious & Oriented
4. **Gastro Intestinal**

Examination- Peristaltic Sound Present

5. Skin & Mucocutaneous Examination- Circular, Reddish Rings (Ringworm) Eruption Over right thigh

Investigation- not applicable

Differential Diagnosis -

1. nummular dermatitis
2. tinea versicolor
3. psoriasis

Provisional Diagnosis- Tinea Corporis

Confirm Diagnosis- Tinea Corporis

Mental And Life Span-

1. Religious ++
2. Anxiety ++
3. Quite wants to be. Aversion to quarreling.
4. Calm nature
5. Suppressed feeling of anger.
6. Ailment from reproaches

Analysis and evaluation of case

1. Religious (mental general)
2. Calm nature (mental general)
3. tranquility (mental general)
4. Anxiety (mental general)
5. Ailment from anger suppressed (mental general)
6. Ailment from reproaches (mental general)
7. Hot patient (physical general)
8. Thirstless (physical general)
9. circular reddish, ring like eruption with central clearing over right thigh, Severe itching++ which aggravated at night++ (physical particular)
10. bleeding after scratching and associated with blackish discoloration. (physical particular)

Miasm: Sycotic

Totality of symptoms

1. religious
2. calm nature
3. tranquility
4. anxiety
5. ailments from anger suppressed
6. ailments from reproaches
7. circular reddish, ring like eruption with central clearing over right thigh, Severe itching++

Repertorization

Group of Medicines:

Staphysagria-8/5
Nat. mur.-12/6
Sep.-12/5
Aurum met. - 8/4
Carc.-6/4

Prescription: Staphysagria 200 2 dose Sac. Lac. Bd for 15 days

General management: Wash hand properly Maintain personal hygiene. Drinks plenty of water.

Follow Up:

FOLLOW UP-PRESCRIPTION

After 15Days-Better 30%-
Circular, reddish ring eruption is decreasing in size.-
Also, light in color-
Itching++-
Itching < night-
App./ thirst-NAD-
Sac. Lac. 3 dose OD Phytum TDS for 15 days
After 15Days-
Better >80%-
Circular reddish ring in decrease in size and in color.-
Itching mild decreased-
Itching < night-
App./ thirst-NAD-Rubrum 2 dose HS Sac. Lac. BD for 15 days
After 15 days-
No any complain of eruption present.-
Eruption dissolve and no visible identifying margin present.-
No itching present.-
App./thirst-NAD-SL 2 dose stat
Phytum BD for 15 days

Discussion:

Tinea Corporis is very common condition prevailing into the society now-a- days. Due to improper hygiene, contagious nature of fungi, moist area with excessive perspiration and stress play major role in development of Tinea corporis infection. With the help of individualized homoeopathic medicines, we can treat the Tinea corporis infection and also break the tendency of recurrent Tinea infection because of its constitutional nature. So, from this work we can conclude that the homoeopathic medicines are very useful in treatment of Tinea infections.

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How homoeopathy works-An idea

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Introduction :

The question "how homoeopathy works" comes to the mind of doctors, scientific community & sometimes to some conscious patients also since more than 200 years. Recently when I visited the house of an old educated patient, he asked me the same question "how homoeopathy works" I answered him shortly according to my thoughts. That triggers me to write on this very interesting topic.

Many university academicians tried to explain about potentised homeopathic medicine (apparently invisible drug material) and its effect on cells & published it in medical journal. Recently many positive clinical research news coming from institutions in India. Previously there was no such interest in wide research in Govt. level. However it's mode of action still obscure.

Though great Dr. Samuel Hahnemann explained rationally how homeopathic cure takes place by his dynamic theory and established this special clinical science at those old days, when the array of science was not so advanced.

So, here is the utility of this type of article. I am not a scientist but a practitioner, lover (wrote articles related with homoeopathy published in www.homeobook.com & other places) & still a student of homoeopathy, tried to understand and share how it works & how the minimum dose effect on human body and how the high scale of potential medicine retain the medicinal effect-far away from mother tincture, according to my own understanding, capacity and thought.

Explanation : The medicine we give to the patient is placed on the tongue (diluted in water or globules diluted or dissolve in saliva) or mouth to work through oral route, where there are many receptors (nerve endings). At the receptors the homoeopathised water or charged water stimulates the nerve ending in the manner of some signals (contain medicinal image). Receptors as biological transducer play a great role to transform it as signal. That stimulation able to

produce action potential, conveyed through afferent fibres as signal and goes to the brain. Apart from sensory-motor activity via afferent & efferent fibres, in the brain there are mirror image of different parts of the body (foot, limbs, trunk, abdomen, eyes, mouth, teeth etc.) with centres for various parts of the body. We term it areas grossly. Different medicine produces signals with different image at brain. Brain analyzes or clarify the signal with symptom complex of given medicine. That signal of medicine has affinity of body parts-organ or some sphere of its action with capacity to produce some irritation or inflammation like action of its target area (primary action) along with having some effect on tissue, brain help to propagate it reflexly. When it does in distal parts (on or around diseased area), it also happens in the brain. It happens when one or two doses high potency given and its effect observed.

Sometimes that signal is action specific especially in lower potency, needs frequent repetition to make change.

Due to similar but different in kind stronger stimulation of outsource (medicine), (It should also be kept in mind that for the production of disease, there must be some irritation, along with affinity of the body helps development of (natural) disease -expressed or signals outwardly by means of sign & symptoms) brain-body starts to accelerate its healing power or own protective (defensive) mechanism after the primary effect of medicine by increasing or modifying local circulation or cellular response or by increasing or decreasing cellular permeability, - accentuation of its protective neurohumoral mechanism, by increasing draining system etc. along with healing effect of medicine (conjoint action vital force & medicine). From neuronal head by secreting some internal chemicals - the neurotransmitter, play a great role to convey message from brain to target area, under the influence of medicine brain influences specific type of neurotransmitter to act. Brain receives only those signals by mean of medicine, where there are expressions from the sick parts the similar sensation or

state, otherwise it will be ineffective. That means brain receives analogous stimulatory signals produced by given medicine, during diseased state to make its effect (Irrational forceful repeated employment produce drug or medicine induce disease).

From outsourcing stimulatory mechanism may be a single dose, according to case it needs more than one (considering condition of patient) and stronger stimulation is needed depending upon the status of the case & feedback from the patient or patients family also by examining or seeing objective signs, by rechecking the alteration of symptoms in next consultation. The duration of action of medicine and rule of 2nd prescription also taken into consideration.

Each given medicine is diluted even in infinite dilution contains its original source drug character including some additional or altered, found in drug proving (potentised medicine proving, as it has widen effects)- having capacity to produce specific type irritation at its target area.

In the process of potentisation, drug or medicine is diluted & by the action of succussion or trituration quantity of the original source substance reduced but it's quality (means capacity to make irritation or change in or around tissue) increased, the whole alcohol or sugar of milk (C₁₂H₂₂O₁₁, H₂O) (what we use as vehicle) become the medicine. Then very minimum quantity of this medicine or its structure (the chemical or physical structure of the medicine take the form of vehicle when it passes through extreme serial dilution with successions in each step) retain its precursor drug character including some additional. It's structure even in very minimum quantity by the process of friction mechanism can change the quality of atom of alcohol (C₂H₅OH) by induction procedure or by stirring mechanism change the quality of atom of H₂O.

In the very lower potency (centesimal or decimal) (like 1,2 or 1x,b etc.) medicinal molecules or drug substance (or its structure) make loose bond with alcoholic structure (by adhering with C₂H₅OH), here we get drug material effects

(material dose goes via circulatory system). When this lower potency goes through the further step of higher potentisation, it become intact structure (though it is minimum), when it gets vigorous shaking or succussions with addition of definite amount of alcohol, also attains the quality to transform the alcoholic structure to behave like medicine (like magnetic influx transform the iron piece into magnet by friction mechanism) with widened effects. The strength of potency like 6, 30, 200 etc. of centesimal or 0/1, 0/2, 0/3 (or M/) etc. of 50 millesimal potency signify medicinal power with increase o! penetrating capacity, uses according to need or stage of disease or result of previous acted medicine.

Further potentisation by addition of definite alcohol and vigorous succussions as per rule. Here more power is formed, when previous potency (structure & strength) tries to go through the seemingly intact media during vigorous succussions, the alcoholic structure attain the quality of medicine along with powers. (here conglomeration & fusion occurs) This is more dynamic medicine with deep penetrative & widened medicinal action.

In globules medicinal structure adheres to globules or its pores, retain as ionic state even after drying. When medicated globules diluted in water by stirring mechanism then that water becomes homoeopathised water. And when single medicine diluted in water, after the initial process stirred vigorously in cup is (homoeopathic) charged water & one spoonful is given: (we can call it in 50 millesimal potency). Hydrogen and its associated atoms takes the charge of medicine.

As the high potency comes through the process of many successions and ultra dilution it is more powerful.

Many times homoeopathic medicine gives better result when given in homoeopathised or charged water from & dose is perfect.

Fast action doesn't always mean the beneficial result. The effect it produces should also be considered as action, initial troublesome aggravation also

comes under the heading of action. (when the dose and potency is stronger).

Sometimes without such neurohumoral mechanism (when there is no such pathology) only just irritation or stimulation to the affected area or nerves produce soothing effect. Example- Simple nausea - due to irritation of pneumogastric nerve produce nauseatic tendency, when it goes to the medulla. Ipecac the homoeopathic medicine when employed on the basis of patients symptom of constant nausea, it goes to the brain as signal-the brain (generally cortical area. Though different but every parts of the brain or nervous system interdependent to each other) transform the signal to impulse and send it to the medullary area to just stimulate and soothes the irritation of neumogastric nerve and nausea subsides.

It acts via nervous system (electrical system) connected every parts of the body by neuronal network. This network is the part of the living body-higher centre of it is brain- the vital organ, including local

centre, some act as auto generator-help to maintain circulation, breathing; helping humoral mechanism, helps growth, help to produce immune response that means structure and its animating force-what our master Dr. Samuel Hahnemann wanted to mean it as vital force, it's existence in every sphere, in the whole body. Harmonious action of every system without irritation & man experience the easiness, is the - vital principle-in good state.

Action of medicine stimulating defense mechanism via neuronal activity is the dynamicity of homoeopathic medicine. Sometimes healing mechanism first starts at the mirror image or concern areas in brain before local healing, here we can relate homoeopathic aggravation. Aggravation due to primary action of medicine (effect of powerful hydrogen+), secondary curative action comes later (effect of medicine + vital force).

When irritation or disharmony in systems or parts, make the man sick - here polychrest medicine work in the same way as mentioned earlier.

[Body affinity specific high potency polychrest wide acting remedies act as constitutional and its employment modify specific type of irritation (disease), tendency of the cells/tissues that is genetically determined, when influence by environment with internal derangement with specific type of expressions (miasmatic) & time to time or need based employment as homoeopathic anti miasmatic medicine may modify or curtail the growth of disease in long run treatment.]

In gist: Nervous system from oral route convey medicinal signal of homoeopathised or charged water or dry medicated globules or powder dose to the higher centre - Brain, there after reflexly to the target area, in the invisible way. Visible by ameliorating or curing effect,

Concluding remarks: Dispensing of medicine of different scale differs in practitioner to practitioner. Some prefer medicinal globules or sugar of milk, some prefers trituration form of medicine to serve in grain spoon or tablet form (1-4 tab), some prefer repeat frequently liquid or water

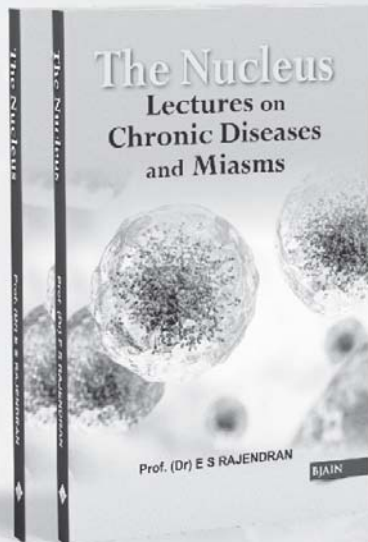
doses (few hours to regular or alternate days) etc. However as the title given "How homoeopathy works", so I tried to explain considering all scale of potencies, Though I practice differently, in many occasions, in my writings I named it for better understanding according to my dispensing procedure.

Actually it is a complex process and it is difficult to exhibit the exact way of homoeopathic actions. However my article will open the door of further thought for benefit of the patient.

If the homoeopathic community read this article, they may have relative understanding and confidence about employment of the homoeopathic medicine, specially junior doctors and employ it judiciously and safely.

I shall be happy if scientists of the world try further and explain elaborately or perfectly in scientific language by this route or throw more light on this curious and interesting topic after publish of this article - what I have tried to write according to my capability on the basis of supposition & observation.

BJAIN



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Dr. E.S Rajendran

Significance of observation in case taking

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ABSTRACT:-

Observation is the act of watching somebody/something carefully for a period of time, especially to learn something. [1] Master Hahnemann in his essay 'Medical Observer' writes, "True it is that the careful observer alone can become a true healer of disease". The duty of the observer is only to take notice of the phenomenon and courses of the disease. His attention should be such that, nothing which is present, would escape his notice. Attention is required in observing so that what he observes is understood exactly as it is. It must be chiefly acquired by practice, by refining and regulating perception of senses. Hence it is true that only a careful observer can be a true healer. [3]

KEYWORDS:-Observation, Case Taking, Refining, Regulating, Perception, True Healer

INTRODUCTION:-

Firstly what is case taking? Master Hahnemann defines it as an individualizing examination of a case of disease. Case taking is a unique art of receiving information from a patient as well as from bystanders to define the patient as a person and diagnose the disease. [3]

Depending on the circumstances and the patient's condition, sometimes the observations made by the physician or the narration by the patient or information provided by the attendants alone may be sufficient to define the problem of the patient. And hence observation plays a significant role for a homeopath in successful case taking. [3]

OBSERVATION AND HOMEOPATHY:-

Master Hahnemann realised that the medicine practiced at that time did much harm and instead of giving a relief it increased the suffering of patient. So he gave up on his practice and started the work of translation. Around 1784, he made his living chiefly as a writer and translator. While translating William Cullen's 'A Treatise on the Materia Medica', he encountered a paragraph which stated the curative power of 'Cinchona', the Peruvian bark in treating malaria because of its 'astringency' (bitterness). He believed that other astringent substances are not effective against malaria and began to research cinchona's effect on human body by self-application. And as a result it produced malaria-like symptoms in him. He concluded that cinchona cured malaria in sick because it can also produce the malaria like symptoms in a healthy person. Thus he gave the principle of 'Similia Similibus Curenter'. This was only possible because of **inquisitive observation** of Master Hahnemann. Thus it is

understandable that from the beginning of homeopathic science, how much significant role, observation plays in homeopathy itself.

