

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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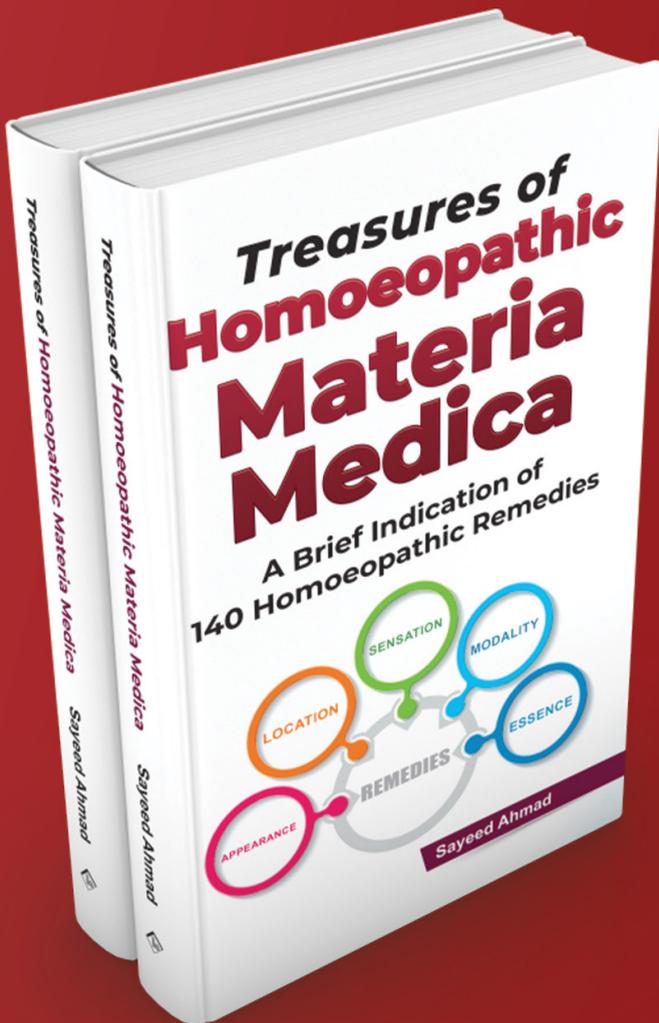
Role Of Homoeopathy In Surgical Cases

- A Case Report on Dermatitis Treated with Individualised Homoeopathic Medicine
- Effectiveness of Individualised Homoeopathic Remedy in Surgical Cases: An Evidence Based Case

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For

Students & Seasoned
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Quick before exam guide- This book serves as Quick guide to refer medicines for students appearing for exam .

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Word meanings- The author has presented references to the meaning of tricky medical terms at the end of each page as well as at the end of the book. This provides complete insight into the medicine and ensures a comprehensive understanding of the medicines.

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CONTENTS

EDITORIAL

Dr Rashi Prakash 5

EDITOR'S DESK

Homoeopathy a Dynamic science of treating Surgical Conditions

Dr Kavitha Kukunoor CCH, RS Hom (NA), C.HP, BHMS 7

IN ITALICS

Role of Homoeopathy in Surgical Cases

Dr. Jaykumar Chandarana, Dr.Sunit Devani 64

SUBJECTIVE

A Study to Enlighten the Significance of Homoeopathy in Surgical Cases

Dr. Rakhi 10

Role of Homoeopathy in Surgical Cases

Prof. (Dr.) Goutam Das, Prof. (Dr.) Harikrishna Kanodia 15

Role of Homoeopathy in Surgical Cases

Dr. P Padhy , Dr. Navisha Khatoon , Dr R Mondal 18

An Overview of the Homoeopathic Perspective of Surgery

Dr. Kapil Das, Dr. Nabanita Debnath 21

Outlook of Surgery in Homoeopathy

Dr. Sujeet Lal, Dr. Ranjita Gupta 24

Fibroadenosis of Breast and its Homoeopathic Management

Dr. Madhu Kumari, Dr. Vikash Kumar 27

Some Common Errors by Homoeopathic Physician

Dr. Satyam Kumar, Dr. Akanksha Kumari, Prof. (Dr.) Subhas Singh 43

CASE REPORT

Cystic Adnexal SOL Treated without Surgery- A Homoeopathic Case Report

Dr Madhusree Dutta, Dr Ashish Biswas, Dr. Sabyasachi Mukherjee 47

Role of Homoeopathy in Surgical Cases -A Case Report

Dr. Riya Sah, Dr. Sanjay Kumar Singh , Dr. S.K. Srivastava 52

Role of Homoeopathy in Surgical Cases- "A Non-Surgical Approach to Cholelithiasis: Evidence-Based Case Report"

Dr. R. Kanimozhi 57

Renal Calculi, Hepatomegaly and Splenomegaly Treated with Homoeopathy

Dr. Jagdish Prasad 70

Management of Pilonidal Sinus with Homoeopathy: A Case Report

Dr Nitin Kumar, Dr. Ajay Vishwakarma, Dr Pallavi Bhaskar 77

Homoeopathic Management of Bilateral Ovarian Cysts – A Case Report

Dr. Ankita Mittal 82

A Case Report on Dermatitis Treated with Individualised Homoeopathic Medicine

Dr. Rohit Kumar Priya 87

Evidence Based Case Report of Combined Cholelithiasis & Bi-lateral Nephrolithiasis

Dr. Rup Nandi 94

Effectiveness of Individualised

Homoeopathic Remedy in Surgical Cases: An Evidence Based Case

Dr. Mishangi G. Jadeja, Dr.Sonal Panchmatiya 99

Cellulitis & Its Homoeopathic Approach: A Case Report

Dr. Nitesh Kumar 107

Scope of Homeopathy in Treatment of Blunt Force Injury

Dr. Roni Dudhwala, Farhana Nasrin A. Haque 111

A Case of Alopecia Areata Treated by Constitutional Homoeopathic Remedy: A Case Report

Dr. Javed Aquatar Bappa, Dr. Rayba Khatoon, Dr. Sanjay Sarkar, Dr. Sumanta Kamila 116

SPECIAL SECTION

Homoeopathic Drug Proving on Sick: First Step Towards A Model

Dr Manpreet Kaur, Dr S M Singh, Dr Pankaj Aggarwal, Dr Vandana Gambhir, Dr Chaturbhuja Nayak 39

RESEARCH

"An Observational Prospective Study on Effectiveness of Homoeopathic Management in Food Allergy – A Symptomatological Approach"

Dr Anjali S, Anagha S.M 32

Dear Readers,

The emergence of homeopathy as primary healthcare system in India and throughout the world, is backed by not just the vast potential it holds in everyday and chronic ailments, but also because it is a reliable and gentle therapy that can be used either curatively, concurrently or as an add on or supportive to the ongoing therapy such as allopathy, physiotherapy or even surgery, as required in a given case. However, every patient swinging between health and death and undergoing surgery puts up a question – is homeopathy a mere brain game or worth relying upon? Many other questions pertaining to the validity of homeopathy in surgical cases remain unanswered.

While we may not be able to provide an accurate modus operandi of Homeopathy in every case belonging strictly to the conventional domain, an evidence that Homeopathy has gained a widespread acceptance as complementary (add-on) therapy by the conventional school is its continually rising global popularity.

The emergence of homeopathy as one of the primary healthcare systems in India and throughout the world, is backed by not just the vast potential it holds in everyday and chronic ailments, but also because it is a reliable and gentle therapy that can be used either curatively, concurrently or as an add on or supportive to the ongoing therapy such as allopathy, physiotherapy or even surgery, as required in a given case.

The customizability of this therapy as per requirement has gradually led to the replacement of the term alternate medicine used for homeopathy in the initial days of its popularity by the term complementary medicine of late, denoting that homeopathy either completes or enhances the ongoing therapy.

Here we focus on the applicability of Homeopathy as a curative, or supportive or add on therapy particularly in cases which fall in the domain of surgery. In the conventional system of medicine the use of surgery for the treatment of diseases is not something new. Surgery was incorporated into the medical curriculum in the eighteenth century and the twenty first century witnessed the emergence of several sophisticated imaging and investigative techniques which brought surgery into the mainstream medicine and its use became far easier, far more common and accessible to everyone.

When it comes to the role of Homeopathy in surgical cases, the stalwarts of homeopathy unani-

mously agree to the fact that aphorism 186 of Organon of Medicine also mentions. It reads-

But when in such injuries the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, e.g. when the violent fever resulting from extensive contusions, lacerated muscles, tendons and blood-vessels requires to be removed by medicine given internally, or when the external pain of scalded or burnt parts needs to be homoeopathically subdued, then the services of the dynamic physician and his helpful homoeopathy come into requisition.

This means that homeopathy may be used for pre-operative or post operative management of a wide variety of cases that require surgery for their primary treatment. To understand this, the peri-operative period comprises of three distinct phases- the preoperative and post operative phase.

A research paper published in 2019 delineates these two phases as follows-

Preoperative phase- Its objectives are to control the blood tests required (blood count, hepatogram, ionogram, renal function, coagulogram, others), presurgical cardiology studies (electrocardiography, others), imaging studies (radiography, ultrasound, tomography, resonances, others), material applied prosthetic (prosthetic meshes for hernioplasties, mechanical sutures, other devices), among others (spirometry, endoscopy, etc.).

Post operative phase- The objective is to detect, early, and appropriately manage any sign or symptom of an immediate postoperative complication.

Despite paucity of explanations, Homeopathy, if applied strictly on the basis of its cardinal principle of *similia similibus curentur*, and on totality of symptoms, offers miraculous results when it comes to the preoperative and post operative care of patients in a number of cases.

However, every patient swinging between health and death and undergoing surgery puts up a question – is homeopathy a mere brain game or worth relying upon? Many other questions pertaining to the validity of homeopathy in surgical cases remain unanswered.

While we may not be able to provide an accurate *modus operandi* of Homeopathy in every case belonging strictly to the conventional domain, an evidence that Homeopathy has gained a widespread acceptance as complementary therapy by the conventional school is its continually rising global popularity.

As per global statistics, Homeopathy is the most popular form of complementary therapy in France. Its use rose from 16% of the population in 1982 to 29% in 1987 and 36% in 1992. In Mexico, homeopathy has been integrated into the national health care system. And its popularity in Europe

and Asia is particularly impressive. Within India too it has found place in the most prestigious healthcare institutions, government dispensaries and private hospitals as an annex to conventional medicine, aiming to manage the complicated and unyielding surgical cases in the most gentle and harmless manner involving no invasive procedures.

A Quick word on issue Content

This issue of *The Homoeopathic Heritage* delineates the role of Homeopathy in surgical cases. An intriguing issue for all, this month we provide our readers with a variety of cases, illustrating how homeopathy has been successful in the management of surgical cases and subjective articles on the utility of homeopathy in such cases by young professionals of homeopathy. The editor's desk has been penned by Dr Kavitha Kukunoor, President & CEO - Kavitha Holistic Approach, LLC, Founder & Director - KHA Homeopathy Study Group Pro Bono, the special section features the last part of the research on drug proving and a column called *In Italics* brings to light the common errors made by homeopaths, written by Dr Subhas Singh, Director, NIH, Kolkata and a case report by Dr. Jaykumar Chandarana, Principal, Baroda Homoeopathic Medical College and Hospital, Vadodara Gujarat.

Dr Rashi Prakash
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Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
January 2024	Homoeopathy as Preventive Therapy in Non-Communicable Diseases	November 15, 2023
February 2024	Diabetes Mellitus, Its Complications & Homoeopathy	December 15, 2023
March 2024	The Calcareas & Their Scope in Homeopathy	January 15, 2024

Homoeopathy a Dynamic science of treating Surgical Conditions

Dr Kavitha Kukunoor CCH, RS Hom (NA), C.HP, BHMS

Disease is an expression of the distressed internal malady. When tampered, the disease disappears only to reappear in the deeper and more vital organs. The external man is the material man and the internal man is the dynamic or spiritual man recognised as the life force or the vital force. Dr. Kent describes this dynamis as 'simple substance'. Just like the link between the moon and the tides can only be described by manifestations, this dynamic action is only conceivable through its effect, its presence is life and absence is death. Its harmony is health and disharmony is disease.

According to aphorism 19 of the Organon of medicine, *"diseases are nothing more than alteration in the state of health of the healthy individual which expresses themselves by morbid signs"*. To explain in a few words, Homoeopathy works on the Law of *'Similia Similibus Curenter'*. Hahnemann tells us that, *"Drugs manifest no other curative power, except their tendency to produce morbid symptoms in healthy persons and to remove them from the sick"*. Homoeopaths focus on the totality of symptoms, i.e., the entire individual as a whole, to study all the symptoms in order to select the remedy and treat the patient. As mentioned in Organon of Medicine aphorism 7, *"the totality of these symptoms, of this outwardly reflected picture of the internal essence of the disease that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy"*.

It has been rightly said, *'Homoeopaths are dynamic surgeons'*, as they treat many diseases having no treatment except surgery in modern medicine, through the power of their dynamic medi-

cines. When treated following all the Laws and Doctrines of Homoeopathy great results can be achieved towards cure in all diseases. To mention a few such diseases: gallstones, kidney stones, lumps, piles, fissures, various ear ailments like otitis media, various abdominal conditions like appendicitis, intestinal obstruction, gastrointestinal bleeding, hernias (non strangulated), gastroesophageal reflux disease (GERD), various maternal and congenital anomalies detected during pregnancy, ovarian cysts, ovarian tumors, uterine fibroids, pancreatitis, prostate, hydrocele, infected wounds, abscesses, septic arthritis, osteomyelitis, neuroendocrine tumours, warts, moles and even various tumours and cancers can be helped with Homoeopathy. Various books and research papers can be referred to confirm the evidences regarding these diseases being treatable Homoeopathically.

But to mention here, a physician must never forget the limitations of his system, where the role of surgery and emergency medicine cannot be overlooked, as mentioned in the Organon of Medicine footnote to aphorism 67,

"Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homoeopathic remedy—not hours, sometimes not even quarter-hours, and scarcely minutes—in sudden accidents occurring to previously healthy individuals—for example, in asphyxia and suspended animation from lightning, from suffocation, freezing, drowning, &c. is it admissible and judicious, at all events as a preliminary measure, to stimulate the irritability and sensibility (the physical life) with a palliative, as for instance, with gentle electrical shocks, with clusters of strong coffee, with a stimulating odour, gradual application of heat, &c. When this stimulation is effected,

the play of the vital organs again goes on in its former healthy manner, for there is here no disease"

As a Homoeopath, in spite of knowing all the greatness of one's system, one has to diagnose and analyse the case properly to elicit from it any kind of emergency and if required to refer the patient to an emergency doctor or Surgeon. Students of BHMS are taught Surgery as a Subject in third year, in order to make them enlightened about the conditions and stages of a particular disease which is under their domain and the one which is not, which have to be referred, in order to follow, aphorism 1 of the Organon, 'The physicians high and only mission is to restore the sick to health, to cure, as it is termed.'

Further explaining such Surgical conditions or to say local maladies under the classification of diseases by Dr. Hahnemann, aphorism 185 and 186 of Organon of Medicine mentions that such ailments that occur on the external part of the body, an external lesion should be removed through mechanical aids only when it is acting as obstacle to cure, *"may be removed by mechanical means, e.g., by the reduction of dislocations, by bandages to bring together the lips of wounds, by the extraction of foreign bodies that have penetrated into the living parts, by making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids, by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, &c"*

But when in such cases the individual requires active dynamic aid to accomplish the work of healing, for example, when the external pain of scalded or burnt parts needs to be subdued, then the role of a Homoeopathic physician should not be overlooked. Also to keep in mind aphorism 187 which mentions that the ailments appearing on the external parts that do not arise from any external injury, their actual source lies in some internal malady, in such cases only treating the external expression of an internal malady is absurd. This is the cause of recurrence of disease, for example,

hemorrhoids being treated surgically often reappear because the internal cause has not been treated. Similarly antacids only give a temporary relief to indigestion and heartburn but once the duration of its action ends the complaint reappears. To overcome all these shortcomings Homoeopathy helps to treat the patient as a whole, individually and dynamically, treating all internal causes which helps treat the disease whatever it may be.

To conclude in the words of Dr J.H. Clarke, Homoeopathy is, "The most complete and scientific system of healing the sick the world has ever seen."

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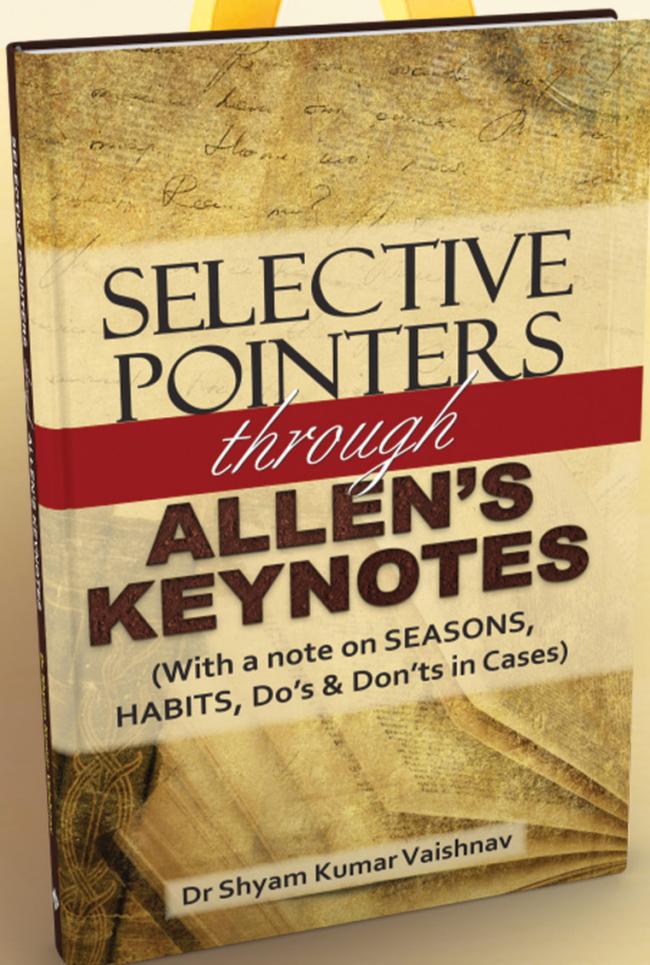
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SELECTIVE POINTERS

through

ALLEN'S KEYNOTES

with a note on SEASONS,
HABITS, Do's & Dont's in Cases



Be to
the point
by learning "
THUMB RULE"
of each
remedy

Differentiate
medicine as
per age
and gender

Sharpen
your
knowledge
of Materia
Medica

Become a
Master in
Allen's
Keynotes

A Study to Enlighten the Significance of Homoeopathy in Surgical Cases

Dr. Rakhi

ABSTRACT

Homeopathy, a holistic system of medicine founded by Samuel Hahnemann in the late 18th century, has gained recognition for its role in enhancing the surgical journey.¹ This article explores the historical evolution of surgery and its relationship with homeopathic medicines, revealing the integration of ancient wisdom and modern surgical science. Homeopathy complements surgery in various ways, such as preoperative preparation, postoperative recovery, and emotional well-being. It addresses patient anxiety, reduces pain, inflammation, and complications, and promotes overall well-being. While homeopathy plays a valuable role in surgical cases, its primary function is to provide support and enhancement rather than a substitute for necessary surgical procedures.² Decisions to avoid surgery or to incorporate homeopathy should be made through an integrated healthcare approach, with medical professionals guiding the process to ensure the best outcome for patients. The harmonious relationship between homeopathy and surgery exemplifies the importance of treating the whole person, emphasizing patient-centered care.

Keywords: Homeopathy, Surgery, Surgical cases, Preoperative preparation, Postoperative recovery, Holistic medicine, Homeopathic remedies, Surgical history and Integration of healthcare.

INTRODUCTION

Homeopathy is a holistic system of medicine that has gained popularity for its ability to treat a wide range of health conditions, both acute and chronic. While it is often associated with the treatment of chronic illnesses and emotional disorders, homeopathy can also play a significant role in surgical cases.¹ Homeopathic remedies also used to complement conventional surgical interventions, aiding in preoperative preparation, postoperative recovery, and overall well-being. In this article, we will explore the significance of homeopathy in surgical cases and how it can contribute to the patient's overall health and well-being.³

HISTORICAL BACKGROUND

The history of surgery is a fascinating narrative of human ingenuity, innovation, and the relentless pursuit of healing. From crude procedures performed in ancient civilizations to the highly spe-

cialized techniques of modern medicine, surgery has come a long way.⁴ This article explores the historical evolution of surgery and its relationship with homeopathic medicines, shedding light on the integral role homeopathy plays in preoperative and postoperative care.

Ancient Beginnings of Surgery

Surgery's origins can be traced back to ancient civilizations. The Egyptians, for instance, conducted rudimentary surgical procedures as far back as 3000 BC. These early surgeries primarily involved the treatment of injuries, fractures, and rudimentary attempts at wound closure using crude instruments made from stone and bronze.⁵ Knowledge was passed down through oral traditions and early texts, such as the Edwin Smith Papyrus, which documented surgical techniques.

The Greek Influence

The ancient Greeks made significant contribu-

tions to surgical knowledge. Hippocrates, often referred to as the father of modern medicine, introduced the concept of clinical observation and diagnosis. While he is not primarily known as a surgeon, his teachings greatly influenced surgical practices.⁴ He emphasized the importance of understanding a patient's overall health and the use of natural substances to promote healing, principles that align with the holistic approach of homeopathy.² Galen, a prominent Greek physician in the Roman era, advanced surgical knowledge. His writings contributed to the understanding of anatomy, surgical techniques, and the importance of hygiene in medicine.⁴ Galen's influence on surgery, especially in the context of the humoral theory, parallels the holistic principles underlying homeopathy.

The Middle Ages and Renaissance

During the Middle Ages, surgery became intertwined with barber-surgeons who performed procedures ranging from bloodletting to simple wound management. The Renaissance period brought significant advancements in surgery, notably with the works of Andreas Vesalius, who challenged ancient anatomical beliefs.⁵ This period also saw the emergence of antiseptic practices, thanks to contributions by Ambroise Paré and Andreas Libavius.

Homeopathy's Emergence

Homeopathy, founded by Samuel Hahnemann in the late 18th century, revolutionized medical thinking. Hahnemann's principle of "like cures like" and the individualized approach to treatment aligned with the holistic aspects of surgical patient care. Homeopathy's focus on treating the person as a whole, including the emotional and mental states, complemented the surgical journey by addressing preoperative anxiety, postoperative pain, and overall well-being¹.

Homeopathy in Modern Surgery^{1,3,4}

In modern times, the integration of homeopathic medicines into surgical care has gained recognition. Homeopathic remedies are used to address various aspects of the surgical process:

Preoperative Preparation

Remedies like *Aconitum napellus* and *Gelsemium sempervirens* help alleviate preoperative anxiety and stress, ensuring a calm and composed patient.

Postoperative Recovery

Homeopathic remedies, including *Arnica montana*, *Staphysagria*, and *Hypericum perforatum*, are used to manage postoperative pain, reduce swelling, and promote faster healing.

Emotional Well-being

Homeopathy addresses the emotional and mental well-being of patients during the surgical journey. Remedies like *Ignatia amara* and *Natrum muriaticum* can help with postoperative emotional challenges.

MEDICINE USED FOR PRE SURGERY, DURING SURGERY AND POST SURGERY^{6,7,8}

Homeopathic remedies can be useful in various stages of surgery, including pre-surgery, during surgery, and post-surgery. However, it's important to note that the choice of remedy should be individualized based on the patient's specific symptoms and needs.⁶ Homeopathy is a highly individualized form of treatment, and a qualified homeopathic practitioner should be consulted to assess the patient's condition and select the most appropriate remedy. That said, here are some commonly used remedies that may be considered in each stage of surgery:

PRE-SURGERY

Aconitum napellus

Used for anxiety, restlessness, and fear before surgery.

Gelsemium sempervirens

Indicated for anticipatory anxiety with weakness, trembling, and a sense of impending doom.

Arnica montana

Helps in reducing preoperative anxiety, supports the immune system, and can aid in wound healing.

DURING SURGERY

Homeopathic remedies are not typically administered during surgery itself. Surgical procedures require anesthesia and conventional medical interventions.

POST-SURGERY

Arnica montana

Often used after surgery to reduce pain, swelling, and bruising. It can also speed up the healing process.

Staphysagria

Useful for incisional pain and emotional distress post-surgery. It is particularly indicated for pain after abdominal or genital surgery.

Hypericum perforatum

Helpful for nerve pain or injuries sustained during surgery.

Calendula officinalis

Applied topically to promote wound healing and reduce the risk of infection.

Ruta graveolens

Useful for post-surgery soreness and pain, particularly in areas where the bone or periosteum may be affected.

CAN HOMEOPATHY TREAT SURGICAL CASES ?

Homeopathy, a system of medicine founded in the late 18th century by Samuel Hahnemann, is renowned for its holistic approach to healing and its principle of “like cures like.” While homeopathy is widely recognized for its effectiveness in treating various chronic and acute conditions,¹ there’s a common question that always arises: can homeopathy treat surgical cases? Here we’ll explore the role of homeopathy in surgical cases, its limitations, and how it can be used in conjunction with conventional surgical interventions.

The Role of Homeopathy in Surgical Cases ^{5,8,9}

Preoperative Preparation: Homeopathic remedies can play a significant role in preparing a patient for surgery. Anxiety and fear are common emotions leading up to a surgical procedure. Remedies like *Aconitum napellus* and *Gelsemium sempervirens* are often used to reduce these preoperative anxieties. They help the patient stay calm, which can have a positive impact on the surgical outcome.

Immune Support

Strengthening the immune system is crucial before surgery to reduce the risk of postoperative infections. Homeopathic remedies, such as *Arnica montana*, can help boost the immune system and support the body’s natural healing mechanisms.

Postoperative Recovery

Homeopathic remedies can be employed in the postoperative phase to facilitate recovery and alleviate discomfort.

Pain Management

Arnica montana is one of the most commonly used remedies to manage postoperative pain, reduce swelling, and ease discomfort. Other remedies like *Staphysagria* or *Hypericum perforatum* may be indicated depending on the type of surgery and the patient’s symptoms.

Inflammation and Swelling

Remedies like *Apis mellifica* and *Ledum palustre* are used to reduce postoperative inflammation and swelling, which can enhance patient comfort and speed up the healing process.

Wound Healing

Topical applications of homeopathic remedy *Calendula officinalis* can promote wound healing and reduce the risk of infection.

Reducing Complications

Homeopathic remedies are used to minimize the risk of postoperative complications, such as infections, bleeding, or delayed wound healing. The selection of remedies depends on the patient’s specific symptoms and risk factors.

LIMITATIONS OF HOMEOPATHY IN SURGICAL CASES

While homeopathy can be a valuable complementary approach to surgical care, it has its limitations. Homeopathic remedies are not a substitute for conventional surgical procedures when they are necessary. Surgical cases involving severe trauma, life-threatening conditions, or anatomical abnormalities typically require surgical intervention, and relying solely on homeopathy in such cases can be hazardous.² Homeopathic treatments are highly individualized, and the effectiveness of remedies depends on the accurate assessment of the patient's symptoms, constitution, and overall health.

CAN HOMEOPATHIC MEDICINES AVOID SURGERY?^{1,2,5,9}

The question of whether homeopathic medicines can avoid surgery is a topic of great interest and debate in the world of alternative medicine. Homeopathy is a holistic and individualized approach to healing that has been used for centuries to treat a wide range of health conditions.¹ While it can offer remarkable benefits in various cases, the decision to avoid surgery should be made carefully and in consultation with qualified medical professionals.

The Role of Homeopathy in Avoiding Surgery

Homeopathy's fundamental principle, "like cures like," is based on the concept of treating a disease with a substance that produces similar symptoms in a healthy person.¹ Homeopathic remedies are highly individualized, taking into account the patient's physical, mental, and emotional symptoms. While homeopathy cannot physically remove tumors, repair broken bones, or perform surgery², it can be useful in various ways:

Preventing Surgery

In some cases, homeopathy may help manage and improve chronic health conditions, reducing the need for surgical intervention. For example, in non-urgent cases of recurrent tonsillitis or sinusitis, constitutional homeopathic treatment can strengthen the immune system and reduce the frequency and severity of infections, potentially

avoiding surgery.

Supporting Postoperative Recovery

Homeopathic remedies can aid in postoperative healing, reducing pain, inflammation, and the risk of complications. Remedies such as *Arnica montana* can accelerate recovery and enhance the patient's overall well-being.

Managing Acute Conditions

Homeopathy can effectively manage certain acute conditions like appendicitis, kidney stones, or gallstones, it can alleviate pain, reduce inflammation, and support the body's natural healing processes.

Reducing the Use of Painkillers

Homeopathic remedies can help minimize the use of conventional painkillers, potentially reducing their side effects and dependency.

The Limitations of Homeopathy in Avoiding Surgery

It's essential to recognize that homeopathy has its limitations in the context of avoiding surgery. There are situations where surgery is the most appropriate and life-saving course of action. Homeopathy cannot replace surgical procedures when:

Emergency Surgery is Required

In emergencies, such as severe accidents, trauma, internal bleeding, or acute organ failure, immediate surgical intervention is often essential for the patient's survival¹⁰.

Anatomical Abnormalities Exist

Certain conditions, such as congenital heart defects or structural abnormalities in the body, can only be corrected through surgery.

Infections or Septic Conditions Are Present

Homeopathy can eliminate infections, but severe septic conditions that require surgical drainage or debridement, can only be corrected through surgery.

Cancer or Tumors Are Diagnosed

While homeopathy can provide supportive care for cancer patients, it can't cure the last stage of cancer or remove tumors. In that cancer cases, surgery, chemotherapy, or radiation therapy may be crucial for treatment¹⁰.

Integrated Healthcare Approach

The best approach to healthcare often involves a combination of different medical modalities, including conventional medicine and other systems of medicine like homeopathy. It's vital for patients to work with a healthcare team consisting of medical doctors, surgeons, and qualified homeopathic practitioners.¹¹ In some cases, homeopathy may successfully manage or improve health conditions, potentially avoiding the need for surgery. However, the decision to avoid surgery should always be made based on a comprehensive evaluation of the individual's condition, taking into account the urgency of the situation and the potential risks and benefits of various treatment options.

CONCLUSION

In conclusion, the articles have delved into the intricate relationship between homeopathy and surgery, highlighting the significance of homeopathic medicines as a valuable complement to surgical care.² The historical journey of surgery, from ancient civilizations to modern medicine, has shown remarkable progress, while homeopathy's holistic principles have consistently contributed to patient well-being.¹² Homeopathy's role in preoperative preparation, postoperative recovery, and emotional support is evident. It addresses preoperative anxiety, reduces pain, inflammation, and complications, and fosters overall well-being.² These contributions are especially valuable in ensuring patients have a comfortable and holistic experience during their surgical journey. However, it's essential to recognize the boundaries of homeopathy in surgical cases. Surgical procedures remain vital for life-threatening emergencies, anatomical abnormalities, infections, or conditions requiring immediate intervention.¹⁰ The decision to avoid surgery should always be based on a comprehensive evaluation of the patient's condition and a collaboration between medical profession-

als and homeopathic practitioners. Ultimately, the articles emphasize the harmonious relationship between ancient wisdom and modern surgical science, showcasing the importance of treating the whole person and providing patient-centered care.² The integration of homeopathy and surgery exemplifies the potential for enhanced healthcare through a comprehensive, integrated approach, ensuring the best possible outcomes for patients.

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Role of Homoeopathy in Surgical Cases

Prof. (Dr.) Goutam Das, Prof. (Dr.) Harikrishna Kanodia

ABSTRACT

This article includes the understanding of the teaching of our Organon of Medicine and Homoeopathic Philosophy about the subject of surgery along with the scopes of homoeopathy in surgical cases are also expressed in this article.

Keywords: Surgery-true surgical case-so-called surgical case-scope of homoeopathy.

Abbreviation: CH = Centesimal scale by Hahnemann; § = Aphorism of Organon of Medicine

INTRODUCTION

Surgery is the branch of medical science of practice that treats injuries, diseases, deformities by physical removal, repair, or re-adjustment of organs and tissues, often involving cutting into the body.

Surgery is the mechanical incisions, removal of pathological structures and drainage depending upon the pathological changes.

Our **Organon of Medicine** regarding the surgical cases as **local maladies** either **external** (§ 186) or an **internal** kind (§ 187). These are **one-sided diseases**; manifest their symptoms on the external parts of the body when they are affections of the internal kind. Though, it seems only to be the affection of the part or organ of the body, actually these are the **affections of the man as a whole**, whereas the visible changes are localized to a particular part of the body. ^[1]

In aphorism § 13 and § 29, **Dr. Hahnemann** clearly mention that the **surgical diseases** does not come into the scope of homoeopathy as they are not dynamic or miasmatic in origin, which have to be managed and treated by **mechanical or surgical aids** only.

Types of Surgical Diseases:

Homoeopathically Surgical Diseases are of two types:

1. True Surgical Diseases.
2. False or Non-Surgical Cases or So-called Surgical Cases.

True Surgical Diseases:

These are the conditions where **surgical aids are unavoidable**. Such as, fractures, dislocations, gaping of wounds, stab wound, gun-shot wound, road accident, extraction of foreign body from penetrated tissue, evacuation of effusion or collection of fluids from the body, severe degree of burns, peptic perforations, obstructed hernia, intracranial tumor, any tumor or growth producing pressure symptoms, congenital defects like cleft-palate, hare-lip, congenital megacolon, atresia of gut, prolapsed of some organ in greater degree, imperforate anus, imperforation of hymen causing concealed menstruation, adhesion of the parts, ankylosis, urethral stricture causing retention of urine etc. Here, the affected part requires surgical aids.

False or Non-Surgical or So-called Surgical Cases:

In any case where the **life is in immediate danger** and there is **no time for the medicinal actions**, **surgery** is the only way of treatment to protect the life.

But, when such **injuries involve the person as a whole ... requires dynamic remedial aids** to put

it in a position to accomplish the work of healing, such as violent fever following injury, lacerated muscles, tendon, blood vessels it requires to be removed by internal medicine, or where recurrent attacks of surgical case ... **then the services of the dynamic homoeopathic remedies come into requisition.** Those **organs are in pairs** like kidney, or those organs being unknown functions or apparently less significant are removed quickly when affected. This is the **dangerous folly of Surgery**, in modern medicine. That is why; the **appendix and the tonsils** (now a day's gallbladder, uterus, and unnecessary cesarean section etc.) are the main victims of the knife. ^[2]

Where changes **of the organ or system appear on the external parts** of a person those do not arise from any external injury, or the existing external cause is too trivial to produce such illness. These cases **having internal cause, due to dynamic changes**, such as boils, abscess, carbuncle, stye, tarsal tumor, cellulitis, warts, piles, fistula, fissure, sinus, phimosis (some extend), erysipelas, sinusitis, chancre, bubo, condylomata, slight abrasion production of septic condition, cataract, polypus, peptic ulcer, epistaxis, ganglion, haematuria, tonsillitis, appendicitis etc. Here, **homoeopathy has full scope of treatment by acute or constitutional remedies.** ^[3]

Surgery and Homoeopathy:

Homoeopathy considers a dynamic form of disease with individual and holistic concepts. Who is diseased in the individual? That's not the parts of the body. So, if we try to **remove the diseased parts and think that the disease is removed or cured, is a wrong idea** that is prevailing in the minds of so called modern medicine.

Homoeopathy is not against the surgery. Surgery is an art and science by itself. Surgery is called forth in the conditions where medicines have limitation of its role, and where surgery is the aid, operation can cure and improve the condition of the patient.

In spite of these, homoeopathy could be offered as a **second line of treatment in pre-surgical and post-surgical conditions.** The surgery is necessary only to the extent that the parts injured require

mechanical aid whereby the external obstruction to cure is removed mechanically. Whereas, the **living organism also requires active dynamic aid, to put it in a position to restore to health and here homoeopathy is called** for on the basis of symptom similarity. When once it is established that surgery is necessary, there homoeopathy can play a vital role in reducing any complications that may arise as well as accelerating healing and recovery.

Successful surgery does not mean that the person is "cured". Surgery may remove a tumor or the obstacles, but the wrong which produces it, as the end product of dynamic disease ... still exist and those needs continue for homoeopathic treatment. **In such so-called surgical disorders**, our homoeopathy has an excellent role as the 'first line of treatment'.

Surgery is neither allopathy nor for homoeopathy; it all together is a separate branch of medical science for healing. The medicine and the surgery are often interdependent with each others. The study of surgery is necessary for a homoeopath, for:

1. **Differentiate a medicinal case** from an actual surgical case accordingly.
2. The elementary **(Non-complicated) surgical cases can be purely manageable** with homoeopathic treatment and major cases are to be directed to an expert surgeon.
3. There are many **complications arises due to surgical interference those are well managed by our homoeopathic treatment.** ^[4]

Homoeopathic Therapeutics in Surgical Cases:

There are **two scopes for homoeopathy in surgery**, in **pre-surgical cases** and in **post surgical cases.** We have good scope with homoeopathic medicines such as – before and after dental surgery, after immobilization of bone fracture or dislocation of bones, after episiotomy or cesarean section, or after any surgical incision, injury of muscles, tendons, cartilages, organs, nerves, vessels, skin etc. Few surgical homoeopathic medicines are mentioned here with their indications.

Arnica montana: Bruised soreness; close-wounds; injury of soft muscles fibers; muscles fibers not dam-

age or nor displace with associate of its characteristics.

Hypericum: Pain in sensory nerves, lock-jaw; convulsions⁺⁺; open-wounds; *injury of sensory nerves or spinal cord*, bruise or cut of sensory nerves; associated with its characteristics.

Rhus tox.: *Injuries of muscles or tendons, sprain of joints; due to pulling or stress of muscles*, associated with its characteristics.

Ledum: Punch with pointed instrument, even with pus formation. After taking the injection the part become severely painful, tender with pus cured by *Ledum 200*. *Injury of nerve by pointed instrument (Hypericum- bruise or cut of sensory nerves)*; associated with its characteristics.

Calendula: Injuries or by operation when parts are *bruised, cutting, broken with profuse pus⁺⁺* formation.

Ruta: *Injury in cartilages, bone having thin skin covering of the periosteum* like wrist, elbow, ankle, knee etc. *Pain feels only by rubbing on the part by the tip of the finger*; not by the pressure; associate with its characteristics.

Staphisagria: *Pain due to incision by a sharp instrument or pain due to forcefully opening of sphincters muscles for stretching with the help of stretcher for anus, urethra* etc.

Symphytum: *Fracture of bone, injury of eye-ball* associated with its characteristics.

Calcarea phosphorica: In *Sprain first Arnica* then *Rhus tox*; and then as *complementary Calc. phos*.

Few specific application of Homoeopathic remedies in surgical cases: *Arnica, Hypericum* maybe remember before and after dental surgery; *Symphytum* may we think after immobilization of bone fracture or dislocation of bones; *Hypericum* after episiotomy or cesarean section; or *Arnica, Hypericum, Staphisagria, Rhus tox., Ruta* etc. maybe uses after any surgical incision; for injury of muscles, tendons, cartilages, organs, nerves, vessels, skin etc.

Common uses of potencies:

All injury remedies are commonly used in 30CH, 200CH, 1M CH, 10M CH potencies, as per the interpretation of the demand of the degree of susceptibility of the patient in individual cases.

