

# VITAL INFORMER

MONTHLY MEDICAL NEWS LETTER

34<sup>th</sup> Year of Successful Journalism in Homoeopathy

Volume 34, Issue No. 02, Feb 2026, Pages 24

## A Multidimensional Analysis of Prospects and Pitfalls

### Abstract

The integration of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) with modern medicine has gained momentum in India's evolving

practice, public health outcomes, and legal frameworks.

Integration Models: Structural Proposals

1. Clinical Integration in Hospitals and Clinics

Pros:

• Enables holistic patient care

# Integrating ayush with modern medicine

healthcare landscape. This article critically examines the implications of such integration across educational institutions, clinical practice, referral systems, and degree frameworks. It explores the potential benefits-holistic care, interdisciplinary collaboration, and optimized public health delivery-alongside challenges such as curricular dilution, legal ambiguities, and epistemological conflicts. A proposed model of unified undergraduate education followed by stream-specific postgraduate and superspecialty training is evaluated for its feasibility and impact. The analysis aims to inform policy, pedagogy, and practice in shaping a truly integrative medical ecosystem.

### Keywords

AYUSH, integrative medicine, medical education reform, interdisciplinary healthcare, public health policy, curriculum design, superspecialty training

### Introduction

India's healthcare system stands at a crossroads where traditional and modern paradigms intersect. AYUSH systems, deeply rooted in cultural heritage and preventive care, coexist with evidence-based allopathic medicine. While both streams offer unique strengths, their siloed existence limits collaborative potential. Recent policy shifts and academic discourse have proposed structural integration-across clinics, hospitals, educational institutions, and degree frameworks (1,2). This paper evaluates the pros and cons of such integration, focusing on its impact on medical education, clinical

through interstream referrals

• Reduces fragmentation in chronic disease management

• Enhances patient choice and satisfaction (3,4)

Cons:

• Risk of conflicting treatment protocols

• Requires robust inter-professional communication

• May challenge medico-legal accountability (5)

2. Interstream Referral and Consultation

Pros:

• Promotes collaborative diagnostics and therapeutics

• Encourages mutual respect among practitioners

• Facilitates integrative case conferences (6)

Cons:

• Referral standards may lack uniformity

• Liability in cross-stream outcomes remains unclear (7)

3. Unified Educational Institutes with Stream-Specific Training

Pros:

• Posters interdisciplinary learning and respect

• Optimizes infrastructure and faculty resources

• Encourages comparative epistemology (8,9)

Cons:

• Risk of curricular dilution or

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DATE OF PUBLICATION : 31.01.2026

overload

• AYUSH epistemologies may be marginalized

• Faculty qualification standards may diverge (10)

4. Common Subjects Taught Together; Stream-Specific Subjects Separately

Pros:

• Builds shared foundational knowledge (e.g., anatomy, physiology)

• Encourages early interdisciplinary dialogue

• Reduces duplication across curricula (2)

Cons:

• May confuse students about stream-specific philosophies

• Requires careful pedagogical

Cons:

• May delay stream-specific skill acquisition

• Requires massive curricular overhaul

• Legal recognition and licensing pathways may be disrupted (12)

Impact Analysis

### On Medical Education

• Encourages epistemological pluralism

• Risks homogenizing distinct medical philosophies

• Demands faculty retraining and curriculum redesign

### On Clinical Practice

• Enhances patient-centred care

• May create medico-legal ambiguity in shared cases

• Requires clear referral and

alignment (9)

5. Unified Degree Structure: Bachelor of Basic Medical Sciences 'I' Stream-Specific PG'! Superspecialty

Pros:

• Promotes parity across medical disciplines

• Allows students to make informed stream choices post-foundation

• Facilitates superspecialty development in AYUSH (11)

documentation protocols

### On Public Health

Expands preventive and promotive care reach

AYUSH integration may improve rural health access

Risk of misinformation if integration lacks scientific rigor

### On Legal and Regulatory Frameworks

• Requires harmonization of licensing boards

(Cont'd on page 14)

**Dr. Rajneesh Kumar Sharma,**  
MD (Hom),  
Homoeo Cure & Research  
Institute,  
**Dr. Vaibhav Sharma,**  
MBBS,  
Vaibhav Homoeopathic  
Pharma  
Sparsh Multispecialty Hospital  
NH 74, Dr. Rajneesh Marg,  
Moradabad Road,  
Kashipur, Uttarakhand  
Mobile : 9897618594,  
www.cureme.org.in

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

# When beauty becomes a silent hormonal disruptors

**Dr. Astha Soni,**

(PG scholar) Department of Homeopathic Materia Medica Anand Homeopathic Medical College & Research Institute, Anand, Gujarat  
asthasoni1998@gmail.com

## COSMETICS, ENDOCRINE CHAOS, AND THE GENTLE ROLE OF HOMEOPATHY

### ABSTRACT :

Cosmetic products, once perceived as inert agents for beautification and hygiene, are now increasingly recognized as sources of chronic exposure to endocrine disrupting chemicals (EDCs). Modern research has linked cosmetic derived EDCs with endocrine imbalance. This article explores the diverse endocrine effects of cosmetic ingredients, elucidates their pathophysiological mechanisms, and discusses preventive and general management strategies. A detailed homeopathic perspective is presented, explaining how homeopathy works at the level of susceptibility, neuro endocrine immune regulation, and vital force balance. Important homeopathic remedies are elaborated with special emphasis on female hormonal symptomatology. The article aims to create scientific awareness while offering an integrative, holistic, and patient centered approach to endocrine health.

**KEY WORDS :** Cosmetics, Endocrine Disruptors, Hormonal Imbalance, Female Endocrine Disorders, Homeopathy, Vital Force

### INTRODUCTION :

In the modern era, cosmetic use begins from infancy and continues throughout life, resulting in lifelong, low dose, cumulative exposure to multiple chemical agents. The skin, being a dynamic and permeable organ, allows systemic absorption of various cosmetic ingredients. Many of these chemicals act as endocrine disruptors by mimicking, blocking, or altering natural hormones. Epidemiological studies show a rising incidence of endocrine disorders parallel to increased cosmetic and personal care product usage, especially among women of reproductive age [1-3]. Unlike acute toxicity, endocrine disruption manifests subtly, chronically, and often irreversibly, making it a silent public health concern.

Increasing prevalence of PCOS, infertility, thyroid disorders, early menarche, and menopausal disturbances has been reported globally [2,3]. Women use an average of 12-15 cosmetic products daily, exposing them to more than 150 chemical compounds per day [1]. Occupational exposure (beauticians, salon workers) further increases endocrine risk [4].



### Where Endocrine Disruptors Come From, How They Act, and What They Cause [2-3] :



### Endocrine disruptor component-Cosmetic products-Mechanism of endocrine disruption-Potential health effects

Parabens-Moisturizers, lotion, creams, shampoos, conditioners-Mimic estrogen by binding to estrogen receptors (ER $\alpha$ , ER $\beta$ ); alter gene transcription; disrupt hypothalamic-pituitary-gonadal (HPG) axis-Estrogen dominance, early puberty, menstrual irregularities, infertility, breast cancer risk, PCOS

Phthalates-Fragrances, perfumes, nail polish, hair sprays-Anti-androgenic effect; interfere with testosterone synthesis; alter thyroid hormone signaling-Infertility, menstrual irregularities, thyroid dysfunction, metabolic syndrome

Bisphenol A & analogues-Cosmetic packaging, plastic containers-Estrogen receptor agonist; alters epigenetic regulation; disrupts insulin signaling-PCOS, obesity, diabetes, infertility, breast & prostate cancer

Triclosan-Deodorants, cleansers-Inhibits thyroid hormone synthesis; alters T3/T4 metabolism-Hypothyroidism, menstrual irregularities, developmental delay

Heavy metals - lead, cadmium, mercury-Lipsticks, kajal, eye makeup-Interfere with pituitary and gonadal hormone secretion; oxidative stress-Infertility, menstrual disorder, thyroid dysfunction, neurodevelopmental effects

Benzophenones-Sunscreen, foundations-Estrogenic and anti-androgenic activity-Thyroid dysfunction, endometriosis, infertility-

### PROTECT YOUR HORMONES - DO's & DON'Ts :

1. Adopts the principle of minimalist skin care - fewer products, fewer chemicals.
  2. Avoid daily use products containing parabens, phthalates, triclosan, benzophenones.
  3. Read ingredients carefully.
  4. Avoid cosmetic use during puberty, pregnancy and perimenopause when hormonal susceptibility is highest.
  5. Choose glass or BBA free packaging.
  6. Salon workers and beauticians should use gloves, masks, ensure adequate ventilation.
  7. Regular endocrine screening.
  8. Maintain gut health as intestinal dysbiosis affects estrogen metabolism.
  9. Do regular physical exercise
  10. Use natural and low risk alternatives such as Cold pressed oils-coconut oil, almond oil, sesame oil as moisturizer
- Aloe vera gel-hydration, anti inflammatory  
Rose water-natural toner without hormonal interfere  
Mulatanimitti-cleansing without chemical surfactants

### HOMEOPATHIC PERSPECTIVE ON ENDOCRINE DISRUPTION [4-10] :

Endocrine disruptors disturb hormonal balance by acting as dynamic influences long before disease become evident. As per

Hahnemann, these agents first derange the vital force and later manifest as physical pathology. Homeopathy acting on the same dynamic plane, is therefore ideally suited to address endocrine imbalance as its root. Disease always begins as functional disturbances and progress to structural deformities. Emotional instability, menstrual irregularities, thyroid dysfunction, metabolic disorders commonly precede laboratory changes in endocrine disruptions. Homeopathic treatment restores internal hormonal imbalance rather than suppressing or replacing hormones.

Susceptibility determines individual responses to environmental chemicals. Hahnemann emphasized that no morbid influence can act unless the organism is receptive. Homeopathy strengthens vitality and modifies susceptibility. Homeopathic remedies such as calc carb, sepia, nat mur act deeply on endocrine glands, metabolism and emotional imbalance. Homeopathy does not fight endocrine disruptors chemically, it restores harmony dynamically by re-establishing balance of the vital force and psycho-neuro-endocrine axis.

### No. - Remedy - Sphere - Symptoms-Clinical utility

- 1) Natrum mur-Hypothalamic-ovarian axis-Irregular menses after grief, dryness, headache, PCOS-Hormonal imbalance from emotional disturbances
- 2) Sepia-Ovaries and uterus-Bearing down sensation, hormonal fatigue, PMS, indifference-Estrogen progesterone imbalance
- 3) Pulsatilla-Pituitary-ovarian axis-Delays, scanty, changeable menses, emotional liability-Functional ovarian disorders
- 4) Lachesis-Estrogen dominant states -Premenstrual aggravation, hot flushes-Menopause, PMS
- 5) Calcarea carbonica-Thyroid-ovarian axis-Delayed puberty, obesity, profuse menses-hypothyroid
- 6) Thyroidinum-Thyroid metabolism-Weight fluctuation, heat intolerance, fatigue-Thyroid imbalance
- 7) Folliculinum-Estrogen regulation-Cycle disturbance from environmental estrogens

Cosmetic induced estrogen excess

8)Oophorinum-Ovarian tissue-Early menopause, ovarian insufficiency-Ovarian failure stress

9)Conium-Glands and estrogen metabolism-Induration, estrogen dependent growths-Hormone related tumors

10)Platina-Hyper estrogenic state-Menstrual excess with pride, hysteria, hyper sensitivity of reproductive organs-Psychosexual hormonal disorders

11)Sabal serrulata-Hypothalamo-pituitary-ovarian axis-Menstrual irregularities, faulty ovulation, hypertrophy and induration of glands- Anti androgenic activity, PCOS, endometriosis

12)Medorrhinum-HPO axis-Irregular, excessive or deficient LH-FSH release, profused, prolonged or irregular menses, pelvic congestions-Ovarian hyper activity

14)Selenium-Neuro endocrine axis-Impaired follicular maturation.-Amenorrhoea, sexual weakness, infertility

Repertory Rubrics:

Face-eruptions-acne, Cosmetics from:BOV

Female-vaginismus-Cosmetics from, containing lead:plb

Generalities-intoxication-after Cosmetics:BOV,plb

Clinical-allergy-creams, Cosmetics:ars,puls

Clinical-allergy-chemicals:antipyrin, ASAR,BA-TN, carc,dpt,hydrog

General -allergic constitution-chemical hypersensitivity :nat m, nuxv, phos, sul ac, verat

#### CONCLUSION :

Cosmetics as endocrine disruptors pose a significant yet under recognized threat to hormonal health. Prevention through awareness, safer alternatives, and holistic management is essential. Homeopathy, with its constitutional, individualized, and regulatory approach, provides a promising modality

to restore endocrine balance and protect long term health.

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## AYUSH must not become a proxy for ayurveda alone

**Dr Shivang Swaminarayan,**  
Mehsana.  
[shiv.on.mobile@gmail.com](mailto:shiv.on.mobile@gmail.com)  
Mobile : 9925242312

### A Call for Fair Visibility of Homoeopathy

It is respectfully submitted that in several national and international communications, policy documents, official websites, and government papers, the umbrella term "AYUSH" is increasingly being used as a substitute for "Ayurveda", without providing categorical, system-wise references or due visibility to other AYUSH systems-particularly Homoeopathy.

Homoeopathy is the second largest AYUSH system in India, serving over 50 crore beneficiaries, supported by more than 3.5 lakh qualified homoeopathic physicians, and governed by a robust and unique statutory framework for education, clinical practice, research, and regulation. It has independent national research council, standards & regulations for educational curriculum & institutions, dedicated hospitals and dispensaries, and a significant global practice footprint.

While the integrated use of the term AYUSH reflects a unified policy approach for 'Ayurved, Yog & Naturopathy, Unani, Siddha, Sowa Rigpa, & Homoeopathy'-its current usage-both domestically and internationally-often leads to an implicit over-representation of Ayurveda, with no explicit mention, citation, or documented work relating to Homoeopathy and other AYUSH systems. Such a practice, even if unintended, results in the dilution of the distinct identity, contributions, evidence base, and public health role of Homoeopathy, despite its independent statutory recognition and proven utility across preventive, promotive, and curative healthcare.

This trend raises an important concern for policymakers, professionals, and stakeholders:

AYUSH must represent all its constituent systems equitably and transparently, not symbolically or selectively.

#### Way Forward-A

#### Constructive Appeal

**The homoeopathy fraternity is urged that:**

System-specific references, data, outcomes, and documented work on Homoeopathy be explicitly cited and showcased widely at all opportunities and communication by Homoeopathy stakeholders on social media, communication to Health & Ayush Ministry, Public Health institutions, authorities and experts; portals and websites of Homoeopathy Association, Colleges, Research Council, publication, press releases.

Wherever the term AYUSH is used, it should be accompanied by clear, proportional, and transparent representation of all constituent systems-Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy-rather than being perceived or projected as synonymous with Ayurveda alone.

The distinct strengths, scope, and evidence base of Homoeopathy in public health, integrative care, animal health, agriculture, and epidemic management be adequately acknowledged and communicated.

Homoeopathy does not seek precedence, but parity; not separation, but recognition. A truly inclusive AYUSH narrative will strengthen India's pluralistic healthcare identity, enhance global credibility, and ensure that every system contributes optimally to national and global health goals.

## New Curriculum for BHMS

In reply to RTI filed by Dr Y. M.Salmani, dated 30 Oct 2025 to Ayush Ministry, seeking status of Pharmacology in Homoeopathy Curriculum for BHMS, NCH replied in its letter dated 13 Nov 2025 that Modern Pharmacology has been included in BHMS Curriculum.

In reply to another RTI by Dr Salmani, NCH informed that it has taken into consideration to start PG courses in Pathology, Radiology, Surgery, Gynae Obs, Orthopedics and Plastic Surgery.

# Practical evidence of hering's law of cure : the hering's law assessment tool [HELAT]

**Dr Shafin Ajjibhai Mahetar,**  
B.H.M.S. Scholar,  
Guided By : **Dr Twinkle Rameshchandra Raval,**  
MD [Hom],  
Assistant Professor in  
Department of Physiology  
and Biochemistry,  
Swami Vivekanand  
Homoeopathic Medical  
College,  
Bhavnagar, Gujarat.

## ABSTRACT:

Homoeopathy follows the law of individualization in all the aspects of treatment which includes, case taking, formation of totality of symptom, and even prescription. For the evaluation of the treatment, the Hering's law of cure is used by physicians since years but there is no evidence-based tool is available to prove the law in any individual case. This lacking leads to the difficulty of the practical use of Hering's law of cure. The Hering's Law Assessment tool is formed by researchers on the basis of Hering's law of cure to use it systematically by providing evidence of its practical utility.

**KEY- WORDS:** Assessment, Cure, Healing, Hering's law of cure, HELAT, Homoeopathy, Individualization.

## INTRODUCTION

Healthcare sector have many modes of treatment among which homoeopathy is a one who continuously serving humanity since centuries across the globe. In Indian approximately more than 100 million people are dependent on Homoeopathy.<sup>1</sup>

This health care system is based on the individualization of the patient rather than the disease or nosological classification of disease by applying law of similar to find most similar remedy for that particular patient. Homoeopathy applies law of individualization at every level includes, case taking, formation of totality of the symptom, prescription of most similar remedy to assessing a cure. Among this all the steps, assessment of cure systematically following administration of individualized or most similar remedy has remained debatable topic since the origin of homeopathy.<sup>2</sup>

According to Cambridge dictionary, assessment means<sup>3</sup>, "the act of judging or deciding the amount, value, quality, or importance of something."

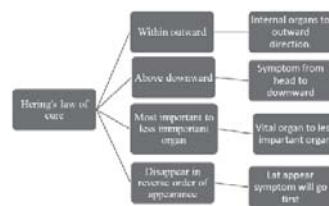
Mostly assessment in homoeopathy done by following Hering's law of cure which was given by Dr C. Hering and widely used by Dr J. T. Kent.<sup>2,4</sup> Hering's law provide the direction in which

the symptoms of the patient will disappear under purely Homoeopathic cure.<sup>5</sup>

This article explains about the assessment tool which formed from the Hering's law of cure known as - HELAT: The Hering's Law Assessment Tool.

Material & method: article is a metanalysis about the assessment tool HELAT. Material used:

- Books: Organon of medicine
- Online material: Existing peer reviewed article. Literature review: Hering's law of cure: Hering's law of cure is one of the important pillars in many complementary therapies like, Homoeopathy, naturopathy, acupuncture etc.<sup>4</sup>
- According to law, Cure takes place<sup>6</sup>,
- From within outward,
- from above downwards,
- from the most important organs to the less important organs, and
- symptoms disappear in the reverse order of their appearance.<sup>7</sup>



## From within outward:

It can accompany with some manifestations, like, high temperature, sweat, bowel movement disturbance, excessive mucus production, frequent urination, etc. which known as

## "HEALING CRISIS".

From above downwards:

Ex. Sore throat move toward sore knee.

From the most important organs to the less important organs: Ex. Lung or liver to skin-disease travel.

Symptoms disappear in the reverse order of their appearance: Ex. Case of childhood eczema followed by hay fever. Than after the disappearance of hay fever the eczema will reappear.

Although, this law used by many physicians worldwide still there is no systematic way to assess or measure this principle.<sup>4</sup>

HELAT : The Hering's Law Assessment Tool.

This assessment tool is developed by researcher to establish and understand the systematic healing process after the homoeopathic interventions.<sup>7,8</sup>

It can be change in symptom character, state of patient at both level-physical as well as a mental, etc.

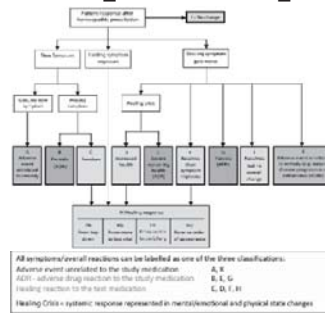


Fig 1b. HELAT per 12 - Secondary evaluation using VAS scale (first published in Homoeopathy)<sup>7</sup>



Above flow chart explains about the HELAT in detail.

Flow Chart A: consist of all the possible symptom responses produce due to a constitutional remedy.

Flow Chart B: consist the symptom information by using visual analogue scale (VAS) which includes, chief complain, vitality, well-being, etc.

Flow chart A:

Homoeopathic intervention can leads to 3 possibilities,

1. New symptom appearance
2. Improvement of Existing symptoms
3. Aggravation of Existing symptoms

It further divided into 11 possible categories which coded as A to K.