MASTER HAHNEMANN'S VIEW ON OBSERVER:-

In his lesser writings of "The Medical Observer" he has stated that- In order to be able to observe well, the medical practitioner requires to possess, what is not to be met with among ordinary physicians even in a moderate degree, the capacity and habit of noticing carefully and correctly the phenomena that take place in natural diseases, as well as those that occur in the morbid states artificially excited by medicines, when they are tested upon the healthy body, and the ability

to describe them in the most appropriate and natural expressions. [2]

In Organon of medicine he has also stated aphorism about how an observer must be unprejudiced-

Aphorism 6 – Unprejudiced observer [4]

Observation is regulated perception of events under conditions presented by Nature. It is perception with a definite purpose. Observation is finding a fact. But if we want to be true seekers of truth we must develop strict "intellectual morality" of recording all facts that come to our notice, instead of reading into things our preconceived notions. Our observation is apt to be vitiated by two factors, non-observation and mal-observation. [4]

In non-observation we do not observe something and in mal-observation we observe a thing wrongly. [4] For example if there is a patient who has fair skin and fatty, flabby body so there will be a prejudice that the patient must be *Calcarea Carbonica* only and will try to form a picture of *Calcarea Carbonica* even if it is not.

So an observer must be free from all bias, preconceived notions and ready to accept facts and truths induced from them, even if these truths be radically opposite to those purposefully held. [4]

Hahnemann holds fast to observation of phenomena, which in correctly and completely recorded, minimises the chances of error. [4]

In order to form the true and only conceivable portrait of disease, the physician should be able to collect all perceptible signs and symptoms of a disease through his sound senses. [3]

A physician should be able to focus his full attention on observing the facts and the phenomenon of disease. A true observation cannot be done without proper attention. [4] He gave a few points in favour of observation:

-The medical practitioner requires possessing the capacity and habit of noticing carefully and correctly.

-He should direct all his thoughts upon the matter in hand and should come out of his self.

-Great patience supported by the

power of will, should sustain him.

-The best opportunity for exercising and perfecting our observing faculty is afforded by instituting experiments with medicines upon us.

-He must restrain himself from poetic fancy, fantastic wit, speculation, overstrained reasoning, and forced interpretation and from a tendency to explain things. [3]

A physician should be able to translate his observation into words by using the most appropriate expressions. Intensity, circumstances, association and other details of all expressions must find a place in the record without changing its meaning. Notation should be candid and in the patient's own words as far as possible. [3]

In **Aphorism 90** Hahnemann stated that: the physician observes and makes note

of the patient's behaviour, facial expression, dullness, way of answering and other detailed findings during physical observation. He should contrast these with those that existed during his healthy state to differentiate whether the findings are a part of the disease or a part of his constitution. This also helps to understand true concomitants of disease. [3]

OTHER VIEWS:-

According to **George Vithoulkas**- In 'closed' patients who provide very few symptoms, objective observations take on added importance. The physician must note down every gesture, every nervous action, etc. - restlessness of fingers, restlessness of body or feet, excessive irritability, loquacity, the time taken to answer questions, difficulty in finding right words, easy blushing of face, facial expression, swellings around eyes, colour of skin, falling of hair, biting of nails, timidity of expression, perspiration of palms or body, odours etc. [5]

Objective observations are important guide in infants, unconscious patients, insane, deaf and dumb patients, and patient with a different language.

Here observation again plays a crucial role. As for example:

1. Great anguish and restlessness. Changes place continually. - *Arsenicum album*
2. Fears death but believes that he will soon die; predicts the day. - *Aconitum napellus*
3. Fears touch, or the approach of anyone. - *Arnica Montana*
4. Takes cold at every change of weather. - *Calcarea carbonica*
5. Quincy suppurating tonsils from every cold - *Baryta carbonica*
6. Agonizing cutting pain in abdomen causing patient to bend over double - *Colocynthis*
7. Cannot bear anything tight anywhere. - *Lachesis mutus*
8. Consolation aggravates. - *Natrum muriaticum*
9. Weeps easily. - *Pulsatilla pratensis*
10. Motion always "limbers up" the Rhus patient, and hence he feels better for a time from a change of

position. - *Rhus toxicodendron*

11. Sinking feeling at stomach about 11 a.m. - *Sulphur* [6]

Dr. Farokh J. Master has written in one of his articles and editorials in 2006 on "Random Notes on Pediatric Case-Taking" about non-verbal symptoms or observation of the child that- How does the child sit; how does the child stand; how does he walk; what clothes he wears; whether he wants a cap or he wants a coat; he wears a shoe or he does not wear a shoe; his behavior; his gestures; his body language; the color of the hair; the color of the eyes; the discoloration of the tongue; the shape of the abdomen; and also discharges which are coming from the various parts of the body like stool, urine, perspiration etc. [8]

Boger's view- As patient presents themselves, it is **first duty** of the physician to observe them closely, noting the facial expression, manner, mode of actions, habits and all external manifestations. This often gives the key to the whole case without asking a single question. [3] According to **Dr. J. T. KENT**- After the physician has written down all the information in accordance with the directions of § 85 for the taking of the case he then commences to observe as much as he can concerning the disorder, but more particularly those things which the patient would conceal, or cannot relate, or does not know. Many patients do not know that they are awkward, that they do peculiar and strange things in the doctor's office- things that they would not do in health, and these are evidences of change of state. [7]

The physician also notes what he sees, notes odors, the sounds of organs, chest sounds, intensity of fever, by his hand or by a thermometer, etc., and when he has gone over this entire image, including everything that can represent the disease, he has secured all that is of real value to him. [7]

The things that you can see, i.e., the changes in the tissues, are of the least importance, but what you perceive in the patient himself, how he moves and acts, his functions and sensations, are manifestations of what is going on in the internal. [7]

CONCLUSION:-

A physician must be a keen observer like Master Hahnemann. Elizabeth Wright writes, 'A well taken case is half cured'. [3] This shows the importance of strong case taking and thus we can conclude that how much significance, observation holds in case taking and how it can lead a path towards simillimum. Hence it is true that the careful observer alone can become a true healer of disease.

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Case study series-31

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Answer to the case of rheumatoid arthritis (U 5, V 5, X 5 and Y 5 remedies)

Remedy U -5

Perseverance, strong willed, giving 100%, doing very hard work, industrious, loquacity.

Ferrum Met 1 m

About *Remedy V - 5*

As there is no change. I re-considered the rubrics.

Loquacity, industrious, wrong suffered has, constipation

Lachesis 0/8 followed by Lachesis 0/10.

This remedy also seems to have helped partially.

About *Remedy X 5*

Again I paid keen attention to every rubric I took. The question that came to me was is the loquacity exact presentation of her expressive nature? What I observed is that she gives answers in unexpected lengths. So I searched for some closer rubric and that is speech (intentional, regarding the subject) extravagant-there is an interesting remedy there-Cannabis indica. This remedy, being a drug executes tremendous energy (elevation of energy in depressive circumstances-as like in this case). So to me this is a better option than other remedies in this rubric.

So *Remedy X 5 is Cann I*

This remedy seems to have acted beautifully. So I gave it up to 1 m power.

About Remedy Y -5

Now she has developed a new set of symptoms. Means it's an indication for a new (different remedy than the previous one) remedy.

Eye discharge, coryza, cough, calves pain, back pain, family history of DM -Tuberculinum.

So *Remedy Y 5 is Tuberculinum*.

One moth after this remedy, she needed no treatment.

-----New Case-----

A case of viral keratitis with shalow ulcers

Actually it is an emergency. We can help such ophthalmic patients also.

2-5-25

K Shah

Female 42 yrs

Viral keratitis

DM since 8 yrs on oral hypoglycemics . Likes to travel and explore new places. Stage performer.

Remedy W-5 0/16 x 2 hrly, adv to continue DM drugs.

5-5-25

Sir- When did you come to see me first time?

Pt-on 2 May I came to you because i had irritation in my eyes along with stickiness. First I went to the ophthalmologist who said there are white spots (ulcers) on the eyeball along with swelling and pain. There was something stitching from inside. I also got blurred vision due to it. I could see better from one eye and blurred from another one. I felt as if I should remove something which was in front of the eye.

Sir- what kind of thing ?

Pt-the similar one as we feel after some dust like particle in eyes. I was washing frequently but it was in vain. Then as i said earlier, the ophthalmologist diagnosed it as a viral infection. Sir-what changes did you feel after my medicine?

Pt-today is only the third day since I am taking your medicine and on the second day as i was taking medicine 2 hourly, the pain i was having in eyes stopped completely and blurred vision started to improve. The only hair-like sensation in my eye was remaining. Swelling and redness reduced a lot.

Sir-how was yesterday?

Pt-only slight hair inside like irritation was there but without pain and vision was good.

Sir-And how is it today?

Pt- very slight redness on eyelids slight swelling but no pain.

Sir-overall how much improvement did you feel?

Pt- Stickiness was severe which was improved on the second day. It was so annoying initially that i had to go to the washroom with closed eyes at night . Eyes could only open when I washed them with soap. Sir-For how many days you took medicine from an ophthalmologist?

Pt-I was taking medicine since 2 weeks from him during which i completed 2 courses of antibiotics and the third time I was again going to start with a

new course but I thought as I take your medicine for other complaints so I should take it this time too.

Remedy W5 - 0/16 x 2 hrly
8/5/25

Pt-I visited the ophthalmologist today who said infection is reduced a lot and white dots (superficial ulcers) have become lighter.

The only feeling today is slight blurred vision from one eye while reading only and can see clear with the other one. The irritation and hair like sensation is completely gone. Feeling as if something hairlike inside one eye due to which vision is blurred.

Again I took the case as minor superficial ulcers are still there though very less and corneal edema is also negligible.

State of Mind

Sir: You should do yoga and meditation.

Pt : Sir, you can only do all that when you actually feel like doing something. I don't even feel like living. I understand everything, but I don't want to do anything. I keep thinking, I keep comparing myself to others. People my age enjoy so much, but I can't do anything.

I love singing, planning programs, joking around, anchoring, and writing poetry. People even appreciate me for it, but I'm not able to move forward. I can't turn my talent into a source of earning. That's what disappoints me.

People of my age are enjoying their lives, and here I am diabetic, unable to play in the sun, unable to digest my favorite food, suffering from migraine and PCOS-I can't live a normal life. I get tired in everything. Even spreading a bedsheet or climbing stairs makes me breathless. Because of that, I don't even feel like exercising. For years, I've wondered- everyone gets sick and then recovers, so why don't I? This is a disappointment I don't even wish or try to overcome anymore.

Mind:

I love cleanliness-whenever I'm upset, cleaning makes me feel better. But now tiredness makes me feel hopeless. Even if things are lying around, I just leave them there; it doesn't bother me. I don't feel like dressing up daily or taking personal care-I just do things out of compulsion.

I can be thirsty and still not drink water for 5-6 hours, even though I know I should. I know if I skip breakfast, my sugar will rise, yet I don't eat. Many times, I skip dinner too- I'm scared of hyperacidity, scared of bloating and the uneasy feeling that comes if I eat three times a day. It feels like I just want to stay in my room-listen to songs, sleep, or waste time on my phone. Even though I stay at home, I can't follow a proper daily routine. I cook twice a day only out of duty and dullness. I like being alone and want to stay away from crowds. I do go out with others, but I don't enjoy being there. I'm tired of everything.

My Happiness :

Talking to someone I like, eating my favorite food, watching movies, and dancing.

Husb : She is having Frequent mood swings, anger and irritation.

Pt : People don't understand what I'm trying to say. Whatever I express from my heart, they just label it as anger or irritation- so I don't even feel like speaking anymore. That's another disappointment.

In short, I do believe in myself - that whatever I do, I'll do well- but I'm not able to do anything, neither in my household life nor professionally. I have many dreams, but the disappointment of not being able to fulfill them is heavy.

There's no happiness, no enthusiasm-I just keep doing whatever needs to be done out of duty and responsibility.

At night, while sleeping, I suddenly start feeling breathless and uneasy. Whenever I'm on stage and take the mic, at first my hands start trembling, my heartbeat becomes fast, and I can feel a nerve in my spine shaking. After about five minutes everything settles down. I know that I can anchor and sing very well, yet I don't understand why I feel this kind of fear.

Anchoring ++, dresses ++
Remedy Z 5 - 1 m x 3 doses x 4 hrly and SL x 45 doses
15-5-25

Definitely there is improvement in energy and loss of interest. Its up to 40%.

Remedy Z 5- 1 m one dose.

The inflammation of the cornea is almost gone.

Follow up after a week with the ophthalmologist is a normal eye.

The role of characteristic particular symptoms

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The Role of Characteristic Particular Symptoms and Related Rubrics from Synthesis Repertory in the Homoeopathic Management of Acute Respiratory Illness in Children (Age 3-12 Years): A Clinical Study

Abstract : Acute respiratory illness (ARI) is a leading cause of morbidity among children, adversely affecting their daily functioning and development. Conventional treatments often address symptoms rather than the individualized susceptibility of each patient. This study evaluates the role and significance of characteristic particular symptoms and their related rubrics from the Synthesis Repertory in managing ARI in children aged 3–12 years. Thirty cases were treated using repertorization with RADAR software, and results showed 83.34% of cases improved, 10% fully recovered, and 6.67% showed no significant change. The study confirms that individualized remedy selection based on specific symptoms enhances clinical outcomes in paediatric ARI management.

Keywords : Acute respiratory illness, children, characteristic particular symptoms, Synthesis Repertory, homoeopathy, RADAR software, repertorization, paediatric care.

Introduction :

Acute respiratory illness (ARI) remains a major contributor to childhood morbidity, resulting in frequent consultations and school absenteeism. Conventional treatment modalities often focus on symptomatic relief, offering limited scope for individualized therapy. Homoeopathy, rooted in the principles of totality and individualization, advocates for remedies based on peculiar and striking symptoms that reflect the patient's unique susceptibility.

Paediatric cases, however, present particular challenges. Children's inability to express mental or emotional symptoms limits reliance on general symptoms, making it imperative for clinicians to focus on localized, characteristic symptoms. The Synthesis Repertory, developed by Dr. Frederik Schroyens, offers detailed paediatric rubrics, enhancing case-taking and repertorial analysis.