CONCLUSION

For managing the emergency of the life of the patient, **Surgical intervention** save the life, no doubt prolonging the life-legibility also, but actually **Surgical aid** can manage the **result of the disease** not the beginning ... the **sickness** those are still there ... in-spite after surgery also; whereas **Homoeopathy treat the sickness and restore the sick to health** permanently. In **pre-surgical or post-surgical cases**, we should fulfill the needs of the uses of the **Auxiliaries measures** like dressing, immobilization etc. and then we the Homoeopaths must select the **Specific Homoeopathic Remedy in individual case**, by the specific indications of **similia** both with the patient and the remedy. Whereas in cases of **So-called Surgical diseases** we must go through the **Constitutional Homoeopathic Treatment following the Homoeopathic Therapeutics Laws and Principles of Cure**, and see the **success**, accordingly.

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Role of Homoeopathy in Surgical Cases

Dr. P Padhy , Dr. Navisha Khatoon , Dr R Mondal

ABSTRACT

Homoeopathy, a holistic system of medicine, has gained recognition for its role in different health conditions, along with surgical cases. This article elaborated the relationship between Homoeopathy and surgical diseases. It discusses the scope and advantages of Homoeopathy in surgical cases, highlighting its potential to manage certain conditions and assist in post-operative care. However, it's essential to accept the limitations and demerits as well of homoeopathic system. Understanding the role of Homoeopathy in surgical cases offers a holistic approach to healthcare, promoting patient-centric care and potentially improving outcomes.

INTRODUCTION

Surgery has long been a heart-stone of modern medicine, offering definitive solutions for a wide range of health conditions. But the invasive nature of surgical procedures comes with inherent risks and complications. In recent years, there has been a growing interest in complementary and alternative medicine, and Homoeopathy has emerged as an essential contender in the management of surgical cases. Homoeopathy, which was founded by Samuel Hahnemann in the late 18th century, is based on the principle of "like cures like" and treats patients with highly diluted substances that, in larger doses, would produce symptoms similar to the illness being treated. This article explains the efficacy of Homoeopathy in surgical cases, examining its principles, scope, merits, limitations, and potential impact on patient outcomes.

Surgery ¹

Surgery is an art. It is that branch of medicine which is concerned with the repair, removal or replacement of the diseased tissue; in other words, any cutting, suturing and repairing of human tissues for his betterment.

Types of surgery ¹

- a. Elective surgery

- b. Emergency
- c. Exploratory surgery
- d. Therapeutic surgery
- e. Amputation
- f. Reconstructive surgery
- g. Cosmetic surgery
- h. Excision
- i. Transplant
- j. Laser surgery
- h. Microsurgery etc.

Surgical conditions treated by: ¹

Surgery is used to both as a treatment, and as an aspect of treatment, for many conditions, including:

Physical trauma, e.g. wounds, Anatomical abnormalities, Disorders of function, Inflammation, Ischemia and infarction, Metabolic disorders, Neoplasia, Other abnormalities of tissue growth, e.g. cysts, hyperplasia or Organ hypertrophy, as well as some cancers, Brain damage and nerve damage.

Surgical Diseases in the light of Homoeopathy: ²

From a Homoeopathic perspective, surgical diseases are often seen as a manifestation of an underlying imbalance in the body's vital force. Rather than merely addressing the physical symptoms,

Homoeopathy aims to identify and treat the root cause of the condition to cure the disease. Some surgical conditions that Homoeopathy may cure include:

1. Gallstones and kidney stones: Homoeopathic medicines may help manage symptoms associated with gallstones and kidney stones, such as pain and digestive disturbances, while supporting the body's natural ability to dissolve or eliminate the stones.
2. Pilonidal Sinus: Homoeopathic treatment can aid in reducing inflammation, promoting drainage, and preventing recurrent abscesses in cases of pilonidal sinus.
3. Varicose Veins: Homoeopathic remedies can alleviate symptoms like pain, swelling, and discomfort in varicose veins, and they may also support overall venous health.
4. Anal Fistula: Homoeopathy may relieve the discomfort and pain associated with anal fistulas and assist in the healing process.
5. Neurofibroma- various types of neurofibroma can be treated by homoeopathy without surgical interventions.

Homeopathy offers long lasting to permanent cure, treating the disease from its roots, for most of the ailments. Homeopathy is the most rational science with respect to its concepts of health, disease and cure. Homeopathy does not treat superficially by just driving away the symptoms but heals the patient from within.

Homeopathy often avoids surgery, prevents complications. Surgery eliminates the ultimate of the disease and not its cause. But this ultimate becomes a foreign matter which is an obstacle to cure & the complete recovery is not possible unless this obstacle is removed. So surgery does not deal with something unknown which is residing in the body and which cannot be located. But in case of injuries caused to the body from without, the surgical treatment is necessary only to the extent that the parts injured require mechanical aid whereby the external obstruction to cure is removed mechanically. But in such injuries also the living organism requires active dynamic aid to put it in a position to restore the organism to health and homoeopathic treatment is called for. On one hand surgery can play an important role

in medicine since some conditions such as congenital deformities, structural problems, severe injuries, or life-threatening pathological conditions are simply not treatable without it. Homoeopathic surgery is that form of treatment where the so-called surgical cases can be averted, managed completely or helped in the pre-operative & post-operative stages with homeopathic medicines only. Surgery, at best, is an unpleasant process. Not only does the surgical wound cause pain, but general anaesthesia causes its own side effects. Once it is established that surgery is necessary, homeopathic remedies can play a vital role in reducing any complications that may arise as well as accelerating healing and recovery.¹

Role of Homoeopathy in Surgical Diseases: ³

Homoeopathy's role in surgical diseases primarily revolves around two aspects: pre-operative and post-operative care.

1. Pre-operative Care: Homoeopathy can prepare patients for surgery by reducing anxiety, improving overall health, and optimizing the body's healing mechanisms. Remedies such as Arnica montana are often used to minimize surgical trauma and post-operative pain.
2. Post-operative Care: After surgery, Homoeopathy can assist in wound healing, reduce inflammation, and manage pain without the need for excessive painkillers. Remedies like Calendula officinalis can promote faster recovery and reduce the risk of complications.

Homeopathic remedies can help: ¹

Many medicines can be used in emergency conditions and prevent surgical interventions. Such as:

1. It reduces fear and anxiety prior to go surgery - Aconitum napellus, Gelsemium,
2. If surgery posses the potential for a large loss of blood- Arnica montana
3. Stop Post-operative Bleeding - Cinchona officinalis, Ipecacuanha, Secale cornutum
4. In cases of Nausea and Vomiting - Phosphorus, Ipecacuanha, Arsenicum
5. Constipation - Arnica, China, Raphanus
6. Phase Out Flatulence - Carbo vegetabilis,

- Cinchona officinalis, Colocynthis, Raphanus
7. Swelling, stiffness, pain, bruise and soreness - Ledum palustre, Rhus toxicodendron, Arnica, Calendula, Staphysagria
 8. Abortion or Miscarriage - Ignatia 30C, every four hours
 9. Caesarean Section or Episiotomy - Staphysagria 30C or Bellis perennis 30C, every four hours.
 10. Dilation and curettage (D & C) - Belladonna 30C, every 4 hours
 11. Hysterectomy - Causticum 30C, every four hours
 12. Orthopedic Surgery - Ruta 30C, Calc. Phos 6X
 13. Scarring - Thiosinaminum 6X

Scopes of Homoeopathy in Surgical Cases: ⁴

- a. Individualization: it is the most uniqueness of our Homoeopathy. We treat each patient as a unique individual, considering their physical, mental, emotional state and totality of symptoms. This personalized approach can lead to more effective and targeted treatment.
- b. Aspect of Non-Invasiveness: Homoeopathic remedies are non-invasive, making them a valuable complement to surgical interventions. They can enhance healing, reduce complications, and improve overall recovery.
- c. Giving Post-operative Support: Homoeopathy excels in managing post-operative pain, swelling, and wound healing. Patients often experience a faster recovery and reduced reliance on conventional pain medications.
- d. Prevention of Recurrence: In certain surgical conditions, Homoeopathy may address the underlying causes, potentially preventing the recurrence of the condition.

Limitations of Homoeopathy in Surgical Cases: ⁵

- a. Severity of Conditions: Homoeopathy cannot be suitable for life-threatening surgical conditions that require immediate surgical intervention.
- b. Lack of Scientific Evidence: Some critics argue

that Homoeopathy lacks scientific evidence to support its effectiveness in surgical cases, leading to skepticism among medical professionals.

- c. Complementary approach: Homoeopathy should be seen as a complementary approach to surgery, not a replacement for it. Surgical consultation and intervention is essential when necessary.

CONCLUSION

The role of Homoeopathy in surgical diseases, offering both scope and limitations. Its unique approach and ability to support pre-operative and post-operative care make it a valuable addition to the healthcare system. The integration of Homoeopathy into surgical diseases can lead to increases patient outcomes, reduced complications, and a more holistic approach to healthcare.

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An Overview of the Homoeopathic Perspective of Surgery

Dr. Kapil Das, Dr. Nabanita Debnath

ABSTRACT

Surgery is important to be taught in Homoeopathy because it teaches the management of common Surgical Procedures. This article reviews the conceptual underpinnings of homoeopathy in respect to surgery. Some pre and post operative indication for homoeopathic medicines has also been highlighted. Homoeopathy is an individualized therapeutic system which can provide a complete annihilation of the disease in its whole extent, in the most harmless way and also can avoid surgical intervention in certain instances, if administered properly.

Keywords: Surgery; Pre-operative Indication; Post-operative Indication; Homoeopathy; Homoeopathic Medicines.

INTRODUCTION

Homeopathy acknowledges the importance of surgery in addressing specific health issues. However, Homeopathy suggests that even after undergoing surgery, certain problems may persist. Therefore, in Homeopathic practice, the preference is to explore medicinal treatment as the initial approach. Homeopathy has demonstrated remarkable success in some cases, potentially eliminating the need for surgery. It has proven beneficial not only before surgery but also in post-operative recovery by promoting healing and aiding in speedy recuperation. There's a wide range of Homeopathic medicines available for patients. While it's generally recommended to avoid food and drink before surgery, there haven't been reported issues with taking Homeopathic medicines before the procedure. Homeopathy places great emphasis on its principles and laws when prescribing medicines, focusing on the totality of characteristic symptoms. It prioritizes symptoms expressed by an ailment. In Homeopathy, medication selection, dosage, and potency are individualized. Some remedies are specific for certain illnesses and can be highly effective in various patients. These remedies target specific body organs and symptoms. For

post-operative remedies, it's important to consider factors like age, gender, and dosage, despite the principle of specificity.¹

Homoeopathic Viewpoint

Homeopathy is a scientifically grounded, rational, secure, fast, and remarkably efficient approach to healing. It provides enduring or even permanent relief by addressing the root causes of many illnesses. Homeopathy stands out as the most logical science in its understanding of health, illness, and the process of recovery. It doesn't merely superficially alleviate symptoms; instead, it fosters internal healing within the patient. The remedies are meticulously crafted from natural substances according to specific standards and function by activating the body's innate healing abilities.²

Since surgery is an integral part of medicine, Dr Hahnemann has not left it untouched. He has very clearly advocated use of surgery in certain conditions, as manifested from his references in Organon of medicine.

- § 7 - We find a clear statement of the duty of physician, also of the necessity of the mechanical surgical procedure. In this

aphorism, Dr Hahnemann has explained that exciting or maintaining cause (causa occasionalis) has to be removed to cure a case. When this cause occasionalis is something mechanical, it has to be removed manually by surgery. Every intelligent physician would first remove this where it exists; the indisposition thereupon generally ceases spontaneously.^{3,4}

- § 186 – Here, he has discussed the concept of Local Diseases. Which is called Local if it be very trivial, and it is of no great moment. For the case of severe injuries accruing to the body from without where the whole living organism sympathizes - The treatment of such diseases is relegated to surgery along with internal homoeopathic medicine.^{3,4}

Significance of Surgery

- Surgery and Homoeopathy: One cannot replace the other, but one can complement the other without any harm according to the understanding of Homoeopathic Principles.³
- It often happens that homoeopathic treatment will not cure the case until surgery steps in to remove the impediment, and this, too, in both acute and chronic diseases.⁵
- Surgery comes into play when the Physiological changes cannot be brought back to normal position by medication.³
- Surgery is required when even after a Homoeopathic cure, pathological changes remain.³
- Thus, surgery is immensely needed and cannot be dispensed with in many cases, such as Fractures.³

Homoeopathic Approach

In certain cases, Homoeopathic medicine avoids surgical intervention if handled with proper direction. There are many studies available which show beneficial results of homoeopathy in surgical cases. Various surgical conditions like Appendicitis,^{6,7} cholelithiasis,^{8,9} large renal calculi^{10,11} etc., were managed successfully with homoeopathy in some cases. In one study, a patient with diabetic gangrene who was advised to undergo surgical am-

putation was managed effectively with individualized homoeopathic medicine.¹²

Homoeopathy can be beneficial in true surgical circumstances where the conventional medical system of medicine might offer nothing less than surgery.¹³

Homoeopathy in Pre and Post Surgery

Even at its best, surgery is an unpleasant procedure. Pain is caused by both the surgical wound and the adverse effects of general anesthesia. Homoeopathic treatments can be extremely helpful in minimizing potential risks as well as hastening healing and recovery once it becomes apparent that surgery is required.²

Some literature studies show beneficial results of homoeopathy in post-surgical instances, these are,

- A randomized clinical trial indicates that homoeopathic medicine, i.e., *Arnica montana* could reduce post-operative blood and seroma collection in women undergoing unilateral total mastectomy.¹⁴
- A meta-analysis revealed that homoeopathy can reduce the duration of ileus after abdominal or gynecologic surgery, indicating in favor of the use of homoeopathy to treat post-operative ileus.¹⁵
- Individualized classical homeopathy may have a role in the climacteric syndrome and comorbidities after surgical menopause.¹⁶

Homoeopathic surgery is a type of medical care in which the so-called surgical cases can be avoided, entirely treated, or assisted in the preoperative and postoperative phases using exclusively homoeopathic medications.²

Pre-operative Medicines^{2,3}

- Arnica - Pain: For the preventive treatment of pain to lessen the pain
- Argentum Nitricum - Pain anguish before the operation going to the toilet again and again
- Aconite and Gelsemium - Reduce fear and anxiety prior to surgery

Post-operative Medicine ^{2,3,17}

- Allium Cepa- Phlebitis after forcep delivery
- Arnica- Trauma, Haematoma
- Calendula- Supuration in Abscess
- Ledum Pal- Punctured wound relieved due to heat.
- Hypericum- Nerve Injury, Spinal Anaesthesia (Puncture in nerve)
- Raphanous- Post operative gas pain
- Staphysagria- Retention of urine after an operation. Pain due to sharp cuts. Pain after lithotomy.
- Strontia – chronic sequelae of hemorrhages, after operations with much oozing of blood and coldness and perspiration.

CONCLUSION

A physician must be well-versed in surgery in order to make informed decisions about when to refer patients to a surgeon and recognize surgical emergencies. Surgery and homeopathy are distinct approaches and can complement each other when used judiciously.

CONFLICT OF INTEREST

None.

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Outlook of Surgery in Homoeopathy

Dr. Sujeet Lal, Dr. Ranjita Gupta

ABSTRACT

The article that follows provides a brief review of surgery in relation to homoeopathy as well as a list of the many surgical and non-surgical disorders for which homoeopathic therapeutics are given.

Keywords: Surgery, Homoeopathy, Local disease

INTRODUCTION

Surgery- It is that area of medicine that deals with cutting, suturing, and mending human tissues in order to repair, remove, or replace diseased tissue.

Homeopathy is a comprehensive medical approach that treats the patient as a whole, recognizing that “no external ailment, not due to some particular outer injury, can arise and maintain its place, or even grow worse, without inner cause and inner involvement of the entire organism (which is consequently ill).” It also acknowledges that there is no such thing as a local disease. They could not manifest at all, and the individual is internally sick both before and during it, without the participation of the rest of the living whole (that is, of the vital principle permeating all the other perceiving and reacting elements of the organism). With regard to its principles of health, disease, and cure, homeopathy is the science that makes the most sense. Homeopathy treats the sufferer from the inside out rather than just masking the symptoms.¹

Importance of Surgery in Homoeopathy as stated in ‘Organon of Medicine’ by Dr. Samuel Hahnemann²

Since surgery is an integral part of medicine, Dr Hahnemann has not left it untouched. He has very clearly advocated its use in certain conditions, as manifested from his references in Organon. §186- He has discussed the concept of LOCAL DISEASES here. Which is called Local if it

be very trivial, and it is of no great moment. If our body is subjected to any external injury, then the body reacts as a whole eg. in the form of fever. *The treatment of such diseases is related to surgery when affected parts require mechanical aid to remove external obstacles to cure.* Eg.

- Reduction of dislocations (‘by needles’ in 6th edition)
- By bandages to bring together the lips of wounds (‘by mechanical pressure to still the flow of blood from open arteries’ in 6th edition)
- By extracting foreign bodies that have penetrated into the living parts
- By making an opening into the cavity of the body to remove an irritating substance.
- By reducing and fixing the fractured bones.

All the above-explained cases and many more require mechanical aid, but these may also be combined with Homoeopathic Medicines due to the following reasons:

- When in such injuries, the whole living organism required active dynamic aid to put it in a position to accomplish the work of healing.

E.g.

- Violent fever resulting from extensive contusions, lacerated muscles, tendons and blood vessels must be removed by medicine

given internally.

- When external pain of scalded or burnt parts needs to be Homoeopathically subdued.

In the above cases, the services of the dynamic physician and his helpful homoeopathy come into requisition.

Surgery, however, can be essential in some situations as a means for preservation of life and a patient who refuses an operation, even when the pathology requires it, is a danger to himself and his physician.

For instance, the most urgent cases, where danger to life and imminent death do not allow time for

a homeopathic remedy to act. This would include life threatening situations such as, severe injuries and accidents, congenital deformities, suffocation, asphyxiation, injury from lightning, freezing, and drowning etc.

Homoeopathy in pre and post-surgery:^{3,4,5}

- Surgery, at best, is an unpleasant process. Not only does the surgical wound cause pain, but general anaesthesia causes its own side effects.^λ
- Once it is established that surgery is necessary, homeopathic remedies can play a vital role in reducing any complications that may arise as well as accelerating healing and recovery.^λ

Disorder	Primarily recommended remedies
Preparing for surgery	In uncomplicated cases: Acon, Arn, Calen, Hyper, Nux-v, Phos, Staph In complicated cases, individual homeopathic treatment is necessary.
Fear, anxiety, nervousness, acute distress, sleeplessness	Acon, Arg-n, Arn, Ars, Coff, Gels, Ign, Phos, Puls, Op, Sil, Spig
Pain after operation	Acon, All-c, Arn, Bell-p, Cham, Coff, Hyper, Led, Mag-p, Staph, Rhus-t
Nausea, vomiting, gastritis	Ars, Ip, Nux-v, Phos
Constipation, diarrhea, distension, flatulence	Alum, Bry, Nux-v, Op / Aloe, Ars, China, Podo / Carb-v, China, Lyc, Op, Raph
Shock, collapse, coma	Acet ac, Camph, Carb-v, Stront-c, Sul-ac, Verat alb,
Hemorrhage	Arn, Calen, China, Ferr-m, Ferr-p, Ham, Ip, Lach, Mill, Phos,
Anesthesia and side effects of drugs	Acetic acid, Carb-v, Cham, Nux-v, Phos
Wounds, scars, sepsis	Arn, Calen, Hep, Hyper, Lach, Led, Pyrog, Staph, Thiosin
Thrombosis	Apis, Ars, Both, Lach, Nat-s, Vip
Bedsore, decubitus	Arn, Calen, China, Fl ac, Graph, Hyper, Hydr, Lach, Led, Sul ac, Zinc
Surgical fevers	Acon, Arn, Ars, Bapt, Bell, Bry, Echi, Ferrum p, Gels, Hep, Lach, Merc, Nux-v, Puls, Pyrog, Rhus-t, Sulph, Verat v
Bronchitis, pneumonia	Aether, Ant-t, Bell, Bry, Ip, Kali-bi, Phos

Urinary troubles	Acon, Arn, Ars, Bell, Berb, Canth, Caust, Hep, Hyper, Mag-p, Merc c, Nat-m, Puls, Tritic
Paralytic or postoperative ileus	Arn, Carb-v, Op, Nux-v, Plb, Raph
Lack of reaction	Carb-v, Psor, Sulph (Carc, Tub)
Weakness and prostration	Ars, Carb-v, China, Muriaticum acidum (constitutional prescribing)

CONCLUSION

The source of complaints on the external parts, which have not been caused by any outer injury, lies in some internal malady and to pass them off as merely local ailments and to treat them exclusively or almost exclusively with local applications or other such means, as if they were wounds, is as absurd as its results are pernicious.

Dr. B. K. Sarkar⁶ in his commentary on Organon, has made this point very clear in simple words, “what comes from within must be treated from within & what comes from without must be treated from without.

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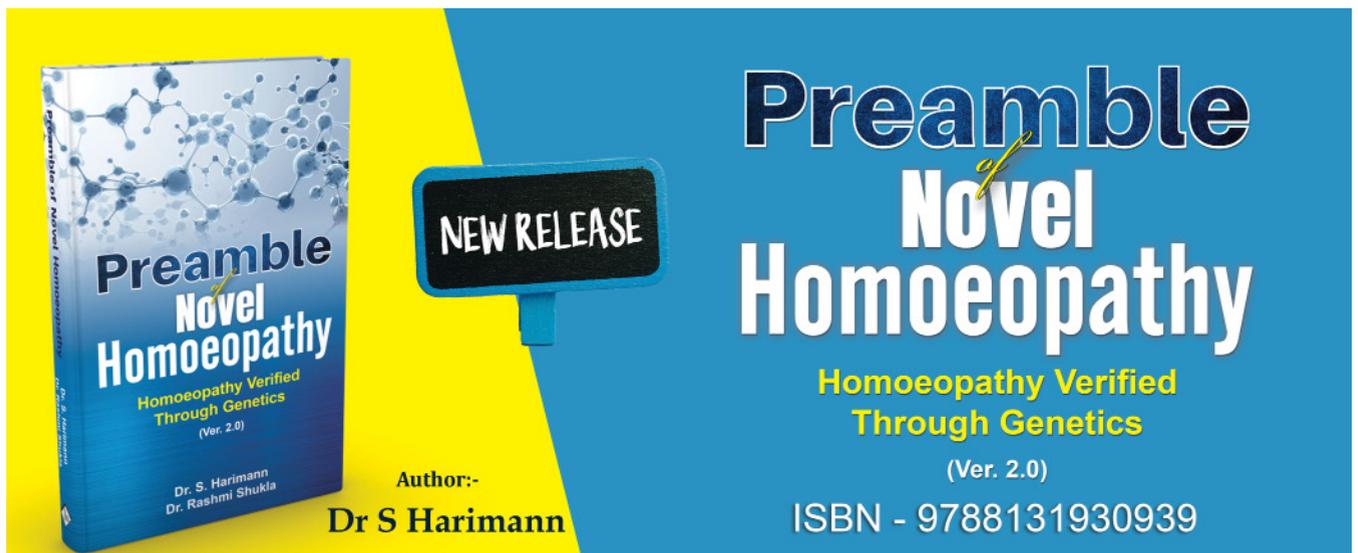
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Fibroadenosis of Breast and its Homoeopathic Management

Dr. Madhu Kumari, Dr. Vikash Kumar

ABSTRACT

Fibroadenosis, also known as fibrocystic breast disease, is the most typical benign breast condition that results in persistent breast pain. The only known treatments in conventional medicine are anti-inflammatory drugs, which only offer momentary relief, or surgical removal, which results in scarring of the breast tissue.

Keywords: Fibroadenosis, Homoeopathy, Symptom management, Individualized treatment

Abbreviations: OCP - Oral contraceptive pills.

INTRODUCTION

The most prevalent benign type of breast disease, fibrocystic breast disease, can cause breast lumps, nodules, and breast pain. As a symptom, mastalgia is the most prevalent. It is linked to a 50% increased risk of breast cancer.^{[1][2]} Also known as hormonal mastopathy, fibrocystic disease, and mammary dysplasia. From menarche through menopause, there is an aberration of physiological changes that take place in the breast. The stroma, ducts, and lobules of the breast are the primary breast tissues that are susceptible to fibrocystic alterations caused by hormonal changes.^[3]

It is a condition that depends on estrogen. It most frequently occurs in the breast's upper and outer quadrants. The breast stroma and epithelium overreact to hormones and growth factors, causing this condition. In ovulating, nulliparous, and OCP-using women, it is uncommon.^[2]

EPIDEMIOLOGY

It primarily affects people in their third to fifth decades of life and is caused by an excessive response of breast tissue to cyclical hormonal fluctuations. Approximately 41-69% of females experience periodic mastalgia. Breast pain that persists for more than five days in a cycle occurs in 25-30% of individuals. In their reproductive years, almost 90% of women have some fibrocys-

tic alteration.^{[1][4]}

TYPES

Fibrosis - This tissue is fibrous and resembles scar tissue. To touch, it has a rubbery, stiff, or hard feeling.^{[5][6]}

Cyst- These are sacs that contain fluid. Cysts that are too small to feel called microscopic cyst. These may develop into macrocysts, which can range in size from 2.5 to 5 cm (1 to 2 inches).^{[1][7][8][9]}

PATHOGENESIS

- Fibrosis:** Increased connective tissue growth is a result of fibrosis. Less fat and elastic tissue is present, and plasma cells, which are chronic inflammatory cells, may be present.
- Cyst formation:** Cyst development is caused by the compression of the ductules brought on by fibrosis. It is a retention cyst as a result. The cyst contains a dark mucoid substance and may leak serous fluid or fluid with a green tint through the nipple. Consequently, it is known as breast fibrocystic disease. Cysts can be single, numerous, and limited to one, several, or all of the lobes. They are called microcysts.
- Adenosis:** An essential characteristic of fibroadenosis is the proliferation of the acini and glands.
- Epitheliosis:** Although fibroadenosis is

not a precancerous condition, it might be classified as such if there is a greater degree of epitheliosis. The acini are where epithelial hyperplasia is most common.

5. **Papillomatosis** and apocrine metaplasia of the epithelium lining cystic cavities are the additional characteristics. No premalignant alterations are thought to exist.^{[3][7][10]}

Microscopic Changes

Stromal fibrosis

Microcyst formation

Glandular Proliferation (Adenosis)

Hyperplasia (epitheliosis) - in ducts and acini

Papillomatosis - within the ducts, often with apocrine metaplasia.^[11]

STAGES:

- I. Stromal proliferation or, Hyperplasia
- II. Adenosis (increased glands)
- III. Cyst formation.^[8]

CAUSE

1. Genetic
2. Age
3. Hormone Therapy
4. Diet
5. Hormonal changes.^{[6][7][9]}

SYMPTOMS

- Breast tissue can become sensitive or swollen as a result of breast swelling fibroadenosis.
- Breast Lumps are numerous, tiny, rounded, rubbery lumps in the breast tissue.
- The typical colour of nipple discharge is green.^{[6][7][8][12]}

EXAMINATION OF BREAST

Inspection:

Breast, nipple.

Palpation:

Breast, nipples and lymph nodes.^{[3][8][11][13]}

CLINICAL EXAMINATION

- Thumb and finger can feel a rough, sensitive, lumpy texture.
- Numerous, erratic, firm, palpable nodules, particularly in the upper outer quadrants.
- It's possible to get a serous or green-colored nipple discharge.^{[3][8][9][13]}

INVESTIGATIONS

- ULTRASONOGRAPHY
- FNAC
- MAMMOGRAPHY.^{[10][11]}

MANAGEMENT

1. Ice packs
2. Warm compresses
3. Gentle massage
4. Support to breast
5. Iodine supplementation^{[1][2][9]}

CASE WITNESSING PROCESS FOR FIBRO-ADENOSIS PATIENT

During case taking a detailed information collected about-

1. Onset
2. Course
3. Duration
4. Location
5. Size
6. Consistency
7. Mobility

ASSOCIATED SYMPTOMS

- Pain- Location, sensation, radiation, severity & triggers.
- Overlying skin: Redness, ulcer, itching.
- Nipples: Discharge/bleeding.
- Other side/site: Armpits, groins and neck.

ALARMING SYMPTOMS

- Constitutional Symptoms: Fever, Malaise, Night sweat, Chill, Wt. loss.

- Metastatic Symptoms: Brain, Lung, Liver

HISTORY

- Past Medical History: Any disease, Medication if any, Allergy, etc.
- Obstetrical History: Abortion, Delivery, etc.
- Family History: Any type of Cancer, Tuberculosis, etc.
- Social History: Smoking, Alcohol, Drug abuse, domestic life and situations (Stress, Anxiety, Trauma, Grief), etc.

MIASMATIC BACKGROUND

It covers miasm Psora and Sycosis according to Dr Herbert A. Roberts, Dr Subrata kumar Banerjee, Proceso Sanchez Ortega, R.P Patel.^{[14][15][16][17]}

HOMOEOPATHIC APPROACH FOR THE FIBROADENOSIS PATIENT

1. Essence through life situation
2. Totality
3. Keynotes
4. Miasmatic prescribing
5. Constitutional prescribing
6. Modality

RUBRICS:

Rubrics from Kent Repertory^[18]:

[Kent] [Chest] TUMOURS: Mammae:

Carb-an, Con, Cund, Kali-i, Lach, Phos, Phyt, Sang, Sec, Sil

[Kent] [Chest] HYPERTROPHY OF: Mammae:

Calc, Con, Phyt

Rubrics from Murphy Repertory^[19]:

INDURATION, breasts: acon., agar., agn., alumn., ambr., anan., apis, arist-cl., arn., *Aster.*, *Aur.*, aur-s., bar-c., *Bar-I.*, *Bell.*, bell-p., *Bry.*, bufo, *Calc.*, *Calc-f.*, calc-i., calc-p., **CARB-AN.**, *Carb-v.*, *Carbn-s.*, carc., **CHAM.**, chim., *Cist.* *Clem.*, coloc., **CON.**, *Crot-h.*, *Crot-t.*, *Cupr.*, cycl., dulc., fago., *Graph.*, hep., *Hydr.*, *Iod.*, kali-c., *Kali-chl.*, *Kreos.*, *Lac-c.*, *Lap-a.*, *Lyc.*, *Merc.*, nat-m., nit-ac., *Phos.*, *Phyt.*, plb., *Plb-i.*, puls., *Rhus-t.*, ruta, sang., *scroph-n.*, *Sep.*, **SIL.**, spong., *Sul-i.*, *Sulph.*, *Thuj.*,

tub., ust., vip.

[Complete] [Chest] TUMORS: Mammae^[20]:

Aids, Arist-cl, Arn, Ars-i, Aster, Bar-c, Bar-i, Bell, Bell-p, Berb-a, Brom, Bry, Bufo, Calc, Calc-f, Calc-i, Calc-p, Calen, Carb-an, Carb-v, Carc, Cham, Chim, Cist, Clem, Con, Cund, Emer, Ferr-i, Fl-ac, Gnaph, Goss, Graph, Hecla, Hep, Hydr, Hyper, Iod, Kali-i, Lac-c, Lach, Lap-a, Lyc, Merc, Merc-i-f, Murx, Nit-ac, Phase, Phel, Phos, Phyt, Plb-i, Psor, Puls, Ros-b, Sabin, Sang, Scir, Scroph-n, Sec, Sil, Skook, Sulph, Tep, Terb-ox, Thuj, Thy, Tub

[Complete] [Chest] NODULES: Mammae^[20]:

Aego-p, Agn, Aids, Ars, Ars-i, Arum-t, Aster, Aur, Bar-c, Bell, Bell-p, Berb-a, Brom, Bry, Bufo, Calc, Calc-f, Calc-i, Calc-p, Calen, Carb-an, Carb-v, Carc, Cham, Chim, Chin, Clem, Coloc, Con, Croc, Croto-t, Cund, Cupr, Dulc, Eucal, Ferr-i, Fl-ac, Foll, Gali, Gnaph, Graph, Hecla, Hippoz, Hydr, Iod, Kali-c, Kali-m, Kreos, Lac-c, Lac-h, Lach, Lap-a, Lob-e, Lyc, Mag-p, Mang, Merc-i-f, Mobil-ph, Murx, Nit-ac, Orig, Phos, Phyt, Pitu-a, Plb-i, Psor, Puls, Rhus-t, Ros-b, Ruta, Sabin, Sanguin, Scir, Scroph-n, Sep, Sil, Squil, Sulph, Thuj, Thul-m, Thy, Tub

[Knerr] [Pregnancy, Parturition, Lactation] MAMMAE: Tumors^[21]:

Ars-i, Chim, Con, Kali-i, Lach, Phyt

[Knerr] [Pregnancy, Parturition, Lactation] MAMMAE: Enlargement^[21]:

Lac-c

HOMOEOPATHIC THERAPEUTICS^[22]:

1. **Conium Maculatum:** Mammae is firm, lax, and uncomfortable to touch. Nipples with stitches. Wants to firmly press hand against breast. Before and during menses, breasts swell and hurt.
2. **Phytolacca Decandra:** Mastitis; a tough and sensitive mammae. Breast tumors with enlarging axillary glands. Breast cancer. Hard, painful, and purple-colored breasts. Breast abscess. Pain spreads from the nipple throughout the entire body when a child nurses. Nipples have tiny sores and cracks. Irritable breasts both

before and after menstruation. Galactorrhoea.

3. **Asterias Rubens:** Swelling, indurated breasts. Arm and left breast neuralgia. Discomfort in the precordial muscles and under the sternum. Pain radiates from the inner arm to the tip of the little finger and feels like it is being dragged inward from the left breast. Even at the ulcerative stage, a cancerous mamma. Lancinating, sharp pain. Hard and twisted axillary gland swelling.
4. **Bryonia Alba:** During a period, breast pain. Breasts are hard, hot, and painful. Abscess of mammae.
5. **Calcarea Carbonica:** Swollen, hot breasts. Before menses, breasts are swollen and painful. Milk is overproduced and unappealing to children. Insufficient lactation in lymphatic women, along with enlarged breasts.
6. **Lapis Alba:** Persistent discomfort in the breast area. Hardening of the glands. Diseases of the glands, breast pain that is blistering and burning. In contrast to the stony hardness of Calc Fluor and Cistus, glands have a certain elasticity and malleability to them.
7. **Calcarea Fluorica:** For stony, hard glands, a potent tissue treatment. in the female breast, tough knots.
8. **Cistus Canadensis:** A powerful antipsoric treatment that works in depth and has noticeable effects in cases of glandular diseases, herpetic eruptions, chronic swellings, and excessive cold sensitivity. Induration of mammae.
9. **Scrophularia Nodosa:** Whenever swollen glands are present, a potent medication. Has a particular affinity for the breast; excellent for removing breast cancers. Breast nodules are present.
10. **Pulsatilla:** Before puberty, female breasts may develop lumps or a thin, milk-like fluid may escape. Poor milk supply. Nipple affinities. Every time the child is placed to the breast, the mother weeps; the discomfort travels to her neck, chest, or lower back and shifts location. Lochia turns milky white when milk is abruptly repressed. Galactorrhoea, especially in mothers who do not breastfeed their kids. The breasts enlarge after weaning.

DISCUSSION AND CONCLUSION

Homeopathy targets the underlying source of the issue by stimulating the glands to create the necessary quantity of hormones. Homeopathic treatments are thought to be secure and efficient in resolving the patient's problems on a natural level by triggering the immune system. Homeopathy can also help the damaged breasts' blood flow and lymphatic drainage while progressively shrinking lumps, potentially preventing the need for surgery. Additionally, a correctly chosen constitutional homeopathic treatment might improve the patient's general health, perhaps reducing tumor size, stopping tumor growth, and avoiding further tumor or cancer recurrence.

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“An Observational Prospective Study on Effectiveness of Homoeopathic Management in Food Allergy – A Symptomatological Approach”

Dr Anjali S, Anagha S.M

ABSTRACT

Background: A food allergy is an unfavorable reaction with an immunological basis that develops after exposure to a particular food on a regular basis. When the immune system is unable to develop or maintain oral tolerance to specific dietary proteins, food allergies develop. **Objectives:** To study the effectiveness of homoeopathic management in food allergies. **Methods:** An Observational Prospective Study which is conducted at Alva's Homoeopathic medical college and Hospital, Mangalore during the year 2022-2023. 30 patients were selected based on purposive sampling based on inclusion and exclusion criteria. Erlangen symptom score was taken as assessment scale in which all symptoms of the patients were collected before and after the treatment. Dr. J.T. Kent's repertorization was used to calculate totality. The improvement following therapy was evaluated using a paired t test based on the assessment scale. **Results:** All sorts of food allergies can be treated safely, gently, and effectively with homoeopathy's symptomatological approach. After treatment, this study's use of the Erlangen symptom score revealed a considerable change. After receiving symptomatic homoeopathic treatment, the patient improved. **Conclusion:** It is determined that the homoeopathic symptomatological method is highly efficient in treating food allergies.

Keywords: allergy, Erlangen symptom, food poisoning, homoeopathy, idiosyncrasy.

INTRODUCTION

Food allergies are described by the National Institute of Food Allergy and Infectious Disease (NIAID) as “adverse health effect arising from specific immune response that occurs reproducibly on exposure to given food”¹. Even a small amount of the food that causes the allergy can induce symptoms, and in some people, a food allergy can result in severe symptoms or even a potentially fatal reaction known as anaphylaxis.¹

The prevalence of food allergies has increased. Its prevalence has been rising along with income growth and lifestyle modifications. Despite the fact that food allergies are more common among youngsters, they can occur at any time. According to the WHO, between 220-550 million people worldwide have food allergies. India has a 4.5%

prevalence of adult food allergies. Urbanized areas tend to have more of it than rural areas do¹.

Food intolerance and food allergy are distinct conditions. Food intolerance is the inability of the body to properly digest consumed food or the possibility that a specific food may aggravate the digestive tract. There are only digestive system-specific symptoms. Food allergies can presently not be entirely cured, despite promising prevention and therapy measures being developed. The best way to avoid major health effects from food allergies is to identify them early and learn how to manage them, including which foods to avoid.