New symptom appearance: it can be due result of the proving of homoeopathic medicine or a genuine new symptom.

A genuine new symptom leads to, A: Adverse event unrelated to remedy. Proving symptom leads to,

B: It can persist. C: It can resolve. Aggravation of Existing symptoms:

It can be healing crisis which leads to, D: Increase health

E: More aggravation of symptoms. Other than healing crisis,

F: Aggravating symptom resolves and then improvement starts

G: Symptoms remain as it is. I: Symptom resolves but the state remain as it is. K: Adverse event unrelated to remedy.

From this all the 11 points,

4 concluding point will come out which represents the Hering's law of cure.

It indicated by H in the flow chart: Healing response.

Symbol-Represent by-Indication

Ha-C-From above downward

Hb-Point 2-More important organ to less important organ

Hc-D-From within outward

Hd-F-Reverse order of the appearance

At every follow-up and

consultation, this criterion should assess to understand the effect of the previous prescription.

The score will be:

0: no symptom is fitted to this category.

e"1: one or more symptom was allocated to that category

At the end, the total HELAT score will count by following formula: Ha + Hb + Hc + Hd = HELAT SCORE

This score will provide the overall assessment of the patient after intervention of the homeopathic medicine as healing process.<sup>7</sup>

## Conclusion:

Homoeopathy as a complementary system as well as one of the young and emerging system of therapeutic provides answer of many difficult questions in the form of treatment by applying the foundation fundamental law which help to find most similar remedy to provide cure from the root cause. cure is a healing process which follows some direction which explain by Dr C. Hering as The Hering's law of cure. From this law, Dr J. T. Kent provide many observations about the healing outcome. But this all things are pre sent theoretically only because of the lack of practical evidence-based criteria and tool. This leads to criticism of pathy as well as physician. The Hering's law of Assessment Tool is made y researchers to solve this problem of practical evidence. This tool provides the probable outcomes of any disease process after intervention done by homoeopathic medicine. It subdivided into 11 categories to explain it in detail at that end in 4 different group which represent the Hering's law of cure – from within outward, from above downward, travel from most important organ to less important organ, symptom disappear in reverse direction of its appearance.

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## Need for research on the effectiveness of homeopathic medicines in the treatment of rabies

**Dr Ajoy Kumar Ghosh,**  
B.H.M.S. (C.U.)  
70, Debitala road  
P. O. Ichapur-Nawabganj,  
North 24 Parganas-743144,  
West Bengal  
mail.dr.ajoy@gmail.com  
Mobile : 9830 983698

Susceptibility, oversensitivity and idiocy, these words are very important in homeopathic medical science. Without these factors, natural diseases would not occur and homeopathic treatment would not be necessary. Dr. Hahnemann gave a clear idea about these subjects in his book "Organon of Medicine" in aphorism no. 30, 31 and 32. He said that natural disease occurs only when, the human body is prone to being affected by disease-causing forces. That is why everyone does not get sick even remaining in the same environment. Again, some people born with a predisposition to certain diseases which are called hereditary diseases. According to homeopathy, chronic miasms are responsible for causing all natural chronic diseases and hereditary disorder. When a person becomes ill due to susceptibility to a particular disease condition, a state of hypersensitivity develops in his body.

Apart from being in a state of illness, there are very small number of people who are in a state of oversensitivity in healthy condition. As a result, a substance that cannot cause a reaction in other people in small doses is able to react in oversensitive people even in subtle doses. These healthy, yet oversensitive people are good provers. Dr. Hahnemann was such a prover. If Dr. Hahnemann had not been oversensitive, the medical science of homeopathy would not have been discovered.

Dr. Cullen explained that the "tonic effect on the stomach" is the reason behind the healing power of Peruvian bark, or Cinchona tree bark, in the treatment of intermittent fever. Dr. Hahnemann could not accept this simple explanation. He himself consumed cinchona bark to observe its effects on the human body. Hahnemann wrote, "I took for several days as an experiment, four drams of good China twice daily. My feet and finger tips etc, at first became cold; I became languid and drowsy. - briefly, all the symptoms usually associated with

intermittent fever appeared in succession. This paroxysm lasted for 2 to 3 hours every time and recurred when I repeated the dose and not otherwise, I discontinued the medicine and I was once more in good health.

So Dr. Hahnemann concluded that the real reason that the cinchona bark cured malaria was because consuming the bark of the cinchona tree produces symptoms similar to malaria.

But the opposition argued that intermittent fever does not occur when a person repeatedly consumes the cinchona bark. Dr. Schwartz, Privy Councillor of Medicine of the board of health wrote, "that peruvian bark even in the preparation at advocated by Hahnemann did not cause fever in either healthy people or animals. Professor E. Behring opined in his article, "On therapeutic principles, especially on the aetiological and the isopathic creative principle" that cinchona bark and quinine have been taken by people and have been administered to animals in the most varied forms without ever producing fever, let alone malaria, instead of which it has been ascertained with absolute certainty that quinine causes a lowering of temperature."

When opponents of homeopathy raised questions on the authenticity of Dr. Hahnemann's observations on which the science of homeopathy was based (similia similibus curentur), Professor L. Lew in the renowned pharmacologist of Berlin published his research paper, "The secondary effects of remedies concerns quinine fever" and supported Dr. Hahnemann's observation. He explained, "there is no doubt that for its manifestation it only requires a special individuality with such a special tendency even very small quantities of cinchona, for instance 0.06 gramme, produce this condition every time. Therefore, the corresponding and frequently doubted observations of Hahnemann himself, who after a large dose of cinchona bark was attacked by a cold fever similar to malaria, must therefore be considered reliable." In the book of Modern Toxicology and Pharmacology, it is noted that the fever symptoms are rarely found in the quinine poisoning or cinchonism. But in case of oversensitive person, fever symptoms are occasionally found in quinine poisoning.

So it can be said that Hahnemann being an

oversensitive person, experienced malaria like intermittent fevers after consuming cinchona bark and in consequence of this experiment, Homeopathy was born.

A thorough observation of the reaction of external stimuli on Kaspar Hauser, a German citizen is a good example of extreme oversensitivity. Kaspar Hauser was a German, born on April 30, 1812. He was first discovered on May 26, 1828, standing on unsteadily in a square in Nuremberg, dressed in clumsy clothing. Like a child newly emerged from the womb, this 16 years adolescent boy seemed a complete stranger to almost everything in the world. The police took him to the police station. Hauser reported that he was kept in a dark cell from a few months after his birth until he was 16 years old. He was given black bread and water as food. He could not leave the dark cell and could not eat any other food until he was 16 years old. He somehow managed to escape from there recently. Hauser claimed that he was one of the members and sole representative of the grand ducal House of Burden. He was imprisoned in a dark room for 16 years for dynastic intrigue. Although DNA tests revealed that Hauser had lied and was somewhat mentally unstable, Authorities placed Hauser under the supervision of Professor George Daumer. The professor taught him how to read and write and made him acceptable in society. For Hauser's treatment, Dr. Preu (one of the followers of Dr. Hahnemann) was appointed. Hauser was oversensitive to light, sound, and smell due to being in the dark place for a long period. He was able to smell something even from a great distance. He suffered from convulsion from slightest smell of perfume. The slightest sound, light, and touch would cause a reaction in his body, causing him to shiver.

Dr. Preu experiments on Kaspar Hauser to observe the effects of homeopathic medicine in infinitesimal dose on the human body. Doctor Preu published the results of his experiments in the article form in the eleventh volume of the "Archiv für die homöopathische Heilkunst". Kaspar Hauser was told to smell Sepia in 30th dilution and consequently many symptoms began to manifest which were exactly the same symptoms appeared during the

drug proving experiment of Sepia done by Dr. Hahnemann. Dr. Preu observed the same results after applying medicines like Calcarea Carbonica, Lycopodium etc on Kaspar Hauser. Dr. Preu could not continue this experiment for a long time because on August 17, 1829, Kaspar Hauser was stabbed to death.

When a person is sick, according to the type of disease, particular cells, tissues, organs and systems of his body become oversensitive and this is manifested by various subjective and objective symptoms. Disease symptoms are accompanied by some symptoms that vary from person to person. These symptoms are called individual characteristic symptoms. In the diseased state, the patient's biological system becomes oversensitive to the homeopathic medicine selected according to the symptoms similarity. Therefore, properly selected homeopathic medicines are able to act in minute doses. The body is much more sensitive in case of acute disease. So the symptoms of disease are well manifested. Therefore, it is possible to select similar medicines easily and homeopathic medicines of high dilution can easily cure the disease. But in case of chronic disease the symptoms are not well manifested; so an attempt is made to find out the root cause of the particular chronic disease (miasmatic cause) by thorough case-taking. The treatment of chronic disease is done on the basis of the totality of symptoms giving due importance on chronic miasmatic factors.

However, after a long period of practicing homeopathic medicine, I have come to realize that Homeopathy also has its scope and limitation. Many a times Homeopathic treatment does not provide permanent cure for diseases like diabetes, hypertension, hypothyroidism etc. Even in many cases these diseases cannot be controlled with the help of homeopathic treatment. As a result, usually the help of modern medicine is required to alleviate these diseases for saving the patient from major complications. Even in the case of acute diseases, despite the similarity of symptoms, homeopathic medicines are not effective in many cases.

The effectiveness of ultra-high diluted homeopathy medicine is a mystery to modern science. Some world famous scientists by

their research work have presented some theory( eg. water memory theory) about the reason behind the effectiveness of highly diluted homeopathic medicine that does not contain even a single drug molecule. But these theories has not been accepted in the scientific world. In spite of that, modern science cannot deny the effectiveness of homeopathic medicines in curing diseases.

Strong opponents and critics of homeopathic system of medicine make jokes by saying that homeopathic medicines cure diseases that go away on their own. To give a suitable response to these criticisms against homeopathy, what we need to do is to carry on research on a particular disease that does not heal on their own, that is, a disease that does not have a natural cure. The effectiveness of homeopathic medicines can be proved by curing such disease with the help of homeopathic medicines. Rabies is such a serious disease that can lead to death inevitably. According to World Health Organization statistics, in India alone, 18,000 to 20,000 people die from hydrophobia every year. ( Ref. The Times of India, Kolkata,

Wednesday, August 13, 2025 ). World wide, the number may be more than a hundred thousand. Louis Pasteur saved many people from certain death by discovering the rabies vaccine. But modern medical science has failed to discover any medicine to cure a patient suffering from rabies. It is said in homeopathy "we treat the patient not the disease". That is, according to homeopathic philosophy, any disease can be cured if the right homeopathic medicine is applied according to the patient's symptoms similarity. Rabies is a disease caused by "rabies virus" that manifests itself through a variety of symptoms. Homeopathic medicine can be applied on the basis of individual characteristic symptoms of rabies patient and the patient is expected to be cured. If only one patient suffering from rabies can be cured with the help of homeopathic medicines, there will be a stir in the whole medical world and the world's leading scientists will focus on homeopathic research.

Dr. Hahnemann had been thinking about the treatment and prevention of rabies, many years before the invention of rabies vaccine by Louis pasteur in 1885.

It was reflected in the various articles written by Dr Hahnemann. In 1792, he wrote a book, " Friend of Health" , which was published from Frankfort in Germany. In the first chapter of this book titled "The Bite of Mad Dog", Hahnemann mentioned, "Where is there such a medicine for hydrophobia? Unless it be perhaps the root of belladonna. Might not a very strong extract of black henbane prepared without heat, administrad in sufficient quantity in the form of pills be able to cure this disease! a number of theoretic reasons lead us to have a strong hopes that it might. But the extract must be so strong that two grains of it are sufficient to cause in a healthy individual troublesome symptoms, stupefaction etc.

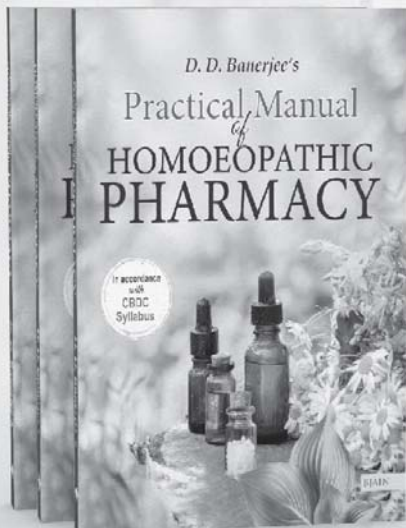
In 1796, Dr. Hahnemann's famous article was published in the Hufeland's Journal, entitled, "Essay on a new principle for ascertaining the curative powers of drugs". After the publication of this article, in 1796, a new medical system was born, called Homeopathy. At one point in this article, Hahnemann wrote, " It is probable that the deadly nightshade (atropa belladonna) will be useful wheather its power over hydrophobia, if it do possess


any, depends on the latter property alone, or also on its power of suppressing palliatively, for several hours, the irritability and excessive sensitiveness that are present in so great a degree in hydrophobia, I am unable to determine.

Homeopathy is a government approved medical system in India. Many government hospitals in India offer both allopathic and homeopathic treatment on the same premises. I propose that under the initiative of CCRH and subject to the permission of the Union Health Ministry, research on the effectiveness of homeopathic medicines on rabies can be conducted in all ID (infectious disease) hospitals. This research will also prove whether "Law of Similia" is effective in all diseases. I urge all homeopathic organizations to take initiative in this regard

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# Can homoeopathy play a role in reducing antibiotic overuse?

**Meet Kalusinh Parmar,**  
2nd BHMS,  
Rajkot Homoeopathic Medical  
College, Parul University,  
Rajkot, Gujarat.

## Abstract

The global rise of antimicrobial resistance (AMR) is largely fuelled by the irrational and excessive use of antibiotics. As public health systems search for safe, effective, and complementary strategies, homoeopathy has been proposed as a potential approach to reduce antibiotic overuse. This article explores the possible role of homoeopathy in antibiotic stewardship, its evidence base, limitations, and scope for integration into mainstream healthcare.

## Keywords

Homoeopathy, antibiotic resistance, antimicrobial stewardship, integrative medicine, rational prescribing

## Introduction

Antibiotics revolutionized modern medicine, saving millions of lives. However, inappropriate and excessive prescribing has contributed to antimicrobial resistance (AMR), which the World Health Organization (WHO) identifies as one of the top global health threats. There is an urgent need to promote rational antibiotic use while identifying complementary strategies to reduce unnecessary prescriptions. Homoeopathy, a system of medicine based on the principle of "like cures like," has gained attention as a possible adjunct or alternative in certain self-limiting infections and chronic conditions, potentially reducing antibiotic demand.

## Antibiotic Overuse: The Challenge

**Drivers of overuse:** Patient demand, physician prescribing habits, diagnostic uncertainty, and lack of awareness about AMR.

**Consequences:** Emergence of multidrug-resistant organisms, treatment failures, prolonged hospital stays, and increased mortality.

**Key target:** Reducing antibiotic use in self-limiting conditions such as viral upper respiratory tract infections (URTIs), diarrhea, and otitis media.

## Homoeopathy as a Complementary Approach

**1. Use in self-limiting conditions-** Many acute infections are viral and resolve spontaneously. Homoeopathic

remedies may provide symptomatic relief, reducing unnecessary antibiotic use.

**2. Chronic and recurrent infections-** Homoeopathy is sometimes used in recurrent tonsillitis, sinusitis, or urinary tract infections. Some studies suggest a reduction in recurrence rates, which may indirectly lower antibiotic prescriptions.

**3. Supportive role in immunity-** Certain homoeopathic preparations are believed to enhance host resistance, though robust mechanistic evidence is limited.

**4. Patient satisfaction and demand reduction-** When patients feel supported with non-antibiotic treatments like homoeopathy, they may be less likely to demand antibiotics from prescribers.

## Evidence and Limitations

### Positive indications:

1. Observational studies in Europe and India report reduced antibiotic prescriptions in patients receiving homoeopathy.
2. Randomized controlled trials (RCTs) show mixed results; some indicate benefits in URTIs and otitis media.

### Limitations:

1. Lack of large-scale, high-quality RCTs.
2. Heterogeneity in remedies and methodologies.
3. Placebo effects cannot be fully ruled out.

### Scientific debate

The biological plausibility of ultra-diluted remedies remains controversial.

## Role in Antibiotic Stewardship Programs

**Educational tool:** Homoeopathy can be included in patient-centered discussions about alternatives to antibiotics for viral illnesses.

**Policy models:** In some European countries, integration of homoeopathy into primary care has coincided with lower per capita antibiotic use.

**Research priority:** More rigorous studies are needed to establish clear guidelines on when and how homoeopathy can safely complement antibiotic stewardship.

## Homoeopathic Medicines

1. Arsenicum album  
-Indicated in gastroenteritis, food poisoning, or septic conditions with restlessness and burning pains.  
-Useful in debilitating fevers and post-infectious weakness.
2. China officinalis (Cinchona)  
-For weakness, debility, and recurrent fevers after fluid loss

(diarrhea, malaria, hemorrhage).  
-Helps restore vitality after prolonged infections.

## 3. Mercurius solubilis

-Indicated in tonsillitis, pharyngitis, otitis media, and ulcerative throat conditions with excessive salivation.

-Acts in suppurative (pus-forming) tendencies.

## 4. Bovista

-Useful in skin infections, acne, and fungal eruptions.

- Sometimes prescribed in septic or allergic skin reactions.

## 5. Nuxvomica

-Indicated in digestive disturbances due to sedentary lifestyle, drug overuse, or dietary errors.

-Helpful in early stages of respiratory or gastric infections.

## 6. Pyrogenium (Pyrogen)

-Indicated in septic states, post-surgical infections, and fevers with offensive discharges.

- Acts as an alternative in cases with symptoms of blood poisoning or delayed recovery.

## 7. Sulphur

- Chronic or recurring infections, especially skin and respiratory.

- Acts as a constitutional remedy to enhance resistance and prevent relapse.

## Ethical and Practical Considerations

Homoeopathy should not replace antibiotics in severe or life-threatening infections. It may serve as a first-line approach for mild, self-limiting illnesses under medical supervision.

Integration into healthcare systems should be evidence-informed and ethically guided, prioritizing patient safety.

## Conclusion

While homoeopathy alone cannot solve the problem of antimicrobial resistance, it may

contribute to reducing antibiotic overuse in selected conditions, especially where infections are viral or self-limiting. Its role should be framed within a larger antibiotic stewardship strategy that includes public education, improved diagnostics, and rational prescribing. High-quality research is essential to clarify its efficacy, safety, and long-term impact.

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## Common and uncommon remedies-VIII

**Dr. Milind Prafulla Pore,**  
54/55, Shaniwar Peth,  
Pratibha Corner Building,  
Pune-411 030,  
Mobile : 9921037973

Common and uncommon remedies..Contd..

Today talking on very rare and Used remedies:+

Symphoricus Racemosa:-

Mind:-Very rare symptoms : It vomiting every time.I don't understand ,i have to say but i cannot...This sensation....

My (Milind Pore)notes: A sensation is coming..not to express in especially pregnancy:- Mind body Soul realation... It's Symphocaricus.

It's stop Vomiting ,Nausea,. And calms mind..

Drug has Aversion to food.It has close relationship with Nuv, Ars.. in pregnancy

All Symphoricus are better by lying . Consider it is a general position (not PQRS)..

Dose :- in Pregnancy:-0/2

In normal patients if symptoms agree: Lower 1m.

CEANOTHIS:- This remedy has marked action mark on Spleen. Left sided remedy. But Symptoms of Mind not known: These are for you:...I have Pain ...I dream ,... I will be ice(body frothy).

Use it in Leucamia, Anemia, higher level sugars,

Urine is always FROTHY is PQRS in CEANOTHIS... Miasmatic blackhole is Psora - Sycotic.if given properly.,than it will land in Syphitic Miasmatic, Cleavege...

# Homoeopathy in urticaria : Treating the root, not just the rash

**Daisy Pritmani,**  
Rajkot Homoeopathic Medical  
College, Parul University,  
Rajkot, Gujarat.  
pritanidaisy165@gmail.com

## Abstract :-

Urticaria, often referred to as hives, is a skin condition marked by itchy, red swellings or wheals, and in some cases, angioedema. It's usually caused by an allergic reaction, but other factors like stress or temperature changes can also activate it. Homoeopathy is considered one of the best alternative systems for the treatment of urticaria which can provide permanent results.

## Keywords :-

Urticaria, Nettle rash, Hives, Allergic skin disease, Angioedema, Homoeopathy

## Epidemiology :-

Studies indicate that between 8.8-20 % of individuals in the community are experiencing urticaria once in their lifetime. Its epidemiology varies by age, gender, and geography. Chronic form of urticaria are more common in adults especially in women's .