This study explores the significance of such rubrics in improving prescribing accuracy and clinical outcomes in ARI management among children aged 3–12 years.

Materials and Methods

Study Design- A prospective

experimental uncontrolled clinical trial was conducted from 2022 to 2025 in the outpatient department, inpatient wards, and peripheral clinics associated with the homoeopathic medical college.

Sample Size- 30 cases were selected randomly based on predefined inclusion criteria.

Inclusion Criteria- Children aged 3–12 years. Presenting with at least 2–3 characteristic particular symptoms. Diagnosed with ARI (upper or lower respiratory tract infection).

Exclusion Criteria- Severe or irreversible pathology. Immunocompromised children. Emergency surgical cases. Cases with fewer than two peculiar symptoms.

Case Recording- A structured format was used to record symptoms, emphasizing PQRS symptoms (Peculiar, Queer, Rare, Strange), modalities, location, and concomitants. Investigations such as blood tests, imaging, and physical examination supported the diagnosis.

Repertorization Process- Symptoms were repertorized using the Synthesis Repertory via RADAR software. The final remedy was selected by cross-referencing the repertorial totality with Materia Medica.

Outcome Assessment- Patients were followed up based on clinical severity and symptom progression. Outcomes were classified as:

Recovered: Complete symptom resolution without relapse for six months.

Improved: Noticeable improvement but ongoing treatment.

Not Improved: Little or no symptomatic change.

Results

Demographic Profile
Parameter-Frequency (%)

Gender

Female -17 (56.66%)

Male-13 (43.34%)

Age Group

3-6 years-8 (26.66%)

6-9 years-11 (36.66%)

9-11 years-6 (20%)

Parameter-Frequency (%)

11-12 years-5 (16.67%)

Mean Age -7.87 years

Type of ARI

Type of Infection -Frequency (%)

Upper Respiratory Tract 20 (66.67%)

Lower Respiratory Tract 10 (33.33%)

Common Rubrics Used

Rubric-Frequency (%)

Throat-swallowing-aggravation-10 (33.3%)

Dry cough-7 (23.3%)

Cough aggravated by cold air-5 (16.7%)

Difficult respiration-4 (13.3%)

Thick yellowish nasal discharge -4 (13.3%)

Remedies Prescribed

Remedy -Frequency (%)

Belladonna-7 (23.3%)

Allium cepa-4 (13.3%)

Kali bichromicum 3 (10%)

Others-16 (53.4%)

Outcome Assessment

Outcome -Frequency (%)

Recovered-3 (10%)

Improved -25 (83.34%)

Not Improved -2 (6.67%)

Follow-up Duration

Duration -Frequency (%)

Within 3 days 12 (40%)

Within 7 days 10 (33%)

Within 1 month 3 (10%)

Mean response time: 6.47 days

Potency Distribution

Potency -Frequency (%)

30C -14 (47.37%)

200C -16 (52.63%)

Discussion

The results corroborate that characteristic particular symptoms are vital in paediatric ARI management. The inability of children to describe general or mental symptoms makes reliance on localized, peculiar symptoms essential. The Synthesis Repertory's paediatric-specific rubrics facilitated accurate and fast remedy selection, helping practitioners differentiate between similar presentations.

The majority of cases improved within a short period, highlighting the potency of individualized prescriptions. Moreover, the careful use of repertorization tools prevented polypharmacy and promoted safer treatment pathways.

These findings align with homeopathic principles of totality and individualization and extend the evidence for using repertorial

methods in acute paediatric care.

Conclusion

The study demonstrates that analysing characteristic particular symptoms through the Synthesis Repertory significantly enhances the management of ARI in children aged 3-12 years. The repertorial approach empowers clinicians to make individualized, precise prescriptions, resulting in quicker recoveries and reduced need for conventional drugs.

Further studies with larger populations and comparative designs are warranted to confirm these findings and refine homoeopathic treatment protocols.

Acknowledgements

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Pain unraveled : A narrative review on homoeopathy's role in pain management

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Abstract

Background : Pain is a significant public health issue worldwide, leading many patients to explore complementary therapies like homoeopathy. Despite its popularity, its clinical effectiveness is still debated.

Objective : This study evaluates the evidence for homoeopathy in both acute and chronic pain conditions.

Methods : A narrative review of randomized controlled trials, observational studies, and systematic reviews was conducted. Sources were identified through Pub Med, Embase, Scopus, Cochrane Library, EBSCO, and Google Scholar.

Results : The evidence for homoeopathy in pain management is inconsistent. Chronic low back pain and fibromyalgia have stronger research backing, with several trials showing slight improvements in pain intensity and function. Evidence for headaches and general musculoskeletal pain is weak or unclear. Limitations such as small sample sizes, diverse remedies, and challenges in understanding homoeopathic mechanisms affect the strength of the findings.

Conclusion : Homoeopathy may offer minor benefits for some chronic pain conditions but lacks strong evidence as a stand-alone treatment. More high-quality, large-scale clinical trials are necessary.

Keywords

Homoeopathy; Pain Management; Chronic Pain; Fibromyalgia; Low Back Pain; Complementary Therapies; Randomized Controlled Trials; Musculoskeletal Pain

1. Introduction

Pain is one of the most common reasons patients seek medical help. Around 20-30% of adults worldwide experience chronic pain, which greatly affects quality of life and adds to disability, depression, and financial strain. Conventional treatments,

including nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, antidepressants, and physiotherapy, often do not provide complete relief and can have side effects. This has led to increased interest in complementary and alternative medicine (CAM).

Homoeopathy, created by Samuel Hahnemann in the late 18th century, relies on two main ideas: "like cures like" and "potentization" through repeated dilutions paired with shaking. Many high-potency remedies go beyond Avogadro's number, raising scientific questions about their validity and how they work.

Despite doubts, Homoeopathy is frequently used for chronic pain, especially when standard treatments fall short. This narrative review presents current clinical evidence on Homoeopathy for pain management. [1,2]

2. Methods

A narrative review approach was chosen to summarize a wide range of evidence. The literature was searched across PubMed/MEDLINE, Embase, Scopus, Cochrane CENTRAL, EBSCO (AMED), and Google Scholar. Search terms included: Homoeopathy, pain, chronic pain, low back pain, fibromyalgia, musculoskeletal pain, and headache. Eligible sources were randomized controlled trials (RCTs), observational studies, and systematic reviews.

Data were collected on study design, sample size, type of intervention, outcomes, and limitations. Due to differences in studies, no meta-analysis was performed.

3. Results

Musculoskeletal and Low Back Pain

Musculoskeletal discomfort, especially persistent lower back pain (PLBP), is one of the most frequent reasons for CIH treatments. An observational study of traditional homeopathic treatment in individuals with chronic low back pain and other conditions indicated significant and lasting enhancements in symptom intensity and health-related quality of life, accompanied by decreased reliance on conventional healthcare services, although the lack of a control group hinders causal interpretation. A pilot study examining homeopathic treatment against standardized conventional therapy for chronic low back pain observed a notable decrease in disability scores in the Homoeopathy group post-treatment; however, this difference did not persist during long-term follow-up, leading the study to

suggest the need for larger, more thorough trials. A different randomized controlled trial assessed a homeopathic complex combined with physiotherapy in individuals with chronic low back pain resulting from osteoarthritis and indicated that this combination might provide better symptom relief than physiotherapy with a placebo, though the limited sample size hindered conclusive findings. Collectively, these studies indicate potential advantages of homeopathic therapy for lower back pain, yet are limited by methodological issues including small sample sizes, absence of blinding in various designs, and diverse treatment methods. [3,4,5,6]

Chronic Low Back Pain (CLBP)

CLBP is one of the most researched conditions related to Homoeopathy.

Evidence Summary

RCTs and observational studies indicate small to moderate short-term gains in pain and function with individualized Homoeopathy or combination remedies. Most studies are small and at moderate risk of bias.

Key Findings

- An RCT of individualized Homoeopathy (n=60) showed significant improvements in Oswestry Disability Index and McGill Pain Questionnaire scores compared to placebo.
- A German multicenter trial (n=192) using a homeopathic complex with naturopathy reported better function than placebo.
- Observational studies showed improvements in pain, function, and quality of life but lack proof of cause. [Table 1]

Musculoskeletal Pain

Research on arthritis, sprains, and general musculoskeletal pain reveals inconsistent results. • A CAM review for older adults found insufficient evidence to recommend Homoeopathy for musculoskeletal pain.

- Some small studies suggest benefits in acute injuries, but these findings have not been replicated.

Rheumatoid Arthritis and Inflammatory Joint Pain

Rheumatoid arthritis (RA) and other inflammatory arthritis types are painful, debilitating disorders where patients often look for complementary treatments. A randomized controlled trial involving RA patients evaluated personalized homeopathic treatments against placebo in conjunction with standard care, finding significant decreases in pain scores, joint indices, and inflammatory markers throughout the cohort over six months. Nonetheless, the trial indicated

that pain scores were unexpectedly lower following a period of placebo treatment compared to active Homoeopathy when sequences were analyzed, prompting inquiries into nonspecific effects and regression to the mean. Elevated dropout rates and alterations in standard medication during the trial complicated interpretation, and the authors highlighted that the study did not present robust evidence of Homoeopathy's specific efficacy beyond placebo. Overall, existing evidence for Homoeopathy in RA indicates that although patients might experience symptom relief with supplementary homeopathic treatment, there is still a lack of clear proof for specific remedy effects, necessitating larger, well-controlled trials. [7, 8, 9]

Dysmenorrhea

Primary dysmenorrhea is a common reason for ongoing pelvic pain and decreased quality of life in young women, leading many to pursue non-pharmacologic alternatives due to intolerance or worries regarding prolonged medication use. A randomized, double-blind, placebo-controlled trial involving university students with moderate to severe primary dysmenorrhea examined personalized homeopathic treatment compared to placebo, evaluating pain intensity, quality of life, and use of analgesics. The trial did not reveal a statistically significant difference in primary outcomes between groups, although both groups exhibited improvements from baseline, and only the homeopathic group showed significant reductions in pain intensity and specific quality-of-life areas within the group. These patterns align with placebo effects, natural symptom variability, and nonspecific therapeutic elements, and the authors pointed out that the study failed to demonstrate convincing proof of homeopathic treatments' superiority to placebo for primary dysmenorrhea. Current evidence indicates that Homoeopathy should not be endorsed as a standalone evidence-based therapy for primary dysmenorrhea; however, it might be viewed as a supplementary option in collaborative decision-making alongside proper counselling. [10]

Fibromyalgia

Fibromyalgia is characterized by widespread pain, fatigue, and sleep issues. Fibromyalgia boasts one of the more promising evidence profiles for Homoeopathy. A meta-analysis of 4 RCTs found significant improvements in pain, tender point

count, and fatigue with individualized Homoeopathy. An RCT (n = 62) showed enhancements in global health and severity of symptoms.[11,12]

However, sample sizes are still small, and the placebo effect is strong. [Table 2]

Headache and Migraine Disorders

The evidence is limited and inconsistent. A systematic review found 4 RCTs: one positive and three negative or inconclusive. Observational studies report improvements but lack control groups. Overall, current evidence does not support Homoeopathy as a primary treatment for migraines. [13, 14]

Mechanistic Considerations

From a standard biomedical viewpoint, highly diluted homeopathic treatments contest established pharmacologic dose-response theories, and a universally recognized mechanism of action has not been identified. Suggested models encompass nano-scale remnants, water structure theories, and signal-like phenomena; however, these ideas are still conjectural and frequently contentious in conventional scientific circles. Non-specific mechanisms might also play a crucial role, notably the therapeutic interaction itself: homeopathic consultations are generally prolonged and focus on empathetic listening, comprehensive history-taking, and holistic insights, potentially impacting pain perception through cognitive, emotional, and contextual influences akin to other mind-body and placebo effects. Recent pain research highlights the importance of expectations, conditioning, and clinician-patient communication in influencing pain pathways, indicating that elements of homeopathic care could impact central pain modulation systems independently of the specific remedy's actions. [15]

4. Discussion

This review highlights mixed-quality evidence concerning Homoeopathy in pain management. Some RCTs indicate significant improvements, particularly for chronic low back pain and fibromyalgia. However:

- Trials are small and varied.
- Remedies and potencies differ widely.
- Few studies include long-term follow-up.
- Publication bias often favors positive results.

Homoeopathy may have effects based on contextual and psychological factors, such as the interactions between patient and practitioner, expectations, and placebo effects. These elements can be clinically relevant, especially in chronic pain situations.

Modern pain management increasingly embraces a

multimodal, interdisciplinary framework that integrates pharmacologic therapy, physical rehabilitation, psychological interventions, and selected CIH modalities tailored to patient needs and preferences. Evidence based reviews show that certain CIH therapies-for example acupuncture, chiropractic, and massage-have more consistent data supporting their use in chronic musculoskeletal pain than Homoeopathy, although even these modalities often face methodological constraints. Within this broader landscape, Homoeopathy may be considered as an adjunctive option for some patients, particularly when conventional therapies are insufficient, poorly tolerated, or contraindicated, provided that patients are informed about the limited and mixed evidence base.

Clinical Implications

Homoeopathy may be considered as a supplementary option in managing chronic pain when:

- Patients are looking for non-drug therapies.
- Standard treatments are not enough.
- It is used under supervision and does not replace evidence-based treatments.

Recommendations for Research

Future studies should include:

- Larger multicenter RCTs.
- Standardized protocols and reporting on potencies.
- Investigations into mechanisms.
- Long-term outcomes.
- Clear reporting of negative results.

5. Conclusion

Current evidence suggests that Homoeopathy is widely used for pain and may be associated with symptomatic improvement in some musculoskeletal and gynecologic conditions, but robust proof of specific efficacy beyond placebo remains limited and inconsistent. Methodological challenges-including small trial sizes, heterogeneity of interventions, and difficulties in blinding and standardization-further restrict definitive conclusions and hinder integration into conventional pain guidelines. Given its generally favourable safety profile when properly practiced, Homoeopathy may be considered as an adjunct within a multimodal, integrative pain management plan, provided that patients are fully informed about the uncertainties of the evidence and continue to receive appropriate medical evaluation and treatment. High quality, collaborative research is needed to unravel more clearly the potential role and limitations of Homoeopathy in contemporary pain management. Although Homoeopathy shows potential benefits as a supplement for

chronic low back pain and fibromyalgia, but it lacks strong evidence as an independent treatment. Evidence for headaches and general musculoskeletal pain is weak or unclear. Challenges related to methodology and concepts continue.