People are more likely to develop IgE-mediated allergies, including food allergies, if they have certain genetic and physiological characteristics. True food allergies involving an aberrant immune

response to one or more particular foods are IgE-mediated food allergies. These hypersensitive reflexes are immediate. Food sensitization is more likely to happen in infancy or early childhood, although it can and can happen to vulnerable people at any time in their lives, those consumed early in life and those high in protein are more likely to cause sensitization.¹ IgE Activation on eating foods like eggs, milk, peanuts, fish, soy, shellfish, and wheat can help identify food allergies, affects about 65% of individuals with clinically proven allergies.^{10, 20, 11, 12}

Relation of Organon of Medicine in Allergy

In the aphorism 117 Master Hahnemann states that, "To the latter category belong the so-called idiosyncrasies by which are meant peculiar corporeal constitutions which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which seem produce no impression and no change in many other individual. But this inability to make an impression on everyone is only apparent. The obvious derangements of health in the so-called idiosyncrasies cannot be laid to the account of these peculiar constitutions alone, but they must also be attributed to these things that produce them, since two things are required for the production of these as well as all other morbid alterations in the health of man, namely, the inherent power of the influencing substance, and the capability of the vital force that animates the organism to be influenced by it. It must have the ability to have the same effects on all human bodies while doing so in a way that only a tiny percentage of people with healthy constitutions tend to allow themselves to be brought into such a clearly sick condition by them. The fact that when used as remedies, these agents effectively treat all sick people for morbid symptoms similar to those they seem to only be capable of producing in so-called idiosyncratic individuals demonstrates that they actually have this effect on every healthy body."^{16, 17}

Idiosyncrasies are oversensitivity to one or a small number of items, *according to Kent* in his lectures. Chronic idiosyncrasy resulting from chronic miasm and acute idiosyncrasy resulting from acute miasm are both possible. In some ways, this oversensitivity explains why if the susceptibility to the remedy is absent, the patient won't be receptive

enough to be healed. There are people who are oversensitive to high potencies, oversensitive in taste, and many other things. They are sensitive to everything, not just a select few or one thing. The patient was born into this constitutional state. There are certain people whose sensitivity will only become apparent when you go from the nutritional plane to the dynamic plane. It does not apply to patients with weak constitutions who are generally more susceptible and easily moved by minor irritations. An extremely significant vulnerability is generated if there is something missing or if there are imbalances brought on by morphological abnormality or hormonal disease. Because of their strong susceptibility to one or more things that are violently aggregated under the influence of a small amount of perfect homeopathic medicine or a medicine that also produced the same oversensitivity to that specific thing during the proving, some chronic idiosyncratic patients suffer from their illnesses until they pass away. Inborn and learned idiosyncrasies are the two categories into which idiosyncrasy is further divided. The most challenging kinds, according to Kent, are those that are congenital and those that result from poisoning. Psora, according to him, is what causes these peculiarities.^{14, 17}

According to Stuart Close, an idiosyncrasy is a habit or characteristic that is unique to an individual's organism. A hereditary or acquired quirk of the constitution renders the person morbidly susceptible to some agent or influence that would not have such an impact on others. Some individuals exhibit a morbid sensitivity to substances and influences that are not considered to be therapeutic. For instance, some people are unable to consume milk, butter, lipids, peaches, apples, and potatoes. "The fundamental cause of every idiosyncrasy is morphological unbalance; this is an organic state in which excess and defect in development lead to excess and defect in function, with a corresponding degree of hyper excitability or non-excitability," according to the definition given by the World Health Organization. Idiosyncrasy is frequently the solution to a challenging issue for a homeopathic physician. They can be considered modalities or even generic expressions of the patient's peculiarity, such as aggravations from onions.^{18, 17}

According to JH allen: Idiosyncrasy can be brought on by specific foods or beverages. For instance, eating particular sea foods or shellfish might trigger urticaria. Other examples include strawberries, asparagus, and oatmeal. Honey frequently caused urinary and renal problems. He claims that idiosyncrasy and propensity are inextricably linked and difficult to distinguish from one another.¹⁷

According to J.N. Kanjilal defines idiosyncrasy as a peculiar mix of a corporeal constitution that is normally entirely healthy but is astonishingly and occasionally harmfully highly sensitive to some particular stimuli. It's important to distinguish between the terms "susceptibility" and "idiosyncrasy" from "hypersensitivity". All living things have sensitivity as a fundamental and universal characteristic. Hypersensitivity is the term used to describe any overuse of this faculty, regardless of the source of the stimuli or any distinct and definite kind of reaction.¹⁷

Materials and Methods

30 patients have been collected from Alvas Homeopathic Medical College, Hospital, Mijar's Peripheral Centers, Rural Health Camps, and Medical Camps.

Inclusion Criteria

- Cases of known food allergies
- Any age ranges
- All sexes

Exclusion Criteria

- Patients receiving homeopathic treatment for other illnesses
- People who currently receive treatment for food allergies
- Patients enduring anaphylaxis

Selection of tools

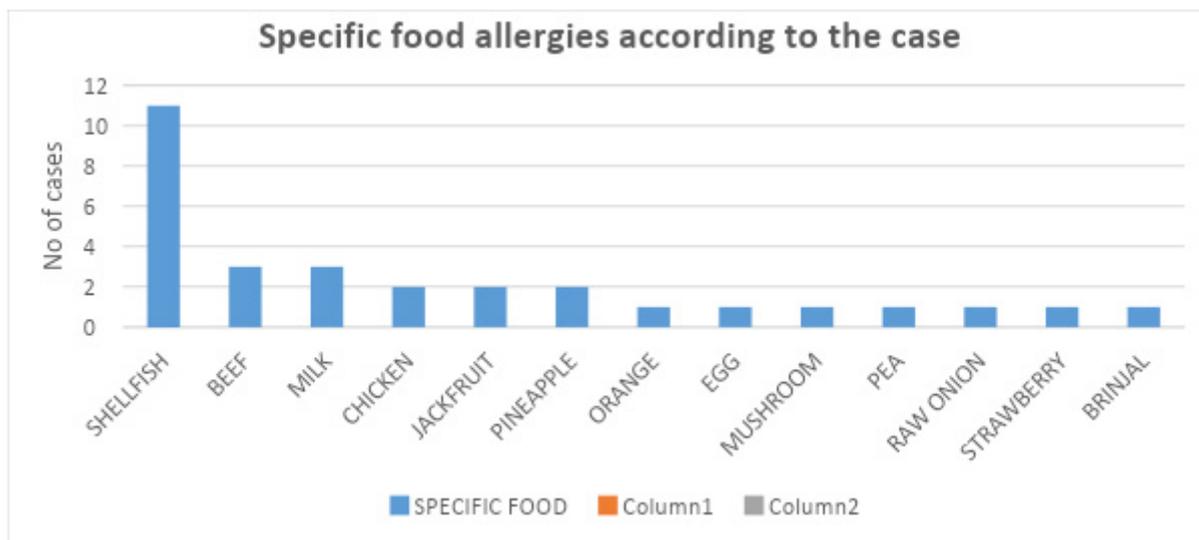
Case taking, physical examination, and necessary investigation are completed; assessment criteria are used to determine the case's prognosis; study type is prospective observational study; sample

size is 30 cases. Purposive sampling was used as the sample technique and as the sample design, according to the inclusion and exclusion criteria.

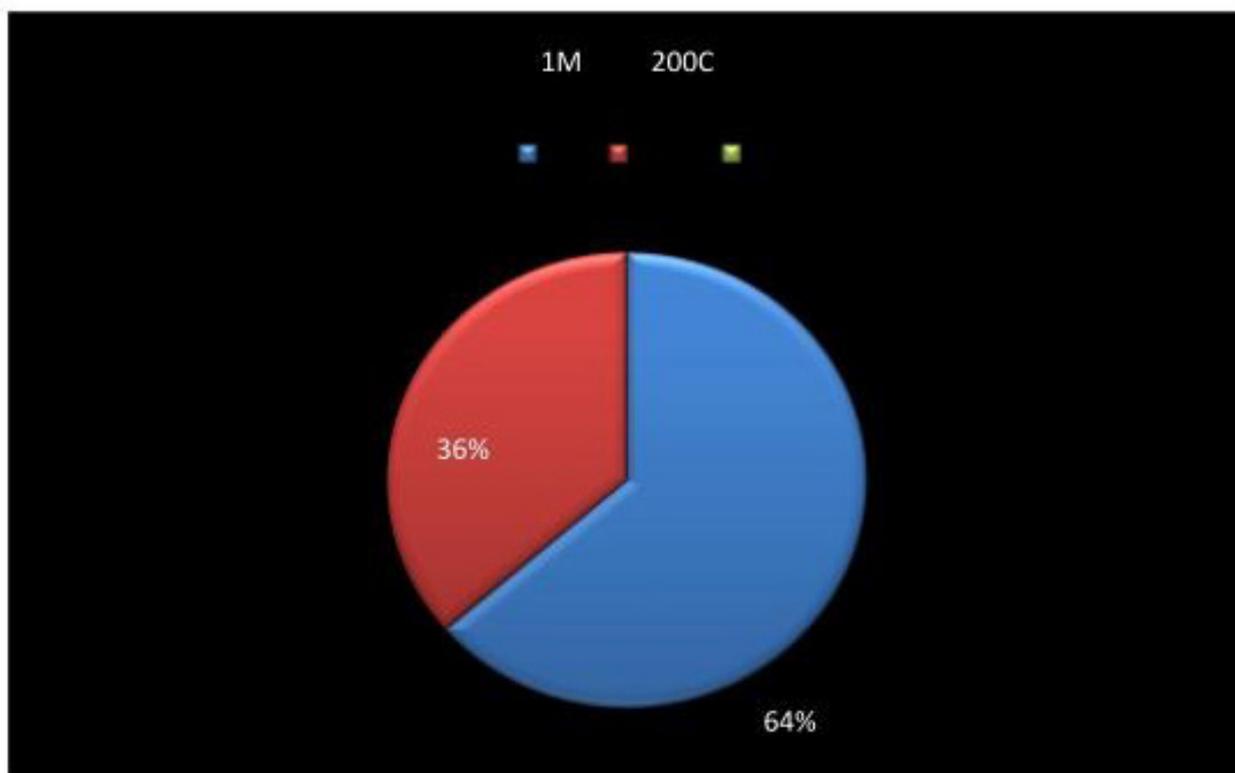
Brief of procedure: According to inclusion and exclusion criteria, 30 participants are chosen who have any known food allergies. Before taking the oral challenge test, respondents gave their consent. The oral challenge test is regarded as the gold standard for determining food allergies that are both IgE-mediated and non-IgE-mediated. This benefits in both detecting and keeping track of food allergies. A little amount of a suspected meal was administered, and the presence of food allergy symptoms and indicators were monitored. The physician recorded all signs and symptoms after administering the potential food allergen. Subjects received a larger dose of the same food if there were no noticeable symptoms. The observation phase took three to four hours. The food challenge was terminated as soon as an adverse reaction became apparent. The majority of responses were benign and modest. Homeopathic similimum was prescribed based on the whole range of symptoms. Depending on the requirements of each patient, the oral challenge test was repeated and examined for evidence of reactivity in every follow-up. Every two weeks, all of the patients underwent reviews in which the subjective and objective changes were recorded in accordance with the assessment criteria. Paired t-test was the statistical method utilized. At the end of three months, assessment was based on the intensity and severity of symptoms as measured by the Erlangen symptom score.

Results

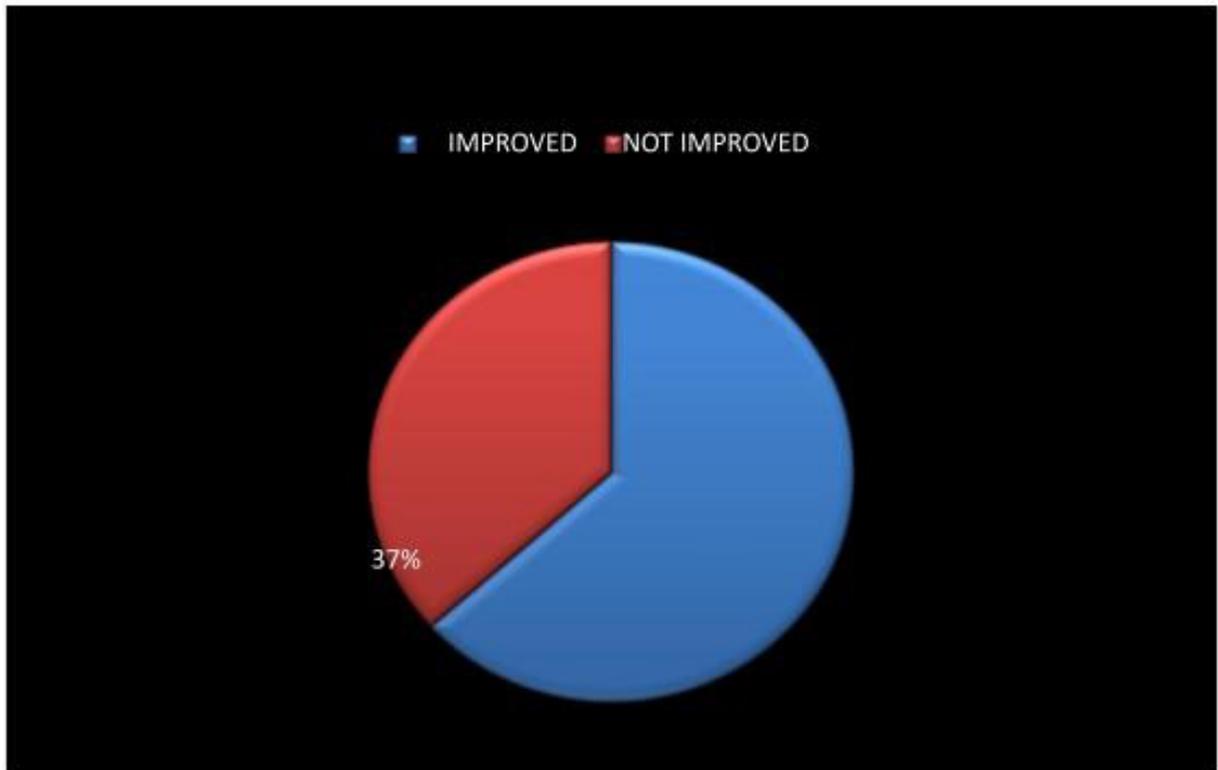
The study was conducted on 30 patients with food allergy enrolled from the OPD, IPD conducted by Alva's homeopathic medical college with prior ethical clearance from the institution, based on the totality of symptoms including physical and mental generals, a homeopathic remedy was being selected. Erlangen symptom score was used to assess the improvement among patients. After prescription it was noticed that majority of the patients have shown good prognosis.



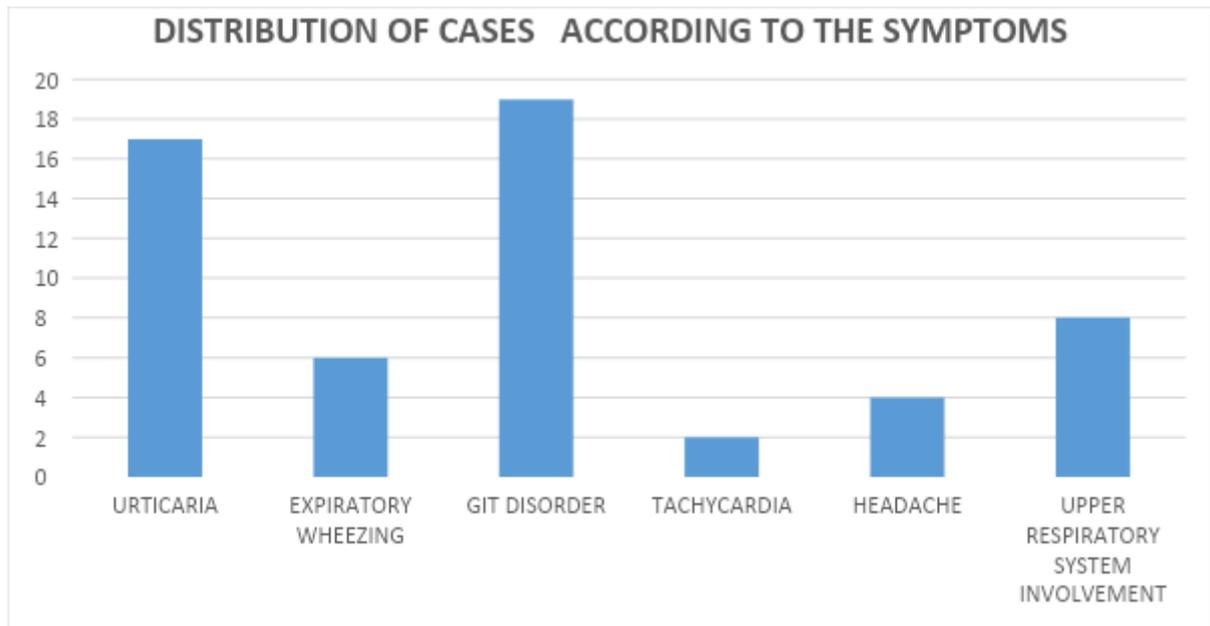
Out of 30 cases studied ,13 types of food allergies were observed with highest being shellfish allergy with 11 cases (36%)



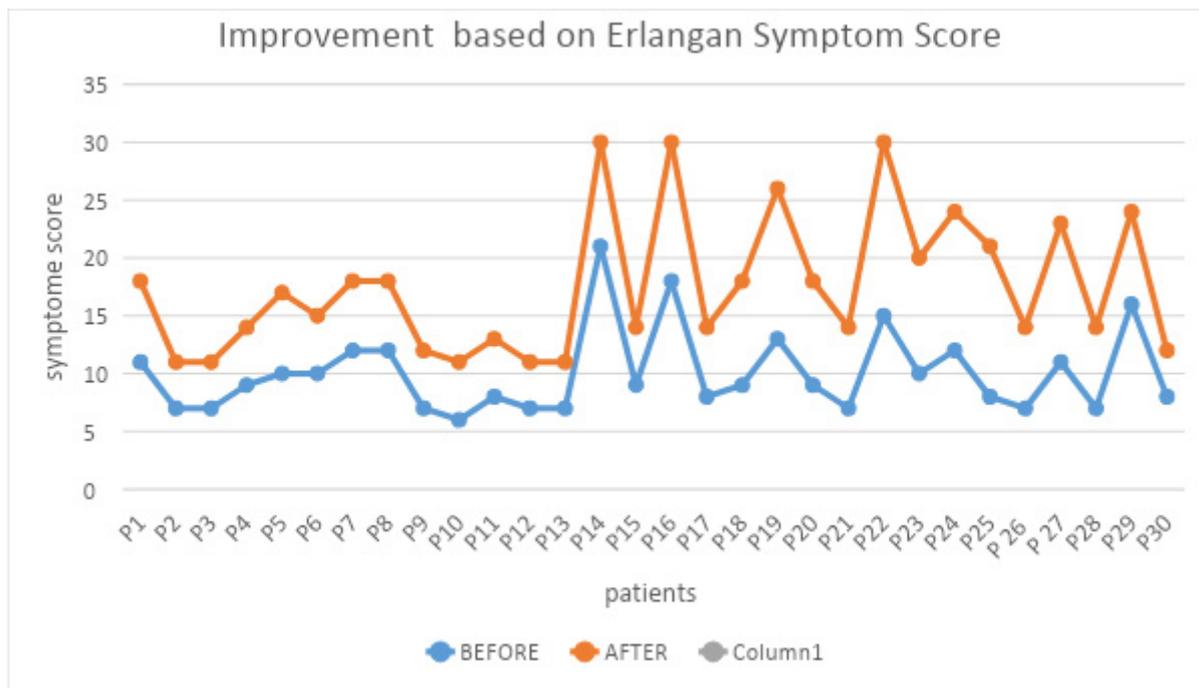
In this study out of 30 cases , 12 cases were improved with 1M potency (64%) and 7 were improved with 200C potency (36%)



In this study , out of 30 cases 19 were improved and 11 cases were not improved

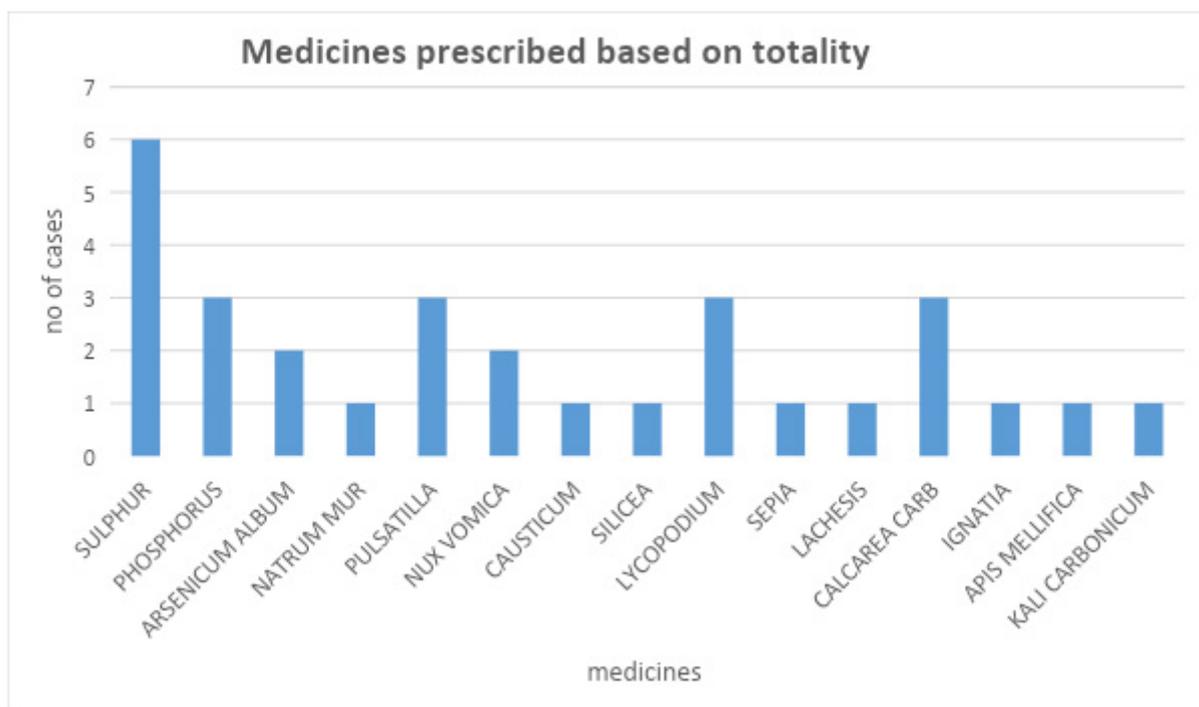


In this study , out of 30 cases different manifestation of food allergies were seen with GIT disorder (39%) being highest



In this study with 30 cases differences in Erlangen symptom score has been shown after treatment. Statistical analysis of Erlangen symptom score shows significant changes after the treatment as P value is less than 0.01. The two – tailed P value equals 0.0002

The calculated T value is 4.3036.



In this study out of 30 cases, different homoeopathic medicines were given with sulphur being highest, 6 cases (20%)

DISCUSSION

The homoeopathic system offers a unique method of treatment. It takes into account the whole individual, not just the disease. One of the guiding concepts of homoeopathy is individualization. In order to perform the study, I chose choices regarding treatment based on the overall severity of the symptoms and their similarities

The majority of cases had concerns including urticaria, GIT problems, headaches, and many others. A homoeopathic treatment was chosen after thorough examination of 30 instances, based on the totality of symptoms, including both physical and mental generals. The Erlangen symptom score was used to assess patient improvement. Following prescription, it was observed that the majority of patients had positive prognoses. Approximately 63% of cases had significant improvements based on the Erlangen symptom score evaluation, while 37% had no changes based on the Erlangen symptom score assessment. After examining 30 cases, discovered that patients' susceptibilities are high and moderate. As a result, the potencies are chosen based on the patients' susceptibility. Susceptibility-based potencies of 1M and 200C were assigned.

CONCLUSION

Homoeopathy acknowledges the uniqueness of every patient or circumstance. The goal of the entire examination of the patient is to identify not only the general or common aspects but also the unique and specific symptoms that set this case apart from others in its broad class. We have the option to treat food allergies in homoeopathy based on their constitution. According to homoeopathy, allergens are a reflection of the disruption in the patient's healing system, and homoeopathic treatments are chosen based on the patient's symptoms and characteristics.

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Homoeopathic Drug Proving on Sick: First Step Towards a Model

*Dr Manpreet Kaur, Dr S M Singh, Dr Pankaj Aggarwal,
Dr Vandana Gambhir, Dr Chaturbhuj Nayak*

RESULTS

A total of 139 symptoms were obtained from 30 sick individuals during the follow-ups which were categorized in the 'Symptoms Compiling Proforma' [Table 4] as given in TABLE 6.

TABLE 6: NUMBER OF SYMPTOMS IN EACH CATEGORY

Categories of symptoms	Number of symptoms
Symptoms observed as disappeared/ameliorated	92
Symptoms observed as appeared/aggravated	47
Symptoms observed as re-appeared (old symptoms)	5
<i>Symptoms which appeared in one or more of these categories</i>	4

Then, verification of these symptoms done from three source books (as mentioned above), was recorded in the 'Proforma for clinical verification of the symptoms' [Table 5]. The results obtained from this proforma were classified into the following categories of symptoms as given in TABLE 7.

TABLE 7: NUMBER OF SYMPTOMS IN EACH CATEGORY

SYMPTOM CATEGORIES	NUMBER OF SYMPTOMS
I. Verified Symptoms	
1. Sources with which verified	
A. Symptoms verified from one or more of the three source books	97
B. Symptoms verified from all the three source books	55
II. Categories of symptoms	
2. Symptoms observed as appeared/aggravated and verified from one or more of the three source books	31
A. Symptoms observed as disappeared/ameliorated and verified from one or more of the three source books	59
B. Symptoms observed as re-appeared and verified from one or more of the three source books	3
C. Symptoms which appeared in one or more of categories-appeared/aggravated, disappeared/ameliorated, re-appeared and verified from one or more of the three source books	4
II. Unverified Symptoms (Symptoms verified from none of the source books)	42
III. Symptoms observed in more than two patients	11

DISCUSSION

So far, a bulk of pathogenetic symptoms of *Pulsatilla nigricans* have been obtained from its drug proving on the healthy individuals [*Materia Medica Pura*¹⁰ - 1154 symptoms, *Hering's Guiding Symptoms*¹² - 1231 symptoms, *Allen's Encyclopedia*¹¹ - 1323 symptoms]. But only a few of the stalwarts including Hering, Lippe and Clarke have worked on obtaining its pathogenetic symptoms from sick individuals. The present study has focused on obtaining its pathogenetic symptoms from the sick individuals, based on Hahnemann's guidelines, which is itself a great contribution to the profession.

A total of 139 symptoms have been obtained from 30 sick individuals, as recorded in the 'Symptoms Compiling Proforma' [Table 4]. Out of these, 92 symptoms are observed to *disappear/ameliorate*, 47 symptoms are observed to *appear/aggravate* and 5 symptoms are observed to *reappear* from the past history [Table 6] after the administration of *Pulsatilla nigricans*. Thus, the symptomatology obtained belongs to the pathogenesis of *Pulsatilla nigricans*. There are 4 symptoms which appeared in one or more of these categories [Table 6]. This indicates their importance as the symptoms belonging to the pathogenesis of *Pulsatilla nigricans*. Though Hahnemann (in his *Chronic Diseases*) and Hering (in his *Guiding Symptoms*) have recorded symptoms of the medicines from the sick individuals, but in those works, no such categorization of the symptoms obtained is seen. This makes the present work different from the works done on proving on sick individuals earlier.

The verification of symptoms obtained in 'Symptoms Compiling Proforma' [Table 4] was recorded in the 'Proforma for clinical verification of the symptoms' [Table 5]. The symptoms verified from one or more source books have been designated as *clinically verified symptoms* and the rest have been designated as *new clinical symptoms*.

The number of *clinically verified symptoms* obtained were 97 [Table 7]. These c (mentioned above). The maximum number of symptoms in this category were obtained under the sections of 'Menstruation', 'Lower Extremities' and 'Nose', which are 10, 9, and 7 respectively. Furthermore, out of 97 symptoms, 31 symptoms were from the

'appeared/aggravated category', 59 symptoms from the 'disappeared/ameliorated category', 3 symptoms from the 'reappeared category' and 4 symptoms were obtained in one or more of these three categories [Table 7]. Also, there were 55 symptoms which have been verified from all the three source books [Table 7], indicating their importance as being the most verified symptoms of *Pulsatilla nigricans* obtained in this study.

The number of *new clinical symptoms* obtained were 42 [Table 7]. These comprise of the symptoms from all the three categories (appeared/aggravated, disappeared/ameliorated, and reappeared). These symptoms have been obtained due to the administration of *Pulsatilla nigricans* but have not been documented as a part of its pathogenesis in any of the source books. *These are considered to be a contribution and end point of this study.* Having obtained from sick individuals, these symptoms give us a preliminary idea about the miasmatic value of *Pulsatilla nigricans*. The maximum number of symptoms in this category were obtained under the sections 'Lower Extremities', 'Face' and 'Sensations and complaints in general', which are 12, 6, and 5 respectively [Table 5]. In the section 'Face', most of the symptoms relate to skin lesions over the face. A majority of the symptoms in the section of 'Sensations and complaints in general' relate to pain in multiple joints.

In the 'Proforma for clinical verification of the symptoms' [Table 5], the maximum number of symptoms were obtained under the section of 'Lower Extremities', i.e. 21. The next in order came the section of 'Menstruation' in which 14 symptoms were obtained. Following these were the sections of 'Mind', 'Mouth' and 'Upper Extremities', where 8 symptoms were obtained in each. Furthermore, it can be seen that most of the symptoms have been obtained in a single patient, and a few were observed in more than one patient [Table 5]. The symptoms observed in more than two patients were considered significant in the study, which were 11 in number. The symptom observed in the greatest number of patients was 'General weakness', i.e. 6 patients. This symptom was observed in all the three categories, i.e. appeared/aggravated, disappeared/ameliorated and reappeared symptoms. The next in order were the symptoms, 'decreased appetite' (observed in

the categories, appeared/aggravated and disappeared/ameliorated) and 'decreased thirst' (observed in disappeared/ameliorated category), each obtained in 5 patients. The more the number of patients in whom a symptom is observed, the more it stands clinically verified.

Limitations: The study did not record: (1) sequence of appearance and/or disappearance of the symptoms, (2) time of taking the dose(s) of *Pulsatilla nigricans* and time of disappearance/appearance/reappearance of symptoms after that, (3) duration of time after which each symptom disappeared after administration of *Pulsatilla nigricans*, appeared and persisted after administration of *Pulsatilla nigricans*, and reappeared and persisted after administration of *Pulsatilla nigricans*, (4) constitution and temperament of the patients, (5) lab investigations related to the symptoms obtained, (6) nosological nomenclature of the symptoms obtained. Short period of follow-up was another constraint of this study.

CONCLUSION

The research method put forth in this study [Figure 1] is one of the first pieces of research to empirically demonstrate a methodology for conducting clinical drug proving, working on the footprints of Hahnemann himself. This methodology has displayed a new method of verification of symptoms which consists of verification of the symptoms obtained from the patients with the old proving records of a medicine. This methodology has proved to be significant in obtaining more symptoms for the pathogeneses of *Pulsatilla nigricans*. Similarly, if used for more homoeopathic medicines, such methodology will help to add more to the pathogeneses of the homoeopathic medicines. This would, in turn, help in expanding the clinical applicability of homoeopathic medicines.

The results from this study have great implications for the field of homoeopathic drug proving on sick human beings (clinical drug proving). The inferences drawn in this work are applicable and extended to the academicians and researches in the field of homoeopathy who have the interest to do further research in the branch of homoeopathic drug proving on sick human beings.

Future Research Perspectives: (1) To design a similar study: (a) taking a larger sample size of all ages, both genders and different constitutions, (b) incorporating the usage of modern investigatory techniques; (2) To obtain clinical symptoms by the observant physicians at their clinical set-ups; which would help in collecting a large number of pathogenetic symptoms of the homoeopathic medicines from their patients. (3) To include a component in the procedure for homoeopathic drug proving on the healthy individuals that, those provers who are found unfit for proving during the pre-medical examination, can be enrolled into a batch for drug proving, as sick human provers. (4) To do miasmatic analysis of the symptoms obtained from the sick individuals, by comparing the symptoms obtained from the sick with the symptoms of the three chronic miasms (psora, syphilis and sycosis), so that the chronic miasmatic state of these symptoms would be displayed. Thereafter, by taking into account the number of symptoms belonging to each miasm, the miasm to which maximum number of symptoms belong can be considered as the dominant miasm of the administered medicine. In this way, the miasmatic background of our medicines can be found out, clinically.

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CONFLICTS OF INTEREST: None

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This work involved so many patients, to whom we are very grateful. In particular, all the persons who were interviewed for this project gave generously of their time, answering virtually every question without demur. This work is about what

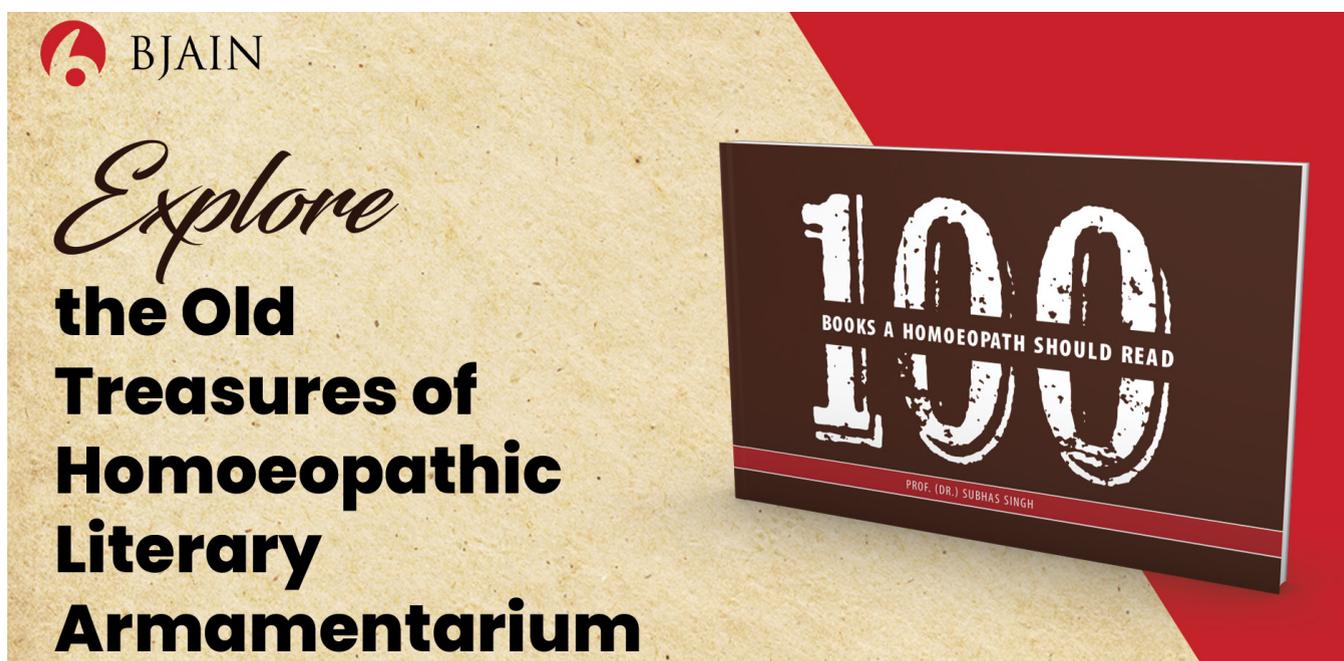
we learned from them.

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Some Common Errors by Homoeopathic Physician

Dr. Satyam Kumar, Dr. Akanksha Kumari, Prof. (Dr.) Subhas Singh

ABSTRACT

A homoeopathic physician raises questions: Why don't our results meet our expectations consistently? Moreover Why, after all, does the seemingly suitable remedy not always work? Errors result during homeopathic practice either by the patient or pharmacist and the most commonly occur by a homeopathic physician. Here some common errors that are committed by homoeopathic physicians in daily routine are dealt with in detail. Guidelines given by Master Hahnemann and famous disciples of homeopathy regarding how to cope with the error are mentioned which will help to take homeopathy ahead and will be beneficial for mankind.

Keywords: *Error, Homoeopathy, Hahnemann, Physician*

INTRODUCTION

A homeopathic physician chooses a single remedy in the smallest dose possible in a potentized form in accordance with the law of similars¹. A physician who chooses a remedy based solely on the hazy suggestions of the repertories and quickly eliminates one patient after another is referred to as a «bungler,» as he or she does not deserve the dignified title of «true homeopath» and must frequently switch remedies until the patient loses patience².

The current generation is characterized by both a strong excitement for homeopathy and, regrettably, a strong departure from the fundamentals of homeopathy. And this is not what we would call development. Physicians frequently prescribe quickly and devote less time to a case than is necessary, disregarding the principles of homeopathy, as they are under pressure to deliver results, delight patients, and perform. We should know that failures will educate us more than successes, yet we are not learning from our failures. Don't be so arrogant as to refuse to acknowledge our errors³.

Views Of Stalwarts

Hahnemann: In fact, a physician cannot make a more serious error than first, to view as small the

doses that I (driven by experience) have decreased after numerous trials and that are recommended with every antipsoric remedy. Second, choosing the wrong remedy, and third, hastiness to give each dose without giving it sufficient time to work properly^{2,4}.

H.A. Robert: We are familiar with many of the basic homeopathic rules and apply them. Unfortunately, we lack such accurate measuring tools to determine what is obstructing our treatments. As a result, we don't always get the same effects from our remedies as we might if we used the large arsenal of remedies and the collection of information and experience amassed by successful homeopathic students since the time of Hahnemann⁵.

P. Ramanlal Patel: Failures, in my opinion, are the cornerstones of success. Failures result from a lack of understanding of all facets of homeopathy. It takes years of not only diligent but also wise work to study homeopathy in depth. Failures will occur as a result of one's lack of knowledge, indifference, desire for ease, and stubbornness in trying to comprehend the science, art, and philosophy of homoeopathy³.

Some Common Errors by Homoeopathic Physicians

The greatest source of error of all in Homoeopathy is the “**Defective physician**”. It is due to

- Errors in Case taking
- Errors in the analysis of the case
- Errors in the choice of remedy
- Errors in prescription
- Errors in the selection of potency
- Errors regarding doses
- Errors regarding changing medicine
- Errors in follow-up
- Errors regarding diet

Errors in case taking

- When the patient is explaining his issues, do not interrupt him until he starts a completely unrelated or unwanted conversation. In § 87 Questions that are «leading» are not permitted⁶.
- In accordance with Pierre Schmidt's recommendations, an interrogation should go as follows⁷:
 - Avoid asking, do you have grief?
 - Ask about the most difficult time you have had in your life.
 - Don't ask, do you have consolation amelioration?
 - Ask: What impact does consolation have on you?
 - Some patients look for consolation, while others despise it. According to Pierre Schmidt, consolation is not a symptom that should be included in the repertory. And the reason Kent placed it there was because he was forced to comply with what everyone else was saying.
 - In other situations, such as when a patient has sciatica or a severe headache and consolation improves, you can think the amelioration caused by consolation to be very strange. This is quite fascinating. Pulsatilla might enter at that point because it is both unexpected and out of the ordinary.
 - Avoid asking, do you like Namak or sweets?
 - Saying «Yes, I like salt or sweets» is insufficient when a patient expresses a desire. This is not a symptom because some individuals salt

their soup before even tasting it and certain patients who, due to their love of sweets, can never leave their pockets without a piece of sugar, chocolate, or something else delicious. This is a desire and a craving.

Errors in the analysis of the case

Pathognomic and non-pathognomic symptoms should be separated during analysis. By way of illustration, consider a patient who has tuberculosis and is coughing, malnourished, sweating, etc. So, list everything that has to do with diseases on the left side. Note any symptoms on the right side that are unrelated to a specific disease, such as a patient with tuberculosis preferring vinegar or a patient who is intolerant to fats. Why has this tuberculosis patient, who generally likes fat a lot, turned against them? In a homeopathic prescription, this non-pathognomic symptom will be useful. Younger generations nowadays are more drawn to prescribing based on symptoms of disease than they should be, which is a serious error⁷.

Errors in the choice of a remedy

The incorrect remedy selection for the treatment of chronic illnesses (the non-homeopathic selection of the medicine) causes the homeopathic beginner to commit error primarily through impreciseness, a lack of sincerity, and a love of simplicity².

Approach for a choice of remedy²

- Start by investigating the patient's overall health, the underlying cause, to the extent that it can be remembered, and the cause of the diseases' persistence in his way of life, his state of mind, soul, and body, together with all of his symptoms (as per Organon instructions).
- The physician should carefully find a remedy covering, as closely as feasible, all instances, or the most striking and distinctive ones, with their peculiar symptoms.
- He shouldn't rely solely on any of the repertories because these books can never completely eliminate the requirement for him to conduct his research at the primary sources; they can only provide a few general suggestions of a similar remedy.