## Introduction :-

Urticaria develops when certain antigens activates local hypersensitivity reactions in the skin. It is a hypersensitivity reaction involving the release of histamines from mast cells in response to various triggers like allergens, infections, or stress. Symptoms of urticaria can appear on any part of the skin and may vary in severity.

## Classification of urticaria :-

Urticaria can be classified in various ways :

### 1. Based on Duration

Acute Urticaria :

Duration : Less than 6 weeks.

It is commonly triggered by allergens (foods, drugs, infections, insect bites).

### Chronic Urticaria :

Duration : More than 6 weeks.

It is further classified into spontaneous or inducible types..

### 2. Based on Underlying Cause/ Trigger :-

A. Chronic Spontaneous Urticaria (CSU) :-

It lasts for 6 weeks or more.

Occurs without a clear external cause

Also known as idiopathic urticaria.

B. Acute Spontaneous Urticaria (ASU) :-

It lasts for less than 6 weeks.

It is often triggered by allergic reactions, infections, or physical stimuli

C. Chronic Inducible Urticaria (CIIndU)

Triggered by specific stimuli:

Type-Trigger

Dermographism- Stroking or scratching the skin

Heat Urticaria-Exposure to local heat

Cold Urticaria-Exposure to cold air or water

Delayed Pressure Urticaria- Prolonged pressure on skin

Solar Urticaria- Sunlight (UV/visible spectrum) exposure

Vibratory Urticaria- Vibration from tools, devices

Aquagenic Urticaria- Contact with water

Cholinergic Urticaria- Exercise, stress, or heat (sweating)

### 3. Special Forms of Urticaria :-

Autoimmune Urticaria :- Due to autoantibodies (anti-Fc̄RI or anti-IgE).

Urticarial Vasculitis :- Involves inflammation of blood vessels, lesions last longer than 24 hours and may be painful.

Contact Urticaria :- Triggered by direct contact with substances (e.g., latex).

Angioedema with or without wheals :- Involves deeper tissue swelling

Etiology :-

Exact cause of urticaria is unknown. several contributing factors have been identified, such as.

Immunologic causes : IgE-mediated allergy, autoimmune activity

Infections : Hepatitis, Parasitic

Physical triggers : Heat, Cold, Pressure, Water

Foods : Eggs, Peanuts, Strawberries

Pathophysiology :-

Allergen (etiological factor) : Exposure to a triggering substance (e.g., food, drug)

Body reaction to allergen : The immune system identifies the allergen as harmful and then initiates a response.

Then exposure to allergens leads to histamine release from

mast cells

It causes small blood vessels to leak fluid

Accumulation of fluid in skin : This fluid collects in the dermis, leading to swelling.

Formation of rashes or wheals

Urticaria

Signs and Symptoms of urticaria :-

You can manage urticaria effectively by :

Intense itching is the hallmark symptom

Redness due to vasodilation around wheals

Angioedema may cause difficulty in breathing

Burning or stinging sensation at the site of the rash

Swelling of various body parts, such as lips or eyelids

Investigations :-

Complete Blood Count (CBC) : It helps to identify infections or systemic inflammation.

Thyroid Function Tests : It helps to rule out autoimmune thyroid disease.

Antinuclear Antibodies (ANA) : It helps to rule out autoimmune disorders

Skin prick test : It helps to determine specific allergens responsible for symptoms.

Detailed history : Essential for identifying individual susceptibility

Lifestyle Management :-

Wear loose cotton clothing

Keep the skin cool and avoid the overheating

Avoid hot baths or showers

Maintain a symptom diary

Stay away from spicy foods

## Homoeopathic Approach :-

Homoeopathy plays a significant role in treatment of urticaria by considering the individual's unique symptoms.. Homoeopathy considers the totality of symptoms. By addressing the root cause and constitution of the patient, homoeopathic remedies can provide long-term relief without side effects. Homoeopathy not only relieves the itching but also helps prevent recurrence by strengthening the immune system

## Conclusion:-

Homoeopathy provides a holistic option and gentle approach for individual suffering from urticaria. By

understanding the unique symptom patterns and overall constitution of the patient, remedies can be selected which not only relieve the itching but also work towards preventing future episodes.

## Homoeopathic Remedies :-

**Sulphur**-Useful in Chronic urticaria with intense burning and itching; worse by heat and bathing. Here the skin becomes dry and scaly where itching with a great burning sensation.

**Rhus toxicodendron** - Recommended with Itchy, burning urticaria with restlessness; worse at night and better from warm applications and the person is usually quite restless. Here the skin is red, swollen along with extreme itching.

**Apis mellifica** - Red, swollen, edematous hives with burning and stinging pain; worse from heat and better by cold applications. There is a great burning sensation after itching and the affected area is often very sensitive to touch. Symptoms generally worse with heat and improve with cold application.

**Natrum muriaticum**- Urticaria after emotional stress or suppressed grief. The itching often becomes worse with physical activity or exposure to heat.

**Lycopodium**-It is helpful in cases of urticaria that occur in digestive issues such as gas, bloating, or acidity.

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# Homoeopathy-the answer to dementia a geriatric problem

**Dr. B.D. Patel,**

*Former Principal, Govt.  
Homoeo Medical College  
Bangalore & Chandigarh.  
Former Dean & Director, V.M.  
Homoeo Medical College  
Salem.*

## Special reference to Alzheimer's Disease

To day what we call as Dementia (may be of any origin) is the end result of various factors working as a whole and acting on individual's mind and nervous system through out his life. Especially in India, each individual has to struggle for his existence and earning his daily bread. He has to face lots of push and pulls in the family. Above all these there are many disappointments in life, mental shocks, failures in career, love failure, business loss, cheating by friends, death of loved ones etc. Although the person is able to face these problems at that time, as he grows old they will precipitate the disease condition and it will come out with full vigour in the form of diseases like Dementia etc. Apart from the hereditary factors all the above factors play an important role in causing Dementia. **It has been observed that persons who are mentally active hardly get Alzheimers Disease.**

The basic idea of writing this article is not to prove that one system is superior over the other system. This Disease needs a multidimensional approach and the sole aim of the treatment should be how much relief we are able to give to the patient and not what system is being applied. Conventional western treatment could also be continued along with Homoeopathy so that we can have the best of both the sciences.

Dementia is characterized by deterioration in the intellectual capacity specially in aged people. It can be caused by various factors and there are different varieties of Dementia. Alzheimer's Disease is one of them which is highly progressive and irreversible. Ex American President and action Hero of yesteryears Ronald Reagan is suffering from this disease. This disease was identified by Alois Alzheimer 90 yrs back in a women aged 41. It affects roughly 20 million people through out the world and it is a mystery how it attacks. The gallery of suspects includes many factors ranging from Genes to environmental Toxins. The common features are impaired thinking, orientation, comprehension and judgement, deteriorated emotional control and social behaviour. They forget names of the children and other family members with whom they interact very often, they have difficulty in work, in speech, in travelling in familiar areas and

difficulty with personal hygiene. Things are mislaid at home, same question asked over and over again, date and time is confused, sleep pattern reversed, constant babbling and incontinence of urine and faeces. Later difficulty in walking with features of Parkinsonism and Cerebellar ataxia. In later stages they are bed ridden, need feeding and get chest and urinary tract infections and finally death in an emaciated state. This type of condition existed in past, and other systems of medical sciences were handling them but only the name was not known. Lets not go into the details of the various causes of Dementia as they have already been dealt.

### For the Caregivers

Attendants should be humble in their dealings with patients, not give any weightage to what patient says unless they are sure about it. Do all the nursing care discussed by the general practitioner, do not expect the patients to understand every thing what they say. If possible try to talk to them and remind them of some **pleasant past events.**

### Management

Provision of safe environment, control of aggressive behavior and ability to meet psychological needs. He should be put among the familiar objects and people. The schedule of the activity must be simple. Appropriate rewards for positive behavior and ignore inappropriate behavior repeated reinforcement is needed. Psychotherapy is seldom effective because it may overload the patient's limited cognitive resources. General nutrition and health maintenance is important, exercise should be encouraged. There should be adequate supervision to prevent suicidal tendencies and potential aggression.

### TREATMENT

in general once it is diagnosed, as having Alzheimer's Syndrome, more than the patient, the attendants become hopeless thinking that there is no way out, **which is not so.** Here I would like to quote Leon Chaitow, on the article selecting the appropriate treatment "**even if conventional medicine tells you that your condition is incurable or that your only option is to lead a life dependent on drugs with troublesome side effects, there is hope for improving or reversing your condition**". There is a ray of hope for these condition in alternative system of medicine specially **Homoeopathy.** Patients with Dementia display a broad range of cognitive impairment, behavioral symptoms and mood changes and as a result they require individualized and multimode treatment plan. The core of the treatment of patients

with Dementia is management, which must be based on a solid alliance with patients and family. The body and mind are interwoven and each has a significant impact on each other. Here the approach to the disease is entirely different. The medical establishment ignores the history and development of disease where as in Homoeopathic system of medicine the treatment is based on various factors including the process of the developmental stages of the condition and not on the end result of the disease alone.

The Homoeopathic system is based on 3 dimensional scientific modes that represent the synchronous and harmonious coordination of body mind and spirit. Earlier we discussed that disappointments, mental shocks, failures in career, love failure, business loss, cheating by friends, death of loved ones can cause, precipitate or trigger of the dementia. In Homoeopathy we have many medicines specific for each such conditions, where the impact on the brain can be totally removed in young age or partially in old age. Brain damage can be arrested and if possible the brain cells and neurons can be stimulated and regenerated to the extent possible.

**ADVANTAGE WITH HOMOEOPATHY** Treatment of all Dementia including Alzheimer's will be on the same lines in Homoeopathy as the approach to disease is entirely different when compared to conventional medicine. Few cases of Alzheimer's Disease and Dementia have responded well in our Bangalore Homoeopathic Medical Center, Richmond Plaza, Richmond circle, Bangalore-25. Our medicines not only act on neurons but also on whole system to retard the degeneration and revive the various faculties of the body. This system is most suitable, as the patients have decreased Renal clearance and slow Hepatic metabolism for many conventional medications and if they are persistently given they may lead to dangerous side effects. Antipsychotic drugs have number of potential side effects including sedation and worsening of the condition. Where as in this System this disadvantage is not there, Homoeopathic medicines are given in highly sub-physiological doses and they need not go through the liver and kidney. The medical establishment ignores the history and development of disease where as Homoeopathy attaches a very strong importance to the origin of disease with which we can treat the root of the disease. Here I may add that during Homoeopathic treatment one need not totally stop allopathic Medication, which is necessary to maintain certain disease like

Diabetes, Hypertension etc. Our drugs are quiet effective not only in Alzheimer's but also in other conditions like Alcohol related Dementia, Depression, Parkinsonism and Allergic Disease. As a whole the treatment is aimed at making the patient more comfortable. Yoga, Meditation etc are effective when taken along with our treatment. To sum up, Homoeopathy has long term effects on patients suffering from Dementia, 1. It helps in retarding further deterioration of the mental cognitive faculties of the patients, 2. Life expectancy of the patient is enhanced and 3. In some cases near normal life styles can be achieved.

Smt. S D age 75yrs wife of a very senior endocrinologist was brought to us. The doctor consulted us as he had tried all the known Allopathic drugs and also Ayurvedic drugs for more than 3 yrs with no relief, rather deteriorating the condition. As a last resort Homoeopathy.

The patient was a typical Alzheimer's presentation, except for the common symptoms of the disease I could not get any indication to select the drug, husband being a strong Allopath he used to talk to me only medical language and symptoms he used to describe were path gnomonic and no symptoms of the Patient Individual except that she had a dog bite and injury few years back. She was a known diabetic and hypertensive patient. After much probing I could know that she was a good singer in her younger days.

Hydrophobinum and Hypericum did little good, on her continuous babbling and rambling Lachesis 30 was prescribed with varied results. Helplessly we took the common symptoms of Alzheimer's Disease for Repertorisation such as

- Loquacity
- Rambling
- Dementia Senilis
- Old age Senilis Decay
- Involuntary Urination in old people
- Parkinsonism (involuntary movements, wiping of the face very often and other jesters)

These few symptoms were considered and repertorised from Synthetic Repertory and Phos 30 in repeated doses were prescribed. In few months there was a remarkable change in the patient. Such as her sleep improved and all sleeping tablets were stopped, weight gain of 7 kg, for the first time she identified her husband and was enquiring about her relatives. We could not give her 100% relief but the husband was highly satisfied with Homoeopathy and he gave us an interview in front of our Handy Cam that he was happy with his wife's improvement and he would recommend Homoeopathy to other Alzheimer's Patients.

# Accessory circumstances-It's concept and it's true place in homoeopathic prescribing

From the desk of :

**Prof. L. M. Khan**

*"I am myself and my circumstances"*

Ortega Y. Gasset

## INTRODUCTION :

Homoeopathy is the philosophy to become healthy. And homoeopathic prescribing is administering a remedy selected on the basis of (w)holistic concept. But out of ignorance homoeopathy is presumed to be one of the 'usual' systems of treatment and homoeopathic prescribing to be a mere symptomatic treatment.

But this is not true. A careful study of the 'Organon of the Art of Healing' teaches us the different facets of homoeopathic prescribing such as in acute diseases, chronic diseases, mental diseases, local diseases, iatrogenic diseases etc. What differentiates and makes homoeopathy superior to the other systems of medicine is its understanding of the importance of Accessory circumstances. And those of us who realize the importance of this know that they owe this knowledge to Organon-the so called obsolete book which in fact contains the most advanced knowledge which does put homoeopaths in a more advantageous position when compared to the other physicians.

This information of the accessory circumstances which has been utilized and been an integral part of homoeopathic prescribing for over 2 centuries now has only lately been stumbled upon by the modern(!) system of medicine and that too in the fragmentary form as we infer from the study of Preventive and Social Medicine and other such subjects. These Accessory circumstances in homoeopathy include all that is contained under various different headings viz the exciting and maintaining causes of diseases, hygiene, surroundings, nutrition, sociology, psychology, moral values, occupational diseases & hazards etc.

A detailed discussion on this topic from the 'Organon of the Art of Healing' will teach us how the case taking or rather case perceiving is necessary and which should actually scan each aspect of the patient's life i.e. physical, mental, emotional, social and spiritual.

After discussing in detail the various topics concerning this vast subject in the Organon, I will give a case from my own practice which will help in understanding why a thorough understanding of these in each & every case is so important. This case, which I saw recently, failed not because of the paucity of prescribing, characteristic symptoms but because of a lack of favorable circumstances (Accessory circumstances).

## WHAT ARE ACCESSORY CIRCUMSTANCES?

**Accessory :** Accompanying or helper in an act.

### General example:

An object, which is not essential in itself but adds to the beauty, convenience or effectiveness of something else like auto accessories.

### Example from law:

A person not actually or constructively present but contributing as an assistant or instigator to the commission of an offence- Accessory before the fact.

One knowing that a crime has been committed helps the offender with an intent to defeat the justice- Accessory after the fact.

**Circumstance :** Derived from a Latin word *Circumstantia*, which means an incident; occurrence; situation; state of things; event; to stand around.

## LOGIC :

It is a universally accepted concept that man is a social animal, living in a group and reacting continuously to the various external stimuli. The environment, the Stimulus, his own Capacity/ Capability, his inherited tendencies and his own previous experiences determines his response. Further the response depends more on the symbolic interpretation that he attaches to the stimulus. Each person has his own way of reacting and responding, which then gives a particular identity to him.

*'Genes determine not characters or traits but reactions or responses- health and disease are manifested in the phenotype of the organism and the phenotype is in principle at least modifiable and perhaps controllable by the genotype as well as by the environment.'*

### (Rene Dubos in Man Adapting)

Circumstances like climate, the topography of the land, the kind of food readily available, the moral values and teachings, the social relations and values, the economic circumstances and other factors of the physico-chemical environment have a profound influence on the anatomy, physiology, mental and emotional trait of a person which leads to a specific molding of that person.

## CLASSIFICATION :

Let us now examine the various positions held by the Accessory circumstances in homoeopathic prescribing.

### ACCESSORY CIRCUMSTANCES

**CHOICE OF REMEDY**(Ref Aphorisms: 5, 7, 18<sup>th</sup> ed, 24, 204)-  
1. Discernible body constitution esp in cases of protracted diseases.2. Mental & Emotional characters.3. Occupation.4. Lifestyle and habit.5. Civic & domestic relationship.6. Age.7. Sexual function.

**INFLUENCE ON DISEASE DIVERSITY/ TRANSFORMATION**

**OF PSORA** (Ref F.N. 81; Aph 208)-  
1. Climate & the particular natural quality of the location in which one lives.2. Very irregular up bringing of the youth; neglected or over refined development of body or spirit.3. Misuse of body or spirit in one's vocation &/ or in life relationships.4. Dietary regimen.5. Human passions.6. Customs & habits & practices of many kinds.7. Mode of thought and emotion.

**WORKS AS OBSTACLES TO CURE** (Ref Aph 77, 93, 94, 204, 224, 225, 252, 255, 208)-  
1. Regimen.2. Environment.3. Diet.4. Objects of anger, grief or vexation.5. Mental or bodily over exertion.6. Avoidance of any emotional shock.7. Other medicines.

### INFERENCE:

(I) **INFLUENCE OF THE ACCESSORY CIRCUMSTANCES ON THE CHOICE OF THE REMEDY: CHOICE BASED ON TOTALITY.**

The totality of symptom is never completed without taking into account the accessory circumstances. Hahnemann has specially mentioned about the accessory circumstances & its relation to the totality of symptoms in the following aphorisms.

A) In Aphorism 5, he says that the accessory circumstances lead a physician towards the discovery of the chronic miasm, which is the fundamental cause of various diseases. In this investigation the physician should consider the patient as a person and take into account the following:

-The ascertainable physical constitution: This is the outer appearance of the patient. E.g. a child of just 4 years looks as if he is of 10 years. The construction of the body whether tall, short, thin, flabby etc. The shape of face, eyes, moles, scars, warts etc. The color and expressions in his eyes etc. This is basically an expression of Psycho-neuro-endocrinal axis.

-His moral and intellectual character: Whether the patient has been the cause or victim of some unsociable event in his/ her past. What kind of impact has it produced on the patient e.g. a girl was physically abused & now she has tremendous aversion to her husband. The various environment and circumstances that the patient has passed through affecting his moral & intellectual domain very deeply e.g. a child having seen a murder now is so shocked that he is unable to stay normal.

-His occupation: There are many occupational hazards which lead to the development of chronic disease. It can be of various types e.g. the posture of the person while working which leads to spondylitic problems of neck & back; workers of silicon factory suffering with restrictive pulmonary diseases,

cancer, silicosis etc. People who are continuously exposed to dust may also develop breathing troubles etc.

-Mode of living & habits: Living in damp basements, cellars, slums, overcrowded places; habits of taking tobacco, cigarette, alcohol or other drugs; his working, sleeping habits etc all are required.

-Social & domestic relations: Status of the patient in his own society; is he under lots of stress or under lots of demands or responsibility or too subdued by others etc.

-Age: It is of great importance as it shows the chronological development of a chronic disease. Similarly by matching the pathological degree with that of the age of the patient we can distinguish whether it is consistent with the age or it is an early manifestation.

B) Similarly in Aph 18 he says that the accompanying circumstances or modalities are to be considered for the totality of symptoms.

C) Again in Aph 24 ".....A medicine is sought for the totality of symptoms of the diseased case with regard for the originating cause (when it is known) and for the accessory circumstances....."

These are the accessory circumstances i.e. those modifying factors which contribute to produce a general effect on human being and a thorough knowledge of these help in the choice of the remedy.

(II) **INFLUENCE OF THE ACCESSORY CIRCUMSTANCES ON DIVERSITY OF DISEASE: TRANSFORMATION OF PSORA.**

We all very well know that the chronic diseases arise purely due to the Fundamental cause or the chronic miasms namely the Syphilis, the Sycosis and most importantly the Psora, which is the basic producer of all chronic diseases. It is an established fact that no robust constitution has been able to alleviate Psora by itself, it keeps on adding up and increasing each successive year. When such long and continued chronic diseases get associated with advanced pathological changes then it develops into chronic maladies.

Hahnemann has mentioned in F.N. Aph 81 that the transformation of Psora into chronic disease depends upon various Accessory circumstances, which are as follows:

-Climate and the particular natural quality of the location in which one lives.