Homoeopathy could be part of a broader pain-management strategy with proper patient guidance. Additional high-quality research is necessary.

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Table 1 Randomized Controlled Trials of Homoeopathy for Chronic Low Back Pain

Author / Year	Country	Sample Size	Intervention	Control	Pain Outcomes Measured	Key Findings	Limitations
Sharma et al., 2023 [3]	India	n = 60	Individualized Homoeopathy + standard care	Placebo standard care	ODI, MPQ	Significant improvement in disability (p=0.042) and pain (p=0.012)	Small sample; short follow-up
G�thlin & Walach, 2006 [4]	Germany	n = 192	Homeopathic complex naturopathy	Placebo	Functional disability, VAS pain	Improved function vs placebo (p<0.05)	Co-intervention (naturopathy) confounds effects
Joubert et al., 2018	South Africa	n = 80	Homoeopathy + physiotherapy	Placebo physiotherapy	VAS pain, ROM	Significant improvement in pain and ROM	Not Homoeopathy alone

Table 2 Randomized Controlled Trials of Homoeopathy for Fibromyalgia

Author / Year	Country	Sample Size	Intervention	Control	Outcome Measures	Main Results	Limitations
Fisher et al., 2005 [7]	UK	n = 62	Individualized Homoeopathy	Placebo	Tender point count, QoL, global assessment	Significant improvement in tender points and global health	Small sample; subjective outcomes
Bell et al., 2004	USA	n = 53	Individualized Homoeopathy	Placebo	Pain intensity, Fibromyalgia Impact Questionnaire	Modest improvement in symptom scores	Limited generalizability
Perry et al., 2014 (Meta-analysis) [6]	Multi-country	4 RCTs	Individualized or complex remedies	Placebo	Pain, tender points, fatigue	Pooled results show modest improvement	Heterogeneous studies
Robertson & Baker, 2010	UK	n = 30	Homeopathic complex	Placebo	Pain (VAS)	Mixed outcomes; not statistically significant	Underpowered trial

Understanding the nature of chronic diseases

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LEARNING OBJECTIVES:

To know about the nature of chronic diseases.

To realize the feeling of Hahnemann during the publication of chronic disease.

To understand the management of chronic diseases.

To confirm the concept of chronic miasm, with the latter concept of co-morbid diseases. To suggest the ways to prevent their occurrence towards the future generation.

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1.1. Introduction

The knowledge of the chronic disease is essential for every Homoeopathic student or practitioner. It was taught as complicated by teaching with different theories of their own, except Hahnemann realizations. Unless it is not realized through the discovered, feeling difficulty in the investigation and management of chronic diseases especially present day one sided, alternating, intermittent and mental diseases with different names. Learning the subject of Organon with clinical perspective is very important, and the failure in the management of chronic diseases can be prevented. So it is the need of everyone to know about the nature of chronic disease in the simplified form.

1.2 Chronic disease. What it is?

Hahnemann had broadly classified in to acute (transient) and chronic (persistent) diseases according to his convenience in the management of diseases. Among this chronic diseases are of a character, the beginning are often imperceptible, and gradually deviate the healthy organism towards unhealthy, each in its own peculiar manner, until the suffering organism is destroyed. They are caused by chronic miasm. Aphorism 72.

1.3 Miasm. What it is?

According to common definition, a miasm is defined as polluting exhalations of malarial poisons. In the English language today, this designation seems to be out of place and a word of explanation is needed. It might be better termed as stigmata. The stigma may be paid upon the constitution of an individual by acquiring the disease. The miasms explained by Hahnemann are Psora, Sycosis and Syphilis

2.Hahnemann's contribution

2.1 Hahnemann's discovery

and development of thoughts. How?

His first idea of the Homoeopathic rule of practice occurred to him while translating Cullen's materia medica in 1790. He was publishing his discovery and developed his thought and published in the book form as Organon of medicine. In the year 1816, he was thinking about the need of discovery of concept of chronic miasms.

2.2 Discovery of Chronic diseases? Why?

He felt that the vital force who is created for the restoration of our organism is indefatigably and successfully active in completing recovery of every severe acute diseases. But in the treatment of chronic diseases even with the aid of best covered Homoeopathic remedies not getting complete recovery. The answer to this question which is so natural, lead Hahnemann to the discovery of the nature of the nature of chronic diseases.

2.3 Hahnemann's feelings whether shall be accepted by the contemporaries?

The serious task occupied him since the years 1816 and 1817 night and day and the God had given him to published the work, through unremitting thought, indefatigable inquiry, faithful observation and the most accurate experiments made for the welfare of the humanity within his life time in 1828, in his seventy third year. He was anticipating, whether the contemporaries comprehend the logical sequences of this teaching for benefits of suffering humanity and frightened away by leaving this untried and uninitiated; and therefore leading to useless. No doubt, every experienced homoeopath will realized the need of infinite benefits for suffering humanity will accept this theory of chronic diseases.

3. Nature of Chronic diseases

3.1. Primary symptoms of miasms what are they?

After completion of internal affection, like acute diseases, they reveal their specific internal affection through the skin, psora by peculiar cutaneous eruption, sometimes consisting only of a few vesicles accompanied by intolerable voluptuous tickling itching, sycosis by cauliflower like growths and syphilis by the

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venereal chancre. These external expression were directed towards internally by suppressive treatment, like external application, cauterization and surgical removal leading to secondary symptoms.

3.2. Passing through generation? How?

The fact that this extremely ancient infecting agent gradually passed through hundreds of generation, through many millions of human organisms and has thus diversity of men in respect of their congenital corporeal constitution attained an incredible development, display with innumerable morbid forms, in different circumstances, figure in systemic works on pathology as peculiar, independent diseases.

3.3. Present scenario of chronic diseases. What?

If we deduct all chronic affections, ailments and diseases, except the inappropriately named chronic diseases, and artificial innumerable medicinal maladies, remaining diseases are resulting from the development of these chronic miasms, internal syphilis, internal sycosis and internal psora (Aphorism 204)

3.4. Dissimilar to each other, No real amalgamation. How?

The three miasms are dissimilar to each other, they cannot remove and cannot cure one another. There is no real amalgamation of them takes place, but the one exists in the organism besides the other only, each in the part that is adapted for.

3.5. Each produces symptoms peculiar to its own. What?

Every miasm exists in the organism, each in the part adapted for it. Each miasm derange the living organism, each in its own peculiar manner. They all have characteristic differences. The accentuation of psora is functional, the accentuation of syphilitic taint is ulceration and the accentuation of sycosis is infiltration and deposits.

3.6. What are considered insufficient for their eradication of miasm?

The miasms torment the patient to the end of his life with ever aggravated sufferings, not with standing the best mental and corporeal regimen. The most robust constitution, the best regulated mode of living

and the most vigorous energy of the vital force are insufficient for their eradication.

3.7. Remain unrecognized for year. When?

The miasms remain unrecognized for years, during the flourishing years of youth and with the commencement of regular mensuration joined to a mode of life beneficial to soul, heart and body. They are seemed to be perfect health of their relatives and acquaintances. But in later years, after adverse events and conditions of life, they appear a new and develop the more rapidly assumes a more serious character.

3.8. One patient exhibits a portion of their symptoms.

One patient exhibits a portion of their symptom, a second, a third and so on present some other symptoms, they are a portion of the totality of symptoms. So it is the need to collect symptoms from many patients to constitute the entire extend of the malady.

3.9. Local affection silence the internal disease

Vital force when enamored with a chronic disease which is unable to overcome by its own power, instantly developed a local malady in the external parts, because the object is to keep the disease in the part which is not indispensable to human life. It silence the internal diseases, otherwise threatens to destroy the vital organs. Thus it transfer the internal disease to the various local affection silences the internal diseases; without being able to cure.

3.10. Local affection increases proportionately to the internal affection

Local affection is a part of internal general disease. As the internal disease gradually increases, so aggravate the local affection always more and more as a substitute for the internal disease.

3.11. Metaschematism, Metastasis

By the local extirpation of local malady, the basic malady is therefore nor diminished and transfer the field of operation of the great internal malady to some more important part (Aphorism 205)

3.12. Sequelae

The sequelae are the innumerable chronic diseases in numberless form of developed psora. They are due to the great exhaustion of organism. These are due to

epidemic diseases, small pox, measles, purple rash, whooping cough, dysentery and typhoid especially without a judicious homoeopathic treatment, leave the organism so shaken and irritated.

3.13. Acute diseases originating from latent conditions

Acute diseases, attack human beings individually when they are exposed to exciting cause injurious influences. In reality they are generally only a transient explosion of latent psora; which spontaneously returns to the dormant state, of the acute disease are not of too violent character.

3.14. Producer of intermittent disease, alternating disease, mental diseases and one sided diseases.

Alternating diseases are generally a manifestations of developed psora sometimes complicated with syphilis. Mental disease are psoric in origin.

4. Management of Chronic disease

4.1. Acute manifestation first then chronic state to be healed

The acute individual diseases are the manifestations of latent psora. So the plan of treatment may be fair acute manifestation then to the investigation of chronic. The same thing advocated by Hahnemann, in the treating of Acute local affections.

4.2. Several remedies are needed

The symptom are varied according to varying physical peculiarities, climatic differences of the dwelling places, occupations, inherited bodily constitutions. So varied remedies are needed for the extirpation of these modification of psora. In short several antipsoric remedies are in succession every successive one being homoeopathically chosen.

4.3. Threefold complication of these miasms

Three fold complication of chronic miasms, the fig-wart disease with venereal chancre miasm and developed psora, the planning shall be, psora was treated first, the one of the other two miasm, the symptom of which at the same time most prominent and the last one again in the same cycle to complete the cure.

4.4. No need of Tonic

The strength of the patient under antipsoric treatment the

restoration of health and or normal state. The strength increases during the whole of the cure without the use of the tonics.

4.5. External application inadmissible

By external application, the chief symptom will usually be annihilated sooner than the internal disease, and will be deceived by the resemblance of a perfect cure. It is impossible to determine from the premature disappearance of the local symptoms.

4.6. Protecting posterity in advance

The power of medicines acting upon the pregnant mother to the child is very effective it destroys the disease both within themselves and in the fetus, thereby protecting posterity in advance. This is true of pregnancy women thus treated, they give birth to children usually more healthy and stronger to the astonishment of everybody.

5. Conculsion

Then the knowledge of chronic disease enable every student of Homoeopathy and Homoeopathic physicians to realize the nature and to approach them easily and to protect the child in advance and creating the world with good health citizen.

SUMMARY:

The chronic miasms passed through hundreds of generations.

The chronic miasms are internal in nature.

They are dissimilar to each other.

There is a no combination of each miasms.

Robust constitution, best regulated mode of life cannot eradicate.

Cannot be recognized in young years, but due to adverse events in later life comes out.

One patient exhibit a portion of symptoms at a time.

Local affection silence the internal disease.

Local affection increase proportionately to the internal affection.

Metastasis of the symptoms from one part to another.

Sequela after epidemic, sporadic diseases are the expression of miasms.

Latent conditions of miasms, by transient explosion acute diseases are originated.

Producers of intermittent, alternating diseases, mental diseases are one sided diseases.

Acute manifestations be treated first, then to chronic state.

Several remedies are needed is succession according to totality. No need of tonic during antipsoric treatment.

External application is inadmissible.

Protecting posterity in advance, by administration of antipsoric medicine to the pregnant women.

EXPECTED QUESTIONS:

Essay:

Write the nature of chronic diseases as directed by Hahnemann in organon of medicine and chronic diseases.

Short Essays:

Write the expectation of Hahnemann, when publish the book on chronic diseases.

Explain the role of miasms, in the information of local maladies.

How will you protect the future children from the miasms?

Short Questions:

1. Define chronic disease:

Chronic diseases of such a character, that small often imperceptible beginnings, dynamically derange the living organism, each in its peculiar manner, and cause it gradually to deviate from the healthy condition, until at length the organism is destroyed; these are termed chronic diseases. They are caused by infection with a chronic miasm.

2. Define miasm:

The manifestations of chronic disease conditions which Hahnemann called miasms were so designated by him for want of a better term; in fact, in the German language and in Hahnemann day the word miasm properly defined the idea Hahnemann had in mind. In the development of modern diagnostic terms, and in the English language of today this designation seems to be out of place and a word of explanation is needed. According to common definition a miasm is defined as polluting exhalations or malarial poisons. It is obvious that the word in English does not interpret intelligently Hahnemann's meaning.

3. What do you mean by amalgamation:

Amalgamation means the action, process or result of combining or uniting. It means the three miasm are not combining each other.

4. What is metaschematism:

Metaschematism means a change in the form or schema of something. A process where one state or form is transformed

into another, often through the transfer of an overacting structure or scheme. In medicine a change in the form of a disease, such as when one illness is replaced by another or when a disease is transferred to a different part of the body.

5. No need of tonics during the treatment of chronic diseases ?

The strength increases during the whole of cure with antipsoric treatment, even if it should be continued so long, during the whole of the cure, no need of tonics, and the patient joyously rise up again of themselves.

Practical Questions:

1. What is the advantage, as there is no amalgamation of chronic diseases on approaching in a patient ?

When a patient with threefold complication of all the three miasms, it is easy to approach the patient with three miasms as separately. It is necessary to approach psora with antipsoric remedies, and to make use of antisycotic remedies them given antisyphilitics, the same alternating treatment may be continued until a complete cure is effected. only each one of these three kind of medicine must be given the proper time to complete its action.

2. What are co-morbid diseases ? How will you correlate the theory of miasms ?

The best example is allergic diseases. Bronchial asthma, chronic sinusitis, Allergic Rhinitis, chronic gastric ulcer, and eczema are co-morbid diseases. They are nothing but the segment of deep seated allergic disease. Every segment shall be considered, and collective together of all the symptoms, along with individual symptoms of patient, forming the totality. It is the only way to conquer the disease as wholesome.

3. How will you plan the antipsoric to destroy the psora of the child, when the mother was pregnant ?

Hahnemann advised to prescribe sulphur, according to the directions in the sixth edition of Organon of medicine. The author's experience, is used to prescribe sulphur 0/3, one poppy seed sized globule, moistened with water, for two times a morning and afternoon, before food for three days. During the eight month of pregnancy.