Errors in prescription

Prescriptions should not be made unless you are confident in the chosen treatment, especially in the case of chronic diseases. The second-best remedy, according to Kent, should be prescribed if you are unsure about the suggested treatment. You are committing an error if you are giving a profound constitutional remedy to a patient who is too ill to tolerate it and needs only a merely palliative remedy⁸.

Errors in the selection of potency

- If the doctor gave high potency to a patient who is terminally ill or who has obvious pathological changes, which cause the vital force to become aggravated beyond its capacity, (If he has done this and the patient's condition is getting worse, he must administer an antidote)⁸.

Errors regarding doses

- **Nothing is lost if the dose is given even smaller than Hahnemann had prescribed².**
- Precaution -
- Small doses can be taken if the patient avoids anything in their diet and mode of life that would interfere with or counteract the effects of the medication.
- If the antipsoric was homoeopathically chosen correctly and in accordance with the carefully investigated symptoms and if the patient does not disturb its effects by his or her violation of the rules, a small dose of medicine will still produce all the positive effects that can even remotely be expected from a medicine².
- **Errors regarding hastily changing medicine²**
- When treating chronic diseases, the error that a homeopathic physician cannot avoid is giving some other medicine in the mistaken belief that such a small dose could not possibly operate and be of use for more than **eight or ten days**.
- If once a medicine, selected in a correct homeopathic manner, is acting well and usefully, which is seen by the **eighth or tenth day, then an hour or even half a day** may come

when a moderate homeopathic aggravation again takes place.

- Although the good results won't fail to manifest, they might not be at their peak before the **twenty-fourth or thirty-first** day in cases with really tedious diseases.
- **By the fortieth or fiftieth day**, the dose will likely have lost all of its beneficial effects; administering any further doses before that point would be unwise and could hinder the healing process.
- As a result, a physician must allow all antipsoric remedies to work for **30, 40, or even 50 days** in chronic diseases if they continue to improve the diseased state visibly to an acute observer, even though they do so gradually for as long as the recommended doses are taken, and these effects must not be disturbed or countered by any new remedy.

Errors in follow up⁸

- Physicians error while looking for the action of Herring's Laws of Cure.
- He makes a mistake in not giving the «second-best remedy», i.e., Sac. Lac. Thereby, he occasionally loses the patient's trust as a result, especially if they are used to taking plenty of medicines.
- The physician must be aware of the substances that prevent our various medicines from working, such as coffee with Nux vom. or acids with Acon.

Errors regarding diet^{2,6,8}

- When you have a patient in an *acute* and very serious stage and his life is in danger, if he craves something, give it to him (except in cases of mental alienation). But in *chronic cases*, keep it away.
- In acute cases, patients desire food and drink that provide palliative relief. These foods and beverages must be strictly non-medicinal in nature, and they can be given to patients in moderation. For example, patients may desire cold water, open windows, to drink hot soup, go for a walk outside, or require a hot water bath. Such things are not applicable in the chronic case, as these are long-term requirements.

CONCLUSION

LET HOMOEOPATHY EXIST AND LET IT BE OF SERVICE TO YOU. We never stop learning in our profession; we need our patients and we learn from them. The Physician must study the Homoeopathic principles, Materia Medica, and Repertory until he learns what it is in sickness that guides him to the curative remedy.

A physician should be a keen observer in an unprejudiced manner by considering every patient new to him. Every patient is unique, and so does the management the patient demands, only the physician who knows where to see and how to see can identify his errors or errors in others. A physician who is calm, firm, and has a clear conscience always be able to correct his mistakes to make a complete homeopathic prescription in terms of medicine, dose and potency, diet, regimen, physical and mental hygiene, etc, whichever possibly can make an obstruction in curing the patient.

Committing errors is natural, but as a homeopathic physician, you should go through the Hahnemannian guidelines very well, which will make you a great physician.

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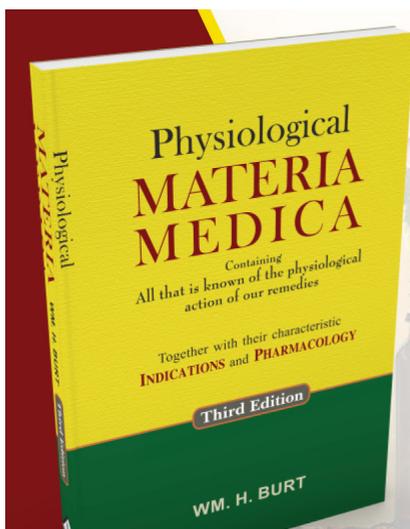
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PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT

- The book offers extensive knowledge about physiological and pathological actions of more than 200 drugs.
- Detailed description about the drug, its source, preparation of the medicine from the crude drug substance, its action upon the human body, affinity towards certain organs, toxicological effects and the characteristic therapeutics.
- Contains a detailed description about Classification of remedies on the basis of their sources, their action on various tissues and organs of human body.
- A brief description about the pharmacology and highlights its importance is also given.

Cystic Adnexal SOL Treated without Surgery- A Homoeopathic Case Report

Dr Madhusree Dutta, Dr Ashish Biswas, Dr. Sabyasachi Mukherjee

ABSTRACT

Removal of cystic adnexal space occupying lesion (SOL) is done by surgical interventions in modern conventional method of treatment even in cases where the underlying lying pathology is benign. The surgical interventions often lead to undesirable post operative complications which can be completely avoided by preferring to homoeopathic medicines. In this context, the article below is evidence based demonstration of a successful case of left sided cystic adnexal SOL which is possibly of left ovarian origin of a 37 year old women which was annihilated within 7 months by administration of potentised homoeopathic remedy- Pulsatilla nigricans, selected on the basis of totality of symptoms through proper miasmatic and repertorial analysis and authenticated with the ultrasonographic findings before and after treatment.

Keywords: Cystic adnexal SOL, case report, homoeopathic treatment, Pulsatilla nigricans.

INTRODUCTION

One of the most common gynaecological problems are adnexal mass which are growth next to the uterus, most commonly arising from the ovaries, fallopian tubes, or surrounding connective tissue and are mostly benign as suggested by large population based study⁽¹⁾⁽³⁾. There can be various underlying pathological causes, like leiomyomas, ovarian fibromas and other lesions including diverticular abscess, which can be detected from the history, physical examination, ultrasound, evaluation and selected laboratory tests including CA-125⁽²⁾. In order to rule out torsion, the initial choice of investigation for diagnosis of adnexal masses is ultrasound with doppler flow and the standard approach of the conventional modern medicine is explorative laparotomy even for the benign cases. These benign adnexal masses can be effectively managed by individualised homoeopathic medicines and help the patient to get rid of the unwanted post operative complications. This case report demonstrates how a case of cystic adnexal SOL, whose standard management is surgery, was treated successfully with homoeopathic medicines.

Case history

A 37 years old female, house-maker by occupation

presents to the out-patient department of Mahesh Bhattacharya Homoeopathic Medical College and Hospital with left iliac fossa tenderness and heavy menstrual bleeding for 4 or 5 years. Patient was under allopathic medication in the initial years of illness but the results were ineffective. So, she has discontinued the medications since last 1 year and is under homoeopathic medications since last 7 months. On examination, no palpable mass over abdomen on superficial palpation but on deep palpation there was slight tenderness. Whenever there is pain, the patient complains of chilliness which increases with the intensity of pain. The pain doesn't remain at one particular place and keeps on shifting.

Past history:-

Chicken-pox during childhood, treated at home and recovered without any further complications.

Measles during childhood, treated at home and recovered without any further complications.

Family history:-

Maternal history suggests hypertension.

Paternal history suggests type 2 diabetes mellitus and hypertension.

Personal history:-

Case Report

Nothing significant was noted.

Physical General:-

Appetite- Moderate, can tolerate hunger.

Desire- Sweets

Aversion- Nothing significant.

Intolerance- Nothing significant.

Thirst- Moderate to less. Patient has very less desire to drink water.

Tongue- Dry tongue

Urine- No abnormal detected.

Stool- Regular and clear. No abnormality detected.

Sleep and dreams- disturbed in the first of the night but sound sleep in the morning during waking hours.

Thermal reaction- chilly patient thermally.

Mental General:-

The patient is extremely mild, gentle and very

Investigations :-

USG report suggests bulky uterus with endometrial polyps and prominent nabothian follicles in cervix with chronic cervicitis. Left ovary showed a follicular.

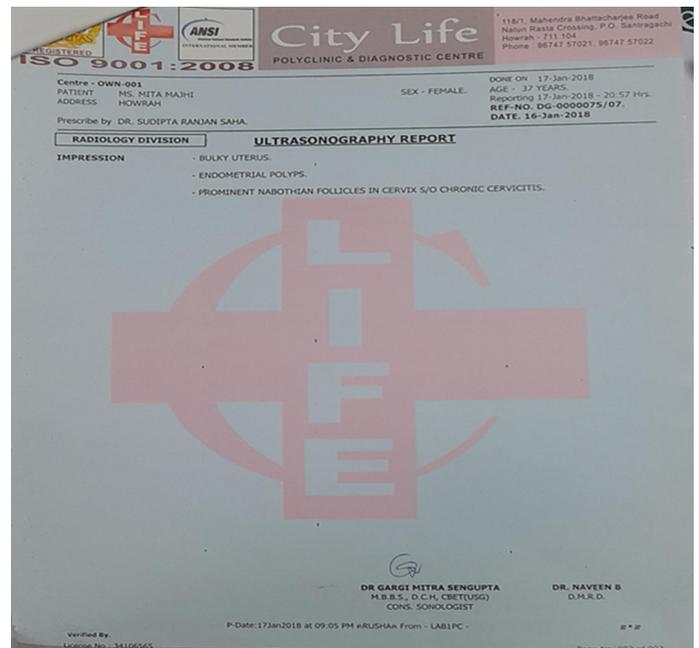
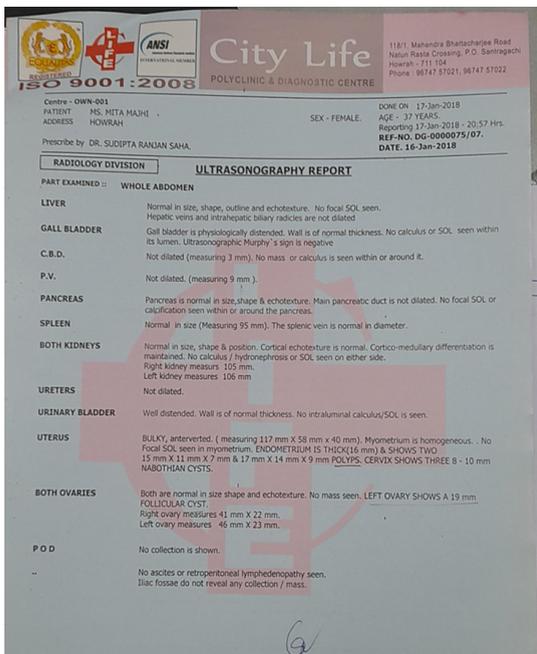
emotional in nature. She is not happy with her married life owing to her in-laws but is too timid to raise her voice against them. During the process of case taking, she cried while describing her mental symptoms and was greatly relieved by consolation from us. Patient also said that she experiences mood swings, there is sudden change of mood.

Physical examination :-

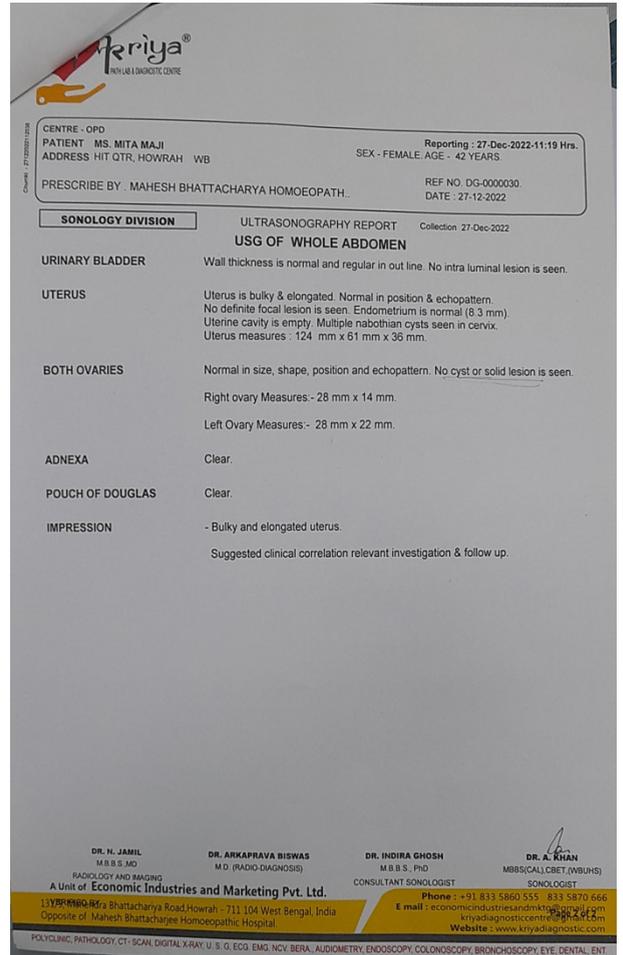
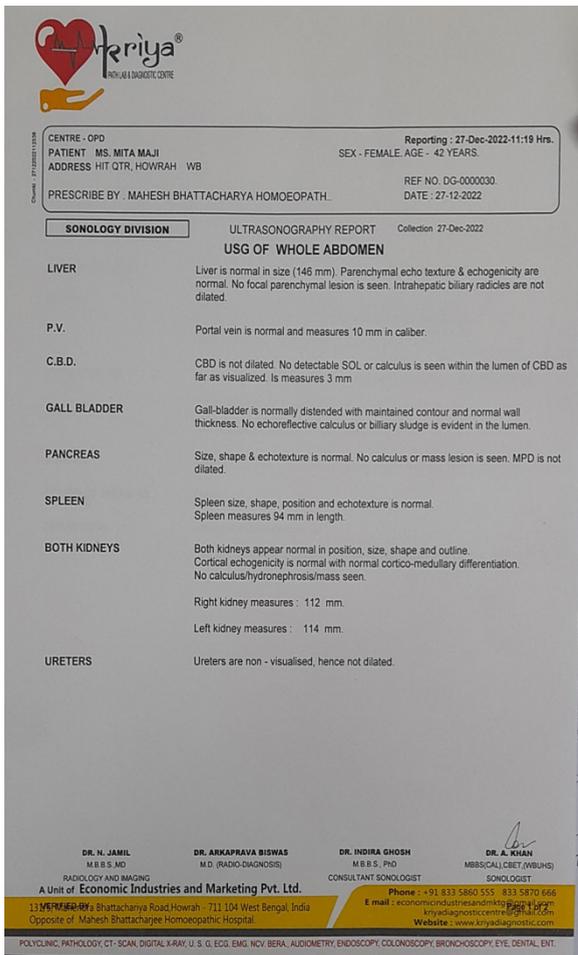
The patient was found to be mildly anaemic (as evident from lower palpebral conjunctiva).

Totality of symptoms :-

1. More the pain, more the chill.
2. Tongue is dry but still the patient has no desire to drink water.
3. Thermally the patient is very chilly.
4. The sleep is disturbed in the first of the night but sound sleep in the night.
5. Mild, gentle, timid and emotional in nature.
6. Changeability and shifting character of pain.



Before treatment



Before treatment

Repertorial analysis:-

Repertorial analysis was done using homoeopathic software zomoeoElite and the result obtained is given below.

Symptoms:	12	Remedies:	1239	Show Repertorisation Tools																		
Remedy Name	Puls	Phos	Bell	Nux-v	Lach	Ign	Lyc	Calc	Merc	Chin	Cham	Sep										
Totally	42	39	38	37	36	35	35	35	33	33	32	32										
Symptoms Covered	11	11	11	10	11	11	11	10	10	9	10	9										
Kinedom																						
[Complete] [Mind]Absent-mindedness: (308)	4	3	3	3	4	3	3	3	4	2	4	4										
[Complete] [Mind]Consolation, sympathy:Amel.: (42)	4	3				3																
[Complete] [Mind]Weeping, tearful mood: (594)	4	4	4	4	4	4	4	4	4	4	4	4										
[Complete] [Generalities]Food and drinks:Cooked food:Aversion: ...	4	3	3	3	3	3	3	4	4	4	3											
[Complete] [Generalities]Food and drinks:Warm:Food, cooked fo...	4	4	3	3	3	3	4	2	4	3												
[Complete] [Perspiration]Lying:While: (48)	3		4	4	1		3	2	1		2	3										
[Complete] [Stomach]Tikling:Fit of stomach, during cough: (23)		3	1		4	3	1					1										
[Complete] [Stomach]Thirstlessness: (371)	4	4	4	4	4	4	4	2	3	4	3	4										
[Complete] [Rectum]Diarrhea: (986)	4	4	4	4	4	4	4	4	4	4	4	4										
[Complete] [Female Genitalia]Hemorrhage, uterine, metrorrhagi...	4	4	4	4	4	4	4	4	4	4	4	4										
[Complete] [Female Genitalia]Menses:Painful, dysmenorrhea: (4...	4	3	4	4	4	3	3	4	3	3	4	4										
[Complete] [Head]Pain, headache:Air:Open:Age: (190)	3	4	4	4	1	1	3	4	4	4	1	4										

Case Report

Follow-up :-

Date	Prescription	Inference
23/05/2022	Pulsatilla 0/1 / 16 D * AD	1 st visit of the patient.
20/06/2022	Pulsatilla 0/2 / 16 D * AD	Pain of the patient didn't show much improvement but overall the patient was better than before. No new complaints post medication. Appetite , thirst same as before. Sleep still disturbed. Heavy menstrual bleeding was same as before.
25/07/2022	Pulsatilla 0/3 / 16 D *AD	Pain of the patient didn't show much improvement but overall the patient was better than before. No new complaints post medication. Appetite , thirst improved post medication. Sleep slightly improved. Heavy menstrual bleeding was same as before
22/08/2022	Pulsatilla 0/4 / 16 D *AD	Pain of the patient slightly improvement and overall the patient was much better than before. No new complaints post medication. Appetite , thirst improved a lot. Sleep much better post medication. Heavy menstrual bleeding was same as before
26/09/2022	Pulsatilla 0/5 / 16 D *AD	Pain of the patient much improvement and overall the patient was much better than before. No new complaints post medication. Appetite , thirst improved a lot. Sleep much more improved post medication. Heavy menstrual bleeding started improving .
24/10/2022	Pulsatilla 0/6 / 16 D *AD	Now the patient only complains of slight pain and no other significant problems. Heavy menstrual bleeding was significantly less.
21/11/2022	Pulsatilla 0/7 / 16 D *AD	Heavy menstrual bleeding was even much more better now. The pain was slightly more reduced. The complaints were not much significant now.
26/12/2022	Pulsatilla 0/8 / 16 D *OD	Pain was occasional this time when she visited the OPD and menstrual bleeding was not heavy any more. No new complaints post medication and the patient is over all much better now
09/01/2023	Placebo for 30 days.	No significant complaints.

CONCLUSION

Unfortunately there are certain conditions where surgery is the only option is conventional modern medicine and cystic adnexal SOL is one among them. There are several postoperative complications associated with these surgeries which torments the patients badly and renders them helpless. This was entirely a surgical case but extremely well treated with homoeopathic medicine and hence, we could save the patient from several post-operative complications. Homoeopathic medicines, when employed abiding by the laws and principles of homoeopathy, show miraculous results and it is high time that people should be aware of it and prefer the most harmless alternative option.

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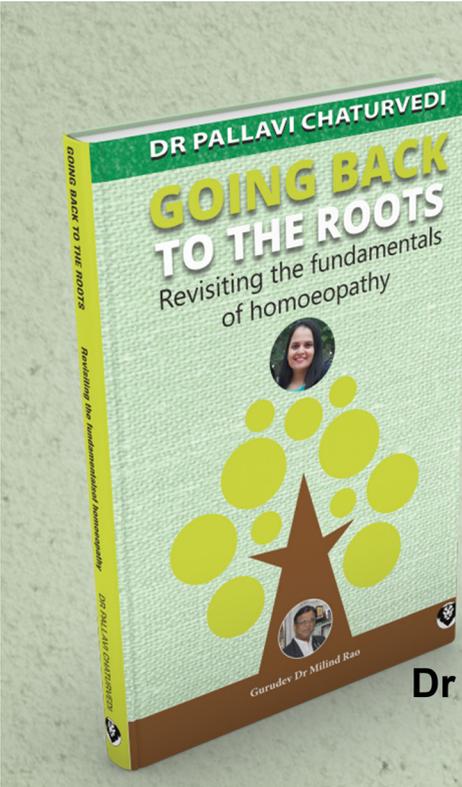
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GOING BACK TO THE ROOTS

Revisiting the fundamentals
of homoeopathy

Author
Dr Pallavi Chaturvedi



Role of Homoeopathy in Surgical Cases -A Case Report

Dr. Riya Sah, Dr. Sanjay Kumar Singh , Dr. S.K. Srivastava

ABSTRACT

Homoeopathy is that form of treatment where the so-called surgical cases can be averted; it is highly scientific, logical, safe, quick, and extremely effective method of healing; it treats the disease from its roots, for most of the ailments. In this review I analysed that those diseases who are being advised by other disciples to have surgery is the only option in case of epidermoid cyst; it was treated by homoeopathy single, simple medicine without any harm on the basis of individualisation. But some limitations were also mentioned by Hahnemann in the aphorism 186.

Case summary: This case was treated with individualised homoeopathic medicine at the OPD of RBTS GOVERNMENT HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, MUZAFFARPUR, BIHAR. A 28 year old female presented with complaints of cyst on upper back side with black head on central opening for 1 and half month Homoeopathic medicine Lycopodium was given to the patient on the basis of individualistic approach. The size of the cyst decreased. This case report suggests that a correctly chosen homoeopathic medicine can be beneficial in the treatment of surgical disease

Keywords: Homoeopathy, surgical disease, epidermoid cyst, keratin, individualisation.

Abbreviations: OPD: out patient department

INTRODUCTION

Epidermoid cyst, also known as a sebaceous cyst, is a benign encapsulated, subepidermal nodule filled with keratin material. Although most commonly located on the face, upper back and retroauricular region. It may progress slowly and remain present for years. The term sebaceous cyst is commonly used; however the term is a misnomer in that it does not involve the sebaceous gland. It develops within the infundibulum. Other common synonyms include infundibular cyst, and epidermal inclusion cyst. Although these cysts are recognized as benign lesions, rare malignancy can arise.

Epidemiology

They are predominantly found in male versus female ratio 2:1

Clinical Features

Morphology:-

- Small to medium sized
- Skin colored, freely mobile over underlying structures but tethered to skin characteristically at a central punctum through which yellow offensive cheesy material can be expressed.
- Redness, swelling and tenderness in the area, if inflamed or infected

Distribution

Face, upper back, retroauricular region

Etiology

Build up of trapped keratin usually causes epidermoid cysts. Keratin is a protein that occurs naturally in skin cells. Cyst develops when the protein is trapped below the skin because of disruption to the skin. These cysts may develop due to trauma to the skin.

Histopathology

Stratified squamous epithelium lines the cyst.

Histological examination reveals an epithelial-lined cyst filled with laminated keratin.

How To Assess The Epidermoid Cyst

The pattern recognition indicators are superficial skin mass with a punctum. The accuracy rate of these pattern recognition indicators for epidermal cysts is 99%. In the presence of these pattern recognition indicators, there is no need for further diagnostic tests.

Differential Diagnosis

Dermoid cyst:- ectodermal cysts contain squamous epithelium and dermal contents.

Trichilemmal cysts:- often on the scalp, family history, multiple, trichilemmal keratinisation

Pilomatricoma:- common in children, mostly head and neck region, hard painless

Lipoma:- common, often soft, mostly composed of mature adipocytes with a fibrous capsule.

Complications

Ulceration, calcification, carcinomatous changes, rupture and sinus formation.

CASE REPORT

Case history

A 28 years old, Hindu female reported in the surgery out patient department of RBTS Government Homoeopathic Medical College & Hospital, Mu-

Provisional diagnosis

Epidermoid cyst

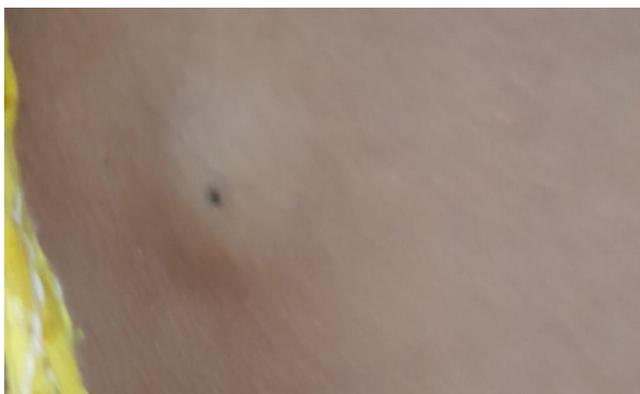


Figure 1 BEFORE TREATMENT

zaffarpur, Bihar on 29/08/2023 with a complaint of a cyst on upper back side with black head central opening; painless.

Past History –Gallstone at the age of 19 years

Family history- Mother- N/S Father – hypertension

Personal history - Took allopathic medicine for the treatment of gall stone

PHYSICAL GENERAL

- Outlook -lean and thin
- Tongue – white coated
- Thirst – 3-4 Liter
- Appetite – Good
- Perspiration – Profuse from whole body
- Thermal - hot
- Desire – sweets
- Aversion - Not specific
- Stool- firstly hard then loose stool
- Urine -Normal
- Sleep - Sound
- Dream – Not specific

Mental general

She wants company and easily gets angry if anyone contradicts her from conversation from patient and from attendant of patient, I observed that she always had a feeling of worry about something.

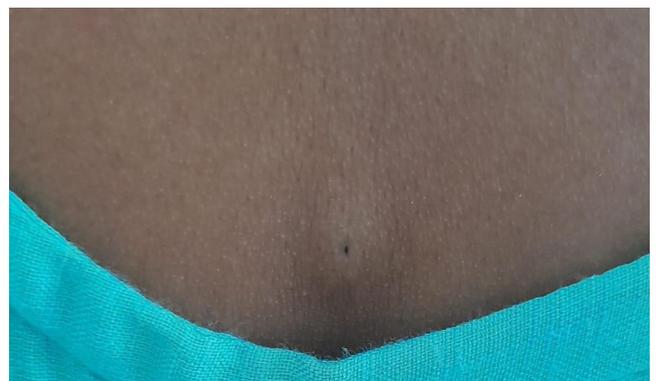


Figure 2 AFTER TREATMENT

Totality of symptoms

- Anger from contradiction
- Always feeling worry for something
- Desire for company
- White coated tongue
- Desire for sweets
- Cyst
- Hard stool followed by fluid stool

Analysis And Evaluation of Symptoms with Miasmatic Analysis

S. NO	SYMPTOMS	ANALYSIS	EVALUATION	MIASMATIC ANALYSIS
1	Anger from contradiction	Mental general	++	Psora
2	Feeling worry for something	Mental general	+++	Psora
3	Desire for company	Mental general	+++	Psora
4	White coated tongue	Physical general	+++	Psora
5	Hard stool followed by fluid stool	Physical general	++	psora
6	Cyst	Particular general	++	sycotic
7	Desire for sweets	Physical general	++	psora

Symptoms Converted into Rubrics

Symptoms	Rubrics
Anger from contradiction	Mind -anger-contradiction from
Feeling worry for something	Mind -anxiety
Desire for company	Mind – company- desire for
White coated tongue	Mouth-discoloration-tongue-white
Desire for sweets	General-food and drinks- sweets desire
cyst	General- tumors- cystic
Hard stool followed by loose stool	Stool- Hard- followed by- fluid stool

Repertorization sheet

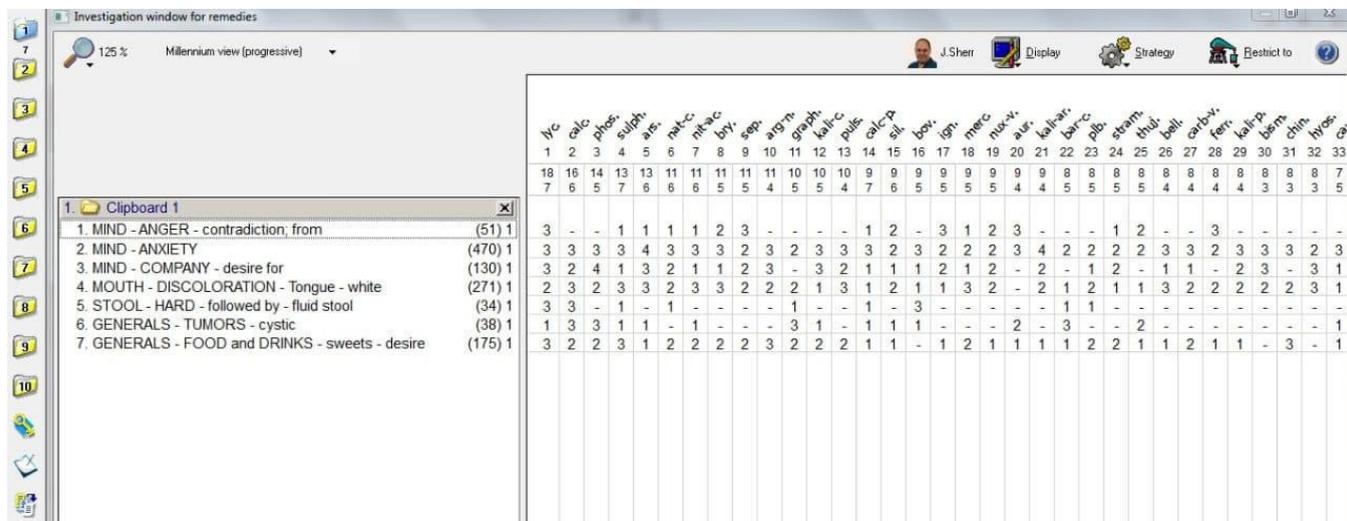


Figure: 3 Repertorisation from synthesis repertory

Repertorial analysis:-

Lycopodium: - 18/7

Calcarea carb:- 16/6

Phosphorus:- 14/5

Sulphur :- 13/6

Arsenic :- 13/6

Repertorial selection:-

As Lycopodium covers maximum numbers of symptoms and gets the highest marks. After consulting with materia-medica, Lycopodium was chosen for prescription.

Prescription –

Lycopodium 200/ 2 dose /4 globules were given on the first visit in an empty stomach early in the morning on date -27/07/2022

Therapeutic intervention:-

After detailed case taking on a standard case taking performa, the totality of symptoms was built for patient based on mental generals, physical generals, constitution, miasmatic background, past history etc. as per the homoeopathic principles.

After repertorisation, the top medicines were Lycopodium, calcarea carb, phosphorus, sulphur, arsenic. After carefully analysing the mental and physical generals of patient, considering the repertorial result and referring back to homoeopathic MM, a similimum was prescribed. Individualised homoeopathic treatment was started with two doses of Lycopodium 200 by following the law of minimum dose.

DATE OF VISIT	CHANGE OF SYMPTOMS	MEDICINE/ DOSE /POTENCY	JUSTIFICATION
29/08/2023	Cyst on upper back side	Lycopodium 200/2 dose / sugar of milk/OD	On basic of individualisation of patient
8/09/2023	Improvement progress	Rubrum 30/ 1 drachm/BD	To wait and allow medicine to act
21/09/2023	size decreased	Rubrum 200/1 drachm/BD	Marked improvement

CONCLUSION

Here from this case I concluded that many of the surgical cases we can be treated without any harm by homeopathy treatment. It is that form of treatment which not only reduces the complications of disease and also so many cases in which other disciplines advised to surgery. And said that surgery is the only option those cases cured by homeopathy. In case of also the epidermoid cyst in allopath and other way treatment instead of Homeopathy surgery is the only option. But here in this case on the basis of individualisation of the patient by proper case taking; single simple homeopathy medicine cured the case without any complication in easily comprehensible principles.

Limitations of homeopathy:-

Since surgery is an integral part of medicine, Dr Hahnemann has not left it untouched. He has very clearly advocated its use in certain conditions, as manifested from his references in Organon. §186- He has discussed the concept of LOCAL DISEASES here. Which is called Local if it be very trivial, and it is of no great moment. If our body is subjected to any external injury, then the body reacts as a whole eg. in the form of fever. The treatment of such diseases is related to surgery when affected parts require mechanical aid to remove external obstacles to cure. Eg.

- Reduction of dislocations ('by needles' in 6th edition).
- By bandages to bring together the lips of wounds ('by mechanical pressure to still the flow of blood from open arteries' in 6th

edition).

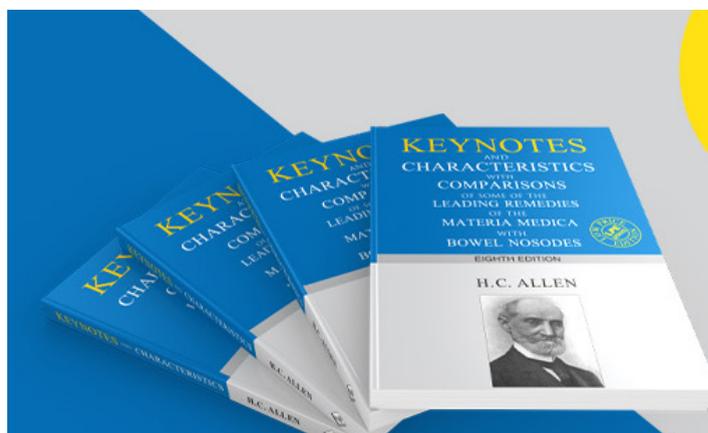
- By extracting foreign bodies that have penetrated into the living parts.
- By making an opening into the cavity of the body to remove an irritating substance.
- By reducing and fixing the fractured bones.

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Readers' View

"Homeopathy is a subject that requires many years of learning. This book is by no means is A-Z as far as what one can learn in homeopathy."

Role of Homoeopathy in Surgical Cases- "A Non-Surgical Approach to Cholelithiasis: Evidence-Based Case Report"

Dr. R. Kanimozhi

ABSTRACT

Cholelithiasis or Gallstone is defined as the formation of stones in the gallbladder or bile ducts. Gallstone is more common in Fat, Fertile (multiparous), Forty & Female. Women are affected more often than men in the ratio of 4:1. Gallstones are composed mainly of cholesterol, bilirubin, and calcium salts. They can vary in size from a few millimeters to a few centimeters. Cholecystectomy is considered as the gold standard treatment for cholelithiasis. Homoeopathy has a great scope in treating the gallstone without any surgery. Here is a case of 59 yrs old male diagnosed as cholelithiasis, treated with Homoeopathic medicine Kali carbonicum 1M & it was followed up regularly at every 15 to 20 days for about 3 months & showed the result of no calculi in the gallbladder, which is the evidence from the USG of the abdomen.

Keywords: Cholelithiasis, Kali Carbonicum 1M, Without cholecystectomy.

INTRODUCTION

The gallbladder is an elongated pear-shaped sac of about 30–50 ml capacity. It stores and concentrates the bile and discharges it into the duodenum by its muscular contraction. It lies in the fossa for gallbladder on the inferior surface of the right lobe of the liver along the right edge of the quadrate lobe & it is divided into the following 3 parts: fundus, body, and neck[1]. Major functions of gallbladder are the storage & concentration of bile, maintenance of Pressure in biliary System, alteration of pH of Bile & Secretion of Mucin[2]. If there is any disruption in the normal physiological functions of the liver & gallbladder it leads to conditions like Jaundice, Hepatitis, Cirrhosis of liver & Gallstone.

People who have Family history of gallstones, obese people, people with a high blood cholesterol level, women who take drugs containing estrogen e.g.: contraceptive pills and people with diseases such as chronic intestinal inflammation (Crohn's disease and ulcerative colitis) are more prone to develop gallstones.^[3]

Gallstones is formed mainly by the 4 factors : 1.

Metabolic factor, 2. Reflux factor, 3. Stasis factor & 4. Infective factor.

There are 2 types of Gallstones:

1. Pure stones - which constitute approximately 10% of all gallstones.
 2. Mixed & combined stones - Which accounts for about 90% of gallstones.
- Pure stones are Cholesterol stones, Pigment stones, Calcium carbonate stones.

Mixed stones & Combined stones: *Mixed gallstones* referred to those having varying proportions of all 3 stones forming constituents of the bile e.g. Bile pigment, cholesterol & calcium. *Combined stones* are those in which either the central core or external layers are pure & the remainder of the stone is a mixture of constituents.^[4]

Signs and symptoms are:

- 1) Pain in the upper mid abdomen or upper right abdomen, usually every few days, weeks, or months,
- 2) Pain usually begin within 20-30 mins after a fatty meal,

- 3) Pain is severe, constant and lasts for one to five hours,
- 4) Associated pain in the right shoulder or back,
- 5) Nausea, vomiting and diarrhoea,
- 6) Loss of appetite,
- 7) Jaundice with itching,
- 8) Night sweats,
- 9) Dark urine,
- 10) Rapid heartbeat,
- 11) Yellowing of the skin and whites of the eyes,
- 12) Light-coloured stools.^[5]

Complications includes Inflammation of gallbladder, Jaundice, acute Gallstone Ileus, Blockage of Pancreatic Duct, Gallbladder Carcinoma and the diagnosis is done by *Ultrasound Scan, MRI Scan, Cholangiography, CT Scan.*

Treatment is only the removal of gallbladder called cholecystectomy. Nowadays Laparoscopic cholecystectomy is done, it is a cost effective procedure. But, most of the people don't like to undergo cholecystectomy, instead of that they opt for the alternative treatment like Homoeopathy.

Homoeopathy is a system of medicine based on the Law, "*Similia Similibus Curentur*" where homoeopathic medicines are selected based on the symptom similarity of the patient. It helps in reducing the size of the stones, relieving pain as well as chronic inflammation of gallbladder & prevents the recurrence of the gallstone. There are several medicines in the homoeopathic Materia medica which can be considered for gallstone disease; some prominent medicines are *Berberis vulgaris, Calcarea carbonica, Carduus marianus, China, Chamomilla, Chionanthus, Lycopodium, Veratrum album,* etc.^[6]

The main objective of this case report is to show the effectiveness of homoeopathic medicine in the treatment of the Surgical cases.

CASE REPORT

Presenting Complaint: A 59 years old male patient, presented with a complaint of severe pain in the right side of the upper abdomen for 2 days. Due to severe & unbearable pain he took treatment in the nearby allopathic clinic but it gave

only a temporary relief. Later pain started with severe intensity with vomiting.

History of Presenting complaint:

Severe pain in the right side of the upper abdomen extending to the back. Pain started suddenly with vomiting of the food contents, later he vomited continuously of only the water content for about 5-6 times, so he felt very weak and tired. He started to develop hiccough after vomiting, which doesn't stop after drinking water & the hiccough continued to next day until he visited the OPD of WHMC & H. Before the origin of the abdominal pain, he had noted the bitter taste in mouth & if on eating any food its taste is also bitter. Distension of abdomen after eating. No fever, no pain in the left side of abdomen, no radiation of pain to any other parts.

Past history:

History of known case of type II Diabetes mellitus since 10 yrs & he had history of fall down from tree at the age of 6yrs his left leg femur bone was fracture recovered by native treatment. No known past history of Hypertension, jaundice, asthma, accidents, dog bite, chicken pox etc.