-Very irregular up bringing of youth-the neglected, distorted or over-refined development of body or spirit.

-Misuse of body or spirit in one's vocation and/ or in life relationships.

-Dietary regimen.

-Human passions.

-Customs, practices and habits of many kinds.

-Mode of thought and emotions.

These factors have a modifying influence on a person as a whole e.g. let us take one of the accessory circumstances given above say the Human Passion. It deals with emotions and individual feelings, which are strong. For example- Intense, zealous, ardent-It is an intense emotion compelling action. There is always an extra force & energy attached to whatever he does- be it food, business or any other daily life activity. A passionate person has emotions distinguished from reason. His anger, love, temper are always very intense and vehement which destroy his inner calmness and causes a turmoil inside his person. Such activities in the long run affect a person's health profoundly, deranging it and leading to various diseases among which the hypertensive disorders leads the most.

( I I I ) A C C E S S O R Y C I R C U M S T A N C E S W O R K A S A N O B S T A C L E T O C U R E .

In Aph 94, Hahnemann says, we as a physician should carefully consider the following Accessory circumstances that may act as an obstacle to cure.

-His ordinary occupation.

-Usual mode of living and diet.

-Domestic situation.

In the footnote Aph 94 he writes "In the chronic diseases of female it is specially necessary to pay attention to pregnancy, sterility, sexual desire, accouchements, miscarriages, suckling and state of discharge, presence of leucorrhoea...but by what bodily or mental ailments, what sensations and pains it is preceded, accompanied or followed....."

Then in Aph 208, he says that there are the factors like age, mode of living, diet, occupation, domestic position etc. in addition to the mode of thought and emotion that might increase his malady. So, a physician should take into consideration the above written factors very seriously.

In Aph 255, he says "...If the improvement delay too long in making its appearance, this depends either on some error of conduct on the part of the patient, or on the Homoeopathic aggravation produced by the medicine lasting too long, consequently on the dose not being small enough.

All the above written circumstances have an adverse effect on a person's mental and physical health as a whole. All these Accessory circumstances should be considered by a physician if in a patient, he desires to treat without any obstacles the Psoric manifestations or restrict its development into the state of chronic maladies.

#### CASE ILLUSTRATED:

A 60-year-old **very obese** male of wheatish complexion presented with **gangrene on right heel with left sided hemiplegia**. A

melanoma and few warts were present on the cheek (zygomatic region). He was looking sad and was also changing his position frequently.

While taking the history it was found that his health had started deteriorating since the murder of his eighteen-year-old son in Feb 99. He was detected as a diabetic few months later during a routine check-up. Over another few months he had started suffering from cramps and stiffness in the right calf on walking and standing for sometime which was > rubbing. Two months later he suffered from emaciation and hemiparesis of the left side.

After another two months his right heel was injured by the wooden frame of his bed, leading to pus formation, which was aspirated. Since then a black area had developed about the size of a one-rupee coin with burning as if chillies had been sprinkled, > by application of cold water. He had been hospitalized a few days back with the diagnosis of gangrene. The Doppler of the lower limbs showed a miserably poor perfusion in the right lower limb.

When I visited him in the hospital he had wide-open eyes, was restless and was constantly changing the position.

He had been born and brought up in a rich and influential family and had a fiery temperament with easy anger on contradiction. He was talkative and desired company and wept when thanked.

He desired mutton, ghee, korma, chilled drinks and water even in winters.

10 years back cholecystectomy was done on him and was advised to stop eating fats, which he nevertheless continued. He was a known hypertensive for 20 years. He had been a boxer and a wrestler and had suffered from many injuries since young age. There was a history of injuries from lathi, bullets etc.

Other than his son, two of his brothers had also died in 1989 and 1996.

Even now when speaking of his son's death he had tears in his eyes.

**Prescription & Follow up:** The case was first started with a dose of Ignatia 200. This prescription was based on the prominent history of Grief, which had set forth the current chain of events. The potency 200 was selected on the basis of the intensity and severity, which could be easily judged from the demeanor of the patient (he looked very depressed).

From the next very day he was found to be more alert and lively. His restlessness had also somewhat decreased as could be seen (& later also reported by attendants). He was then put on Placebo for a few days.

After watching for 2-3 days not much change was found in the appearance of the gangrene and then the patient was prescribed

Secale Corr 0/1. This was based on the points- old age, gangrene cold to touch, burning sensation in it, marked relief by cold application. He was kept on the LM potency keeping in mind the severe pathology & the large number of medicines he was on which included the sedatives, pain killers and others.

The patient responded very well to this medicine and he first started regaining warmth in the foot. In the beginning the whole of right leg right below the knee was cold to touch, but after starting Secale corr in next few days most of the foot except the toes became warm to touch. In another 2-3 days it was seen that the color of the area affected with gangrene changed from black to purple especially in the margins.

In another few days the black portion had almost regressed to the size of a 25 paisa coin i.e. roughly 1/4 th of the whole. The rest of the portion had become bluish red. The restless ness of the patient was also better.

After another few days the improvement of the patient came to a standstill. As the symptoms were very much the same it was decided to give a higher potency. Secale corr 30 9 doses t.d.s were given. When it also failed to improve 200<sup>th</sup> of the same was given with little relief. From this point onwards the case started deteriorating and in spite of best possible efforts and prescriptions (later other medicines like arsenic, euphorbium and conium were also given on their respective indications) the downward progress of the case could not be stopped.

Finally the patient's leg was amputated.

#### UNDERSTANDING ACCESSORY CIRCUMSTANCES IN THE CASE:

Once this had happened I tried to talk to his family members and his other attendants so as to find out why this case had failed. I could not fathom how it could deteriorate after starting off so well and that too in spite of well-indicated remedies. This reminded me of Kent's 6<sup>th</sup> Observation: *Too short relief of symptoms*. Then I took the close attendants of the patient into confidence and then came out the real reason of the failure. They said that though the patient had been advised to strictly lay off Smoking, Red meats and sweets- i.e. the excesses that he had been doing all his life, he just could not do that. All the attendants were strictly ordered not to disclose it to anyone, not even his children, that he was still carrying on his habits. Especially, he would smoke in the bathroom. And there lay the cause of failure in the case.

And now that we look back chronologically at the life of the patient (as learned from his close relative and attendants) we find a person who was born and brought up in a very rich family. As a body builder his diet was very rich and

heavy. In the mean time he joined his family business in which he had dealings with people in whose company he cultivated bad habits like smoking, drinking etc. thereby started indulging in excesses. The demands of his business and his vices frequently took him away from his family. As he was also of a very dominating attitude (due to his upbringing) he could not tolerate anyone not complying with his wishes. All these things created a wide gap between him & his family members.

With the passage of time some instances happened that affected him and then a major blow was the killing of his youngest son by his opponent, which mortified him emotionally. and he developed hypertension, D.M. and other stress related illnesses. His health started deteriorating and after a minor injury he developed gangrene on the right foot. And in spite of his illnesses he could not leave his bad habits of overeating, non-vegetarian diet, smoking, drinking etc. This happened because he was restricted from going out and because of the distance created from his family members- they could not help him in his time of need. They could not support him in bearing the loss of his son and he all the more needed to depend on his addictions. So the clogging not only took place in the vessels but also in his mind and therefore gangrene on the limb could not be helped because the gangrene in the mind persisted which was further aggravated by his own habits. And finally the limb had to be cut in spite of the best possible treatment given. So one could easily analyse why the case failed.

#### CONCLUSION:

What I perceive from the art of healing with the help of Organon taught by Hahnemann and post Hahnemannian stalwarts and among them I remember most my Guru Dr. J. N. Majumdar my guiding philosopher-who not only taught me but also restricted my fickle mindedness to a point... he advised me to use the Organon in practice as a phenomenological guide for a suffering humanity so as to make them free from sickness and enable them to enjoy life healthily, happily and harmoniously.

Organon taught me regarding the Accessory circumstances-the circumstances/ events that help for prescribing; remind me as an obstacle to recovery; obstacles as a maintaining factor that demand removal and the circumstances which accelerate to convert the miasm or transform one miasm to another. This is a great gift from a man (Hahnemann) who was born with uncommon wisdom, who led us to the enlightened path of taking care of the patient and all his circumstances, an understanding of some of which are helpful in prescribing and some being harmful, demand removal ... their removal itself making the recovery a wisdom of healing art!

# Management of diet and regimen during the treatment of chronic diseases

**Dr. M. Murugan,**  
Professor,  
Deprt. of organon of medicine,  
Sarada Krishna Homoeopathic  
Medical College and Hospital,  
Kulasekharam,  
Kanniyakumari-629161, T. N.  
drmmuruganhomoeo@gmail.com

## Learning objectives:

- To know about the definition of diet and regimen
- To know about the importance of management of diet and regimen
- To explain about the general remarks about the restriction of diet and regimen or not for the needy people
- To realise the consequences of unnecessary restriction about diet and regimen
- To realise the restriction and need of coffee, tea, wine, brandy, beer, spices, meat and fish
- To explain about the strict regimen and its importance
- To realise the need of leaving the patient

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## 1.0 Introduction:

Diet and regimen are one of the important factors in causing, maintaining and curing the patients with chronic diseases. They are one of the hinderances, need to be planned well, with or without restriction. Unnecessary restriction is not acceptable by the patients. The regulation of the diet and regimen varies in different types of patients, different age groups and shall differ in terms of diet like coffee, tea, wine, brandy, meat, fish and tobacco, by the decision of practicing homoeopathic physician. The role of physician, for the advises to the persons with uninterrupted grief and vexation is very much as for with the cooperation of relatives.

## 2.0 Word meaning of diet and regimen:

Diet means, planning of food, mess nourishment.

Regimen means, a planning or course of action such as diet, exercise or medicinal treatment.

## 3.0 Importance of Diet and regimen:

**3.1 Small doses may not be disturbed by any foreign medicinal irritant:**

During the treatment with minute doses necessary for proper homoeopathic treatment, the small dose may not be overwhelmed and extinguished or disturbed by any foreign medicinal irritant.

## 3.2 Passes unnoticed:

The diseases are usually aggravated by noxious influence and other disease-causing errors in the diet and regimen which often pass unnoticed. So careful investigation in such obstacles to cure is most necessary.

## 3.3 Increase the malady:

The age of the patient, his mode of living and diet, his occupation, his domestic position, his social relations and so forth, must next to be taken into consideration, in order to ascertain whether these things tend to increase his malady, or in how far they may favour or hinder the treatment.

## 3.4 keeps up the

**3.4 Keeps the disease still persists:**

The best selected homoeopathic anti-psoric medicine in the suitable minute dose does not effect an improvement. This is a sure sign that causes those keep up the disease still persists and that there are some

circumstances in the mode of life of the patient or in the situation in which he is placed must be removed in order that a permanent cure may ensue.

## 4.0 Judgement of the Homoeopathic physician:

Since we have here to treat lingering, sometimes very tedious, diseases, which cannot be quickly removed. Of course, everything that would hinder the cure must be removed. Only general remarks, mentioned here, leaving the special application in any particular case to the judgement of the homoeopathic practitioner.

## 5.0 Strict rules in many cases may not be obeyed:

A strict homoeopathic diet and mode of living do not cure chronic patients, as our opponents pretend in order to diminish the merits of Homoeopathy, but the main cause is the medical treatment.

This may be seen in the case of many patients who, trusting these false allegations, have for years observed the most strict homoeopathic diet without being able thereby to diminish, in spite of the diet, as all diseases of a chronic miasmatic nature do from their nature.

Therefore, the homoeopathic practitioner must yield to circumstances, reach the aim of healing, by an obstinate resistance on strict rules, which in many cases cannot be obeyed.

## 6.0 Age of the patient:

Cases of patients in middle life, life also in old age, in various relations of life, which can seldom be totally changed.

## 7.0 Economic status of the patient:

In cases of rich people, or in the case of persons of small means, or even with the poor, therefore limitations and modifications of the strict mode of life as regularly prescribed by Homoeopathy, must be allowed in order to make possible cure of such tedious diseases with individuals so very different.

## 8.0 Occupation of the patient:

### 8.1 Daily laborer:

The daily laborer, if his strength allows, should continue his labor; the artisan, his hand work; the farmer so far as he is able, his field work, the mother of the family, her domestic occupations according to her strength.

Only labors that would interfere with the health of healthy persons should be interdicted.

### 8.2 Sedentary work:

The class of men who are usually occupied not with bodily labor but with fine work in their rooms,

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Email : ahp107@yahoo.com

Whatsapp No. : 8800652030

**Homoeopathic Physician**

**Dr. R. C. Aggarwal**

M.D. (Hom.)

**Dr. Sandeep Aggarwal**

M.D. (Hom.)

Timing - Morning : 9.00 AM to 01.30 PM Evening 04.30 PM to 08.30 PM  
(Sunday Closed)

usually with sedentary work, should be directed during their cure, to walk more in the open air without, on that account, setting their work altogether aside.

### 8.3 Higher class persons:

Persons belonging to the higher classes should also be urged to take walks more than in their custom.

Allow this class, the innocent amusement of moderate and becoming dancing, amusements in the country that are reconcilable with strict diet.

Social meetings and acquaintances, where conversation is the chief amusement.

Will not keep them from enjoying harmless music from listening lectures which are not fatiguing. Can permit the theatre only exceptionally.

Can never allow playing of cards. Moderate too frequent riding and driving.

The flirtations and empty excitations of sensuality between the sexes, the reading of indelicate novels and poems of a like character, as well as superstitious and enthusiastic books are to be altogether interdicted.

### 8.4 Scholars:

Scholars ought to be induced to moderate exercise in the open air and in bad weather to do some light mechanical work indoors. Mental occupation should be limited work from memory since straining the head by reading is hardly ever to be allowed or at least only with great limitation and a strict definition as to the quantity and quality of what is read.

### 9.0 Domestic remedies:

All classes of chronic patients must be forbidden the use of any domestic remedies of the use of any medicines on their account. With the higher classes, perfumeries, scented waters, tooth powders and other medicines for the teeth must also be forbidden.

Fontanelles can be stopped in chronic patients, only when the internal cure has already made progress.

Crude medicinal vegetables for soups, dishes of herbs roots and stalks of plants processing medicinal properties shall be restricted.

### 10. Not to yield the request of patients:

The physician cannot yield to the request of patients for the continuance of their customary home baths, but a quick ablution, as much as cleanliness may demand from time to time, may be allowed, nor can be permit any venesection or cupping, however much the patient may declare that he has become accustomed there to

### 11.0 Diet:

Who cares for his recovery can find dishes even at the kings table, which answer all the requirements of a natural diet.

With the lower classes there need to be very strict limitations, especially if the patient is able to remain at work in trade, thus giving the motion of the body. The poor man recovers health even with a diet of salt and bread, and neither the moderate use of potatoes, flour porridge nor fresh cheese will hinder his recovery. Only let him limit the condiments of onions and pepper with his meagre diet.

### 11.1.0 Drinks:

#### 11.1.1. Coffee:

Coffee has in great part the injurious effects of the health of the body and soul.

It becomes so much of a habit and a necessity to the greater part of the so-called enlightened nations that it will be as difficult to extirpate as prejudice and superstition, unless the homoeopathic physician in the cure of chronic diseases insist on a general, absolute interdict

Only young people upto twentieth year or at most up to the thirtieth can be suddenly deprived of it without any particular disadvantage

If they used coffee from their childhood, it is better to propose to discontinue it gradually and every day to drink somewhat less. Rye or wheat, roasted like coffee in a drum and then boiled and prepared like coffee has both in smell and taste much resemblance to coffee, and rich and poor are using this substitute willingly in several countries.

#### 11.1.2 Tea:

Chinese tea which so falteringly allures the nerves and so secretly and inevitably infests and weakens them.

Even when made very weak and when only a little is drank, only once a day it is never harmless neither with younger persons nor with older ones who have used it since childhood; and they must instead of it use harmless warm drink.

#### 11.1.3 Wine:

Limitation in wine the practitioner can be far more lenient, since with chronic patients it with be hardly ever necessary to altogether forbid it. Patients when from then youth upto have been accustomed to plentiful use of pure wine cannot give it up at once entirely and this is the less the older, they are.

In order to avoid sudden sinking of their strength, they will be satisfied to drink it during the first weeks mixed with equal parts of water and later gradually wine mixed with two, three and four finally with six parts of water and a little sugar.

The latter mixtures may be

allowed all chronic patients as their usual beverage

### 11.1.4 Whiskey or brandy:

Absolutely necessary in the cure of chronic diseases is giving up whiskey or brandy

As much consideration in diminishing the quantity used as firmers in executing it

A Small portion of good, pure wine must be used instead of it for a while but latter mixed with several parts of water according to circumstances.

### 11.1.5 Beer:

While beer (thin beer) and the porter, which on account of their lack of bitterness seems, so harmless.

### 11.1.6 Vinegar or citric acid:

Diets which are generally injurious to chronic patients are also all dishes containing vinegar or citric acid such patients very acid fruits sour berries, ripe gooseberries, and sweet pills only in moderate quantity

### 12.1 Spices:

Ladies with scanty menses must avoid the use of saffron and cinnamon

Persons with weak stomach should avoid cinnamon, cloves amomum, pepper, zingiber and bitter substances.

Liquor made with spiced chocolate, spiced dishes, sauces, cakes and ice shall be interdicted.

### 12.2 Vegetables:

Vegetables causing flatulency should be forbidden in all abdomen troubles and where there is an inclination to constipation and costiveness.

Sprinkling chopped raw herbs or soups, putting pot herbs in vegetables and eating old, rancid cheese must be avoided.

### 12.3 Milk:

Cow's milk and a moderate use of fresh butter, seems to be the most natural and harmless food for men, and also for chronic patients.

Cheese, old cheese in state of decomposition shall be avoided.

### 12.4 Meat:

Whose sexual powers are low are should limit themselves in eating young chickens and eggs.

The flesh and fat of geese and ducks are even less to be permitted to chronic patients than pork

Beef and good wheat bread or ryebread is permitted

Mutton, venison, grown chickens and young pigeons, pickled and smoked meats should be rarely used and only in small quantities.

### 12.5 Fish:

In using better quality of fish, their preparation should be especially looked to, they had best be prepared by boiling and used sparingly with sauces not much spiced.

But no fish direct in the air or smoked.

Salt fish (herrings and sardines)

only rarely, sparingly

### 12.6 Tobacco:

The use of tobacco also be considered carefully

Smoking in some cases of chronic disease may be permitted, when the patient has been accustomed to an uninterrupted use of it, and if he does not expectorate but smoking should always be limited

More objectionable is the using of snuff

### 13.0 Regimen:

Excessive hardships laboring in swamps, great bodily injuries and wounds, excess of cold or heat and even the unsatisfied hunger of poverty and in wholesome foods are not by any means very power in causing the fearful malady of psora.

### 13.1 Dress:

Woolen clothing next to the skin, which should be exchanged in warm weather, first for cotton, then for linen garments is advised.

### 13.2 Accommodation:

Heated rooms, sedentary life in close apartment frequent indulge in passive exercise, dwelling in marshy districts, damp rooms are not suggested.

Taking a long siesta in a recumbent posture in bed, sitting up long at night shall not be encouraged.

### 13.3 Sexual intercourse:

Suppressed intercourse in order to prevent conception shall be avoided.

### 13.4 Uninterrupted grief and vexation:

These two agencies surely and frequently augment ailments already existing.

The physician can enliven and keeps from ennui the mind of the patient, in order to advance a cure which is not encumbered with such obstructions, he will in such case feel more than ever the duty incumbent upon him to do all with in the power of his influence on the patient and on his relatives and surroundings in order to relieve him of grief and vexation. This will and must be a chief end of his care and neighborly love.

But if the relations of the patient cannot be improved in this respect, and if has not sufficient philosophy, religion and power over himself to bear patiently and with equanimity all the sufferings and affections for which he is not to blame, and which is not in his power to change.

If grief and vexation continually beat upon him and it is out of power of the physician to effect a lasting renewal of these active destroyers of life, he had better give up the treatment and leave the patient to his fate.

### 14.0 Conclusion:

Thus, the management of diet and regimen is very much

necessary during the treatment of chronic diseases. Every homoeopathic physician, must realise how they are hindering the treatment, and plan for better diet and regimen. Not only in diet, of regularly taking coffee, tea, wine, brandy and food as chicken, mutton etc. shall be regulated. Also, physician must realise the uninterrupted grief and vexation, so take lovely care to the patient, and the relatives asked to maintain the good mental regimen.