गम्भीर मानसिक आघात का एक मामला

डॉ० शैलेन्द्र ममगाई,
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आमतौर से देखा गया है कि शारीरिक आघात से मनुष्य के मानसिक स्तर पर सामान्यतः कोई विशेष प्रभाव नहीं पड़ता है। लेकिन मानसिक आघात से मनुष्य का समस्त मानसिक और शारीरिक व्यक्तित्व प्रभावित हो जाता है। होम्योपैथिक चिकित्सा की यह विशेषता है कि उपयुक्त औषधि के उपयोग से शारीरिक एवं मानसिक दोनों प्रकार के आघात सफलता पूर्वक द्रुत गति से आरोग्य हो जाते हैं। यह तथ्य मैं अपने साठ साल के होम्योपैथी चिकित्सा अनुभव के आधार पर कह रहा हूँ, यद्यपि होम्योपैथी के आविष्कारक महान डा० हैनिमैन ने अपने औरगेनन में लिखा है कि यान्त्रिक (mechanical) कारणों से उत्पन्न कष्टों में हस्तकौशल (manipulation) की आवश्यकता पड़ती है। परन्तु मैंने पाया है कि ऐसे अनेक कष्टों में जैसे तथाकथित स्लिप डिस्क, किसी जोड़ का खिसक जाना (dislokation) आदि कष्ट जिनसे अनेक व्यक्ति लम्बे समय से पीड़ित थे बिना किसी हस्तकौशल केवल उपयुक्त होम्यो औषधियों से यथा शीघ्र पुनः पूर्ण रूप से स्वस्थ और सामान्य हो गए।

लेकिन अचानक किसी कारण से मानसिक आघात होने पर व्यक्ति मानसिक के साथ शारीरिक रूप से भी पीड़ित हो जाता है। ऐसे में समस्या बहुत गम्भीर हो जाती है। और जब मानसिक आघात गम्भीर हो तो कहना ही क्या है। लगभग एक माह पूर्व एक ऐसा ही मामला चिकित्सा के लिए आया। पीड़ित व्यक्ति एक सरकारी अधिकारी है। इस संसार में बहुत से व्यक्ति बगुला भगत होते हैं। जो सामने कुछ और वास्तव में कुछ और होते हैं। उक्त अधिकारी का भी किसी ऐसे ही बगुला भगत से वास्ता पड गया। उक्त बगुला भगत ने इस अधिकारी को पूरी तरह विश्वास में लेकर अपनी एक

फाइल अनुसंधान के लिए प्रदेश के उच्च अधिकारी को भिजवा दी। फाइल जिन अधिकारियों के माध्यम से गयी वे सब उक्त अधिकारी पर पूरा विश्वास करते थे अतः उनके आश्वासन के अनुसार फाइल उच्च अधिकारी के पास पहुँच गयी। उच्च अधिकारी ने जब जाँच की तो पाया कि कुछ जरूरी औपचारिकयें बगुला भगत द्वारा पूरी नहीं की गयी थीं। जब उच्च अधिकारी ने इस सम्बन्ध में जवाब तलबी की तो अंततः उक्त अधिकारी के ऊपर आक्षेप आ गया जिसके कारण उक्त अधिकारी को बहुत गम्भीर मानसिक आघात लगा कि न जाने अब परिणाम क्या होगा ? क्योंकि इस प्रकार उनकी प्रतिष्ठा और सेवा दोनों पर प्रभाव पड़ने की सम्भावना उपस्थित हो गयी थी।

उनके लक्षण इस प्रकार थे:

- मस्तिष्क एक दम सुन्न हो गया।
- शरीर में कोई शक्ति नहीं रही।
- सारे शरीर में दर्द होने लगा।
- छाती में जकड़न अनुभव होने लगी।
- साँस लेने में भी कष्ट अनुभव होने लगा।
- एक अजीब तरह का भय छा गया।
- भूख, प्यास समाप्त हो गयी।
- ऐसा लग रहा था जैसे ज्वर हो।

मेरे पास आने के लिए भी उनको किसी की सहायता लेनी पड़ी।

पूरी बात जानने के बाद और विचार करने पर मुझे एकोनाईट उपयुक्त औषधि प्रतीत हुयी। स्थिति गंभीर थी अतः मैंने एकोनाईट 1M की एक अत्यल्प मात्रा दी। जिससे 24 घंटे में थोड़ा सा सुधार हुआ, लेकिन स्थिति फिर भी काफी गम्भीर थी। अब मैंने एकोनाईट 1M की दो अत्यल्प मात्रा इस सुझाव के साथ भेजी कि एक मात्रा आधा कप उबले हुए, ठंडे पानी में घोल लें और उस घोल को आधा चम्मच (teaspoon) की मात्रा में एक से दो घंटे के अन्तर से लेते रहें। दूसरी मात्रा इसी प्रकार दूसरे दिन ताजा घोल बना कर लें दूसरे दिन शाम तक इन महोदय को काफी राहत अनुभव होने लगी। अब उनको केवल प्रतीक्षा करने को कहा। इस प्रकार सप्ताहांत तक वे लगभग पूरी तरह स्वस्थ अनुभव करने लगे फिर किसी औषधि की उनको जरूरत नहीं पड़ी।

Re-learning the chef d'œuvre Materia Medica Pura-XXXXII

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ARSENIC ALBUM-XVI

Continued Extremities:

822. She becomes quite stiff, cannot move or stir, she can only stand (aft. 72 h.).

823. After eating great weariness.

824. Astonishing exhaustion, anxiety, she can not recollect her self, she has a difficulty in giving her attention, and is at the same time very giddy.

825. During the depression, weakness; on returning cheerfulness, stronger.

826. Faintings. [Buchholz, Beitrage 1. c.-Pet. Forestus, 1. c. HENCKEL, 1. C. MORGAGNI, 1. C. - Ve RZASCH, 1. C. ^TIM. AGELDENK. LEE, Cas. Medic^ Lips., 1662, lib. 7. cap. ii..]

827. Frequent syncope, with weak pulse (aft. 3 h.). [Fernelius, 1. c]

828. Severe faintings. [Guilbert, 1. c.-Morgagni, 1. c]

829. Profound syncope (from the smell of or piment). [Sennert, Prax, Med. lib. 6, p.6, c. 9.]

830. Commencing debility. [Friedrich, in HufelJourn, d. pr, A.V, p. 172.«]

831. Exhaustion (aft. 6 h.). [Buchholz, Beitrage^ 1. c]

832. For several days weakness of the whole body, weak pulse, must lie down for several days. [Wedel, 1. c]*

833. Great weakness, especially in the legs. [Pyl, Samml, viii, p. 98, & c.]

834. Weakness so that he could scarcely walk across the room. [Ebers, 1. c]

835. He trembled from loss of strength, and could hardly leave his bed. [Ebers, 1. c, p. 56.]

836. Extreme weakness. [Goritz, 1. c]

837. Sinking of the strength. [Storck, 1. c. -Guilbert, L. c. -Rau, 1. c. -Grimm, 1. c. -Hammer, 1. c]

838. So weak he cannot walk alone (before the vomiting) (aft. 3 h.). [Alberti, 1. c, tom. I, app., p. 34.]

839. On attempting to walk he falls down, though he retain she is senses. [Pyl, Samml, p. 97.]

840. He cannot step properly; he is as if paralysed in all his limbs. [Hbg.]

841. Walking is extremely difficult for him; he thinks he will fall.

842. Great exhaustion ;he cannot walk across the room without sinking down. [St]

843. Great exhaustion for several days, so that he can scarcely stand up. [Stf.]

844. Death-without vomiting, with only extreme anxiety and excessive sinking of the strength (aft. 16 h.). [SeileKj Progr. defenefic. per jfrsen. y Viteb., 1806.*]

845. Death-without vomiting or convulsions, only from sinking of the strength. [Bonetus, 1. c.]

* Sec also Kaiser, 1. c, S.53, ** General weakness in the body, especially in the legs, which can scarcely be moved," and S. 54, ** The strength becomes more and more lost."

* With vomitings. ' Poisoning of a woman.' See note to S. 118.

* Not accessible. * Case of poisoning.

846. Death-more from rapid sinking of the strength than from the violence of the pains or convulsions (aft. 12 h.). [Morgagni, I. c, §3-]

847. Violent vertigo, complete exhaustion, continual vomiting, hematuria, and rapid extinction of life (without convulsions, fever or pain).*

848. Uncommon prostration and weakness of the limbs, which compels him to lie down. [Goritz, 1. c]

849. He must lie down and becomes confined to bed. [-fr. H-«.]

850. Lying down. [Alberti, 1. c, tom. ii.]

851. Sleeplessness. [Buchholz, Beitrage 1. c.-(aft. 14 d.) Knappe, 1. c. -Degner, 1. c. -Grimm^ 1. c]

852. Tawning and stretching, as if he had not slept enough (aft. 2, II h.). [Lr.]

853. (Incomplete yawning, short yawning, he cannot yawn fully.)

854. Extremely frequent yawning.

855. In the day time, frequent paroxysms of sleep, when sitting.

856. After dinner excessive yawning and great fatigue (aft. 100 h.).

857. Exhaustion, as if suffering loss of strength from want of food.

858. The strength of the hands and feet as if lost, and they are very trembling, in the morning (aft. 12 h.).

859. He keeps lying down all day.

860. He can scarcely walk across the room without sinking down.

861. When he walks but little, he

feels immediately an extraordinary weakness in the knees.

862. He wishes to rise up, but when he rises he can hardly maintain himself.

863. In the morning he cannot get out of bed, he feels as if he had not had enough sleep, and is weary in his eyes.

864. When she gets out of bed she immediately falls in a heap on account of weakness and vertigo, the headache also is then worse.

865. In the morning faint and anxiously weak.

866. She emaciates much, with earthy complexion, blue rings round the eyes, great weakness in all the limbs, disinclination for all work, and constant inclination to repose (aft. 8 d.)

867. Emaciation of all the body, with very profuse sweats.

868. Paralytic weakness of the limbs, daily at ascertain hour, like a fever.

869. Sleeplessness with restlessness and moaning.

870. He talks and scolds in his sleep.

871. From 3 a.m. she only sleeps interruptedly and tosses about.

872. At night (about 3 a.m.) pricking pain in the left meatus auditorius as from within outwards.

873. For two successive nights, in sleep, feeling of illness.

874. The whole night much heat and restlessness, on account of which she can not fall a sleep, att he same time pulsation in the head.

*Gehlen died thus from inhalation of arseniureted hydrogen. [HaUe Aug, Lit.Zeit,^1815, No. 181.]

875. Only at night much thirst, on account of great dryness in the throat, which ceases in the morning.

876. In the evening (at night) while lying in bed, some pricking tearing in a corn.

877. Sleepless tossing about at night in bed, with a crawling in the abdomen.

878. In sleep he lies on his back, the left hand supporting the head.

879. In the evening in sleep loud moaning.

880. During sleep, turning about in bed, with moaning, especially about 3 a.m.

881. Grinding of the teeth in sleep.

882. She cannot get warm in bed at night.

883. After midnight feeling of anxious heat, with desire to throw off the clothes.

884. In the morning in bed, at sunrise, general heat, sweat on

the face and dryness of the front of the mouth, without thirst.

885. In the morning in bed a dull headache, that goes off on getting up.

886. In the morning in bed qualmish, sickup in to the chest, then vomiting of white mucus, but with bitter taste in the mouth.

887. After waking, great peevishness ;she knew not how to compose herself, owing to ill-humour, pushed and threw the pillows and bedclothes away from her, and would look at and listen to nobody.

888. In the evening in bed, immediately before going to sleep, she has a choking feeling in the throat like sulphur fumes, making her cough.

In the evening after lying down, at the commencement of sleep, violent twitching in the limbs.

890. Movements of the fingers and hands in sleep.

891. Twitching ongoing to sleep.

892. Sleep restless5 she wakes up very early. [Bhr.]

893. Could not get to sleep, and occasionally fell into faints. [Tim. a GiJLDENKLEE, Opp.j p. 280.]

894. Great inclination to sleep ;he falls asleep again immediately after having had a conversation (from the 6th to the 10th day). [Fr. H^n,Y]

895. Sleep full of the most violent startings and shudderings. [Thomson, 1. c.]t

896. Vivid vexatious dreams (aft. 19 h.). [Zr.]f

897. Rambling at night.

[Siebold, 1. c]

898. Spasmodic starting of all the body (aft. 36 h.) ? [Thomson, I. c]

899. In the evening, ongoing to sleep, startling twitches, like shaking blows on the affected part, which are excited by as light ailment on a distant part, by a tearing, an itching, &c. (aft 4 d.).

900. Immediately after lying down he dreams that hew as about to knock his foot against a stone, where up on he has a sudden jerk in the knee, and thereafter he is awakened as if by an electric shock.

* See also Kaiser, 1. c, S.63, ** Great, almost irresistible, inclination to sleep, alternating with great restlessness, without particular fear of death." f See also Kaiser, 1. c, S.64, "Sleepiness, which is interrupted by uneasy dreams and great anxiety."

J See also Hartl. and Trinks, 1. c, No.15, "The night full of uneasy dreams."

* After opium had been given as an antidote.

' As S. 895. Should be after it, not 36 hours.

Homoeopathic management of vitamin B12 deficiency

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ABSTRACT

Vitamin B12 (cobalamin) deficiency is an increasingly recognized clinical problem worldwide, presenting with a variety of hematological, neurological, and gastrointestinal manifestations. Conventional medicine primarily focuses on supplementation of Vitamin B12 through oral or parenteral routes. However, homoeopathy provides a complementary approach by addressing the underlying susceptibility, constitution, and totality of symptoms, thereby . Assimilation, vitality, and long-term health outcomes. This article explores the clinical perspective of Vitamin B12 deficiency and highlights the scope, indications, and limitations of homoeopathic management in such cases.

KEYWORDS

Vitamin B12 deficiency, cobalamin, megaloblastic anemia, neurological symptoms, glossitis, constitutional treatment, clinical perspective.

INTRODUCTION

Vitamin B12, also known as cobalamin, is a water-soluble vitamin essential for DNA synthesis, red blood cell maturation, and proper neurological function. Its deficiency is a major public health concern, particularly in populations with vegetarian or vegan dietary practices, elderly individuals, and those with malabsorption disorders. Clinically, the deficiency may manifest as megaloblastic anemia, glossitis, neuropathy, mood disturbances, and, in severe cases, irreversible neurological damage.