Family history:

No history of similar complaints among the family members. His father and mother died due to aging.

Treatment history: He has been undergoing allopathic treatment for diabetes mellitus for the past 10yrs, his Blood Glucose level is under control.

General symptoms:

Physical generals:

His appetite was decreased & he said if I eat little amount of food my stomach is full, Thirst was good drinks 2 liters /day, he has desire to eat chicken, doesn't like to eat Chapatti, there is no specific dreams, sleep was good & refreshing. He had difficulty in passing stool since 1 month, he used to pass stool daily but with much difficulty, so he had a sensation of stool not passing clearly. Urine regular with no difficulties, sweat only on scalp while eating. Thermal chilly.

Mental generals:

He doesn't like to be alone, he want someone to be with him always & also he has fear about his health that something will happen to him. He used to become easily irritated & get angry for simple things. He is very kind and cares for others.

Systemic examination:

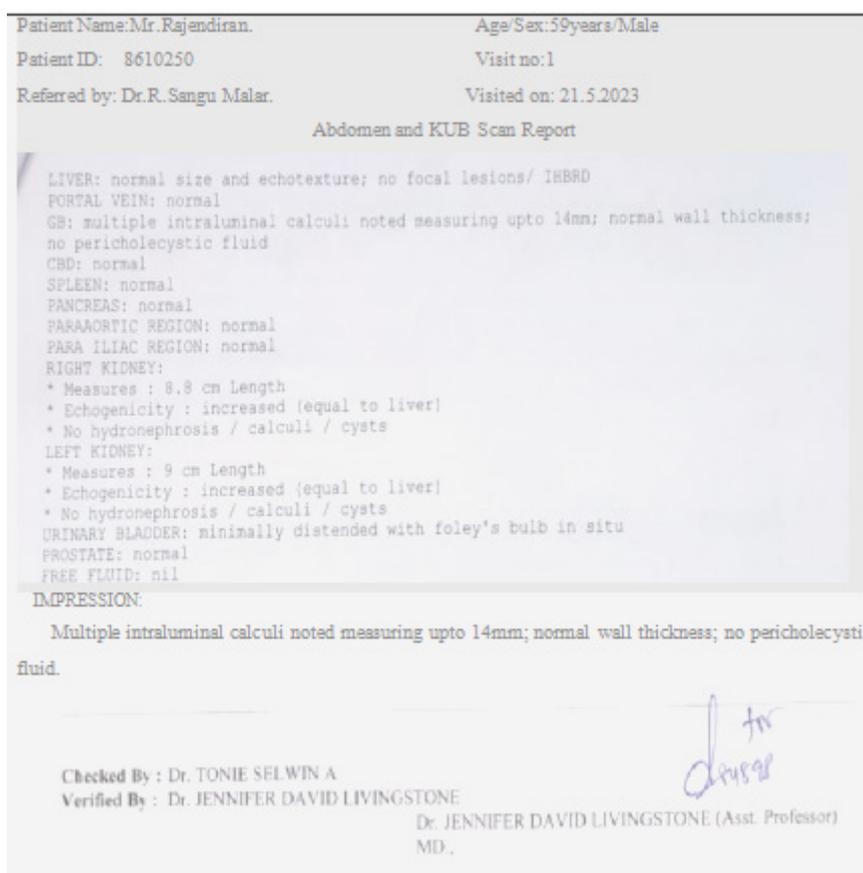
GIT examination: On examination of upper GIT mouth, tongue, lips, palate, corners of mouth, teeth, gums etc appeared normal. On examination of Lower GIT, inspection of abdomen revealed no

abnormalities, Auscultation, Percussion revealed no abnormalities & on Palpation tenderness is present on right side of upper abdomen.

LABORATORY INVESTIGATIONS & FINDINGS:

Patient was advised to take USG of the abdomen: Before treatment.

USG of the abdomen taken on: 21.5.2023: It showed the result of Multiple intraluminal calculi in the gallbladder noted measuring up to 14 mm; normal wall thickness; no pericholecystic fluid.



Diagnosis:

Based on the symptoms and USG report it was diagnosed it as *Cholelithiasis*.

Evaluation of symptoms:

Anxiety about his health⁺.

Desire for company⁺⁺.

Anger easily.

Appetite - decreased, eating little stomach feels filled⁺.

Desire - chicken.

Case Report

Aversion- Chapati.
 Stool- Irregular, stool not passed completely⁺⁺.
 Perspiration- on scalp while eating⁺.
 Bitter taste in mouth⁺⁺.
 Pain in right upper abdomen extends to back⁺.
 Pain in abdomen with vomiting⁺.
 Distension of abdomen after eating⁺.
 Vomiting followed by hiccough⁺⁺.
 Weakness after vomiting.

Totality of symptoms:

Anxiety about his health.

Desire for company.
 Stool- Irregular, stool not passed completely.
 Perspiration- on scalp while eating.
 Bitter taste in mouth.
 Pain in right upper abdomen extends to back.
 Pain in abdomen with vomiting.
 Distension of abdomen after eating .
 Vomiting followed by hiccough.
 Weakness after vomiting.

REPERTORIAL TOTALITY:

TOTALITY OF SYMPTOMS	RUBRICS
1. Anxiety about his health.	MIND-ANXIETY-Health;about-own health;her/his
2. Desire for company	MIND-COMPANY- desire for
3. Perspiration on scalp while eating	PERSPIRATION-EATING-while
4. Bitter taste in mouth.	MOUTH-TASTE- bitter
5. Stool - irregular, incomplete	RECTUM- CONSTIPATION- insufficient
6. Pain in abdomen with vomiting	ABDOMEN-PAIN- vomiting-with
7. Pain in right upper abdomen extends to back	ABDOMEN-PAIN-Hypochondria-right- extending-to-back
8. Distension of abdomen after eating.	ABDOMEN-DISTENSION-eating-after
9. Vomiting followed by hiccough	ABDOMEN-PAIN- liver-colic; gallstone- accompa- nied by - hiccough
10.Weakness after vomiting.	GENERALS-WEAKNESS

REPERTORIAL TOTALITY:

Repertorization in the RADAR 10 software, using synthesis repertory.

125% Millennium view (progressive)
J. Sherr Display Strategy

	kal/c.	lyc	ars.	nux-v.	br.	nat-m.	phos.	sep.	puls.	calc.	nat-c.	sil.	ign.	mag-m.	nt-ac.	sulph.	kal-car.	carb-v.	hyos.	kali.
1. MIND - ANXIETY - health; about - own health; her/his (80) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
2. MIND - COMPANY - desire for (96) 1	8	8	8	8	8	7	7	7	7	7	7	7	7	7	6	6	6	6	6	6
3. PERSPIRATION - EATING - while (49) 1	21	18	17	17	13	16	16	16	14	13	13	12	11	11	16	14	13	12	10	10
4. MOUTH - TASTE - bitter (252) 1	2	2	3	1	1	1	3	2	2	2	1	1	1	1	4	1	4	-	1	1
5. RECTUM - CONSTIPATION - insufficient (102) 1	3	3	3	2	1	-	4	2	2	2	2	1	2	-	1	1	2	1	3	2
6. GENERALS - WEAKNESS (690) 1	3	1	1	1	1	2	1	3	2	2	1	1	1	1	3	-	1	3	-	2
7. ABDOMEN - PAIN - vomiting - with (14) 1	2	2	3	3	3	2	2	3	2	2	2	2	2	2	2	3	2	3	1	1
8. ABDOMEN - DISTENSION - eating - after (75) 1	3	2	1	3	2	3	2	2	-	1	3	2	2	2	3	3	-	1	1	-
9. ABDOMEN - PAIN - Hypochondria - right - extending to - Back (11) 1	3	2	3	2	2	3	3	3	2	3	2	3	2	1	3	3	3	1	3	3
10. ABDOMEN - PAIN - Liver - colic; gallstone - accompanied by - hiccough (1) 1	-	-	2	2	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
	3	3	1	3	2	2	1	2	2	1	2	2	1	1	-	3	1	3	-	1
	2	3	-	-	-	2	-	-	-	-	-	-	-	3	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Clipboard 2

1. MIND - ANXIETY - health; about - own health; her/his	(80) 1
2. MIND - COMPANY - desire for	(96) 1
3. PERSPIRATION - EATING - while	(49) 1
4. MOUTH - TASTE - bitter	(252) 1
5. RECTUM - CONSTIPATION - insufficient	(102) 1
6. GENERALS - WEAKNESS	(690) 1
7. ABDOMEN - PAIN - vomiting - with	(14) 1
8. ABDOMEN - DISTENSION - eating - after	(75) 1
9. ABDOMEN - PAIN - Hypochondria - right - extending to - Back	(11) 1
10. ABDOMEN - PAIN - Liver - colic; gallstone - accompanied by - hiccough	(1) 1

On Repertorization *Kali carbonicum* covered most of the symptoms and it was referred in homoeopathic Materia medica^[8] & prescribed based on symptoms similarity of the patient.

Prescription: on 21.5.2023.

1. Kali carbonicum -1M /2dose/before food/ (weekly once 1 dose) for 2 weeks.
2. SG- (5-5-5)/After food/ For 2 weeks.

Follow ups:

Date	Symptoms changes	Prescription
9.6.2023	<p><i>Slight decrease of pain</i> in right side of abdomen</p> <p>But abdomen pain extend to back is not reduced.</p> <p><i>Bitter taste</i> is slightly reduced.</p> <p>Vomiting 2 days before only 2 times.</p> <p>Stool: Irregular, Insufficient.</p> <p>Distension of <i>abdomen</i> is reduced.</p> <p>Hiccough is reduced.</p>	<ol style="list-style-type: none"> 1. <i>Kali carbonicum</i> -1M/2 dose for 2 weeks/ before food. 2.SG - (5-5-5)/after food for 2 weeks.
26.6.2023	<p>No distension of abdomen, no vomiting, Bitter taste in mouth is still present, <i>pain extends to back</i> is reduced, <i>Appetite slightly improved</i>, stool-passing regularly but must strain to pass.</p> <p>No Hiccough.</p>	<ol style="list-style-type: none"> 1. SG -(5-5-5)/ before food for 2 weeks. 2. Fel tauri -6X-(2-2-2)/ After food.
31.7.2023	<p>Patient came after 1 month, no distension, no vomiting, <i>no bitter taste in mouth</i>, he said my appetite has improved. But still <i>my stool is not passing clearly</i>, Occasionally pain is present in right side of abdomen.</p>	<ol style="list-style-type: none"> 1. <i>Kali carbonicum</i>-1M/ 1dose for 2 weeks/ before food. 2. SG- (5-5-5-)/2 weeks/ after food.
25.8.2023	<p>Most of his symptoms are reduced. nowadays no trouble in passing stool.</p>	1.SG- (4-0-4)/ for 1 week.
30.8.2023	<p>Patient came with USG of abdomen:</p> <p><i>Gall stone size is decreased, Multiple calculi.</i></p> <p>Bladder wall thickness is present. But he doesn't have any troubling symptoms, everything improved well, no urinary trouble. Occasionally stool irregularity is present.</p>	<ol style="list-style-type: none"> 1. Kali Carbonicum- 1M/1 dose (sos). 2. SG- (3-0-3)/for 3 weeks. 3. Fel tauri - 6X-(2-2-2)/ for 2 weeks.
15.9.2023	<p>No any other complaint, Everything improved well so suggested for USG of abdomen.</p>	1.SG- (3-0-0)/ for 1 week.
25.9.2023	<p>Patient came with USG of abdomen. No calculi in the gall-bladder, No bladder thickness.</p>	-

FOLLOW UP:

USG of abdomen: Taken after 3 months on 30/8/2023(After treatment)

Sajid Scan Centre
2d/1, Azeem Complex, P J N Rd, Vaniyambadi-635751. Mob. No. 8925945248.
PNA/S/99 : 25.06.2019, Hitachi Aloka Arietta 560

Patient name	Mr. RAJENDIRAN CHINNARAJ PILLAI	Age/Sex	59 Years / Male
Patient ID	119359	Visit no	1
Referred by	Dr. Sangu Malarselvan	Visit date	30/08/2023

Abdomen and KUB Scan Report

Real time B-mode Ultrasonography of Abdomen and KUB done

Abdomen

Liver filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver.

Multiple (15-20) mobile calculi sized 3-4mm each is seen in lumen of gallbladder. Wall thickness is normal.

Common duct appeared normal. No calculi seen in the common duct.

Pancreas appeared normal.

Spleen appeared normal.

Aorta appeared normal. No para aortic nodes seen.

Peritoneal cavity appeared normal.

Adrenals appeared normal.

KUB

Right kidney measured 9.3 X 4.8 X 4.8 cms

Cortex and collecting system of right kidney appeared normal. No calculi seen.

Left kidney measured 8.9 X 5.0 X 4.6 cms

Cortex and collecting system of left kidney appeared normal. No calculi seen.

Bladder wall is thickened and shows irregular margins.

Prevoid measured 12.5 X 6.7 X 8.4 cms. (Volume = 365.82 cc.)

Postvoid shows significant residual urine (Volume = 270.7 cc.)

Prostate measured 3.5 X 2.7 X 3.0 cms. (Weight = 14.74 gms.)

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

Impression

Multiple cholelithiasis

Bladder shows thickened wall with irregular margins.

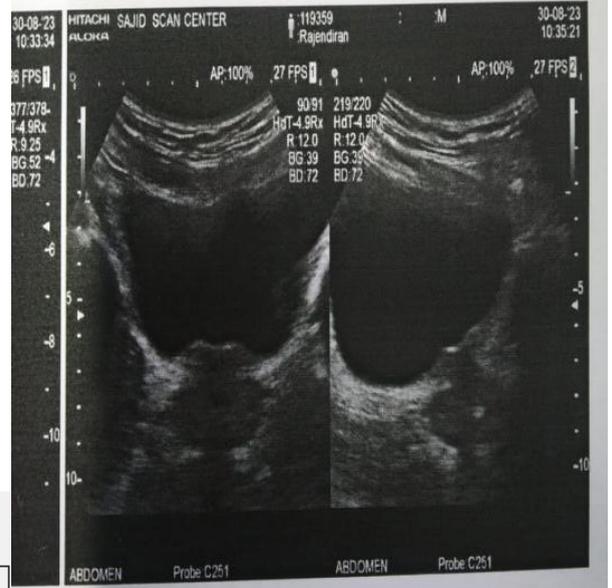
Post void shows significant amount of residual urine.

—To r/o urethral stricture

Normal appearing Liver, Common Duct, Pancreas, Spleen, Aorta, Peritoneal Cavity, Adrenals, Pleural Spaces, Both Kidneys, Both Ureters, Prostate

DR. SAJID SONOLOGIST

After treatment: 25.9.2023



Sajid Scan Centre
2d/1, Azeem Complex, P J N Rd, Vaniyambadi-635751-Mob.No.8925945248.
PNA/S/99 : 25.6.2019, Hitachi Aloka Arietta 560

Patient name: Mr. RAJENDIRAN CHINNARAJ PILLAI	Age/sex: 59 years / Male
Patient ID: 119359	Visit no: 1
Referred by: Dr. R. Sangu Malar.	Visited date: 25/9/2023

Abdomen and KUB Scan Report

Real time B-mode Ultrasonography of Abdomen and KUB done

Abdomen

Liver filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver.

Gall bladder appeared normal. No calculi seen.

Common duct appeared normal. No calculi seen in the common duct.

Pancreas appeared normal.

Spleen appeared normal.

Aorta appeared normal. No para aortic nodes seen.

Peritoneal cavity appeared normal.

Adrenals appeared normal.

KUB

Right kidney measured 9.3 X 4.8 X 4.8 cms.

Cortex and collecting system of right kidney appeared normal. No calculi seen.

Left kidney measured 8.9 X 5.0 X 4.6 cms.

Cortex and collecting system of left kidney appeared normal. No calculi seen.

Bladder appeared normal. No bladder wall thickness.

Prostate appeared normal. No intra vesicle enlargement of prostate gland seen.

Impression

Normal appearing Liver, Gallbladder, Common Duct, Pancreas, Spleen, Aorta, Peritoneal Cavity, Adrenals, Pleural spaces, Both the kidneys, Both Ureters, Bladder, Prostate.

DR. SAJID SONOLOGIST

DISCUSSION

In the case of cholelithiasis, patients has fear about surgical procedures. Hence, he opted for an alternative system of medicine, though advised for cholecystectomy by the allopathic physician. So, the patient came to know about the Homoeopathic treatment, & he took the homoeopathic medicine and the cholelithiasis was cured within 3 months. Homoeopathic medicines are selected on the basis of causation, pathological symptoms, prominent modality, totality of the symptoms, etc^[7]. In this case, there were significant mental, physical, particular and pathological symptoms. After Repertorization, *Kali carbonicum*, *Lycopodium*, *Arsenicum album*, *Nux-Vomica*, *Bryonia* covered most of the symptoms. *Kali Carbonicum* covered high marks, selected based on thermal is chilly, bitter taste in mouth, desire for company, distension of abdomen, etc. It covered most of the symptoms. *Fel tauri 6X* was prescribed as the therapeutic intervention to reduce the size of stone. Disappearance of gall stones on USG is definitely a documentary evidence of cure. Hence, this is the case of multiple calculi of 14 mm cured with homoeopathic medicines without cholecystectomy.

CONCLUSION

Hence, in this case Homoeopathy acted as a Non-surgical method for cholelithiasis. Homoeopathic medicines have a great role in securing the per-

sons from the surgical procedures and its complications. It serves as the restoration of the organs without excision from one's own body. Thus, Homoeopathic medicines helps to maintain the health in harmony's way.

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BJAIN

Let's
Grasp
the Core
Essence of
Organon

In Italics

Role of Homoeopathy in Surgical Cases

Dr. Jaykumar Chandarana, Dr.Sunit Devani



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ABSTRACT

In today's modern world the word surgery brings to the mind a surgeon in a modern OT full of anesthesia trolley and surgical instruments. The ancient surgical science which was known as Shalya Tantra has made tremendous progress. Now with the advent of robots and AI, it is the time for the next gen surgery procedures. Today surgery is a life saving mechanism and a complex tool. Surgeries are done even on vital organs like the brain, heart, liver and lungs but then are all cases surgical cases? What then, is the role of modern Homoeopathic medicine in today's world? Also, when and what should a Homoeopathic physician do in case of such surgical cases? When not to operate and when to advise for surgery is the basic question which remains in the mind of any physician. In fact when treated judiciously and in reversible borderline cases Homoeopathy has a very good scope. Surgery therapeutics is an essential part of our arsenal.

Keywords: Surgical condition, Urethral Stricture, Dysuria, Traumatic Bladder Catheterization, Homeopathic treatment, Individualization.

INTRODUCTION

Very few people realize that the advent of surgery dates back to the Vedic times. The RIGVEDA has mentioned the name of ASHWINI KUMARA who performed legendary surgical feats including the transplantation of Lord Ganesha's head. Even today, the Vedas are considered as SOURCE BOOKS of surgery in India, where the teachings of the great Indian surgeon SUSHRUTA who is supposed to be a descendent of the mythological God DHANVANTRI are given. Sushruta is supposed to be the Father of Surgery. A compendium which was very systematic was made by CHARAK in CHARAK SAMHITA.

According to Dr. J.T. Kent, "He who has a lacerated wound or a broken bone or deformities needs a surgeon. If his tooth must come out he must have a surgeon dentist. What would be thought of a man who on being sent for a surgeon to set an injured man's bones should go for a carpenter to mend the roof of the man's house? If the man's house alone needs mending then he needs a carpenter and not a surgeon. The physician must discriminate between the man and the repair of his house. ...".

It's obvious from these statements that YES there is definitely a role of surgery for e.g. injuries from knives, hooks etc. affect the house the man lives in and must be attended to by the surgeon, but NOT ALL cases are surgical in nature. Hence the physician must discriminate between the man and the repair of the house. Again, as Dr. J.T. Kent says "If the physician acts also as a surgeon, he must know when he has to perform his functions as a surgeon, and when he must keep back as a surgeon...When signs and symptoms are present, the physician is needed, because these come from the interior to the exterior. But if his condition is brought on only from external causes, the physician must delay action and let the surgeon do his work".

Also a homoeopathic physician must know the things that derange health and remove them. **Herbert A Roberts** – Principles and art of cure by Homoeopathy – specifies that directly Homoeopathy has nothing in common with the physical cause or product of disease but secondarily it is related. Here is the place where **surgery** may have

its function. Yet many of the tangible effects may remain.

Urethral stricture is one condition where surgery is done either major or minor depending upon the case. However when augmented by Homoeopathic medication, excellent results are obtained. Hence in the later part of this article a original case is put forth.

Is every urethral stricture a surgical case or an emergency? Definitely no but it does requires immediate medical attention. This is because the flow of urine from the bladder is restricted and can lead to a different spectrum of symptoms or medical problems in the urinary tract the most common of which is inflammation or infection. Here again there are cases which are painful and also a few which could be painless, but there could be some, where the patient could be in serious discomfort. In most of the cases diagnosis is mostly done considering the signs and symptoms itself but uroflowmetry and cystourethrography are definitely confirmatory.

Since the patient could already have taken allopathic treatment or could also have undergone some surgical procedures like repeated dilations or other surgical corrective procedures the role of Homoeopathic medicines becomes all the more important. Homoeopathic literature is rich with many a names of medicines for the treatment of urethral strictures. Top few homeopathic medicines for urethral stricture management are Clematis, Chimaphila, Cantharis, Thiosinaminum, Conium, Arnica, Cannabis Sativa, Merc Sol, Magnesia Mur and Sulph Iodatum and Thuja.

1. **Clematis** – top medicine with feeble urine stream, straining to urinate, interrupted urine flow clematis is the best prescription to manage urethral stricture. This natural medicine can relieve many symptoms associated with urethral constriction. In cases needing it, there is feeble stream of urine with slow passage of urine. To pass urine, straining is required to initiate urine flow. An extreme constricted sensation is felt in the urethra while passing urine. The bladder does not empty in one go and the flow of urine starts then stops and starts again several times (interrupted urine

stream). At times, urine is passed drop by drop. The patient always feels as if some urine is still left behind in the bladder. Dribbling of urine occurs after passing urine. Clematis helps in establishing the proper flow of urine in a stream. Frequency to pass urine also increases. Burning in urethra while passing urine also occurs. It is also helpful for all those patients of Urethral Stricture who have a history of gonorrhoea for a long duration.

2. **Chimaphila** – for thin / split urine stream and straining to pass urine. Chimaphila is of great help when the urine stream is thin like a thread or split urine stream. Additionally, a lot of straining is required to pass urine. In spite of the efforts, the urine passed is very less in quantity. A characteristic feature is patients needing it are able to empty the bladder when standing with feet set wide apart and body stooped forward. When such peculiar symptoms come to light, the selection of the correct medicine becomes easy. Besides the above, it can be used when there is frequent urge to urinate, like every one to two hours. Cutting and burning pain when passing urine may be felt.
3. **Cantharis** – for pain or burning while urinating. Cantharis is a very well-known and widely used medicine for various kinds of urinary troubles. It is beneficial in Urethral Stricture cases when the foremost complaint is pain or burning while passing urine. The burning or pain may even start before urination, and continue even after passing urine. Urine may be passed drop by drop. The urge to pass urine is almost constantly present.
4. **Thiosinaminum** – to dissolve scars in urethral stricture. Thiosinaminum is known for its ability to dissolve scars formed anywhere in the body. Thiosinaminum can work wonders in Urethral Stricture cases where the scar tissue is formed in urethra due to any cause. The scar resolving power of this natural remedy cannot be matched by any other medicine. Pain while passing urine and increased urination at night are the main symptoms found in persons needing this medicine.
5. **Conium** – for intermittent urine stream. This medicine can help patients of Urethral

Stricture where the main trouble is the intermittent stream of urine. It takes a lot of time to complete the act of urination. The urine starts to flow and then stops and this process of starting and stopping is repeated several times to completely drain the urine out. Burning pain after passing urine may be felt.

6. **Arnica** – for urethral stricture where there is a history of injury or trauma, Arnica is a highly recommended natural medicine for its universal curing action in trauma and injury cases. Arnica can be given in cases of Urethral Stricture where history of an injury is found. Injuries basically caused by blunt objects, a blow or a fall are covered by this medicine. The patient needing Arnica usually complains of frequent urge to urinate and sore and bruised pain in urethra while urinating or otherwise.
7. **Cannabis Sativa** – for a split stream of urine. This medicine is useful when urination occurs in a split stream. Straining to pass urine is also required. Dribbling of urine occurs after urine flow ceases. Burning in urethra when urinating appears.
8. **Merc Sol** – for increased frequency of urine and an urgent need to urinate. Merc Sol proves effective in managing increased frequency of urine and urgency to pass urine. A person has to rush/hurry to pass urine as the urge cannot be controlled. While urinating, the stream of urine is very weak. Urination is attended with burning pain.
9. **Magnesia Mur** – for stricture after dilatation (procedure to stretch urethral sides). This medicine works well for stricture after dilatation. It is indicated when urine passes with much straining and pressure. Urine may pass in drops. There is a sensation as if some urine always remains back.
10. **Sulph Iodatum** – for stricture following gonorrhoea. Sulph Iodatum is very beneficial when urethral stricture follows gonorrhoea. The symptoms guiding its use are urine passing drop by drop, frequent urge to pass urine and painful urination
11. **Thuja** – Used for the stricture where urethra is swollen and inflamed, Urinary stream split and small, Sensation of trickling after urination.

Severe cutting pain felt by the patient after urination. Frequent urination accompanied by pain. History of suppressed gonorrhoea is usually seen. Pain and burning felt at the neck of bladder. There can be involuntary urination also.

12. **Nitric acid** - is specific for syphilitic miasm having urethral stricture. It exerts a profound effect on the mucocutaneous junctions. The Urine is scanty, dark, offensive. Smells like horse's urine. Cold on passing. Burning and stinging. Urine bloody and albuminous. Alternation of cloudy, phosphatic urine with profuse urinary secretion in old prostatic cases.

A CASE OF URETHRAL STRICTURE TREATED BY HOMOEOPATHY

Name- abc

Age 69y, Sex- male

Opd no 1264/....

COMPLAINTS IN BRIEF

The patient came with complaints of difficulty in passing urine on and off that too since the age of 20 years. He has been operated for urethral stric-

ture which was 2 cm in length at B-M junction under SA. The operative procedure performed was TURP with cystolithotomy on 25th Feb 21 at Gandhinagar. He was once again operated with a catheter in situ on 18th May 23 at Gandhinagar. It was repeated again on 23rd June 23. FOLLEYS 22 FE 3 way puc and catheter was kept. He had frequency and hesitancy of micturition. There was difficulty in passing urine. Drop by drop urination with severe pain and discomfort. For the last 2 months he had a very thin stream of urine. He was advised catheterization lifelong.

Additionally, investigation reports like Uroflowmetry, USG of abdomen were done. USG findings were suggestive of bladder calculi. Enlarged prostate with significant post void residual urine and changes of cystitis are seen.

Now the patient was very much disturbed after multiple rendezvous with doctors and surgeons and had approached us on 29th May 23 for Homoeopathic treatment.

PAST HISTORY

Hypertension at 60 yrs of age, Leucoderma since 62 yrs age, Inguinal hernia since 65 yrs age, BPH at 67 yrs age and operated for it 2 yrs ago. Urethral stricture at the age of 67 yrs and has been operated thrice since.

Details of Treatment

DATE	FOLLOW UP	PRESCRIPTION
29th May 2023	Painful micturition. dribbling urination. Urine passes drop by drop. K/C/O urethral stricture with minor surgical interventions.	Thuja 10 M 3 doses at 5 hours interval
12th June 2023	Patient is much better. Cpls of very strong smelling urine.	Nitric acid 30 tds 15 days
26th June 2023	Catheterization done today. Bloody urine passed today morning. Heaviness of eyes, weakness and clots of blood passed twice today in urine while passing stool.	Sac Lac 30 tds for 15 days and Sabal Ser 30 tds for 1 day.

8th July 2023	is better. No hematuria. Pain is lesser. But straining during urination has increased. Burning + . Urine report suggestive of Pseudomonas colony count of 1 Lakh,	Cantharis 30 1 dose day 1. Cantharis 200 1 dose day 2 and Cantharis 1M 1 dose on day 3. Also Sac Lac 30 tds for 15 days.
17th July 2023	Complaints have decreased. Straining during urination is lesser and catheter is removed.	Sac Lac 30 tds for 15 days.
1st August 2023	Straining is further reduced. There is symptomatic improvement in urinary complaints. Burning still present .	Cantharis 30 1 dose day 1. Cantharis 200 1 dose day 2 and Cantharis 1M 1 dose on day 3. Also Sac Lac 30 tds for 15 days.
9th August 2023	Much better in urinary complaints. Now the only complaint is of strong smelling urine.	Nit ac 30 day 1. Nit ac 200 day 2 and Nit ac 1 M on day 3. followed by SL 30 tds for 1 week.
18th August 2023	Better in all the complaints. Urine was investigated and shows NO ABNORMALITY. Only the complaint of strong smelling urine is still present.	Nit ac 30 day 1. Nit ac 200 day 2 and Nit ac 1 M on day 3. followed by SL 30 tds for 1 week.
25th August 2023	25 %better in all the complaints.	SL 30 tds for 1 week.
31st August 2023	Further improvement. He says that he is better by about 30% now. The catheter is removed and inspite of the removal he has no complaints.	Nit ac 30 1 dose day 1. Nit ac 200 1 dose day 2 and Nit ac 1 M 1 dose on day 3. followed by SL 30 tds for 2 week.
16th Sept 2023	Further improvement. He says that he is better by about 50% now. he has no pain or burning. Nearly no complaints for the 1st time. But yes complaint of little burning and foul odor.	Nit ac 30 1 dose. Sl 30 tds 1 week
23rd Sept 2023	No blockage of urine. Is mentally satisfied and better now. Yesterday he had burning micturation.	Nit ac 200 1 dose and sl 30 tds for 1 week.
30th Sept 2023	Status quo at 50%. No further improvement seen.	Thuja 1 M 1 dose. Given as an anti miasmatic remedy. Sl 30 tds for 15 days.
13th Oct 2023	As checked by Dr. Waghela who is a urologist proper patency is maintained. For the 1st time after a very long time the patient is 75% better. No blockage, burning urination is better by 75% and dysuria is better 90%.	only sl 30 tds for 15 days. Adv the patient to stop meds for a month now. May come sos if necessary.

List of Symptoms

1. MIND – Determination
2. MIND – artistic
3. MIND – sympathetic
4. MIND – angry when sometimes doesn't agree
5. MIND – punctual time for ++
6. URETHRA – stricture of urethra
7. URINE – dribbling of urination++
8. DESIRE – butter for
9. MIND – sensitive
10. MIND – injustice cannot support

Qualified Mental State	Totality	Repertorial Totality
Causation Will Emotion	Courageous, Anger When Someone Does Not Agree Sympathetic Artistic	Mind Determination. Mind Anger Contradiction From, Mind Sympathetic, Mind Ability For
Will	Punctuality Time For	Mind - Anxiety Time Set For.
Physical Generals	Desire Butter	Generalities- Food And Drinks - Butter Desire
Common Mentals	Sensitive Can Not Tolerate Wrong Things	Mind Sensitive. Mind - Injustice Can Not Support
Physical Particulars	Stricture Of Urethra Urine Passes Drop By Drop	Urethra - Stricture Bladder - Urination Dribbling

1 MIND - ANGER - contradiction; from	⊗		
2 MIND - ANXIETY - time is set, if a	⊗		
3 MIND - ART - ability for	⊗		
4 MIND - DETERMINATION	⊗		
5 MIND - INJUSTICE, cannot support	⊗		
6 MIND - SENSITIVE	⊗		
7 MIND - SENSITIVE - quarrels; to	⊗		
8 MIND - SYMPATHETIC	⊗		
BLADDER			
9 BLADDER - URINATION - dribbling	⊗		
URETHRA			
10 URETHRA - STRICTURE	⊗		
GENERALS			
11 GENERALS - FOOD and DRINKS - desire	⊗		
Remedies	ΣSym	ΣDeg	Symptoms
nit-ac.	9	15	1, 3, 4, 5, 6, 8, 9, 10, 11
sulph.	9	14	1, 3, 4, 5, 6, 8, 9, 10, 11
lyc.	8	14	1, 2, 4, 6, 8, 9, 10, 11
phos.	8	14	3, 4, 5, 6, 7, 8, 9, 10
dulc.	8	13	1, 2, 5, 6, 8, 9, 10, 11
med.	8	9	1, 2, 3, 5, 6, 8, 9, 10

CONCLUSION

1. The medicines chiefly used here are Nit Acid and Thuja. If we see the relationship of remedies as given by R. Gibson Miller, both are inter connected and follow each other well.
2. Looking at this interpretation a relationship between Nit Ac. and Thuja could be established for future studies.
3. A homoeopathic physician has to be dedicated, disciplined and free from prejudices for the patient as well as for medicine. Perseverance, patience and following homeopathic principles is very much beneficial.
4. Homoeopathic medicines can really go hand in hand in surgical cases and are very efficacious when judicially employed.

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Renal Calculi, Hepatomegaly and Splenomegaly Treated with Homoeopathy

Dr. Jagdish Prasad

ABSTRACT

Background: Nephrolithiasis, or renal stones, usually occurs in the upper urinary tract. Renal calculi are a common complication of the urological system. It is the crystal-forming process in the urinary tract. Renal calculus is a solid or crystal aggregation formed in the kidneys from minerals in the urine.

Case Summary: A 34-year-old male patient presented with a complaint of pain in the left lumbar region and radiated to the right lumbar for 2 months. Ultrasound of the whole abdomen showed about 6.0 mm calculus at the lower pole of the left kidney and 17 X 7.5 mm obstructive calculus at the left proximal ureter causing moderate hydronephrosis. His mild hepatomegaly and splenomegaly were present. According to symptoms similarity, the homoeopathic medicine *Lycopodium clavatum* was prescribed. Subsequently, the stone was expelled through urine. and the USG report was normal.

Keywords: Renal calculi, Nephrolithiasis, Hepatomegaly, Splenomegaly, *Lycopodium clavatum*.

INTRODUCTION

Nephrolithiasis, or renal stones, usually occurs in the upper urinary tract. It is very common worldwide, with a lifetime risk of about 10 to 25%. Most stones are composed of calcium oxalate and phosphate; these are more common in men. Mixed infective stones, which account for about 15% of all calculi, are twice as common in women as in men. The overall male-to-female ratio of stone disease is 2:1. Kidney stones are one of the most common urological problems. Most people with urinary tract calculi are asymptomatic. Pain is the most common symptom and may be sharp or dull, constant, intermittent or colicky. Ureteric colic occurs when a stone enters the ureter and either obstructs it or causes spasm during its passage down the ureter. Classically, pain radiates from the flank to the iliac fossa, testis or labia. Pallor, sweating and vomiting often occur and the patient is restless. Haematuria often occurs. Different types of signs present in the case of renal calculi are Pink, red or brown urine, Cloudy or foul-smelling urine, A persistent need to urinate, urinating more often than usual or urinating in small amounts, Nausea and vomiting, Fever and

chills if an infection is present. ^[1,3,4]

In the case of hepatomegaly, A smooth, tender liver is seen in hepatitis and in extrahepatic obstruction, but a knobbly, irregular liver suggests metastases or cirrhosis. Causes of hepatomegaly. Hepatomegaly may occur as the result of a general enlargement of the liver or because of a primary or secondary liver tumour. Hepatomegaly may resolve in patients with alcoholic cirrhosis when they stop drinking. When an enlarged liver results from liver disease, it might be accompanied by abdominal pain, fatigue, nausea and vomiting, yellowing of the skin and the whites of the eyes and different types of symptoms are present there. ^[1,2,3]

In the case of splenomegaly, the spleen enlarges from under the left costal margin inferiorly and medially. An enlarged spleen is only palpable if it is 1.5-2 times the size of a normal spleen. Ultrasound or CT scanning may be used to confirm splenomegaly and may also provide other useful information, such as the presence of abdominal lymphadenopathy. ^[2,4]

Case Report:

Presenting Complaints:

A 34 yr.'s old male patient visited the O.P.D. of RBTS Govt. homoeopathic Medical College and Hospital Muzaffarpur, Bihar on date: 05/12/2022, with a complaint of pain in the left lumbar region for 2 months. His left lumbar pain aggravated before urination and amelioration after urination. He also complained of scanty urination along with red-brick-like sediments in the urine associated with bloody urine sometimes. He also suffered from pain right hypochondriac region for 2 months which radiated to the left abdominal region. Sometimes he was also suffering from pain in the left upper abdomen that spread to the left shoulder along with a complaint of a feeling of fullness of the stomach without eating or after eating a small amount. His nausea tendency only in the morning after he awakens, Flatulence after eating.

History Of Presenting Complaint:

In March 2018, he had been diagnosed with urolithiasis; according to him, the calculus was expelled after allopathic treatment. In the last 2 months, the symptoms of renal calculi had reappeared, including pain in the right hypochondriac region and pain in the left upper abdomen. Allopathic treatments have provided temporary relief. The patient was advised to undergo a surgical procedure. However, he had an intense fear of surgery and, therefore, opted for homoeopathic treatment.

Past history:

He was suffering from asthma psoriasis in both legs in the last 5 years. He took conventional medicine. Ten years ago, he suffered from malarial fever and pain in the frontal head and was treated with conventional medicine.

Family history:

His grandfather and father suffer from diabetes mellitus-2 and his mother suffers from migraine with hypertension. Both are treated with conventional medicine. His wife also suffers from hypertension and is treated with Homoeopathy. He had one child without any problem.

Patient Details:**Mental General:**

The patient was very afraid that something unpleasant may happen, Fear of being alone, restless, can't staying in one place. He was very anxious about his health and fastidious in nature; always tried to clean the surroundings and room. He feels very sad in the morning after waking, confused, when he was alone and having a fear of death sometimes.

Physical General:

On enquiry, the physical general, his appetite was very poor with indigestion. He found the test of all the food sour and with sour eructation after eating. He had a desire for sweet things, cold drinks and cold water. He took 2-3 litres of water every day in summer and less than 2 litres in winter. Sleep was generally normal but disturbed during back and abdominal pain. Perspiration on the whole over the body, even in cold weather. Sometimes intolerance of tight clothing around the abdomen.

General Physical Examination:

Pulse Rate - 76/min.

Respiratory Rate - 16/min.,

TEMP: 98.6°F,

Height: -165 cm

Weight: - 60 Kg

B.P.: -124/80 mm Hg.

No sign of pallor, cyanosis, icterus, clubbing, lymphadenopathy.

Diagnostic assessment: Ultrasound of the whole abdomen dated 12 November 2022 showed about 6.0 mm calculus at the lower pole of the left kidney and 17 X 7.5 mm obstructive calculus at the left proximal ureter causing moderate hydro-ureteronephrosis. His mild hepatomegaly with grade-first fatty liver was present. And his mild splenomegaly without any focal lesion was also present.