#### Summary:

The importance of diet and regimen during the treatment of chronic diseases, are small doses may not be disturbed many times passes unnoticed, they increase the malady also keep the disease still persists.

The judgment of homoeopathic physician to treat this disease, everything hinder must be removed.

Strict rules in restriction, many cases may not be obeyed.

Depending upon the age, economic status, occupation of the patient, the restriction be changed according to the need.

The domestic remedies, and the request of patients for other measure shall be restricted.

Diet, advised is requirement of natural diet.

Drinks, coffee, tea, wine, according to the age, and habit to be restricted, and the aged people with prolonged use to be gradually with draw.

Spices should be restricted

Meat, young chicken, eggs shall be restricted, beef, mutton, venison, grown chicken and young pigeons are advisable in small quantities.

Woolen clothing should be exchanged, to cotton, then linen garments

Avoid to stay in damp rooms, sedentary life, sleep in the recumbent position.

Suppressed intercourse in order to prevent conception shall be avoided.

Uninterrupted grief and vexation, by the friendly love with patients with the help of relatives, if they are not helpful, leaves the patient.

#### Questions:

##### Essay Question:

1. Write an essay about the management of diet and regimen during the treatment of chronic diseases?

##### Short Questions:

1. What is the importance of management of diet and regimen?

By the disturbance in diet and regimen, the small doses may disturb, the disturbance is not noticed many times, by hindering the treatment, the malady is increased; so, the disease is keeping up still persists.

2. What are the general remarks

about the restriction to be followed by different types of persons?

As we are treating very tedious, lingering diseases, which we cannot quickly removed, also patients with various age groups middle and old age, various relationship which can seldom be totally changed may be rich or persons poor of small means, or even in the poor, the limitations and modifications of the strict mode of life as prescribed by Homoeopathy must be allowed in order to make possible cure for the tedious diseases with different individuals.

3. Why the domestic remedies are restricted?

By many easily perceived reasons, that the delicate doses of medicine may not be interfered with their action, the homeopathic physician, cannot in this antipsoric treatment allow the use of customary domestic remedies.

4. Why coffee is restricted?

Coffee has in great part the injurious effects of the health of the body and soul.

5. What is the substitute of coffee? Rye or wheat, roasted like coffee in drum and then boiled and prepared like coffee, has both in smell and taste much resemblance to coffee, and rich and poor are using this substitute willingly in several countries.

6. What is the restriction about tea?

Chinese tea, flatteringly allures the nerves and so secretly and inevitably infests and weakens the persons Even very weak, and only a little in drank only once a day it is never harmless.

7. How the wine is restricted?

Even for men in good health it is many ways injurious to drink pure wine as a customary beverage patient who from their youth up, having accustomed to use plenty of pure wine cannot give it up once entirely. This used to produce sudden sinking of their strength, and obstruction to their cure, and even endanger their life. They will be satisfied to drink first with equal parts of water, gradually mixed with two or three, four, five and six parts of water with little sugar. The latter mixtures may be allowed all chronic patients as their usual beverage.

8. What are the spices restricted? For whom?

Whose sexual powers are low should avoid the irritating spices of vanilla, truffles and caviar. Ladies with scanty menses must avoid the use of saffron and cinnamon. Persons with weak stomach should avoid cinnamon, cloves, amomum, pepper, zingiber and bitter substances.

9. What is the restriction of tobacco? Smoking in cases some cases of

chronic disease may be permitted, when the patient has been accustomed to an uninterrupted use of it, but smoking should always be limited. Using of snuff is more objectionable.

10. What is the importance of uninterrupted grief and vexation? These two agencies just as surely and frequently augment ailments, already existing, increase even the smallest traces of slumbering psora into more sever symptoms more frequently than all other injurious influences.

11. When to leave the patient to his fate?

As the good physician with in the power of his influence on the parent and relatives in order to relieve him of grief and vexation. But if the relations of the patient cannot be improved in this respect, if grief and vexation continually beat in upon him and leave the patient to his fate

#### Practical Questions:

How the management of diet and regimen is applicable for today's living?

About the diet, who cares for his recovery can find dishes even at the king's table, which answer all

(Cont'd from page 01)

## Integrating ayush...

- Demands clarity in malpractice liability across streams

- Calls for unified standards in ethics and documentation

#### Conclusion

Integrating AYUSH with modern medicine offers a promising pathway toward holistic, inclusive, and patient-centred healthcare. However, it demands meticulous planning, curricular innovation, and legal clarity. A phased model-starting with shared foundational education, followed by stream-specific postgraduate and superspecialty training-may offer a balanced approach. Policymakers, educators, and clinicians must collaborate to ensure that integration enhances rather than dilutes the strengths of each system.

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the requirements of natural diet. Moderation in all things even in harmless ones, is the chief duty of chronic patients.

Weakness and diminution of vital warmth are the inevitable consequences by spirituous liquors shall be restricted.

All classes of chronic patients must for bidden the use of any domestic remedies or the use of any medicines on their account. Only little salt should be used.

Uninterrupted grief and vexation should be relieved with the help of his relatives and surroundings.

The restriction of coffee, tea, wine, brandy, tobacco, according to the age, duration of use shall be planned

Those who are occupied, not with bodily labor, but with fine work in their rooms, usually with sedentary work, should be directed during their cure to walk more in open air,

Dwelling in marshy districts, damp rooms, taking a long siesta in a recumbent posture, sitting up long or night shall be avoided

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

**Gyandas G. Wadhvani,**  
MD(Hom),

\*Consultant Homoeopathic  
Physician, Holistic Homoeopathic  
Clinic & Research Center.  
homoeopathygyan@gmail.com

**Varun Chaudhary,**  
MD(Hom),  
dr.varun29@yahoo.in

**Aditi Chadha,**  
BHMS,  
chadha.aditi19@gmail.com

## ARSENIC ALBUM-XVIII

### Generalities:

985. At the commencement of sleep\* perspiration, only on the hands and thighs, which goes off during subsequent sleep, and is not perceived any more after waking (aft. 6h.)

986. About 2 a.m. increased warmth, sweat on face and between the legs, and colic-like painful tension in the epigastrium and the region beneath the ribs, which causes anxiety.

987. The perspiration each time comes on only when the fever has come to an end.+

988. Morning sweat from waking until rising, all over the body.

989. Sweat on three successive nights.

990. Sweat only on the face, on waking in the morning.

991. (The perspiration exhausts him, as he lies in bed, almost to the production of syncope.)

992. During the perspiration his skin, and especially his eyes, acquired a yellow tinge.1 [Ebers, 1. c, p. 69.]

993. Perspiration.2 [Majault, l. c]

994. Cold clammy sweat.3 [Henning, 1. c.]#

995. Along with febrile rigor and shivering and heat of the external ear, anxiety and gnawing § pain in the scrobiculus cordis, as from fasting long, mingled with nausea.

996. Fever every alternate day : the first afternoon, about 6 o'clock, chilliness and fatigue, and bruised feeling in the thighs; the third afternoon, about 5 o'clock, at first inclination to lie down, then rigor all over without thirst, then heat without thirst, with aching pain in the forehead.

997. In the morning rigor alternating with heat.

998. In the forenoon perspiration, heaviness of the head, roaring in the ears, trembling.

999. Very slow pulse, only thirty-eight beats in the minute. [Pearson, 1. c]

1000. Small, quick pulse. [N. Wahn., 1. c.-Majault, 1. c]

1001. Quick, weak pulse.4 [Majault, 1. c]

1002. Very rapid, small, weak pulse. [Morgagni, 1. c]

1003. Tense pulse. [Knappe, 1. c]

1004. Extremely quick, intermittent, 5 weak pulse. [Guilbert, 1. c]

1005. Very febrile pulse. [Knappe, 1. c.]%

### \*Characteristic.

+ Characteristic, and to be met with almost only with arsenic.

# See also Kaiser, l. c. No. 72, " Cold sweat alternating with cold dryness of the skin. § Comp. 360.

% The variations of the pulse are given thus by Kaiser, 1. c, SS. 73-78 : "Small, quick, hard pulse."-"Pulse weak and small."-"Pulse small and intermitting." - "The pulse becomes irregular, intermittent, small, and at last quite extinct." - "Pulse frequent, not full, and irritated. The heart's beat is very violent, tumultuous."-"Absence of the pulse, with quick, very irritated, frequent beat of the heart."

1 See note to S. 118.

2 With vomiting.

3 Stated to be the effect of pulse given as an antidote.

4 Not found.

5 Rather, "irregular."

1006. After dinner a sad melancholy disposition with headache (aft. 80 h.).

1007. The child is full of restlessness, cross, and whines.

1008. He can find rest in no place, continually changes his position in bed, will get out of one bed and into another, and lie now here, now there.\*

1009. About 1 a.m. excessive anxiety; sometimes she is hot, sometimes as though she would vomit.

1010. She cannot fall asleep before midnight on account of anxious heat, for many days.

1011. In the evening, after lying down, and at about 3 a.m. (after waking), anxiety.t

1012. Anxiety, anxietates. [A<sup>^</sup>. Wahn.y 1. c.-Med, Nat, Zeit,<sup>^</sup> 1. c.-MyRRHEN, 1. C. QUELMALZ, 1. c]

1013. Anxiety so that he frequently fainted, besides a violent pain in the place, and black pocks on the spot.1 [Bern. Verzasch, Obs. Med.y pbs. 66.]

1014. The most intolerable anxiety.1 [Forestus, 1. c]

1015. Talks little, only complains of anxiety. [Alberti, 1. c]

1016. Deathly anxiety.2 [Henning, 1. c]

1017. Praecordial anxiety, interrupted by the occurrence of faintings.\* [Friedrich, 1. c]

1018. Long-continued anxiety.\*

[Tim. a Guldenklee, 1. c]

1019. Anxiety, trembling, and quaking, with cold sweat in the face.

[Alberti, 1. c]

1020. Anxiety and restlessness in the whole body (aft. i h.). [Richard, l. c]

1021. On account of increasing pains he appeared to lie at the last gasp, with unspeakable anxiety. [Morgagni, 1, c]

1022. Restlessness, with pains in the head, abdomen, and knees. [Richard, l. c]

1023. Sadness and restlessness and tossing about in bed, with unquenchable thirst § (aft. 24 h.). [Buttner, 1. c]

1024. Piercing lamentations, interrupted by the occurrence of faintings.5 [Friedrich, 1. c]

1025. He wept and howled, and spoke little and but few words at a time. [Stf]

• Scarcely occurs so markedly in any other medicine.

f Characteristic.

+ When arsenic was worn in a bag on the bare chest for four days.

§ From external application on the head in two children. Death ensued after two days, and revealed inflammation of the lungs and great inflammation in the stomach and small intestines.

1 Not found.

2 With vomiting.

3 See note to S. 1024.

4 In the original " psecordiorum angustia.\*"

5 The attacks were of weaknesses (Schwachheiten), not faintings (Ohnmachten).

1026. Piteous lamentations, that the most intolerable anxiety, with extremely disagreeable sensation in the whole abdomen, took away his breath and compelled him to curl himself together now here now theren again to rise up and walk about. [Morgagni, 1. c, § 8.]

1027. Trembling, anxious, he is afraid that he cannot refrain from killing some one with a sharp knife. 1 [A. F. Marcus, Ephem. d. Heilky pt. iii.]

1028. Driven by great anxiety he turns and twists about in bed. [BUTTNER, 1. c.-Tim. a Guldenklee, Opp. p. 280.]

1029. He wants to get out of one bed into another. [Myrrhen, 1, c]

1030. Great anxiety, trembling, and shaking, with severe tearing in the abdomen. [Alberti, 1. c, iii, p. 533.]

1031. He became furious, must be bound, and seeks to run away.2 [Amatus LnsiTANus, 1. c]

1032. Mania : first headache, horrible anxiety, noise before

the ears, as from a number of large bells, and when he opened the eyes, he always saw a man who had (formerly) hung himself on the ground-floor of the house, who incessantly beckoned him to cut him down ; he ran thither with a knife, but, as he could not cut him down, he became overwhelmed with despair and wished (as his friends assured him) to hang himself; but being prevented from doing so, he became so restless that he could hardly be kept in bed, he lost the power of speech, though complete consciousness remained, and on attempting to express himself by writing, he could only ut down unmeaning signs, whilst he trembled, wept, his forehead bedewed with the sweat of anxiety, and he knelt down and raised his hands in a supplicating manner. [Ebers, 1. c]

1033. He despairs of his life.3 [Richard, l. c]

1034. Hypochondriac anxiety, such as is wont to occur from sitting much in a room, just as if it came from the upper part of the chest; without palpitation of the heart (aft. some minutes).

1035. He is cold, shivers and weeps, and thinks, in his despair, that nothing can help him, and he must die; followed by general exhaustion.

1036. In the evening, in bed, anxious sad fancies, e.g. that something bad must have happened to his relatives.

1037. Easily startled.

1038. When he is alone he is beset by thoughts about disease and other thoughts of an indifferent character, of which he cannot get rid.

1039. Persistent anxiety, like a qualm of conscience, just as if he had failed to do his duty, but without knowing wherein.\*

1040. Over-sensitiveness and excessive tenderness of disposition; dejected, sad, lachrymose, is distressed and anxious about the slightest trifle.

1041. Very sensitive to noise.

1042. **Irritated state of the disposition, he vexes himself about trifles, and cannot leave off talking about the faults of others.**

• See also Kaiser, 1. c, SS. 1-3, "Internal anxiety."-"Great feeling of anxiety."-"High degree of anxiety, oppression of the chest and difficulty of breathing."

1 In a fever patient, after taking arsenite of potash.

2 See 815, note.

3 Not found.

(Cont'd from page 24)  
**Vital legacy...**

remembered as "Guernsey's **Obstetrics**"; in 1873, his *Notes of Lectures on Materia Medica* from Hahnemann Medical College of Philadelphia were preserved in print (reported by Joseph C. Guernsey), allowing later generations to sit, as it were, in his classroom; in 1882 appeared *Plain Talks on Avoided Subjects*, revealing the physician who could speak plainly where society preferred silence; and in 1886, **Keynotes to the Materia Medica** (as taught by Henry N. Guernsey), edited by Joseph C. Guernsey, gathered the very teaching for which he is remembered - not as a reduction of remedies into slogans, but as a disciplined way to recognise the remedy's living centre. His legacy reminds us that medical progress is not only discovery, but devotion: observation refined into method, and compassion disciplined into skill.

**Frederick Hervey Foster Quin** (12 February 1799) stands at the doorway through which homeopathy entered British medical life. An orthodox physician (MD Edinburgh, 1820), he encountered the new method in Europe, was himself restored without bleeding or purging, and carried that experience as a lifelong conviction. In 1826, his search for certainty took a decisive turn when he met the homeopath John Ernst **Stapf** and also Samuel **Hahnemann** himself - encounters that moved homeopathy from "something heard about" into something witnessed at its source. He sought out Hahnemann, practised in Paris during the cholera years (1831-32), and returned to London in 1832 with the courage to treat openly despite fierce institutional hostility. Quin's genius was not only clinical, but architectural - he built the structures that allow an idea to survive. He gathered colleagues and patrons, founded the

British Homoeopathic Society in 1844, and became a driving force behind the London Homoeopathic Hospital, securing a centre for teaching, charity, and proof at the bedside. Through influence and diplomacy he helped ensure legal tolerance for qualified doctors who practised homeopathy. Less remembered, yet deeply revealing of his scholarly devotion, is a near-tragedy of homeopathic literature: in 1839 Quin completed a **translation of Hahnemann's Materia Medica Pura**, but a fire at his printers destroyed everything, and his poor health prevented him from repeating that momentous task a second time. When he died, honoured even by royalty, he left Britain a living homeopathic tradition, not merely a fashionable curiosity.

**Elizabeth Wright Hubbard** (18 February 1896) walked into medicine when women were still treated as exceptions, and when American homeopathy was being pushed toward silence. Educated at Barnard and Columbia's College of Physicians and Surgeons, tempered at Bellevue, she could have chosen an easy, conventional career. Instead, she crossed the Atlantic, studied homeopathy in Europe with Pierre Schmidt and others, and returned to practise and teach with a stubborn devotion to method. She reminded students that cure begins with listening, that the case is a living story, not a checklist, and that accuracy is a form of kindness. As editor of the *Homoeopathic Recorder* and the *Journal of the American Institute of Homeopathy*, she guarded the profession's language and logic. As president of the International Hahnemannian Association and later the American Institute of Homeopathy, she gave homeopaths both a voice and a backbone. Her mentorship also took a lasting printed form: **A Brief Study Course in Homoeopathy** (1959) distilled her teaching into a clear, steady guide that generations of

students have read as if a careful teacher were seated beside them. After her death, **Homeopathy as Art and Science: Selected Writings** (1990) gathered her voice again in a posthumous compilation - a reminder that her legacy was not only administrative leadership or editorial work, but a way of thinking that kept classical homeopathy both humane and exact. Her *Brief Study Course* still reads like mentorship - firm, clear, and quietly encouraging, even today.

**Paul Wolf** (24 February 1795) belonged to the earliest champions who carried Hahnemann's method from conviction into public life, even when it cost reputation and security. Trained in orthodox medicine, he turned to homeopathy through study and experience, and soon devoted himself entirely to its practice. In Dresden he worked alongside pioneers such as Karl Friedrich Gottfried Trinks, Frantz Hartmann, Matthias Marenzeller, and Peithner von Lichtenfels, helping to build a serious professional circle for the new healing art. His success at the bedside brought both persecution and fame - fines, mockery, accusations, and caricature on one side; princely patients and international esteem on the other. Titles followed: Hofrath, State Councillor, physician to the King of Saxony, and the Knight's Cross of the Order of Henry the Lion. Yet Wolf remained, above all, a conscientious clinician and a student of the *Materia Medica*. His "**Eighteen Theses**" (1836) became a landmark debate within the Central Association, published in 1836 and formally put forward at the Homoeopathic Central Association's annual meeting in Dresden that same year - showing a mind loyal to principles, unafraid of questions, and devoted to homeopathy's disciplined future.

**Those who left in February**

If birthdays remind us how a calling begins, February's death anniversaries remind us how

influence continues. This month we remember physicians and chroniclers who strengthened the profession in different ways - by teaching, by writing, by preserving history, and by holding the method steady when fashions changed.

On **2 February 1947, Charles Edwin Wheeler** passed away, a name long associated with British homeopathy's clinical and institutional continuity. His era demanded steadiness more than applause, and he represents that quiet strength which keeps a tradition serviceable for the next generation.

On **6 February 1981, B. K. Sarkar** left this world, remembered in Indian homeopathic circles as a respected figure of learning and service. Such names matter because they represent the everyday backbone of a medical culture - teachers and practitioners who keep standards alive beyond the spotlight.

On **7 February 1932, Richard M. Haehl** died, a devoted chronicler of Hahnemann's life and work. Every profession needs its historians, because without them the living method can become a half-remembered legend. Haehl's labour reminds us that preservation is itself a form of service.

On **15 February 1828, Carl Caspari** passed away, one of the early figures from homeopathy's European decades when the new art was still finding its voice against entrenched opposition. Early departures like this carry a special poignancy: they remind us how quickly a life can end, and how far an idea can travel in one determined career.

On **18 February 1877, Carroll Dunham** died, a name that still evokes the American tradition of careful prescribing and disciplined thought. Dunham represents the physician-scholar who refuses noise and chooses clarity - the kind of mind that strengthens a profession from within.

On **19 February 1956, K. L. Daftari** departed, remembered in India as a stalwart of practice and teaching. His generation helped root homeopathy in Indian soil not as an imported novelty, but as a working medical discipline with its own standards and clinical culture.

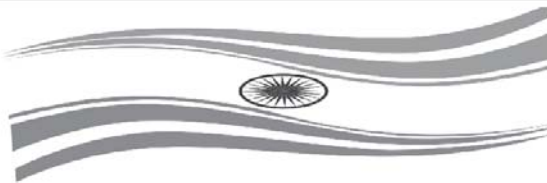
And on **24 February 1904, Mahendra Lal Sircar** died - a towering figure in India's medical and intellectual landscape, remembered for bridging scientific temperament with a broad vision of healing. His life reminds us that homeopathy's story in India has always included minds that valued inquiry, institution-building, and public service.

February, then, is not merely a cluster of dates. It is a small gallery of roles that every living medical tradition requires. To read these names is to feel the continuity of our art - and to renew, quietly, our own responsibility to carry it forward, prescription after prescription.