Conventional treatment relies on Vitamin B12 supplementation, either through oral or intramuscular routes, to correct the deficiency and alleviate symptoms. While this approach is effective in restoring biochemical levels, many patients continue to experience residual weakness, recurrent relapses, or underlying constitutional problems. From a homoeopathic perspective, disease is not merely the absence of a nutrient but the expression of a deeper susceptibility and imbalance in the vital force. Homoeopathy addresses the totality of symptoms-mental, physical, and general-along with the miasmatic background of the patient. By doing so, it not only helps in symptomatic relief but also strengthens assimilation and overall vitality.

This article provides a clinical perspective on Vitamin B12 deficiency, emphasizing its clinical features, diagnosis, and the scope of homoeopathic management in complementing conventional care.

ETIOLOGY & RISK FACTORS

1. Dietary Causes

Vegetarian and vegan diets
Malnutrition

2. Malabsorption Syndromes

Pernicious anemia

Gastrointestinal diseases: Conditions like Crohn's disease, celiac disease, tropical sprue, and atrophic gastritis impair absorption. **Surgical causes:** Gastrectomy, bariatric surgery, or ileal resection reduce absorption sites.

3. Drug-Induced Causes

Metformin (commonly used for diabetes) reduces intestinal absorption of B12. Proton pump inhibitors (PPIs) and H2 blockers decrease gastric acid secretion, impairing B12 release from food.

Long-term alcohol use affects absorption and utilization.

4. Age-Related Factors

Elderly individuals often suffer from hypochlorhydria (low stomach acid), leading to reduced release of B12 from dietary proteins. Decline in intrinsic factor production with age contributes to poor absorption.

5. Lifestyle and Environmental Factors

Alcoholism : Directly damages gastric mucosa and interferes with absorption.

Smoking: Affects oxygenation and metabolism, aggravating nutritional deficiencies.

Stress and sedentary lifestyle: May not directly cause deficiency but worsen assimilation and metabolic demand.

6. Genetic Predisposition

In some cases, mutations in genes affecting intrinsic factor, transcobalamin II, or methylmalonic acid metabolism predispose individuals to deficiency.

CLINICAL FEATURES

General Symptoms: Fatigue, weakness, pallor, loss of appetite, weight loss.

Hematological: Macrocytic/megaloblastic anemia, shortness of breath, palpitations.

Gastrointestinal: Glossitis (beefy red tongue), stomatitis, diarrhea or constipation.

Neurological: Tingling, numbness, burning in hands and feet, loss of balance, cognitive impairment, depression, memory decline. **Psychological:** Irritability, mood swings, poor

concentration, anxiety.

HOMOEOPATHIC CLINICAL PERSPECTIVE

i. Homoeopathy looks beyond the lab diagnosis of Vitamin B12 deficiency and focuses on the individual as a whole. i

i. Treatment is based on the totality of symptoms-physical, mental, emotional, and constitutional.

iii. Instead of merely supplementing, remedies are chosen to improve assimilation, vitality, and resistance.

iv. Miasmatic background is considered, as chronic deficiencies often reflect deeper psoric, sycotic, or syphilitic tendencies.

v. Supportive dietary advice is included but not seen as a replacement for individualized treatment.

KEY HOMOEOPATHIC

REMEDY IN VITAMIN B12 DEFICIENCY

Phosphorus-Nervous weakness, memory loss, craving cold food/drinks, easy bleeding.

China officinalis-Debility after blood loss, ringing in ears, flatulence, periodic anemia.

Ferrum metallicum-Pale face, weakness, breathlessness, intolerance to noise.

Picric acid-Mental exhaustion, spinal weakness, marked prostration.

Sulphur-Burning sensations, malabsorption tendency, constitutional psoric background.

Natrum muriaticum-Weakness, craving for salt, hair fall, emaciation despite appetite.

Nux vomica-For cases linked with drug overuse, sedentary lifestyle, indigestion.

MIASMATIC CORRELATION

Spore: Malabsorption, nutritional imbalance, general weakness.

Sycosis: Hyperplasia, pernicious anemia, chronic tendency to retention and overgrowth.

Syphilis: Neurological degeneration, destructive changes, progressive anemia.

CASE VIGNETTE

A 35-year-old vegetarian female presented with:

Complaints : Extreme fatigue, tingling in hands and feet, memory lapses, irritability.

Examination : Pallor, glossitis, mild gait imbalance.

Investigations : CBC showed macrocytic anemia; serum Vitamin B12 markedly low.

Homoeopathic Approach: Mentally sensitive, anxious, with craving for cold drinks ! indicated Phosphorus 200.

Supportive dietary advice given (milk, curd, fortified cereals).

Follow-up:

After 6 weeks: noticeable improvement in energy, tingling reduced.

After 3 months: hematological reports improved, patient regained vitality.

This case illustrates how individualized homoeopathic management, along with dietary support, can restore health in B12 deficiency.

CONCLUSIONS

Vitamin B12 deficiency is not only a nutritional problem but also a reflection of an individual's susceptibility, lifestyle, and constitutional makeup. While conventional medicine focuses on supplementation, homoeopathy provides a broader scope by addressing the root causes, the vital force disturbance, and the miasmatic background of the patient.

Through individualized prescriptions, homoeopathic remedies can improve assimilation, restore vitality, and prevent recurrence of deficiency. Coupled with dietary awareness and lifestyle modifications, homoeopathy offers a safe, holistic, and long-term management strategy for patients with Vitamin B12 deficiency.

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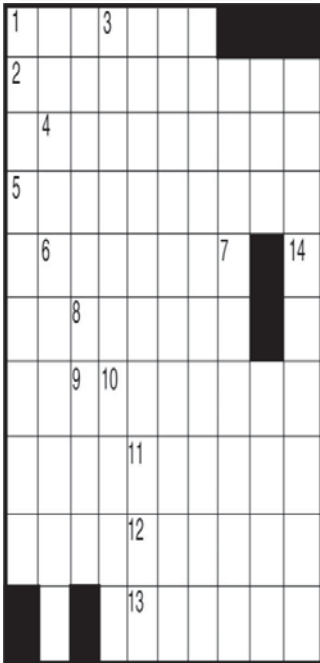
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VITAL QUIZ No. 354

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VITAL QUIZ No. 354



1. Across (7) - Nausea and vomiting after coition. Impotence associated with Diabetes.

1. Down (9) - Urticari appearing at climaxis. Pain in middle of sternum.

2. Across (10) - Climacteric disturbance generally ovarian cyst.

3. Down (7) - Dyspepsia with hepatic torpor. It is known as enemy of every kind of worm infesting the Human body.

4.. Across (9) - Pain in the region of lower Inner angle of left shoulder blade running into chest.

5. Across (3-7) - Pain at a spot about the 3rd Left costal cartilage where it join rib. Eruption on the back of Hands.

6. Across (7) - Pain in left lung while coughing and sensitive to percussion.

6. Down (6) - Constant discharge of flatus when walking, aching in eye balls.

7. Down (5) - Anasarca of cardiac disease. Rheumatic pain, Nightly pains in joints.

8. Across (6) - Hair feel pulled from vertex. Pain in limbs worse after every meal.

8. Down (4) - All symptoms

better in winter. Infiltration of cornea, Intermittent fever.

9. Across (5) - Contused wound, wound parts are cold.

10. Down (4) - Yawning when walking in open air, sleepy during day.

11. Across (5) - Convulsoins, worse from glaire of light. Coldness of limbs.

12. Across (3-3) - Wants to be alone, to cry. Tears with laughter.

13. Across (3-3) - Think her disease is incurable, feel as if walking in air.

14. Down(4) - Urine thin and of low specific gravity, albuminurea, Diabetes and Uraemia.

Dr. Sandeep Puri
Chandigarh

Answers of Quiz No. 352



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Dr. Mansoor Ali, Prof., Govt. Homoeopathic Medical College, Kozhikode, Kerala. Approved Practitioner, MoH, UAE.

Topic : 1. Cosmetics & Homoeopathy, Beyond Surface Care

2. career & Employment, Global & National Career Pathways in Homoeopathy : Emerging Trends and Opportunities

Dr Narendra Chattopadhyaya, Prof. Sri Ganga Nagar Homoeopathic Medical College, Tanta University, Rajasthan

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Dr Vissa S Dayanidhi, Founder, Samagra Homoeopathy. Samagra Pathshala - Amlapuram, A.P.

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Cognitive decline and memory impairment

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A Homeopathic Approach with Evidence-Supported Rare Mother Tinctures Introduction

Have you ever studied for hours only to forget everything during the exam? Or remembered an old song but not your class notes? The difference lies not in how long you study- but **how effectively your brain processes and stores information.** Memory is the cornerstone of all learning. It helps you link past experiences to present understanding and future goals. For students, mastering memory is as important as mastering the syllabus.

What Is Memory?

The American Psychological Association (APA, 2022) defines memory as “*the process by which information is encoded, stored, and retrieved when needed.*”

In simpler words, it's your brain's filing system-recording what you learn, keeping it safe, and bringing it back when needed.

A strong memory is not a gift-it's a skill that can be developed through awareness, practice, and healthy habits.

The Science Behind Memory

Memory involves three main stages-**encoding, storage, and retrieval**, each depending on how actively we use our brain.

1. Encoding-Taking In Information

When you pay attention to a lecture, your brain transforms sensory inputs (sound, visuals, text) into neural signals that can be stored.

Scientific proof: Brewer et al. (1998, *Science*) found that hippocampal activity during learning predicts how well information will be remembered later.

Tips for Students:

- Sit in the first few rows-it reduces distractions.
- Explain a topic to a friend in your own words (teaching improves encoding).
- Relate new information to

something meaningful-link anatomy to real-life cases.

- Avoid multitasking; focus on one subject at a time.
- Turn off social media notifications while studying

2. Storage-Keeping It Safe

Once encoded, information must be stabilized through a process called **consolidation**, mainly during **sleep**. Revising the same material after a gap strengthens neural pathways-this is how long-term memory forms.

Scientific Insight: Rasch & Born (2013) found that **sleep strengthens memory** by reactivating learning-related brain circuits.

Example: Reviewing your lecture notes before bedtime helps your brain store the information overnight.

3. Retrieval-Getting It Back

Retrieval happens when you recall a fact, name, or procedure during an exam or real-life situation.

The brain uses **contextual cues** (a word, smell, or situation) to trigger memory recall.

Tip for Students:

Practice *active recall* -close your book and try explaining what you learned aloud.

This trains your brain to fetch information quickly and confidently during exams.

Types of Memory

Type-Duration & Role-Example

Sensory Memory-Stores raw sensory data for 1-3 seconds-Remembering your teacher's tone or last slide image

Short-Term Memory-Holds 5-9 items for ~30 seconds--Remembering an OTP before typing it

Working Memory-Actively processes current information-Solving a math problem in your head

Long-Term Memory-Stores information indefinitely-Remembering all cranial nerves learned last semester

Long-Term Memory divides into:

- **Episodic:** personal experiences (your first dissection class).
- **Semantic:** facts and meanings (definition of a synapse).
- **Procedural:** motor skills (suturing, typing).

The Brain's Memory Network

Different brain regions play distinct roles:

- **Hippocampus** : Transfers short-term to long-term memory.

- **Amygdala** : Adds emotional colouring (why you remember joyful or traumatic events vividly).

- **Prefrontal Cortex** : Handles working memory and decision-making.

- **Cerebellum**: Manages procedural and motor skills.

Real-Life Case: The patient H.M. (Scoville & Milner, 1957) lost his ability to form new memories after hippocampal removal- proving its vital role in memory consolidation.

Factors Affecting Memory

1. Sleep

Memory consolidation peaks during deep and REM sleep.

Students who stay up late revising lose the brain's natural storage window.

2. Stress

Mild stress helps focus, but **chronic stress** releases **cortisol**, which damages the hippocampus.

Emotional overload, fear of failure, and constant comparison can hinder learning.

3. Nutrition

The brain needs:

- **Omega-3 fatty acids** (fish, walnuts, flaxseed) for neuronal health.

- **Antioxidants** (berries, turmeric, green tea) to reduce oxidative stress.

- **Adequate hydration** for concentration.

4. Physical Exercise

Aerobic exercise increases blood flow and neurogenesis (growth of new neurons).

Evidence: Erickson et al. (2011, *PNAS*)-exercise enlarged the hippocampus and improved memory in older adults.

The Digital Dilemma: Social Media and Memory

In the age of smartphones, constant scrolling fragments attention-a process called “**cognitive overload.**”

When attention is split among messages, videos, and notifications, the brain's **encoding efficiency** drops sharply.

Effects of Social Media on Learning:

- Reduces sustained focus needed for encoding.

- Creates “dopamine loops”-short-term pleasure replaces long-term motivation.

- Encourages multitasking, weakening working memory.

- Promotes superficial reading instead of deep learning.

Tips for Digital Discipline:

- Keep phones on *silent* or *airplane mode* during study sessions.

- Use apps that block distractions (e.g., Forest, Freedom).

- Designate “digital-free hours” before exams.

- Reward yourself with short social media breaks only after completing tasks.

Toxic Family Relations and

Their Impact on Memory

A healthy emotional environment is crucial for cognitive development.

Toxic family relationships-marked by conflict, criticism, neglect, or unrealistic expectations-can harm concentration and memory.

How It Affects Students:

- Constant stress triggers cortisol release, impairing the hippocampus.

- Emotional insecurity drains cognitive energy, reducing focus and recall.

- Fear of failure or humiliation lowers self-esteem and intrinsic motivation.

Example : A student criticized for every minor mistake may perform poorly despite intelligence, due to emotional blockage and anxiety.

Coping and Healing Strategies:

- Seek guidance from mentors, teachers, or counsellors.

- Engage in journaling, meditation, or peer support.

- Focus on self-care routines-proper sleep, nutrition, and healthy social circles.

- Understand that your worth is not defined by toxic opinions.

Responsible Parenting:

Building Memory-Friendly Minds

Parents play a central role in shaping a child's learning and emotional resilience.

Research in developmental psychology shows that **secure emotional attachment** enhances memory, problem-solving, and self-control.

Healthy Parenting Practices :

1. Emotional Support: Listen

without judgment; validate feelings.

2. Balanced Expectations: Encourage achievement without pressure.

3. Learning Together: Discuss what children study-it reinforces their memory.

4. Positive Reinforcement: Praise effort, not just success.

5. Model Healthy Digital Habits: Limit phone use and encourage family reading time.

Evidence: Warm, responsive parenting enhances the development of the **prefrontal cortex**-the brain's control centre for memory and emotional regulation (Ginsburg et al., 2014, *Paediatrics*).