Diagnosis: Renal calculi, Hepatomegaly and Splenomegaly ^[1,2,3,4]

Justification of diagnosis: Symptomatic

Analysis & Evaluation of Symptoms: -

S.N.	SYMPTOMS	ANALYSIS	EVALUATION	MIASM ^[7]
1.	Fear of being alone	Mental general	++	Psora
2.	sad in the morning on waking	Mental general	++	Psora
3.	eructation after eating	Particular	+++	Psora-sycotic
4.	fullness of the stomach after eating	Particular	++	Psora
5.	pain right hypochondriac region	Particular	+	Psora-sycotic
6.	pain in the left upper abdomen	Particular	++	Psora-sycotic
7.	Kidney stone	Particular	+++	Sycotic
8.	red-brick-like sediments in the urine	Particular	++	Syco-syphilitic
9.	pain in the left lumbar region > after urination	Particular	+++	Psora
10.	Desire for sweet things	Physical general	++	Psora
11.	calculus proximal ureter	Physical general	+++	Sycotic

Repertorial sheet [10]: -

2. Clipboard 2

- 1. MIND - FEAR - alone, of being (139) 1
- 2. MIND - SADNESS - morning - waking - on (35) 1
- 3. STOMACH - ERUCTATIONS - eating - after - agg. (131) 1
- 4. STOMACH - FULLNESS, SENSATION OF - eating - after - agg. (119) 1
- 5. ABDOMEN - PAIN - Hypochondria - right (188) 1
- 6. ABDOMEN - PAIN - Upper abdomen - left (1) 1
- 7. KIDNEYS - STONES (92) 1
- 8. URINE - SEDIMENT - sand - red (83) 1
- 9. BACK - PAIN - Lumbar region - left (10) 1
- 10. BACK - PAIN - Lumbar region - urination - after - amel. (2) 1
- 11. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1
- 12. GENERALS - URIC ACID - diathesis, lithemia (34) 1

The Repertorisation was done using Radar opus (Synthesis Repertory).^[10] *Lycopodium clavatum* covers maximum rubrics at a particular level with highest highest-scoring medicine.

Prescription: -R_x

Lycopodium clavatum 200/1 Dose /OD (morning with empty stomach)

Selection of remedy with justification: In repor-

torial analysis, *Lycopodium clavatum* covers most of the symptom and highest score. After consulting Materia Medica^[7,8] *Lycopodium clavatum* was found to be most appropriate for this case covering general including physical and mental picture as well as thermal reaction.

Selection of potency with justification: It best on the susceptibility of the patient.^[7]

Follow-up Sheet: -

Date of visit	Change in symptom	Prescribed medicine / potency/dose
22/12/2022	Mentally slightly better, Fullness of stomach >, No change in eructation, Abdominal pain slightly >, Pain in the left lumbar region>>, Red sediments in urine approx. 20% diminished,	Placebo 1 dram /BD
06/01/2023	Mentally approx. 50% better, Fullness of stomach >>, eructation slightly >, Abdominal pain slightly >, Pain in the left lumbar region>, Red sediments in urine >>	Lycopodium clavatum 200/1 Dose /OD (morning with empty stomach)
24/01/2023	Mentally approx. 50% better, Fullness of stomach 60% diminished, eructation >>, Abdominal pain slightly >, Ureter calculus removed from urethra on date 22/01/2023, Pain in the left lumbar region>>, red sediments in urine subside. Advised USG whole abdomen.	Placebo 1 dram /BD
11/02/2023	Mentally better, Fullness of stomach 70% diminished, eructation subsides, left abdominal pain subside but right hypochondriac pain slight >, Pain in the left lumbar region approx. 80% subside, USG report shows left renal calculi 3.4mm, Hepatomegaly (liver size-149mm), Bowel gas,	Lycopodium clavatum 1M/1 Dose /OD (morning with empty stomach)
05/03/2023	The fullness of the stomach 70% diminished, right hypochondriac pain >>, Pain in the left lumbar region approx subside,	Placebo 1 dram /BD
03/04/2023	The fullness of the stomach 70% diminished, right hypochondriac pain >>>, Pain in the left lumbar region approx subside, Advised USG whole abdomen.	Placebo 1 dram /BD
17/04/2023	The fullness of the stomach subsided, right hypochondriac pain subsided, approx subsided, USG report finding- renal calculi removed, Liver normal, No any type of pain,	Placebo 1 dram /BD

Case Report



Aadya Diagnostic Centre

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Dr. Jay Kumar

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* Resident, Indraprastha Apollo Hospital, New Delhi
* Ex. Consultant Radiologist Focus Imaging & Research Centre, New Delhi

BLIC Regn No. 34824

NAME - NAVIN KUMAR	AGE /SEX - 34 Y/M
DATE - 12.11.2022	REFERRED BY - SELF

ULTRASOUND - WHOLE ABDOMEN

STUDY PROTOCOL

HIGH RESOLUTION ULTRASOUND SCANNING WAS DONE USING MULTIFREQUENCY CONVEX PROBE.

FINDINGS

LIVER is mildly enlarged measuring about 16.4cm. Liver parenchyma is diffusely hyperechoic suggestive of grade I fatty change. No focal lesion is seen. Intra hepatic biliary radicals are normal. Portal vein is normal in course and calibre (1.0cm).

GALL BLADDER is adequately distended. Wall thickness is normal. No obvious gall stones seen.

COMMON BILE DUCT is normal in size (4.0mm) without any intra luminal calculus.

PANCREAS is normal in size, outline and echotexture. No focal lesion is seen. No evidence of calcification is seen.

RETROPERITONEUM does not reveal any obvious abnormality. Great vessels are normal in course and calibre.

SPLEEN is mildly enlarged measuring about 14.0cm. Splenic vein is normal.

RIGHT KIDNEY is normal in size (10.6x3.9cm) shape and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis is seen.

LEFT KIDNEY is normal in size (10.0x4.6cm) shape. Calculus measuring about 6.0mm is seen at lower pole. A calculus measuring about 17.0x7.5mm is seen in left proximal ureter about 58.0mm from pelviureteric junction causing moderate hydronephrosis.

URINARY BLADDER is adequately distended. Wall thickness is normal. No mass or calculus seen.

P.T.O.....

PROSTATE is normal size and shows normal echotexture (10.0gm). No diffuse or focal lesion seen.

No free fluid is seen in the peritoneal cavity.

Bilateral iliac fossae reveal normal bowel peristalsis with no evidence of any mass or free fluid.

OPINION:

ULTRASOUND WHOLE ABDOMEN REVEALS:-

- MILD HEPATOMEGALY WITH GRADE I FATTY CHANGE.
- MILD SPLENOMEGALY WITHOUT ANY FOCAL LESION.
- CALCULUS MEASURING ABOUT 6.0MM AT LOWER POLE OF LEFT KIDNEY.
- LEFT PROXIMAL URETERIC CALCULUS MEASURING ABOUT 17.0X7.5MM IN SIZE ABOUT 58.0MM FROM PELVIURETERIC JUNCTION CAUSING MODERATE HYDROURETERONEPHROSIS.

SUGGEST: CLINICAL CORRELATION.

DR. JAY KUMAR
MD RADIO DIAGNOSIS
REG NO 34824

INVESTIGATION BEFORE TREATMENT

Kamakhya ULTRASOUND CENTER

कामारख्या

Mob. 9661 96815

Dr. JHA NIWAS ROAD, RAMNAGAR
W. CHAMPARAN, (BIHAR) 845106

PATIENT NAME	MR. NAVIN KUMAR	AGE/SEX	34 Y/Male
REF. BY- DR.	R.B.T.S MEDICAL COLLEGE MUZAFFARPUR	DATE-	30 Jan 2023

U.S.G. OF WHOLE ABDOMEN

LIVER : Enlarged in shape & size (149mm). Echotexture of parenchyma is homogenous. P.V., Hepatic vein & IHR is normal.

GALL BLADDER : Well distended. Wall is normal. Lumen is echo free.

C.B.D. : Common bile duct is normal.

PANCREAS : Shape & size normal, echotexture normal. No focal lesion seen.

SPLEEN : Normal in Shape & size. Echotexture of parenchyma is homogenous.

RT. KIDNEY : Shape & size normal. Corticomedullary demarcation is well distinct. Pelvi-calyceal system is normal.

LT. KIDNEY : Shape & size normal. Multiple calculi are seen large one of size 3.4 mm. Corticomedullary demarcation is well distinct. Pelvi-calyceal system is normal.

U. BLADDER : Well distended. Wall is normal. Lumen is echofree.

PROSTATE : Normal in shape & size. No prostatic calcification seen.

OTHERS : Excessive bowel gas shadows seen in all over abdomen.

IMPRESSION : * HEPATOMEGALY WITH EXCESSIVE BOWEL GAS ARE SEEN. LT. RENAL CALCULI

नोट: यहाँ भुका लिंग परीक्षण नहीं किया जाता है।

Signature

24
HOUR

Investigation During Treatment

Kamakhya ULTRASOUND CENTER

कामारख्या

Mob. 9661 96815

Dr. JHA NIWAS ROAD, RAMNAGAR
W. CHAMPARAN, (BIHAR) 845106

PATIENT NAME	MR. NAVIN KUMAR	AGE/SEX	34 Y/Male
REF. BY- DR.	R.B.T.S MEDICAL COLLEGE MUZAFFARPUR	DATE-	14 Apr 2023

U.S.G. OF WHOLE ABDOMEN

LIVER : Normal in shape & size (138mm). Echotexture of parenchyma is homogenous. P.V., Hepatic vein & IHR is normal.

GALL BLADDER : Well distended. Wall is normal. Lumen is echo free.

C.B.D. : Common bile duct is normal.

PANCREAS : Shape & size normal, echotexture normal. No focal lesion seen.

SPLEEN : Normal in Shape & size. Echotexture of parenchyma is homogenous.

RT. KIDNEY : Shape & size normal. Corticomedullary demarcation is well distinct. Pelvi-calyceal system is normal.

LT. KIDNEY : Shape & size normal. Corticomedullary demarcation is well distinct. Pelvi-calyceal system is normal.

U. BLADDER : Well distended. Wall is normal. Lumen is echofree.

PROSTATE : Normal in shape & size. No prostatic calcification seen.

OTHERS : Excessive bowel gas shadows seen in all over abdomen.

IMPRESSION : * EXCESSIVE BOWEL GAS ARE SEEN.

नोट: यहाँ भुका लिंग परीक्षण नहीं किया जाता है।

Signature

24
HOUR

Investigation After Treatment



The Expelled Renal Stone

DISCUSSION AND CONCLUSION:

Homoeopathic medicine selected on the basis of homoeopathic principles proved to be very effective in this case of renal calculus with hepatomegaly and splenomegaly and showed remarkable results in the treatment. *Lycopodium clavatum* was selected on the basis of physical generals, mental generals and particulars and keeping in mind the knowledge of Materia Medica and homoeopathic philosophy. Treatment was continued for 4 months. Medicine was given in very few doses which appeared very effective in the treatment of the case. [6]

The potency selection was done on the basis of the susceptibility of the patient as stated by Dr. Close. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required. The susceptibility of the patient was high so the selection of potency was high. This case of renal calculus with hepatomegaly and splenomegaly re-established the strength of homoeopathy and proves the homoeopathic principles and philosophy as stated by Dr. Hahnemann. It also elicited that homoeopathy can cure such a type of case in very few doses in a very short period of time without any aggravation and side effects. [6,9]

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ABOUT THE AUTHOR

1. **Dr. Jagdish Prasad**, PGT, R.B.T.S. Govt. Homoeopathic Medical college and hospital Muzaffarpur

Management of Pilonidal Sinus with Homoeopathy: A Case Report

Dr Nitin Kumar, Dr. Ajay Vishwakarma, Dr Pallavi Bhaskar

ABSTRACT

This is a case of a 32 years male presented with the complaint of pain in the perianal region for 3 months. He also complained of swelling and redness in the perianal region with discharge of offensive pus. His pain aggravates on sitting down and better by warm application. On examination it was found that he was suffering from pilonidal sinus. Systematic case taking followed by repertorisation of totality of symptoms was done by Synthesis repertory using RADAR software in order to select individual remedy for the case where Silicea, Mercurius, Sepia, Sulphur and Graphites were shortlisted.

Keywords: Pilonidal Sinus, Cyst, Abscess, Silicea, Homoeopathy

INTRODUCTION

Pilonidal sinus' disease, most commonly seen in reproductive populations like young adults - mostly in males who are in their twenties - is actually a rather controversial disease in that there is still no consensus on its treatment, probability of its recurrence is high, and its care takes a long time and is costly. It is mostly an acquired, chronic and inflammatory condition affecting the sacrococcygeal region in most cases. It is sometimes seen as an infected abscess draining from an opening or a lesion extending to the perineum. As well, it may also be observed as a draining fistula opening to skin^[1]. In this article, the aim was to explain the etiological factors, pathogenesis and clinical features of the disease that may present with various clinical symptoms and impairs life quality and satisfaction^[2].

Etiology

Although various theories have been established since it was first described, no consensus has been reached. According to the supporters of congenital theory, pilonidal sinus disease occurs because of residual epithelium in the spinal canal and skin or when hair follicles enter to interspace formed by incomplete fusion occurring as a result of a defective union of the skin layer during the early embryonic period. On this basis, from the

time of Fere (1878) to Stone (1951) and even until today, a number of authors have established four different theories: medullary canal theory, dermal inclusion theory, beak glands theory and sex gland theory^[3]. These theories, recently having just few supporters, have never been proven and failed to explain pilonidal diseases located in the regions other than the sacrococcygeal area^[4,5]. These authors have been known to misdiagnose certain diseases, such as medullary canal fistulas and hydroadenitis, important in the differential diagnosis of pilonidal disease. In addition, successive clustering of hairs with the same length, thickness, colour and position could not be explained by this theory^[6,7]. Cubic epithelial lining of the inner wall of congenital pilonidal disease undermines this theory^[8]. The main characteristic of pilonidal sinus is squamous epithelium lining its inner wall.

According to the supporters of acquired theory, pilonidal disease occurs as a result of inflammation that results from foreign body reaction occurring secondary to the entry of hairs in the subdermal area after trauma. Supporters of this theory also suggest various other theories to explain the occurrence of this mechanism. According to Bascom, hair follicles become infected under the effect of sex steroids when they are filled with keratin during puberty, this infection form-

ing an abscess tract. Hairs in this tract pierce the skin while they are still attached to it and are pulled into deeper regions under the vacuuming effect of gluteal muscles to form a sinus [7]. The vacuuming effect is mostly observed in the sitting position. For this reason, it is suggested that this disease is more common in people that sit for long periods of time. However, this disease is not very common in patients confined to bed and elderly people who spend their time mostly sitting during the day. Karydakos suggests that hairs move towards the follicle and enter into deeper regions like a drill. The first entry occurs through a weak part of the skin and other hairs come through after [9]. This theory is validated by the fact that the disease occurs in interdigital areas, the umbilicus, clitoris, and anal canal, and it recurs even after

Clinical Findings:

Pilonidal disease has 3 different clinical presentations:

1. Asymptomatic form
 2. Acute abscess form
 3. Chronic disease form
 - Recurrent complex pilonidal sinus disease;
 - Chronic pilonidal sinus disease.
1. **Asymptomatic form:** patients have no complaints and are incidentally diagnosed. One or more pits located at the midline, about 5 cm from anus, are detected. In a study by Eftaiha and Abracian, the ratio of these patients among all patients with pilonidal sinus was found to be 11% [10].
 2. **Acute abscess form:** severe pain, swelling and redness are present in the sacrococcygeal region. Fever and leucocytosis may be present. It is the most common cause of hospital admission [11]. Another study showed that 50% of patients presented with this form [12]. The indurated area containing abscess gradually grows and accumulated malodorous fluid spontaneously drains or is surgically drained. After this stage, conversion to the chronic form begins. Microbiological examinations of drainage fluids mostly reveal anaerobic proliferation (*Escherichia coli*) [13]. Other common microorganisms are known to be

Proteus, beta haemolytic *Streptococcus*, *Pseudomonas* and *S. aureus*, respectively. There are also studies that suggest *S. aureus* and *Streptococcus* were more common [14]. In a study by Sondena et al., the growing microorganisms in abscess cultures were anaerobes (mainly *E. Coli*) in 77%, aerobes in 4% and mixed microorganisms in 17% of the patients [15].

3. **Chronic Disease Form:** Chronic Pilonidal Sinus Disease: named after the period of abscess drainage. Intermittent drainage and pain are present. Mild tenderness and induration are present upon palpation. There may be one or more than one sinus orifices on which hairs may grow. Skin may have shrinkage and scarring secondary to drainage.

CASE SUMMARY

Personal Data

Name: XYZ

Age: 32 years

Sex: Male

Marital status: Married

Presenting Complaints

Patient is presented with the complaint of pain in the perianal region for 3 months. Pain aggravated by sitting down and amelioration by warm application. Other symptoms were redness and swelling at the perianal region along with discharge of offensive pus.

Past history

He suffered from Jaundice 6 months back and was treated with allopathic medicines.

Family History

Mother is diabetic patient, taking allopathic treatment

Physical generals

Appetite: Good

Thirst: Thirsty

Desire: Cold things

Aversion: Meat

Intolerance: Nothing Specific

Bowel: Unsatisfied, regular
 Bladder: Clear, profuse
 Sleep: Unrefreshing, disturbed due to pain
 Perspiration: Profuse, offensive
 RHC: Chilly

Mental Generals

Anger – expressive
 Consolation aggravation
 Fear – of pins
 Desire of company

Provisional Diagnosis

Pilonidal sinus^[16]

Totality of symptoms

- Pain in perianal region aggravated on sitting
- Pain ameliorated by warm application
- Discharge of fetid pus
- Presence of moisture on examination
- Aversion to meat
- Chilly patient
- Consolation aggravation
- Fear of pins

Rubrics Selected^[17]

1. Mind – consolation – agg.
2. Mind – fear – pins:of
3. Rectum – moisture
4. Generals – sitting – agg.
5. Generals – abscesses
6. Generals – abscesses – pus – fetid
7. Generals – food and drinks – meat – aversion
8. Generals – heat – lack of vital heat
9. Generals – warm – amel.

Analysis of the case

After analysis and evaluation of the case the characteristics symptoms were used to form the totality “pain is aggravated on sitting and ameliorated by warm application” were important particulars in this case, “chilly patient, aversion to meat and desire of cold things” were important physical general and “consolation aggravation and fear of pins” were important mental generals in this case.

The selection of remedy was based on repertorisation from RADAR 10^[17] software using Synthesis Repertory 9.1 by Frederick Schroyens with repertorial result showing top five remedies as Silicea^[20] (27/10), Mercurius (20/10), Sepia (23/9), Sulphur (21/9) and Graphites(19/9).

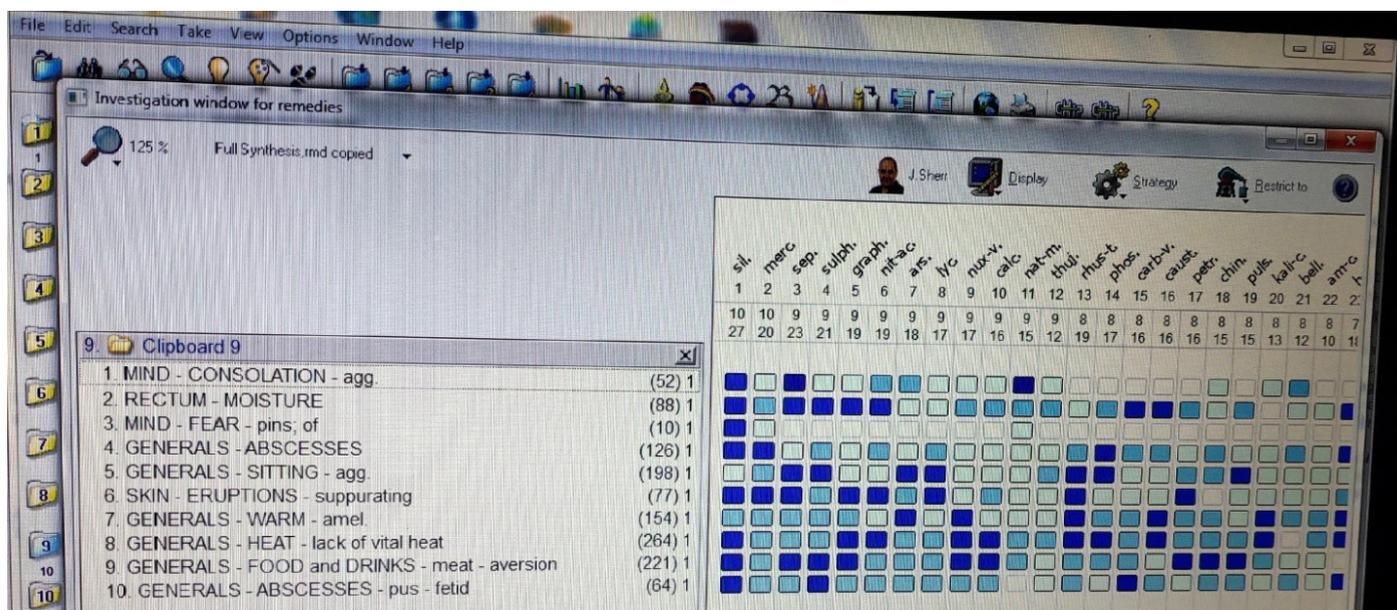


Fig 1: Repertorial Analysis Sheet [17]

DATE	SYMPTOMS	MEDICINE
23/07/2021	Patients' 1 st visit	Silicea 30/4 doses ("The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints".) (Aph 248,280) ^[18]
05/08/2021	Improvement in pain	Placebo 30/4 doses
14/08/2021	Increased redness and swelling	Placebo 30/4 doses
20/08/2021	Profuse discharge of pus with blood	Placebo 30/4 doses
27/08/2021	Discharge reduced	Placebo 30/4 doses
07/09/2021	Cavity started to heal up	Placebo 30/4 doses
15/09/2021	No discharge	Silicea 30/4 doses (According to Kent's 11th observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) ^[19]
26/09/2021	Sinus subsided	Placebo 30/4 doses

Before treatment





Fig2,3 and 4 before treatment of patient

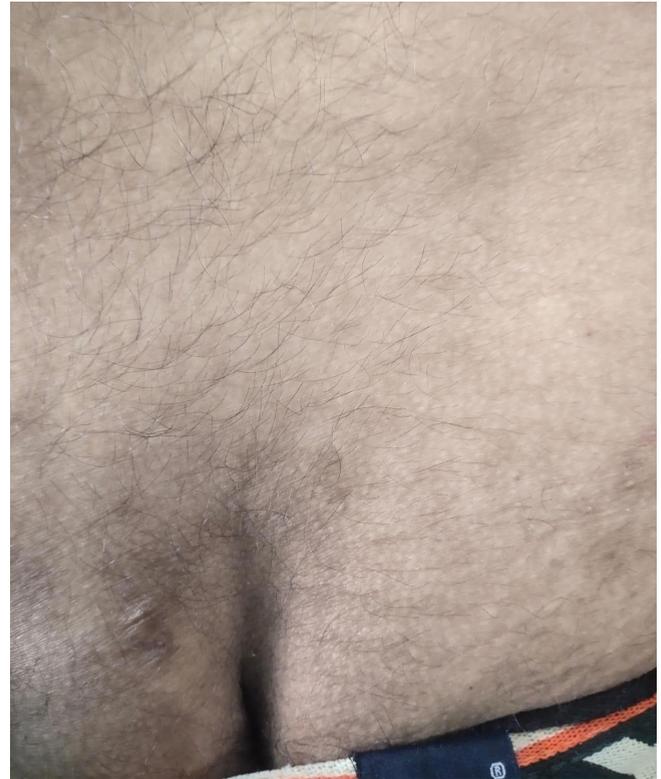


Fig 5: After treatment of patient

Prescription

Silicea [20] 30 / 4 doses

Basis for Prescription

After analysing the case and reportorial results along with the knowledge of our Materia Medica, SILICEA [20] 30/ 4 doses were prescribed as it gained maximum marks in the reportorial sheet and patient showed marked improvement after the medicine administration.

CONCLUSION

Homoeopathic medicine selected on the basis of homoeopathic principles proved to be very effective in this case of pilonidal sinus and shown remarkable results in the treatment. Silicea [20] was selected on the basis of physical generals, mental generals and particulars and keeping in mind the knowledge of Materia Medica and homoeopathic philosophy. Treatment was continued for 2 months. Medicine was given in very few doses which appeared very effective in treatment of the case.

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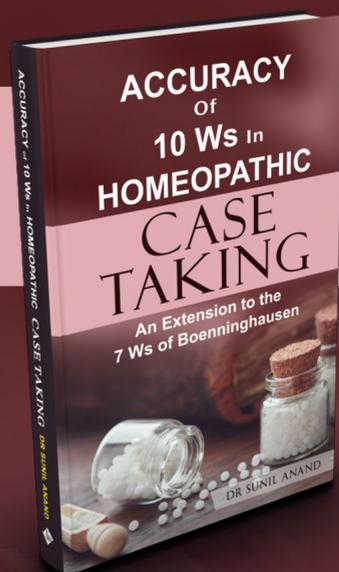
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ACCURACY OF 10WS IN HOMEOPATHIC

CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

Author:-

Dr. Sunil Anand

Homoeopathic Management of Bilateral Ovarian Cysts – A Case Report

Dr. Ankita Mittal

ABSTRACT

Background: Ovarian enlargements are usually due to the accumulation of fluid inside the functional unit of the Ovary cystic or solid, and may occur at any age. Functional and inflammatory enlargements of the ovary develop almost exclusively during the childbearing years. They may be asymptomatic or produce local discomfort, menstrual disturbances, infertility, or in rare cases cause acute symptoms due to complications bleeding, or interference with the blood supply to the ovary. **Case Summary:** A married lady aged 28 years presented with complaints of pre-diagnosed features of a bilateral ovarian cyst. The patient presented with pain in the lower abdomen, especially in the inguinal and iliac region for eight months. Ultrasound of the lower abdomen showed a cystic area size 35 x 37mm in the right ovary and 26 x 28 mm was seen in the left ovary. According to the totality of symptoms, the homeopathic medicine *Apis mellifica* was prescribed. Subsequently, within two months and fifteen days, each ovary was normal after the USG report of the lower abdomen.

Keywords: Bilateral ovarian cyst, Constitutional homeopathic treatment, *Apis mellifica*

INTRODUCTION

The enlargement of the ovary is usually due to the accumulation of fluid inside the functional unit of the Ovary. Functional and inflammatory enlargements of the ovary develop almost exclusively during the child-bearing years. Twenty percent of women will acquire at least one pelvic mass in their lives, making ovarian cysts a prevalent condition. More than thirty different forms of ovarian masses have been classified into several subcategories; the characteristics of the lesion, the patient's age, and the risk factors for malignancy all influence the course of treatment. The majority of ovarian cysts in women who are fertile do not need to be surgically removed because they are benign and functional. On the other hand, problems including pelvic pain, cyst rupture, blood loss, and ovarian torsion brought on by ovarian cysts need to be treated right away.^[1,2]

Although ovarian cysts can develop at any age,

ovarian cysts are more common in the reproductive years and more common in menarche females because of the synthesis of endogenous hormones. The most common type of ovarian lesions across all age groups are simple cysts, which are less likely to be malignant than mixed cystic and solid or totally solid lesions. Age is the most significant independent risk factor for ovarian cysts, even though the majority of them are benign. Most of these cysts are not harmful. Of all ovarian neoplasms, mature cystic teratomas or desmoids account for over 10%. At almost 30%, ovarian cysts are the most prevalent malignancy in newborns and fetuses. Over 21,000 women in the US receive an ovarian cancer diagnosis each year, which results in 14,600 fatalities. An ovarian cyst of <20 mm in diameter is considered physiological and represents a maturing follicle. A cyst of >20 mm in diameter is considered abnormal.^[2,3]

. An ovarian cyst is more likely to cause pain due to enlargement of the ovary, bleeding or interference with the blood supply to the ovary, and also

pain due to twisted or caused twisting of the ovary, bloating or swelling in the abdomen, pain during bowel movements, pain in the pelvis shortly before or after beginning a menstrual period, And sudden and severe pelvic pain, often with nausea and vomiting or may be a sign of torsion or twisting of the ovary on its blood supply, or rupture of a cyst. [1,4]

CASE REPORT:

Presenting complaint:

A married lady aged 28 years visited the OPD of R.B.T.S. Govt. Homoeopathic Medical College and Hospital Muzaffarpur on 08 February 2023 with complaints of pre-diagnosed features of a bilateral ovarian cyst. The patient presented with pain in the lower abdomen, especially in the inguinal and iliac region for eight months which aggravated during the beginning of menstruation and slight pressure and was relieved by lying down and rest. Sometimes inguinal region pain radiates to both the thigh and lumbar region.

History of presenting complaint:

The symptoms started slowly but steadily. There was heaviness in the lower abdomen during the beginning of each menstrual period. The intensity of lower abdomen pain was day by day increasing and she had been taking allopathic medicine for 4 months and no relief. When she came for the homoeopathic treatment, it was unbearable.

Past history:

The patient suffered from malarial fever 6 years back. And which was treated by allopathic medicine.

Family history:

Father alive, suffering from DM-II for 7 years. Mother alive, suffering from osteoarthritis. The elder sister was suffering from a right-sided ovarian cyst, which was treated with homoeopathic medicine.

Personal history:

The patient was a housewife and was married for three years, and had no issues. She lived in a congested area. Her diet was regular and she was a

non-vegetarian. She had one child; her age was 1 year 3 months.

PATIENT DETAILS:

Mental aspect:

She had felt jealous after seeing another woman. And her weeping tendency sometimes appeared. She was very afraid to be alone. The patient was restless when leave alone. She was very anxious about her health and fastidious in nature;

Physical generals:

On enquiry of the patient, his appetite was very good. She had a desire for generally cold milk, sour food and drinks. And her aversion was nothing. She was thirstless. And her tongue was sometimes scalded. Her stool was regular. And her urine was normal. Her perspiration was also normal in condition. Sleep was disturbed during pain in the lower abdomen.

Menstrual history:

Her menarche started at the age of 13 years. LMP appeared on date 18.01.2023: Menses appeared to last for 1-2 days, clotted, irregular, extremely painful and. Another associated complaint was sometimes white discharge from the vagina before menstruation.

General Physical Examination:

Pulse Rate - 78/min.

Respiratory Rate - 18/min.,

TEMP: 98°F,

Height: -160 cm

Weight: - 56 Kg

B.P.: -110/80 mm Hg.

-No sign of pallor, cyanosis, icterus, clubbing, lymphadenopathy.

Physical examination:

During palpation, Tenderness in the lower abdomen especially in the iliac region and inguinal region. And dullness appears in the iliac and inguinal region during percussion.

Case Report

Laboratory investigation:

Finding Ultrasonography (USG) of the whole abdomen on date 06.02.2023, Impression: A cystic area size 35 x 37 mm was seen in the right ovary

and 26 x 28mm was seen in the left ovary.

Diagnosis: B/L Ovarian cyst

Justification of diagnosis: U.S.G. Report and Symptomatic

Analysis & Evaluation of Symptoms: -

S.N.	SYMPTOMS	ANALYSIS	EVALUATION	MIASM ^[5]
1.	very afraid to be alone	Mental general	++	Psora
2.	jealous after seeing another woman	Mental general	+++	Syco-psoric
3.	thirstless	Particular	++	Psora
4.	pain in the lower abdomen < beginning of menstruation, < pressure	Particular	+++	Psora-sycotic
5.	Pain in inguinal and iliac region	Particular	+++	Psora
6.	Menses' clotted, irregular, extremely painful	Particular	++	Syco-syphilitic
7.	Menses appeared to last for 1-2 days	Particular	++	Psora
8.	Ovarian cyst	Particular	+++	Sycosis
9.	desire for cold milk	Physical general	++	Syphilis
10.	desire for sour food and drinks	Physical general	++	Psora-syphilitic

Repertorial sheet: [8]

The screenshot shows the Synthesis Repertory software interface. The search term is 'Ovarian cyst'. The left pane lists 13 symptoms with their corresponding number of rubrics. The right pane is a grid of remedies, with columns labeled by remedy initials (e.g., apis, phos., lyc., calc., ataph., sep., puls., bell., plat., con., kali-c., bry., caust., merc., thuri., ang-n., coc-c., iach., rhus-t., sulph., med., verat., carb-v.). The grid cells contain numbers representing the number of rubrics for each symptom-remedy pair. Some cells are highlighted in yellow or orange, indicating higher scores.

The Repertorisation was done using Radar opus (Synthesis Repertory).[8] Apis mellifica covers maximum rubrics at a particular level with highest-scoring medicine.

Prescription: -

R_x

Apis mellifica 200/1 Dose /OD (morning with empty stomach)

Selection of remedy with justification: In re-

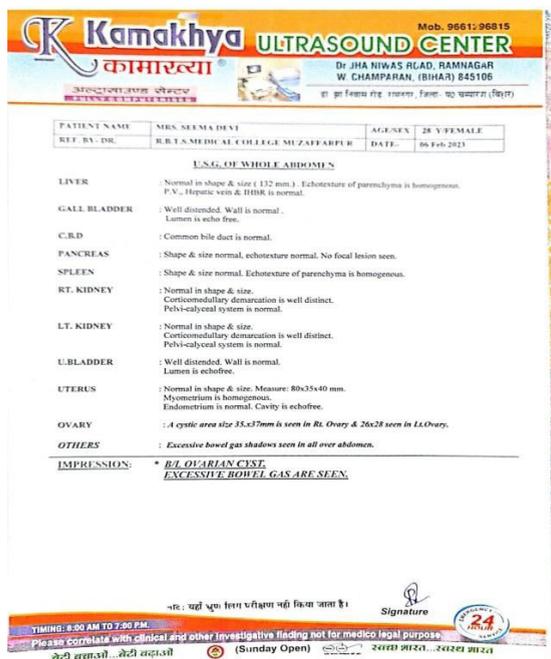
portorial analysis, *Apis mellifica* has most of the symptoms and the highest score. After consulting Materia Medica [7,9] *Apis mellifica* was found to be most appropriate for this case covering general

including physical and mental pictures as well as thermal reaction.

Selection of potency with justification: It best on the susceptibility of the patient.^[10]

Follow-up Sheet: -

Date of visit	Change in symptom	Prescribed medicine / potency/ dose
21/02/2023	No change in mental symptoms, Pain in lower abdomen slight >, Pain in inguinal and iliac region 25% >, Menses appear on date 16 – 02 -2023, clotted >, duration 2-3 days, Pain in lower abdomen > during menstruation,	Placebo 1 dram /BD
06/03/2023	Mental symptoms 30% >, Pain in lower abdomen slight >>, Pain in inguinal and iliac region 45% > ,	Placebo 1 dram /BD Dressing
21/03/2023	Mental symptoms 30% >, Pain in lower abdomen >>, Pain in inguinal and iliac region 45% >, Menses appear on date 15–03-2023, clotted >, duration 3-4 days, Pain in lower abdomen > during menstruation,	<i>Apis mellifica</i> 1M/1 Dose /OD (morning with empty stomach) Placebo 1 dram /BD
28/03/2023	Mental symptoms 60% >, Pain in lower abdomen >>, Pain in inguinal and iliac region 78% > ,	Placebo 1 dram /BD
05/04/2023	Mental 90% better feeling, No any type of jealousy. Pain in the lower abdomen sometimes persists, and Pain in the inguinal and iliac region subsides, Advised USG report on the lower abdomen.	Placebo 1 dram /BD
13/04/2023	Mentally better feeling, Pain in lower abdomen subside, Menses regular, no any type of abnormality in menstruation, Finding USG report on date 10-04-2023 – Ovarian cyst subside.	Placebo 1 dram /BD



ULTRASOUND BEFORE TREATMENT



ULTRASOUND AFTER TREATMENT

DISCUSSION AND CONCLUSION:

[6,10]

In this case of bilateral ovarian cysts, homoeopathic therapy, which was chosen based on homoeopathic principles, proved to be incredibly effective and produced amazing treatment outcomes. *Apis mellifica* was chosen with consideration for homoeopathic philosophy and *Materia Medica*, as well as physical, mental, and particular generals. We continued the treatment for two months and fifteen days. Medication was administered in extremely small dosages, and it seemed to be rather successful in treating the patient., The findings of this study suggest that in patients for whom surgery is not an option, carefully choosing a homeopathic remedy that matches the totality of symptoms can normal bilateral ovary without the need for surgery. It is concluded that constitutional remedy on the basis of the totality of symptoms is effective in the management of bilateral ovarian cysts.

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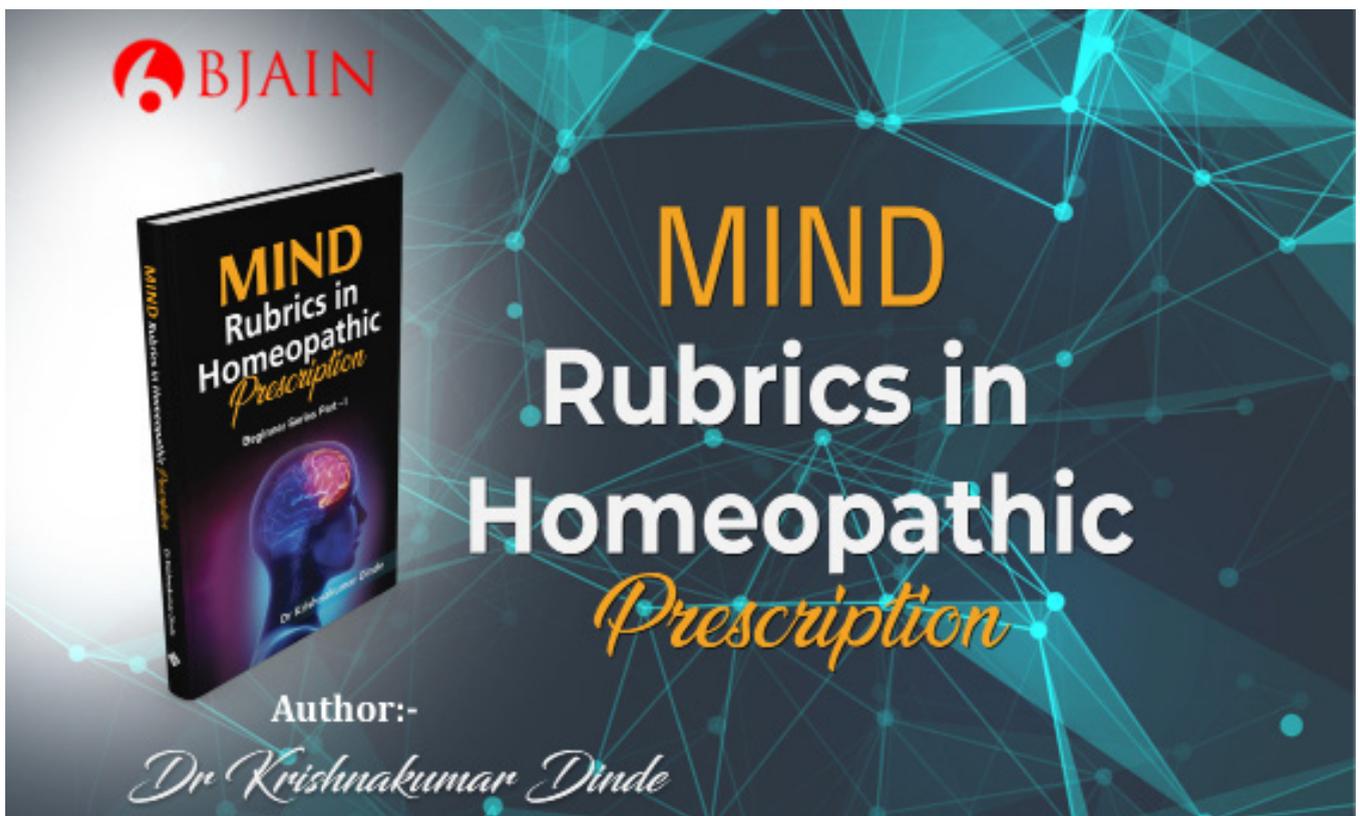
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A Case Report on Dermatitis Treated with Individualised Homoeopathic Medicine

Dr. Rohit Kumar Priya

ABSTRACT

Eczema, a chronic inflammatory skin condition, presents a complex and often challenging medical concern. While conventional treatments predominantly focus on symptom management through topical steroids and immunosuppressants, an emerging approach is individualized homeopathic medicine, which aims to address the underlying causes of the disease. In this case report, we present the remarkable journey of a patient suffering from eczema who sought treatment with individualized homeopathic medicine.