**Readers are invited to share names of regional Indian homeopathic legends for the "Vital Legacy" column - please contact Dr. Anil Singhal (9810264825) or write to vital informer at "vitalinformer92@gmail.com"**

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VITAL QUIZ No. 356

Fill it, Cut it, Draw it, Scan it-Post it, Email it to :

VITAL INFORMER, ED 94, TAGORE GARDEN, NEW DELHI - 110027 It should reach us by 10th March 2026. Results will be declared in April 2026 Issue. 3 full correct entries will be awarded 2 years free subscription of VITAL INFORMER. This will be added to the current subscription period. If more than 3 entries are found correct, winner will be decided by draw of lot. Editor's decision will be final.

VITAL QUIZ No. 356

1	2			6	7	8			
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						16			

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Subs. No. \_\_\_\_\_

- 1) **Across-** (7,3)- Twitching of eye lids, vesical tenesmus , dysmenorrhoea of mylagic origin, Pain in head, neck & face.
- 1) **Down-**(5)-Cool sweat on face, especially about Mouth & nose. Wind seems to rise up to chest.
- 2) **Down-**(7)- Pain along ureter, everything taken into stomach causes Pain.
- 3) **Across-** (5, 4)- Facial Neuralgia from carious teeth and after extraction, Necrosis and sinus after Mastoid Operation.
- 4) **Down-**(6)- Pain along ulnar nerve, index finger, joint red, hot and swollen.
- 5) **Down-**(5,1)- Dryness of Naso-pharynx. Putrid taste on rising in morning, atrophic Rhinitis.
- 6) **Down-** (6,3)- Leucorrhoea with Hoarseness. Every fresh cold bring on attack of asthma.
- 7) **Down-**(5)- Formication in feet, Rheumatic Pain above the wrist.
- 8) **Down-**(9)- Increased ocular Pressure, violent Pain in eyes, Palpitation with anxiety.
- 9) **Down-** (5,1)- Sunstroke, bursting feeling as if temple would burst or eyes burst out of socket.
- 10) **Across-** (3,1)- Constant vomiting of blackish fluid with pain in stomach, skin cracked, bleeding on scratching.

- 11) **Down-** (6)- Has special action on Kidneys, and induces Haematuria, ailments of menopause.
- 12) **Down-** (1,3)- Pain in muscle of neck when lifting head from pillow, changes take places in blood lymphatics and bone marrow.
- 13) **Down-** (7)- Locally applied to ulcers and unhealthy wound, a prompt diuretic and vascular stimulant.
- 14) **Down-** (5)- Pain from right of the womb to right or left breast, benign tumor in breast.
- 15) **Down-** (3,1)- Craving for meat, ailments from cutting wisdom teeth.
- 16) **Across-** (4)- Can't concentrate on mind when attempting to read or study.

Dr. Sandeep Puri  
Chandigarh

Answers of Quiz No. 354

1	M	O	S	3	C	H	U	S					
2	O	P	H	O	R	I	N	U	M				
	R	4	C	H	E	N	O	P	O	D	I		
5	P	I	X	L	I	Q	U	I	D	A			
	H	6	M	Y	O	S	O	T	7		14	U	
	I	8	Y	I	N	D	I	G	O		R		
	N	9	R	10	L	E	D	U	M	D		E	
	U		I	E	U	11	O	P	I	U	M	A	
	M		C	X	P	12	N	A	T	M	U	R	
	A					13	H	L	A	C	C	A	N

Names of prize winners for Vital Informer Quiz No. 354

- Dr. Anmol Pathak, Gwalior
- Dr. Jaskirat Kaur, New Delhi
- Dr. Sanjay Sharma, Jaipur

Correct Entries for Quiz No. 354 are

- Dr. Smita Ghosh, Howrah
- Dr. Nandita Ghosh, Guwahati
- Dr. Hema, Hyderabad
- Dr. Arun Prasad, Siwan
- Dr. Priyanka Sharma, Jaipur
- Dr. Shivani Shah, Patna
- Dr. P. Joy, Malappuram

Case study series-33

Dr. Talele Jankiram,  
MBBS, DCP,  
Teli Complex, Pratap Nagar  
Jalgaon, Maharashtra  
Mobile : 9850187558  
Dr. Milind Pore,  
Satara, Pune, Maharashtra

Answer to enlarged prostate case ( Remedy A 6 )

In this case there are very few symptoms.

Homeopathically the concomitant, liver complaint is quite rare with prostate problems. And this combination is most of the times is Digitalis.

For digitalis the classical trio is - prostate + liver + heart.

So Remedy A6 is Digitalis.

New Case

This is a classical case of biliary colic, she stays in Pune. She was advised immediate surgical intervention as stone is there in common bile duct causing obstruction. See how promptly the colic is reduced.

24-12-25

Dr: What's happening with you?

Pt : My stomach hurts; here (showing epigastric region ), I mean, right after eating, within half an hour my stomach pain starts.

And if I do a little body stretche. Then I get some relief. But in a normal position, if I sit-then the pain starts again.

Dr: What do you mean by stretch?

Pt : Stretch means giving a little backward bend, moving the body fully back, with hands and all leaning slightly backward-that gives some relief because it stretches my stomach then. Uh-huh, and when I sit in a normal position, the pain comes back.

Dr : And exactly where does it hurt?

Pt : Here, pointing towards the epigastric region.

Dr :So, does it end at the same area there or it extends elsewhere? Ribs and there?

Pt : No it remains there only . It doesn't shift

This whole area is very very painful, its intolerable. So yesterday I visited a surgeon. He advised abdominal sonography. After seeing the report he advised emergency operation. He gave me some injections and tablets. With those the pains became tolerable. But as you suggested, I caught a taxi and came here in Jalgaon.

Sonography done on 23-12-25 shows

Impression :

Spleen : is normal in size(9.9 cm), shape and echotexture no focal lesion seen.

--Few calculi in gall bladder neck region largest measures 5.2 mm without cholecystitis.

-- mild prominence of common hepatic duct and proximal common bile duct ( maximum

diameter 8.0 mm) due to obstructive calculus in digital CBD measuring 7.1 mm.

Dr : Other than that, do you experience any other discomfort, or does anything else make you feel better?

Pt : Other than that, umm, it's fine. I sleep on one side especially R side but it doesn't make any difference.

Now the pain is starting again.

Dr : So, when you sleep on the right side - does it feel better?

A little better. Ha!

And then my R hand hurts. Then I come back to left side

Dr: When pain increases?

Pt : After taking any food or drink it increases. And motions are not clear since this episode.

Some times stomach feels tense And sometimes it feels very soft.

Do you vomit?

Pt : Yes, vomiting happens a lot. A lot?

For the last three to four days, vomiting happens a lot.

Dr : Meaning, since the stomach started hurting, the vomiting has increased, right?

Pt : Yes, vomiting has increased.

What happens after vomiting?

Nothing happens, it feels normal.

Dr : Does anything change in the stomach?

Pt : Nothing changes in the stomach after vomiting.

Dr : But it has been more since it started hurting, right?

Pt : Oh yes, it increased more since the pain started.

Next day 25 -12-25 :

Dr: Hello. What are you doing? How are you?

Pt : it didn't trouble me much, my stomach was a little sore but I took medicine in your clinic and started feeling better ( \*Remedy B 6 200\* ) . So it didn't trouble me as much as it did when I was in Pune.

Dr : are you having food then?

Pt : Yes, I'm eating now, having meals and so on.

Dr : Does it hurt after eating?

Pt : No, it doesn't hurt after eating.

This morning I felt a little discomfort. The pain I was feeling, I took medicines ( SL ) and after some time started feeling better.

Dr : Which medicines did you take?

Not the emergency medicine you gave, I didn't take them.

Dr: Oh okay, okay.

Pt : All good now.

Dr : so it doesn't hurt anymore, right?

Pt,: No, it doesn't hurt at all.

Dr : Any other troubles? Pt : Ah, no, then there's no trouble or anything. I mean, I don't even feel that tingling anymore, after eating or anything.

Dr : Is this what hurts near the stomach? Ah, the part that used to hurt?

# Immunisation vis-a-vis homoeopathy

**Dr. N.C. Chatterjee**  
Abohar, Punjab  
drchatterjee\_punjab@hotmail.com

## INTRODUCTION :

Epidemic-free national natural disaster as Gujrat earth-quake episode compels us to re-think the issue. It leaves no scope of criticism that a successful multi-pronged primary immunisation programme as one of the means to improve health standards, proved its worth after the calamity, clearly in contrast to Orissa cyclone, victims of which lost their lives more in post cyclone-epidemics than in cyclone itself. The Gujrat disaster allowed IHP team to prescribe only for few cases of fear-psychosis and diarrhoea in 25 villages (Vital Informer, vol. 9, no. 3, March 2001, page no. 5.)

## CONSIDERATION :

1) It is a natural phenomenon that to every act of work there will be equal opposition. The stronger the opposition, the deeper the foot-print of the phenomenon. Here, the phenomenon is immunisation.

2) Vaccination as a method of immunisation is older than homoeopathy. When a person was 'vaccinated' by mother nature by a dose of small-pox., the person became exposed to the disease. If the person survived (dose-tolerance is an important factor, else we get post-vaccination complications) that ensured against second attack and death due to small-pox. Hence, the disease itself was a natural vaccination against small-pox. Why the hell should break upon us if we prepare a small-pox vaccination?

3) Cow-pox being similar to, though weaker than small-pox, could offer protection against small-pox. Jenner used this as a means for mass-inoculation against small-pox. Hahnemann was fully aware and appreciated it. He mentioned it in Organon. I would like to request everyone to read Organon of Medicine, 6th edition, translated by Dudgeon or Boericke, the text of § 46 that gives exclusive data on small-pox and cow-pox 'homoeopathically' counter-balancing each other as well as other symptoms and the foot-note of § 46 where Hahnemann specially mentions Jenner with gratitude-"This seems to be the reason for this beneficial remarkable fact namely that since the general distribution of Jenner's Cow-pox vaccination, human small-pox never again appeared as epidemically or virulently as 40-45 years before when one city visited lost at least one-half and often three-quarters of its children by death of this miserable pestilence." And now small-pox is present in high-security cells of

only 4 (four) laboratories all over the world and no child is suffering from that.

4) Here, our learned colleague can put his opposition very firmly saying that AIDS virus (HIV - HTLV) is nothing but a metamorphosed small-pox virus. Had small-pox been not eradicated, there would have no AIDS today.

5) Whooping cough would in nature, be prevented by an attack of measles (Organon of Medicine 6th ed., §46). Pertussin is a disease product from whooping-cough, termed a nosode. Pertussinum, Tuberculinum, Medorrhinum, Syphilinum, Morbillinum, Variolinum, Vaccinum, Psorinum, Diphtherinum are all disease-products used in attenuated form. When the disease-product of whooping cough, *Pertussin* is used by a homoeopath and used at random with the plea to provide preventive measure against whooping cough becomes homoeopathic, simply because it was produced by homoeopathic pharmacist and used by a homoeopath. If the product of whooping cough organism, *Bordetella pertussis* is prepared by a non-homoeopathic pharmacist, it becomes untouchable. Enough logic? It is well known to all that *Pertussin* seriously failed which led the British Government to withdraw the product licence of Pertussin and all nosodes and the Government was about to ban all nosodes on the ground of the efficacy and quality (British Homoeopathic Journal 1987, vol. 76, pages 61-65 and 67-68; 1990, vol. 79, no. 4, pages 198-200; cf Lancet 1990, pages 905-6).

6) Malaria led the birth of modern homoeopathy in the hands of a sincere midwife as Hahnemann, who never spoke against vaccinations rather praised it in § 46. Homoeo-therapeutics and homoeo-immunisation or homoeo-prophylaxis (homoeopaths, not Organon) claim to provide all embracing prophylaxis and immunisation through homoeo-therapeutics, have seriously failed to provide immunity/prophylaxis against malaria. Mother superior?

7) In last, 100 years homoeopaths and the homoeopathic medicine takers have increased in number in many folds and the homoeopaths, instead of finding out the various nuances of own system, have been abusing the other system (namely allopathic system) and trying to gain popularity.

8) Public health, is being abused by Harris Coulter as 'hard health', in his Divided Legacy. Therefore, Coulter is very popular among homoeopaths. Public health was the concern of Hahnemann who

dragged the city councillor to court; to Burnett who slapped a long list of 'misdeeds' of the city council. Today, Hahnemann, Hering, Burnett are the unsung heroes of homoeopathy. Public health was never a concern among the homoeopaths. In 1967, Sm. Sushila Nair, Minister of Health, appealed to the homoeopaths, present in an All India Conference at the premises of Athurashram Homoeopathic Medical College, Sachchivothama puram, Kerala, to come forward to check the on-growing population. Dr. B.K. Sarkar replied that 'homoeopathy treats the diseased-person and pregnancy is not a disease.'

9) Immunisation is a public health programme. 1997, May 28 to June 1, were the days proposed to hold the 52nd Congress of the International Homoeopathic Medical League on Homoeopathy and Public Health in Seattle, Washington, which was sponsored by the American Institute of Homoeopathy. This Congress had only one scientific session on Public Health of 3 hours 30 minutes (from 2.00-5.30 p.m.) for the discussion and presentation by 7 speakers of whom 1 (one) speaker spoke on vaccine related illnesses. Rest sessions were utilised on general discussions on drug proving and other topics.

10) I would like to come back to small-pox. A Principal of a Homoeopathic Medical College was approached by health-workers for getting his family vaccinated. The Principal declined and before a magistrate he produced enough books on preventives of small-pox by homoeopathic medicines. Later on he had to apologize before the same magistrate at the cost of 3 children out of 7, 1 sister-in-law and 1 child becoming blind (out of 4 survived). Then he should have claimed 50% success in preventing small-pox. The moral is : SAVE THE LIFE FIRST TREAT BAD-EFFECTS AFTERWARDS.

11) Prevention is a measure, a step, a method learned from previous bad/unfavourable conditions/incidences, applied in anticipation of an in-coming similar unfavourable condition (knowledge of similar to prevent the similar). We all lock the doors and windows to prevent thief to enter. The use of a 'bolt' or a 'lock and key' is the preventive measure. Homoeopathic medicines have so far failed to prevent communicable diseases, which was proved many times. Of course, homoeopathy succeeded in treating the vaccine related disorders as after-effects of DPT by DPT IOM (Journal of American Institute of Homoeopathy, 1991 vol. 84, no. 4, pages 100-101). A

simple question arises-wherefrom the DPT 10M came? DPT (United States Pharmacopoeia) was the source of DPT 10M. DPT 10M is not well-proven and failed to stand standard trials; so also Influenzinum, Pertussinum (British Homoeopathic Journal, 1987, vol. 76, page 61-65) Meningococcinum (JAIH-1975, vol. 68, pages 211-219), Measles (The Homoeopath-1990, vol. 10, pages 31- 32 & 42) and many. Homoeopaths are sensitive to the petri-dishes of the laboratories. One article in JAIH (vol. 89 no. 4, page 220) alerts all that Rubella, Chicken-pox and Hepatitis-A vaccines were cultured on aborted foetal cells, hence should not be used. In India, we have seen with horror that homoeopaths (private, government and NGO) seriously failed in so called plague-disaster (which was actually not plague).

12) Homoeopathy has enough reason to fail to take preventive measures, that is why the homoeopaths should cry hoarse against the immunisation programme. All the trials so far taken showed that homoeopathic medicines have failed to evoke a reasonable titre of immunoglobins. Homoeopaths disclaim the laboratory standards on the ground that those vary widely (as WBC normal range varies between 5000 and 11000/cmm). It is well known that homoeopaths advocated banning the use of stethoscope and thermometers and physical examination of patients. JAIH (1992, vol. 85, no. 2, page 57) discussed the importance of it. Even as we talk of time or temperature we use a standard. Similarly the IgG, IgM levels have been in consideration as standards for immunisation. Homoeopathy cannot provide a check because it treats the diseased person and cannot provide support to one who is not diseased. Preventive measure are not the therapeutic measures and vice-versa. Homoeopathy is a therapeutic measure. Homoeopathy treats the patient strictly on the basis of individualisation. Preventive measure are taken on generalisation. This is a big self contradiction in homoeopathy. Homoeopathy actually generalises all the people of this world into 7 miasmatic states-Psora, Syccosis, Syphilis, Psoric-sycotic, Psoric-syphilitic, Syphilitic-sycotic and Psoric-syphilitic-sycotic. It treats thousands of patients by Nux vomica 30 or Belladonna 30, yet speaks of individualisation with only 90 well-proven drugs till date. Other drugs require critical examination. *Homoeopaths speak of individualisation in one and of genus epidemicus in other breath.* These two are basically

contradictory. Hahnemann was aware of it. So he complained to Staf when the English talked against Jenner and his vaccination.

13) Now regarding inconsistency of vaccination programme with the principles of Homoeopathy. Let me examine the principles of homoeopathy. The principal principle in homoeopathy is that it aims to find out the simillimum-the most similar drug. One should understand that for a diseased person there will be a number of similars and the most similar drug is known as *similimum*. A *similimum* drug is that would produce the artificial disease when administered to a healthy person (apparently healthy as absolute health is unimaginable) very very similar to the diseased person (natural disease) in question. Small-pox vaccine prepares a field similar to that of small-pox in a miniature form. Homoeopathy advocated minimum dose. Polio-vaccine is given as a very small live attenuated viral dose enough just to evoke a sub-clinical response in animals and human (*neuro-virulence*) in contrast to homoeopathic drug proving when the symptoms appear *en-massé*. Many write-ups against vaccines specially polio-vaccines appeared in homoeopathic journals, booklets and leaflets mentioning the adverse effects of polio-vaccine; specially post-vaccine paralytic polio-myelitis, Guillain-Barre's syndrome. Did any of such journals ever prescribed a substitute for live oral polio-vaccine? No. Because it is beyond the scope of them. Did any potentised drug presented polio-like symptoms during proving? No. Because that never occurred. As it never occurred in proving, so it can not occur clinically. So, Homoeopathy failed to offer an alternative of polio-vaccine. Despite side-effects, polio-vaccine has helped a lot to prevent the childhood crippling disease. Polio-vaccines are used after clearing certain laboratory standards (Pharmacopoeia of India, vol. 1, page 399 and Martindale-The Extra Pharmacopoeia, U.K., 1993, pages 1271 and 1296). Polio-vaccine offers active immunisation similar to that after natural disease-as the attenuated live virus strains are used. Thus small-pox and polio-vaccines have offered a disease simillimum to natural disease when administered in minute-dose. Homoeopaths have been talking loud of bad effects of vaccination. But they never talked about post-proving syndromes. Though it is well known that one of the unsung heroes of homoeopathy, Constantine Hering proved Lachesis and could not wear collars, neck-bands, neck-ties, waist belts throughout his life. No

one knows how many provers suffered with much more problems. No one knows, whether those persons, who were provers, died of remote complications of proving. *Homoeopaths say 'No' because there are no records.* Should we consider that it would be logical to assume that as there are no records, so there were no adverse effects of proving?

14) Next comes that doctrine of simple and single in homoeopathy. Single and simple clearly indicate that is not combined and can not be substituted. World of homoeopathy knows that Bryonia Alba is now almost extant. It is also known that close at the heels of proving of Bryonia Alba, the other species, Bryonia Dioica was proved in Austria and claimed to have all symptoms of Bryonia Alba and the symptoms were incorporated in Hering's Guiding Symptoms and Allen's Encyclopaedia of Materia Medica. So, we have a mechanical mixture of symptoms of 2 different species of drug in any description of Bryonia, though the genus and natural order are same. No one knows which one or a mixture of both is available in market under the label of Bryonia Alba. If it had not ridiculed the doctrine of individual, simple and single, why should the trivalent oral polio-vaccines (containing 3 different strains of polio-viruses), the MMR (measles, mumps and rubella) vaccines, the triple antigen (typhoid, paratyphoid and cholera) are being ridiculed by the homoeopaths and at same breath homoeopaths as G.L.N. Shastri recommends BCT (Belladonna 200 then Calcarea Carb. 200 then Tuberculinum 10000) against Japanese B-virus Encephalitis as preventive/prophylactic, reports Vital Informer, vol. 9, no. 3, March 2001, pages 18-19 and 15. Names of 11 (eleven) medicines were also suggested as preventives. Is it at all possible to select a simillimum for each individual out of these 11 and administer? Which health-worker can perform it? Not even all the homoeopaths from all over the country can do it for the populace of a mega-city like Calcutta or Mumbai. We will see (vide infra) soon that homoeopaths differ sea-wide regarding selection of potency, administration of doses and claiming efficacy.