How Students Can Improve Memory

Method-How It Works-Student Example

Spaced Repetition- Strengthens long-term retention through timed review.-Revise notes after 1, 3, and 7 days.

Active Recall- Builds retrieval strength.-Test yourself using flashcards.

Mnemonics & Visualization- Creates associations.-Use acronyms for biological pathways.

Chunking- Simplifies information.-Learn drug classes by category, not alphabetically.

Mindfulness- Reduces stress and boosts attention.-Practice 10 minutes of deep breathing before studying.

Peer Teaching- Reinforces understanding.-Form study circles and explain topics to friends.

When Memory Fails

Occasional forgetfulness is normal, but persistent issues may signal:

- Sleep deprivation
- Burnout
- Anxiety or depression
- Medical or nutritional deficiencies

Early intervention-rest, counselling, or medical consultation-can restore focus and mental clarity.

I. Classical Homeopathic Remedies for Memory and Concentration

Remedy-Key Indications
Anacardium Orientale 30 / 200-Excellent for weak memory with confusion, forgetfulness, and absent-mindedness. Feels as if "two wills" are in conflict. Helpful in exam stress and

early senility.

Phosphoric Acid 30 / 200-For mental dullness from grief, exhaustion, or over-study. Indifference to surroundings and inability to recall recent events.

Lycopodium Clavatum 30 / 200-Poor memory for names and words, loss of confidence, and brain fatigue from intellectual strain.

Kali Phosphoricum 6x / 12x-The best nerve nutrient for brain workers, students, and those weakened by worry or illness. Restores clarity and calm focus.

Nux Vomica 30-Memory weakness from overwork, late nights, stimulants, and irritability. Beneficial for driven, ambitious individuals under pressure.

Baryta Carbonica 30 / 200-For premature senility and childish forgetfulness in elderly. Also useful in delayed mental development in children.

Natrum Muriaticum 30 / 200-Memory weakness following grief, heartbreak, or emotional suppression. Sensitive and introspective personalities.

Medorrhinum 200 / 1M-Forgets words, names, and where objects are kept. Hurried, anxious, impulsive temperament.

Sulphur 30 / 200-Mental sluggishness with aversion to effort; forgets what was just read; theoretical but unorganized thinkers.

Lachesis Mutus 200-Memory lapses in menopausal or vascular states; loses thread of conversation mid-sentence.

Gelsemium Sempervirens 30 / 200-For *mental dullness, exam anxiety, and stage fright*. The mind feels blank under pressure, comprehension slows, and recall fails temporarily. Particularly useful for students who "know but cannot express."

II. Rare and Research-Supported Mother Tinctures for Cognitive Enhancement

Mother Tincture-Clinical Use & Action-Supporting Evidence

Avena Sativa Q-Nervine tonic for mental exhaustion, insomnia, and weakness from overwork or addiction recovery. Restores vitality and focus.-Herbal data show mild CNS stimulation and anti-fatigue properties.

Acid Phosphoricum Q-Mental dullness after grief or long

stress; lack of motivation and poor recall.-Traditional homeopathic use supported by clinical observation.

Damiana Q-Improves mood, confidence, and concentration. Often used in stress-induced nervous debility.-Herbal studies suggest dopaminergic modulation and mild psych stimulation.

Bacopa Monnieri Q (Brahmi)-Enhances learning, memory, and retention. Acts via antioxidant and cholinergic mechanisms.-Stough et al., *Psychopharmacology* (2001); Pase MP et al., *Evid Based CAM* (2012); Kongkeaw C., *J Ethnopharmacol* (2014).

Withania Somnifera Q (Ashwagandha)-Adaptogenic brain tonic for stress-related forgetfulness and poor sleep. Enhances attention and calmness.-Gopukumar K., *Phytother Res* (2021); Mikulska P., *Nutrients* (2023).

Centella Asiatica Q (Gotu Kola)-Improves attention span, focus, and mental clarity in aged and fatigued minds.-Puttarak P. et al., *Sci Rep* (2017).

Ginkgo Biloba Q-Boosts cerebral blood flow; helpful in cognitive decline, vascular dementia, and attention deficits.-Brondino N. et al., *Front Aging Neurosci* (2013); Tan MS et al., *J Alzheimers Dis* (2015).

Panax Ginseng Q-Enhances alertness, reaction time, and cognitive performance in fatigue states.-Fan S. et al., *Nutrients* (2020); Lee R. et al., *Front Pharmacol* (2024).

Rhodiola Rosea Q-Adaptogen for exam stress and chronic mental fatigue. Improves resilience and cognitive output.-Ma G. et al., *Front Pharmacol* (2018); Stojcheva El., *Plants* (2022).

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Salvia Officinalis Q (Sage)-Sharpens memory and attention; natural acetylcholinesterase inhibitor.-Tildesley NTJ., *Pharmacol Biochem Behav* (2003); Akhondzadeh S., *J Clin Pharm Ther* (2003).

Conclusion

Memory is not a fixed ability -it is a **trainable system**, shaped

by attention, emotion, environment, and habit. For students, understanding memory means unlocking the art of *learning smarter, not harder*. In an age of distractions, emotional turbulence, and digital noise, the key to a sharp memory lies in **balance**-balancing effort with rest, ambition with self-care, and technology with mindfulness. A healthy mind learns best in a healthy environment- supported by discipline, empathy, and encouragement from both teachers and parents

Homeopathy offers a holistic framework for revitalizing memory and cognition-addressing not just the brain, but the emotional and constitutional roots of forgetfulness. Remedies like Bacopa, Withania, Centella, Avena, and Gelsemium, when used judiciously under medical supervision, have shown significant promise as safe, natural aids for improving attention, recall, and mental endurance.

The fusion of traditional homeopathic therapeutics with modern research on rare mother tinctures bridges ancient wisdom with contemporary evidence-offering a path to sharper memory and balanced mind.

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Potential role of 50 millesimal potency in homoeopathy-scope and utility

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ABSTRACT:

Homoeopathy is a system of medicine which is based on many principles. Individualization of patient is a very important basic point for the homoeopathic prescription. 50 Millesimal potency is invented for providing better & fast result to find the cure. This potency has many advantages over the other scales. This article is tries to explain about the scope and utility of 50 millesimal scale potency in Homoeopathic cases.

KEY - WORDS : Homoeopathy, L.M. Potency, 50 millesimal potency, Potency, Potentization, Susceptibility.

INTRODUCTION:

"The use of LM potencies call for more investigations, so that this treasure of the 6th edition of Organon is not lost".

-Dr. Luc de Shepper.1

Homoeopathy, as a therapeutic system of medicine, heavily dependent on the individualization and factors which will help to achieve that.² It includes the cardinal principles, theory of miasm, susceptibility, etc. which are as fundamental and eternal as the sun and the moon.^{3,4} The ultimate goal is to reach at the level of cure by using all the base blocks of case taking for individualization of the patient. This diversity will reflect at many levels during the journey of treatment among which most important one is choosing potency and dosage or in other word – Potentization and Posology.³

Potentization can be define as³, "methamatico-mechanical process by which the inner qualities of the substance come out and it became active dynamically". This process will help to equalize the force of dynamic energy at both parallel level – patient with a disease process and artificial morbific agent.³

Founder of Homoeopathy, a German physician-Dr Samuel Hahnemann, was the one who conceive the idea of using potentize medicine in treatment as well as proving purposes. In the quest of finding most suitable potency, he use all the forms of medicine starting from mother tinctures to the centesimal scale potency and ultimately reached to the destination as 50 millesimal potency about which he mention in his book's last edition – 6th edition - Magnum opus-Organon of medicine.³

Though many stalwarts and Master himself explain its usefulness in many instances, still very few physicians are following this method sincerely. There are many reasons for not using it but among them the most common ones are its posthumous publication which leads to many doubts among the practitioners for its reliability. Dr Hahnemann done 1836 prescriptions of 50 Millesimal potency and significant number of experiments with the prevailing scale – centesimal scale and the new one during the time period of 1837 to 1843 which leads to the idea of its superiority above the older one.¹

SCOPE AND UTILITY OF 50 MILLESIMAL POTENCY:

All the famous and path breaking researches in the past or even today's time are based on one principle which is often attributed to the Greek philosopher Plato^{3,5} – "NECESSITY IS THE MOTHER OF INVENTION".

The invention of 50 millesimal or L.M. potency was also following this principle. The quest of finding most perfect and suitable potency which can replace the exciting potency by eliminating their disadvantages and also providing some beneficial points to the patient.¹

Dr. R.P. Patel stated that⁶, "after giving more than 30,000 prescriptions, I have observed only 2 times 'aggravation' and never antidoted, but stopped repetition."

Dr Hahnemann explain this potency as⁷, "this method of dynamization (the preparations thus produced, I have found after many laborious experiments and counter-

experiments, to be the most powerful and at the same time mildest in action, that is, as the most perfected) the material part of the medicine is lessened with each degree of dynamization 50,000 times, yet incredibly increased in power".

Advantage of L.M. Potency:

At Patient level-

Hyper sensitive patient

Hasten the Cure

Least chances of Aggravation

Better outcome¹

Gentle Action²

Holistic Healing⁸

At prescription level

Frequent repetition

Least quantity of material doses¹

Rapid Effect²

This scale can be useful for following disease types or conditions:

•Acute Conditions: Cases of fever, infections, and acute inflammations, etc.

•Chronic Diseases: Effective in managing deep seated chronic conditions -arthritis, asthma & hyperallergic reactions, and skin disorders, etc.^{2,4}

•Mental and Emotional Disorders: treating anxiety, depression, and stress-related conditions.

•Palliative Care: Improves quality of life in terminal illnesses without any adverse effects.²

Dose of L.M. Potency:

PRESCRIPTION-For acute and chronic conditions: 2 drops directly to the tongue.

In very urgent cases: drops sublingually.

For greater effectiveness: add two drops of the solution to a teaspoon of clean water - can cause the medicine to touch more nerves in the tongue instead of taking two drops directly.

Can be prescribed by olfactory method also – It recommended to aspirate the medicinal solution 8, 10 or 12 times according to the sensitivity of the patient (8 times for a very sensitive patient, 10 times for a less sensitive patient and 12 times for the least excited and sensitive patient).⁴

REPETITION-Take the medicine every hour or more often in very urgent cases.

Acute illness-the drug is repeated every two to six hours.

Chronic disease-daily or on alternate days.⁴

CONCLUSION:

As an individualization based medical system, homoeopathy not only contain number of medicine but also try to prescribe most suitable potency to achieve cure speedily. Among many potencies the 50 millesimal scale is the most perfect and suitable potency above all the others. It has many advantages with wide variety of utility to cater large number of patients with any nosological diseases starting from acute to the severe pathological chronic.

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The role of vital force and miasmatic background in homoeopathic treatment on tuberculosis

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ABSTRACT:-

In Homoeopathy, TB is viewed not only as an infectious condition but also as an expression of a deeper constitutional susceptibility, often linked to the tubercular miasm. Homoeopathic philosophy emphasizes strengthening the vital force, reducing susceptibility, and promoting overall health. Remedies indicated based on the totality of symptoms, constitution, and miasmatic background. Homoeopathy aims to manage TB by improving the patient's immunity, alleviating symptoms, and preventing relapses. While it cannot replace conventional anti-tubercular treatment, it can serve as an effective supportive therapy, enhancing recovery, reducing complications, and improving quality of life.

EPIDEMIOLOGY:-

Tuberculosis remains one of the top 10 causes of death worldwide. According to the WHO Global TB Report 2023, an estimated 10.6 million people developed TB in 2022, and about

1.3 million deaths occurred among HIV-negative individuals, with an additional 167,000 deaths among HIV-positive individuals. TB is more prevalent in low- and middle-income countries, particularly in South-East Asia, Africa, and the Western Pacific Region, which together account for over 80% of global cases. India, Indonesia, and China alone contribute to nearly half of the world's TB burden.

INTRODUCTION:-

Tuberculosis (TB) is a chronic infectious disease caused mainly by *Mycobacterium tuberculosis*. It most commonly affects the lungs (pulmonary TB) but can also involve other organs such as lymph nodes, bones, kidneys, and brain (extrapulmonary TB). TB spreads from person to person through airborne droplets when an infected person coughs, sneezes, or speaks.

Types of TB

1. Pulmonary TB-Affects the lungs; the most common and infectious type.
2. Extrapulmonary TB-Affects organs other than lungs (e.g., pleura, lymph nodes, bones, CNS, genitourinary tract).
3. Latent TB Infection (LTBI)-Bacteria remain dormant in the body without symptoms but may reactivate later.
4. Drug-resistant TB-Includes MDR-TB (resistant to isoniazid and rifampicin) and XDR-TB (resistant to multiple drugs).

PATHOPHYSIOLOGY:-

The infection begins when *Mycobacterium tuberculosis* bacilli are inhaled through droplets expelled by an infected person. Droplets reach the alveoli of the lungs. Alveolar macrophages engulf the bacilli by phagocytosis. Normally, macrophages kill bacteria by fusing with lysosomes. However, *M. tuberculosis* has a waxy cell wall (mycolic acids) that resists digestion. It prevents phagosome-lysosome fusion and multiplies inside the macrophage.

Infected macrophages release cytokines (IL-12, TNF- α , etc.), attracting more immune cells. The site of initial infection in the lung forms the Ghon focus (usually in mid/lower lobes). After 2-4 weeks, the cell-mediated immunity (CMI) kicks in. T-helper (CD4+) lymphocytes activate macrophages to kill bacilli.

SIGN AND SYMPTOMS:-

1. General (Constitutional) Symptoms
Persistent low-grade fever (often evening rise of temperature) Night sweats
Loss of appetite
Weight loss ("consumption disease") Fatigue, weakness,
2. Pulmonary TB (lungs)-most common
Persistent cough >2 weeks (initially dry, later with sputum). Hemoptysis (blood in sputum)
Chest pain (pleuritic or dull aching)
Breathlessness/ dyspnea (in advanced cases)
3. Extrapulmonary TB-organ-specific
Lymph node TB-painless swelling of cervical lymph nodes (cold abscess, sinus formation). Bone and joint TB – chronic pain, swelling, restricted movement (Pott's spine 'l gibbus deformity, neurological deficits).
Meningeal TB-headache, neck stiffness, vomiting, fever, altered sensorium. Renal TB-burning urination, hematuria, flank pain.
Intestinal TB-abdominal pain, diarrhea/constipation, ascites, intestinal obstruction. Skin TB-lupus vulgaris.
4. Signs on Examination
Pallor (due to anemia).
Cachexia (marked weight loss, thin body).
Clubbing of fingers (chronic cases).
Lymphadenopathy.
Rales/crackles in lungs. Gibbus deformity in spinal TB.