Keywords: Eczema, Individualised Homoeopathic medicine, Dermatitis, Steroids, immunosuppressants

Abbreviations- RAST- Radioallergosorbent test, Puls.- Pulsatilla Nigricans, Ars. Alb- Arsenicum Album, Nat-mur- Natrum Muriaticum

INTRODUCTION

The term eczema means “boiling out,” reflecting the perception that the skin appears to “boil” or “ooze” in cases of eczema. Eczema is characterized by two main components: a clinical aspect and a histological aspect. Clinically, eczema presents with symptoms such as itching, redness, swelling, small raised bumps, fluid-filled blisters, flaking skin, and thickening of the skin (lichenification). The specific feature that predominates can vary depending on the stage of the condition—acute eczema typically involves oozing, while chronic eczema tends to be dry, scaly, and often thickened. Histologically, eczema is characterized by spongiosis, although the exact histological appearance is influenced by the stage of the disease, which corresponds to the clinical presentation. In the chronic stage, the lesion exhibits increased keratinization and thickening

of the outermost layer of the skin (hyperkeratosis and acanthosis).⁽¹⁾

Classification of Eczema⁽¹⁾

The most practical way to classify eczema, according to etiology is:

1. **Endogenous eczema:** When constitutional factors make a person more likely to develop eczema.
2. **Exogenous eczema:** When external triggers lead to the onset of eczema, such as in the case of irritant dermatitis.
3. **Combined eczema:** In cases where both constitutional factors and external triggers contribute to the emergence of eczema, as seen in atopic dermatitis.

Table 1- Classification of Eczema as per etiology

<i>Endogenous</i>	<i>Exogenous</i>	<i>Combined</i>
Seborrheic dermatitis	Irritant dermatitis	Atopic dermatitis
Nummular (discoïd) dermatitis	Allergic dermatitis	Pompholyx
Lichen simplex chronicus	Photodermatitis	
Pityriasis alba	Radiation dermatitis	
Stasis dermatitis	Infective dermatitis	

Clinical features⁽¹⁾

The clinical manifestations of eczema are influenced by the stage of the disease, whether it's in the acute or chronic phase.

In acute eczema, you typically observe an area of redness and swelling, which lacks a well-defined border and is topped with small raised bumps, blisters, pustules, and exudate that eventually dries and forms crusts. As an eczematous plaque starts to subside, it may become covered in scales.

In contrast, chronic eczema is characterized by lichenification, which consists of a trio of increased pigmentation, thickening of the skin, and more pronounced skin markings. Lesions are less likely to exude fluids and tend to be more scaly in nature. In flexural areas, there may even be the development of fissures.

Investigations⁽¹⁾

- Patch test-** Patch tests are very useful in finding the cause of allergic but not irritant dermatitis, *i.e.*, they detect allergens responsible for type IV allergy.
- Photopatch test-** Photopatch tests are done to establish the cause of photoallergic contact dermatitis.
- Prick test-** Type I hypersensitivity is detected by prick tests. Relevance of positive prick tests in determining the cause of eczema (atopic dermatitis) and urticaria, however, is debatable.
- Serological test-** Measuring the total serum IgE levels and specific IgE antibodies directed against particular antigens, assessed through the radioallergosorbent test (RAST), can be

valuable in diagnosing atopic conditions.

General Management⁽¹⁾

General Measures

1. Remove triggers-

- Contact allergens/irritants in contact dermatitis.
- Aggravating factors in atopic dermatitis

2. Hydration and use of emollients-

- Numerous skin conditions that cause eczema, such as atopic dermatitis and asteatotic eczema, are linked to dryness, and dry skin is more prone to irritants.
- One fundamental approach to treating eczema involves moisturizing the skin first and then using emollients to seal in the moisture.

Therapeutic Management

In allopathic mode of treatment, for acute eczema topical treatment is recommended *i.e.*, liquid applications along with that Systemic treatment is given. Under systemic treatment, Systemic steroids, immunosuppressives, antibiotics and antihistamines are provided. Whereas for chronic eczema, topical and systemic steroids, antibiotics and topical immunomodulators is recommended.

Many of the patients suffering from eczema, a more particularly chronic type receive allopathic treatment at first. These treatment modalities eventually lead to suppression of the immune system especially if the patient has been taking treatment for a long period of time. Furthermore there are side effects of these steroids that include weight gain, increased appetite, stomach pains,

indigestion or heartburn, sleep problems, changes in mood, bruising easily, thinning of the skin, stretch marks. Steroids can weaken bones, which can lead to a condition known as osteoporosis.

Moreover when a skin disease is treated with these kind of treatment modalities, as per Homoeopathic philosophy, it leads to suppression of skin diseases and it gets transformed into a more severe disease, affecting more important vital organs from a less important vital organ.

As per Homoeopathic principles, a disease is not the point of concern but the person suffering from the disease is important. It is very important to individualise the person after proper case taking to form the totality of symptoms. After making a totality of symptoms, a medicine which covers all the symptoms of the patient as per Law of similia is prescribed.

HOMOEOPATHIC THERAPEUTICS⁽²⁾³

1. **Graphites-** moist scabby eruptions on the scalp, face, bends of joints, between fingers and behind the ears. The corners of the mouth and eyes are cracked, bleeding and oozing a gluey, honey-like, thick, tenacious discharge, a fissured eczema is the type. Great itching always accompanies the eruption. The skin may be dry and horny. The hair is dry and falls out.
2. **Arsenic Album-** A useful remedy in all cases of skin troubles when the skin is thickened, such as in chronic eczema, psoriasis and chronic urticaria. The sensations are itching, burning and swelling, it also has papules, nettle rash and pimples. Burning sensitive ulcers with offensive discharges. It is almost a specific for hives from shell fish, which itch and burn, and for repercussed hives. Pustules form into scabs.
3. **Bovista-** Baker's and grocer's itch, and eruption on the back of the hands. It is also recommended in pellagra, also phosphorus and Argentum nitricum.
4. **Sulphur-** The great characteristic of this remedy is the aggravation from washing; this, with scratching, makes the parts burn intensely. The skin is rough, coarse and measly, and there is much soreness in the folds of the skin and a tendency to pustular eruptions. Dryness and heat of scalp, with intense itching, especially at night, and scratching causes soreness; wetting makes it burn.
5. **Natrum muriaticum-** Dry scaly or herpetic eruption of little water blisters in bends of joints, hydroa labialis, fever blisters. Moist eczema without much itching. The Natrum muriaticum patient continually suffers from "hang nails." (Hepar, Rhus, Natrum muriaticum, Arsenicum, cold sores.) Herpes circinatus. Eczema, with thick scabs oozing pus.
6. **Psorinum-** Herpetic eruptions with much itching, worse when getting warm in bed; the skin is dirty, greasy, unwashed in appearance. Tinea capitis, offensive matter oozes out. Sebaceous glands secrete in excess. Eczema more on the sides of the head and face, cheeks and ears. Eruption in the bends of joints. Pustules or boils remaining after itch.

Case History

A young female patient aged 14 years came to the Outpatient department of R.B.T.S. G.H.M.C & H., Muzaffarpur on 03/01/2023 having complaints of eruption over both the dorsal aspect of hands, right forearm, low back and to right dorsal aspect of foot since 2 years. There was voluptuous itching which aggravated in the morning. Along with that there was sticky discharge which was oozing out of the eruption. Her complaints aggravated from warmth of bed. Her complaints first started in the left hand and then it shifted to the right side of body. She had received allopathic treatment for her complaints but there was no any relief. She was very anxious due to her complaints and there was weeping tendency also. She was much worried about her appearance. There was no significant history of past illness. Her father had been suffering from Hypertension. There was no any significant maternal history. Her appetite was good and she had craving for sour things. She had moderate thirst. Tongue was thin and long and catches over lips, regular and satisfactory stool, Urine was normal without any complaints. She had dreams of the dead. Thermally she was ambithermic with profuse perspiration.

Provisional Diagnosis- Nummular Dermatitis

Totality of symptoms

1. Itchy Eruption in upper and lower limbs and in low back since 2 years
2. Painful eruptions
3. Complaints originated from left side and extended to right side
4. Weeping tendency
5. Anxiety due to illness
6. Craving- sour food
7. Tongue- long, thin and catches over lips
8. Dreams of dead

Table 2 - Analysis and Evaluation of Symptoms with Miasmatic Analysis

Sl. No.	Symptoms	Analysis of symptoms	Evaluation of symptoms	Miasmatic analysis ⁽³⁾
	Weeping tendency	Mental Generals	++	Psoric
2.	Anxiety due to illness	Mental Generals	+++	Psoric
3.	Craving- sour food	Physical generals	++	Psoro-Syphilitic
4.	Tongue- long, thin and catches over lips	Physical generals	++	Psoric
5.	Dreams- of dead	Physical generals	++	Syphilitic
6.	Complaints originated from left side and extended to right side	Physical generals	+++	? Psoric
7.	Itchy eruption in upper and lower limbs and in low back	Particular symptoms	+	Psoric
8.	Painful Eruption	Particular symptoms	+	Psoric

Table 3- Conversion of Symptoms into Rubrics

1. Anxiety due to illness	MIND- Anxiety- health; about- own health
2. Weeping tendency	MIND- Weeping- amel.
3. Tongue- long, thin and catches over lips	MOUTH- Protruding- Tongue- difficulty,
4. Dreams of dead	DREAMS- death
5. Itchy eruption in upper and lower limbs and back	SKIN- Eruptions- Itching
6. Eruptions painful	SKIN- Eruptions- painful
7. Complaints originated from left side and extended to right side	GENERALS- Side- Left- then right side
8. Craving - sour food	GENERALS-Food and drinks- sour food, desire

Synthesis Adonis (SCHROYENS F.)

Limit the analysis to a view: Full repertory

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	lach.	lyc.	nat-m.	ars.	puls.	calc.	kali
1	2	3	4	5	6	7	
8	7	7	6	6	6	6	6
17	11	10	12	11	10	10	

1. Clipboard 1

- 1. MIND - ANXIETY - health; about - own healt... (183) 1
- 2. MIND - WEEPING - amel. (63) 1
- 3. MOUTH - PROTRUDING - Tongue - difficulty, ... (5) 1
- 4. DREAMS - DEATH (198) 1
- 5. SKIN - ERUPTIONS - itching (224) 1
- 6. SKIN - ERUPTIONS - painful (90) 1
- 7. GENERALS - SIDE - left - then right side (51) 1
- 8. GENERALS - FOOD and DRINKS - sour food, ... (211) 1

1	2	1	3	2	2	2
1	2	1		2		
3	1					
3	1	1	1		2	1
2	2	3	3	2	2	2
2	2	1	2	2	1	2
3		1	1	1	1	1
2	1	2	2	2	2	2

Repertorial Analysis

1. Lachesis 17/8
2. Lycopodium 11/7
3. Nat-mur 10/7
4. Ars. alb 12/6
5. Puls. 11/6

Prescription

Lachesis was selected for the case as it is covering all the symptoms and scoring maximum marks i.e., 17. Lachesis 200 / 1 dose was prescribed to the patient and to be taken in empty stomach in early morning.

Before Treatment (03.01.23)



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6

After Treatment (10.04.23)



Figure 7



Figure 8



Figure 9



Figure 10

Table 4- Follow up sheet

Date	Symptoms	Medicine
20/01/23	Slight aggravation was seen in the eruptions	Placebo
06/02/23	Pain was reduced; drying up of lesion started; dreams of death disappeared	Placebo
22/02/23	Complaints aggravated with discharging lesion	Lachesis 200/ 1 dose
10/03/23	Improvement was observed	Placebo
25/03/23	Lesions started drying up	Placebo
10/04/23	All eruptions disappeared leaving slight discoloration behind	Placebo

CONCLUSION

This case report underscores the potential efficacy of individualized homeopathic medicine as a promising and holistic treatment option for patients suffering from eczema. Through a meticulous analysis of the patient’s unique symptomatology, constitutional characteristics, and overall health profile, a tailored homeopathic remedy was prescribed. The marked improvement in the patient’s eczema symptoms, as evidenced by the significant reduction in itching, inflammation, and the overall enhancement in the quality of life, serves as a compelling testament to the potential of homeopathy in providing relief and cure in chronic skin conditions.

Furthermore, the patient’s positive response to this individualized approach highlights the importance of a personalized and patient-centric healthcare model. The conventional therapeutic options for eczema often involve the administration of topical steroids and immunosuppressants,

which may be associated with various side effects and limited long-term benefits.

It is essential to emphasize the need for rigorous research, including larger controlled trials and systematic reviews, to further establish the efficacy of homeopathic treatments in eczema management.

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Bask in the glory
of *Hinduism...*
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Its a way of life.



Evidence Based Case Report of Combined Cholelithiasis & Bi-lateral Nephrolithiasis -

Dr. Rup Nandi

ABSTRACT

Background: Gallstone disease (Cholelithiasis) & Renal stone (Nephrolithiasis) are universal disease and major cause of morbidity & mortality throughout the world, nowadays a frequent problem in developing countries, representing a major health problem. A patient, Smt. Shanti Gorai, aged 40 years, was suffering from Combined Cholelithiasis & Bi-lateral Nephrolithiasis with symptoms of pain in Epigastric & lumbar region and vomiting with nausea for nearly 4 months. She was treated by different generations of NSAIDs, Antispasmodics & antibiotics with minimal improvement and lastly advice for surgical interventions. With recurrence of the above symptom complex, she switched over to Homoeopathic treatment seeking better aid. Diagnosis was confirmed by USG of whole abdomen (Dated – 30/05/22) that showed multiple cholesterol crystals studded in Gallbladder wall showing comet tail artifact with CBD dilated (11.2 mm.), however lumen echo-free and associated with a tiny calculus noted in interpolar region measuring 2.4 & 5.94 mm both Right & left Kidney respectively. Proper case taking & repertorization were done from Homoeopathic perspective.

Result & Interpretation: The frequency of Epigastric & Lumbar pain associated with nausea, vomiting is now less, 1-2 times now a month, other general symptoms also improving till date. Clinically & radiologically the patient showed remarkable improvement and USG of whole abdomen that showed (Dated – 23/10/22) GB is only partially contracted but visualized lumen is clear, however no calculus demonstrated in Gall bladder & Kidney.

Keywords: Cholelithiasis, Nephrolithiasis, Homoeopathy, Knowledge of disease, Constitutional Remedy, Repertorization

INTRODUCTION

Cholelithiasis is a chronic recurrent disease of the hepato-biliary system. Different types of Gallstone- Cholesterol, Mixed & Pigment; different type of Renal stone- Calcium oxalate (MC), Phosphate, uric acid, Cystine calculus. In the world urolithiasis is the most common urological disease in living beings. Kidney stone is the most painful and prevalent urological disorder of the urinary system. Both intrinsic & extrinsic factors affect the susceptibility of a population to develop Stone in Gall bladder & Kidney. In India Gall bladder & Kidney stone, it is considered to be approximately 4 – 6 & 10 - 12% in a total population.

Present complaints:

A 40 years lean-thin old women came to me in my PHC; OPD Reg. No- 854/22, On 25/05/2022, Name-SHANTI GORAI, Kantarangani, Purulia (W.B), complained of - Pain (Colicky) in the epigastric region for last 5-6 months & Back pain sometimes radiating to both groin for last 9-10 months

Modalities - < night, oily food, exertion; hyperacidity > eructations, back pain> urination.

Associated problem:

H/O- Operation in kidney (unspecific)

Nausea & vomiting; Sour eructations; Increase appetite, Thirst less etc.

Irregular bowel habit ,

On/E – ABDOMEN – tender, Murphy’s sign ++; Tongue – coated, moist.

On the basis of only present complaint, associated problem & modalities first prescription was.

Prescription (25.05.22)

Rx,

Cinchona Officinalis 30, 5 ml; TDS X 3 DAYS, 1 Spoonful water 2-3 Drop medicine.

Advice

1. Take plenty of water ; Avoid oily & spicy food
2. USG Of whole abdomen immediately.
3. Routine blood.
4. Follow up & brought out all previous report as early as possible.

FOLLOW UP -1 (31.05.22)

On the next visit, she brings all the previous report including USG report which was also advice by me on 25/05/22. Pain on abdomen slightly improve; nausea & Vomiting slightly better than before.

Then I had taken proper Homoeopathic Case -taking. During case taking I found that there was repeated history of admission in hospital. For easy understanding I divide the sequences as a series.

H/O Development of Present Complaints:

SERIES NO 1 - The pain in back initially was on **01/09/2021**, Admission on private hospital & discharge date **07/09/2021**. Treatment – Conservative.

Series NO 2- Again Patient was Admitted on a Private Hospital ;dated **28.09.2021**, diagnosed as a - case of bilateral nephrolithiasis with hydro-nephrosis (Rt.) with stricture urethra. Procedure performed : Stricture urethra surgery + Rt. RGP + Rt. URS+ Rt. Nephro-pyelolithotomy + Rt. DJ stenting were done 29/ 09/21; discharge date 01 /10/ 2021.

Series no -3: Patient was admitted again on same

private hospital **24/11/2021** with same complain. Diagnosis – Bilateral nephrolithiasis with stricture urethra- post stricture urethra surgery + Rt. RGP+ Rt. URS + Rt. DJ stent in SITU+ Stone fragment in SITU. PROCEDURE PERFORMED – Rt. RGP + Rt. URS + **Rt. DJ stent REMOVAL+ Stone fragment removal**+ OIU were done on 25/11/2021; discharge date 26/11/2021.

Series no 4- Same problem like series no. 1&2, patient again got admission this time on a Govt., SD hospital dated on **05/04/2022**. **USG REPORT-** Shows Rt. kidney calculi 6.4 mm & Lt. renal tiny calculi 4.1 mm; diagnosed as – Bi -lateral nephrolithiasis.

Past H/O – Chicken pox at the age of 9-10 yrs of age.

Family H/O – nothing significant.

Personal H/O – Occupation – house worker, Marital status – married;

No of issues – P1+1

Relation with family members –not good with husband, husband suffering from Syringomyelia.

Physical examination:

Vitals- No pallor, icterus, edema

BP – 110/70 mm Hg

Pulse – 72/mint

RR – 17/min

Chest: Bilaterally clear

CVS – S1 S2 Audible

Abdomen- Soft, tenderness on rt. upper quadrant

General symptoms:

Mental general – long continue anger leading to silent grief

Physical general –

T/R -Hot (+)

Thirst is now improve but still moderate (+)

Case Report

Appetite - ++++

Desire – Sweets (+++)

STOOL – irregular, unsatisfactory, often hard

Urine – clear, urination > backache.

Sleep- 1st sleep disturb due to pain & nausea.

Modalities - < night & morning, exertion;> eructations , urination.

TOTALITY OF SYMPTOMS:

Colic pain in the epigastric region; < night, oily

food.

Pain on back generally > by urination; Renal Calculi

She had increase appetite

She had desire for sweets

Eructations improve her condition

She had often sour eructation any time

She had long continued anger which turns into grief, after that all complain arises

Miasmatic Evaluation 3,4-

Psora	Syphilis	Sycosis
Pain on back generally > urination	< Night	Colic pain
Increase appetite, Desire for sweets		Renal calculi – Psora+ Sycosis, pain on urination.
Eructation >, Sour eructation		Infiltration & deposits
long continued anger which turns into grief		
Bilious nausea, vomiting		
Constipated, stool- hard		

Repertorial Totality

<u>SYMPTOMS</u>	<u>RUBRIC</u>
She had colic pain in the epigastric region (Gall stone colic)	ABDOMEN- Pain, aching, dull pain, liver, colic, gall stones
She had increase appetite	STOMACH- Appetite, increase
She desire sweets	STOMACH – Desires, sweets
Eructations improve her condition	STOMACH – Eructations, ameliorate
She had often sour eructation any time	STOMACH – Eructations, sour
Pain on back (kidney region) generally improve by urination	URINARY ORGANS-Kidney, pain, urination after amel
Renal stone	URINARY ORGANS- Urine ,sediment, red, renal calculi
She had long continued anger which turns into grief, after that all complain arises	MIND – ANGER, IRASCIBILITY, ailments after anger with silent grief

REPERTORIZATION (Kent) – (Software - Hompath)

Remedy	Lyc	Sep	Nux-v	Calc	Arg-n	Kali-c	Berb	Bry	Carb-v	Lach	Chin	Ign	Bell	Dig	Dios	Nat-c	Nit-ac
Totality	21	11	8	8	7	7	6	6	6	6	6	6	5	5	5	5	5
Symptoms Covered	7	5	5	4	3	3	3	3	3	3	2	2	3	3	3	3	3
Kingdom																	
[Kent] [Mind]ANGER, IRASCIBILITY (SEE IRRITABILITY, QUARREL...	3		1									3	1			1	
[Kent] [Abdomen]PAIN:Aching,dull pain (see Boring,Gnawing,et...	3	2	2	2		2	3	2		2	3		3	1	2		
[Kent] [Stomach]DESIRES:Sweets: (36)	3	2	1	2	3	2		2	2		3					2	
[Kent] [Stomach]ERUCTATIONS:Ameliorate: (64)	3	2	2		3	3	1	2	3	2		3		2	2	2	2
[Kent] [Stomach]ERUCTATIONS:Acrid: (55)	3	2	2	2						2			1	2	1		2
[Kent] [Kidney]PAIN:Urination:After amel: (3)	3																
[Kent] [Urine]SEDIMENT:Sand:Gravel (small calculi): (15)	3	3		2	1		2		1								1

PRESCRIPTION (2ND)

After Repertorisation , **Lycopodium** possessed highest grade & highest matching of the symptoms. Here, Lycopodium was selected on the basis of Physical & as well as Mental symptoms of the patient. After consultation with Materia Medica & repertorial result Lycopodium was pre-

scribed in this case.

Advise – Intake of plenty of water, lime juice, avoid any kind of spicy & fatty food, avoid heavy work.

Any acute emergency contact with any State General/ Sub-divisional Hospital.

FOLLOW UP:

DATE	RESPONSE	MEDICINE
25/05/22		China 30 /9 D; TDS X 3days
31/05/22	Pain on abdomen & back pain slightly improve; nausea & Vomiting slightly better than before.	Lycopodium -200/3 D; Rubrum 0/1- 20 D; ODX 20 DAY
03/07/22	Pain on abdomen & back – improve, nausea, vomiting – 2 time only	Rubrum 0/2 – 20D; ODX 20 days
21/07/22	Pain on abdomen only 2 time, nausea 3 time, no vomit, back pain – nill	Rubrum 0/3 – 20D; ODX 20 days
18/08/22	Pain on abdomen only 2 time, nausea 1 time, no vomit, back pain – nill	Nat. phos 6X/5 gm; ODX15 days
19/09/22	Pain on abdomen 4 time, no nausea & vomit – 1 time, back pain – nill	Lycopodium 200/2 D; 1 DAY interval; Rubrum 0/4– 20 D; ODX20days
31/10/22	Pain on abdomen only 2 time, nausea & vomit, back pain – nill Pain on abdomen only 2 time, nausea & vomit, back pain – nill	PL 0/5 – ODX 20 days
17/11/22	Pain on abdomen only 1 time, nausea & vomit, back pain – nill	Rubrum 0/6 – 20 D; ODX20 DAYS
24/11/22	Cough & common cold. Pain on abdomen only 2 time, nausea & vomit, back pain – nill	Bryonia alba 30/9 d, TDS X3 Days
30/11/22	Pain on abdomen only 2 time, nausea & vomit, back pain – nill	Rubrum 0/7– 20 D; ODX20 DAYS
19/12/22	Pain on abdomen only 2 time, nausea & vomit, back pain – nill	Lycopodium 200/1 D, OD; Rubrum 0/8– 20 D; ODX20 DAYS
04/1/23	Pain on abdomen – Nill; nausea & vomit, back pain – nill	Rubrum 0/9 – 20 D; ODX20 DAYS
21/1/23	Improve	PL 0/10- 20 D; ODX20 DAY

CONCLUSION

The case report illuminating the importance of Knowledge of Disease, Indication during Homoeopathic successful prescription and also the importance of repertorization in individualised Homoeopathic prescription as a promising com-

plementary / alternative treatment. Knowledge of disease helps the Homoeopaths to know the sick man in a Homoeopathic way. Nano-particle laden Homoeopathic medicine is capable enough to alleviate such complex disease without surgical intervention.

Consent of the Patient – Taken from patient with signature for the purpose of sharing pictures.

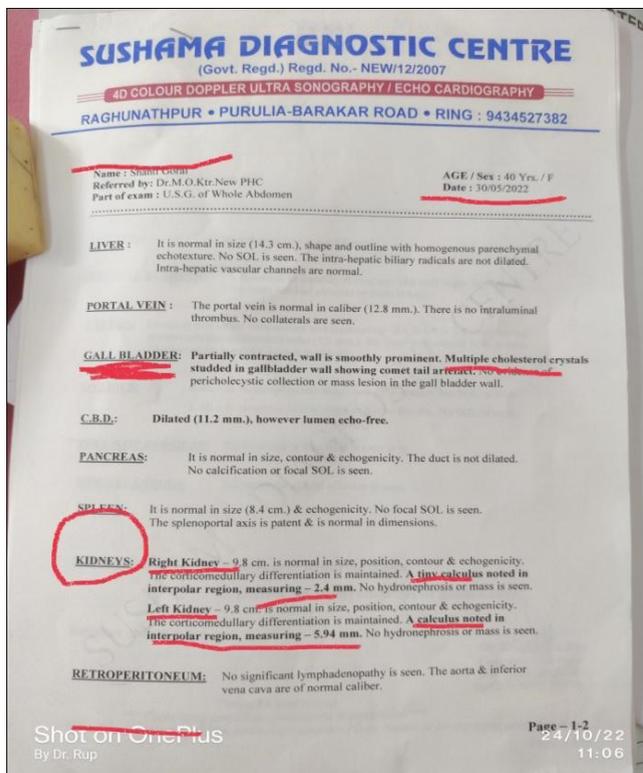


FIGURE -1 – USG on 30.05.2022, showing MULTIPLE GB Stone with bi-lateral renal stone.

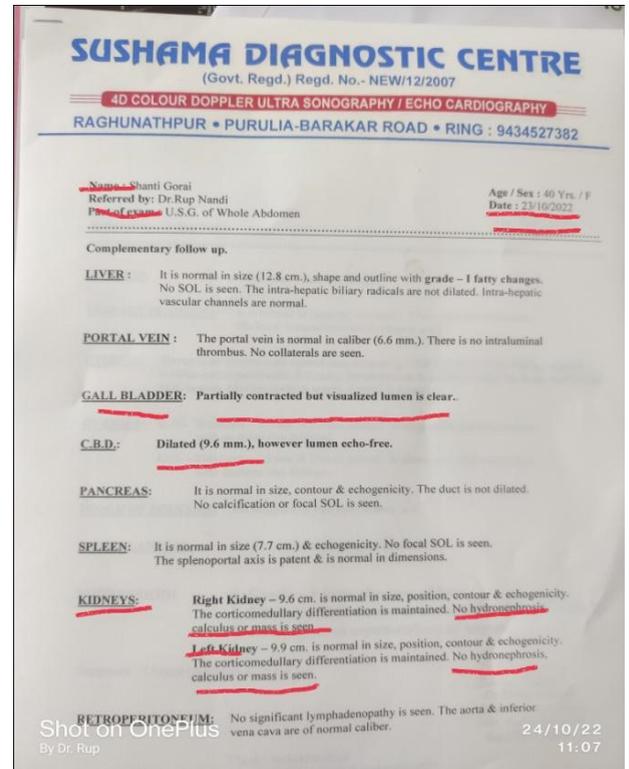


Figure 2 – USG ON 23/10/22 Showing no evidence of GB stone & Renal stone.

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Effectiveness of Individualised Homoeopathic Remedy in Surgical Cases: An Evidence Based Case

Dr. Mishangi G. Jadeja, Dr.Sonal Panchmatiya

ABSTRACT

Here is the case of left ovarian cyst where the patient was advised to go for surgery after taking hormonal pills course. Because of this, patient came for homoeopathic treatment to avoid surgery. After proper case taking, understanding the patient & after making totality of symptom, were in chief complaint has less symptom, an individualised medicine was prescribed. After 3 months of treatment the patient was relieved of symptom & USG report show positive result. This type of cases are good example of getting motivated in practicing homoeopathy & also an example how simple & beautiful is homoeopathy.

Keywords: Eczema, Individualised Homoeopathic medicine, Dermatitis, Steroids, immunosuppressants

Abbreviations- Ultrasonography(U.S.G), Poly cystic ovaries (PCO)

INTRODUCTION

Cystic enlargement of ovaries is so common that in younger age it is rare to see an ovary without cyst.

The following cysts are included:

1. Follicular cysts
2. Lutein cysts
3. Germinal inclusion cysts
4. Endometrial cysts
5. Poly cystic ovaries (PCO)

Follicular cysts are the commonest functional cysts. They usually appear in ovarian follicles after they have shed their ova.^[1] They are usually multiple & small as seen in cases of cystic glandular hyperplasia of the endometrium or in association of fibroid, but may grow to the size of a tennis ball. Their walls are thin. The cysts are unilocular and filled with a clear straw coloured fluid. The rest of the ovary is stretched over its wall. Hyperestrinism is implicated as its cause. However, an isolated cyst may be formed in unruptured Graafian follicle which may be enlarged but usually not exceeding 5 cm. The cyst is lined by typical granulosa cells without lutein cells or the cells may be flattened

due to pressure^[1]

These cysts are lined with cuboidal or low columnar epithelial cells. Remains of discus proligerus with surrounding lutein cells are seen.

Follicular cysts as a rule arise in degenerated follicles; they may retain their oestrogen producing capacity. In these cases, menstrual irregularities are encountered. Haemorrhage from the cyst wall occurs in certain cases

As they have a tendency to resorb, in younger patients a repeat examination after an interval of a few months is advisable before any intervention. If the cysts persist, or when they appear in women of perimenopausal or postmenopausal age group, their removal is necessary to exclude malignancy.^[2]

In majority of cases, the detection is made accidentally on bimanual examination, sonography, laparoscopy or laparotomy. The cyst may remain asymptomatic or may produce vague pain.

The features of the functional cysts are:

1. Related to temporary hormonal disorders.
2. Rarely becomes complicated.
3. Sometimes confused with neoplastic cyst but can be distinguished by the following features.-
 - Usually 6-8 cm in diameter
 - Usually asymptomatic.
 - Spontaneous regression usually following reaction of the functional disturbances to which it is related
 - Contains clear fluid inside unless haemorrhage occurs
 - Lining epithelium corresponds to the functional epithelium of the unit from which it Arises^[1]

A 23 years female with fair complexion, moderately built, 5'3" height, weight 49 KG presented with complaints of lower abdominal pain mainly on left side for 10-15 days. Twisting type of pain everyday continuously for 3-4 hours/day.

PHYSICAL GENERALS

Appetite- Good

- 2-3 times/day
- No change in appetite

Thirst- 1-2Lit/day

- Small quantity whenever she remembers

Stool- Regular

- 2 times/day
- consistency soft

Urine- 4-5 times/day

- normal flow, no odor

Perspiration-stains the clothing yellow

- onion like smell
- mostly in axilla

Desire - sour & sweet food

Sleep-7-8 hrs/night, 1-2 hrs/day

- Position- sideways, disturbed by light

Thermal state- Hot

- Fan -in all season
- Bath- with cold water
- Covering- wants no covering(want thin covering in winter)

MENSTRUAL HISTORY

Menarche-13-14 yrs of age

L.M.P-1/2/23

Duration of cycle- 28-30 days, Regular

Quantity- Moderate, change pad 3 times/day due to hygiene

Clots- Present

Duration- 4-5 days

Colour- Dark red

Complain- Cramps in lower abdomen before menses

Leucorrhoea- before menses, yellow colour

Milestone- Normal

Allergy- No

Addiction- Tea-2 times/day

PAST HISTORY

No major illness

FAMILY HISTORY

Father-HTN

Mother- healthy

Grandfather- Died due to liver disease

Maternal mother- HTN

MENTALS/LIFE SPACE

When investigated regarding her nature, she said "I am an extrovert in nature, can easily talk with

strangers so talkative that my friends call me chatterbox. After completing B.H.M.S on September 2022 I applied for AIAPGET Exam but could not clear & also did not get job. So I was at home only & so due to this my close ones were taunting that I am of no use. I'm doing nothing. Because of this I feel worthless, less confidence. And when my brother teases for the same I get very angry with him. Whenever I get angry I shout, I feel hot,

my heart rate increases. Dreams of traveling. I like to dance whenever I'm free. Whenever I pass exams, those are my happy moments. I have fear of exams, fear of failing. I get jealous when my friends make new friends. At that time I felt neglected. If someone does wrong to me I'll do the same. I also believe more in god, every morning I go to temple & also I pray before sleeping. I like to sit in hawan's & puja. Before any good occasion I worship god.

LAB INVESTIGATION

Ultrasonography Of Abdomen & Pelvis(patient already came with report)



Digital X-ray | 3D/4D Sonography | Color Doppler

Godadara : 410, Shreeji Arcade, Aaspas Circle, Godadara, Surat. ☎ 99786 66218, 0261-3540327

Parvat Patia : 39-42, Abhilasha Heights, Aai Mata Circle, Parvat Patia, Surat. ☎ 99044 66218

E-mail : uniscan15@gmail.com

Digital X-ray | 3D/4D Sonography | Fetal Anomaly Scan | Color Doppler | HSG

Patient Name : ██████████	Age/Sex : 23 Years / Female
Referred By : Dr. Aaspas Multicare Hospital	Date : 09/01/2023

USG OF ABDOMEN & PELVIS

Liver: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen. Portal vein & hepatic veins appear normal. CBD appears normal. IHBR is not dilated.

Gall bladder: Well distended and appears normal. Wall thickness: normal. No evidence of calculus or cholecystitis seen.

Pancreas: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen. MPD is normal.

Spleen: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen.

Right kidney: 92 x 34 mm. Normal in size & echotexture with preserved cortico-medullary differentiation. No evidence of hydronephrosis or calculus seen.

Left kidney: 90 x 44 mm. Normal in size & echotexture with preserved cortico-medullary differentiation. No evidence of hydronephrosis or calculus seen.

Urinary bladder: Well distended and appears normal. No evidence of calculus, mass or cystitis seen.

Uterus: Normal in size with normal myometrial echotexture. No focal or diffuse lesion seen in myometrium. ET: 9 mm. Endometrial cavity is empty

Adnexa: Left ovary shows a hemorrhagic cyst, measuring 52 x 57 mm in size. The right ovary appear normal in size and echotexture.

Cul-de-sac: No free fluid

Appendix is not visualized. No inflammatory changes in RIF. No thick walled or dilated bowel loops are seen. Bowel loops show normal peristalsis. No evidence of retroperitoneal or mesenteric lymphadenopathy seen. No evidence of ascites seen.

IMPRESSION -

- Left ovarian hemorrhagic cyst.

Otherwise no significant abnormality detected.

Thanks for Reference

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Mob. : 85548 65150

Dr. Anil Vasoya (MD)
FETAL MED. FOUN.-UK (168450)
Mob. : 90337 06031

Dr. Krupesh Bhalala (MD)
FETAL MED. FOUN.-UK (159735)
Mob. : 97250 01304

Depending on the size and stage of development, fetal position, amount of liquor and maternal obesity, all measurements including birth weight are subject to statistical variations. * I declare that I have not disclosed the sex of the fetus to anybody in any manner. Report based on imaging findings. n

Scanned by TapScanner

Fig. No. 1

Diagnosis

Left Ovarian Cyst

Analysis of Case & framing the totality

1. Worthless feeling
2. Fear of failing in examination
3. Fear of getting neglected
4. Loquacity
5. Religious
6. Like dancing
7. Dreams of traveling
8. Twisting type of pain in abdomen
9. Left ovarian cyst
10. Leucorrhoea before menses with yellow colour
11. Perspiration smells like onion
12. Perspiration stains clothing yellow
13. Desire-sweet, sour

REPERTORIZATION - RADAR

This analysis contains 343 remedies and 13 symptoms.
Intensity is considered

		lach. ars. thuj. verat. bell. carc. lyc. psor.							
		1	2	3	4	5	6	7	8
Sum of symptoms (sort:deg)		8 19	7 9	6 7	5 11	5 9	5 8	5 8	5 8
01. MIND - DELUSIONS - worthless; he is	1	9	-	-	□	-	-	-	-
02. MIND - FEAR - failure, of - examinations; in	1	35	-	□	□	-	-	□	□
03. MIND - FEAR - neglected, of being	1	6	-	-	□	-	-	-	■
04. MIND - LOQUACITY	1	199	■	□	□	■	■	□	□
05. MIND - RELIGIOUS AFFECTIONS - too occupied with religion	1	79	■	■	□	■	■	■	■
06. ABDOMEN - PAIN - twisting	1	64	-	□	-	■	□	-	□
07. FEMALE GENITALIA/SEX - LEUKORRHEA - yellow - menses - before	1	7	-	□	-	-	-	-	-
08. FEMALE GENITALIA/SEX - TUMORS - Ovaries - left	1	9	■	■	-	-	-	-	-
09. DREAMS - JOURNEYS	1	78	■	-	-	-	□	-	□
10. PERSPIRATION - ODOR - onions	1	14	□	-	-	-	-	■	-
11. PERSPIRATION - STAINING the linen - yellow	1	29	■	□	■	■	■	-	-
12. GENERALS - HEMORRHAGE - tendency to	1	16	■	-	-	-	-	-	-
13. MIND - DANCING	1	60	□	-	-	□	■	■	-

Miasmatic analysis^[3,4]

The mentals & physical Characteristic symptoms are showing sycosis dominancy so the case points towards sycosis miasm.

Table No. 1

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS	Tubercular
Worthless feeling		+		
Fear of failing in exam		+		
Fear of getting neglected		+		
Loquacity	+			
Religious	+			
Like dancing	+		+	

Dreams of traveling	+			+
Twisting type of pain in abdomen	+	+	+	
Left ovarian cyst		+		
Leucorrhoea yellow before menses				+
Perspiration smells like onion		+		
Yellow perspiration		+		
Desire sweet, sour	+		+	
Hemorrhagic tendency				+

Potential Differential Field

First Prescription(30/1/23)

- Hot patient
- Desire sweet & sour food

1. *Lachesis mutus* 200C
Single dose OD

THERAPEUTIC INTERVENTION

2. *Saccharum Lactis* 30C
OD for 1 month

PRESCRIPTION

Date	Observation	Prescription
6/2/2023	Slight improvement in lower abdominal pain	<i>Saccharum Lactis</i> 30C BD x 15 days
20/2/23	Frequency of pain is reduced now. Twice or thrice in a week	<i>Saccharum Lactis</i> 30 BDC x15 days
4/3/2023	Pain in lower abdomen is present. Not that much improvement but mentally the patient feel better. This time leucorrhoea was reduced before menses	<i>Lachesis mutus</i> 200C Single dose <i>Saccharum Lactis</i> 30C BD x 15 days
18/3/2023	Lower abdominal pain decreased upto 70%	<i>Saccharum Lactis</i> 30C BD x15 days
1/4/2023	No lower abdominal pain since 20 days	<i>Saccharum Lactis</i> 30C BD x15 days
15/4/2023	She came with the USG report suggestive of No significant abnormality. She was very thankful for that No any such lower abdominal pain	<i>Saccharum Lactis</i> 30C BD x 15 days



UNISCAN
IMAGING CENTRE

Digital X-ray | 3D/4D Sonography | Color Doppler

Godadara : 410, Shreeji Arcade, Aaspas Circle,
Godadara, Surat. ☎ 99786 66218, 0261-3540327

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E-mail : uniscan15@gmail.com

Digital X-ray | 3D/4D Sonography | Fetal Anomaly Scan | Color Doppler | HSG

Patient Name : ██████████	Age/Sex : 23 Years / Female
Referred By : Dr. Aaspas Multicare Hospital	Date : 31/03/2023

USG OF ABDOMEN & PELVIS

Liver: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen. Portal vein & hepatic veins appear normal. CBD appears normal. IHBR is not dilated.