15) Many writers in homoeopathic journals have simply dismissed the laboratory techniques and standards since the days of Kent. This went to such an extent that homoeopaths would never examine the patient physically except looking at the patient while asking symptoms and also started treating patients by post. *Homoeopaths feel great when they blame allopaths for seperating body from mind and do not look back to see that they themselves also became reductionist by seperating out*

*mind from body.* Recently, a trend developed to prescribe only on the basis of mental symptoms, that too on single symptom as if that single symptom individualises a patient. This has further reduced the scope of prevention of disease. Till date no vaccine or drug (of any system, specially homoeopathic) is available to prevent the mental diseases. Variolinum is prepared from the small-pox material failed laboratory tests, whereas the small pox vaccine could produce characteristic lesions in cell culture (Pharmacopoeia of India, 3rd edition, vol. 1). Even then the homoeopaths discard the vaccine though it is producing the symptoms closely similar to the natural one. A trivalent oral polio-vaccine containing a virus concentration of  $6.14 \pm 0.3 \log_{10}$  TCID<sub>50</sub> per human dose mimics natural infection and stimulates both local secretory IgA in the pharynx and alimentary tract and humoral IgG. (Pharmacopoeia of India, 3rd ed., vol. 1, page 399; Martindale - The Extra Pharmacopoeia, 30th ed. page 1296; Topley and Wilson's Principles of Bacteriology, Virology and Immunity, 8th ed. vol. 4, page 355). But dose of Bryonia Alba to induce symptoms is not yet known. Bryonia in doses of few drops to 300 drops were needed to induce symptom. (Bryonia Alba in Encyclopaedia of Materia Medica, TF Allen; Cyclopaedia of Pathogenesis - Clarke and Duke).

16) "Comparisons of like with like and an essential feature of all biological assays. It is thus important that all who use international standards and

reference preparations should appreciate that an international unit is almost always an arbitrary measure of biological activity and that only very exceptionally does it have a relationship to a defined physical or chemical attribute of a preparation (Topley and Wilson's Principles of Bacteriology, Virology and Immunity, 8th edition, vol. 1, page 441)". Thus begun the measurements of immunity. Immunity is a qualitative barrier put by the biological activity of the body against invasion by a morbid quality (quality against quality). Immunity is quality of a biological activity. Health is a quality of biological activity. Disease is a quality of biological activity. Process of cure is a quality of biological activity. Drugs (prepared and used by any system) show qualitative changes of biological activity. This is exactly what Hahnemann expressed in no uncertain terms. He never opted for a metaphysical explanation of vital principle, health, disease and cure. "Drugs and natural morbid agents produce alterations in the state of health of the individual by virtue of their specific qualitative forces and the process is called infection" reads page 191 of Organon of Medicine by Samuel Hahnemann with commentary by Dr. B.K. Sarkar. Drugs are those artificial morbid agents employed for the purpose of making a healthy person sick and a sick person healthy. VACCINES AND ANTISERA COMBINEDLY DO EXACTLY THE SAME THING. Hence the phenomenon of immunisation has cleared the test.

(Cont'd in next issue)



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Hamsa Homoeopathy Medical

College,

Hospital & Research Centre,

Siddipet Dist. Telangana,

drsnbabukathi@yahoo.com

(Cont'd from prev issue page 14)

## DR. N. MURUGESAN

In His presentation explains the **analysis and standardization of herbal drugs** using **chromatographic techniques** such as HPLC, GC, and HPTLC, which are used in 95% of herbal monographs in the Indian Pharmacopoeia (2022). It highlights the growing global use of herbal medicines and the need for reliable, scientific quality control.

**The talk describes:**

**Definitions** of herbs and herbal drugs.

**Standardization methods** including morphological, microscopic, physical, chemical, biological, and contaminant testing (heavy metals, pesticides, mycotoxins).

**Chromatography** as a key tool for identifying, separating, and quantifying herbal components.

**Types of chromatography:** HPLC, GC, TLC/HPTLC, their principles, instrumentation, applications, and advantages.

**Spectroscopy** as a complementary analytical method (UV, IR, MS, etc.).

**HPTLC workflow** with examples, instrumentation, densitograms, and evaluation methods.

Applications in pharmaceuticals, clinical analysis, environmental studies, food industry, and quality assessment of herbal extracts.

Overall, the presentation emphasizes that chromatographic techniques are **essential for ensuring the identity, purity, safety, and quality** of herbal drugs in modern large-scale production.

**Dr. (Ms.) Nitin Rai**, Scientific Officer (Pharmacognosy), explains **how to ensure the quality of raw materials used in ASU&H (Ayurveda, Siddha, Unani & Homoeopathy) drugs**. It emphasizes that the safety and efficacy of traditional medicines depend largely on the **quality of raw drugs**, which can be ensured through **Good Agricultural Practices (GAP), Good Field Collection Practices (GFCP), and Pharmacopoeial Quality Standards**.

### Key Points

#### 1. Quality Concept

Quality is determined by materials, machines, methods, manpower, and proper processes. Ensuring

quality directly ensures **safety and therapeutic effectiveness**.

#### 2. Types of ASU&H Raw Materials

Plant-origin drugs  
Animal-origin products  
Minerals & metals  
Chemicals  
Microbial-origin drugs (Nosodes, Sarcodes)

#### 3. Good Agricultural Practices (GAP)

GAP ensures proper cultivation of medicinal plants by focusing on:  
Site & soil selection  
Climate requirements  
Quality seeds/propagation methods

Crop management, irrigation, weeding, and pest control

#### 4. Good Field Collection Practices (GFCP)

Covers sustainable and hygienic collection of medicinal plants from wild or cultivated sources:

Correct identification  
Ethical harvesting at the right maturity

Avoiding rare/endangered species  
Proper tools, drying, sorting, packaging, and storage  
Labeling, documentation, worker training & safety

#### 5. Quality Assessment of Raw Drugs

**Identity** : Macroscopy, microscopy, TLC/HPTLC

**Purity** : Foreign matter, ash values, contaminants

**Strength** : Extractive values, assays (bioactive constituents)

**Other tests** : Heavy metals, pesticides, microbial load, aflatoxins

#### 6. Pharmacopoeial Standards

Quality is ensured by referring to official pharmacopoeias:

API (Ayurvedic Pharmacopoeia of India)

SPI (Siddha Pharmacopoeia of India)

UPI (Unani Pharmacopoeia of India)

HPI (Homoeopathic Pharmacopoeia of India)

Indian Pharmacopoeia (IP)  
Each provides monographs with identity, purity, strength, TLC, uses, and dose.

#### 7. Botanical Reference Standards (BRS)

PCIM & H maintains authenticated, standardized plant drug samples used for:

Confirming identity of raw drugs  
Regulatory verification  
Laboratory comparison  
They include detailed data on morphology, microscopy, purity tests, TLC, assay, and storage conditions.

#### In Essence

The article emphasizes that **quality in ASU & H medicines begins with high-quality raw materials**, ensured through:  
Scientific cultivation/collection  
Proper post-harvest processing  
Pharmacopoeial standards  
Use of validated reference standards

This comprehensive quality approach ensures **safe, effective, and authentic herbal medicines**.

**Dr. Poornima Tiwari**

Explained the concepts of **Quality Management System (QMS)** and **Quality Risk Management (QRM)** in pharmaceutical manufacturing, following **ICH Q9** guidelines. QMS ensures consistent product quality, safety, compliance, productivity, and continuous improvement through structured elements like quality policies, manuals, SOPs, documentation, CAPA, change control, and training.

QRM provides a systematic approach to identifying, assessing, controlling, and reviewing risks that may affect product quality and patient safety. Various risk-assessment tools such as **FMEA, FMECA, HACCP, HAZOP, FTA, REM matrices**, and hazard identification methods are highlighted. Risks are classified based on likelihood and severity to decide appropriate mitigation.

The presentation emphasizes that effective QMS and QRM prevent failures before they reach patients, support regulatory compliance, improve decision-making, and strengthen overall pharmaceutical quality culture. Recent FDA observations show that poor QMS can lead to major non-compliances, reinforcing the need for robust quality and risk management practices in the industry.

**Dr. Rachna Paliwal**

Explained the **regulatory framework for Homoeopathic drugs in India** under the **Drugs and Cosmetics Act, 1940 and Rules, 1945**. It outlines how the Central Government formulates regulatory provisions while State Governments enforce them through licensing authorities, drug inspectors, and government analysts.

#### Key aspects include:

**Definition of Homoeopathic medicines**, their sources, and potencies.

Legal standards for identity, purity, and strength specified in the **Homoeopathic Pharmacopoeia of India (HPI)** and other international pharmacopoeias.

Rules governing **import, manufacture, sale, labelling, and packaging** of Homoeopathic medicines.

Licensing requirements for retail, wholesale, and manufacturing units, including GMP norms under **Schedule M-I**.

Detailed duties and powers of **Drug Inspectors** for inspection, sampling, seizure, and prosecution to ensure compliance.  
Standard procedures for **drug sample collection** and handling during regulatory inspections.

Overall, the document provides a comprehensive overview of how

Homoeopathic drugs are regulated to ensure **quality, safety, and lawful manufacturing and distribution** in India.

**Dr. Ramachandran S, PCIM&H**

Highlighted the importance of **evidence-based pharmacological studies** in strengthening the safety, efficacy, and global acceptance of **herbal (ASU) medicines**. It explains the role of **pre-clinical (animal) studies**, which provide essential data on pharmacokinetics, pharmacodynamics, toxicity, and mechanisms of action, helping to scientifically validate traditional formulations.

The document outlines the **life cycle of herbal medicines**, regulatory provisions under the **Drugs & Cosmetics Act**, and guidelines for licensing, safety testing, and quality control. It emphasizes modern approaches such as **Reverse Pharmacology** and **Systems Pharmacology**, which connect traditional knowledge with scientific validation, enabling faster drug development and identification of active phytoconstituents.

WHO guidelines for selecting marker substances in herbal quality control are also explained, stressing the need for biologically active markers. Overall, evidence-based pharmacological studies help improve quality standards, ensure safety and efficacy, and enhance international acceptance of herbal medicines.

**Dr. Ramesh, PCIM&H**

Explained the **microbiological analysis of ASU&H drugs** and why it is essential for ensuring the **safety, purity, and quality** of herbal, Ayurvedic, Siddha, Unani, and Homoeopathic medicines. Since these products are derived from natural sources, they are prone to microbial contamination during **raw material collection, manufacturing, storage, and transport**.

It describes the instruments used in microbiology labs and detailed methods for **sample preparation, method suitability testing, growth promotion, and neutralization of inhibitory substances**. The presentation then outlines microbiological tests such as the **Microbial Limit Test (MLT)**, which includes enumeration of bacteria/yeasts/moulds and detection of specified pathogens like **E. coli, Salmonella, Pseudomonas aeruginosa**, and **Staphylococcus aureus** using culture media and biochemical tests.

Permissible microbial limits for herbal drugs, as per various pharmacopoeias (API, IP, WHO, USP, etc.), are compared. The presentation also discusses **sterility testing** for Homoeopathic preparations, especially nosodes and ophthalmic formulations, using

media like FTM and SCDM.

Overall, the PPT emphasizes the critical role of microbiology in maintaining the **quality control standards** of ASU&H and Homoeopathic medicines and protecting consumer health.

Dr. Ritu Tiwari, Scientific Officer at the Indian Pharmacopoeia Commission (IPC), presented on regulatory updates for pharmacopoeial phytopharmaceutical standards, emphasizing standardization of plant-based drugs like Aegle marmelos (Bael/Bilva). The document traces the evolution of the Indian Pharmacopoeia (IP) from its 1955 first edition to the 2018 eighth edition, alongside the National Formulary of India (NFI) and pharmacovigilance efforts. Dr.-Ritu-Tiwari.pdf

#### **Aegle marmelos Focus**

Aegle marmelos, a sacred plant in Hinduism with tridosha-balancing properties, features detailed taxonomy, phytoconstituents (e.g., marmelosin, psoralen, umbelliferone), and traditional uses for inflammation, gastrointestinal issues, and more. Comprehensive profiling via GC-MS, NMR, HPLC, and HPTLC identified 95 non-aqueous and 37 aqueous metabolites across plant parts, with limonene prominent in leaves and oleic acid in fruit. Enrichment processes isolated low-assayed compounds like quinic acid, myo-inositol, and 2,4-di-tert-butyl phenol for potential phytopharmaceutical purified ingredients (PPI). Dr.-Ritu-Tiwari.pdf

(Cont'd from page 17)

### **Case study...**

Pt : No, that isn't there either. I thought it might be there in the morning, but now it's not there. I'll tell you tomorrow or the day after, okay?

Dr: Yes, ok.

Follow up on 5-1-26

Dr : Hello, how are you Pt : Yes, there was a problem one day. I mean, the problem was on the first day, ? On the day it started.

Dr :what did you see after medicine?

Pt : The problem started on the first day. Then, after starting the medication it reduced.

Dr : How many days has it been now?

Pt: It has been 10 days now.

Dr : So how is it now? Did you have any problem during these ten days after that medicine ?

Pt : No, I haven't felt any problem since then. I mean, the meals are being eaten and everything is going properly.

Dr : Are you eating meals properly now?

Pt : Yes, meals and everything are being done properly.

Dr : Okay, but there used to be problems after eating is it there ?

Pt : No, there are no problems now.

#### **Analytical Methods and Validation**

HPTLC and HPLC methods were developed and validated for coumarins (Rf values, linearity  $r^2 > 0.99$ , recoveries 80-92%), quantifying markers in crude vs. enriched extracts. In silico docking on 5-LOX showed strong binding (e.g., aegeline -9.0 kcal/mol), and ADMET profiling confirmed drug-likeness per Lipinski's rule, with high intestinal absorption for most. PCA separated plant parts by metabolite profiles, supporting quality control. Dr.-Ritu-Tiwari.pdf

#### **Phytopharmaceutical Development**

The presentation outlines PPI pathways from crude herb to standardized fractions, including extraction, purification (e.g., vacuum chromatography), and bioactivity assays for anti-inflammatory potential. It advocates bridging Ayurveda and modern pharma via Gazette notifications (GSR 918, 227E), with no CDSCO-approved phytopharmaceuticals yet but pipeline candidates. Future plans include IP addendums, commercial value addition (e.g., 2kg herb to 4g PPI), and examples like *Inula racemosa* standardization using IR for lactones. Dr.-Ritu-Tiwari.pdf

1. <https://ppl-ai-file-upload.s3.amazonaws.com/web/direct-files/attachments/98355652/699d1ad6-efb0-4d2b-a78a-f318ef66f98c/Dr.-Ritu-Tiwari.pdf>

Dr. Subash Chandra Verma, Principal Scientific Officer at the Pharmacopoeia Commission for

Dr : Is your sleep good?

Pt : Yes, sleep and everything is good and calm.

Dr : And is the motion normal ?

Pt : Yes, that is also proper too.

Dr : So it feels much better compared to before.

Pt : Yes, it's much better than before.

Dr : Alright, alright, that's good. You should get an ultrasonography done today, okay?

Sonography done on 5-1-26 shows

IMPRESSION:

Diffuse gaseous bloated abdomen with obesity changes seen. LMP: 5-6 days back.

Liver size WNL with mild fatty infiltration.

CBD appears bulky, measures 7.1 mm in diameter, shows echogenic calculus of 6.7 mm size in distal CBD. No significant IHBRD seen.

Gall bladder is well distended.

Few mobile GB calculi seen with larger calculus of 5.2 mm size in lower GB neck region. GB wall is echogenic.

-Cholelithiasis-since last appears no changes.

See the size of calculus is reduced. This is just an acute (current layer) prescription.

Discuss the case and \*Remedy B 6\*

6\*

Indian Medicine & Homoeopathy (PCIM&H), Ministry of AYUSH, presented on quality control and assessment standards for Ayurveda, Siddha, Unani, and Homoeopathy (ASUH) drugs. PCIM&H develops pharmacopoeial monographs, formularies, and testing protocols as per Drugs and Cosmetics Rules 163A/163BB, functioning as a central drug testing lab, reference museum, and training center. Dr.-S-C-Verma-PCIM-H.pdf

#### **Official Publications**

Key publications include The Ayurvedic Pharmacopoeia of India (API, up to Vol. IX), Ayurvedic Formulary (AFI, Part III), Siddha Pharmacopoeia/Formulary, Unani Pharmacopoeia/National Formulary, and Homoeopathic Pharmacopoeia of India (HPI, Vol. X). Supporting atlases cover macroscopic/microscopic characters and TLC fingerprints for drug identification. Dr.-S-C-Verma-PCIM-H.pdf

#### **Quality Standards**

Standards encompass identity (organoleptic, microscopy, TLC/HPTLC/HPLC/GC fingerprints), purity (foreign matter, moisture, ash values, extractives, heavy metals via ICP-OES, pesticides via GC-MS-MS, aflatoxins via HPTLC/HPLC), and strength (assays for markers like ursolic acid in *Nerium indicum*). Geographical variations affect physico-chemical parameters (e.g., moisture in *Sesbania sesban*), and case studies highlight batch testing for formulations like Sitopaladi

churna. Dr.-S-C-Verma-PCIM-H.pdf

#### **Challenges and Adulteration**

Challenges include regulatory ambiguity (herbal vs. food/cosmetic), adulteration (e.g., papaya seeds in black pepper, steroids in pain powders detected via TLC/GC-MS), and contaminants. Permissible limits: heavy metals (Pb 10 ppm, As 3 ppm), pesticides (e.g., DDT 1 mg/kg), aflatoxins (B1 2 ppb). Emphasis on sustainable sourcing, modern analytics, and pharmacopoeial harmonization ensures safety, efficacy, and global credibility. Dr.-S-C-Verma-PCIM-H.pdf

1. <https://ppl-ai-file-upload.s3.amazonaws.com/web/direct-files/attachments/98355652/7dff227c-5cac-409e-96f0-fdb919e4ae56/Dr.-S-C-Verma-PCIM-H.pdf>

Dr. Sweta Mohan, Scientific Officer at PCIM&H, presented on standardization of metal-mineral drugs in Ayurveda, Siddha, Unani, and Homoeopathy (ASUH) systems, emphasizing their vital roles in biological functions like neuromuscular regulation and components of hemoglobin, insulin, and vitamins. These drugs (e.g., SiO<sub>2</sub>, Fe<sub>2</sub>O<sub>3</sub>, HgS, PbS) are processed into bhasmas via shodhana (purification/detoxification with herbal extracts, cow urine) and marana (incineration to fine ash), reducing toxicity, enhancing absorption, and enabling small-dose efficacy for conditions like anemia, diabetes, asthma, and cancer. Dr.-Sweta-Mohan-PCIM-H.pdf

(Cont'd in next issue)

## **Pioneer Homoeopathic Medical College & Hospital**

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# Snake bite : First aid & homoeopathic approach in critical situations

**Dr. Tiyaben H. Ankoliya,**  
Rajkot Homoeopathic Medical  
College, Parul University,  
Rajkot, Gujarat.  
ankoliyatiya05@gmail.com

## ABSTRACT :-

Snake bite is the very common problem faced in rural area. Treatment for snake bite includes giving antivenom therapy. Although many people are not aware about the success rate in treating in hospital because of so many myths in the society. With Homoeopathy, we can reduce the fatality and first aid as an immediate measure.

Snakes are carnivorous reptiles of the suborder serpents. There are more than 3500 species of snake, but only 250 are venomous. Common Krait is the most common venomous snake. Our nation accounts for half the total number of deaths in the world due to snake bite. Snake bites are common in rural areas, poor communities, agricultural workers, fisherman and hunters. In the total snake population eighty percent of them are non-poisonous.

Venom is saliva of snake. The enzymatic components present in snake venom cause local and systemic effects, and non enzymatic components provide lethality. The concentration of venom manifests diurnal and seasonal variation. Bites caused at night and after hibernation are the most fatal. Venoms advance in the body through superficial veins and lymphatics.

## Keywords:-

Snakebite, First Aid, Envenomation, Homeopathy, Emergency Care, Integrative Approach.

## Introduction:-

Snakebite envenomation is a life-threatening condition, especially prevalent in tropical and rural regions. Rapid first aid, calm handling of the victim, and early transportation to a medical facility are critical. In several traditional medicine systems, including homeopathy, certain remedies are used as supportive measures for fear, shock, pain, and localized tissue reactions.