INVESTIGATIONS :-

Basic Clinical Investigations
History & Physical Examination 'l chronic cough, weight loss, fever, night sweats, lymph node swelling.
General blood tests:
CBC (Complete Blood Count): May show anemia of chronic disease, leukocytosis, lymphocytosis.
ESR (Erythrocyte Sedimentation Rate): Usually elevated in TB. CRP

(C-reactive protein)

A. Microbiological Tests

1. Sputum Examination
Ziehl-Neelsen (ZN) Stain / AFB Stain
Sputum Culture
2. CBNAAT (Cartridge Based Nucleic Acid Amplification Test, e.g., GeneXpert): B. Radiological Investigations
1. Chest X-ray.
2. CT Scan/MRI

HOMOEOPATHIC MANAGEMENT :-

Miasmatic Background
(Tubercular Miasm=Psora+Syphilis)
Disturbance of Vital Force
'l Weak immunity, 'l resistance, 'l vitality
Susceptibility to Tuberculosis
Narrow chest, anemia, recurrent colds
Rapid emaciation, night sweats, hemoptysis
Clinical Manifestations of TB
- Cough, expectoration, fever, weight loss
- Glandular swellings, weakness
Homoeopathic Remedy Selection
1. Anti-miasmatic (constitutional):
Tuberculinum, Bacillinum,
Psorinum Phosphorus, Silicea,
Symptom-based (acute phase):
Drosera, Stannum, Ipecac
Ferrum phos, Aspidosperma Q,
Justicia adhatoda Q
Restoration of Vital Force & Health
Increased resistance
Reduced recurrence
Improved quality of life

HOMOEOPATHIC MEDICINE :-

Tuberculinum :- Chronic weakness, recurrent infections, family history of TB, wasting, irritability. (Often in 200C or 1M potency; single or repeated doses depending on case)

(Cont'd from page 01)

Revisiting the.....

Further notes on Homoeopathy practice. Dr. Samuel Hahnemann, the founder of homoeopathy gives all guidelines in his *Organon of Medicine*. In Section writes that without prescribing on mind symptoms a cure is not possible. However in his Lesser writings, the stalwart homoeopathy (and the author of the gigantic reference work *Kent's Repertory*) Dr. James Tyler Kent, M.D. mentions that mind symptoms have not been brought out fully in all the remedies in proving. You do not find Mind symptoms or pathological entities in all the homoeopathy remedies. Therefore, in some cases the pathological entity, in yet another cases it is mind symptoms, and yet in other cases it is time of aggravation of the symptom, then concomitant symptoms of the

Kali iodatum :- Emaciation, glandular swellings, offensive discharges, bone pains. (6C, 30C potency, repeated doses with observation)

Phosphorus :- Cough with expectoration, weakness, chest pain, burning sensation, fearfulness. (30C or 200C; case-specific repetition)

Calcarea carb :- Obesity or sluggish metabolism with TB tendency, coldness, sweat, weakness. (30C, 200C as per constitution)

Silicea :- Suppuration, fistulas, chronic abscesses, weak immunity, bone involvement. (6C, 30C potency)

Hepar sulph :- Early-stage abscess formation, sensitivity to cold, cough with sharp pains. (30C or 200C potency)

Mercurius solubilis :- Offensive discharges, night sweats, ulcerations, swollen glands. (6C, 30C potency; careful observation needed)

Arsenic album :- Anxiety, restlessness, emaciation, burning pains, weakness, fever. (30C or 200C potency; used cautiously)

Carbo vegetalis :- Extreme weakness, collapse tendency, low vitality, slow recovery. (30C potency in acute phases)

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5. Harsh Mohan. Textbook of pathology.

main symptom. Let me quote actual cases cured by me with one dose of one remedy. When I was hardly 21 years, while in New Delhi, at that tender age I was known as single-dose cure doctor. I am not any institutionalised medical doctor. Much to my luck, that is what I must and have to say, I was having just Lillenthal's *Homoeo Therapeutics*, Boericke only. I was living in a central govt. quarters. Much to my luck and good time, there were two very good Bengali homoeo doctors, treating patients with one remedy and one dose only. I did not even know the *Organon of medicine*. Later I added *Kent's Repertory*. Initially I was having Boericke's and Lillenthal only. I did not own Lillenthal. I would walk into the clinic of the above two doctors. Once I Lillenthal from shelf of one of the above two doctor, telling that I would peruse and return after a week.

Clinical repertory a boon to life in acute cases treated with homeopathy

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After drug proving in cinchona bark, many more drugs are being proved by different authors so it became the large pool of material of proved drugs and then there comes a need of repertory which is a index of symptoms, arranged systematically, the system of arrangement depends upon definite guiding principles or it may be alphabetical or schematic, the first repertory was created by Dr Samuel Hahnemann he called a 'symptom dictionary' later Jahr and Boeninghusen compiled their indexes to the homeopathic materia medica.

To meet the challenge of exploding materia medica, repertory is born, and master himself find the merge the pool of materia medica, he wrote a book which is 'fragmenta de viribus medica mentorum positivissime in sanocorporehuma noob servatis.' during this time, dr bouninghusen came in contact with master Hahnemann and he published 'a systematic alphabetical repertory of homeopathic remedies (repertory of the anti psoric remedies) with a preface by dr Hahnemann in 1832.

From there origin of repertory occur and uptill now more than 200 repertories were published along with that, some practitioner were started working on there own experiences, writing in books this leads to starting era of clinical repertories

WHAT ARE THE CLINICAL REPERTORIES?

Clinical Repertories Or Regional Repertories Are Those Repertories, Which Contain The Clinical Symptoms Along With The Condition Covers The Indicated Remedies.

Clinical Repertories Are Based On Mainly On Diagnosis, Pathological Condition Of Tissue Affinity, Functional And Structural Changes In Vital Organs.

Unlike The General Repertories, Which Is Structured Around Symptoms and Modalities, The Clinical Repertory Is Disease Cantered

SCOPE AND LIMITATION OF CLINICAL REPERTORIES

1. It Can Be Used In Studying Homeopathic Materia Medica As Well As Homeopathic Therapeutics
2. Help In Quick Bed Side Reference of Books or Repertories
3. In Finding The Palliative Medicine In Cases of Advance Stages
4. In Fin Ding Possible Remedy In Cases Of One Sided Diseases
5. To Find Remedy In Specific Condition And A Particular Disease
6. Help In Repertories Which Have Cases Lacking In Mental General And Physical General, Cases With Clinical Diagnosis And Cases Which Are Short Cases With Few Symptoms
7. Regional Repertories Help In Finding Similimum In Specific Disease Condition

LIMITATION :

1. It Have Only Limitation That It Covers Only Limited Type of Cases And Particular Kind of Disease Condition.
2. There Are Different Types of Clinical Repertory, Based On Pathological Similarity, Causation, Modalities And Concomitant.

CLASSIFICATION OF CLINICAL REPERTORY

1. As A Whole :
2. Regional
3. Disease Part And Disease Condition

GENERAL CLINICAL REPERTORY

A Clinical Repertory To The Dictionary of Materia Medica Together With Repertory of Causation Temperament, Clinical Relationship, Natural Relationship
The Prescriber
Pocket Manual of Homeopathic Materia Medica And Repertory By Boericks
A Concise Repertory of Homeopathic Medicine By Dr S.R. Phatak
Homeopathic Medical Repertory By Dr Murphy

CLINICAL REPERTORIES COVERING THE PARTS OR ORGANS AND CLINICAL REPERTORY COVERING DISEASE CONDITION

Repertory of Disease of Eyes By Berridge

Repertory of Diseases of Respiratory System By Van Denburg

Repertory of Typhoid Fever By Panelli

Repertory of The Symptom of Rhuematism, Sciatica Etc By Pulford

Repertory Of Urinary Organ And Prostate Gland By Dr A. R. Morgan

Homeopathic The drapeutics of Diarrhoea, Dysentery, Cholera, Cholera Morbus, Cholera Infantum And All other Loose Evacuation of Bowels By Dr James Bell

Repertory of Headache By Nidhard

The Homeopathic Therapeutics of Haemorrhoids By W Guernsey

Uterine Therapeutics By Henry Minton

CASE:

A Male Patient Came With Complain of Increased Frequency of Stool, Nausea And Vomiting Since 2 Days, Stool Are Watery, Profuse Yellow, Watery Gushing Sensation With anxiety Before

Stool Cured With Croton Tig 200 Single Dose Stat, Complain Were Better After Single Dose of Individualised Homeopathic Medicine Selected From homeopathic the drapeutics of diarrhoea, dysentery, cholera, cholera morbus, cholera infantum and all other loose evacuation of bowels by dr james bell

CONCLUSION

In Acute Condition From Symptom Totality Collected From Clinical Repertories Are Helping In Finding The Very Acute Symptoms Of Disease And Also In Diagnostic Symptoms Clinical Repertories Are Helpful In Quick Repertorisation

Referance

1. Essential of Repertorisation By Dr Shashikant Tiwari 6th Edition, revised and Enlarged
2. A References to Repertories For Homeopathic Students by Dr Siju. P.V.
3. homeopathic The drapeutics of Diarrhoea, dysentery, cholera, cholera Morbus, cholera Infantum and all other Loose Evacuation of Bowels By Dr James Bell

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(Cont'd from page 02)

Homoeopathic Man...



RIGHT FOOT PHOTO

2ND FOLLOW UP

DATE: 23-08-2024

SYMPTOMS AMEL : Swelling reduced

NEW SYMPTOMS : Dry black scab formation with healing of abscess

ACTION : CALENDULA 30 x tds x 1 week

REASON : *Calendula*- Useful for open wounds, parts that will not heal, ulcers, etc. Promotes healthy granulations and rapid healing by first intention.^{6,7}



RIGHT FOOT PHOTO

3RD FOLLOW UP

DATE: 30-08-2024

SYMPTOMS AMEL : Black scab and suppuration reduced

NEW SYMPTOMS : Clinically better and Production of granulation tissue initiated

ACTION : CALENDULA 200 x tds x 15 days

REASON : *Calendula*-Useful for open wounds, parts that will not heal, ulcers, etc. Promotes healthy granulations and rapid healing by first intention.^{6,7}



RIGHT FOOT PHOTO

4TH FOLLOW UP

DATE: 20-09-2024

SYMPTOMS AMEL : Complete healing of the wound.

NEW SYMPTOMS : NONE

ACTION: No medicine required



RIGHT FOOT PHOTO

AUXILLARY LINE OF TREATMENT:

Rest

Elevation
Immobilization
Daily wound dressing with calendula Q

LEARNING FROM CASE

The learning point of my case was the prescription based on keynotes using the three-legged stool method by Dr. Allens Implementation of acute therapeutic prescriptions based on the evolution of symptoms, as assessed through successive follow-ups of the case

The importance of using auxiliary, local treatment (like *Calendula Q* dressing and elevation/rest) alongside internal homoeopathic medicines to support healing

CONCLUSION

Cellulitis and abscesses, particularly in patients with comorbidities like Diabetes Mellitus, represent serious infections. This case demonstrates the homoeopathic management with initial remedy

selection, based on keynote symptoms, which effectively resolved acute inflammation. Subsequent therapeutic prescriptions followed the pathological evolution, promoting drainage, scab formation, and complete wound healing, showcasing the critical role of sequential homoeopathic intervention guided by the law of similars.

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Mind-body connection in homoeopathy: A forgotten science?

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Abstract

The intricate connection between the mind and body has long been acknowledged in classical homoeopathy. Samuel Hahnemann emphasized the importance of mental and emotional states in understanding and treating disease. However, with the increasing biomedicalization of healthcare, this foundational principle is often overshadowed. This article revisits the mind-body paradigm in homoeopathy, explores its historical roots, and emphasizes its relevance in modern clinical practice.

Introduction

Homoeopathy, since its inception, has treated the individual as a totality of mind and body. Hahnemann's Organon of Medicine gives special importance to mental and emotional symptoms. However, recent clinical practices often lean toward symptomatic or disease-named prescriptions, resulting in a deviation from the holistic foundation of homoeopathy. This article examines the original significance of the mind-body relationship in homoeopathy and reestablishes its importance in contemporary health care.

Mind-Body Duality: Classical Understanding

In the Organon, Hahnemann

highlights the importance of observing the totality of symptoms, not limited to the physical. He emphasizes the mental sphere, often placing it above the physical symptoms in importance. He clearly suggests that disease arises primarily from a dynamic imbalance in the vital force, often first affecting the mind.

Modern Scientific Perspective

Modern science supports the concept of mind-body unity through research in psychoneuro-immunology. This field demonstrates how emotional and psychological stress influence immunity, neuroendocrine pathways, and inflammatory processes. Chronic stress and grief can lead to physical conditions like hypertension or autoimmune diseases. These findings align with the homoeopathic principle that mental disturbances can initiate or aggravate physical disorders.

Neglect in Modern Practice

In recent times, many homoeopaths overlook emotional symptoms and focus predominantly on pathology-based prescriptions. This shift results in short-term relief but often misses the root cause. Classical remedies like Natrum muriaticum, Ignatia, and Staphysagria- which address emotional trauma-are underprescribed. example of staphysagria emotional trauma from insult, humiliation or suppression of anger and become sensitive, mild outwardly, but anger

stays inside and later shows illness. Another remedy is sepia which is prepared from cuttle fish indifference from loved ones (family, children, husband) aversion to company, Mood Swings and hormonal disturbance are there. Homoeopathy loses its depth when case-taking ignores mental modalities. The art of individualization becomes diluted, affecting the long-term curative outcome.

Restoring the Balance: Clinical Relevance

Restoring the classical practice of individualizing based on the mental sphere leads to profound healing. Studies show significantly better outcomes when mental and emotional symptoms are included. Homoeopathy can modulate neural circuits and reduce emotional trauma in chronic disease patients.

Conclusion

The mind-body connection is not merely a philosophical idea in homoeopathy-it is its foundation. Hahnemann's teachings, validated by modern science, support the view that treating the dynamic (mental-emotional) plane is essential for lasting cure. Practitioners must return to this understanding to ensure homoeopathy remains a truly holistic system of medicine.

Reference:

Organon of medicine 5th edition by Dr. samuel Hahnemann
Allen's keynotes by H. C allen
The healing power of illness

वाइटल
इन्फॉर्मर

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