Gall bladder: Well distended and appears normal. Wall thickness: normal. No evidence of calculus or cholecystitis seen.

Pancreas: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen. MPD is normal.

Spleen: Normal in size with normal parenchymal echotexture. No focal or diffuse lesion seen.

Right kidney: 93 x 37 mm. Normal in size & echotexture with preserved cortico-medullary differentiation. No evidence of hydronephrosis or calculus seen.

Left kidney: 94 x 43 mm. Normal in size & echotexture with preserved cortico-medullary differentiation. No evidence of hydronephrosis or calculus seen.

Urinary bladder: Well distended and appears normal. No evidence of calculus, mass or cystitis seen.

Uterus: Normal in size with normal myometrial echotexture. No focal or diffuse lesion seen in myometrium. ET: 9 mm. Endometrial cavity is empty

Adnexa: **Both ovaries appear normal in size and echotexture.** No evidence of adnexal mass on either side.

Cul-de-sac: No free fluid

Appendix is not visualized. No inflammatory changes in RIF

No thick walled or dilated bowel loops are seen. Bowel loops show normal peristalsis.

No evidence of retroperitoneal or mesenteric lymphadenopathy seen.

No evidence of ascites seen.

IMPRESSION -

No significant abnormality detected

As compared to previous USG dated-9.1.2023, complete resolution of left ovarian simple cyst is noted.

Thanks for Reference

Dr. Tushar Desai (DNB)
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Mob. : 97250 01304

Fig. No. 3

Selection of Remedy, Potency & dose

When comparing the individualistic portrait of disease of an individual with medicine of reparation & materia medica, *Lachesis Mutus* was the best suited remedy. And by considering susceptibility of the patient, seat, nature, intensity of disease & mental generals of the patient single dose of 200 potency was selected.

CONCLUSION

Therapeutic intervention was given instead of surgery.

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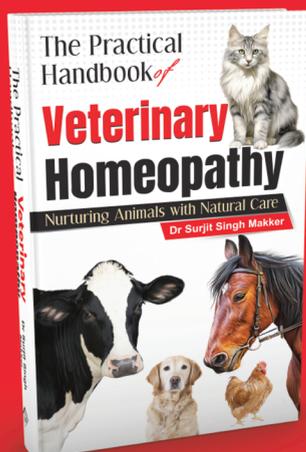
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The Practical Handbook of Veterinary Homeopathy



Key Features

- Treatment guide to more than 400 diseases in animals.
- Medicine differentiated along with suggested potency and dosage.
 - Essence of Practical experience of long 40 years of the author.
- Treatment as well as prevention of diseases in animals and live-
stocks discussed in detail.
- Each ailment described with respect to causation and its clinical
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medica, nosodes, oral vaccines, sarcodes, biochemical formulations
and quick prescription.

Cellulitis & Its Homoeopathic Approach: A Case Report

Dr. Nitesh Kumar

ABSTRACT

Background: Cellulitis is a common, potentially serious bacterial infection. Affected skin appears red, inflamed with fever, numbness, tingling and weakened immune system. Master Hahnemann classified the surgical disease in local disease category, which have a very few symptoms and difficult to cure. **Objective:** Objective of this study is to know the efficacy of homoeopathic medicine in case of surgical disease. **Method:** A 37-year-old, labour presented at OPD of R.B.T. S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, with complaint of swelling, burning sensation in the left leg from knee to ankle on superficial skin and involve deep cutaneous tissue and pus formation. Complaint started after getting pricking injury from stone during manual work on construction area before one month **Result:** On the basis of presenting symptoms Arsenic Album 30C was prescribed, which is effective in infection of deep subcutaneous tissue. Patient is showing steady improvement which is evident from the photographs. **Conclusion:** In this case, one can see usefulness of individualised homoeopathic medicine in the treatment of surgical disease.

Keywords: Cellulitis, Individualised homoeopathic medicine, Arsenic Album

Abbreviation: O.P.D. – Out Patient Department, B.P. -Blood Pressure, CVS – Cardio-vascular System, RESP.- Respiratory System, CNS – Central Nervous System, GIT – Gastro-intestinal System

INTRODUCTION

Cellulitis is a bacterial infection of dermis and deep subcutaneous tissue. It is an acute inflammatory condition of the skin that is characterized by localized pain, erythema, swelling and heat. Bacteria may gain access to the epidermis through crack in the skin, abrasions, cuts, burns, insect bites, surgical incision.¹

Cellulitis is a very common condition that most frequently affects middle-aged and elderly persons. There is no statistically significant difference in cellulitis incidence between men and women. The incidence of cellulitis is about 200 cases per 100,000 patients-years.²

Any factor that can weaken the skin barrier, such as skin injuries, surgical incisions, punctures of intravenous sites, fissures between toes, insect bites, animal bites, and other skin infections, are risk factors for cellulitis. Cellulitis is more likely to occur in patients with concomitant conditions

such as diabetes mellitus, venous insufficiency, peripheral arterial disease, and lymphedema.^{1,3}

Streptococci produce hyaluronidase and streptokinase. Net result is that the inflammatory exudate spreads in the subcutaneous and fascial planes resulting in a gross swelling of the affected part. Wherever there is loose subcutaneous tissue, as in scrotum or loose connective and interstitial tissue as in face and forearm, it spreads fast.⁴

The affected part shows evidence of inflammation such as redness and itching followed by diffuse swelling. Skin is stretched and shiny. Pain, fever & toxaemia.⁴

The lesion is not elevated and often regional lymphadenopathy and severe systemic illness can also occur. Deep venous thrombosis and thromboembolism may complicate involvement in the lower limbs.⁵ Cellulitis may cause a number of issues if it is not promptly diagnosed and treated. Bacteraemia might result if the bacterial infec-

tion enters the bloodstream. Blood cultures can be used to diagnose bacteriaemia in patients who have systemic symptoms. Blood culture identification and susceptibilities should be used by the clinician to customize antibiotics. Endocarditis, an infection of the heart's inner lining (endocardium), can develop if bacteraemia from cellulitis is not detected and treated.⁶

The person is treated holistically in homoeopathy. This implies that in addition to treating the patient's pathological condition, homoeopathy treats the patient as a whole person. The homoeopathic remedies are chosen following a thorough individualising examination and case analysis, which takes into account the patient's medical history, physical and mental makeup, family history, current symptoms, underlying pathology, potential contributing variables, etc.

Our master Dr. Hahnemann has mentioned about surgical diseases in §186 of *Organon of Medicine*, there he has advised the use of active dynamic aid for local malady to accomplish the work of healing. Homoeopathy treatment is useful in decreasing swelling, burning, pain and fight with infection and other complications. Homoeopathy reduces the need for surgical intervention.

CASE REPORT

A 37-year-old labour presented in OPD of R.B.T.S. Govt. homoeopathic medical college & hospital, Muzaffarpur with complaint of pain, burning, redness, pus discharge from opening, exfoliation of skin from surrounding swelling area, which involve epidermis and dermis of lower extremities on left leg below knee to ankle. Complaint started after getting pricking injury from stone during

manual work on construction area before one month. He had not taken any treatment before. Pain in leg increased from prolonged standing.

Personal History: He had the habit of drinking alcohol.

Past History: Nothing Significant

Family History: His father was a farmer of lower-middle socio-economic status. Grandmother was hypertensive.

Physical Generals

He had desire for sweet things and thirst moderate. He had constipated, stool two or three times/daily, Urine normal. His Sleep had disturbed.

Thermal Reaction - he was a chilly patient.

Mental General: - Patient is angry, Avarice & no hope for recovery.

General Physical Examination: Pulse Rate. - 82/min., Respiratory rate.: 18/min., Temperature: 98.6 °C, Height.: 165 cm., Weight.: 62 Kg.; B.P.: 130/80 mm Hg.

Local examination: Redness, heat, swelling of skin, pus discharge from injured area, with a raised border.

Systemic Examination: C.V.S.: S₁, S₂ Normal, no abnormal sound during auscultation, C.N.S.: Sensory and motor functions are normal, **RESP.:** Chest clear; **G.I.T.:** Abdomen soft, no tenderness.

Provisional diagnosis: Cellulitis.

Justification of diagnosis: Symptomatic.

Analysis & evaluation of symptom with Miasmatic analysis⁷

S.No.	Symptom	Analysis	Evaluation	Miasmatic Analysis
1.	Anger	Mental general	+++	Psora
2.	Avarice	Mental general	++	Sycosis
3.	No hope for recovery	Mental general	++	Psoro-syphilitic
4.	Sweet desire	Physical general	++	Psora
5.	Injury of muscles after blows	Particular	++	Psora
6.	Cellulitis	particular	++	Psoro-syphilitic

Repertorisation: The Repertorisation was done using Hompath software (Complete Repertory)⁸

Remedy	Ars	Calc	Bry	Sep	Lyc	Puls	Sulph	Med	Merc	Nat-c	Nux-v	Psor	Sil	Coloc	Kali-c
Totality	22	22	21	21	20	20	20	19	19	19	18	18	18	18	18
Symptoms Covered	6	6	6	6	6	6	6	6	6	6	6	6	6	5	5
Kingdom															
[Complete] [Mind]ANGER: (609)	4	4	4	4	4	4	4	3	4	4	4	3	4	4	4
[Complete] [Mind]AVARICE: (54)	4	3	3	3	3	4	3	3	1	3	2	4	4	3	
[Complete] [Mind]DESPAIR:Recovery, of: (120)	4	4	3	3	1	1	1	3	3	1	3	3	1	4	2
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desir...	2	3	3	3	4	3	4	3	3	3	1	3	1		4
[Complete] [Generalities]INJURIES, BLOWS, FALLS AND BR...	4	4	4	4	4	4	4	3	4	4	4	1	4	3	4
[Complete] [Generalities]INFLAMMATION: (1445)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Figure 1: Repertorisation from Complete repertory using zomeo software⁸

Prescription: After Case taking and Repertorisation, first prescription was *Arsenic album 30C* prescribed BDS for three consecutive days on date 03/04/2023.

General management: The patient was advised to avoid alcohol, sweet, sour food during treatment for rapid healing. He was also advised to leg elevation for reducing swelling and pain.

Selection of remedy with Justification⁹: In repertorial analysis *Arsenic Album* cover all rubrics & higher score then after consulting *Materia medica*¹⁰, *Arsenic Album* is found to be most appropriate for this case covering general, physical & mental picture.

Selection of potency with Justification⁹: It is based on susceptibility of the patient. lower the susceptibility lower the potency was selected.

Follow up sheet:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/ Dose
10/04 /2023	<ul style="list-style-type: none"> Improvement in swelling, burning, pain. Pus discharge decreased from opening. Exfoliation of skin from surrounding swelling area decreased. 	Placebo/BDS/ 7 Days
17/04/ 2023	<ul style="list-style-type: none"> Redness decreased, no pain, no discharge Superficial skin was looking normal No new symptoms 	Placebo/BDS/7DAYS



Before Treatment



During Treatment



After Treatment

DISCUSSION & CONCLUSION

Cellulitis is a common, potentially serious bacterial infection. Affected skin appears red, inflamed with fever, numbness, tingling and weakened immune system. Complications of cellulitis are abscess formation, necrotizing fasciitis, bullae, haemorrhagic lesions, necrosis, phlebitis and amputation. When it is left untreated, the infection can spread to lymph nodes and bloodstream and rapidly become life-threatening.

Hahnemann mentioned in §190, local disease occurring from little or no injury from without, must be treated as general malady by internal medicines. In § 191 he mentions, "Internal administration of a remedy causes important changes in general health and particularly in the affected external parts".

As per mention in § 283 Sixth Edition, "In order to work wholly according to nature, the true healing artist will prescribe the accurately chosen homoeopathic medicine most suitable in all respects in so small a dose on account of this alone."¹¹

This case highlights the role of Homoeopathy for rapid healing. The patient had not taken any treatment before. On the basis of presenting symptoms and Repertorisation, *Arsenic Album* was prescribed. Another similar remedy was *Bryonia & Silicea*. The selected drug *Arsenic Album* covers all mental, particular & as well as clinical condition cellulitis. This case show usefulness of Homoeop-

athy in such cases and prevent their complication

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Scope of Homeopathy in Treatment of Blunt Force Injury

Dr. Roni Dudhwala, Farhana Nasrin A. Haque

ABSTRACT

Blunt Force Injury, refers to the type of mechanical injury of the body by forceful impact, falls, or physical attack perpendicular to the skin surface with a dull object. Injuries with a blunt instrument such as a hammer, brick, bat, fist, or pipe typically result in Blunt Force Injury. Excessive bleeding, pain, inflammation into the adjacent soft tissues usually occurs. Homeopathic medicines are effective in treating Blunt Force Injury cases without any complications. In this article Homeopathic treatment for Blunt Force Injury is presented with a case.

Keywords: Cellulitis, Individualised homoeopathic medicine, Arsenic Album

Abbreviation: O.P.D. – Out Patient Department, B.P. -Blood Pressure, CVS – Cardio-vascular System, RESP.- Respiratory System, CNS – Central Nervous System, GIT – Gastro-intestinal System

INTRODUCTION

INJURY (5, 11): Injury not only include bodily harm but also incorporates mental suffering and harm caused to reputation or property.

Injuries are classified on the basis of causative factors^(5,11):-

Table 1: Classification of Injuries.

A) Mechanical injuries	B) Thermal injuries	C) Chemical injuries	D) Miscellaneous injuries
1. Blunt force injuries <ul style="list-style-type: none"> • Abrasions • Contusions • Lacerations • Fracture and dislocations of teeth/bone. 	1. Due to cold <ul style="list-style-type: none"> • Frost bite • Trench foot • Immersion foot 	1. Corrosion <ul style="list-style-type: none"> • Corrosive acids/alkali/metal salts 	1. Electrical injuries
2. Sharp-edged weapon injuries <ul style="list-style-type: none"> • Incised wounds • Chop wounds 			2. Lightning injuries
3. Piercing injuries <ul style="list-style-type: none"> • Stab wounds 	2. Due to heat <ul style="list-style-type: none"> • Burns • Scalds 	2. Irritation <ul style="list-style-type: none"> • Weak acids • Weak alkali 	3. Blast injuries
4. Firearm injuries <ul style="list-style-type: none"> • Firearm wounds 			4. Radiation injuries

Blunt Force Injury, refers to the type of mechanical injury of the body by forceful impact, falls, or physical attack perpendicular to the skin surface with a dull object. Blunt trauma can be caused by a combination of forces, including acceleration and deceleration, shearing (the slipping and stretching of organs and tissue in relation to each other), and crushing pressure.⁽⁷⁾

A homeopathic medicine is highly constructive and has a great impact in treating minor injuries. These medicines are much effective to relieve - pain, swelling bleeding, etc and also helps in speedy recovery by reducing the healing time and preventing complications.

As per the previous studies, it works so wonderfully in treating minor injuries- ex: Few doses of *Arnica montana* taken soon after injury can prove right the proverb 'a stitch in time saves nine'. Starting from drawing someone's unconsciousness, mental shock of injury, to recovery, to healing of injured tissues – Homeopathy works magically on every aspect of healing and bring about cure.⁽³⁾

According to Dr. Samuel Hahnemann, he has mentioned in §186 about the Local maladies because of external causes.⁽⁶⁾

- The local maladies which are more or less of recent origin and produced solely by an external lesion which must be too trivial to evoke response from the organism as a whole, e.g. very slight injury, etc.
- Affections of external parts requiring mechanical skill properly belong to Surgery alone; when external obstacles are to be removed that prevents the vital force from accomplishing the cure.

E.g.

- Reduction of dislocations
- By bandages to bring together the lips of wounds
- By extracting foreign bodies that have penetrated into the living parts
- By making an opening into the cavity of the body to remove an irritating substance.
- By reducing and fixing the fractured bones.

§13- Disease is not separate from the living whole. In this §, Dr. Hahnemann has explained the surgical case, which is considered different from medicinal disease.⁽⁶⁾

Homeopathic medicines are selected according to the nature or type of injury and also looking after the causative factors.

- *Aconitum napellus*: helpful when a person feels extremely fearful or agitated after being injured; to soothe anxiety and panic and reduce the chance of shock.⁽⁸⁾
- *Apis mellifica*: Dissecting wound on hand, throbbing pain extending up to arm; erysipelas after wound or operations; punctured wound; stings of insects; skin extremely sensitive to touch, with debility and exhaustion.⁽⁹⁾
- *Arnica montana*: It is especially suited to cases when any injury, however remote, seems to have caused the present trouble. After traumatic injuries, strains. Limbs and body ache as if beaten; joints as if sprained. Bed feels too hard. Marked effect on the blood. Echymosis and hæmorrhages. Tendency to tissue degeneration, septic conditions, abscesses that do not mature. Sore, lame, bruised feeling. This remedy relieves pain, bruising and swelling associated with trauma, surgery or overexertion.⁽¹⁾
- *Bellis perennis*: Bellis is known as commonly as wound worth, therefore like *Arnica montana* it is great traumatic remedy. It is especially useful in deep trauma or septic wounds of abdominal and pelvic organs; after major surgical operation. Injuries to the nerves, with intense soreness amel. by cold bathing. It removes the exudations of swelling of many kinds due to injury. Near and remote effects; of blows, falls, accidents, railway spine. Sprains and bruises. Tumours from injury.⁽¹⁰⁾
- *Calendula officinalis*: The special kinds of wounds indicating its use are lacerated wounds and suppurating wounds. It is the Homeopathic antiseptic - it restores the vitality of an injured part, making it impregnable against the forces of putrefaction. (Ointment-can be applied to disinfected cuts, chapping, burns and scrapes.^(2,8)

- *Hypericum perforatum*: The great remedy for injuries to nerves, especially of fingers, toes and nails. Crushed fingers, especially tips. Excessive painfulness. Punctured wounds. Relieves pain after operations. Injured nerves from bites of animals. Tetanus. Neuritis, tingling, burning and numbness. Constant drowsiness.⁽¹⁾
- *Ledum palustre*: This relieves discolouration of skin from bruises inflicted by sharp or blunt objects, especially where the skin is thin, as well as pain and bruising from pointed objects. Punctured wounds feel cold to touch.⁽⁹⁾
- *Symphytum*: This remedy is best known for its healing effect on broken bones, and is also good for bone-bruises. It is valuable if blunt injury occurs to the eyeball (from a rock, a stick, a flying object, etc.).⁽⁸⁾

Table 2: Medicine of Injury ⁽⁴⁾

TYPES OF INJURY	MEDICINE NAME
Concealed injury	<i>Arnica montana</i>
Lacerated injury	<i>Calendula officinalis</i>
Sprained injury	<i>Rhus toxicodendron</i>
Bone injury	<i>Symphytum officinalis</i>
Nerve injury	<i>Hypericum perforatum</i>
Gland injury	<i>Conium maculatum</i>
Punctured injury	<i>Ledum palustre</i>
Capillary injury	<i>Hamamelis virginiana</i>
Incised injury	<i>Staphysagria</i>
Rubbing injury	<i>Allium cepa</i>
Burn injury	<i>Cantharis vesicatoria</i>

A CASE OF CRUSH INJURY TREATED WITH HOMEOPATHY

CASE HISTORY OF PATIENT

A male patient aged 45 YEARS visited OPD at S.S.AGRAWAL HOMEOPATHIC MEDICAL COLLEGE, NAVSARI, GUJARAT on 12th September 2023 with complain of an injury in nail of left ring finger with a blunt instrument (Hammer) before a week ago. He didn't take any conventional treatment, cleaned sometimes with Beta-dine solution and applied nail polish on his own. History of bleeding and pain during injury.

Presently, came here for persistent pain and bleeding in finger with a formation of hard lump over

the side of nail bed. Pain and bleeding aggravates while pressure is applied.

PAST HISTORY

- K/C/O – HYPERTENSION initiated with stress and anxiety.
Feeling of anxiety since long time.
Anxiety aggravates by perspiration; ameliorates by rest, sitting cold weather.
- Malaria before 2 to 3 years – was admitted for 3-4 days.

FAMILY HISTORY

- Father – Hypertension

- Mother – Hypertension
- Brother – Healthy
- Spouse–Healthy

PERSONAL HISTORY

- Appetite:- Adequate, 3 times/day
- Thirst:- Thirst less, 1-2 bottles/day
- Urine:- 2-3 times/day, once in night
- Bowel:- Constipation - once in 2/3 days
- Perspiration:- Generalized all over, more in back and chest region during work
- Craving:- Pulses, Curd
- Sleep:- Wakes up in the middle of the night at 2-3 AM – Unreasonable
- Addiction: - Alcohol occasionally once or twice in month.
- Thermal:- Hot patient

PHYSICAL EXAMINATION:

- B.P: 136/90 mm of Hg
- Pulse: 78/min
- Temp: Afebrile
- R.R: 18/min

CASE ANALYSIS

SR.NO	SYMPTOMS	ANALYSIS
1)	Injury from blunt instrument	Causative factor
2)	Injury in left ring finger	Physical Particular
3)	Pain in left ring finger	Physical Particular
4)	Bleeding from left ring finger	Physical Particular
5)	Bleeding agg. By pressure	Physical Particular with modality

Totality of Symptoms

- Injury from blunt instrument.
- Injury in left ring finger.

- No sign of paleness/ cyanosis/ clubbing
- No sign of oedema
- Tongue: White coated

LOCAL EXAMINATION:

Injury in Left Ring Finger:-

On Inspection: Hard lump formation on side the nail; Patient applied nail polish on his own.

On Palpation: Tenderness present and Bleeding on applying pressure

SYSTEMIC EXAMINATION:

Respiratory System: Air entry bilaterally equal

CVS: S₁ S₂ heard normally

P/A:- Soft and Non-tender

CNS: - Conscious and oriented

DIAGNOSIS:

- Crush Injury in Left Ring Finger by Blunt instrument (Hammer).

Repertorial Chart⁽¹²⁾

EXTREMITIES			
1	EXTREMITIES - BLOOD - rush of blood to		⊗
2	EXTREMITIES - INJURIES - Fingers - accom shooting		⊗
3	EXTREMITIES - INJURIES - Fingers - Nails, c lacerations ●		⊗
4	EXTREMITIES - INJURIES - Fingers - Tips, crushed and lacerated		⊗
GENERALS			
5	GENERALS - INJURIES - blunt instruments; from		⊗

Remedies	ΣSym	ΣDeg	Symptoms
hyper.	3	7	2, 3, 4
arn.	2	4	1, 5
spong.	2	4	1, 4
led.	2	3	1, 4
ruta	2	3	1, 4
arist-cl.	2	2	1, 4
dulc.	2	2	1, 4
aur.	1	3	1
bry.	1	3	1
carb-v.	1	3	1
chin.	1	3	1
lach.	1	3	1

Repertorial Analysis:

Repertorization was done in Synthesis 1.3 app. [Figure 1]

- *Hypericum perforatum* [7/3]

- *Arnica montana* [4/3]

- *Spongia tosta* [4/2]

- *Ledum palustre* [3/2]

- *Ruta graveolens* [3/2]

These were coming in top score. In this case *Hypericum perforatum* & *Arnica montana* were prudently chosen because it covers physical particulars with highest degree.

Remedy Selection:

- *Arnica montana* 1M/ TDS/ 7 days
- *Hypericum perforatum* 30/ TDS/ 7 days

(Reason- *Arnica montana* – it is given when there is closed wound, or any type of injury caused by blunt instrument & *Hypericum perforatum* – it is well suited to injury to nerves, especially of finger, toes and nails, crushed fingers especially tips excessive painfulness)

Surgical Treatment

- The lump was removed by a minimal incision and dressing done with *Echinacea Augustifolia* Q.

(Reason - *Echinacea Augustifolia* is used locally for cleansing and antiseptic wash.⁽¹⁾)

Advice

- Advised to keep proper hygiene, balance diet, and avoid physical work.
- Dressing again tomorrow.

Result

- There is marked improvement in injury along with bleeding and pain. *Arnica Montana* 1M & *Hypericum Perforatum* 30C showed remarkable improvement. A crushed injury in left ring finger completely recovered within a period of one week of homoeopathic treatment. Photographic evidences was collected firstly on before treatment and after treatment with regular follow-ups.



Figure 2: Photographic Evidence

CONCLUSION

Hence, after the case study - here we can conclude that HOMEOPATHIC medicine is more effective when it is used as both external application as well as internal medications. *Echinacea Q* is useful for cleansing and antiseptic wash. *Arnica montana* & *Hypericum perforatum* are especially suited to the cases of injury.

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A Case of Alopecia Areata Treated by Constitutional Homoeopathic Remedy: A Case Report

Dr. Javed Aquatar Bappa, Dr. Rayba Khatoon, Dr. Sanjay Sarkar, Dr. Sumanta Kamila

ABSTRACT

Alopecia areata is a form of alopecia that impacts hair follicles, nails, and rarely, the retinal pigment epithelium. It typically presents with round patches and is a type of non-scarring hair loss. Exclamation –mark hairs are key characteristics of AA. In the following article, a case of AA is being discussed which was treated with the help of constitutional medicine. Homoeopathy plays a significant role in such cases by its holistic approach.

Keywords: alopecia areata, homoeopathy, homoeopathic constitutional treatment

Abbreviations: Alopecia areata (AA), genome-wide association studies (GWAS)

INTRODUCTION

Alopecia areata presents with a non - scarring hair loss, seems to have a genetic basis. Recent GWAS meta analysis have localized the HLA signal of AA mostly to the HLA-DRB1. One locus harboring the genes that encode the natural killer cell receptor D (NKG2D) was implicated in AA and not in other autoimmune disease, which suggest a key role in pathogenesis. ^[1] Alopecia areata is a disorder of hair follicle-cycling, where inflammatory cells attack the hair follicle matrix epithelium that is undergoing early cortical differentiation (anagen hair follicles), which are then prematurely induced into the catagen phase. However, since no destruction of hair-follicle stem cells occurs, the hair follicle retains its capacity to regenerate and continue cycling. Thereby, follicles re-enter the anagen phase normally but do not develop beyond the anagen III/IV phase. Alopecia areata incidence appears to increase almost linearly with age, but the mean age of onset appears to be between 25 and 36 years.^[2] The overall incidence is approximately 20.2 per 100,000 person-years. ^[3] The lifetime risk of presenting AA in the general population is approximately 2%. ^[1] Histologic examination

demonstrates a characteristic “bee-swarm pattern” of dense lymphocytic infiltrates surrounding the bulbar region of anagen hair follicles. Some triggers factors that precipitates AA are emotional or physical stress, vaccines, viral infections, and drugs. ^[2]

Case study

Presenting complaints:

A man of 35 years of age visited with the complaint of excessive loss of hair often in patches and thinning of hair for the last 10 years. He was also having excessive weight loss and muscle wasting.

History of presenting complaints:

10 years ago, patient suffered from prolong illness due to malarial fever, after which patient’s appetite diminished. Patient took conventional treatment and he was better for few months. Later on, patient’s hair start getting thin and loss occurred. Initially it was gradual followed by excessive hair fall in patches.

Past History:

He suffered from malarial fever. He also suffered

from psoriasis long time back and was treated by homoeopathy.

Family History:

Mother suffered from type 2 diabetes Mellitus for last 20 years and father suffered from alopecia areata for last 35 years and also suffered from hypertension and type 2 diabetes mellitus a long time back.

Personal History:

He is married. He had no addiction. Relations with family members were good. By occupation he is a bus conductor. He was lean and sickly facial expression.

Mental General and Physical General:

Mentally patient was dull, sluggish, and had difficulty in thinking and comprehending. He was anxious too and consolation aggravation.

While enquiring his physical general aspects, it was found that he is chilly, thirst moderate, had desired for smoked meat, stool was hard. His sleep was disturbed and there was profuse perspiration mostly at night.

Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of the areas using a handheld magnifying device where hair has been lost and also looking at the nails.

Analysis and Evaluation of the symptoms:

ANALYSIS OF SYMPTOMS	EVALUATION OF SYMPTOMS (as per Kentian hierarchy)	TOTALITY OF SYMPTOMS
MENTAL GENERAL	MENTAL GENERAL	1. Anxious
Anxious	Anxious	2. Consolation aggravates
Consolation aggravates	Consolation aggravates	3. Dullness, sluggishness, difficulty in thinking and comprehending
Dullness, sluggishness, difficulty in thinking and comprehending	Dullness, sluggishness, difficulty in thinking and comprehending	4. Thermal relation- chilly patient
PHYSICAL GENERALS	PHYSICAL GENERAL	5. Desire- smoked meat
Thermal relation- chilly patient	Thermal relation- chilly patient	6. Perspiration- profuse , more at night
Desire- smoked meat	Desire- smoked meat	7. Sleep- disturbed
Perspiration- profuse , more at night	Perspiration- profuse , more at night	8. Muscle wasting and lean thin
Sleep- disturbed	Sleep- disturbed	9. Excessive hair loss in patches
Muscle wasting and lean thin	Muscle wasting and lean thin	10. Stool- hard

PARTICULAR GENERAL	PARTICULAR	
Excessive hair loss in patches	Excessive hair loss in patches	
Stool- hard	Stool- hard	

Miasmatic Analysis ^[4]:

SYMPTOMS	MIASM
Anxious	Psora
Dullness, sluggishness, difficulty in thinking and comprehending	Syphilis
chilly patient	Psora
Desire- smoked meat	Psora and Sycosis
Perspiration- profuse	Sycosis
Excessive hair loss in patches	Psora, and Sycosis
Stool hard	Psora

Thus, PSORA is the predominant miasm of the case, according to the Principles and Art of cure by Homoeopathy by H.A. Roberts.

Repertorial Totality:

SYMPTOMS	RUBRICS
Anxious	MIND- anxiety
Consolation aggravates	MIND- consolation aggravates
Dullness, sluggishness, difficulty in thinking and comprehending	MIND- dullness, sluggishness, difficulty of thinking and comprehending
Thermal relation- chilly patient	GENERALITIES- heat, vital, lack of
Desire- smoked meat	STOMACH- desires, meat, smoked
Perspiration- profuse , more at night	PERSPIRATION- profuse, night
Sleep- disturbed	SLEEP- disturbed
Lean	GENERALITIES-lean, people
Excessive hair loss in patches	HEAD-hair, falling
Stool hard	STOOL- hard

Selection of Repertory ^[5]:

In this case, *Repertory of the Homoeopathic Materia Medica* by J.T. Kent was chosen.

Repertorisation ^[5]:

Repertorisation is done using HOMPATH ZOMEO® software, version 3.0

Here is the reportorial sheet

Remedy	Calc-p	Sulph	Sil	Nit-ac	Phos	Lyc	Nat-m	Sep	Graph	Kali-c
Totally	24	23	22	20	20	19	19	18	18	18
Symptoms Covered	10	8	8	8	7	8	8	8	7	7
Kingdom	Minerals	Minerals	Minerals	Minerals	Minerals	Plants	Minerals	Animals, Sarcodes	Minerals	Minerals
[Kent] [Mind]ANXIETY: (202)	3	3	2	3	3	3	2	2	2	3
[Kent] [Mind]CONSOLATION :Agg: (23)	2		3	1		1	3	3		1
[Kent] [Mind]DULLNESS, SLUGGISHNESS, DIFFICULTY OF THINKING AND COMPREHENDING: (178)	3	3	3	2	3	3	3	3	3	3
[Kent] [Generalities]HEAT:Vital,lack of: (108)	3	2	3	3	3	2	2	2	3	3
[Kent] [Stomach]DESIRES:Meat:Smoked: (4)	2									
[Kent] [Perspiration]PROFUSE:Night: (64)	2	3	3	3	3	2	2		1	3
[Kent] [Sleep]DISTURBED: (42)	2	3					1	1	3	
[Kent] [Generalities]LEAN PEOPLE: (17)	3	3	2	2	2	2		1		
[Kent] [Head]HAIR :Falling: (94)	2	3	3	3	3	3	3	3	3	3
[Kent] [Stool]HARD: (164)	2	3	3	3	3	3	3	3	3	2

Prescription:

After repertorisation, *Calcarea Phosphoricum* was at the highest grade with highest matching of the symptoms. Hence, after consulting with *Borricke's new manual of Homoeopathic Materia Medica with Repertory* [6] and on the basis of completeness of symptoms of the patient, *Calcarea Phosphoricum* was selected.

Date: 24th January, 2022

Calcarea Phosphoricum 50M/1 dose, mixing with half cup of water for one day early morning in empty stomach was given followed by placebo early morning till next visit was prescribed.

Selection of Dose and Potency:

As per Organon of Medicine, (aphorism 247 5th edition) [7], according to the susceptibility of the patient, the potency was selected. The patient was highly susceptible and intensity of the symptoms was also increased. Also, he suffered from that affection since long, so the case was started with high potency.

Repetition of Medicine:

As per Organon of Medicine [7], every well-chosen medicine should be repeated at suitable interval aphorism 246 5th edition. In this case, improvement of patient was observed from very beginning so it was not needed to repeat the medicine or potency.

Follow up:

Date of visit	Response	Prescription
12/02/2022	No such changes observed.	Placebo30/ 4globules O.D x 28 days
21/03/2022	Improvement observed. Growth of hair observed in some areas of scalp.	Placebo30/ 4globules O.D x 28 days
09/05/2022	Improving gradually	Placebo30/ 4globules O.D x 28 days
06/06/2022	Much improvement, hair growth observed	Placebo30/ 4globules O.D x 28 days
04/07/2022	Hair growth observed in all previous bald areas. Patient's other general conditions were also improved.	Placebo30/ 4globules O.D x 28 days



FIGURE 1



FIGURE 2



FIGURE 3

DISCUSSION

Homoeopathy is a system of therapeutics which aims at a rapid, gentle and permanent restoration of health. In this case, *Calcarea Phosphoricum* was selected on the basis of totality of symptoms and this was successful in the treatment of the condition as well as recovered the accessory complaints of the patient. Repertorisation was done using Kent's repertory.

After repertorisation, many remedies were competing with each other namely *Sulphur*, *Silicea terra*, *Nitricum acidum*, *Phosphorus*, *Lycopodium clavatum*, etc., but after consultation with William Boericke's *Materia Medica*, *Calcarea Phosphoricum* was selected with 50M potency was prescribed. Repetition of dosing is based on the response of vital force to the remedy. As here gradual improvement was seen so no repetition was done. Patient did not complain of any side effects or negative consequences. Complete remission in all domains. No recurrence of symptoms was seen till now.

CONCLUSION

In case of alopecia areata, homoeopathy proves to be of vast scope. A homoeopath treats the patient according to the symptomatology and the dynamic medicines does not produce any kind of

side-effects. Homoeopaths believe in the individualistic approach, and in the above case it is seen that alopecia areata can be managed by homoeopathic constitutional remedies.

Acknowledgements: We express our cordial esteem towards our master C.F.S Hahnemann for introducing us with such an amazing discovery of this unique system of therapeutics i.e. Homoeopathy and for unveiling the rapid, gentle, and permanent path of cure for the suffering humanity.

Conflicts of interest: None

Funding: no such

DECLARATION OF PATIENT CONSENT

Appropriate patient assent and guardian consent obtained. The patient/guardian understands that the patient's name/initials or any demographic information will not be published and due efforts will be made to conceal his identity.

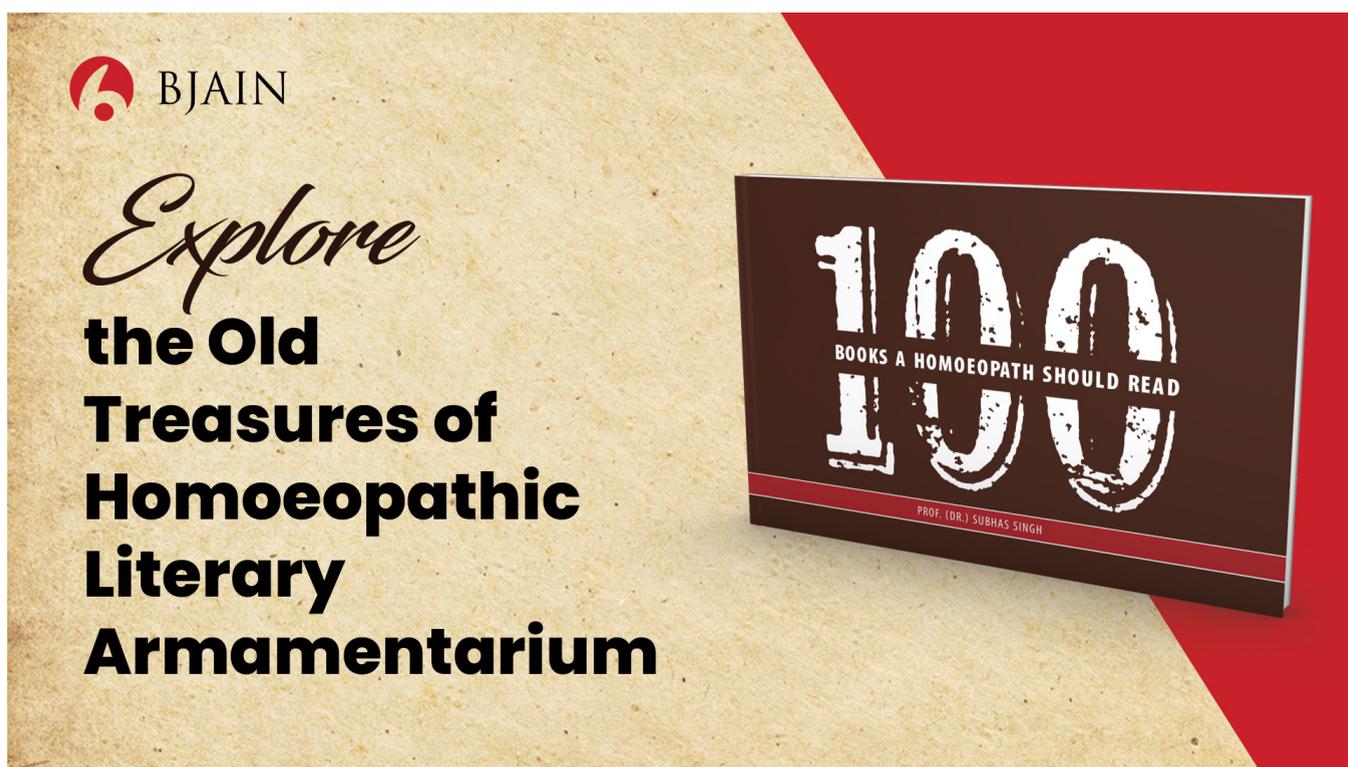
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