This article provides a rational and safe approach combining modern first-aid guidelines with a homeopathic perspective suitable for publication.

## Types of Snake Bites:-

Snakes can be broadly divided into:

### 1. Neurotoxic Bites

Commonly from cobra, krait  
Affect the nervous system  
Signs: ptosis (drooping eyelids), difficulty speaking/swallowing, respiratory paralysis

### 2. Hemotoxic / Vasculotoxic Bites

Commonly from viper  
Affect blood and tissues  
Signs: severe pain, swelling, bleeding, low blood pressure, shock

### 3. Cytotoxic Bites

Cause local tissue necrosis  
Severe swelling, blistering, blackening  
Understanding the type helps select supportive remedies, but first aid should never be delayed.

## First Aid in Snake Bite:-

1. Stay Calm & Reassure the Victim Panic increases heart rate and speeds venom spread.
2. Immobilize the Affected Limb Keep limb below heart level Use a splint to restrict movement
3. Apply Pressure Immobilization (for Neurotoxic bites only) Use firm bandage from toes/fingers upward. Do NOT cut off blood supply. Avoid this for viper bites (increases tissue necrosis).
4. Remove Tight Clothing or Jewelry Swelling occurs rapidly.
5. Keep the Patient Still Movement accelerates venom circulation.
6. Transport to Hospital Immediately ASV (Anti-Snake Venom) is the only specific treatment.
7. What NOT to Do  
No cutting or sucking the wound  
No tying tourniquets  
No applying ice/chemicals  
No giving alcohol or herbal pastes  
Do not waste time with traditional methods

## Clinical Features to Monitor:-

Level of consciousness  
Respiration (rate & difficulty)  
Swelling progression  
Bleeding from gums, urine, stool (viper)  
Vision issues, ptosis, inability to swallow (neurotoxic)  
Immediate hospital care is crucial; homoeopathy is **supportive, not a replacement.**

## Homoeopathic Approach in Critical Snake Bite Situations:-

Homoeopathic remedies may help reduce shock, anxiety, pain, swelling, and aid recovery post-ASV. They should NOT replace medical treatment, especially in life-threatening envenomation.

### 1. Lachesis mutus

For viper-like symptoms  
Dark bluish swelling, bleeding tendency  
Worsening from pressure or tight bandages  
Restlessness, delirium

### 2. Naja tripudians

Useful in cobra-like neurotoxic symptoms  
Difficulty in swallowing, choking sensation  
Chest oppression, palpitations  
Fear of death

### 3. Bothrops lanceolatus

For severe coagulopathy, bleeding, ecchymosis  
Cold limbs, paralysis tendencies  
Left-sided symptoms common

### 4. Crotalus horridus

Severe haemorrhage, jaundice  
Cold, trembling, rapid pulse  
Bleeding from all orifices

### 5. Arsenicum album

Intense restlessness  
Anxiety, fear of death  
Burning pains  
Useful in shock stage

### 6. Apis mellifica

Marked swelling, oedema, stinging pains  
Useful in allergic reactions and painful swelling

### 7. Hypericum perforatum

When bite is extremely painful at nerve-rich areas  
Shooting pains, nerve injury

## Potency & Dosage:-

30C or 200C in early stages as supportive  
Repeat every 10–15 minutes

during shock, then reduce frequency  
Continue until hospital management begin

## Role of Homoeopathy in Hospital and Post-Recovery Phase:-

### 1. Pain Reduction & Swelling Control

Apis, Ledum pal., Arnica

### 2. Tissue Healing After Cytotoxic Bite

Calendula internally and externally

Silicea for suppuration

Hypericum for nerve damage

### 3. Psychological Trauma

Aconite napellus

Arsenicum album

### 4. Post-antivenom Weakness

China officinalis for dehydration

Nux vomica for medication-related gastric issues

## Prevention of Snake Bites:-

Wear boots in fields

Use torchlight at night

Avoid sleeping on floors in rural areas

Keep surroundings clean and rodent-free

Do not put hands into holes, bushes, stacks of wood

## Conclusion:-

Snake bite is a medical emergency, and immediate first-aid and hospital referral are non-negotiable. Homoeopathic remedies can serve as supportive therapy to manage shock, swelling, pain, and recovery, but should never delay antivenom therapy. Proper education, community awareness, and timely intervention significantly reduce morbidity and mortality.

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## Golden jubilee HMAI

Golden Jubilee of  
Homoeopathic Medical  
Association Of India  
Celebrated-Dr.A.K.Gupta, Sec.  
Gen. HMAI

HMAI Re-Elected the same  
team for another term of 2  
yrs.

Golden Jubilee Celebrations of The Homoeopathic Medical Association of India (HMAI), 23rd All India Homoeopathic Congress and Homeo Expo 2025 was organised at Biswa Bangla Convention Centre in Kolkata for 3 days on 26th to 28th December 2025, hosted by the HMAI West Bengal State branch. More than 3000 delegates participated as Students, Teachers, Practitioners, Researchers, PG Scholars and Exhibitors from deferent States of the country.

Day.1 started with National and HMAI Flag Hoisting and releasing of 50 Balloons by the President, Deputy President, Secretary General, Past Presidents, Secretary Generals and senior doctors and dignitaries. Mrs. Chandrima Bhattacharya Hon'ble Minister of Health and Family Welfare Govt. of West Bengal was the Chief Guest. She gave inspiring and motivating speech. Dr. Manas Bhuriyan Hon'ble Minister of Water and Irrigation Govt. of west Bengal was the Guest of Honor. Special Video of the history of 50 years of HMAI was played which brought the old memories alive. Lighting of Lamp, Garlanding of Portraits of Dr. Hahnemann Founder of Homoeopathy, Dr. J.N kanji Lal, Founder of HMAI, Dr. Mahinder Singh and Dr.M.L Bhera was done. After the welcome Speech by President Dr. Shyamal Kumar Mukherjee, Release of a beautiful and voluminous Souvenir and Special Postal Cover with Cancellation stamp to commemorate Golden Jubilee released by Postal department was done. National Awards were presented. Padma Awardee Dr. Kalyan Benrjee, Dr.Mukesh Batra and Dr. Vilas Dangre were honored. Secretary General Address by Dr. A. K. Gupta was given. Inauguration of HMAI stall at Expo created by Dr. R. K. Chaturvedi and MP State Branch of HMAI was done. Scientific sessions started post lunch. A Musical Cultural Evening by Sourendro-Soumyojit Da was mesmerizing which added a special charm to the celebration.

On 2nd day of All India Homoeopathic Congress 2025 and Homeo Expo with Golden Jubilee Celebration of HMAI at Biswa Bangla Convention Centre, Kolkata. More than 50 Posters were displayed by the Doctors and PG Students. Congress was attended by Dr. Tarkeshear Jain,



Chairman of National Commission for Homoeopathy (NCH), Dr. Subhash Kaushik, Director General of Central Council of Research in Homoeopathy (CCRH) and the Dr. Pallay Kumar, Director of National Institute of Homoeopathy (NIH) with their teams. Scientific Sessions and Panel Discussions were held covering various topics of Clinical, Research, Academic, Philosophy and Pharmaceutical issues and Policy matters under the ministry of AYUSH.

Subjects like Cancer, Rheumatology, Skin, Orthopaedic, Diabetes, Neurology, Genetic Disorders like Epidermolysis Bullosa, Autism, Research about seeing the efficacy of Homoeopathy in Cancer, Motor Neuron Disease, Homoeopathic Materia Medica, Use of AI in Homoeopathy, Homoeopathy in Surgical disorders, Ectopic Pregnancy, IBS, Kidney Diseases, Alzheimer's, Thyroid, Secondary Infertility, Anaemia, UTI, Auto Immune Disorders, Viral Infections, Depression, Gall Bladder Polyp, Agro-Homoeopathy Weed management, Anxiety, Alopecia, CSF Rhinorrhoea, BPH, Suicide Prevention, Varicose Ulcers, Migraine, Veterinary, Uterine Fibroid, Diabetic Foot, Acute Emergencies, Vitiligo etc. were discussed.

Around 130 scientific papers were presented during the Congress.

There were total 34 Scientific Sessions held in 3 Halls simultaneously

Main Hall No. 1, Hall No. 6 Dr. M. L. Banerji Hall and Hall No. 7 Dr. Partha Sarkar Hall. All Scientific sessions were named in the memory of the Past Stalwart Homoeopathic Doctors like Dr. J. N. Kanjilal, Dr. S. P. Dey, Dr. M. L. Dhawle, Dr. Mahender Lal Sarkar, Dr. J. Majumdar, Dr. R. P. Patel, Dr. B. K. Bose, Dr. Diwan Harish Chand, Dr. Peter Fisher, Dr. B. N. Chakraborty, Dr. Dr. P. Rastogi, Dr. R. Rjoardar, Dr. Prafull C. Bhar, Dr. P. Sankran, Dr. K. G. Saxena, Dr. S. K. Dubey, Dr. Rajendera Lal Dutta, Dr. B. Sengupta, Dr. N. M. Jaisooriya, Dr. Jyotsna Kanjilal, Dr. P. C. Majumdar and Dr. Diwan Jai

Chand Memorial Sessions.

Had my presentation due in 14th session 4-6 pm. As the NEC meeting was also to be held at 7pm and the scientific session was already running late. So finally decided to skip my presentation.

3rd day on 28th December 2025. Morning started with Elections for 2025-2027. Dr. Ramjee Singh proposed that the same team may be Re elected for another term of 2 years which was unanimously agreed upon by the nearly 80-100 present NC & NEC members. Dr. V C Acharya, Election Commissioner declared the same team as Re Elected as President Dr. Shyamal Kumar Mukherjee, Deputy President Dr. Piyush Joshi, Secretary General Dr. A. K. Gupta and Treasurer Dr. Dalip Sehgal. There was a Delegate Session followed by Open session. A signature Campaign was initiated here to get the use of Homoeopathy word removed by

the Electro Pathy which is being used as Electro homoeopathy.

The Golden Jubilee celebration stands as a proud testimony to five decades of service, unity, and advancement of Homoeopathy under the banner of HMAI. Let this achievement inspire all of us to continue working together with renewed enthusiasm under the able leadership of Dr Shyamal Da for the upliftment growth and recognition of Homoeopathy and welfare of the Homoeopathic fraternity in the years to come.

This historic milestone have been made possible only with the unwavering dedication, commitment, and collective efforts of the esteemed office bearers, organizing committee members, senior members, delegates, speakers, sponsors, volunteers, and well-wishers from all over the country.

Finally 3 days Golden Jubilee Celebration and 23rd All India Homoeopathic Congress ended with good exchange of thoughts, knowledge, much of learning and networking with commitment by HMAI for continuing to work for the welfare of Homoeopathy and Homoeopathic fraternity as motto.

May Homoeopathy continue to heal, serve and inspire generations to come. Hail Hahnemann, Hail Homoeopathy and Hail HMAI.

Dr. A.K. Gupta,  
Secretary General HMAI  
M-7011842322

drakgsecgeneralhmail@gmail.com

## Hahnemann health resort

### A case of Mucocele in lower lip

Manithalayam



Fluid-filled cyst caused by trauma due to persistent lip biting habit during stress saliva pooling+++ appearing as a soft, bumpy swelling in the lower lip,

#### Causation :

Recurrent micro trauma from frequent lip biting during Stress O/E: Soft, movable, dome-shaped 10mm, and painless.

Pearly, translucent, with accumulated fluid and tissue congestion

#### Preventive Management:

Tips given to Stop habits like lip biting and nail biting during stress

**Homeopathy management:**  
Merc Sol LM 0/1 used in redynamized ascending modified doses at every 30mins intervals with in 24hrs reduced well lips returned to normal in size, without Surgical Excision recommended by allopathic surgeon.

Doctor Sivakumar,  
Manithalayam,  
Madurai-625006  
Mobile : 984247748  
apsivakumar@gmail.com

## Vital legacy- February

**Dr. Anil Singhal,**  
MD(Hom.)

Author : *Boger's Legacy,*  
Mobile : 9810264825  
Gurugram, Haryana.

February is brief on the calendar, but never small in the history of homeopathy. In these few days we encounter guardians and builders - people who did not merely admire an idea, but carried it through opposition, misunderstanding, and the slow test of time. Some preserved the Founder's working method; some gave students a clearer way to think; some built institutions so the art could breathe in public; some protected the profession's language when it was in danger of being forgotten. Remembering them is not nostalgia. It is a quiet form of gratitude, and a reminder that our prescriptions today are often the last link in a long chain of faithful lives.

### Born in February

**Mélanie Hahnemann** (2 February 1800) stands among homeopathy's most decisive guardians. When she married Samuel Hahnemann in January 1835, she became his apprentice and his most trusted clinical assistant in Paris, sharing the rigour

of case-taking, the discipline of daily practice, and the living memory of the *Materia Medica*. Contemporary observers spoke of her keen accuracy, saying she had become both Hahnemann's hand and his head - a rare tribute, and an even rarer partnership for that era. Around 1834, she obtained a copy of the 1829 **French translation of the fourth edition of Hahnemann's *Organon***, and that encounter with the text became a turning point: it drew her toward Köthen, not as a curious admirer, but as a serious seeker of method. In 1840, she received a medical diploma, an extraordinary credential for a woman of her time. After Hahnemann's death in July 1843, she continued to treat patients in Paris and Versailles despite hostility and even prosecution in 1847 for alleged illegal practice, later gaining formal recognition in France in 1872. Yet her greatest service was quiet and enduring: she preserved Hahnemann's casebooks and the annotated manuscript of the sixth *Organon*, keeping his papers intact so future generations could inherit not only the legend of the Founder, but his working method. And still, one poignant question lingers for

every student of homeopathic history: why, despite safeguarding that precious manuscript, could she not bring the **sixth edition** to publication within her own lifetime?

**Henry Newell Guernsey** (10 February 1817) represents that rare class of physicians who give a school of medicine both a strong classroom and a confident bedside voice. He did not merely practise; he carried the art into everyday life through long miles, relentless duty, and a clinician's quiet courage. In an age when students could drown in catalogues of symptoms, Guernsey offered a lantern: the keynote - not a shortcut, but a guiding light that points to the remedy's living centre. He also brought homeopathy close to the cradle and the home, shaping the care of women and children with practical wisdom and humane tenderness. As a teacher, he trained minds to think clearly; as an author, he left tools that still feel hand-made for the clinician's hand. His printed legacy is itself a timeline of bedside usefulness: in 1867 came *The Application of the Principles and Practice of Homoeopathy to Obstetrics, and the Disorders Peculiar to Women and Young Children* (still affectionately

(Cont'd on page 16)

वाहटल  
इन्फार्मर

All Correspondence to :

ED-94, Tagore Garden,  
New Delhi - 110027  
Mobile : 09810221814, 09868023840  
Email : vitalinformr92@gmail.com  
website : www.vitalinformr.com

Hony. Editor

Dr. Sudha

Editor

Dr. Manish Bhartiya

Mobile : 09810221814

Co-Editor

Dr. Sushil Vats

Ph. 011-22727429@, 22472333@

Advertisement & Public Relations

Dr. Prabhat Kumar Maheshwari

Ph. 011-23235630, 22235926

Circulation & Network Co-ordinator

Ms. Shalini

Ph. 011-25110806

Correspondent

Dr. Vinay Kumar Pandey,

D 59/378 A-K, Jai Prakash Nagar, Shiv Purwa,

Varanasi, U. P. Mobile : 09415626403

Dr. Vishal Chadha,

Flat 404, C & 7, IIDL Building, Ramprasth

Colony, Ghaziabad - 201011 U. P.

Mobile : 9818345704

REPRESENTATIVES :

**AHMEDABAD** : Dr. Ketan Patel, A 206, Himalaya Arcade, Opp. Lake, Vastrapur, AHMEDABAD - 380015 Mobile: 9898005354;

**AKOLA** : Dr. Sunita Jain, Shiv Apartments, Ranpise Nagar, Akola - 444005, Maharashtra;

**ALIGARH** : Dr. S. K. Gaur, 25, J.P. Dreams, Sai Sarover, Sarsol, P.O.A.M.U., ALIGARH - 202002 U.P., Mobile: 9411209058

**ALLAHABAD** : Dr. S. K. Shukla, 1/10, Rajroop Pur, Kalindi Puram Chauraha, Allahabad, U.P. Ph. 2430188(C), 2430465(R);

**BANGALORE** : Dr. B. D. Patel, 10, R. R. M. Roy Road, Bangalore Hom. Med. Centre, Richmond Plaza, Bangalore Ph. 22214889;

**CHANDIGARH** : Dr. Sunil Kumar Setia, SCO-172, Sect. 37-C, Chandigarh-160036 Ph. 2691359@, 2732757@;

**DEHRADUN** : Dr. Sushma Panwar, A-97 J, MDDA Colony, Chandra Rd, Dalanwala, Dehradun, UK.

**HYDERABAD** : Dr. Dhiraj Nanda, E 93, Sainik Puri, Secunderabad - 500094 Ph. 27116404;

**GWALIOR** : Dr. Ravindra Singh Kushwah, Gh 918, Deen Dayal Nagar, Gwalior-474021 Mobile: 9826216047

**INDORE** : Dr. V. P. Bansal, 2 Manish Bagh, Indore, M.P. Ph. 2467818;

**JABALPUR** : Dr. Manish K. Srivastav, HIG-9, Nehru Nagar, Nr. Bajna Math, Post Tilwar Ghat, Jabalpur-482003, Mobile: 9407728348

**JAIPUR** : Dr. Ashok Laduna, Laduna Homoeo Clinic, B1/562, Chitrakoot, Vaishali Nagar, Jaipur, Raj. Mobile: 9414480341;

**JAMMU** : Dr. D. K. Dhari, Old University Lane, Canal Road, Jammu, J&K, Ph. 2577928(C);

**JAMSHEDPUR** : Dr. T. K. Chatterjee, United Homoeo Hall, 5, Patel Building, Bistupur, Jamshedpur-831001, Jharkhand; Ph.: 2320257

**KANPUR** : Dr. Sanjay Srivastav, Chandra Homoeo Store, B-53 Kidwai Nagar, Kanpur-208011, U.P. Ph. 2643372, Mobile: 9856424117;

**KHANNA** : Dr. S. S. Vithal, SCF 17, Narottam Nagar, Khanna Punjab, Mobile: 09417021093;

**KOLKATA** : Dr. Sudha Tripathi, Indian Homoeo, 53/1/3, Hazra Road, Kolkata- 700019. Ph. 9836564515

**KOTDWAR** : Dr. N. P. Pokhariyal, Umanand Barthwal Marg, Kotdwar-2246249 UK Ph.: 222696

**LATUR** : Dr. Yogesh D. Niturkar, Mathura Homoeo Clinic, Ganj Gola, Latur-413512, Maharashtra; Mobile: 98990821793

**MATHURA** : Dr. Sandeep Goyal, 2177C, Dampier Nagar, Mathura, U.P. Mobile: 9319386444

**MEERUT** : Dr. Jeevesh Parashar, Navjeevan Homoeo Store, Gandhi Ashram Chauraha, Garh Road, Meerut-250002. Mobile: 9897437510

**MUMBAI** : Dr. Sucheta H. Desai, 1/16, Neel Tarang, 208/210, V Savarkar Marg, Mahim, Mumbai 400001, Ph. 26442257

**MUZZAFARPUR** : Dr. S. Haque, Aghoria Bazaar, Muzzafarpur, Bihar

**NOIDA** : Dr. D. D. Vichitra, I-7, Sect 22, Noida, U.P. Ph.: 2412555

**PATNA** : Dr. R. P. Singh, Narendra Homoeo Clinic, Saidpur Road, Patna Ph.: 2669291

**PUNE** : Dr. Milind Prafulla Pore, 54/55 Shaniwar Peth, Pratibha Corner Building, Pune 411 030, Mob.: 09921037973

**RATLAM** : Dr. Bhavik Purohit, 6, Bari Sita Mata Gali, Behind Mohan Talkies, Ratam-457001, Mobile: 09229444117.

**SRINAGAR** : Dr. Anayat Mir, Quammer Wari, Adj. J & K Bank, Srinagar.

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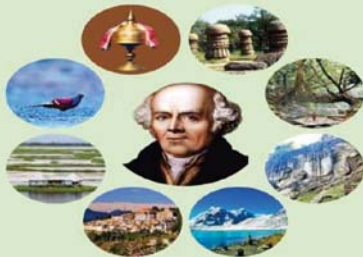
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